AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

399 RIDOUT STREET NORTH
SIDE ENTRANCE, (RECESSED DOOR)
Board of Health Boardroom

Thursday, 7:00 p.m.
2013 September 19

MISSION - MIDDLESEX-LONDON BOARD OF HEALTH

The mission of the Middlesex-London Health Unit is to promote wellness, prevent disease and injury, and protect the public's health through the delivery of public health programs, services and research.

MEMBERS OF THE BOARD OF HEALTH

Mr. David Bolton
Ms. Denise Brown (Vice Chair)
Mr. Al Edmondson
Ms. Patricia Fulton
Mr. Marcel Meyer (Chair)
Mr. Stephen Orser
Mr. Ian Peer
Ms. Viola Poletes Montgomery
Ms. Nancy Poole
Mr. Mark Studenny
Ms. Sandy White

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

APPROVAL OF MINUTES

SCHEDULE OF APPOINTMENTS

7:10 – 7:25 p.m.	Mr. Brian Lester, Executive Director of Regional HIV/AIDS Connection (RHAC), and Dr. Bryna Warshawsky, Association Medical Officer of Health and Director, Oral Health, Communicable Disease & Sexual Health Services, re Item # 1 (Report No. 092-13)
7:25 – 7:30 p.m.	Ms. Trish Fulton, Chair, Finance and Facilities Committee, and Dr. Chris Mackie, Medical Officer of Health & CEO re Item #2 (Report No. 093-13)
7:30 – 7:50 p.m.	Ms. Trish Fulton, Chair, Finance and Facilities Committee, and Dr. Chris Mackie, Medical Officer of Health & CEO re Item #3 (Report No. 094-13)
7:50 – 8:00 p.m.	Mr. Ross Graham, Manager, Strategic Projects, re Item #4 (Report No. 095-13)
8:00 – 8:15 p.m.	Ms. Marylou Albanese, Manager, Injury Prevention and Healthy Communities, re Item # 5 (Report No. 096-13)

REPORTS

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
Reports with External Delegations						
1	Harm Reduction Strategies (Report No. 092-13)	Appendix A	x		x	To outline current harm reduction strategies used to minimize the risks of injection drug use
Committee Reports						
2	Finance and Facilities Committee (FFC) Report, August Meeting (Report No. 093-13)	Aug. 1 Minutes Aug. 1 Agenda	x	x		For the Board of Health to receive information and consider recommendations from the August FFC meeting
3	Finance and Facilities Committee (FFC) Report, September Meeting (Report No. 094-13)	Sept. 5 Agenda Sept. 5 Minutes	x	x		For the Board of Health to receive information and consider recommendations from the September FFC meeting
Other Delegation and Recommendation Reports						
4	Progress on the PwC Recommendations (Report No. 095-13)		x		x	To outline the progress that the Health Unit has made on six highest-priority PwC recommendations.
5	In Motion Community Challenge (Report No. 096-13)		x		x	To provide information about the In Motion Community Challenge that is happening October 1-31, 2013
6	Child and Youth Network (CYN) Agreement (Report No. 097-13)	Appendix A Appendix B		x		To seek Board approval for commitment of resources for CYN Agreement
7	Smart Start for Babies Three Year Funding Renewal Application (Report No. 098-13)	Appendix A		x		To seek Board approval for commitment of resources for Smart Start for Babies Agreement
8	Nutritious Food Basket Results for 2013 with ties to Poverty Reduction Strategy under the Opportunities for Action (Report No. 099-13)	Appendix A Appendix B Appendix C		x		To report on the results of the 2013 Nutritional Food Basket and request Board approval of their distribution.
Information Reports						
9	2013 Mid-Year Performance on Accountability Agreement Indicators (Report No.103-13)				x	To report on the Health Unit's mid-year progress on attaining the 2013 Accountability Agreement Indicators
10	Locally Driven Collaborative Project: Food Skills (Report No. 100-13)				x	To report on a research project in which the Health Unit was involved to ensure that food skills can be shared with the community, particularly youth
11	2012-2013 Influenza Season in Middlesex-London– Final Report (Report No. 101-13)	Appendix A			x	To provide a summary of the long 2012-2013 influenza season that was the most severe in recent history
12	Influenza Immunization Program 2013-2014 (Report No.104-13)	Appendix A			x	To highlight the importance of getting a flu shop and outline the opportunities for the community to be immunized.

Information Reports (continued)						
13	New Resource Lending System (Report No. 102-13)				x	To summarize the improved lending system that enables staff and community partners to have efficient access to resources
14	Health Unit Recommendations about Electronic Cigarettes (E-Cigarettes) (Report No.105-13)	Appendix A			x	To outline the Health Unit's recommendations on the issue of E-Cigarettes
15	Healthy Communities Partnership Update (Report No. 106-13)	Appendix A			x	To provide on update on the Healthy Communities Partnership
16	Medical Officer of Health Activity Report (Report No.107-13)				x	To provide an update on the activities of the MOH for June - September

CONFIDENTIAL

OTHER BUSINESS

Next scheduled Finance and Facilities Committee Meeting: Thursday, October 3, 2013 9:00 a.m.
Next scheduled Board of Health Meeting: Thursday, October 17, 2013 7:00 p.m.

CORRESPONDENCE

a) Date: 2013 June 20 (Received 2013 July 11)
Topic: Menu Labelling – To urge the provincial government to develop menu labeling legislation without further delay
From: Mr. Mark Lovshin, Chair, Haliburton, Kawartha, Pine Ridge District Board of Health
To: The Honourable Deb Matthews, Minister of Health and Long-Term Care

b) Date: 2013 June 26 (Received 2013 July 7)
Topic: Nicotine Replacement Therapy Funding – To request that the Ontario Ministry of Health consider funding free NRT for programs offered by Health Units
From: Mr. Daryl Vaillancourt, Chairperson, North Bay Parry Sound District Health Unit
To: The Honourable Deb Matthews, Minister of Health and Long-Term Care

c) Date: 2013 July 4 (Received 2013 July 11)
Topic: Renewable Energy Development – To support municipal and community involvement and control in Renewable Energy Development
From: Mr. Mark Lovshin, Chair, Haliburton, Kawartha, Pine Ridge District Board of Health
To: The Honourable Kathleen Wynne, Premier of Ontario

d) Date: 2013 July 8 (Received 2013 July 9)
Topic: Menu Labelling – To endorse the position statement of the Ontario Society of Nutrition Professionals
From: Mr. Mike Poeta, Vice-Chairperson, North Bay Parry Sound District Health Unit
To: The Honourable Deb Matthews, Minister of Health and Long-Term Care

e) Date: 2013 July 10 (Received 2013 July 12)
Topic: Contraband Tobacco – Board passed a resolution to support Smoke Free Ontario Strategy and amendments to the Tobacco Tax Act to support the elimination of contraband tobacco in Ontario
From: Dr. G. Allen Heimann, Medical Officer of Health, Windsor Essex County Health Unit
To: Windsor and Essex County Mayors

f) Date: 2013 August 15 (Received 2013 August 21)
Topic: Annual Base Funding for 2013 to support the provision of mandatory and related public health programs and services
From: The Honourable Deb Matthews, Minister of Health and Long-Term Care
To: Mr. Marcel Meyer, Chair, Middlesex-London Board of Health

g) Date: 2013 August 28 (Received 2013 August 29)
Topic: Provincial Appointee, Mr. Ian Peer, has been reappointment for an additional three year term on the Board of Health
From: Ministry of Health and Long-Term Care (Fax)
To: Ms. Sherri Sanders, Executive Assistant to the Board of Health

Copies of correspondence are available from the Executive Assistant to the Board of Health if you would like more information.

ADJOURNMENT

MIDDLESEX-LONDON HEALTH UNIT

PUBLIC SESSION - MINUTES

MIDDLESEX-LONDON BOARD OF HEALTH

2013 JUNE 20

MEMBERS PRESENT:	Mr. David Bolton Ms. Denise Brown (Vice-Chair) Mr. Al Edmondson Ms. Trish Fulton Mr. Marcel Meyer (Chair) Mr. Stephen Orser Mr. Ian Peer Ms. Nancy Poole Ms. Viola Poletes Montgomery Mr. Mark Studenny
ABSENT:	Ms. Sandy White
OTHERS PRESENT:	Mr. Wally Adams, Director, Environmental Health and Chronic Disease Prevention Services Ms. Marylou Albanese, Manager, Healthy Communities and Injury Prevention Team Ms. Allison Balfe, Youth Create Healthy Communities Ms. Diane Bewick, Director, Family Health Services Ms. Michelle Cowin, Public Health Nurse Mr. Dan Flaherty, Manager, Communications Mr. Ross Graham, Manager, Special Projects Dr. Christopher Mackie, Medical Officer of Health & CEO Mr. John Millson, Director, Finance and Operations Ms. Sherri Sanders, Executive Assistant to the Board of Health (Recorder) Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team Ms. Louise Tyler, Director, Human Resources and Labour Relations Services Mr. Alex Tyml, Online Communications Coordinator Dr. Bryna Warshawsky, Associate Medical Officer of Health and Director, Oral Health, Communicable Disease & Sexual Health Services
MEDIA OUTLETS:	Mr. Craig Gilbert London Community News

Board of Health Chair, Mr. Marcel Meyer, called the meeting to order at 7:00 p.m.

DISCLOSURES OF CONFLICT(S) OF INTEREST

Chair Meyer inquired if there were any disclosures of conflict of interest to be declared. None were declared.

APPROVAL OF AGENDA

It was moved by Ms. Brown, seconded by Mr. Bolton *that the AGENDA for the June 20, 2013 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Edmondson, seconded by Mr. Peer *that the Board of Health* ***MINUTES*** *for the May 16, 2013 Board of Health meeting be approved.*

Carried

APPOINTMENTS

1) **Report No. 076-13** re Finance & Facilities Committee – Draft Terms of Reference

Mr. John Millson, Director, Finance & Operations assisted Board members with their understanding of this report. A copy of Mr. Millson's PowerPoint is filed with the minutes. **The Terms of Reference** for the committee is attached to the minutes.

In response to a question about whether property purchase would fit into this committee's mandate, Mr. Millson suggested that the Committee may wish to recommend to the Board to create an *ad hoc* committee in the future to deal with property purchase, if required.

In response to a question about the physical assets of the Board of Health, Dr. Mackie responded that the physical assets include computers, furniture , a van and investments in lease hold improvements in Health Unit's rented facilities.

Discussion ensued about frequency and term of appointment and the following were considered:

- The Committee would meet monthly between Board meetings, and if a meeting is not required, it could be cancelled at the call of the Chair of the Committee
- To start, Committee members could be appointed for one year due to municipal elections in 2014 and term expirations for provincial members.
- After the first year, committee members could be appointed for staggered terms, to ensure consistency in membership from year to year.
- As a Standing Committee of the Board of Health, the Committee is required to report back to the Board.
- The Committee would decide on its Chair at the first meeting.

Dr. Mackie confirmed that those Finance and Facilities Committee members, who currently receive a meeting stipend for attending Board of Health meetings, would also receive the stipend for attending the Finance and Facilities Committee meetings.

It was moved by Ms. Fulton, seconded by Mr. Orser:

1) *That the Board of Health establish a Standing Committee known as the Finance & Facilities Committee to discharge the duties outlined in the Terms of Reference (Appendix A to Report No. 076-13); and further,*

2) *That the Board of Health appoint five members of the Board of Health to the Standing Committee to meet monthly or less frequently as required at the call of the Chair.*

Carried

Chair Meyer opened nominations for the Standing Committee. As the Chair (County representative) and Vice Chair (City representative) of the Board of Health are required by the Terms of Reference to stand on the committee, Board members should appoint three additional committee members, two of which must be provincial appointees.

It was moved by Ms. Fulton, seconded by Mr. Orser *that Mr. Peer be nominated to the committee as a Provincial representative.*

Mr. Peer agreed to stand.

It was moved by Ms. Poletes Montgomery, seconded by Mr. Orser *that Ms. Poole be nominated to the Standing Committee as a Provincial representative.*

Ms. Poole declined her nomination.

It was moved by Ms. Brown, seconded by Mr. Orser *that Ms. Fulton be nominated to the Standing Committee as a Provincial representative.*

Ms. Fulton agreed to stand.

It was moved by Ms. Poletes Montgomery, seconded by Ms. Fulton *that Mr. Bolton be nominated to the Standing Committee.*

Mr. Meyer asked three times if there were any other nominations. None were declared.

It was moved by Ms. Poletes Montgomery, seconded by Mr. Orser *that nominations be closed.*

Carried

It was moved by Ms. Brown, seconded by Mr. Orser *that the nominations be accepted; and therefore, the Finance and Facilities Committee be made up of Mr. Meyer, Ms. Brown, Mr. Bolton, Ms. Fulton and Mr. Peer.*

Carried

The Committee members directed staff to select potential dates for the first meeting.

2) **Report No 077-13** re 2012 Consolidated Financial Statements

Mr. Millson assisted Board members with their understanding of this report. A copy of Mr. Millson's presentation is filed with the minutes. Mr. Millson answered questions posed by Board members to clarify information in the **Consolidated Financial Statements**.

Mr. Millson introduced Mr. Ian Jeffreys, Partner, and Mr. David Ross, Audit Manager, KPMG LLP to present the **Audit Findings Report** for the year ending December 31, 2012. Mr. Ross explained in more detail page two of the report, entitled Significant Audit, Accounting and Reporting Matters.

It was moved by Mr. Bolton, seconded by Mr. Edmondson *that the Board of Health approve the audited Consolidated Financial Statements for the Middlesex-London Health Unit, December 31st, 2012 as appended to Report No. 077-13.*

Carried

It was moved by Mr. Orser, seconded by Mr. Peer *that the Board of Health receive Report No. 077-13, including the **Audit Findings Report** prepared by KPMG, LLP.*

Carried

Chair Meyer thanked Mr. Ross and Mr. Jeffreys of KPMG for their work and their presentation.

3) **Report No. 078-13** re 2014 Cost-Shared Budget – City Of London Target

Mr. John Millson and Dr. Chris Mackie assisted Board members with their understanding of this report. Dr. Mackie reported that as an independent board, the Board of Health determines the municipal contributions to the Cost-Shared Budget.

It was recommended that the Finance and Facilities Committee look at the cost of programs and how efficiently the programs are delivered to set a budget target for 2014. It was also suggested that each service area submit a budget that is less than the previous year's budget.

After discussion, it was moved by Mr. Edmondson, seconded by Ms. Poletes Montgomery *that the Board of Health direct staff, in consultation with the Finance and Facilities Committee, to develop a budget process that aligns the Health Unit's planning and budget processes and provides the Board with more information to fulfill its fiduciary role.*

Carried

4) **Report No. 087-13** re Student Bus Pass Advocacy Update #1

Ms. Allison Balfe, a student representing the Youth Create Healthy Communities group, assisted Board members with their understanding of this report.

Ms. Brown expressed her support for the project, and reported that she had a very positive meeting with the Youth Creating Healthy Communities students. Mr. Orser suggested that the students also request delegation status from the Civic Works Committee to increase their presence before City Council.

It was moved by Ms. Brown, seconded by Mr. Orser *that Report No. 087-13 re Student Bus Pass Advocacy Update #1 be received for information.*

Carried

ACTION REPORTS

5) **Report No. 079-13** re 2012 Reserve/Reserve Fund Balances

At its May meeting, the Board of Health approved **Report No. 067-13** re Draft Reserve/Reserve Fund Policy. The approved policy requires annual reporting of changes in reserve fund balances to the Board of Health and to report back to the City and County. Health Unit Staff has discussed the Memorandum of Agreement with City Staff, but at the time of preparing the minutes, Health Unit staff had not met with County staff.

It was moved by Mr. Studenny, seconded by Mr. Bolton *that $63,170 in surplus from the 2012 budget be contributed to the reserve fund.*

Carried

It was moved by Mr. Orser, seconded by Mr. Studenny *that the Board of Health approve the additions, withdrawals, and adjustments to the reserve and reserve funds as identified in Appendix A "Reserve & Reserve Fund Overview" to Report No. 079-13 re 2012 Reserve / Reserve Fund Balances as amended by the previous motion.*

Carried

6) **Report No. 080-13** re 2013 Healthy Babies Healthy Children Budget

It was moved by Ms. Poletes Montgomery, seconded by Ms. Brown *that the Board of Health approve the 2013 Healthy Babies Healthy Children Program Budget in the amount of $2,545,320 as attached as Appendix A to Report No. 080-13.*

Carried

7) **Report No. 081-13** re Increased Access to Nicotine Replacement Therapy (NRT) Through Public Health Units

Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team, assisted Board members with their understanding of this report. She reported that the current referral process for NRT is very complicated and some patients do not meet the requirements of the agencies that currently distribute NRT. Current programs (such as "**STOP on the Road**") do not provide consistent, timely NRT to the general public.

Centre for Addiction and Mental Health (CAMH) is funded to bulk purchase NRT to distribute it to a prescribe network of agencies. Public Health Units are not part of the CAMH distribution network. If the Health Unit were funded to access NRT, staff would be able to distribute NRT based on its evidence-based smoking cessation programs and could assist clients that do not meet the criteria of the agencies in the existing distribution network.

It was moved by Ms. Brown, seconded by Mr. Orser:

1) *That the Board of Health endorse Report No. 081-13 re Increased Access to Nicotine Replacement Therapy (NRT) Through Public Health Units; and further*

2) *That the Board of Health send a letter, attached as Appendix A, to the Honourable Deb Matthews, Minister of Health and Long -Term Care and local Members of Provincial Parliament (MPPs) to commend the Ontario Government for their ongoing commitment to a Smoke-Free Ontario and to request funding to support free nicotine replacement therapy (NRT) within smoking cessation programs offered by Boards of Health.*

Carried

INFORMATION REPORTS

8) **Report No. 082-13** re Volunteer Resources

9) **Report No. 083-13** re Oral Health Month

10) **Report No. 084-13** re Health Unit Engagement with ReThink London Process

11) **Report No. 085-13** re Smoking Near Recreation Amenities and Entrances Bylaw

12) **Report No. 086-13** re Be Brighter with Breakfast Secondary School Initiative

13) **Report No. 088-13** re Physician Outreach Initiative

14) **Report No. 089-13** re Implementing the Shared Services Review Recommendations

Dr. Mackie assisted Board members with their understanding of this report. He clarified that the Board has directed staff to assess and implement the recommendations made by PricewaterhouseCoopers in their report to increase efficiencies and cost savings and to bring back a report to the Board at a future meeting.

15) **Report No. 090-13** re Medical Officer of Health Activity Report – June

Mr. Meyer reported that Ms. Joan Carrothers, retired Dental Manager, received the Distinguished Service Award from the Association of Local Public Health Agencies (alPHa) at its June 2013 Annual General meeting. On behalf of the Board, Chair Meyer congratulated Ms. Carrothers on the award. Board members

directed staff to send a congratulatory note to Ms. Carrothers along with a copy of the remarks that Chair Meyer made at the meeting.

It was moved by Ms. Poletes Montgomery, seconded by Ms. Brown *that Items # 8 through #15 be received for information.*

Carried

At 9:30 p.m., it was moved by Mr. Orser, seconded by Mr. Bolton *that the Board of Health take a five minute recess.*

The meeting resumed at 9:35 p.m.

At 9:35 p.m., it was moved by Mr. Orser, seconded by Ms. Brown *that the Board of Health move in camera for the purpose of discussing personnel matters about identifiable individuals.*

At 10:05 p.m. it was moved by Mr. Bolton, seconded by Mr. Orser *that the Board of Health rise and report:*

1) *That the Board of Health endorses the reappointment requests of Provincial Appointees, Mr. Ian Peer and Ms. Trish Fulton, for an additional three (3) year term; and further*

2) *That progress was made concerning personnel matters about identifiable individuals.*

Carried

CORRESPONDENCE

There were no questions about the correspondence.

OTHER BUSINESS

Next scheduled Board of Health Meeting: **Thursday, September 19, 2013 at 7:00 p.m.**

ADJOURNMENT

At 10:10 p.m., it was moved by Ms. Poletes Montgomery, seconded by Mr. Bolton *that the meeting be adjourned.*

Carried

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MARCEL MEYER
Chair

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CHRISTOPHER MACKIE
Secretary-Treasurer

FINANCE & PROPERTY COMMITTEE

PURPOSE

The committee serves to provide an advisory and monitoring role. The committee's role is to assist and advise the Board of Health, the Medical Officer of Health /Chief Executive Officer (MOH/CEO), and the Director of Finance & Operations in the administration and risk management of matters related to the finances and facilities of the organization.

REPORTING RELATIONSHIP

The Finance & Properties Committee is a committee reporting to the Board of Health of the Middlesex-London Health Unit. The Chair of the Finance & Properties Committee, with the assistance of the Director, Finance and Operations and the MOH/CEO, will make reports to the Board of Health as a whole following each of the meetings of the Finance and Properties Committee.

MEMBERSHIP

The membership of the Committee will consist of a total of five (5) voting members. The members will include the Chair and Vice-Chair of the Board of Health and in total, the membership will contain at least one Middlesex County Board Member, one City of London Board Member and two provincial Board Members.

The Secretary-Treasurer will be an ex-officio member

Staff support: - Director, Finance and Operations
- Executive Assistant to the Board of Health

Other Board of Health members are able to attend the Finance and Properties Committee but are not able to vote.

CHAIR

The Committee will elect a Chair at the first meeting of the year to serve at least one year, and optimally two years.

TERM OF OFFICE

At the first Board of Health meeting of the year the Board will review the committee membership. At this time, if any new appointments are required, the position(s) will be filled by majority vote. The appointment will be for at least one year, and where possible, staggered terms will be maintained to ensure a balance of new and continuing members. A member may serve on the committee as long as he or she remains a Board of Health member.

DUTIES

The Committee will seek the assistance of and consult with the MOH/CEO and the Director of Finance & Operations for the purposes of making recommendations to the Board of Health on the following matters:

1. Reviewing detailed financial statements and analyses.
2. Reviewing the annual cost-shared and 100% funded program budgets, for the purposes of governing the finances of the Health Unit.
3. Reviewing the annual financial statements and auditor's report for approval by the Board.
4. Reviewing annually the types and amounts of insurance carried by the Health Unit.
5. Reviewing periodically administrative policies relating to the financial management of the organization, including but not limited to, procurement, investments, and signing authority.
6. Monitoring the Health Unit's physical assets and facilities.
7. Reviewing annually all service level agreements.
8. Reviewing all funding agreements.

FREQUENCY OF MEETINGS

The Committee will meet monthly between Board of Health meetings, if a meeting is deemed to be not required it shall be cancelled at the call of the Chair of the Committee.

AGENDA & MINUTES

1. The Chair of the committee, with input from the Director of Finance & Operations and the Medical Officer of Health & Chief Executive Officer (MOH/CEO), will prepare agendas for regular meetings of the committee.
2. Additional items may be added at the meeting if necessary.
3. The recorder is the Executive Assistant to the Board of Health.
4. Agenda & minutes will be made available at least 5 days prior to meetings.
5. Agenda & meeting minutes are provided to all Board of Health members.

BYLAWS:

As per Section 19.1 of Board of Health By-Law No. 3, the rules governing the proceedings of the Board shall be observed in the Committees insofar as applicable.
This will include rules related to conducting of meetings; decision making; quorum and self-evaluation.

REVIEW

The terms of reference will be reviewed every 2 (two) years.

Implementation Date: June 20th, 2013

Revision Dates:

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 092-13

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 September 19

HARM REDUCTION STRATEGIES

Recommendation

It is recommended that Report No. 092-13 re Harm Reduction Strategies be received for information.

Key Points

- Harm reduction is a range of strategies to reduce the risk of harm from drug use and other risky behaviours.
- The Health Unit partners with the Regional HIV / AIDS Connection (RHAC) to offer needle and syringe exchange in London. Other health care providers offer medically-assisted treatment with methadone or Suboxone. Harm reduction strategies such as opioid overdose prevention programs and supervised injection facilities are not available in Middlesex-London.

What is Harm Reduction?

Harm reduction is a range of strategies focused on reducing the harmful consequences associated with drug use and other risky behaviours (e.g. tobacco use, alcohol use, sexual practices etc). In relation to drug use, harm reduction recognizes that abstaining from drugs may not be realistic or even desirable for everyone and strives to keep people as healthy and safe as possible until such time as they are ready to consider stopping their drug use. Under the Ontario Public Health Standards, "*the board of health shall ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance*".

Medical harms associated with use of drugs include blood-borne infections such as hepatitis B and C and human immunodeficiency virus (HIV); overdoses; infections of the skin, bloodstream and heart (endocarditis); vein problems; increased risk of sexually transmitted infections; and mental health problems. The harms of drug use are borne inequitably by the most marginalized groups in society including those impacted by poverty, homelessness, past trauma, and mental health disorders.

Harm Reduction Strategies Related to Drug Use

Along with education, counselling and support services, harm reduction strategies related to drug use include needle and syringe exchange programs, medically-assisted treatment with methadone or Suboxone, opioid overdose prevention programs, and supervised injection facilities.

Needle and syringe exchange programs: These programs facilitate use of a sterile needle and syringe and other equipment for each injection in order to reduce the risk of acquiring HIV and hepatitis B and C. Equipment provided at the needle exchange is outline in Appendix A. These programs also provide client-centered counselling, skill-building, and referral to addictions treatment and other health and social services.

In London, the Counterpoint Needle and Syringe Exchange Program is operated by RHAC and funded by the Health Unit. Exchanges occur at the main RHAC office at #30 – 186 King Street, London, at the Sexual

Health Clinic at the Health Unit, and at My Sisters' Place. A mobile outreach worker provides exchanges in the community via a van. No services are currently available in Middlesex County. Along with distributing injection drug and safer sex materials, the Counterpoint program also collects used needles and syringes and other drug-related equipment for appropriate disposal. Health Unit funding for the Counterpoint program consists of $234,991 provided 100% by the province and $65,009 in cost-shared funding for a total of $300,000. The contract for RHAC is currently being renewed and will be presented to the Board of Health at an upcoming meeting along with the budget for the program. Additional information about the Counterpoint program and RHAC can be found in Appendix A and on the RHAC web site.

Medically-assisted treatment with methadone or Suboxone: Methadone and Suboxone are physician-prescribed long-acting opioids that act as a substitute for other opioid drugs. They are taken daily either orally (methadone) or under the tongue (Suboxone) and work by alleviating symptoms of opioid withdrawal as well as curbing cravings. Information on opioid dependence and methadone treatment was provided to the Board of Health in May 2012 (See Report No. 076-12). Methadone can be prescribed only by physicians who have obtained a special exemption under the Federal Controlled Drug and Substance Act (CDSA). Suboxone is a newer drug that is similar to methadone. Unlike methadone, physicians prescribing Suboxone do not require CDSA exemption. Some methadone clinics also prescribe Suboxone.

Opioid Overdose Prevention Programs: Overdose of opioids can suppress a person's breathing which can be fatal. Some needle exchange programs offer Opioid Overdose Prevention Programs. These programs educate clients and possibly also their family and friends to recognize and respond to opioid overdoses. Some programs also provide clients with training and take-home doses of a drug called naloxone which can be injected to rapidly reverse the effects of the opioid drug which is causing the overdose. Additional information on Opioid Overdose Prevention Programs can be found on the Ontario Harm Reduction Distribution Program's web site. This program is not available at this time in Middlesex-London.

Supervised injection sites**:** Insite, the only supervised injection site in Canada, operates out of the Downtown East Side in Vancouver. It is a safe, health-focused place where people inject drugs and connect to health care and social services. It has been proven to decrease drug related overdoses, reduce public injecting, lower levels of HIV risk behaviours and increase uptake of addiction treatment among the facility's clients. Additional information on Insite can be found on its web site.

The federal government is proposing legislation to govern the establishment of additional supervised injection sites. The proposed legislation is felt by many to create unnecessary obstacles. Currently, Toronto and Ottawa are considering opening supervised injection sites.

Next Steps

The Health Unit is currently analyzing results of a study conducted in London in 2012 to understand the injecting drug practices, and hepatitis C and HIV infection rates among local injection drugs user. This report will be presented at a future Board of Health meeting. In collaboration with community partners, further steps are being undertaken to understand the health risks of injection drug use as well as possible strategies that may mitigate the risk of drug use in Middlesex-London.

This report was prepared by Dr. Bryna Warshawsky, Associate Medical Officer of Health; Ms. Rhonda Brittan, Social Determinants of Health Public Health Nurse in the Oral Health, Communicable Disease and Sexual Health Service; Mr. Brian Lester, Executive Director of the Regional HIV/AIDS Connection.

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

This report addresses the following requirement(s) of the Ontario Public Health Standards: Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV).

Regional HIV/AIDS Connection

Overview of Harm Reduction Programs – August 2013

Harm reduction programs at Regional HIV/AIDS Connection (RHAC), first and foremost, recognize the intrinsic value and dignity of human beings. Programs and services at RHAC are designed to maximize social and health assistance, disease prevention and education, while minimizing repressive and punitive measures.

These programs and services include, but are not limited to:

- **Counterpoint Needle & Syringe Program** – (Middlesex-London Health Unit (MLHU) Funding). The Counterpoint Needle & Syringe program consists of a fixed site at RHAC, as well as satellite sites at MLHU and My Sisters' Place. The Counterpoint staff and volunteers work with injection drug users to reduce the risk of human immunodeficiency virus (HIV) and hepatitis C (HCV) and other blood borne infections by: educating drug users about the health risks associated with injection drug use; providing information and materials to practice safer drug use and safer sex; and making referrals to other social services and health care agencies. Counterpoint services also include an Injection Drug Use (IDU) Outreach Worker who provides a full range of services including distribution of harm reduction materials, as well as information and support through street and mobile outreach using the agency van.
- **Comprehensive Hepatitis C Care Team (HCCT)** - (Ministry of Health and Long-Term Care Funding). The HCCT is provided in partnership with London Intercommunity Health Centre and consists of a medical team (doctors, psychiatrist, nurse practitioner), as well as a social worker, an outreach worker, and a peer support worker. The Team addresses the needs of Londoners who are at risk of contracting hepatitis C or who are living with hepatitis C. The outreach worker and the peer support worker are housed at RHAC, and in conjunction with the Public Health Agency of Canada (PHAC)-funded HCV educator, they provide regular outreach at a number of sites throughout the city including: Elgin Middlesex Detention Centre (women & men), Atlosha Native Family Healing Services, Youth Action Centre, My Sisters' Place, and London InterCommunity Health Centre Identification Clinic.
- **An IDU Peer Engagement Worker -** Through our partnership and funding from London CAReS, the IDU Peer Engagement worker hires and supervises a team of nine peers (current or former drug users) on rotational shifts who regularly do sweeps of key areas in the city to recover any discarded drug use equipment. Through London CAReS, RHAC also oversee the maintenance of 13 needle disposal bins throughout the city.
- **The engagement of 23 peers** - This peer group is involved in a variety of outreach activities including syringe recovery, IDU outreach, HCV Education, HCV/HIV support group and Lunch 'n Learn facilitation, and provide assistance within the onsite needle & syringe program.
- **Comprehensive HIV team** – This team consists of two case managers and a peer support worker. They work closely with an onsite psychiatrist as well as staff at Infectious Diseases Care Program (IDCP), John Gordon Home, Options Anonymous Testing and MLHU.
- **Community partners** – Community partners provide onsite harm reduction services to clients at RHAC including but not limited to: bi-weekly Anonymous HIV testing; weekly HCV testing; weekly Wound Care & Skin Infections Clinic; and the annual influenza vaccine program (last year through MLHU).

New Data Collection System

In April 2013, through the support of MLHU, the Counterpoint Needle & Syringe Program launched a new data collection system called NEO. NEO was developed in Wales in 2010 and is designed to enable more comprehensive and reliable collection of data from individuals accessing harm reduction materials. Using the database in Counterpoint allows frontline staff to work more effectively with clients to be able to deliver specific and individually tailored harm reduction information and to provide referrals to other services. RHAC is able to more accurately and efficiently track supplies, returns, referrals and client demographics while maintaining confidentiality and anonymity. This program is internet based, therefore providing the end user the opportunity to use it at multiple locations and in a mobile unit.

Products distributed at the Counterpoint Needle & Syringe Program

Needles and syringes for the Counterpoint Needle & Syringe Program are purchased by the local program. Other materials are provided to all provincial needle and syringe programs through the Ontario Harm Reduction Distribution Program (OHRDP). They consist of the following:

- Alcohol swabs, Baggies for filters, Filters, Spoons (cookers), Stericups, Sterile water for injection Sterile water for inhalation, Tourniquets, Vitamin C

Counterpoint People Served

Unique Individuals since implementation of New Data Base --April 2013 to August 2013 – RHAC Site

Male	*1180*	*75%*
Female	*392*	*25%*
Total	*1574*	*100%*

Number of cumulative visits since implementation of New Data Base – April 2013 to August 2013 – RHAC Site

Male	*6453*	*76%*
Female	*1979*	*24%*
Total	*8432*	*100%*

IDU Mobile Outreach (AIDS Bureau Funded) July 1 2012 to June 30 2013 *

Number of Contacts	
Male	951
Female	916
Total	1,867

**Data is different time frame - not yet part of NEO data base (in transition)*

Statistical Data on Needles/Syringes -- *July 1 2012 to June 30 2013*

Program	Needles/Syringes In	Needles/Syringes Out
Counterpoint – Fixed Site	416,227	1,455,449
Counterpoint – Mobile Outreach	640,529	637,670
Middlesex-London Health Unit	11,556	58,350
My Sisters' Place	0	58,766
London CAReS	172,073	0
Total	1,240,385	2,210,235

**New data tracking in NEO reflects our current needle/syringe return rate at 68%*

Drug Trends & Health Issues

- Increase in use of crystal meth (more affordable, keeps people up at night and sometimes eases withdrawal from opiate use) which brings unique health related concerns (picking at skin, becoming infected). Abscess related concerns are among the highest we have seen, as well as crystal meth induced psychosis.
- Clients have identified differences in the crystal meth they are using - a few dealers are mixing opiates with crystal meth which results in a different high.
- Reports of EPSOM SALTS being passed off as crystal meth. Injecting this mix has resulted in serious side effects requiring hospitalization.
- Emerging trend of endocarditis developing in younger IDU population (in their twenties and thirties)

Issues in Community

- Negative press re: syringes in alleyway in east London
- Community reaction to methadone clinics - creating barriers to access
- Public injection drug use

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 093-13

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 September 19

FINANCE AND FACILITIES COMMITTEE REPORT – AUGUST MEETING

At the June 20 Board of Health meeting the Board moved the following recommendations regarding **Report No. 076-13** :

It was moved by Ms. Fulton, seconded by Mr. Orser:

1) *That the Board of Health establish a Standing Committee known as the Finance & Facilities Committee to discharge the duties outlined in the Terms of Reference (Appendix A to Report No. 076-13); and further,*

2) *That the Board of Health appoint five members of the Board of Health to the Standing Committee to meet monthly or less frequently as required at the call of the Chair.*

It was moved by Ms. Brown, seconded by Mr. Orser that the nominations be accepted; and therefore, the Finance and Facilities Committee be made up of Mr. Meyer, Ms. Brown, Mr. Bolton, Ms. Fulton and Mr. Peer.

The Finance and Facilities Committee (FFC) met for the first time at 9:00 am on August 1, 2013. The **AGENDA** and **MINUTES** from the August 1 meeting are attached.

To summarize the meeting, the following reports were discussed and recommendations made:

Report	Summary of Discussion	Recommendations made to Board of Health
Current Insurance Rider (Report No. 001-13C)	The City of London is both the Broker and Insurer for the Health Unit's insurance. The Committee asked staff to investigate the option of moving to a different Broker and to report back to the Committee	None
Current Leases (Report No. 002-13C)	Renewal of leases for the properties that the Health Unit uses need to be confirmed six months prior to the end of a lease. As these leases come up for renewal, the Committee will review the terms and the Board will make the final decision	None
Healthy Babies Healthy Children 2013 Service Agreement (Report No. 003-13C)	The Healthy Babies Healthy Children is a 100% cost-covered program. The Committee moved to accept the service agreement, noting that the targets set out in the agreement are not tied to funding	That the Board of Health endorse the Board Chair to sign the 2013 service agreement for the Healthy Babies Healthy Children program as attached as Appendix A to Report No. 003-13C (Peer, Bolton)

Contract Policy (Policy 1-080 and Appendix A are attached)	The Committee reviewed approval/signing authority for the Health Unit and learned that the Contractual Services Policy is currently under review with assistance from Pricewaterhouse-Coopers. The Health Unit is currently negotiating the contract with the Travel Clinic	None

The next scheduled meeting of the Finance and Facilities Committee – September 5, 2013.

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

This report addresses the Ontario Public Health Organizational Standards

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 094-13

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 September 19

FINANCE AND FACILITIES COMMITTEE REPORT – SEPTEMBER MEETING

The Finance and Facilities Committee (FFC) met for a second meeting at 9:00 am on September 5, 2013. The **AGENDA** and **MINUTES** from the September 5 meeting are attached.

To summarize the meeting, the following reports were discussed and recommendations made:

Report	Summary of Discussion	Recommendations made to Board of Health
Terms of Reference	Terms of Reference need to be approved by the Board of Health	Attached to the June 20, 2013 Board of Health Minutes
2013 Provincial Grant Approval (Report No. 004-13C)	Mr. Millson highlighted that the Health Unit received a 2% increase from 2012's Provincial Grant. The Health Unit did request that the province contribute 75% to the cost-shared programs; however, this amount was not granted.	It was moved by Mr. Peer, seconded by Ms. Brown that the FFC Committee recommends that the Board of Health authorize the Board Chair to sign the Amending Agreement attached as Appendix C to Report No. 004-13C.
2013 Budget Variance Report – June 30 (Report No. 005-13C)	Mr. Millson highlighted Appendix B of the report that illustrates how part of an anticipated surplus could be used to fund recommendations resulting from the Shared Services Review. The committee recommended that Health Unit staff members continue to be prudent with funds and the FFC supports the policy direction of contributing surplus funds to the Funding Stabilization Reserve in order to offset future financial risks.	It was moved by Mr. Bolton, seconded by Mr. Peer that the FFC Committee recommends that the Board of Health approve expenditures in the amount of $110,000 as identified in Table 1 of Appendix B of Report No. 005-13C, it being noted that the funding would come from anticipated 2013 surplus.
2014 Budget Target – Cost Shared Programs (Report No. 006-13C)	Dr. Mackie indicated that the 2014 budget will assume the same per cent increase of provincial grant for the Cost-Shared programs received in 2013.	See PwC Budget and Financial Policy Recommendations Below
Dental Treatment Clinic – 2012 Shortfall (Report No. 007-13C)	Mr. Millson highlighted the strategies proposed by staff to address the shortfall in this area and advised that this Committee will receive a report in the fourth quarter about how the strategies are working.	It was moved by Mr. Meyer, seconded by Mr. Bolton that the FFC receive this report for information and refer it to the Board of Health.

PwC Budget and Financial Policy Recommendations – Progress Update: (slide presentation)	Dr. Mackie presented the abbreviated timeline for the 2014 Budget/Planning Process. He indicated that this interim process for planning the 2014 budget will include Program Budgeting and Marginal Analysis (PBMA), which transparently applies pre-defined criteria to prioritize where proposed decreases or increases could be made.	It was moved by Mr. Bolton, seconded by Mr. Peer that the FFC recommends that the Board of Health endorse the following: 1)That the 2014 planning parameters include the reallocation of resources based on maximizing the value of services across the four principles of the Ontario Public Health Standards (Need, Impact, Capacity, and Partnerships/Collaboration),and further 2)That the 2014 planning parameters include 0% increase in municipal funding, and 3)That the approved parameters be communicated to the City of London and the County of Middlesex.
Middlesex-London Health Unit – March 31st, 2013 Draft Financial Statements (Report No. 009-13C)	Mr. Millson reviewed the 2013 Draft Financial Statements with the Committee	It was moved by Mr. Bolton, seconded by Mr. Peer that the FFC recommend that the Board of Health approve the audited Consolidated Financial Statements for the Middlesex-London Health Unit, March 31st, 2013 as appended to Report No. 009-13C.
Rescheduled December meeting	The meeting originally scheduled for December 5, 2013, has been rescheduled to Thursday, November 28 at 10:00 a.m.	

The next scheduled meeting of the Finance and Facilities Committee – October 3, 2013.

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

This report addresses the Ontario Public Health Organizational Standards

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 095-13

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 September 19

PROGRESS ON THE PWC RECOMMENDATIONS

Recommendation

It is recommended that Report No. 095-13 re Progress on the PwC Recommendations be received for information.

Key Points

- Significant progress has been made on six highest-priority PwC recommendations. In time, these areas should yield increased Health Unit administrative efficiency and effectiveness.

Background

Board of Health members will recall that at the May 9 Board of Health meeting, PricewaterhouseCoopers (PwC) presented the "Efficiency and Shared Services Review" (see Report No. 063-13) and the Board passed resolutions enabling staff to being implementation of the PwC recommendations.

Then at the June 20 Board of Health meeting, staff reported the initial implementation plan which prioritized those PwC recommendations which appeared to offer the greatest value for money (see Report No. 089-13). The June report also mentioned that staff would follow-up in September to "update the Board on progress across all areas and seek further input on next steps."

Progress on the High Priority Recommendations

Six high-priority PwC recommendations were identified via analysis by the Senior Leadership Team. Much progress has been made over the summer on these recommendations:

1. Automation and Streamlining Administrative Paper Processes
2. Renegotiation of the Travel Clinic Lease
3. Investigation of Fit-Testing as a Possible Revenue Source
4. Integration of Health Unit Planning and Budgeting Processes
5. Alignment of Health Unit Finance Policies with Broader Public Sector Guidelines
6. Development of Key Performance Indicators

1. **Automation and Streamlining Administrative Paper Processes**
Led by the Health Unit's IT Department and Business System Analyst (BA), much has been done to support automation and streamlining of administrative paper processes. This includes the completion of a new SharePoint-based intranet platform to be launched on Oct 21st. In addition to enhanced staff communication functions and self-service capabilities, the new platform will allow staff to complete electronic forms for a variety of finance and HR processes that had previously been paper-based, requiring additional resources for data entry. The first automated process will be mileage submissions, launching in the fall.

The BA has also been assessing HR and finance IT system requirements and arranging demonstrations of new software that can support further automation and streamlining within the HR and finance departments. Once all the system requirements are documented, a formal procurement procedure will identify possible software solutions.

2. **Renegotiation of the Travel Clinic Lease**
A lease renegotiation process was completed over the summer between the Health Unit and Dr. David Colby. This includes provisions for the Clinic to pay rent to the Health Unit, and reduced Health Unit costs for administrative support. These discussions also identified opportunities to generate a small amount of additional revenue when clients seek vaccination for travel through our walk-in clinic.

3. **Investigation of Fit-Testing as a Possible Revenue Source**
Led by the Manager of Emergency Preparedness, a business case has been drafted to determine whether the Health Unit could generate revenue from offering fit-testing services to the public (namely students and health professionals). Although the process has been delayed due to staff injury, the case is currently undergoing review by the senior leadership team to determine next steps.

4. **Integration of Health Unit Planning and Budgeting Processes**
Given the complexity of this task and PwC's expertise regarding planning and budgeting, PwC was engaged to assist with specific elements of the planning and budgeting integration process. Progress to date on this process includes (a) an assessment of the Health Unit's diverse budget/planning submission and reporting requirements (including different requirements from municipal, provincial and federal government funders); (b) a management engagement session to determine opportunities for improvement with current budget and planning processes, (c) an assessment of the various planning approaches used within the Health Unit, and (d) an assessment of the budgeting and program performance information needs of Finance and Facilities Committee members.

This work has led to the development of a new and integrated budget/planning process. This process has been approved by the Finance and Facilities Committee and is currently being reviewed by Health Unit management. The new process will be piloted for the 2014 budget/planning cycle.

5. **Alignment of Health Unit Finance Policies with Broader Public Sector Guidelines**
The Senior Leadership Team also engaged PwC to review its finance policies to ensure they underwent an objective review and reflect the Broader Public Sector Guidelines. PwC completed their review in late August and the policies are now under review by the Senior Leadership Team. These policies will then be integrated into the Health Unit's policy manual and staff will be educated on the revisions.

6. **Development of Key Performance Indicators**
Key performance indicators (KPIs) are being developed using a phased approach. The first phase has involved developing indicators for HR functions. The potential indicators for HR focus on (a) absenteeism, (b) recruitment/staff turnover, and (c) occupational health and safety. This KPI work will eventually be replicated for KPIs across Health Unit administrative and program areas. Work is also being done to determine the feasibility of a Health Unit -wide performance scorecard.

Next Steps

The fall will see further progress on each of these recommendations. Direction from the Board of Health will be sought for each of these initiatives, as appropriate. Furthermore, staff will continue to report progress on each of these areas to the Board and will provide further analysis to the Board about which of the PwC recommendations will provide greatest value to the organization in terms of decreasing costs and/or increasing quality of the Health Unit's public health programs and services. To date, $106,235 of the $135,000 allocated to the PwC contract has been used. The remaining $28,765 will be used by year end to further this analysis.

This report was prepared by Mr. Ross Graham, Manager of Strategic Projects and Dr. Christopher Mackie, Medical Officer of Health.

Christopher Mackie, MD, MHSc
Medical Officer of Health

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 096-13

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 September 19

IN MOTION™COMMUNITY CHALLENGE

Recommendation

It is recommended that the Report No. 096-13 In Motion™ Community Challenge be received for information.

Key Points

- Rates of obesity and chronic disease continue to rise as physical activity rates decrease.
- Evidence indicates that community physical activity challenges can be effective in motivating individuals to become physically active.
- The in Motion™ Community Challenge is happening October 1 to 31st, 2013 with links to tips, information, the tracker and the app available on www.inmotion4life.ca.

Background

In 2008, the City of London and Middlesex-London Health Unit purchased the license agreement to the physical activity strategy in Motion™ developed by the Saskatoon Regional Health Authority as a response to an ever increasing rise in chronic disease, obesity and physical inactivity. According to Health Canada, inactivity can be as harmful to health as smoking.

Middlesex-London in Motion™ is a community-based physical activity promotion strategy to encourage all individuals to make physical activity part of their daily lives. This is reflected in the tag line, “Physical Activity… do it for life. Middlesex-London in Motion™ is a comprehensive approach that uses public awareness, education, motivational strategies along with target audience strategies and evaluation to reach the community. The four key components to Middlesex-London in Motion™ are building partnerships, building community awareness, targeted community strategies and measuring the success.

Middlesex-London in Motion™ is a partnership collaboration of 58 formal and approximately 60 informal partners. The partnership works in collaboration with other community partnerships e.g. Healthy Communities Partnership for policy advocacy and applied strategies and products for Child and Youth Network, Healthy Eating and Healthy Physical Activity to continue to improve the health and wellbeing of all residents.

in Motion™ Community Challenge

The vision for in Motion™ is “Building Canada’s Healthiest Community.” The goals of in Motion™ Community Challenge are to motivate Londoners to integrate regular physical activity into their daily lives, as individuals, teams or communities, and to increase awareness of the in Motion™ brand. The Challenge is a Call to Action to everyone in the community to get active. The Challenge also targets the following groups: older adults aged 65 to 75 years and those aged 9 to 13 years whose physical activity level decline; and women aged 35 to 55 years who are strong family influencers (parents, children, partners/spouses).

Pillars of Success

The Challenge is based on three pillars. First is the creative website and app, www.inmotion4life.ca which is a tool for recording activity and participation. It supports social networks, enables motivation and provides individuals with real time educational messages. Through the app, one can set personal goals, track/log physical activity minutes and type of activity, create teams/communities and challenge others, connect on twitter and Facebook, and receive and access quick tips and information on events happening in the city. CTV will be broadcasting promotional ads, providing news coverage, highlighting the in Motion™ brand and driving the public to the website/app. As well, the three main CTV news personalities, Tara Overholt, Norman James and Julie Atchison will be participating in the Challenge and will be sharing their experiences on television during the 6 p.m. news broadcast which is repeated the following morning. Grass root mobilization is the most important pillar. This involves getting as many individuals in the community to promote, talk and participate in the Challenge. Both the TVDSB and the LDCSB are also on board with the Challenge and will be encouraging the students and their families to participate.

Next Steps

The launch occurred on September 18th at the Covent Market with the assistance of CTV, Mayor Fontana and Dr. Mackie. The promotion of the Challenge continues with the goal of engaging as many individuals, families, workplaces and neighbourhoods as possible with the intent to "Building Canada's Healthiest Community."

Following this initial Challenge, the in Motion™ partnership will debrief, review results and examine sustainability strategies along with opportunities to expand into Middlesex County.

This report was prepared by Ms. Marylou Albanese, Manager, Healthy Communities and Injury Prevention Team.

Christopher Mackie, MDCM, CCFP, FRCPC
Acting Medical Officer of Health

This report addresses the following requirement(s) of the Ontario Public Health Standards: Chronic Diseases and Injuries Program Standards of Chronic Disease Prevention and Injury Program Standards and Environmental Program Standards and the 2011 MLHU Strategic Direction: Healthy Eating and Physical Activity for all.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 097-13

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 September 19

CHILD & YOUTH NETWORK: SYSTEM PARTICIPATION MEMORANDUM OF UNDERSTANDING

Recommendation

It is recommended that the Board of Health endorse the Family Centred Service System (FCSS) as attached as Appendix B to Report No.097-13 re Child & Youth Network: System Participation Memorandum of Understanding.

Key Points

- The London Child & Youth Network is moving forward with establishing neighbourhood based Family Centres in London
- These Centres will provide a set of core functions which will provide multiple services to families with children from one neighbourhood location.
- MLHU has played a key role in developing the FCSS Memorandum of Understanding.
- In signing the attached Memorandum of Understanding, the Board of Health affirms its commitment to working together to achieve and sustain the collective vision.

Background

The London Child & Youth Network (CYN) is a partnership between London service provider agencies whose focus is ensuring children and youth have the services needed to reach their optimum potential. In the fall of 2008, the CYN presented to the community its 3 year strategic directions. The plan identified 4 strategic directions which were subsequently endorsed by over 150 member agencies including Middlesex-London Health Unit. Since 2008 the Network member agencies has grown to over 185 and together they have been working together to implement action plans in the 4 key areas: poverty, literacy, healthy eating/physical activity and building a family centered system. Each year the Network reports back to the community its successes and challenges along with planned activities for the following year. Attached as Appendix A is the 2012 Progress Report.

Family Centres – Participation Memorandum

Over the last year considerable efforts have been made to move forward the 4th strategic direction, building a Family Centred System. The vision includes neighbourhood based family centres where “neighbourhood residents will open a single door to multiple opportunities that support children and families in achieving their full potential. These opportunities will be identified by the neighbourhood and implemented according to evidence-informed best practices using an integrative, inclusive and holistic approach”. The centres will provide a consistent set of core functions and each will be established and operated on the pillars of collaboration, intentional connectivity and inter-professional practice. In order to be successful in this new approach partners in the system share common values and operating principles and understand their roles and responsibilities as well as those of other system partners.

System Participation Memorandum of Understanding

Attached as Appendix B is the System Participation Memorandum of Understanding (MOU). This is the mechanism by which organizations become partners in the Family Centred Service System. It summarizes our common system values and principles, general expectations, intended outcomes, and common roles and responsibilities. In signing this document, MLHU confirms its commitment to children and families in London and to working with our partners to ensure an efficient, effective system of services for children which will lead to a healthy community.

Next Steps

As each Service Provider agency, including MLHU, engages with specific Family Centres a Service Agreement plan will be developed. These specific detailed agreements will identify specific contributions the provider agency will deliver. It will be agreed upon by the Lead Agency responsible for the Centre and the Service Provider Agency.

Conclusion

Developing a system of Family Centers in London is a key step in helping families in the community. By working together as partners, families will receive a more streamlined, comprehensive and efficient series of supports and programs which will support healthy development.

This report was prepared by Ms. Diane Bewick, Director of Family Health Services.

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

This report addresses the following requirement(s) of the Ontario Public Health Standards: Child Health Goal: To promote the health of children and youth.

London's Child & Youth Agenda
2012 Progress Report

Doing what is best for our children, youth and families

Child & Youth Network

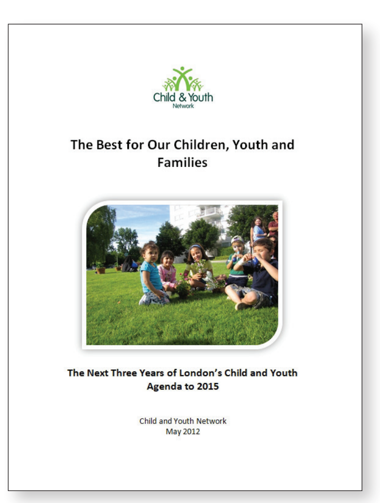
London's Child & Youth Agenda 2012 Progress Report

The Child and Youth Network (CYN) is comprised of 554 individuals from over 170 organizations who have been working together since 2007 to improve outcomes for children, youth and families in London.

We are pleased to present the fourth annual Progress Report highlighting the work of the Network over the past year. Once again we have many things to celebrate. We are seeing our collective vision come to life from the planning of our first four Family Centres to the everyday changes all the organizations are making in working to end poverty, make literacy a way of life, increase healthy physical activity and improve health eating, and create a family-centred service system.

2012 Highlights:

- Over 360 CYN members celebrated the implementation of the first three years of our Child and Youth Agenda at ***Engage for Change II*** in March.
- We launched The Next Three Years of London's Child and Youth Agenda to 2015.
- The new CYN website was launched this year! www.londoncyn.ca is an interactive website for the public to learn more about the CYN and for CYN members to collaborate on initiatives.
- The CYN was recognized by the Province of Ontario as a Community Integration Leader for the second year in a row.



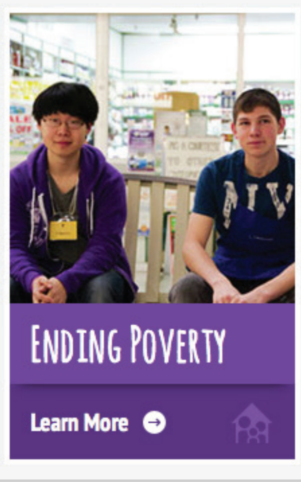
Child & Youth Network

The Best for Our Children, Youth and Families

The Next Three Years of London's Child and Youth Agenda to 2015

Child and Youth Network
May 2012

"HAPPY, HEALTHY CHILDREN & YOUTH TODAY... CARING, CREATIVE, RESPONSIBLE ADULTS TOMORROW."



London's Child & Youth Network

- Acorn Christian Day Care
- Addiction Services of Thames Valley & Heartspace
- AID Consulting
- All Kids Belong
- Anago (Non) Residential Resources Inc.
- Arbour Glen Day Nursery
- Argyle Community Resource Centre
- Artistically Speaking Out Against Bullying
- Association of Early Childhood Educators London Branch
- At^lohsa Native Family Healing Service
- Autism Ontario, London Chapter
- Big Brothers Big Sisters of London & Area
- Blossoms Early Childhood Education Centre
- Boys' & Girls' Club of London
- Brescia University College (Food and Nutritional Sciences)
- Bright Beginnings Early Childhood Centre
- Canadian Mental Health Association
- Canadian National Institute for the Blind (CNIB)
- Centre Communautaire Régional de London
- Centre for Children & Families in the Justice System
- Chelsea Green Children's Centre Inc.
- Child Care Advisory Committee
- Child & Parent Resource Institute (CPRI)
- Childreach
- Children's Aid Society of London & Middlesex (CAS)
- Children's Health Foundation
- Christian Churches Network of London
- City of London
- City of St. Thomas
- Collège Boréal
- Colour of Poverty
- Community Living London
- Community Services Coordination Network (CSCN)
- Conseil Scolaire de district des écoles Catholiques du Sud-Ouest
- Conseil Scolaire de district du Centre-Sud-Ouest
- Conseil Scolaire Viamonde
- Craigwood Youth Services
- Crime Prevention & Safety Advisory Committee
- Cronyn Child Care Centre
- Crouch Neighbourhood Resource Centre
- Daya Counselling
- Easter Seals, Ontario West Region
- Elizabeth Fry Society
- Ethnocultural Association
- Family Service Thames Valley
- Fanshawe College (School of Human Services – Early ChildhoodEducation, Autism & Behaviour Science, Nursing, Recreation & Leisure Services, The Sonier Centre, International Service, Continuing Education)
- First Nations Centre, University of Western Ontario
- Fridge Door Live Theatre Company
- Frontier College
- Girl Guides of Canada
- Glen Cairn Community Resource Centre
- Goodwill Industries
- Grand Avenue Children's Centre
- Grosvenor Nursery School
- Growing Chefs! Ontario
- The Health Zone
- Heart and Stroke Foundation
- Hunger Relief Action Coalition
- Investing in Children
- John Howard Society of London & District
- Junior Achievement of London & District
- Kangaroo's Pouch Day Care
- KidLogic Child Care Learning Centres
- Kid's Ark Day Nursery
- Kidzone Daycare Inc.
- La Ribambelle Centre Prescholaire Francophone De London
- Learning Disabilities Association – London Region
- Learning it Together (LiT)
- Let's Talk Science
- The Little Gym of London
- Life Resource Centre
- Limberlost Chaplaincy
- Literacy Link South Central
- London Abused Womens Centre
- London & Area Food Bank
- London & Middlesex Housing Corporation
- London & Middlesex Local Immigration Partnership
- London Arts Council
- London Bridge Child Care Services
- London Children's Connection
- London Children's Museum
- London Community Foundation
- London Community Resource Centre
- London Cross Cultural Learner Centre
- London District Catholic School Board
- London Employment Help Centre
- London Employment Sector Council
- London Family Health Group
- London Health Science Centre (Children's Hospital, Child & Adolescent Mental Health Care Program, Prevention & Early Intervention Program for Psychoses, SW Ontario Maternal Newborn Child & Youth Network)
- London Home Child Care Support Network, Healthy Eating & Activity Program)
- London Homeless Coalition
- London Housing
- London In-Home Child Care Providers Network
- London InterCommunity Health Centre
- London Military Family Resource Centre
- London Montessori School
- London Police Services - Family Consultant, Victim Services Unit & Diversity Officer
- London Public Library
- LUSO Community Services
- London Youth Council
- Madame Vanier Children's Services
- Merrymount Children's Centre
- Metropolitan Church
- Middlesex County
- Middlesex London Health Unit (tykeTALK, Smart Start for Babies, Family Health Services, Public Health Research, Education Development, Chronic Disease & Injury Prevention)
- Ministry of Children & Youth Services
- Ministry of Education, Provincial Schools & Outreach
- Ministry of Health Promotion, Sports & Recreation Branch
- Mission Services of London
- Mulberry Bush Child Centre
- N'Amerind Friendship Centre
- Neighbourhood Legal Services London & Middlesex
- Neighbourhood Resource Association of Westminster Park (NRAWP)
- Neighbourhood Watch London
- Neighbours, Friends & Families
- Nokee Kwe Occupational Skills Development Inc.
- North East London Community Engagement Council
- North Park Community Church
- Northwest London Resource Centre
- Oak Park Co-operative Children's Centre
- Ontario Early Years Centres (OEYC) (London Fanshawe / Merrymount,
- London North Centre / Childreach, London West / London Children's
- Connection / Elgin-Middlesex-London)
- Ontario Trillium Foundation
- Orchard Park Nursery
- Orchestra London
- Pathways Consulting / Climb Consulting
- Pillar Nonprofit Network
- Pinetree Montessori School
- Platinum Leadership Inc.
- Preschool of the Arts
- Reach for the Rainbow
- Regional HIV/AIDS Connection
- Rotholme Women's and Family Shelter
- Salvation Army (Village Day Nursery, Centre of Hope)
- Sanchez-Keane & Associates
- SARI Therapeutic Riding
- Sexual Assault Centre London
- Simply Kids Inc.
- Sisters of St. Josephs, Office for Systemic Justice
- South London Neighbourhood Resource Centre
- Southdale Chaplaincy
- Southwest Community Care Access Centre (CCAC)
- Southwest Local Health Integration Network
- Southern Ontario Aboriginal Health Access Centre
- St. Josephs Health Care Centre
- St. Leonard's Community Services
- St. Michael's Church
- Stevenson Children's Camp
- Stratford Family Health Team
- Street Connection
- Temple Tots Day Care Centre
- Thames Valley Children's Centre
- Thames Valley District School Board
- Thames Valley Midwives
- Transformit Inc.
- United Way of London & Middlesex
- Unity Project for Relief of Homelessness in London
- University Laboratory School (Dept. of Psychology. UWO)
- University of Waterloo, School of Public Health & Health Systems
- Victorian Order of Nurses
- Village Co-op Preschool
- Wellington Preschool Centre Inc.
- Western Area Youth Services (WAYS)
- Western Daycare Centre
- Western University (Geography Dept, Human Environments Analysis
- Laboratory, Schulich School of Medicine & Dentistry - Dept. of
- Paediatrics, Epidemiology and Biostatistics, Medical Surveillance,
- Medical Biophysics, Anatomy & Cell Biology, Health Sciences Dept. –
- Schools of: Nursing, Occupational Therapy, Kinesiology, Samuel
- McLaughlin Foundation Exercise & Pregnancy Lab, International
- Relations, Education)
- Westminster Youth Council
- Whitehills Childcare Association
- WIL Employment Connections
- Women's Community House
- WOTCH Community Mental Health Service
- YMCA of Western Ontario
- Youth Opportunities Unlimited (YOU)
- Youth For Christ

Our Collective Impact

In this report you will read about our many successes in 2012. These successes are a result of the power of the many CYN organizations working together towards common outcomes through partnerships *"that are more action oriented"* than in years past.

Both within and outside of our community London's Child and Youth Network is being acknowledged for the incredible work that is happening to create a more Family Centred Service System.

The CYN has been recognized once again by the Province of Ontario as a "Community Integration Leader". We are one of six communities that have been invited to participate in an action research project to help inform best practices for service integration Province-wide.

Our most powerful tool is collaboration and it's fair to say that we have firmly established our reputation as an effective community connector and collaborator at many levels. This year there has been a much greater impact felt by front-line staff across many organizations as their *"increased knowledge and awareness, professional development opportunities are giving them an increased ability to align their work with the priorities of the CYN"*. Organizations are reporting that the CYN priorities have now become a part of their everyday business and no longer just a part of a lofty vision.

"Thinking with a CYN lens sometimes helps us think about not "reinventing the wheel" and to collaborate with more and different partners than we have sometimes – and others have begun collaborating/sharing/consulting more broadly or across sectors and finding us and other working on similar concerns."

"It is very exciting to be part of a city that is so forward thinking and revered as a leader in the Province. We continue to appreciate the support and guidance we have received in moving forward as a child care agency and the acknowledgement you give of our expertise."

Something we are particularly energized about is the new Community of Practice for Community Developers that has begun. This is about creating a space for those with an interest in community development to come together, in person and virtually, to share knowledge, information, resources and tools, build relationships, develop expertise, solve problems together and engage in joint activities. It is about creating a space for innovation to flourish.

Organizations that have been involved in the Community of Practice have *"been able to apply these models into the community work that [they] do every day and also in planning new collaborative initiatives."*

Together we are *"…creating a community of caring"* that is far reaching throughout London's neighbourhoods and is removing the barriers to service at our new Family Centres.

"We are great believers that when communities work together…we do better work. It is so exciting to be able to share with the families that come to us for support that after the crisis all of the wonderful things that are happening within all communities thanks to our CYN partners working in the 4 priority areas. We are especially appreciative of the knowledge transfer and the exploration of ideas and concepts together and the sharing of tangible resources."

Ending Poverty Goal: To reduce the proportion of London families who are living in poverty by 25% in five years and by 50% in 10 years.

In 2012, the Ending Poverty team welcomed new community Chair Andrew Lockie, CEO of the United Way of London and Middlesex, who, with continued support from the Project Manager, Trevor Fowler, has helped the team develop their next three year plan and refocus efforts to create "needle-moving" change. The Ending Poverty strategy aims to:

- increase awareness and community engagement;
- reduce the impact of poverty and make day-to-day life better; and,
- break the cycle and stop the next generation from living in poverty.

Students at Western's 'Choose Your Adventure' weekend

With the next three year plan, the team is strategically positioned to be responsive to new circumstances. The picture looks very different than it did three years ago; we have seen shifting economic and political contexts, such as local job loss and recommendations for significant changes to Ontario Works and ODSP.

In light of these changes, our community has shifted its response as well. The Ending Poverty team is continuing to collaborate and realize successes. We are also responding to emerging opportunities, such as joining the Vibrant Communities national learning network for cities reducing poverty.

Strategies	2012 Activities		2012 Accomplishments
Increase awareness & engage the community	Awareness / Real Issue		
	• Re-energize Real Issue campaign	✓	• Engaged 500 Londoners in conversations and calls to action via The Real Issue social media; gathered community feedback on Social Assistance review
	• Collaborate with HEHPA and Literacy to create awareness	✓	• Incorporated healthy eating and literacy into the Low Income Budget Challenge awareness activity; delivered to over 200 camp counselors
	• Develop awareness, engagement and advocacy strategy	✓	• Created 3 food security infographic cards that link healthy eating to food security
	• Link social awareness pieces to advocacy	✓	• Promoted World Homeless Action Day
	Establishing Partnerships		
	• Establish relationships with like-minded groups and those with lived experience	✓	• Met with 3 London groups- Youth for Christ, London Youth Advisory Council, London Homelessness Outreach Network- to explore opportunities for collaboration and partnership; lived experiences perspectives adopted as core value
	• Work with community	✓	• Began developing approach, key messages

Strategies	2012 Activities		2012 Accomplishments
Reduce the impact of poverty & make day-to-day life better	<u>Basic Needs</u>		
	• Implement and evaluate Sustainable System for Basic Needs pilot project	✓	• Developed basic needs system recommendations • Created emergency food pantry guide, endorsed by 3 Neighbourhood Resource Centres • Compiled info on London's emergency food system, including 31 food distribution institutions and 44 meal programs
	• Improve neighbourhood access to communications transportation, dental care	✓	• Implemented fresh food sourcing initiatives such as *gLean on Me*; evaluation and sustainability strategies identified • Enlisted over 20 *gLean on Me* volunteer pickers • Initial conversations held regarding communication services, transportation and dental care
	• Incorporate Beacon into Family Centres (FCs)	✓	• Discussed inclusion of basic needs in 4 FCs; Basic Needs resource package for FCs; worked with FC sites to discuss BNB infrastructure needs
	• Explore connections with CYN Literacy initiatives	✓	• Building connections with Literacy: *Baby's Book Bag* training for Basic Needs site staff
	<u>Neighbourhood Resource Guides</u>		
	• Create distribution plan and distribute	✓	• Distributed over 4,000 pocket guides to White Oaks and Hamilton Road families - also distributed at HEHPA and Literacy events
	• Review guides; evaluate options for future	✓	• Evaluated guides (organization and resident input) and will redirect resources toward broader referral awareness strategy
	• Research organizations and residents with lived experience		• Development of guides in Family Centre neighbourhoods on hold pending evolution of referral strategy
	<u>Food Security</u>		
	• Develop Terms of Reference for Food Charter Committee	✓	• Draft Terms of Reference developed
	• Create web and social media presence for Food Charter	✓	• Food Charter page created on City of London website; Facebook page developed to create awareness and encourage conversations; 16 "likes" in first month
	• Conduct scan of existing initiatives and identify gaps	✓	• Scan complete
	• Support existing initiatives through promotion and resource support	✓	• Acted as community connector between multiple organizations, encouraging collaboration; promoted events: Food Revolution Day, gLean on Me
	• Develop strategies, including detailed plans, budget, evaluation and sustainability components	✓	• 350 food literacy resource packages distributed that include 'Harvest Bucks', redeemable for fresh produce at Western Fair Farmers' & Artisans' Market (with HEHPA) • $3,112 of fresh food made available to low income Londoners in first two months of Harvest Bucks pilot
	• Work with HEHPA and Literacy teams to develop inter-priority strategies to increase food literacy among London's children and youth	✓	• Developed 3 post cards with food insecurity statistics • Provided feedback on draft Provincial Food and Nutrition Strategy; partnered with MES students at Western University to conduct research and develop report related to urban agriculture barriers

Strategies	2012 Activities		2012 Accomplishments
	Housing		
	• Gain awareness, identify how CYN can support the London Community Housing Strategy; communicate needs of Strategy with CYN; develop support strategies	✓	• City of London Housing Division to provide updates on emerging trends, issues and opportunities • Participated in London Homeless Coalition's conversations with 15 other housing groups
Break the cycle & stop the next generation from living in poverty	Income Security		
	• Determine priorities	✓	• Held 2 conversations with Ending Poverty group and community agencies to determine priorities
	• Identify opportunities for collaboration on advocacy	✓	• Community members with lived experience were key participants in community conversations conducted on Social Assistance review
	• Develop advocacy papers		
	• Coordinate with community members with lived experience and CYN members	✓	
	• Review Commission for Review of Social Assistance in Ontario; assess implications for future advocacy pieces		• Developing response paper to OW and ODSP recommendations based on 27 CYN recommendations; Final report was released in October • Engaged in childcare modernization discussions
	Matched Savings and Microloans		
	• Implement program model	✓	• 28 of 30 families in Matched Savings program; 5 new businesses launched by youth/newcomer entrepreneurs; 2 entrepreneurs have exited Ontario Works
	• Encourage intake of new program applications	✓	• Information guides created and translated into Arabic and Spanish; 24 meetings and in-services delivered to organizations and community; referring agencies expanded to increase applicant pool; intake promoted; project selected by Ivey School of Business for Community Consulting Project – students created marketing plan and 2 brochures
	• Translate materials into languages relevant to target populations	✓	• Outcome and process evaluation plans established to assess pilot and inform next steps
	• Develop and implement evaluation plan	✓	• Established 15-member loan review committee comprised of cross-section of professional and community volunteers
	• Assemble volunteer Loan Review Committee	✓	
	Grade 7 Wraparound Project		
	• Develop strategic plan for school year that meets evaluation goals	✓	• Developed plan -recognizing need for greater parental involvement; applied for and received 2 Parents Reaching Out grants for increasing parent engagement in Glen Cairn • 100% student participation in program - over 300 students
	• Implement plan and evaluate activities	✓	• 20+ activities in 5 outcome areas including: Leadership Conference, babysitting courses, high school transition planning, financial literacy (Junior Achievement), Girls Rock IT conference, Family Literacy Nights, iCare volunteer program

Strategies	2012 Activities	2012 Accomplishments	
	• Create connections between elementary and high schools to facilitate transition of students	✓	• Established connections with Laurier Secondary School (public health nurse); held 5 parent/family events, including orientation nights with secondary schools and community partners to orient students and parents to transition, engaging hundreds of parents in school and community
	• Evaluate progress, insights and options for future of the project with community partners	✓	• Recounted successes of pilot and explored ways in which community partnerships can grow and sustain wraparound activities (to continue in 2013)
	• Share progress with Literacy team for "Direct Supports" initiative	✓	• Shared evaluation and activity reports; Coordinator joined Literacy team to encourage integration
	Circles (Intentional Relationships)		
	• Conduct feasibility study	✓	• Developed project proposal that reviewed Circles model, costs and impacts; met with Sarnia-Lambton trainers to discuss viability in London
	• Recruit community champions and those with lived experience to develop plan, incubate initiatives and ensure sustainability	✓	• Met with 30 community leaders to discuss interest in Circles; will explore next steps in 2013
	Youth Engagement		
	• Meet with stakeholders (councils and service providers)	✓	• Met with London Youth Advisory Council to create awareness of opportunities for youth engagement, mentorship initiatives and potential development of Youth Research Council
	• Scan successful youth initiatives, identify gaps	✓	• Youth Community Economic Development (YCED) framework already had scan completed
	• Identify goals and develop plan to support, implement, and grow holistic youth-led initiatives	✓	• Supporting implementation of YCED PhotoVoice project where 18 youth community developers support other youth in their community to identify the issues that are important to them and potential solutions using urban arts-based strategies
	• Support the implementation of the Youth Community Economic Development framework	✓	• Support for RealVoice and other YCED initiatives to continue in 2013

2013 Plans:

The Ending Poverty group will:

- *Use targeted awareness strategies for key groups as a means to create specific, measurable change;*
- *Grow community-based fresh food initiatives, such as gLean on Me, to increase food availability for neighbourhood emergency food cupboards and food literacy programming;*
- *Facilitate conversations with basic needs providers; explore opportunities for a coordinated system;*
- *Evaluate the Harvest Bucks pilot initiative and determine future viability;*
- *Create recommendations for an independent food security structure in London;*
- *Increase the number of Microloan participants and evaluate the intiative process and outcomes;*
- *Explore a Circles pilot initiative in London;*
- *Evaluate and determine the evolution of the Glen Cairn Grade 7 Wraparound project; and,*
- *Support YCED initiatives, such as RealVoice.*

Literacy Goal: To be a provincial leader in child, youth and family literacy by 2015

With the continued leadership of Julie Brandl from the London Public Library, our new Vice Chair, Karen Gair from Storybook Gardens and the Project Manager Jennifer Smith, the Literacy Team continues to develop and implement activities through a lifetime approach to literacy focusing on babies and new parents; school aged children and their families, and youth. The plans support an integrated focus on increased and improved connections between activities at home, at school and in the community. This plan includes specific and directed alignment of literacy and literacy activities with the System Reengineering Plan, specifically, integration of literacy into the Family Centres and their communities.

Strategies	2012 Activities		2012 Accomplishments
Promote literacy to the whole community	Promote literacy awareness through community events, outreach activities and through participation in current and new service provider groups and committees	✓	• 700 participants at Community Family Literacy Day celebration hosted by London Public Library • Literacy promoted at 6 events with 900 participants including: 3 MLHU Prenatal Health Fairs, Community Early Years Fair, Teen Prenatal Health Fair, Bump, Baby and Toddler Expo • Presentations and training: Children's Aid Society, City of London Summer Staff, Progressive Librarians Group (Western University Master of Library and Information Science students), 80 Family Health and Early Years professionals, On New Shores Conference • *TVNELP (Ready for School!)—participants' kits included CYN Menu Maker, literacy promotional materials* • Participated on *London and Middlesex Local Immigration Partnership Education Sub-Council's Welcoming All Voices project*, a workshop and resource guide about the inclusion of immigrant families in school settings. • Active involvement in *MLHU Physician Engagement Team* and the *Community Early Years Partnership* • 350 family health practitioners received a Physician's mail-out package with a focus on early literacy
	Use current CYN Literacy activities and initiatives to actively promote literacy to children, youth and families	✓	• 68 families (136 children and 82 adults) attended 4 Community Family Literacy events in CYN neighbourhoods to promote literacy as an easy and fun family activity • Over 1,500 first-time families received *Baby's Book Bag* • 405 students in Huron Heights received *Family Literacy Kits* • Over 11,000 unique visitors to CYN Family Literacy Website (thisISliteracy.ca) • *"Literacy…make it an everyday activity" featured in 2013 School Age Resource guide distributed to JK students*
	Continue to engage and build formal relationships with media	✓	• The London Free Press: *"Everyday Tasks can be Teaching Moments", Alphabet app spells London", "First of four literacy nights include food, family fun", "London Kiwanis Club's Baby's Book Bag project helps first-time parents" "London Creating Literacy Buzz"* • CTV London News: *"A" is for "App" "B" is for Brand New and "C" is for Community* • London Community News: *Helping to make literacy a part of everyday life*

Strategies	2012 Activities		2012 Accomplishments
	Continue to build the this *IS literacy* brand through the development of a strategy that includes the creation and distribution of packages that promote the brand to various stakeholders	✓	• London ABCs app launched and has been downloaded over 600 times. London landmarks are used to promote literacy concepts to young children and their families. • 7, 500 postcards distributed to families of JK/SK students via LDCSB and TVDSB and to early years families via CYN member organizations, including 350 families at Breakfast with Santa in the Argyle neighbourhood • Created custom graphics for Twitter (@literacyFTW) and Facebook to reflect website look and feel. 390 followers and 127 "likes"
	Provide tools and materials to HEHPA and Ending Poverty teams	✓	• *ThisISliteracy.ca posters* and stickers distributed across the community
	Develop documents about the CYN, Literacy Action Plan		• Deferred
	Create consistent, branded CYN materials		• Deferred
Take a neighbourhood approach to literacy	Create and implement a Neighbourhood Action Plan using a community development approach	✓	• In September 2012 the *Huron Heights Neighbourhood Literacy Working Group* Neighbourhood Action Plan for literacy was launched.
	Explore sustainability of literacy activities in Huron Heights	✓	• Family Literacy Coordinator connected to children, youth and families through: • School Relationships—Ready for School! (TVNELP), School Council Meetings, Family Literacy Nights, School/ Community Events, Grade 7 Wrap Around Project and Growing Chefs! programming in Huron Heights schools • Community Relationships—Community fairs and literacy events, collaboration with Settlement Workers in Schools, Family Centre staff, Glen Cairn Grade 7 Wrap Around Project
	Monitor strategies and activities		• In progress. "How to" manuals for sustainable projects are in development.
	Develop plans for future Neighbourhoods		• Report: *Literacy Demonstration Neighbourhood: Huron Heights* report about CYN and Literacy is in development. Evaluation of process and activities of are ongoing.

	Collaborate with the System Reengineering Team to weave Family Literacy into Family Centres and the communities	✓	• Four Community Family Literacy Nights in each neighbourhood
			• Neighbourhoods were invited to host events and activities in support of Family Literacy Day (January 27th).
			  • 30 children participated in a *Goin' Bananas* style event in the Argyle community
			  • *Family Literacy Day* event at Northland Mall
			• Physical components of literacy in Family Centres are in development

Promote literacy from birth	Continue to maintain and expand distribution of *Baby's Book Bag*	✓	• MLHU Public Health Nurses and 16 Kiwanis Club of Forest City-London volunteers demonstrated the Read to Me! DVD and presented a *Baby's Book Bag* to:
			  • Over 1,350 expectant parents at 83 prenatal health classes
			  • 216 high-risk families via *MLHU's Best Beginnings, Early Years and Young Adult teams*
			• 81% of first time parents in London received a *Baby's Book Bag*

Strategies	2012 Activities		2012 Accomplishments
	Maintain *Literacy-Rich Waiting Rooms*	✓	• Interactive tools created to support and enhance components of literacy-rich waiting rooms • *B is for Book* pilot completed
	Continue to engage Schulich School of Medicine and Dentistry		
	Continue to involve physicians and other medical professionals	✓	• 350 physicians received material on early literacy and information on the CYN • Information and resources were shared with over 80 family medical and early years professionals who participated in *Getting it Right—the Early Years Matter* workshop featuring Dr. Jean Clinton
	Implement *Your Prescription for Literacy* with Physicians	✓	• 35 Family Health Practitioners shared coupons with first-time parents for a *Baby's Book Bag* via the new *Your Prescription for Literacy!* project. 62 families redeemed coupons at London Public Library Branches or OEYCs
	Continue to promote physician participation in CYN emergent literacy activities	✓	• CYN participated on the *MLHU Physician Engagement Team*
	Continue to provide *Baby's Book Bag* training	✓	• 56 community service providers were trained to distribute *Baby's Book Bag* and deliver key literacy messages to new parents in the community.
	Continue to promote emergent literacy and distribute products at community events	✓	• Emergent and early literacy activities promoted at events (see list in first section)
Improve family literacy	Generate content for the website and promote the website and its brand	✓	• 18 CYN Literacy Team members trained about Family Literacy website www.thisisliteracy.ca • Over 80 new pieces of content generated this year • See this IS literacy section above for other related initiatives
	Continue to provide kits to families in Huron Heights	✓	• 405 *Family Literacy Kits* distributed to students in Grades 4 and 7 at 6 schools. 85% shared the kit with a family member and 79% read the books they received
	Integrate family literacy into Family Centres		• In progress (see Neighbourhood Approach to Literacy above)
	Continue to host family literacy conference for professionals	✓	• Half day session hosted for 70 educators and community service providers about the *role of relationship, community and student identity*, featuring Dr. Jessica Toste.
	Host community family literacy nights in Family Centre Neighbourhoods	✓	• Completed
Improve youth literacy	Engage youth for input into engagement strategy	✓	• Youth were engaged as part of the *Youth Community Economic Development* project and the *Youth Advisory Council* • HEHPA Project Manager and Project Coordinator facilitated a presentation at a Community Family Literacy Night
	Collaborate with other CYN priority areas to support the implementation of the Youth Community Economic Development Framework	✓	• Ending Poverty's Community Development Coordinator actively participated on the CYN Literacy Team • With the City of London and Boys and Girls Club of London *Youth Community Economic Development Framework*, 18 youth community developers were hired to engage youth using creative urban arts-based strategies

Strategies	2012 Activities	2012 Accomplishments
	Develop an inventory of supports for passing the grade 10 literacy test Conduct a best practices review to define and outline youth transitions	• City of London BSW co-op students developing comprehensive up-to-date inventory of youth-related services and activities • Literature Review, Analysis and Best Practices Recommendations: Youth Transitions, Direct Supports to Pass the Ontario Secondary School Literacy Test (OSSLT) and Literacy.

2013 Plans

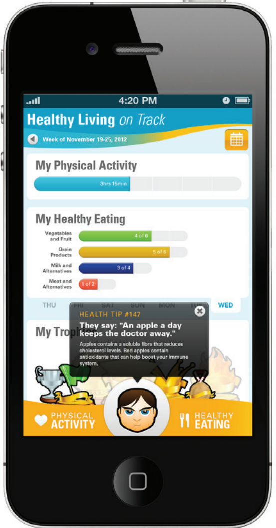
In 2013, the Literacy Implementation Team will:

- *continue to support and lead the literacy activities that have been initiated through all five of our strategy areas*
- *explore ways to evaluate and sustain this great work*
- *incorporate literacy message and activities in the first four Family Centre neighbourhoods*
- *evaluate activities in Huron Heights that can be used to support work in Family Centre communities*
- *youth inventory and best practices research will direct the work planned for supporting youth outcomes with respect to literacy*
- *exploration of the feasibility of a public awareness campaign for literacy*
- *creation of a train the trainer model that would result in a literacy champion in every organization*

Lead the Nation in Increasing Healthy Eating and Healthy Physical Activity (HEHPA) Goal: To create environments, neighbourhoods and opportunities that promote and support daily physical activity and healthy eating for all our children, youth and families.

The HEHPA working group was co-chaired in 2012 by Chris Harvey, Executive Director of the London Boys & Girls Club and Tony Kyle, Manager of Area Recreation Services, City of London. With support by Chris Green, Project Manager, HEHPA priority volunteers have been working on strategies designed to ensure that we:

- Promote and build healthy eating and healthy physical activity awareness
- Create healthy and active neighbourhoods through demonstration projects
- Change healthy eating and healthy physical activity habits through product creation and promotion
- Build community connections to healthy eating and healthy physical activity opportunities for families



Strategies	2012 Activities	2012 Accomplishments
Promoting and Building Healthy Eating and Healthy Physical Activity Awareness	Support Policy Changes	✓ • Affiliation with Healthy Communities Partnership • Advocated to have Toronto Charter for Physical Activity endorsed by City of London Council • Collaborated with London Food Charter on implementation and awareness of Charter
	Support Social Marketing Strategies	✓ • 3,000 physical activity and well-being products distributed as HEHPA continues to support the Middlesex-London ***inmotion***™ initiative by branding CYN products and resources • 10,000+ contributed to the growth of ***inmotion***™ social media through Twitter,www.inmotion4life.ca and Facebook • Participated in ***inmotion***™ partnership through in-kind and financial contributions • Assisted in planning and fundraising for ***inmotion***™ Community Challenge • Received over 5,000 views from two Public Service Announcements 'Get Your :60' videos created and distributed through CYN partners • Promoted 'Get Your:60' videos through www.inmotion4life.ca, and other CYN and ***inmotion***™ partner social media outlets
	Connect Research and Practice	✓ • Partnered with Western University and Fanshawe College on research opportunities and information sharing • Facilitated collaborations between academic and community members of HEHPA on several research projects

Strategies	2012 Activities		2012 Accomplishments
Create Healthy and Active Neighbourhoods	Support Westminster Neighbourhood	✓	• 70 Westminster residents continue to implement activities in their Neighbourhood Action Plan to increase healthy eating & physical activity in their community. Examples of their 2012 successes include: • "Westminster Gets ***inmotion***™" event attracted 200 participants from the community • Four Westminster and area youth were hired as flash mob participants in partnership with Y.O.U. • iWalk to school neighbourhood challenge increased the number of children/youth who walk or bike to school from 69% in 2011 to 89% in 2012 • Westminster Working Group was the recipient of a $50,000 park improvement grant for winning the Neighbourhood Challenge contest as part of the London's Million Tree Challenge • Westminster Working Group's meetings with City staff and City Council were instrumental in expediting the development of bicycle lanes on Southdale Rd. as well as developing future plans for recreation bicycle paths through Westminster Ponds • Marketing Strategy developed and implemented to help grow awareness of, and participation in, the Westminster Working Group and its events
	Transition Planning to Engage New Neighbourhoods	✓	• A Transition plan was developed and endorsed by the CYN • Review of potential next neighbourhoods: • Neighbourhood index was updated • Asset mapping conducted on top 15 neighbourhoods • Evaluation of Westminster will continue as resources are shifted to next demonstration neighbourhood
	Develop a Long Term Sustainability Support System	✓	• Tool-Kit' developed for Westminster Working Group with list of resources, contacts, and tasks to remain sustainable • Updates were made to Westminster Working Group Action Plan, including new sub-group projects, leadership strategy, and new resident recruitment strategies • Westminster Working Group was re-branded. Created a selection of promotional items to increase awareness and participation of local residents
	Seek Opportunities for Collaboration with Family Centers (FCs)	✓	• HEHPA staff continues to work collaboratively with other CYN priorities as well as staff and personnel of future Family Centres
Changing Healthy Eating and Healthy Physical Activity Habits through Product Creation and Promotion	Development of Products	✓	• Activity Trackers developed to complement Menu Makers • Digital Tracker Tool developed and will be completed in early 2013. Tracker Tool will replace the Activity Trackers as a mobile and desktop computer application • Various youth groups (over 250 youth) consulted through seminars about development of future products and projects
	Educating and Utilizing Existing Products	✓	• 3,000 Activity Tracker Calendars distributed through TVDSB, LCDSB and MLHU • 10,000 Menu Makers distributed through many HEHPA partners (English and French versions) • Two 'Get Your 60" videos completed and distributed by partners, CYN Website and affiliates, as well as Rogers Digital Television. Collectively received over 5,000 views • Distributed brochures, posters and referral tools in both French and English through partners, trade shows and events

Strategies	2012 Activities		2012 Accomplishments
Building Community Connections to Healthy Eating and Healthy Physical Activity Opportunities for Families	Reduce Barriers to Cultures/ Populations of Need	✓	• HEHPA Community Connections Group continues to distribute a referral tool to allow families to break down the barriers to access and participate in recreation and sports. 6,000 tools were distributed in 2012 (2,000 in French) • Supported *Camps on TRACKS* program to increase inclusion of children and youth with special needs through a peer-mediated approach • Participated in 7th Generation Hip Hop Nation/Harvest Fest Pow Wow. Shared materials and products events and held Menu Maker activities • Supported 'Aussie X' program at City of London Summer camps. Giving children the opportunity to experience a different culture's physical activities
	Reduce Barriers to families of children with Disabilities	✓	• Promoted and supported 'Open Doors' event. The event showcased CYN and HEHPA partners whose services could be of value to senior secondary school students with disabilities
	Improve Financial Assistance and Financial Barriers	✓	• Began planning stages of access pass, including recruitment of organizations and agencies not previously identified as CYN/ HEHPA members

2013 Plans

The HEHPA group will:

- *Support Middlesex-London* ***inmotion™*** *and the Community Challenge*
- *Continue to be involved with Healthy Communities Partnership and work towards advocacy projects*
- *Continue support of Westminster project, including Westminster Working Group and their strategic plans*
- *Transition into a second demonstration neighbourhood*
- *Continue to support TVDSB and LCSB physical activity and healthy eating initiatives at the neighbourhood level*
- *Complete, promote, and disseminate mobile Tracker Tool*
- *Investigate and translate Menu Maker and other HEHPA products to languages of need as required*
- *Liaise with Youth Community Economic Development to create 'By Kids, For Kids' projects*
- *Continue to use 'Get Your 60' as a promotional campaign*
- *Plan and implement Access Pass for Fall 2013*
- *Expand on the success of 'Doors Open' program*
- *Train CYN members in TRACKS with assistance from City of London Staff*
- *Work to improve transportation for healthy living as well as active transportation within City of London*

Create a Family-Centred Service System (FCSS) Goal: To make it easier for London's children, youth and families to participate fully in their neighbourhoods and community, and to find and receive the services they need.

In 2012 the Family-Centred Service System work became much more focused on the concrete and, sometimes difficult, steps to launching the network of neighbourhood Family Centres. The early part of the year was spent developing and fine-tuning elements of the Family Centre model. Through dialogue with all of the community partners, plans were developed that have gained endorsement of the CYN membership paving the way for the launch of the first 4 Family Centres.

The most exciting work took place at the neighbourhood level. Community Developers were working on the ground in Argyle, Carling-Thames, Westmount and White Oaks to engage children, youth and families in those neighbourhoods about the vision that they had for their Family Centre. These visions have been shared with the CYN and are now being used by the lead agencies to guide service planning for the Centres. The more specific details of what has been accomplished in 2012 are documented below.

Strategies	2012 Activities		2012 Accomplishments
Raise awareness of services	Develop e-communications	✓	• Successfully launched e-newsletter and e-bulletin to facilitate information within and between CYN members.
	Create new CYN website: • Public site • Members site	✓	• Created a new website is increasing community awareness of the CYN and the important work that the Network is doing in our community. The site also features a members area where information can be shared collaboratively between partners to facilitate CYN initiatives.
System Reengineering			
Neighbourhood Level Engagement and Integration	4 CYN Community Developers to work with residents and service providers in the neighbourhoods of Argyle, Carling-Thames, Westmount and White Oak	✓	• Almost 6,000 residents in 4 neighbourhoods engaged in Family Centre activities • Residents developed 4 neighbourhood visions to guide the Family Centres • Increased resident participation in existing Family Centres • 2 Family Centre Facebook sites launched and ongoing Family Centre engagement via *Argyle Is Facebook* site
	Develop tools for integration at the neighbourhood level	✓	• Neighbourhood Local Partnership Agreement template developed
Inter professional Community of Practice	To develop Interprofessional Community of Practice Toolkit	✓	• Tool kit to support interprofessional collaboration in the Centres was developed according to evidence informed best practices
	Pilot Interprofessional Community of Practice toolkit	✓	• Toolkit piloted with working group of professionals and families. Improvements and enhancements were incorporated.
	Continue to train Community Developers and Community Development Coaches on the ACE Community Development Model & the Integration Assessment Tool	✓	• Service providers came together with families to review service provision and plans for the futures of the Family Centres • Toolkit adapted to facilitate strategic collaborative teambuilding process for the development of service plans for each Family Centre in 2013 • Developed new approaches to planning services in the Family Centre neighbourhoods

Strategies	2012 Activities		2012 Accomplishments
Shared Professional Development	Continue education and development on the ACE Community Development model and Integration Assessment Tool	✓	• Trained over 100 individuals on the Integration Assessment Tool. • 108 community members, residents and service providers received training in Active Creative Engaged Communities too
Common Experiences	Identify opportunities to implement common elements of the Family Centre model	✓	• Community Connectors in place in Carling-Thames and Westmount Family Centres • Lead agency table established to facilitate implementation of the Family Centre model
Governance	Transition from a planning body to a governance body	✓	• Transitioned from System Reengineering Committee (planning) to Family Centred Service System Committee (governance) • Governance structure endorsed by London System Reengineering Committee and Child and Youth Network
	Develop governance structure to support the network of Family Centres	✓	• Developed templates for service planning and system endorsement
Measurement and Evaluation	Develop evaluation toolkit	✓	• Family Centre measurement and evaluation toolkit developed
Technology	Develop system to track Family Centre activity	✓	• Family Centre software tool developed to track the activity of families in individual centres and across the network of Family Centres. This information will support measurement and evaluation strategies.
Marketing and Communications	Develop common Family Centre Brand and identity	✓	• Family Centre Brand Developed (logo, tagline, brand standards and marketing materials)
Funding and Sustainability	Develop a sustainable financial model for Family Centres.		• Development of a permanent financial model for Family Centres has begun. Some early indicators of success were achieved.

2013 Plans

The Family Centred Service System team will:

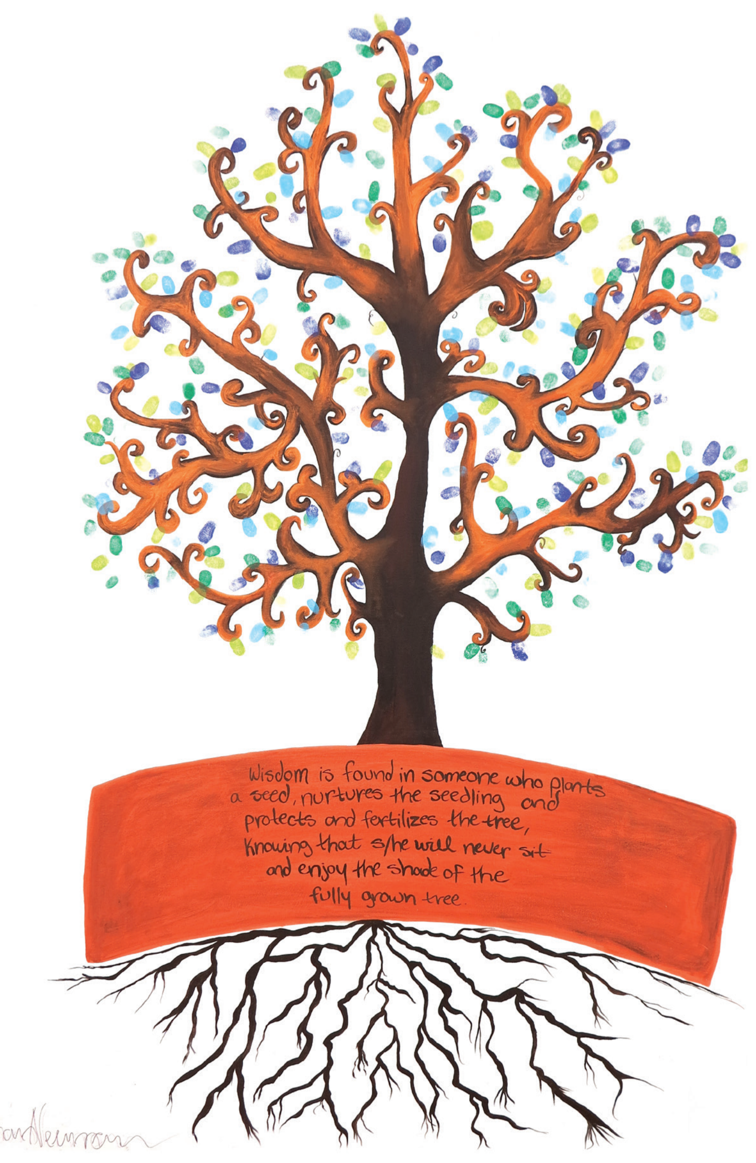
- *officially open our first 4 neighbourhood Family Centres with service planning and ongoing engagement in the neighbourhoods to continue as full implementation of the Family Centre model comes to fruition*
- *launch a new, permanent governance structure to support the network of Family Centres*
- *create more intentional connections between the network of Family Centres and specialized services in our community*

London's Child and Youth Agenda – 2012 Budget Summary

Provided below is an overview of the allocation of funding to support the implementation of the Agenda in 2012. Deliverables are listed for each of the project strategies and show the Child and Youth Network partner(s) involved in supporting and/or leading the activity.

Project Strategies	Deliverables	Funding Partners	Budget
Ending Poverty			
Increase awareness & engage the community	• Awareness, engagement & advocacy strategy & evaluation plan	• City of London • United Way	$20,000
Reduce the impact of poverty & make day-to-day life better	• Develop strategies to address gaps, including detailed project plans, budget, evaluation & sustainability • Harvest Bucks pilot initiative	• City of London • United Way	$10,400
Break the cycle & stop the next generation from living in poverty	• Glen Cairn Grade 7 Wraparound project support • Overall Project Support/Community Development	• City of London • Middlesex London Health Unit	$157,904
Improving Literacy			
Promote literacy to the whole community	• Participation in community activities & events • Project partnership support	• City of London	$3,446
Take a neighbourhood approach to literacy (Huron Heights neighbourhood)	• *Neighbourhood Literacy Working Group* support • Neighbourhood Action Plan implementation • Overall project support / Community development	• City of London • Investing in Children • LUSO Community Services	$173,305
Promote literacy from birth	• *Baby's Book Bag*	• City of London • *Kiwanis Club of Forest City-London contributed $25,000 to the Baby's Book Bag Project*	$24,187
Improve family literacy	• *Family Literacy Kits* • Family Literacy Conference & Community Family Literacy Nights • Website-London ABCs app, social media, newsletter campaign, web hosting, maintenance & promotion	• City of London • *Discounts leveraged by London Public Library for books ordered resulted in savings of $28,600*	$42,341
Improve youth literacy	• Youth Community Economic Development support • Youth Service Inventory	• City of London • Boys and Girls Club of London	$5,000
Healthy Eating/Healthy Physical Activity			
Promoting and Building Healthy Eating and Healthy Physical Activity Awareness	• Referral maps • ***inmotion***™ contributions	• Middlesex London Health Unit • Western University • Fanshawe College • City of London	$7,350
Create healthy, active neighbourhoods	• Programming Activities include (Growing Chefs, Westminster Working Group events & projects) • Neighbourhood Evaluation & Consultation • Overall project support/Community Development	• Growing Chefs • South London Neighbourhood Resource Centre NRAWP, Investing in Children, • Western University, Fanshawe College	$162,600
Changing Healthy Eating and Healthy Physical Activity Habits through Product Creation & Promotion	• Mobile Tracker Tool • Printing of Menu Makers & Activity Trackers • 'Get Your :60' Videos and Promotional Material	• Middlesex London Health Unit • City of London • Fanshawe College • Boys and Girls Club of London	$45,900
Building Community Connections to Healthy Eating & Healthy Physical Activity Opportunities for Families	• Support to summer camps & TRACKS • Family-friendly Recreation & Healthy Living Resource Guide	• Heart and Stroke • Middlesex London Health Unit • City of London • Community Living London	$5,450
Family-Centred Service System / System Reengineering			
Support of Network	• Support of Network • Engage for Change II	• City of London*	$35,600
CYN Web Development	• CYN Website	• City of London*	$13,600
CYN Web Development System Reengineering Build capacity/ Integration	• ACE & IAT Training • Technology, Marketing, Interprofessional Community of Practice, Measurement & Evaluation	• City of London*	$75,100
Engage community / Implement neighbourhood hubs	• Support for community development at the neighbourhood level • Family Centre Fixturing	• Crouch Neighbourhood Resource Centre • London Children's Connection, Merrymount OEYC • South London Neighbourhood Resource Centre • YMCA of Western Ontario, City of London*	$313,800

**City of London support of Network through Ministry of Children and Youth Services Best Start Funding of $62,808 and additional $200,000 in CAR-CIL funding*



We are on our way to achieving our vision for our children and youth:

Happy, healthy children and youth today; caring, creative, responsible adults tomorrow

For more information on London's Child and Youth Agenda contact us at:

Neighbourhood, Children and Fire Services, City of London
Tel: (519) 661-2500 ext. 1910
Fax: (519) 661-5930

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Family Centred Service System

System Participation
Memorandum of Understanding
2013

Our shared understanding and commitment to a
Family-centred service system

Family Centred Service System
System Participation Memorandum of Understanding

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Overview of the System Participation Memorandum of Understanding

Introduction

Organizations in London are changing the way supports for children, youth and families in our community are provided. Through the establishment and operation of Family Centres located in neighbourhoods, and a culture of collaboration, system integration and inter-professional practice, organizations in London are creating a Family Centred Service System to improve outcomes for children, youth and families. Every organization that provides programs, services or resources to children, youth and families in London is welcome to join this collaborative network, and to participate as a full and equal partner in the operation of the Family Centred Service System.

This System Participation Memorandum of Understanding provides the mechanism by which organizations become partners in the Family Centred Service System. This System Participation Memorandum of Understanding reflects each organization's commitment to working together in achieving and sustaining our collective vision for a system of programs, functions and services that is easy for children, youth and families in London to find, access and navigate.

Partners in the Family Centred Service System share common values and core operating principles, at least within the context of their participation in the Family Centred Service System. All partners fully understand the expectations of the system, and the outcomes to which all participants agree to work toward. Organizations understand their roles and responsibilities as participants in helping to achieve the System expectations and outcomes, as well as the roles and responsibilities of all the other system participants. Finally, organizations agree that as a system participant, there is a set of policies, procedures and protocols that each participating organization will have or use.

This System Participation Memorandum of Understanding is not a commitment by any organization to deliver a particular program or service, or to dedicate resources to the Family Centred Service System. Rather, this is a commitment at the system level to implementing a shared vision and understanding of how the Family Centred Service System functions. The specifics relating to the way in which organizations provide services at each Family Centre, including their allocation/contribution of resources and their respective liabilities associated with service delivery, are detailed in separate Service Agreements between Lead Agencies and Service Delivery Partners.

It is understood that this System Participation Memorandum of Understanding is an evolving document. As the Family Centred Service System evolves, so will the shared understanding of the System's expectations and outcomes, and each Partner's roles and responsibilities. The expectation is that this Memorandum of Understanding will be reviewed and updated annually as the Family Centred Service System continues to evolve.

Benefits to Participation

There are several key benefits to an organization's participation in the Family Centred Service System. These include, but are not limited to:

- access to shared professional development opportunities, including the inter-professional communities of practice and community development materials;
- access to the Family Centre physical space;
- the opportunity to network and collaborate with other organizations in the delivery of programs, services and functions within specific neighbourhoods;
- access to technology and infrastructure supports that support the delivery of family-centred service;
- the ability to use the Family Centre logo, branding and related visual identifiers;
- access to information from Neighbourhood Engagement and Community Development work to help guide each organization's planning and service delivery;
- access to information from the Measurement and Evaluation process to help each organization evaluate its own success at improving outcomes for children, youth and families at both the neighbourhood and system level.

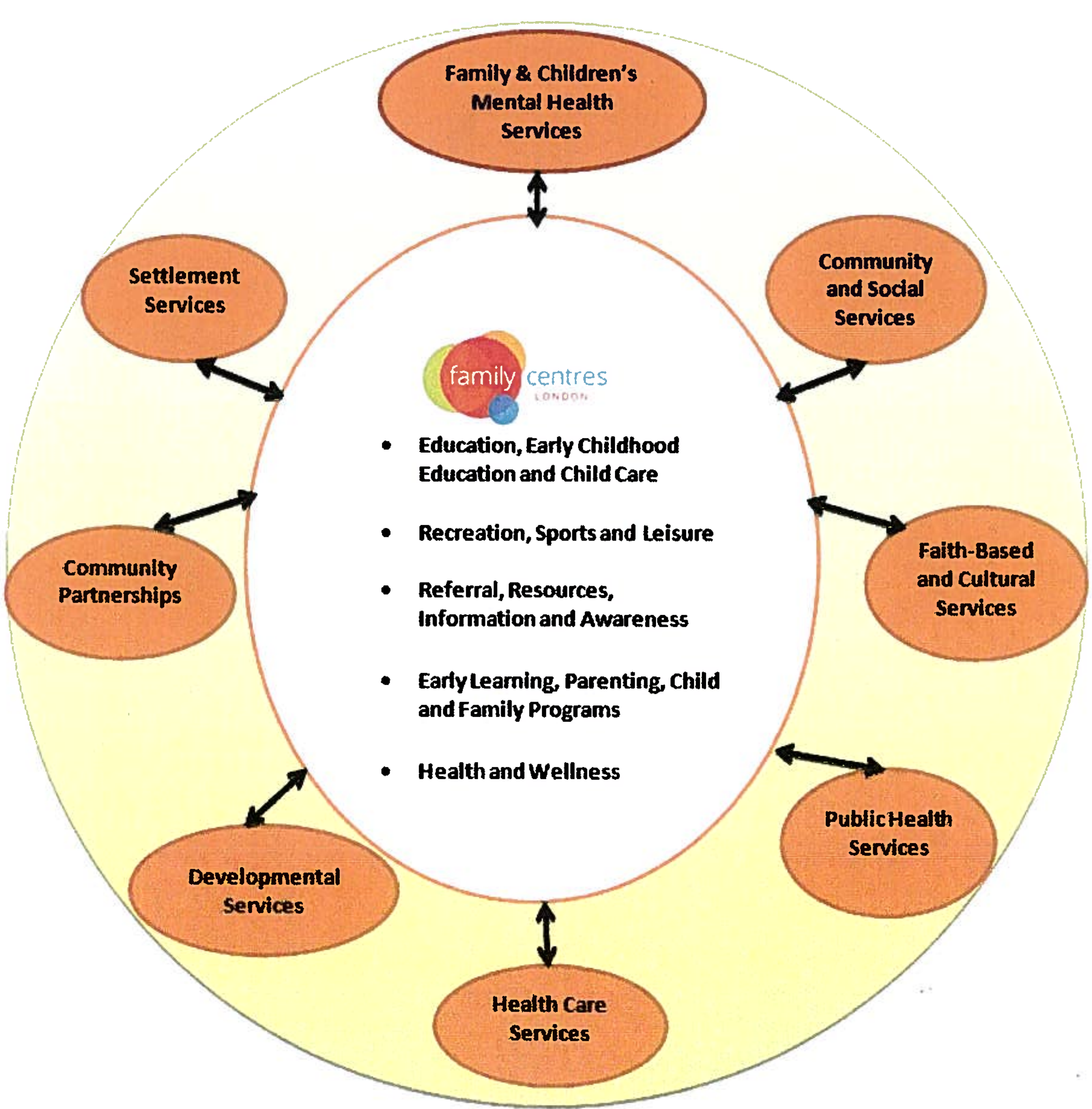
Participation Requirements

In order to be a participant in the Family Centred Service System, the leadership of each organization is required to annually complete and sign this System Participation Memorandum of Understanding. This System Participation Memorandum of Understanding describes the **System Values and Core Operating Principles** for the Family Centred Service System; the **Expectations and Outcomes, Roles and Responsibilities** for each partner in the Family Centred Service System; and the set of **Policies, Protocols and Procedures** that each participating organization is expected to have in place in relation to their involvement in the Family Centred Service System. The last page of the Memorandum of Understanding provides the opportunity for the organization to confirm its commitment to the Family Centred Service System.

Section A – Our Vision for the Family Centred Service System

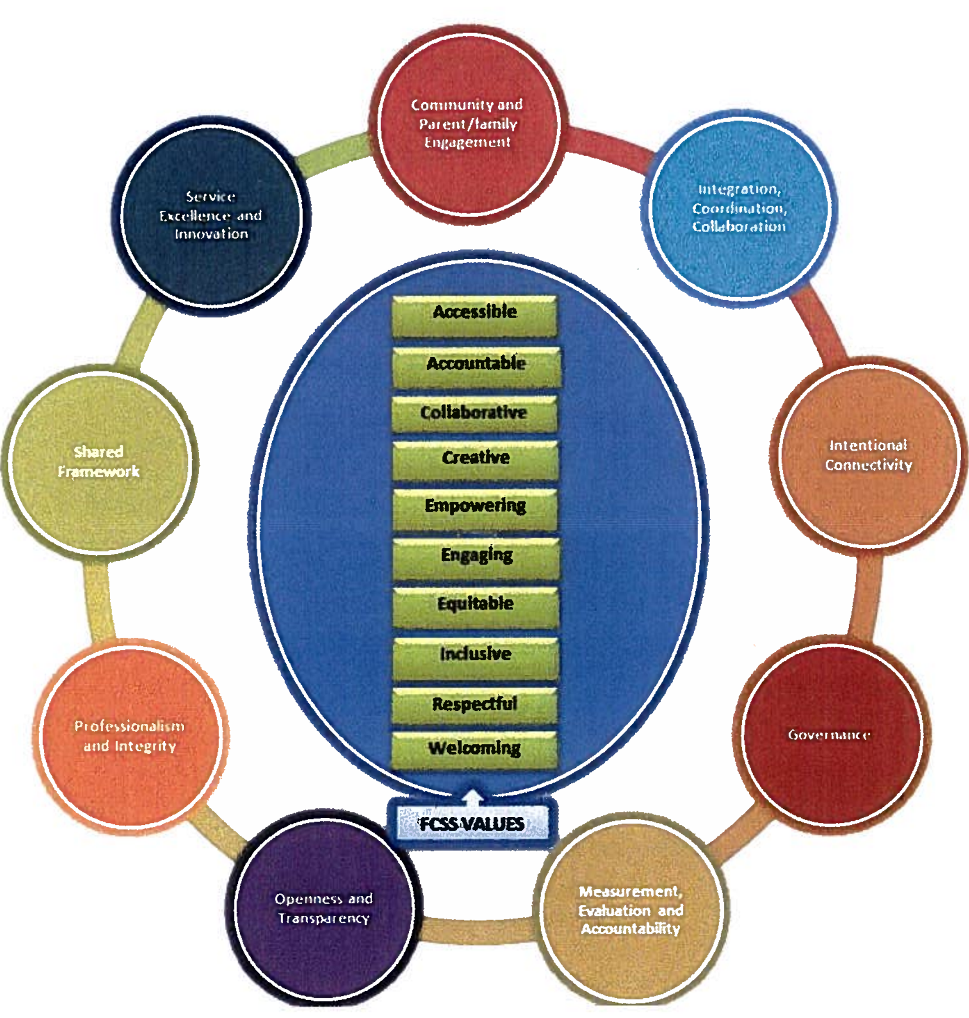
The following is our collective vision for London's network of Family Centres to which all system partners are committed to achieving.

Our Vision:
"In every London neighbourhood residents will open a single door to multiple opportunities that support children and families in achieving their full potential. These opportunities will be identified by the neighbourhood and implemented according to evidence-informed best practices using an integrative, inclusive and holistic approach."



Section B – Values and Core Operating Principles

This section lists the Values and Core Operating Principles which all partners in the Family Centred Service System agree to abide by, at least in the context of their involvement in the Family Centred Service System.



Family Centred Service System Values

These are the values that guide our shared work and define how the Family Centred Service System operates

VALUES	FAMILY	PROFESSIONALS	NEIGHBOURHOOD
Empowering	**Families are experts in their own life experience.**		
Engaging	Families are informed, engaged and experts on their child's needs.	Professionals believe that families must have the opportunity and the resources to make informed choices.	The input of all residents is valued. All residents have real influence in the operation of the Family Centred Service System
Respectful	Families show respect for other families and professionals in the Family Centred Service System. Families are respectful of the values of other partners; the legislative mandate of specific service partners; and existing employment and other agreements that might exist.	Professionals and families listen to each other and work together to develop strength-based solutions, knowing that respect builds trusting relationships between children, families and colleagues. Professionals respect the environment they are working in and understand how their actions impact others working in the space. Professionals are respectful of the values of other partners; the legislative mandate of specific service partners; and existing employment and other agreements that might exist.	Residents know that integrity, respect and active listening are at the "heart" of the Family Centred Service System. Residents are respectful of the values of other partners; the legislative mandate of specific service partners; and existing employment and other agreements that might exist.
Welcoming	Every family is welcomed. All families are able to access programs and direct support or are linked to appropriate supports in a timely and non-judgemental manner.	Professionals consciously work to provide a welcoming and comfortable environment for families.	Residents know that the Family Centred Service System provides a place of comfort, safety and belonging for all.
Inclusive	Families are able to fully participate in and use services regardless of culture, socioeconomic status, or differing abilities.	Professionals communicate openly with families, community members and other professionals in the Family Centred Service System. Wherever possible, professionals are transparent and encourage partnerships.	Residents believe that the Family Centred Service System provides neighbourhood destinations that are fun, appealing and that support community mobilization. Residents understand that the Family Centred Service System renews the sense of community and promote diverse partnerships.
Collaborative	Families collaborate with service providers and other members of their community in the governance and operation of the Family Centred Service System.	Professionals collaborate with one or more members of a team, each of whom makes a unique contribution from within their scope of practice to the achievement of a common goal. Through this collaboration, professionals develop and provide services that are comprehensive, accessible, understandable and respectful.	Residents expect that the Family Centred Service System creates a collaborative environment with strong linkages and shared resources; where the culture is that every door is the right door.
Creative	Families feel comfortable working with professionals and other community members to explore new and creative ways of serving the community.	Professionals are willing to work with families to find "out-of-the-box" approaches to meeting their needs.	Residents look to the Family Centred Service System for creative, flexible and focused solutions that are provided with clarity and simplicity.
Accessible	Families expect a barrier free environment and actively work with the Family Centred Service System to identify and eliminate any barriers that may exist.	Professionals are flexible and strive to accommodate everyone with accessibility issues.	Residents work with the Family Centred Service System to support the removal of all barriers.
Equitable	All families have equal access to consistent quality services and customized care in their neighbourhood.	Professionals strive to provide equitable services that are customized to best meet the unique needs of each family.	Residents believe that the Family Centred Service System promotes equal access to quality services and customized care in neighbourhoods.
Accountable	Families, Professionals and Neighbourhood Residents share the responsibility for keeping the Family Centred Service Systems accountable for the delivery of family centred services		

Core Operating Principles

Community and Parent/Family Engagement - Formal and informal structures and strategies are in place that support community and parent/family engagement in ensuring neighbourhood priorities are met.

Governance - All partners in the Family Centred Service System participate and are engaged in decision making processes.

Integration, Coordination, Collaboration – All partners in the Family Centred Service System are encouraged and supported to engage in greater degrees of joint service activity that moves us as a community from service awareness to service integration.

Intentional Connectivity – All partners in the Family Centred Service System share the responsibility for pro-actively connecting families to the functions, services and resources from which they can benefit; regardless of whether that service, function or resource is provided by the Partner's organization or another Partner or Stakeholder organization; or whether is provided at the Family Centre or elsewhere in the community.

Measurement, Evaluation and Accountability - Each partner in the Family Centred Service System takes responsibility for contributing to the achievement of the Family Centred Service System. Decisions are made and the monitoring, evaluation and accountability processes associated with those decisions are undertaken in a planned, known manner.

Openness and Transparency – Open communication lines are maintained to ensure that all partners in the Family Centred Service System are informed (i.e. have access to accurate, consistent and clear information) and have confidence in the decision making process. Information is freely available and directly accessible and is provided in an easily understandable form.

Professionalism and Integrity – All partners in the Family Centred Service System demonstrate honesty, objectivity and propriety. All partners in the Family Centred Service System use appropriately credentialed and/or qualified professionals to deliver the system's functions and services. All professionals working in the Family Centred Service System agree to collaborate in creating and sustaining an Inter-Professional Community of Practice.

Service Excellence and Innovation - All partners in the Family Centred Service System are open to learning from promising practices, taking appropriate risks, and are open to new opportunities and challenges with the objective of building a more effective and comprehensive family-centred service system.

Shared Framework - All partners in the Family Centred Service System agree to work together within the shared professional, operational, and financial framework established by the Family Centred Service System Governance Body.

Section C - Expectations and Outcomes

On the following two pages are the Family Centred Service System Expectations and Outcomes to which all partners in the system agree to work towards.

System Management

- All partners are committed to the Family Centred Service System Vision
- All partners are aligned with the Family Centred Service System Values and Core Operating Principles
- All partners agree that there are certain Policies, Protocols and Procedures that are necessary across the Family Centred Service System, and agree to align their respective organization's management processes with this core set of Policies, Protocols and Procedures, at least with respect to their involvement in the Family Centre
- All partners understand their specific roles and responsibilities as well as the roles and responsibilities of other partners
- Involvement and participation in a Family Centre is a privilege, not a right. There are defined Partnership Renewal and Termination Protocols in place at both the System and the Neighbourhood level

Functions and Services

- A full spectrum of Core Functions is available at each Family Centre. There is consistency across the Family Centred Service System with respect to the principles and approaches used in developing the content of each Core Function, yet each Core Function is delivered in a manner reflective of the neighbourhood in which the Family Centre operates
- Linkages to specialized and non-specialized services operating outside of the Family Centre are considered Core Functions, and are available at each Family Centre
- A culture and process of intentional connectivity exists to facilitate the connection of children, youth and families to services
- Non-Core Functions may be available at each Family Centre. The nature of these non-Core Functions and Services will determined by each neighbourhood
- As much as possible, there is consistency between Family Centres in the physical environment, type and quantity of equipment and availability of technological services and supports

Community Development and Neighbourhood Engagement

- There is a shared culture of Community Development and Neighbourhood Engagement operating at both the System and the Neighbourhood level
- Residents play a key role in guiding the Family Centre in their neighbourhood and in making sure that Core and non-Core Functions are reflective of their community

Inter-Professional Community of Practice

- There is a shared culture of Inter-Professional Practice operating at both the System and the Neighbourhood level
- There is proactive, professional Communication and Information Sharing amongst all Partners, including both formal and informal processes
- There is a process for conflict resolution at both the System and the Neighbourhood level

Monitoring, Evaluation and Accountability

- There is an active and on-going process of Monitoring, Evaluation and Accountability at both the System and the Neighbourhood level
- Information from the Monitoring, Evaluation and Accountability process is actively shared between partners, and is used to continuously improve the Family Centre Network at both the System and the Neighbourhood level

Marketing and Communication

- There are active and appropriate Marketing and Communication strategies, materials and messaging at both the System and Neighbourhood level
- There is one common or Master brand, logo and identification for all Family Centres in the Network
- All partners agree to abide by the guidelines[1] established with respect to the use of the Master brand, logo and identification
- Subject to conditions required by legislative authority or school board policy, the use of individual partner's brand, logo and/or identification with respect to the Family Centre or functions provided at the Family Centre is secondary to the use of the Master Brand

Financial and Operational Sustainability

- In every way they can, all partners are expected to support the Family Centres and the Family Centred Service System. This may be through the provision of programs and services, participation in planning committees, and in-kind provision of personnel, equipment and/or resources, etc. There may also be occasions when partners are able to repurpose a portion of their finances and/or resources and direct them to Centre operations. It is understood that there are many different partners in the system and that each partner will have a different ability to contribute in-kind and direct financial supports. The intent is to reflect this understanding, not to say that any one partner's contribution is related to their size or budget or that all partners must contribute equally.
- There is a collaborative process in place for determining proportionate contributions of financial and in-kind supports at both the System and neighbourhood level

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[1] Marketing and Communication:
http://members.londoncyn.ca/fcss_governance/node/305

Section D - Roles and Responsibilities

On the pages that follow in this section are the Roles and Responsibilities each participant in the Family Centred Service System has in achieving the system Expectations and Outcomes discussed above.

It is not intended that this is a comprehensive or exhaustive list of all of the roles and responsibilities that each Family Centred Service System partner may have. It is understood that system partners may have many more roles and responsibilities related to their direct participation in a particular neighbourhood, delivering a particular Core or non-Core function, or contributing to the system as a whole. Therefore, it is intended that these Roles and Responsibilities serve as a guide to how each system participant contributes to achieving the System's Expectations and Outcomes.

Roles and Responsibilities by System Expectations and Outcomes

	Partner			
System Governance	**School Board/School**	**Lead Agency**	**Service Delivery**	**Neighbourhood**
Expectation/Outcome - System Management				
Role(s)				
System Management System Support	System Partner	System Partner	System Partner	System Partner
Responsibilities				
Establish/annually confirm the Family Centred Service System Expectations and Outcomes. Establish and monitor the process by which System Partners commit to the Expectations and Outcomes Facilitate the development and periodic review of the Roles and Responsibilities of each System Partner. Establish and monitor the process by which System Partners demonstrated their knowledge of the respective Roles and Responsibilities of each System Partner Establish/annually confirm the Policies, Procedures and Protocols for the Family Centred Service System. Establish and monitor the process by which System Partners commit to Policies, Procedures and Protocols Establish/apply the Accountability resolution form and process	Annual review and commitment to the Family Centred Service System Vision Annual review and commitment to the Family Centred Service System Values and Core Operating Principles Annual review and commitment to the Family Centred Service System Expectations and Outcomes Annual review of the Roles and Responsibilities of every Family Centred Service System Partner Annual review and commitment to the Policies, Procedures and Protocols Participate in the development of the Accountability and Conflict Resolution processes, and agree to adhere to them as required, once they have been agreed upon	Annual review and commitment to the Family Centred Service System Vision Annual review and commitment to the Family Centred Service System Values and Core Operating Principles Annual review and commitment to the Family Centred Service System Expectations and Outcomes Annual review of the Roles and Responsibilities of every Family Centred Service System Partner Annual review and commitment to the Policies, Procedures and Protocols Participate in the development of the Accountability and Conflict Resolution processes, and agree to adhere to them as required, once they have been agreed upon	Annual review and commitment to the Family Centred Service System Vision Annual review and commitment to the Family Centred Service System Values and Core Operating Principles Annual review and commitment to the Family Centred Service System Expectations and Outcomes Annual review of the Roles and Responsibilities of every Family Centred Service System Partner Annual review and commitment to the Policies, Procedures and Protocols Participate in the development of the Accountability and Conflict Resolution processes, and agree to adhere to them as required, once they have been agreed upon	Understand and support the Family Centred Service System Vision Understand and support the Family Centred Service System Values and Core Operating Principles Understand and support the Family Centred Service System Expectations and Outcomes Understand and support the respective roles and responsibilities of each Family Centred Service System Partner Understand and support the Policies, Procedures and Protocols Participate in the development of the Accountability and Conflict Resolution processes, and agree to adhere to them as required, once they have been agreed upon

Partner				
System Governance	**School Board/School**	**Lead Agency**	**Service Delivery**	**Neighbourhood**
Expectation/Outcome - Functions and Services				
Role(s)				
System Management System Support	Service Provision Landlord	Family Centre Management & Administration	Service Provision - Core and non-Core Functions	Consumer
Responsibilities				
Establish/apply the process to deliver a full spectrum of Core Functions. Define and periodically update the definition of what constitutes the full spectrum of Core Functions. Establish/apply the process to ensure that Core Functions are available in every neighbourhoods at a service level appropriate to the neighbourhood need Establish/apply the process by which consistent Principles, Approaches and Outcomes are determined for each Core Function Establish/apply the process to ensure Core Functions are delivered in a manner reflective of the neighbourhood Define standards for the Community Connector function in each Family Centre Establish/apply a process to develop a culture of intentional connections to specialized and non-specialized services Establish/support processes that facilitates identification of non-core functions at the neighbourhood level Define standards for the physical environment, type and quantity of equipment and technological services and supports in Family Centres	Support the delivery of a full spectrum of Core Functions Support the identification and delivery of non-Core Functions as appropriate Support the development of consistent Principles, Approaches and Outcomes for Core Functions Support the development of standards for the Community Connector function Establish the Landlord-Tenant agreement to define the context by which the Family Centre operates in the School environment Provide and maintain appropriate physical environment, technological and equipment standards within the context of the Landlord-Tenant agreement	In collaboration with the Strategic Collaboration Team: • Coordinate delivery of a full spectrum of Core Functions • Monitor that Core Functions are delivered based on predetermined Principles, Approaches and Outcomes • Monitor that Core Function delivery is appropriate to the specific needs of the neighbourhood • Ensure that the Community Connector role is provided at a service standard level as defined by the system • Establish and maintain a neighbourhood specific process to identify need for non-Core Functions. Ensure non-Core Functions at the Family Centre are delivered in a manner consistent with Family Centre Values and Principles • Monitor compliance with the established standards associated with the physical environment, technology, and equipment. Facilitate the development of strategies to remedy any identified deficiencies	Provide Core and non-Core Functions as per the Service Plan Agreement with the Lead Agency Participate in the process that determines the Principles, Approaches and Outcomes for each Core Function. Provide Core Functions based on predetermined Principles, Approaches and Outcomes Adapt program delivery to specific needs of neighbourhood Actively support the Community Connector function as per the Service Plan Agreement with the Lead Agency Maintain compliance with the established standards associated with the physical environment, technology, and equipment. Participate in the development of strategies to remedy any identified deficiencies	Provide input to service providers and Lead Agency as to service levels required in each neighbourhood Provide input to service providers and Lead Agency to identify unique needs of neighbourhood Assist with the identification of non-core functions. Assist with the feasibility analysis to determine if and how non-core functions can be provided Understand the established standards associated with the physical environment, technology, and equipment. Participate in the development of strategies to remedy any identified deficiencies

System Governance	Partner			
	School Board/School	Lead Agency	Service Delivery	Neighbourhood
Expectation/Outcome - Community Development and Neighbourhood Engagement				
Role(s)				
System Management System Support	System Partner	System Partner	System Partner	System Partner
Responsibilities				
Establish/monitor the Community Development process by which resident input is collected and used to ensure residents have a key role in guiding the Family Centred Service System at both the system and neighbourhood level	Actively participate in the Community Development and Neighbourhood Engagement processes Establish/maintain a process where residents play a key role in the strategic planning for the Family Centre	Implement and participate in the Community Development and Neighbourhood Engagement process at the neighbourhood level Establish/maintain a process where residents play a key role in the strategic planning for the Family Centre	Within the context of their participation in the Family Centre and relative to each partner's capacity, implement and participate in the Community Development and Neighbourhood Engagement processes Establish/maintain a process where residents play a key role in the strategic planning for the Family Centre	Actively participate in the Community Development and Neighbourhood Engagement processes Actively participate in the strategic planning process for the Family Centre

System Governance	Partner School Board/School	Lead Agency	Service Delivery	Neighbourhood
Expectation/Outcome - Inter-Professional Community of Practice				
Role(s)				
System Management System Support	System Partner	System Partner	System Partner	System Partner
Responsibilities				
Establish/monitor the form and process to support the development of a culture of inter-professional practice at both the neighbourhood and system levels Develop/facilitate informal and formal communication processes and networks amongst system participants Establish/apply the form and process for conflict resolution at both the system and neighbourhood levels	Relative to their capacity, actively engage in the inter-professional communities of practice at both the system and neighbourhood levels Participate in the development of the conflict resolution processes at both the system and neighbourhood levels, and agree to adhere to them as required, once they have been agreed upon Participate in the communication processes and networks developed by System Governance	Relative to their capacity, implement and engage in the inter-professional communities of practice at both the system and neighbourhood levels Participate in the development of the conflict resolution processes at both the system and neighbourhood levels, and agree to adhere to them as required, once they have been agreed upon Participate in the communication processes and networks developed by System Governance	Relative to their capacity, actively engage in the inter-professional communities of practice at both the system and neighbourhood levels Participate in the development of the conflict resolution processes at both the system and neighbourhood levels, and agree to adhere to them as required, once they have been agreed upon Participate in the communication processes and networks developed by System Governance	Relative to their capacity, contribute to the inter-professional communities of practice at the neighbourhood level, as appropriate Participate in the development of the conflict resolution processes at both the system and neighbourhood levels, and agree to adhere to them as required, once they have been agreed upon Participate in the communication processes and networks developed by System Governance

System Governance	Partner School Board/School	Lead Agency	Service Delivery	Neighbourhood
Expectation/Outcome - Monitoring, Evaluation and Accountability				
Role(s)				
System Management System Support	System Partner	System Partner	System Partner	System Partner
Responsibilities				
Establish/apply the process to evaluate the effectiveness of the Family Centred Service System Governance approach Establish/apply the process for monitoring and evaluating the Family Centred Service System at both the system and neighbourhood levels Establish/apply the process by which information obtained through the Measurement and Evaluation process is used to improve the Family Centred Service System	Actively participate in the process to evaluate the effectiveness of the Family Centred Service System Governance approach Actively participate in the collection and analysis of information necessary to monitor and evaluate the effectiveness of the Family Centred Service System at both the system and the neighbourhood levels Pro-actively use the information and analysis obtained through the monitoring and evaluation processes to help improve the Family Centred Service System	Actively participate in the process to evaluate the effectiveness of the Family Centred Service System Governance approach Actively participate in the collection and analysis of information necessary to monitor and evaluate the effectiveness of the Family Centred Service System at both the system and the neighbourhood levels Pro-actively use the information and analysis obtained through the monitoring and evaluation processes to help improve the Family Centred Service System	Actively participate in the process to evaluate the effectiveness of the Family Centred Service System Governance approach Actively participate in the collection and analysis of information necessary to monitor and evaluate the effectiveness of the Family Centred Service System at both the system and the neighbourhood levels Pro-actively use the information and analysis obtained through the monitoring and evaluation processes to help improve the Family Centred Service System	Actively participate in the process to evaluate the effectiveness of the Family Centre Service System Governance approach Actively participate in the collection and analysis of information necessary to monitor and evaluate the effectiveness of the Family Centred Service System at both the system and the neighbourhood levels Assist partners to interpret and use the information and analysis obtained through the monitoring and evaluation processes to help improve the Family Centred Service System

	Partner			
System Governance	School Board/School	Lead Agency	Service Delivery	Neighbourhood
Expectation/Outcome - Marketing and Communication				
Role(s)				
System Management System Support	System Partner Landlord	System Partner Family Centre Management & Administration	System Partner	System Partner
Responsibilities				
Establish/apply Family Centre Marketing and Communications strategies at both the system and neighbourhood levels Establish Family Centre brand, logo and communication and marketing materials for use at both the system and neighbourhood levels Establish/monitor rules regarding the use of the Family Centre brand and logo at both the system and the neighbourhood levels Provision of communication and marketing materials in other language services based on the neighbourhood needs	Participate in the development and distribution of Family Centre marketing and communication materials, as appropriate Abide by the rules regarding the use of the Family Centre brand and logo Provide opportunities for signage and other Family Centre identification opportunities on/at school facilities, as appropriate	Participate in the development and distribution of Family Centre marketing and communication materials at the neighbourhood level Abide by/monitor the rules regarding the use of the Family Centre brand and logo at the neighbourhood level, including the expectation that the use of other brands, logos and identifiers is secondary (where appropriate) to the use of the Family Centre Master Brand Relative to capacity to do so, provision of French and other language services needed in the neighbourhood	Participate in the development and distribution of Family Centre marketing and communication materials at the neighbourhood level Abide by/monitor the rules regarding the use of the Family Centre brand and logo at the neighbourhood level, including the expectation that the use of other brands, logos and identifiers is secondary (where appropriate) to the use of the Family Centre Master Brand	Participate in the development and distribution of Family Centre marketing and communication materials at the neighbourhood level Abide by/monitor the guidelines regarding the use of the Family Centre brand and logo at the neighbourhood level, including the expectation that the use of other brands, logos and identifiers is secondary (as identified on page 8 – Marketing and Communication section) to the use of the Family Centre Master Brand

System Governance	Partner			
	School Board/School	Lead Agency	Service Delivery	Neighbourhood
Expectation/Outcome - Financial and Operational Sustainability				
Role(s)				
System Management System Support	System Partner	System Partner Family Centre Management & Administration	System Partner	System Partner
Responsibilities				
Establish/communicate system level estimates of the revenue and costs associated with operating the Family Centre system at both the system and the neighbourhood levels Establish/facilitate processes at both the system and the neighbourhood levels to identify opportunities for system partners to contribute through direct financial contributions and/or in-kind supports to the resource requirements of the Family Centred Service System Pro-actively seek out financial and in-kind resources from individuals, organizations and governments external to the Family Centred Service System Establish and apply accountability processes at both the system and the neighbourhood level	Actively participate with other system partners to identify opportunities to contribute through direct financial contributions and/or in-kind supports to the resource requirements of the Family Centred Service System	Actively participate with other system partners to identify opportunities to contribute through direct financial contributions and/or in-kind supports to the resource requirements of the Family Centred Service System Manage the overall costs and the financial and in-kind contributions of partners specific to each Family Centre within the available resources	Actively participate with other system partners to identify opportunities to contribute through direct financial contributions and/or in-kind supports to the resource requirements of the Family Centred Service System	Actively participate with other system partners to identify opportunities to contribute through direct financial contributions and/or in-kind supports to the resource requirements of the Family Centred Service System

Section E – Policies, Protocols and Procedures

This section has two components. In the first is a list of the ***policies each system partner must have as part of the management processes within their own organization****. It is not intended that every partner will adopt the same wording for these policies. Rather, the list identifies the intended purpose and/or benefit of the policy, and if appropriate, the minimum acceptable standard.*

The second component contains a list of ***protocols and procedures that participants agree to adopt within the context of their participation in the Family Centred Service System****. The specific nature of each protocol or procedure will be fully identified in the Service Plan Agreement developed for each Family Centre. It is expected that some or all of these protocols and procedures may be extensions of and/or connected to the protocols and procedures used by the participant as part of the management processes within their own organization.*

Policies

All partners will have organizational policies which address the following areas:

- **Child Abuse Reporting**: A policy relating to the reporting of suspected or reported child abuse.
- **Code of Professional Conduct:** A policy stipulating minimum standards of professional conduct of professionals, staff and volunteers working for the organization including appropriate use of Internet, email, relationship with participants and colleagues, etc.
- **Confidentiality:** A policy relating to maintaining the confidentiality of all oral or documented information about a client.
- **Employee Protection:** Policies reflecting the organization's required obligations in the following areas:
    - Health and Safety Training and Awareness
    - Insurance
    - Harassment and Discrimination
    - Safe Work Place
- **Liability Protection:** A policy relating to the maintaining of appropriate liability insurance coverage relative to the provision of the service or function which they provide.
- **Privacy:** A policy relating to the collection, storage, use and releasing of information about clients.

- **Records Management:** A policy related to the systematic administration of records and documented information for their entire life cycle, from creation/receipt, classification, use, filing, retention, storage, to final disposition.

- **Reference Check and Vulnerable Sector Screening:** A policy relating to the screening of individuals working or volunteering for the organization, including at the Family Centre. This policy should also include provision for an Annual Attestation by the individual.

Protocols and Procedures

To be established by the Family Centre Strategic Collaboration Team and included in the Service Delivery Agreement between each Family Centre Lead Agency and the Service Delivery Partners

- **Community Development and the use of "Community Development Framework"[2], "IAT"[3], "IPCP Toolkit"[4] and "Community Connector Curriculum"[5]:** Protocols and procedures relating to the use of a community development approach using these tools within the context of the participant's involvement in the Family Centres. The community development process is based on:
    - Active, Creative, Engaged (ACE) Communities Model; this is a neighbourhood-driven model where community leaders work with service providers to engage the community, identify priorities, plan services and outcomes;
    - Integration Assessment Tool (IAT); this tool can be used to help organizations discover where they may need to concentrate their efforts;
    - Inter-Professional Community of Practice (IPCP) Toolkit; this tool fosters a culture of inter-professional communication, collaboration and planning;
    - Community Connector Curriculum; provides all partners in the Family Centre with consistent training in how to engage with and support families, and how to connect them to the appropriate services.

- **Conflict Resolution:** Protocols and procedures aimed at alleviating or eliminating conflict situations.

- **Crisis/Incident Reporting:** Protocols and procedures to identify and report incidents, events or situations attributable to any factor which could cause (a) an injury or illness to a staff or participant at the Family Centre or (b) material damage to the Family Centre.

- **Emergency Management:** Protocols and procedures detailing step-by-step procedures to follow in emergencies such as fire or a major accident. The Emergency Action Plan should also include information such as whom to notify, who should do what, and the appropriate communication processes.

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[2] Community Development Framework: http://members.londoncyn.ca/fcss_governance/node/718

[3] IAT: http://members.londoncyn.ca/training_education/node/314

[4] IPCP Toolkit Link: http://members.londoncyn.ca/training_education/node/646

[5] Community Connector Curriculum – (in development): http://members.londoncyn.ca/training_education/node/686

- **Designated Authority:** Protocols and procedures to designate a representative who has the authority to commit the participant organization to decisions and agreements.

- **Inclusion:** Protocols and procedures to create an environment at the Family Centre that is inclusive of all participants/individuals regardless of their race, national or ethnic origin, colour, religion, sex, age, or mental or physical disability.

- **Use of Appropriately Credentialed Professionals:** A protocol or procedure to identify the level of professional accreditation and/or the experience needed to deliver professional services to families.

Section F – Commitment and Signature

In this section, authorized individuals sign on behalf of their organization's involvement in the Family Centred Service System.

On behalf of (insert name of participant/organization)________________________, I/we confirm the following:

- ***We are committed to working collaboratively to realize the shared vision for the Family Centred Service System***
- ***We agree to abide by the Values and Core Operating Principles of the Family Centred Service System as outlined in this document***
- ***We understand the Family Centred Service System Expectations and Outcomes as outlined in this document, and agree to work towards achieving them***
- ***We understand the Roles and Responsibilities of each System Partner as outlined in this document and undertake to fulfill our Role(s) and Responsibility(s) to the best of our ability***
- ***We have and follow the required Policies as set out in this document***
- ***We agree to participate in the development of protocols and procedures relating to our participation in the Family Centred Service System and any Family Centre, and agree to adhere to them once they have been agreed upon***

Dated: ________________________

Signature: ________________________
Name and Title: ________________________

Signature: ________________________
Name and Title: ________________________

family centres
LONDON

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 098-13

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 September 19

SMART START FOR BABIES: THREE YEAR FUNDING RENEWAL APPLICATION

Recommendation

It is recommended that the Middlesex-London Board of Health endorse the application form for the "Smart Start for Babies: Three Year Funding Renewal".

Key Points

- The Smart Start for Babies Program provides prenatal and nutrition education for vulnerable pregnant women and teens in London and Middlesex County.
- The Public Health Agency of Canada is accepting applications with Board endorsement for a three year extension of funding at the current annual level ($152,430)

Background

Smart Start for Babies (SSFB) is a Canada Prenatal Nutrition Program (CPNP) designed for pregnant women who are at risk for poor birth outcomes due to multiple factors including poor lifestyle habits, abuse, poverty, recent arrival in Canada, and teen pregnancies. SSFB is funded by the Public Health Agency of Canada with in-kind staffing support from the Health Unit and partnering agencies. As the sponsoring agency for the past eight years, the Health Unit has provided experienced public health nurses and registered dietitians to facilitate the program. SSFB also receives in-kind personnel support for program delivery from the London Health Sciences Centre, the Children's Aid Society London & Middlesex, and the Health Zone Nurse Practitioner-Led Clinics.

The program provides pregnant women and their support persons with access to healthy foods, nutritional counseling and education, prenatal education, opportunities to learn life skills, referrals to community supports and resources, and promotes social connectivity with the goal of achieving healthy birth outcomes. In the past twelve months over 200 participants and their support persons have attended weekly SSFB sessions at seven sites in London and Strathroy (223 sessions). In the next three year funding period (2014-2017) it is anticipated that the number of participants will increase to 300 per year because our partner sites are now established and all sites are being well attended.

A Board Report submitted in May 2013 (Report No. 070-13) provides further information about the SSFB program and the changes that have taken place in 2012 and 2013.

Funding Extension for the Next Three Years

The Public Health Agency of Canada is accepting applications for the extension of funding for the next three fiscal years at the current level of annual funding ($152,430). Attached as Appendix A is the completed Application Form. In January 2012, the Health Unit committed to increasing its in-kind contribution to the program as well as to partnering with a number of service agencies to establish working relationships and formal agreements for personnel and in-kind support. As a result the number of clients participating in the SSFB program has increased by 47% in 2013.

Our partner agencies provide free space for our East and South sites. As well, two partner agencies provide in-kind personnel of approximately 0.2 full-time equivalent (FTE) for Nurse support and 0.1 FTE for Registered Dietitian support. The Health unit provides in-kind support including a 0.1 FTE Manager, 0.5 FTE Public Health Nurse Program Coordinator, and 0.5 FTE for Public Health Nursing and Registered Dietitian facilitators. Our leadership in this program assists us to meet the requirements of the Reproductive Health Program as outlined in the Ontario Public Health Standards.

Conclusion

Smart Start for Babies has a long history in London and Middlesex County. It has been sponsored by the Health Unit for the past eight years and has well-established partnerships with CAS, Health Zone Nurse Practitioner-Led Clinics, South London Community Centre, and three Ontario Early Years Centres. The Health Unit and partnering agencies enhance the PHAC budget with in-kind staffing support and space for the sessions. In addition partnering agencies hire site-coordinators for the sessions that are paid through the SSFB budget. The Public Health Agency of Canada is accepting applications, with Board endorsement, for the extension of the Smart Start for Babies Program funding at the current annual level of $152,430 for the three year period of April 1, 2014 to March 31, 2017.

This report was prepared by Ms. Kathy Dowsett, Manager, Family Health Services, and Ms. Nancy Del Maestro, Public Health Nurse and Smart Start for Babies Program Coordinator.

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

This report addresses the following requirements of the Ontario Public Health Standards: Reproductive Health Program, to support healthy pregnancies. It also addresses the strategic direction of the Middlesex-London Health Unit to reduce health inequities for vulnerable populations.

APPLICATION FORM

PLEASE PRINT OR TYPE – FILL IN WHITE SPACES ONLY
VEUILLEZ DACTYLOGRAPHIER OU ÈCRIRE EN LETTRE MOULÈES – COMPLÉTER LES ESPACES BLANCS SEULEMENT

CANADA PRENATAL NUTRITION PROGRAM (CPNP)
PROGRAMME CANADIEN DE NUTRITION PRÈNATALE [X]

COMMUNITY ACTION PROGRAM FOR CHILDREN (CAPC)
PROGRAMME D'ACTION COMMUNAUTAIRE POUR LES ENFANTS (PACE) [ ]

EXTENSION/PROLONGATION 2014-2017			
NOM DU PROJET / NAME OF PROJECT : Smart Start for Babies Prenatal Advantage Program		PROJECT # DU PROJET : 6971-06-95-0004	
NOM ET ADRESSE DU REQUERENT / NAME AND ADDRESS OF APPLICANT	NOM DE L'ORGANISME / ORGANISATION NAME: Middlesex-London Health Unit		
	NUMÈRO ET RUE / NUMBER AND STREET : 50 King Street VILLE OU VILLAGE / CITY OR TOWN: London		
	PROVINCE / PROVINCE: Ontario	CODE POSTALE / POSTAL CODE: N6A 5L7	TÈL / TEL: 519-663-5317 TÈLÈC / FAX:
PERSONNE DE CONTACT / CONTACT NAME	NOM / NAME : Kathy Dowsett, Manager, Family Health Services		COURRIEL / E-MAIL : kathy.dowsett@mlhu.on.ca
NOM DE LA PERSONNE RESPONSABLE / NAME OF RESPONSIBLE PERSON	NOM / NAME : Dr. Christopher Mackie		TITRE / TITLE : Medical Officer of Health and CEO
	SIGNATURE :		DATE :

We, the Board of Directors, are pleased to support the application for an extension of current funding.

Nous, les membres du conseil consultatif, sommes heureux d'appuyer la demande pour la continuation.

Name/Nom	Signature	Title/Titre

Name/Nom	Signature	Title/Titre

Public Health Agency of Canada | Agence de la santé publique du Canada

DRAFT

CAPC - PACE ☐
CPNP - PCNP ☐

Detailed Budget - Budget détaillé

Please refer to the Eligible Expenditures List / veuillez vous référer à la liste de Dépenses Admissibles

Project Sponsor: Bénéficiaire du Projet	MIDDLESEX-LONDON HEALTH UNIT
PROJECT NAME: NOM DE PROJET:	SMART START FOR BABIES: Prenatal Advantage Program
PROJECT #: # DE PROJET:	6971-06-95-0004

For the period of April 1, 2012 to March 31, 2014
Pour la période du 1er avril 2012 au 31 mars 2014

	Fiscal Year - 2012-2013 - Exercice financier	Fiscal Year - 2013-2014 - Exercice financier	Total
a) Personnel		65,696	
Full/Part-time Employees/Employé(e)s à plein temps/temps partiel			0
Position Title/Titre du poste			0
Program Assistant		22,759	22759
Site Coordinators		25,939	25939
			0
Casual PHNs		4,000	4000
Employer's Share of Payroll Deductions/Avantages sociaux		10,503	10503
Contractual Employees/Employé(e)s à contrat			0
Registered Dietitian		2,495	2495
			0
			0
Subtotal/Sous-total	**0**	**65696**	**65696**
b) Travel/Déplacements		1,476	
Staff Travel		1,176	1176
Living Expenses/Frais de séjour			0
Staff education/travel		300	300
Subtotal/Sous-total	**0**	**1476**	**1476**
c) Materials/Matériel		77,610	
Office Supplies/Approvisionnements de bureau		3,000	3000
Program resources/Special projects		13,000	13000
Printing/Promotional materials		5,500	5500
Program Food		6,000	6000
Transportation for Participants/Transport des participants		22,110	22,110
Food vouchers		28,000	28000
Subtotal/Sous-total	**0**	**77610**	**77610**
d) Equipment/Équipement		3,000	
Equipment		3,000	3000
			0
			0
			0
			0
Furniture/Ameublement			0
			0
			0
Special Equipment/Équipement spécial			0
			0
Subtotal/Sous-total	**0**	**3000**	**3000**
e) Rent and Utilities/Loyer et services publics		1,600	
Rent/Loyer			0
Rent for Program Space/Loyer pour l'espace du programme		1,600	1600
Rent for Office Space/Loyer por l'espace du bureau			
Utilities/Services publics			0
Utilities for Program Space/Services publics pour l'espace du programme			0
Utilities for Office Space/Services publics pour l'espace du bureau			0
			0
			0
			0
Subtotal/Sous-total	**0**	**1600**	**1600**
f) Evaluation/Évaluation		3,048	
Evaluation/Évaluation (includes personnel/personnel inclus)		3,048	3048
			0
			0
Dissemination/Dissémination			0
			0
Subtotal/Sous-total	**0**	**3048**	**3048**
g) Other (specify)/Autres (préciser)			
1) For example: Insurance/Assurance, Audit, Bookkeeping, Training etc / par example: Assurance, Audit, Comptabilité, Formation etc			0
2)			0
3)			0
4)			0
5)			0
Subtotal/Sous-total	**0**	**0**	**0**
Total Cost of Project/Coût total du projet			
Total PHAC Funding/Financement total de l'ASPC	**0**	**152430**	**152430**
Other Income from all Sources/Autres sources de revenu			0
Total Budget for the Project/Budget total du projet	**0**	**152430**	**152430**

Signature
Executive Director, Sponsor Agency/Directeur Exécutif, Agence Bénéficiaire
____

Date
____

Signature
Program Consultant, PHAC/Consultant des Programmes, ASPC
)
____

Date
____

Public Health Agency of Canada / Agence de la santé publique du Canada

COMMUNITY ACTION PROGRAM FOR CHILDREN (CAPC) – PROGRAMME D'ACTION COMMUNAUTAIRE POUR LES ENFANTS (PACE)
PROJECT WORKPLAN – PLAN DE TRAVAIL DE PROJET (2014-2017)

Project Name/Projet: SMART START FOR BABIES: Prenatal Advantage Program   Project Number/Numero de projet: 6971-06-95-0004

Goal 1: To enhance the health and well-being of pregnant women and pregnant teens who have limited resources and supports

Objective/Objectif:
1) To improve nutritional health of pregnant women
2) To increase pregnant women's skills in food preparation, life styles, and budgeting
3) To create a supportive environment for enabling pregnant women to learn to cook nutritious meals
4) To decease the percentage of clients who are smoking during pregnancy
5) To reduce the negative impact of mental health issues
6) To meet the specific needs of teenagers who are pregnant and to build a supportive environment for learning and sharing
7) To increase peer support for pregnant women and provide opportunities for them to share their stories

Project Activities/Les activités du projet	Time Line/Délais	Who is Responsible/ Qui est responsible	Outputs or Products/ Puissance fournie ou produits	Expected Outcomes/Success Indicators Attendre à résultat/indcateur de succés
<u>Nutrition:</u> 1. Provide nutrition and health information, counselling, and budgeting in a group setting. 2. Reinforce learning by providing snacks and/or full meals based on Canada's Food Guide 3. <u>Safety and injury prevention</u>: education about safe food handling, kitchen safety, safe foods for pregnancy 4. <u>Food access</u>: Each pregnant woman will receive food vouchers to support access to proper nutrition 5. Distribute kitchen items and print resources to pregnant women to support cooking in their own homes 6. Offer free prenatal vitamins and mineral supplements to all pregnant and postpartum women in CPNP 7. Offer voucher for vitamin D to all participants who plan to breastfeed their infants	Every week the program is offered	Registered Dietitians Public Health Nurses Site Coordinators	▪ 1-1/2 hour group sessions weekly for 42 weeks at six sites in the city of London and county of Middlesex (252 total sessions per year) ▪ 300 unique pregnant women and 225 support persons will attend each year (total 525 participants) ▪ Snacks or meal at every group session ▪ $10 food vouchers weekly for each pregnant woman (approximately 2600 distributed per year) ▪ 200 free bottles of prenatal vitamins distributed per year ▪ 1800 kitchen items distributed by the Registered Dietitians annually (including Magic Bullets, slow cookers, kitchen utensils,	▪ Pregnant women will have increased access to healthy food and will be able to purchase and prepare healthy meals and snacks at home ▪ All pregnant women without contraindications, will be taking vitamin and mineral supplements ▪ All breastfed infants without contraindications will be able to access vitamin D

			cookbooks, etc.) ▪ 250 of $20 Vitamin D vouchers to mothers of all breastfeeding babies each year	
<u>Smoking:</u> 8. Provide education and resources to pregnant women who are interested in quitting or in reducing the number of cigarettes they smoke 9. Provide intensive interventions for smoking cessation by referring pregnant women who smoke to the Healthy Babies Healthy Children program (including access to Nicotine Replacement Therapy - NRT) 10. Perform an assessment of participants' smoking habits (level of addiction and why they smoke) 11. Provide follow-up to participants who are attempting to quit or reduce	Integrated into the weekly curriculum	Public Health Nurses	▪ 100% of pregnant women who smoke are screened and assessed for smoking habits ▪ 100% of participants will provide a smoke free environment for their new baby ▪ 25 referrals to the HBHC program for smoking cessation support and NRT if appropriate	▪ Pregnant women who smoke will reduce the number of cigarettes smoked or quit smoking ▪ Participants will provide smoke free environments for their new babies
<u>Mental Health:</u> 12. Provide screening and assessments for pregnant women around mental health 13. Create links and referrals to other community programs such as Heartspace, HBHC, etc. 14. Address violence and its impact in intimate relationships and on children	Integrated into the weekly curriculum	Public Health Nurses	▪ 100% of pregnant women will be screened for mental health issues ▪ 100% of pregnant women will be screened for abuse according to the RUCS protocol ▪ Referrals to community mental health supports ▪ Referrals to community resources to address intimate relationship violence (WCH, LAWC)	▪ All pregnant women with mental health issues will receive the support they need. ▪ All pregnant women experiencing abuse will offered referrals to appropriate agencies and will receive the support they need.
<u>Pregnant Teens:</u> 15. Provide "teens only" sessions which can address the unique learning needs of teenagers 16. Create links and referrals in the community that	Weekly Teen sessions	Public Health Nurses Registered Dietitians Site Coordinators	▪ Referrals to appropriate community supports and resources ▪ Organize two teen prenatal	▪ Teens will have the opportunity to participate in "teen only" sessions to promote social connectivity and learning

are specific for teenagers			community fairs each year to provide opportunity for teens to link with relevant supports and agencies in the community	
Rural postpartum support: 17. Provide weekly sessions for rural women postpartum with infants up to 6 months of age	Weekly sessions	Public Health Nurses Registered Dietitians Site Coordinators	▪ 100% of pregnant rural women who attend SSFB will also attend the postpartum weekly sessions with their infants	▪ Reduce isolation for rural postpartum women in Middlesex county ▪ Provide targeted postpartum information and resources ▪ Provide opportunity for social connectivity
Postpartum session with infant: 18. All pregnant women are invited to return with their new infant after birth to share their birth stories during a regular session 19. All pregnant teens are invited to attend a specific postpartum session with their new infant to share their birth stories	One postpartum session for participants	Public Health Nurses Site Coordinators	▪ 100% of women will attend a postpartum session with their new infants	▪ Participants will have an opportunity to share their birth stories and early parenting experiences postpartum

Goal 2: To enhance the growth and development of infants in their first 2 years of life

Objective/Objectif: 1) To increase the incidence and duration of breastfeeding 2) To increase parenting activities, literacy activities and parent/child interaction				
Project Activities/Les activités du projet	Time Line/Délais	Who is Responsible/ Qui est responsible	Outputs or Products/ Puissance fournie ou produits	Expected Outcomes/Success Indicators Attendre à résultat/indcateur de succés
1. Provide education and health information about the benefits and techniques of breastfeeding following Baby Friendly Initiative (BFI) guidelines 2. Provide education and materials to support literacy and parent/child interactions 3. <u>Safety and injury prevention</u>: Provide education and resources about car seat safety, creating a baby safe environment, safe sleep, shaken baby syndrome 4. Make referrals to other programs and resources in the community after the baby is born ie HBHC, OEYC, Teen Mom groups, Well Baby and Child clinics, Breastfeeding clinics, Health Connection and Infantline	During weekly sessions	Public Health Nurses Early Childhood Educators Site Coordinators note : all SSFB staff now have training in the Baby Friendly Initiative (BFI)	▪ 100% of participants will receive breastfeeding education and resources based on BFI criteria ▪ every pregnant woman will receive a Baby Book Bag to support literacy ▪ Education on car seat safety, safe sleep, shaken baby syndrome, and creating a safe environment will be integrated into the curriculum ▪ 1 to 2 referrals to other community programs will be made for each participant and newborn baby	▪ 90% of pregnant women will plan to breastfeed ▪ 90% of pregnant women will initiate breastfeeding ▪ Participants will indicate increased awareness about child literacy ▪ Participants will indicate increased knowledge about car seat safety, shaken baby syndrome, and creating a safe environment for their infants ▪ Participants will access appropriate postpartum supports and resources

Goal 3: To integrate CPNP with appropriate service agencies in the London and Middlesex Community to enhance and sustain learning opportunities for a greater number of pregnant women.

Objective/Objectif: 1) To create partnerships with community agencies who engage with pregnant women and their support persons 2) To increase access to SSFB for pregnant women who would benefit from the program by acknowledging and addressing barriers 3) To educate community agencies about the SSFB program 4) To increase the CPNP capacity to reach pregnant women who would benefit from the program through marketing and outreach				
Project Activities/Les activités du projet	**Time Line/Délais**	**Who is Responsible/ Qui est responsible**	**Outputs or Products/ Puissance fournie ou produits**	**Expected Outcomes/Success Indicators Attendre à résultat/indcateur de succés**
Advisory Group: 1. Maintain a forum (Advisory group) for all service agencies involved in CPNP to advise and support CPNP over the next 3 years (see terms of reference).	Ongoing	Manager Program Coordinator Partner agencies	▪ CPNP Advisory group to hold meetings quarterly	▪ Creating positive community partnerships ▪ provide leadership and direction for the SSFB program
Site Coordinators: 2. Maintain the role of CPNP Site Coordinators who are closely connected to many programs in the neighbourhoods. The Site Coordinators will recruit participants into the program and will connect them with other appropriate programs and resources in the neighbourhoods, especially after the baby is born (see role description). 3. Develop resources and ongoing inservice sessions about nutrition and pregnancy for site coordinators	Ongoing Quarterly meetings	Manager Program Coordinator Site Coordinators Program Coordinator Registered Dietitian	▪ Site Coordinator at each site as of April 1, 2012 (Teen group, East London, South London, and Strathroy) and at CAS and Health Zone as of February 2013 ▪ Site Coordinators trained in March 2012 and have regular meetings 3-4 times per year ▪ Training resources and training sessions offered at regular meetings 3-4 times per year	▪ Increased ability to integrate pregnant women into their own communities ▪ Increase confidence of community agencies to provide accurate information about prenatal nutrition ▪ Increase awareness of CPNP in the communities ▪ Site coordinators have training in the Baby Friendly Initiative (BFI)
Community Outreach and Partnerships: 4. Establish a model for outreach to all pregnant women in the community 5. Explore other community agencies who may benefit from providing CPNP in their community (i.e., London InterCommunity Health Centre, Carling-Thames Family Centre)	September 2014	Manager Program Coordinator Partner agencies	▪ 5000 promotional bookmarks and 200 posters distributed to community agencies, physicians, LHSC ▪ Partnered with CAS (September 2012) and Health Zone (February 2013) to offer the program at those sites	▪ Increase outreach in the London and Middlesex communities

6. Continue to participate in prenatal fairs and parenting fairs as appropriate	Have a display at 2 fairs per year plus organize 2 community fairs for teen participants per year	Program Coordinator	▪ Staff display at community Health Fairs as opportunities arise ▪ 2 teen community fairs held at Childreach each year in spring and fall	
7. Continue to seek out opportunities to engage in the activities of the Child and Youth Network (CYN)	January 2015	Program Manager	▪ Establish a link with the CYN in the Carling Thames neighbourhood	
8. Build working relationships with CAPC programs in London		Program Coordinator	▪ Attend the South West Zone meetings for CAPC and CPNP	

Goal 4: Establish multiple ways to reach out to pregnant women and invite them to learn about healthy nutrition and to make positive lifestyle choices.

Objective/Objectif: 1) Increase of the number of women who learn about healthy nutrition and healthy lifestyles 2) Increase the number of ways pregnant women can learn about healthy nutrition and lifestyles				
Project Activities/Les activités du projet	**Time Line/Délais**	**Who is Responsible/ Qui est responsible**	**Outputs or Products/ Puissance fournie ou produits**	**Expected Outcomes/Success Indicators Attendre à résultat/indcateur de succés**
1. Provide opportunities for virtual learning and register CPNP clients (who are interested and able to use the internet) into the e-learning prenatal program through MLHU free of charge	Ongoing as clients enter the program	Public Health Nurses Program Assistant Site Coordinators	• 25 participants will register for prenatal e-learning each year	▪ Clients will have more ways to learn about prenatal health (groups, internet, e-learning)
2. Integrate the internet into group learning	Ongoing	Public Health Nurses Registered Dietitians	• internet access is available during sessions to enhance learning at the MLHU site and at community sites	
3. Pilot Project: provide nutritional education sessions to clients participating in other group programs eg. HBHC home visiting program. Offer the CPNP prenatal nutrition program in home visits to pregnant women who face multiple barriers and are unable to attend program group sessions in the community.	September 2014	Manager Program Coordinator Registered Dietitians	• 10 families who face significant barriers to attending group sessions will participate in a SSFB home visit pilot project between March and September 2014	▪ Participants who face barriers to attending sessions will be able to access the CPNP program in their homes through the HBHC home visiting program
4. Work with London Health Science Centre Pre-Admission Clinic to establish criteria, screening and referral processes for their clients to connect with CPNP	March 2015	Manager Program Coordinator LHSC staff HBHC staff	• All pregnant women who are identified at the pre-admission clinic as “with risk” will be linked to the CPNP program with consent	▪ The new HBHC screen will identify participants who would benefit from the CPNP program

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 099-13

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 September 19

2013 NUTRITIOUS FOOD BASKET SURVEY RESULTS AND IMPLICATIONS FOR GOVERNMENT PUBLIC POLICY

Recommendations

It is recommended that the Board of Health:

1. ***Recommend through the Ontario Poverty Reduction Strategy consultation process that the provincial government:***
   a. ***Increase social assistance rates to a level that reflects the rising cost of nutritious food and housing.***
   b. ***Implement the immediate introduction of a $100 monthly food supplement to the basic needs allowance for all adults receiving social assistance.***
   c. ***Continue the Special Diet Allowance program, with any review or revisions developed in collaboration with Registered Dietitians.***
   d. ***Sign a housing agreement with the federal government that will commit funds for cost-sharing the five year extension of the federal Investment in Affordable Housing Program.***

2. ***Endorse the Chair writing a letter summarizing these recommendations and asking support from the City of London, Middlesex County, social service agencies and local Members of Provincial Parliament.***

Key Points

- The Nutritious Food Basket survey is conducted annually by all public health units in Ontario to measure the cost of basic healthy eating. It has shown repeatedly that people with low incomes do not have adequate funds to afford healthy eating, after meeting other essential needs for basic living.
- Social determinants of health such as food access, income, housing and employment help explain the wide health inequalities existing within and across societies. They are strongly determined by government public policy decisions.
- The Ontario government is embarking on a consultation process for its next five-year Ontario Poverty Reduction Strategy. The Board of Health has an opportunity to contribute to the development of evidence-based social assistance policy.

Background

Annually during the month of May, all Ontario public health units conduct the Nutritious Food Basket (NFB) survey in accordance with the requirements under the Ontario Public Health Standards. The survey provides a measure of the cost of basic healthy eating taking into consideration current nutrition recommendations and average food purchasing patterns of Canadians. The NFB results can be used to: estimate the basic cost for an individual or household to eat healthy; compare the basic cost of healthy eating with income and other basic living expenses; plan programs that promote access to nutritious, safe and personally acceptable foods; and inform policy decisions.

A Public Health Dietitian on the Chronic Disease Prevention and Tobacco Control Team oversees the Nutritious Food Basket survey to provide a measure of the cost of food available to residents in

Middlesex-London. In 2013, 12 Middlesex-London grocery stores were surveyed, including areas of variable economic status.

Survey Results

In May 2013, the estimated local monthly cost to feed a family of four was $786.50. This is a $14.46 or 1.9% increase from the estimated cost in May 2012. Appendix A, "The Real Cost of Eating Well in Middlesex-London", provides more detailed information on the 2013 Nutritious Food Basket survey.

Table 1 highlights some real life situations for Middlesex-London residents utilizing 2013 income, rental costs and food costs. The NFB annual survey repeatedly demonstrates that people with low incomes do not have adequate funds to afford healthy eating, after meeting other essential needs for basic living. Poor nutrition can lead to increased risk for chronic and infectious diseases, pregnancy outcomes with greater risk for low birth weight and negative impacts on the growth and development of children.

Table 1 – Monthly Income and Cost of Living Scenarios

	Family of 4 Minimum Wage Earner	Family of 4 Medium Income After tax	Single Mother Family of 3 on Ontario Works (OW)	Single Man on OW	Single Man on Ontario Disability Support Program	Single Woman over 70 - Old Age Security / Guaranteed Income Security
Monthly Income (Including Benefits and Credits)	$2711	$6852	$1927	$688	$1167	$1499
Estimated Monthly Rent	$1082	$1082	$920	$582	$743	$743
Food (Nutritious Food Basket)	$786.50	$786.50	$566.32	$220.18	$220.18	$160.82
WHAT'S LEFT?*	**$842.50**	**$4983.50**	**$440.68**	**-$114.18**	**$203.82**	**$595.18**
% Income Required for Rent	40%	16%	48%	85%	64%	50%
% Income Required for Nutritious Food	29%	11%	29%	32%	19%	11%

* People still need funds for utilities, phone, transportation, cleaning supplies, personal care items, clothing, gifts, entertainment, internet, school supplies, medical and dental costs, and other costs.

Notes: Rental estimates are from *Canadian Mortgage and Housing Corporation, Rental Market Report – Ontario Highlights, Spring 2013*. Utility costs may or may not be included in the rental estimates and vary considerably based on age and condition of housing, type of heating, range of appliances, air conditioning or cooling and household size.

Opportunities for Action

Social determinants of health such as food access, income, housing and employment help explain the wide health inequalities existing within and across societies. They are strongly determined by government public policy decisions. Currently, the Ontario government is leading a consultation process on the development of a second Ontario Poverty Reduction Strategy. Increased social assistance rates to reflect living costs (Appendix B) and access to affordable housing (Appendix C) would improve the health of some of Middlesex and London's most vulnerable residents. It is recommended that the Board of Health advocate for increased social assistance rates and affordable housing through the Ontario Poverty Reduction Strategy consultation process.

This report was prepared by Ms. Kim Leacy, Registered Dietitian, and reviewed by Ms. Linda Stobo, Manager, Chronic Disease Prevention & Tobacco Control Team.

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

This report addresses the following requirements of the Ontario Public Health Standards (2008): Foundational Standard 3, 5, 8, 9, 10; Chronic Disease Prevention 2, 7, 11, 12

2013

The Real Cost of Eating Well in Middlesex-London

What is the cost of healthy food?

Why does the cost of food matter?

What is left after rent and food costs?

Why can't people afford healthy food?

What can be done?

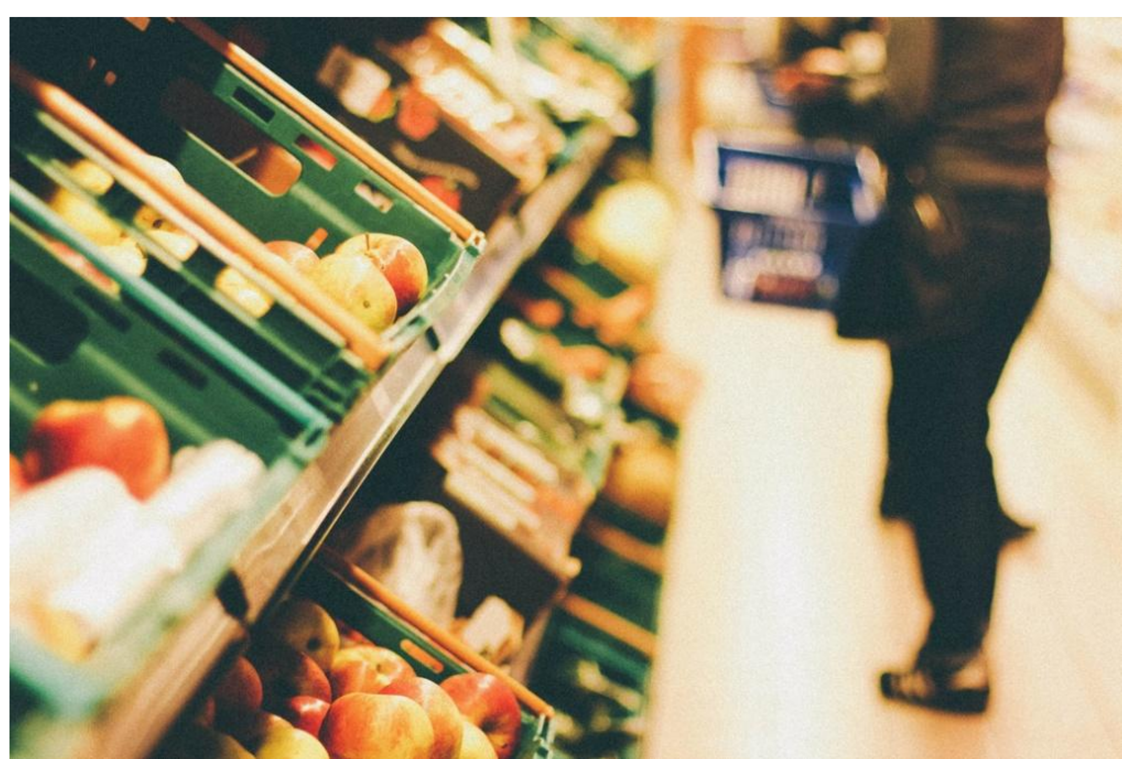
BUREAU DE SANTÉ DE MIDDLESEX-LONDON
HEALTH UNIT
www.healthunit.com

What is the cost of healthy food?

Every year, the Middlesex-London Health Unit surveys the price of food items from grocery stores across Middlesex-London. Using this data and a survey tool called the Nutritious Food Basket, staff estimate grocery costs.

In 2013, the weekly cost of groceries for a family of four was $181.64. To arrive at this cost, volunteers priced 67 food items in 12 area grocery stores, calculating the average lowest price. The items included meet recommendations from *Eating Well with Canada's Food Guide*. However, the food items require that people have the time, skill and equipment needed to cook low-cost staples. The survey does not include prepared convenience foods or household non-food items.

In May 2013, the weekly cost of groceries for a family of four was $181.64. This is a $3.34 or 1.9% increase from the estimated cost in May 2012.



Why does the cost of food matter?

When money is tight, people are forced to cut into their food budget to pay for other living expenses. They skip meals, eat fewer vegetables and fruit, drink less milk and fill up on non-nutritious foods that cost less.

Food security is necessary for good health.

- A poor diet increases the risk of chronic diseases such as diabetes, cardiovascular disease and cancer, as well as low birth weight.
- Inadequate nutrition also affects the immune system.
- Children living in low income households are more likely to get sick and less able to do well in school.

In 2012, an average 10, 911 London individuals and households received assistance from Ontario Works each month, including 6,690 children under the age of 18.

What is left after rent and food costs?

	Households with Children				Single Person Households		
	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
	Ontario Works	Minimum Wage Earner	Medium Ontario Income	Ontario Works	Ontario Works	Ontario Disability Support Program	Older Adult Old Age Security/ Guaranteed Income Security
Income							
Total Monthly Income (Including Benefits & Credits)	**$2112**	**$2711**	**$6852**	**$1927**	**$688**	**$1167**	**$1499**
Expenses							
Estimated Monthly Rent	**$1082**	**$1082**	**$1082**	**$920**	**$582**	**$743**	**$743**
Food (Nutritious Food Basket)	**$786.50**	**$786.50**	**$786.50**	**$566.32**	**$220.18**	**$220.18**	**$160.82**
Monthly Income Remaining for Other Expenses*							
	$243.50	**$842.50**	**$4983.50**	**$440.68**	**-$114.18**	**$203.82**	**$595.18**
% Income Required for Rent	**51%**	**40%**	**16%**	**48%**	**85%**	**64%**	**50%**
% Income Required for Nutritious Food	**37%**	**29%**	**11%**	**29%**	**32%**	**19%**	**11%**

The situation is not good for a family of four on Ontario Works. After paying for rent and food, they have only $243.50 left to cover all other expenses.

The situation is even worse for a single man living on Ontario Works. He would spend almost his entire income on the rent for a one bedroom apartment. He would not have enough money left to pay for food and other expenses.

* People still need funds for utilities, phone, transportation, cleaning supplies, personal care items, clothing, gifts, entertainment, internet, school supplies, medical and dental costs, and other costs.

Why can't people afford healthy food?

For people living on minimum wage, Ontario Works or the Ontario Disability Support Program, it is hard to make ends meet. After paying rent, they still have to pay for other necessities such as:

- Heat and hydro
- Transportation, car maintenance and gas
- Child care
- Phone
- Clothing
- Eye care, dental care and medications
- Home maintenance
- Costs for children in school
- Household cleaners and personal hygiene products

This means that little money is left to buy nutritious foods. Too often, it's so little that people buy cheaper less nutritious foods or even go hungry.

When income is low and living expenses are high, people don't have enough money for food. Last year, 41,921 visits were made to the London Food Bank. Of these, 35% were children.

What can be done?

All Middlesex-London residents should have access to a nutritious, adequate and culturally acceptable diet. Everyone has a role to play. Learn about what causes hunger and poverty (see "For more information"), and then get involved:

Use social media (e.g., Twitter, Facebook, etc.) to spread the word about those struggling to get by in Middlesex-London.

Write a letter to a local politician to advocate for:
- Improved social assistance and minimum wage
- More affordable housing policies
- Accessible and affordable child care

Volunteer to help others:
- Share gardening skills or donate growing space to local groups
- Start a community kitchen
- Donate time, food or money to support the London Food Bank

Support local farmers and merchants by buying local products.

Income is one of the best predictors of health. When people are short of money, they are more likely to have poor health, such as depressions, disease and babies with low birth weight.

Both individuals and communities must deal with the impact. That's why we all need to focus on eliminating poverty.

For more information:

25 in 5: Network for Poverty Reduction
www.25in5.ca

FoodNet Ontario
www.foodnetontario.ca

London Food Bank
www.londonfoodbank.ca

Middlesex-London Health Unit
www.healthunit.com/cost-of-healthy-eating

Adapted with permission from the Huron County Health Unit.

Appendix B

Increased Social Assistance Rates

According to the Canadian Community Health Survey, 60% of people on social assistance are "food insecure". Food insecurity leads to increased risk of infectious and chronic diseases (e.g., heart disease, diabetes, high blood pressure and depression). It is also more difficult to manage infectious and chronic diseases for people who are food insecure. Poor birth outcomes, including preterm birth and low birth weight are often related to maternal health and nutrition. Nutrition related diseases and conditions cost more to treat and manage than would be needed to prevent them through enhanced food security.

Adults and children of all ages in food insecure households consume less fruit, vegetables, and milk products and have lower vitamin and mineral intakes, when compared with those in food-secure households. For women in particular, the lower the household income the less able they are to afford milk products and vegetables. This leads to inadequacy of a number of nutrients including folate, iron, zinc and vitamin A.

In Middlesex-London, the Nutritious Food Basket scenarios repeatedly demonstrate that residents receiving social assistance do not have adequate funds to afford healthy eating, after meeting other essential needs for basic living.

In 2012, an average 10,911 London individuals and households received assistance from Ontario Works each month, including 6,690 children under the age of 18 years. Children being supported through social assistance is especially concerning since poverty in childhood can be a greater predictor of cardiovascular disease and diabetes in adults than later life circumstances and behaviour.

Improved incomes are the most important response to food insecurity. Increased social assistance rates are the first step towards putting food on the table for the most vulnerable community members. The Nutritious Food Basket results provided annually to the Ministry of Health and Long-Term Care and the Canada Mortgage and Housing Corporation Rental Income (Ontario) reports should be used as a starting point in determining social assistance rates that reflect the true cost of living.

The Special Diet Allowance (SDA) is currently under review as part of the Social Assistance Reform. The SDA includes a specific benefit for people with medical conditions, as well as pregnant and breastfeeding women. This allowance provides essential income to enhance the ability of people with medical conditions to afford foods and nutritional supplements recommended in best practice treatment guidelines. In addition, the ability of pregnant and breastfeeding women to choose nutritious foods could be compromised by a change to this monthly assistance. The SDA should continue, with any review or revisions developed in collaboration with Registered Dietitians.

Social determinants of health such as food access, income, housing and employment help explain the wide health inequalities existing within and across societies. They are strongly determined by government public policy decisions. Social assistance rates that reflect evidence about living costs would improve the health of some of Middlesex and London's most vulnerable residents.

Appendix C

Improved Access to Affordable Housing

Adequate and affordable housing is one of the fundamental social determinants of personal and population health. Precarious housing and homelessness can result in numerous negative health outcomes, ranging from respiratory infections and asthma due to moulds and poor ventilation, to mental health impacts associated with overcrowding. Adequate housing is linked to healthy child development since stable, affordable housing contributes to school success, community connections, and healthier neighbourhoods. The risk of severe health issues or disability increases by up to 25% when living in poor housing.

The Canadian Mortgage and Housing Corporation defines affordable housing as housing that costs less than 30% of before-tax household income. When housing consumes more than 30% of a person's income, it can be difficult to meet other expenses such as the cost of nutritious food.

In Middlesex-London, the Nutritious Food Basket scenarios demonstrate that the percentage of income required for rent is more than 30% for all of the following scenarios:

- A family of four receiving Ontario Works assistance,
- A family of four earning a minimum wage,
- A single parent household with two children, receiving Ontario Works assistance,
- A one person household receiving Ontario Works assistance,
- A one person household on Ontario Disability Support Program, and
- A one person household receiving Old Age Security and Guaranteed Income Supplement.

There are approximately 2,100 Middlesex-London households on the waiting list for rent-geared-to-income housing. Many of these households are paying more than 50% of their income on rent. There are also many households not on the social housing waiting list who need affordable housing.

The Investment in Affordable Housing (IAH) for Ontario program, a combined investment of $480.78 million by the federal and provincial governments from April 2011 to March 2014, will build and repair approximately 7,000 affordable housing units in Ontario, provide rental and down payment assistance to households in need and help local economies by creating an estimated 5,000 jobs. As part of the March 2013 federal budget, the federal government announced a five-year extension to the IAH program to 2018-2019. With the demonstrated benefits of the IAH program and the impact of affordable housing, the provincial government should sign a bilateral housing agreement with the federal government that will commit funds for cost-sharing the five-year extension of the IAH program.

Across Ontario, municipalities are becoming increasingly involved in working towards the development of accessible communities for all residents. Ensuring access to adequate affordable housing is an important part of this process. Land use planning measures can be effective in maintaining and increasing access to affordable housing. Health Unit staff continue to contribute to the Official Plan review process in London and Middlesex County including recommendations to revise the targets for affordable housing to improve access for low income individuals and families.

Social determinants of health such as food access, income, housing and employment help explain the wide health inequalities existing within and across societies. They are strongly determined by government public policy decisions. Increased access to affordable housing would improve the health of some of Middlesex and London's most vulnerable residents.

MIDDLESEX-LONDON HEALTH UNIT

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 100-13

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 September 19

LOCALLY DRIVEN COLLABORATIVE PROJECT: FOOD SKILLS

Recommendation

It is recommended that Report No. 100-13 re Locally Driven Collaborative Project: Food Skills be received for information.

Key Points

- The art and skill of choosing, preparing, and cooking safe, healthy, and culturally appropriate food, which also can be described as "food skills," is declining.
- Both the erosion of food skills over the past 70 years and the increasing availability of processed food and "fast food" have contributed to declining quality of diets.
- Research identifying meaning of food skills among priority populations can inform public health programming.
- Food literacy activities in public health programs focused on youth can enhance healthy eating outcomes.

Background: Locally Driven Collaborative Projects Program

Established by Public Health Ontario (PHO), Locally Driven Collaborative Projects (LDCP) is a provincial program that was developed to assist health units to enhance and improve their ability to facilitate applied research and program evaluation projects. Members from various health units with shared research interests work collaboratively to develop and implement research protocols that explore topics, interventions or programs related to an important public health issue.

Health units experience numerous benefits by participating in collaborative projects funded under the LDCP program: increased ability to conduct applied public health research and program evaluation projects; increased capacity for knowledge exchange; established and strengthened partnerships by enhancing current networks and making new connections; and funding to support the implementation of collaborative research projects and knowledge exchange strategies that otherwise may not be possible. PHO provided the LDCP Food Skills collaboration with $100,000.00 to support research to understand the meaning of food skills.

The lead health unit for the LDCP Food Skills project is the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR). The Middlesex-London Health Unit, Huron County Health Unit, City of Hamilton Public Health Services, Sudbury and District Health Unit, Windsor Essex County Health Unit, Chatham-Kent Public Health Unit, and Perth District Health Unit comprise the other collaborating agencies in this research project.

The Meaning of "Food Skills" for Two Priority Populations

There is a link among choosing healthy food, preparing and cooking food, healthy eating, and overall health. The art and skill of choosing, preparing and cooking safe, healthy and culturally appropriate food, which also can be described as "food skills," is declining. People's ability to choose and prepare healthy food and

the food skills required to do this may be unique to specific groups or people, from youth living in poverty to pregnant and breastfeeding women to higher income families with children.

The purpose of this research project is to explore the meaning of “food skills,” develop a definition of food skills, and identify barriers and facilitators to food acquisition and practice from the perspective of at-risk youth (age 16-19) and pregnant females or parents (age 16-25) with at least one identified social determinant of health risk factor (e.g., social isolation, poor housing, food insecurity, low income, unemployment). Prior to the commencement of data collection, the project team conducted a literature review and consulted participating health units to assist in identifying these two priority populations. Participants were recruited from five of the participating health unit jurisdictions; two health units with primarily a rural geographic area (HKPR, Chatham-Kent), two health units with a larger urban district (Hamilton, Windsor) and one northern health unit (Sudbury) were selected for participant participation. Semi-structured ethnographic interviews were conducted with six to eight participants of each priority population. Interviews were audio-recorded, and transcribed verbatim. The data was analyzed using an inductive content analysis approach upon which themes were not decided in advance, but rather emerged from the data. Quantitative analysis of data was also conducted.

The qualitative data collected was very rich. Themes emerging from the data include: perceived importance of food skills (i.e., life and survival skill, health value of home prepared meals, value connected with positive feelings, taste and variety); changes resulting from pregnancy and children (i.e., changes in diet and/or food preparation during pregnancy, changes in diet and/or food preparation for child[ren], dealing with “junk” and “fast food”); strategies that enhance resilience (i.e., managing limited food resources); and challenges acquiring food skills and accessing food for home preparation. Specific details about the data cannot be released until it is published by the LDCP Food Skills group. Future reports on this published data will be presented to the Board of Health.

Conclusion/Next Steps

Food skills and food literacy can present in many dimensions. This research highlights the various elements expanding upon food to include food preparation skills and experience, organizational skills, and personal meaning of food. This latter dimension includes self-determination, control, confidence, and food security. This dimension also explores the opportunity for food skills and food literacy to deliver enjoyment, relaxation, creativity, pride, and the ability to nurture others. The potential impact of food skills and food literacy is extensive, especially among vulnerable populations.

With improved understanding of the meaning of food skills and food literacy among priority populations, this research will provide recommendations to inform food skills programming as mandated by the Ontario Public Health Standards. Public health practitioners working with these populations can advocate for programs and classes in school and community environments that enhance food literacy, are practical, experiential, confidence-building, skill-related, and align with curriculum topics. This research will serve to provide food literacy opportunities in Middlesex-London.

This report was prepared by Dr. Heather Thomas, Registered Dietitian, and Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team.

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

This report addresses the following requirement(s) of the Ontario Public Health Standards: Chronic Disease and Injuries Program Standards: 3, 7, 8, 11, 12.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 101-13

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 September 19

2012-2013 INFLUENZA SEASON IN MIDDLESEX-LONDON - FINAL REPORT

Recommendation

It is recommended that Report No. 101-13 re 2012-2013 Influenza Season in Middlesex-London– Final Report be received for information.

Key Points

- Middlesex-London experienced high levels of influenza activity in 2012-2013.
- There were 477 laboratory-confirmed cases, including 301 hospitalizations and 26 deaths, as well as 40 confirmed outbreaks in facilities.
- Of those people with laboratory-confirmed influenza who were less than 65 years of age, 82% had not received their influenza vaccine.

Overview

Report No. 012-13 from the January 17, 2013 Board of Health meeting provided an interim overview of the 2012-2013 influenza season and outlined the Health Unit's role in responding to influenza outbreaks in facilities. The current report provides the final analysis of the 2012-2013 influenza season, which was the most severe that Middlesex-London had experienced in recent history (see Table 1 for comparison with previous years). In total, 477 laboratory-confirmed cases of influenza were reported to the Health Unit during the 2012-2013 season. It should be noted that many more people were infected with influenza but did not have laboratory testing performed and so were not reported to the Health Unit. A graph outlining when laboratory-confirmed cases occurred is shown in Appendix A (Figure 1).

Table 1: Influenza Cases, Middlesex-London, 2009-2010 through 2012-2013

	2009-2010	2010-2011	2011-2012	2012-2013
Laboratory-confirmed Cases	391	276	106	**477**
Hospitalizations	92	161	34	**301**
Deaths	8	17	3	**26**
Outbreaks	2	28	6	**40**

Cases ranged in age from three weeks to 98 years old. Those aged 65 and over accounted for 52% of all cases. There were 301 individuals with laboratory-confirmed influenza who were hospitalized; this represents 63% of all laboratory-confirmed cases. Those aged 65 years and older accounted for 59% of hospitalized cases. There were 26 deaths reported among individuals with laboratory-confirmed influenza. The number of deaths was highest amongst those 65 years of age and older, representing 92% of all deaths among reported influenza cases. Thirty-four (34) laboratory-confirmed cases (7%) were determined to have been acquired while the patient was admitted to hospital for other reasons (referred to as "nosocomial

cases"). This stresses the importance of immunization among staff and visitors who are the source of influenza infection in these hospitalized patients.

Influenza Immunization Status

Influenza immunization status was known for 82% of laboratory-confirmed cases. Among cases whose immunization status was known, 55% were not immunized. In cases 64 years of age and under, 82% had not received their influenza immunization this season. In those 65 years of age and over, 30% of cases had not received their influenza immunization this season.

Influenza Outbreaks

During the 2012-2013 season, 40 influenza outbreaks were declared in facilities; 22 in long-term care settings, nine in hospitals (including both acute care and chronic/rehabilitation care settings), eight in retirement homes/independent living settings, and one in a group home. A graph outlining when outbreaks occurred is shown in Appendix A (Figure 2). Outbreaks declared in assisted and independent living settings and group homes required a significant amount of assistance from the Infectious Disease Control Team. Since these settings had less experience with outbreak management than hospitals and long-term care facilities, outbreak management and providing antiviral medication to their residents posed additional challenges.

Timing of the Season and Strain Typing

The influenza season typically occurs anytime from October to April and lasts for a few months. As indicated in Figure 1 of Appendix A, the 2012-2013 influenza season started at the end of October 2012 and lasted until the middle of May 2013. Of the 477 laboratory-confirmed cases in Middlesex-London, 94% were influenza A and 6% were influenza B, with influenza B cases occurring towards the end of the season. Based on viral testing carried out across Canada, the 2012-2013's influenza vaccine matched very well to circulating strains of influenza A and was a good match for influenza B.

Conclusion

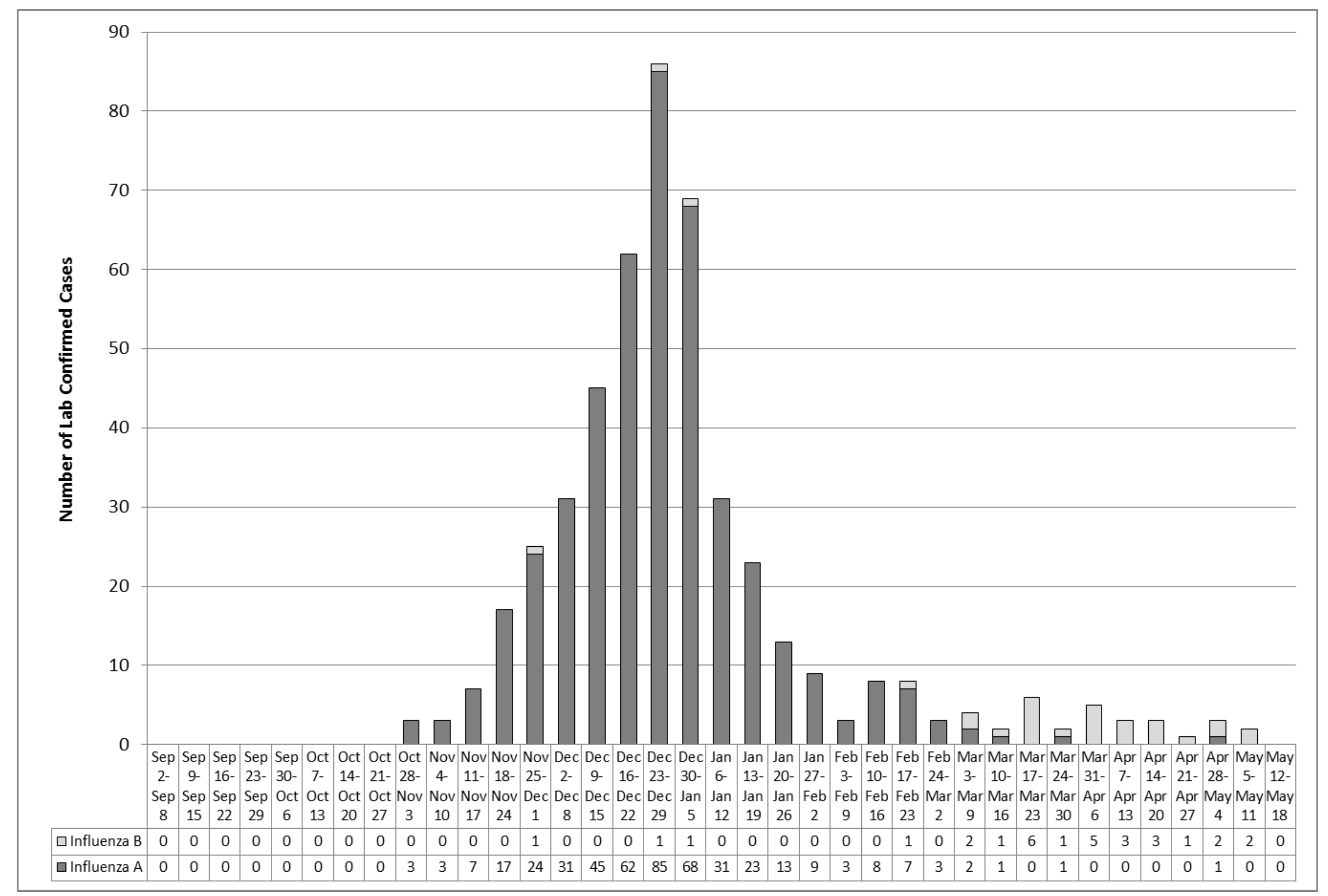
The 2012-2013 influenza season was long and the most severe in recent history, with cases occurring from late-October 2012 to May 2013. The Health Unit continues to encourage yearly influenza vaccination to reduce the risk of influenza infection in the population. Vaccination of health care workers is very important to prevent spread of influenza to hospitalized patients.

This report was prepared by Mr. Tristan Squire-Smith, Manager, Infectious Disease Control (IDC) Team; Ms. Hilary Caldarelli and Ms. Alison Locker, Epidemiologists, Oral Health, Communicable Disease and Sexual Health; and Ms. Eleanor Paget, Public Health Nurse, IDC Team. The contributions of the entire Infectious Disease Control Team are recognized for an outstanding effort throughout a prolonged period of increased workload attributed to influenza.

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

This report addresses the following requirement(s) of the Ontario Public Health Standards: Infectious Diseases Prevention and Control and Vaccine Preventable Disease

Figure 1: Number of laboratory-confirmed influenza cases, by episode date and influenza type, Middlesex-London, 2012-2013 influenza season (n=477)



Week	Influenza B	Influenza A
Sep 2-Sep 8	0	0
Sep 9-Sep 15	0	0
Sep 16-Sep 22	0	0
Sep 23-Sep 29	0	0
Sep 30-Oct 6	0	0
Oct 7-Oct 13	0	0
Oct 14-Oct 20	0	0
Oct 21-Oct 27	0	0
Oct 28-Nov 3	0	3
Nov 4-Nov 10	0	3
Nov 11-Nov 17	0	7
Nov 18-Nov 24	0	17
Nov 25-Dec 1	1	24
Dec 2-Dec 8	0	31
Dec 9-Dec 15	0	45
Dec 16-Dec 22	0	62
Dec 23-Dec 29	1	85
Dec 30-Jan 5	1	68
Jan 6-Jan 12	0	31
Jan 13-Jan 19	0	23
Jan 20-Jan 26	0	13
Jan 27-Feb 2	0	9
Feb 3-Feb 9	0	3
Feb 10-Feb 16	0	8
Feb 17-Feb 23	1	7
Feb 24-Mar 2	0	3
Mar 3-Mar 9	2	2
Mar 10-Mar 16	1	1
Mar 17-Mar 23	6	0
Mar 24-Mar 30	1	1
Mar 31-Apr 6	5	0
Apr 7-Apr 13	3	0
Apr 14-Apr 20	3	0
Apr 21-Apr 27	1	0
Apr 28-May 4	2	1
May 5-May 11	2	0
May 12-May 18	0	0

Note: Episode date is the onset date of symptoms. Where onset of symptoms is not available, specimen collection date is used. Where specimen collection date is not available, report date is used.

Figure 2: Number of confirmed influenza outbreaks, by date declared and setting type, Middlesex- London, 2012-2013 influenza season (n=40)

Number of Influenza Outbreaks Declared

Setting	Sep 2-Sep 8	Sep 9-Sep 15	Sep 16-Sep 22	Sep 23-Sep 29	Sep 30-Oct 6	Oct 7-Oct 13	Oct 14-Oct 20	Oct 21-Oct 27	Oct 28-Nov 3	Nov 4-Nov 10	Nov 11-Nov 17	Nov 18-Nov 24	Nov 25-Dec 1	Dec 2-Dec 8	Dec 9-Dec 15	Dec 16-Dec 22	Dec 23-Dec 29	Dec 30-Jan 5	Jan 6-Jan 12
Retirement Home/ Assissted Living	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	1	2	0
Nursing Home	0	0	0	0	0	0	0	0	0	0	0	0	1	2	1	2	4	4	3
Hospital	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	4	0
Group Home	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Setting	Jan 13-Jan 19	Jan 20-Jan 26	Jan 27-Feb 2	Feb 3-Feb 9	Feb 10-Feb 16	Feb 17-Feb 23	Feb 24-Mar 2	Mar 3-Mar 9	Mar 10-Mar 16	Mar 17-Mar 23	Mar 24-Mar 30	Mar 31-Apr 6	Apr 7-Apr 13	Apr 14-Apr 20	Apr 21-Apr 27	Apr 28-May 4	May 5-May 11	May 12-May 18
Retirement Home/ Assissted Living	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Home	1	0	0	0	0	2	1	0	0	1	0	0	0	0	0	0	0	0
Hospital	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Home	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

Notes:

Influenza A was identified in virtually all (39/40) outbreaks; influenza B was identified in only one outbreak.

The duration of outbreaks ranged from four to 28 days. In 25% (10/40) of outbreaks, another virus was identified in addition to influenza, such as rhinovirus, respiratory syncytial virus (RSV), or parainfluenza. In some situations, this may have lengthened the outbreak's duration.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 102-13

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 September 19

NEW RESOURCE LENDING SYSTEM

Recommendation

It is recommended that Report No. 102-13 re New Resource Lending System be received for information.

Key Points

- MLHU's previous electronic Resource Lending System presented challenges over time that negatively impacted the effectiveness and efficiency of the resource distribution system and the entire Health Unit computer network.
- A functional needs assessment informed the development of a new and significantly improved system that enables the scheduling, organization, maintenance, distribution, and monitoring of resources to ensure staff and community partners have efficient access to resources for the effective implementation of their programs and services.

The Previous Resource Lending System

The Resource Lending System (RLS) in place at the Health Unit since about 1994 was a custom-designed electronic inventory, scheduling, sign-out and check-in system for use by staff, containing videos/DVDs, posters, displays, teaching kits, and other resources. The system was used primarily by Family Health Services, and Sexual Health and Chronic Disease and Injury Prevention teams, although each staff member had access to it through their desktop computer. A 0.5FTE Administrative Assistant (AA) in Family Health Services (FHS) was, and still is, assigned to manage the resource room and the RLS system. Other service areas contributed to funding the service on a 'by use' basis ($10 per resource), to assist in paying for the FHS AA's time to maintain, pull and replace the resource, and manage the RLS system in general. This system was working well for the staff managing and accessing it, although over its years of use several functional deficiencies were noted, and a number of malfunctions of the system occurred that were not fully rectifiable.

In 2009, challenges intensified when MLHU migrated from a Novell to a Windows server/directory network environment, as the RLS was designed to run on the Novell system. A few computers remained in a designated area within FHS for staff to use for scheduling resources. Access to RLS through these computers was slow and inconsistent. Maintaining these computers running on Novell was negatively affecting the entire MLHU network. In 2012, a 'work-around' was identified that did address this challenge somewhat, although the solution to this did create some other quirks with the system and was not an acceptable long-term solution. It became apparent that a new Resource Lending System was needed.

Assessing Needs for a New Resource Lending System

For the new system, the goal was to create an agency-wide system of distributing, scheduling, organizing, maintaining, and monitoring Health Unit resources, with an up-to-date inventory database, that would ensure staff and community partners had efficient access to resources to support the effective implementation of their programs and services.

In order to help develop a system that would meet staff needs and the intended goal, staff conducted a survey with all program teams that had been using the existing system. The needs assessment assisted in determining what staff and managers thought about 1) what the application should be able to do (i.e., its core and secondary functions); 2) what resources the RLS would manage; 3) who the users of the system would be; and 4) how users would interact with the system. The information generated from the needs assessment was used to guide our decisions about software, and ultimately, to inform the software development process.

Once there was a clear picture of what was needed, staff investigated whether there was any appropriate off-the-shelf software that be purchased. As part of this process, staff contacted a number of health units in the province to determine how they managed their resource lending systems and what software they might be using, if any. The search for off-the-shelf software and for suitable solutions from other health units did not prove fruitful. As a result, the Health Unit put out a Request for Proposals to find a vendor that could build a resource lending system. ResIM, the developer working on the Health Unit's new website, was the successful vendor contracted to create the new Resource Lending System.

Functional Improvements of the New RLS

The new system has a number of functions that make it superior to the previous system, such as the following:

- Access anytime and anywhere, through the internet
- Easy reservation and cancellation process
- Ease of communication between system users and system administrator
- Pictures of every resource (in addition to the written description)
- RFID scanning system for tracking check-in and check-out
- Google-like search function

Conclusion/Next Steps

The Health Unit's previous Resource Lending System time presented challenges over time that negatively impacted the effectiveness and efficiency of the resource distribution system and the entire Health Unit computer network. A needs assessment was completed to inform the process of developing a new electronic Resource Lending System with ResIM. System development is completed, with minor 'tweaks' being made during implementations. Training on the new system is currently underway; as it is a user-friendly application, training needs are minimal. The initial staff training has elicited positive feedback regarding system functionality. Users will shift from using the old to the new system by the end of June. In the future, staff will look at expansion of the hardware system to 201 Queens Ave. and Strathroy Offices, as well as, further consider the distribution of equipment and pamphlet resources through the Resource Lending System.

This report was prepared by Ms. Heather Lokko, Program Manager, Reproductive Health Team and Ms. Milly Stetsyuk, Program Administrative Assistant, Reproductive Health Team.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 103-13

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 September 19

2013 MID-YEAR PERFORMANCE ON ACCOUNTABILITY AGREEMENT INDICATORS

Recommendation

It is recommended that Report No. 103-13 re 2013 Mid-Year Performance on Accountability Agreement Indicators be received for information.

Key Points

- The Health Unit has demonstrated strong performance on the 2013 mid-year Accountability Agreement performance indicators.
- The MOHLTC is currently exploring possible additional indicators and a Board of Health risk assessment process.

Background

Under section 5.2 of the Accountability Agreement between the Middlesex-London Board of Health and the Ministry of Health and Long Term Care (MOHLTC), the Board has agreed to "use best efforts to achieve agreed upon Performance Targets… for the Performance Indicators specified…"

There are currently 17 performance indicators which are reported to the MOHLTC at mid-year and at the end of each year. These indicators reflect the program areas of food safety, water safety, infectious disease control, vaccine preventable disease, tobacco control, injury prevention, substance abuse and child health. For each of these indicators, a 2013 target was negotiated and agreed upon by both the Board and MOHLTC.

2013 Mid-Year Performance

In August 2013, the MOHLTC published the Health Unit's mid-year performance on 7 indicators. They were unable to report data for any health unit on the remaining 10 indicators. Of the 7 indicators reported, the Health Unit met or exceeded performance targets on 5 of 7.

Indicator		Middlesex-London Health Unit		Comment
		Target	Mid-Year Performance	
1	% of high risk food premises inspected once every 4 months	100%*	99.7%	
2	% of Class A pools inspected	100%	100%	
4	% of gonorrhea cases with follow-up within 2 days	>70%	100%	
5	% of iGAS cases with follow-up on same day as receipt of lab confirmation	100%	100%	
9c	% of children with completed immunizations for Meningococcus	90%	87.3%	For entire 2012-2013 school year
11	% of tobacco vendors in compliance with youth access legislation	≥ 90%	97%	
14	Baby-Friendly Initiative (BFI) Status	Advanced	Intermediate	Significant progress has been made toward *Advanced* status, but not every *Intermediate* item is completed (which is required to officially achieve *Advanced* status)

*The Health Unit's proposal to alter this target in order to increase compliance was not accepted by the Ministry of Health and Long-Term Care.

Additional Indicators & Risk Assessment Process

The Ministry of Health and Long-Term Care is nearing the end of a process to develop additional performance indicators, as well as a Board of Health risk assessment process. Potential indicators are currently under review by Health Units via electronic survey. The Ministry will announce the additional indicators in late October or early November of 2013.

This report was prepared by Mr. Ross Graham, Manager of Strategic Projects.

Christopher Mackie, MD, MHSc
Medical Officer of Health

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 104-13

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 September 19

INFLUENZA IMMUNIZATION PROGRAM 2013-2014

Recommendation

It is recommended that Report No. 104-13 re Influenza Immunization Program 2013-2014 be received for information.

Key Points

- Influenza vaccine reduces illness, hospitalization and death from the influenza virus.
- The vaccine will be available and accessible free-of-cost to residents in London and Middlesex County beginning in early October.

Background

Influenza (commonly known as "the flu") is a respiratory infection that is caused by a virus. People with influenza quickly become ill with a cough, fever, sore throat, headache, muscle aches and tiredness. People of any age can get influenza. Most people are sick for two to seven days, although the cough may last for weeks. Influenza can lead to complications such as pneumonia, hospitalization, and even death. The elderly, young children and those with long-term health issues, such as heart and lung problems, diabetes and cancer, are more likely to develop these complications.

Influenza spreads easily from infected people to others through coughing and sneezing. It is also spread through direct contact with surfaces contaminated by the influenza virus, such as toys, unwashed eating utensils and unwashed hands.

Antibodies to influenza develop within about two weeks after the shot. In most years, the vaccine works well to prevent illness from influenza in healthy children and adults. In elderly people, the vaccine helps prevent pneumonia, hospitalization and death from influenza.

Influenza Vaccine Availability

People in Ontario have a range of options to get their influenza vaccine including from their health care provider, through a workplace clinic, from a trained pharmacist or at a Health Unit influenza clinic. Community influenza clinics are scheduled between October 19 and December 10, 2013. The schedule is provided in Appendix A.

In addition to the community clinics, there is a drive-through clinic to offer influenza immunization for those who are not able to attend a community clinic because of mobility or other issues. The drive-through clinic is by appointment and is scheduled for October 26th, 2013 in the parking lot at the 50 King Street office. An influenza immunization clinic for the refugee community is being organized in mid-

November in partnership with the London Cross Cultural Learner Centre and the Interfaith Community Health Centre. Discussions are underway to look at providing clinics for vulnerable populations such as individuals and families living in women's shelters and homeless shelters.

Influenza vaccine is also available at the regular Health Unit Immunization Clinics at Health Unit offices although the public is encouraged to attend the community influenza clinics listed in Appendix A to avoid long wait times at Health Unit office clinics.

Board of Health members, Health Unit staff and volunteers and their families are invited to attend the Immunization Clinic at 50 King Street on October 17th between 3 pm and 7 pm to receive their influenza vaccine.

Conclusion

Individuals who are six months of age and over are strongly encouraged to receive the influenza vaccine to protect themselves and their families from influenza and to avoid losing time from work and school due to influenza illness. The influenza vaccine is particularly important for people at risk of getting seriously ill from influenza and people in close contact with them. Residents of London and Middlesex County have many opportunities to get their influenza vaccine in the next few months.

This report was prepared by Ms. Marlene Price, Manager, Vaccine Preventable Diseases Team.

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

This report addresses the following requirement(s) of the Ontario Public Health Standards: Vaccine Preventable Diseases

Community Influenza Immunization Clinic Schedule

Date / Time	Location
October 19, 2013 10 am-2 pm	Carling Heights Optimist Community Centre 650 Elizabeth Street, London
October 24, 2013 4 pm-7 pm	Greek Canadian Club 965 Sarnia Road, London
October 28, 2013 9am-1pm	Cherryhill Mall Library 301 Oxford Street West, London
November 5, 2013 4pm-7pm	Kenwick Mall 51 Front Street East, Strathroy
November 7, 2013 4pm-7pm	South London Community Centre 1119 Jalna Blvd., London
November 14, 2013 4pm-7pm	Lucan Community Centre 263 Main Street, Lucan
November 23, 2013 10am-2pm	Westmount Public School 1101 Viscount Road, London
November 28, 2013 4pm-7pm	Clarke Road Secondary School 300 Clarke Road, London
December 10, 2013 4pm-7pm	Lambeth Community Centre 7112 Beattie Street West, London

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 105-13

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 September 19

HEALTH UNIT RECOMMENDATIONS ABOUT ELECTRONIC CIGARETTES (E-CIGARETTES)

Recommendation

It is recommended that the Board of Health receive Report No. 105-13 re "Health Unit Recommendations About Electronic Cigarettes (e-cigarettes)" and the "Electronic Cigarettes (E-Cigarettes) Assessment of Evidence and Implications for Middlesex-London Health Unit Recommendations" (attached as Appendix A).

Key Points

- Electronic cigarettes undermine current tobacco control policies in place.
- There are many questions around the benefit and safety of these products due to the lack of quality control and manufacturing standards, and the undetermined health effects of the substances found within these products.
- Electronic cigarettes are not approved as a smoking cessation aid in Canada.
- Health Unit staff will monitor developments by public health tobacco control partners and emerging evidence about the health impacts related to the use of e-cigarettes. The Board of Health will be updated as appropriate.

Background

Electronic cigarettes (e-cigarettes) are devices made of plastic or steel that, in most cases, resemble real cigarettes. They produce a visible vapour similar in appearance to cigarette smoke and the end of the device may glow like a cigarette. Typically an e-cigarette consists of a cartridge, an atomizer and a battery. The cartridges contain water and added flavourings in a base of propylene glycol, vegetable glycerin, or polyethylene glycol 400; the cartridges may or may not contain nicotine. Users inhale on the device like they would a cigarette which heats the solution into a vapour, that when exhaled looks like smoke.

The Issue

Electronic cigarettes are becoming more and more popular in Canada and around the world. The federal government is responsible for the regulation of e-cigarettes; Health Canada (and its partners) prohibits the importation, sale, distribution and advertising of e-cigarettes containing nicotine, and those making health claims. Despite regulations, these products are easily accessible to those who want to use them. Tobacco companies and large tobacco industry conglomerates are acquiring the companies that manufacture e-cigarettes to get a share of the market. In addition, electronic cigarettes are being rebranded, modified and released into the market with catchy gimmicks and packaging to appeal to more users, including youth.

Unlike tobacco products, e-cigarettes that don't contain nicotine and that don't make health claims, can be used virtually anywhere and can be marketed and sold without any restrictions. This means that e-cigarettes can be used indoors or in places where tobacco use is banned; they do not have to be hidden when available

for sale (i.e. they can be placed with candy, on the counter or with other novelty items); and, they can be sold to youth.

Furthermore, there are many questions around the health benefits and safety of these products due to the lack of quality control and manufacturing standards. In 2009, Health Canada issued a public statement advising Canadians "not to purchase or use electronic smoking products, as these products may pose health risks and have not been fully evaluated for safety, quality and efficiency by Health Canada". To date, there have been no long-term studies on the health benefits or risks of using e-cigarettes; however, there is a growing body of relatively new scientific evidence that is raising concerns within the public health community about the health consequences and safety of these devices. Many individuals will purchase e-cigarettes to be used as an aid to quit smoking not knowing if the product contains nicotine, or they will purchase additional nicotine to add to the device. In some instances, e-cigarette vendors will offer a "choice" of nicotine strength. As a result, individuals may not know the amount of nicotine within the cartridge, or what is even more alarming, what other products or chemicals are being inhaled from the cartridge of their e-cigarette.

Electronic Cigarettes as a Cessation Aid

E-cigarettes look and feel similar to cigarettes which could be appealing to smokers. Their use involves the same hand to mouth repetitions associated with smoking. E-cigarettes have also been marketed as a safer alternative to continued cigarette use, and as a result, e-cigarettes are being purchased as cessation aids. However, the use of e-cigarettes involves the inhalation of ultra-fine particles into the lungs, including propylene glycol, which is a known lung irritant. E-cigarettes as cessation aids have not been tested for effectiveness or safety. There is also no scientific evidence outlining how these products should be used effectively as a cessation aid. As a result, e-cigarettes have not been approved by Health Canada for use as a cessation aid or harm reduction product and therefore should not be used as such.

Conclusion/Next Steps

Evidence about the impact of e-cigarettes on health is emerging. The Health Unit receives inquiries from healthcare providers and individual clients asking for advice on the use of e-cigarettes. Many individuals see the e-cigarette as a safer alternative to smoking and feel that using them may help them or their clients/patients to quit. The Health Unit also receives inquiries from workplaces, schools and restaurants regarding the legality of use in enclosed public places and workplaces and on school property. In order to provide accurate, consistent and up to date advice on the use of e-cigarettes, Health Unit staff will be providing clients, partner agencies and others recommendations contained within the"Electronic Cigarettes (E-Cigarettes) Assessment of Evidence and Implications for Middlesex-London Health Unit Recommendations" (attached as Appendix A). Health Unit staff will continue to monitor developments by public health tobacco control partners and the advancements in the evidence related to e-cigarettes and the Board of Health will be updated as appropriate.

This report was prepared by Ms. Leila Davis, Tobbaco Enforcement Officer, Ms. Lil Marinko, Public Health Nurse, Ms. Tanya Weishar, Health Promoter, Ms. Sarah Neil, Public Health Nurse, and Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team.

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

This report addresses the following requirement(s) of the Ontario Public Health Standards:
Foundations: Principles 1, 2; Comprehensive Tobacco Control: 1, 6, 9, 11 and 13

Appendix A

Electronic Cigarettes (E-Cigarettes) Assessment of Evidence and Implications for Middlesex-London Health Unit Recommendations

September 2013

The Middlesex-London Health Unit does not recommend the use of electronic cigarettes (also known as e-cigarettes). The following recommendations and key messages will be used by Middlesex-London Health Unit staff when responding to inquiries about the use of e-cigarettes.

- **Electronic cigarettes currently have undetermined health effects and a lack of quality control and manufacturing standards; therefore, the health and safety risks are unknown.** In 2009, Health Canada issued a public statement advising Canadians "not to purchase or use electronic smoking products, as these products may pose health risks and have not been fully evaluated for safety, quality and efficiency by Health Canada". At present, there is not enough scientific evidence to support any health benefits of these products or to suggest that these products are safe for use. [1,2]

- **Electronic cigarettes are not approved as a smoking cessation aid in Canada.** Individuals interested in quitting should use a cessation aid approved by Health Canada. There are several cessation aids available such as: nicotine replacement therapy (NRT) which includes nicotine lozenges, nicotine gum, nicotine inhalers, and nicotine patches; and medications like Champix or Zyban.

- **Electronic cigarettes undermine the current tobacco control policies in place.** Comprehensive tobacco-free policies should include electronic cigarettes in places where smoking is banned under the *Smoke-Free Ontario Act* (SFOA) and/or existing bylaws. These include, but are not limited to, enclosed public places and workplaces, elementary and secondary school property, hospitals, long-term care facilities and recreation/sports facilities.

  E-cigarettes that contain nicotine or make a health claim are illegal in Canada. To report the advertising or sale of these products to Health Canada, call 1-800-267-9675.

Background:

Electronic cigarettes are devices made of plastic or steel that, in most cases, resembles a real cigarette. They produce a visible vapour similar in appearance to cigarette smoke and the end of the device may glow like a cigarette. Typically an electronic cigarette consists of a cartridge, an atomizer and a battery. The cartridges contain water, and added flavourings in a base of propylene glycol, vegetable glycerin, or polyethylene glycol 400; which may or may not contain

nicotine. Users inhale on the device like they would a cigarette which heats the solution into a vapour, that when exhaled looks like smoke.[3]

Rationale

1. Legislation:

Electronic smoking products that contain nicotine are regulated under the federal *Food and Drugs Act*. Therefore, before the importation, advertising or sale of these products, they need market authorization.[4] According to Health Canada, it is illegal in Canada for electronic cigarettes to contain nicotine or make any sort of health claims. However, currently there is no legislation that regulates the use of electronic cigarettes that do not contain nicotine or that make health claims. The lack of legislation for these products has provided ambiguity which has been exploited by the manufacturers and has led to confusion within the health care provider community and the general public.

Electronic cigarettes do not currently fall under the definition of smoking or holding lit tobacco under the *Smoke-Free Ontario Act* (SFOA) or current smoking bylaws. Legally, this means that electronic cigarettes could be used in enclosed public places and workplaces or in other places where smoking is prohibited. Permitting the use of electronic cigarettes indoors, in places where smoking is banned under the *Smoke-Free Ontario Act (SFOA)* or existing bylaws can create enforcement challenges and undermine the work that has been done in tobacco control thus far.

2. Social Acceptance and Youth Initiation:

Manufacturers are designing the e-cigarette to closely resemble a real cigarette, and in order to appeal to more users, the manufacturers are constantly rebranding and modifying these products. Marketing strategies such as branding, flavouring, altering device design and appearance, adjustable smoke volume and voltage, making them rechargeable and/or disposable, providing longer battery life, and lowering prices have all become common, while displays and advertisements have quickly become more engaging and sophisticated.[1,5]

E-cigarettes can be found for sale at grocery stores, gas stations, convenience stores, flea markets and pharmacies and are widely accessible on the internet. Accessories and e-liquid containing nicotine can also be accessed on the internet.

In Middlesex- London, approximately 75% of vendors are selling e-cigarettes and the health unit receives calls from various clients and community partners such as workplaces, schools, restaurants, and healthcare providers asking for advice on the use of such devices. Secondary school students have also been seen using e-cigarettes in areas where other students smoke tobacco cigarettes.

The use of e-cigarettes in places where smoking is prohibited combined with their growing availability and the savvy marketing strategies could lead to an increase in use and an increase in the social acceptance of smoking. The majority of people who use tobacco

begin smoking in their adolescence; efforts to denormalize tobacco use and decrease negative role modelling are important to protect youth and young adults from future smoking and addiction. The more that youth are exposed to tobacco use and the behaviour of smoking, even products which mimic tobacco cigarette use, the more likely they are to start using tobacco products. Furthermore, those who have quit smoking or are trying to quit may be tempted to smoke by seeing others use cigarette-like products.

3. Benefits, efficacy and safety:

Benefit and Efficacy

In theory, e-cigarettes have the potential to be used as a cessation aid or a harm reduction product. The device itself looks and feels similar to a cigarette, which smokers could find appealing, and it could help with mimicking the hand-to-mouth repetitions associated with smoking. E-cigarettes have also been marketed as a safer alternative to continued cigarette use, and if they contained nicotine, could potentially help with symptoms of nicotine withdrawal. However, although these products could have potential as a cessation aid or harm reduction product, there is limited data on their overall effectiveness to do so. As well, in order for an individual to use these devices for smoking cessation there should be instructions based on scientific evidence as to how to use the device to quit or cut back (e.g. safe maximum amount of puffs that should be taken; the number of puffs needed and how often; level of inhalation into the lungs; level of nicotine within the cartridges, etc…). Unfortunately, this information is lacking with the products that are available.[1] As a result of this lack of scientific evidence, these devices have not been approved by Health Canada for use as a cessation aid or harm reduction product and therefore should not be used as such.[2, 6, 7]

Safety issues

There are many safety issues associated with e-cigarettes and their use, which can range from quality control and manufacturing standards, to the delivery system itself or to the health effects of the substances contained in electronic cigarettes.

Currently, quality control and manufacturing standards related to e-cigarettes and the facilities where they are manufactured are lacking. This means that there may be little to no consistency in the composition and quality of the individual delivery systems, the substances added to the device, the nicotine, the chemical makeup[7] and the facilities where they are made.[1, 2, 5] For example, some e-liquid may be manufactured in laboratories whereas some may be manufactured in residential basements or kitchens.

In terms of the health effects related to substances in e-cigarettes, a lot remains unknown. To date there have been no long-term studies on the health benefits or risks of using e-cigarettes. Nicotine can be lethal and, as previously mentioned, products can vary widely in the chemical and nicotine makeup making it difficult or even impossible to know the exact amount that has been delivered.[1] In addition, questions remain about the short and long-term effects and risks of inhaling propylene glycol as well as any other chemicals and by-

products that may be created from vaporization. [1, 2, 5, 7] No existing nicotine replacement therapy (NRT) delivers nicotine to the lungs and therefore there is no data on the effects of this process.[1,2,7] In addition, similar to smoking, the vaporization of nicotine and other chemicals contained in the electronic cigarette can emit ultra-fine particles into the air. Unlike smoking and second-hand smoke, the extent of the harm to others from these vapour emissions is not currently known. [1, 2]

At this point in time, there is a lack of sufficient evidence around the benefit, efficacy and safety of these products; therefore, e-cigarettes should not be considered safe or effective in helping individuals quit and should not be recommended for use as a cessation aid.

Conclusion

To date, there have been no long-term studies on the health benefits or risks of using e-cigarettes; however, there is a growing body of relatively new scientific evidence that is raising concerns within the public health community about the health consequences and safety of these devices, and the negative impact that e-cigarette use in places where smoking is prohibited could have on the social acceptability of smoking. Middlesex-London Health Unit staff will continue to monitor developments by public health tobacco control partners and the advancements in the evidence related to e-cigarettes.

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[1] World Health Organization. (July 9, 2013) Questions and answers on electronic cigarettes or electronic delivery systems (ENDS). Retrieved July 10, 2013 from www.who.int/tobacco/communications/statements/eletronic_cigarettes/en/index.html

[2] German Cancer Research Center (Ed.). (2013). Electronic Cigarettes- An overview. Heidelberg, Germany

[3] Non-Smokers' Rights Association and Smoking and Health Action Foundation. (March 2012). *The Buzz on E-Cigarettes.* Non-Smokers' Rights Association and Smoking and Health Action Foundation: Toronto, ON

[4] Health Canada. (2009). *Notice - To All Persons Interested in Importing, Advertising or Selling Electronic Smoking Products in Canada. Retrieved from* http://www.hc-sc.gc.ca/dhp-mps/prodpharma/applic-demande/pol/notice_avis_e-cig-eng.php

[5] Non-Smokers' Rights Association and Smoking and Health Action Foundation. (January 2013). *Report on the Forum on E-cigarettes.* Non-Smokers' Rights Association and Smoking and Health Action Foundation: Toronto, ON

[6] Health Canada. (2009). *Health Canada Advises Canadians Not to Use Electronic Cigarettes*. Retrieved May 10, 2013 from http://www.healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2009/13373a-eng.php

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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 106-13

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 September 19

HEALTHY COMMUNITIES PARTNERSHIP MIDDLESEX-LONDON UPDATE

Recommendation

It is recommended that Report No. 106-13 re Healthy Communities Partnership Middlesex-London Update be received for information.

Key Points

- The Ministry of Health and Long Term Care provides funds to healthy community partnerships through its Healthy Communities Fund – Partnership Stream to coordinate planning and action around policies that make it easier for Ontarians to lead healthy and active lives.
- Policy that supports physical activity helps reduce physical inactivity and obesity which are risk factors for many chronic diseases.
- The Health Unit continues to provide leadership to Healthy Communities Partnership Middlesex-London which has been successful in introducing physical activity policy initiatives that align with the Ontario Public Health Standards.

Background

Physical inactivity and obesity are significant risk factors for many chronic diseases such as cardiovascular disease, cancer and type 2 diabetes. Research indicates physical activity is one of the most cost-effective means of having a physically, mentally and socially healthier population. According to the 2006 Census, only 8% of those aged 15 and older in Middlesex-London reported having an active form of transportation to work such as walking or cycling. In 2009/2010, approximately half (47%) of Middlesex-London residents (12+ years old) reported being inactive during their leisure time. During the same timeframe, more than half of adults (52%) were considered overweight or obese. The trend over time shows an increase in the overweight/obesity rate in Middlesex-London since 2003. Hence, policies that support and promote physically active lifestyles where people live, work and play are viewed as an important strategy in enhancing population health and are the focus of the Healthy Communities Partnership Middlesex-London.

Healthy Communities Partnership Middlesex-London Update

Through the Healthy Communities Fund (HCF), the Ministry of Health and Long Term Care (MOHLTC) continues to support the vision of *Healthy Communities working together and Ontarians leading healthy and active lives.* The HCF has three components: 1) Grants Project Stream 2) Partnership Stream, and 3) Resource Stream. In 2009, under the Partnership Stream, health units were requested to take the lead locally to promote coordinated planning and action with community partners and stakeholders in creating local policies that make it easier for Ontarians to be healthy. The Healthy Communities Partnership Middlesex-London (HCP) successfully completed three sets of Ministry approved work plans in 2010, 2011, and 2012 up until March 2013, each with a focus on physical activity policy.

As per the HCF guidelines, the basis for the grant is to move forward healthy public policy in either physical activity or healthy eating in the local public health region. The receipt of HCF funding has coincided with the time that our local municipalities have begun the process of reviewing their Official Plans, which are comprehensive plans created by municipalities dictating public policy in terms of: transportation; recreation; use and management of land and infrastructure; protection of the environment and resources; and opportunities for employment and residential development, including support for a mix of uses. This opportunity has enabled the Health Unit, in partnership with the HCP, to submit recommendations to those municipalities engaged in their Official Plan review. Along with Official Plan submissions, municipalities have been approached to endorse the international Toronto Charter for Physical Activity thus further demonstrating their support for physical activity and the health of their residents.

For a complete list of strategies to date in both the City of London and Middlesex County over the past two and a half years, please refer to Appendix A.

Ministry of Health and Long-Term Care Partnership Stream Funding Agreement

In May 2013, the Health Unit submitted a grant application for the next round of MOHLTC Healthy Community Partnership Funding, April 2013 to December 2013. This was designed to sustain the evolving healthy communities work which is currently focused on physical activity in the City of London and Middlesex County. The Health Unit was notified in late August by the Ministry of Health and Long-Term Care that our grant proposal was approved for the amount of $69,770.00. This funding is to be spent by December 31, 2013 on the Healthy Communities Partnership program plans. The current program plans include continued funding for improving healthy eating, developing policy, and working toward an environment that is supportive of physical activity.

Conclusion

The Healthy Communities Fund from the Ministry of Health and Long-Term Care allows the Health Unit and Healthy Communities Partnership Middlesex-London to continue to work toward healthy public policy that supports physical activity in Middlesex-London communities. These efforts meet obligations under the Ontario Public Health Standards and the Health Unit's strategic plan objective of "Advocating for and supporting the implementation of municipal policies that facilitate physical activity in the community".

This report was prepared by Ms. Marylou Albanese, Manager, and Ms. Bernadette McCall and Ms. Emily Hill, Public Health Nurses, Healthy Communities and Injury Prevention Team.

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

This report addresses the following requirement(s) of the Ontario Public Health Standards:
Chronic Diseases and Injuries Program Standards of Chronic Disease Prevention 3, 4, 6, 7, 11, 12 and that of Prevention of Injury and Substance Misuse 2, 4, 5 and the 2011 MLHU Strategic Direction: Healthy Eating and Physical Activity for all.

Healthy Communities & Injury Prevention Team: Healthy Communities Program Activities in London and Middlesex County 2012 – 2013

Project Title	City of London	Middlesex County
Official Plan (OP) Reviews	**Purpose:** To influence future OP policies by providing public health input into the ReThink London Official Plan review process in order to foster healthy community design. **Key Activities:** MLHU staff provided evidence-informed recommendations for OP policy to support healthy community design through land use development using various mechanisms: Written correspondence ▪ Presentations ▪ Input at public sessions ▪ Submission of position paper ▪ Production and media launch of Healthy City Active London Video ▪ Response to discussion papers **Next Steps:** ▪ Continue public health engagement in the OP review process ▪ Provide ongoing recommendations to land development applications using the new OP in order to foster healthy community design ▪ Promote the Healthy City Active London video to increase public support for increased active transportation options	**Purpose:** To influence future OP policies related to land development in order to foster healthy community design in Middlesex County. **Key Activities:** MLHU staff provided written evidence-informed recommendations for official plan reviews in: • Middlesex County • Township of Lucan Biddulph • Municipality of Thames Centre Recommendations were based on a literature review, policy scans, and key informant interviews conducted in partnership between MLHU staff and Position Paper consultants. Recommendations were made on the following topics: ▪ Active living ▪ Healthy eating ▪ Road safety ▪ Environmental Health **Next Steps:** ▪ Submit recommendations to remainder of Middlesex municipalities' official plans as their 5-year reviews approach, beginning with Strathroy Caradoc in 2014.

Project Title	City of London	Middlesex County
Position Papers	**Purpose:** To provide public health input into the ReThink London Official Plan review process in support of active transportation. **Key Activities:** ▪ Contracted Dr. J. Gilliand, Western University, to write the *Healthy City Active London: Evidence-Based Recommendations for Policies to Promote Walking and Biking* position paper ▪ Submitted position paper August 2012 (including 19 OP policy recommendations) to ReThink London **Next Steps:** ▪ Ongoing promotion of policy recommendations to ReThink London OP review and to the general public ▪ Identify opportunities for incorporation and integration of policy recommendations in various municipal and community stakeholder initiatives	**Purpose:** To increase knowledge of the relationship between health and the built environment in rural contexts, while providing local applications to Middlesex County and encompassed municipalities. **Key Activities:** ▪ Contracted a researcher to write the *Linking Health and the Built Environment in Rural Settings: Evidence and Recommendations for Planning Healthy Communities in Middlesex County* position paper identifying built environment factors that influence the following 4 health topics within rural contexts: Active Living; Road Safety; Food Systems and Healthy Eating; and Social Capital and Mental Well-being. ▪ MLHU staff organized consultations 1) with decision and policy makers to identify common goals and objectives to be integrated into position paper, and 2) between MLHU staff and the research consultants. ▪ MLHU staff reviewed and edited the position paper. **Next Steps:** ▪ Printing and dissemination of position paper to current key stakeholders in the County, the consultant, and involved MLHU staff ▪ Dissemination and promotion at a County-wide Active Communities Forum pending Ministry funding

<table>
<tr><th>Project Title</th><th>City of London</th><th>Middlesex County</th></tr>
<tr>
<td>International Toronto Charter for Physical Activity (TCPA)</td>
<td>Purpose:
To seek endorsement of the TCPA by London City Council including adaptation of the principals and framework in the development of policies that support healthy active living.

Key Activities:
▪ Information packages sent to City of London Councillors (13)
▪ Meetings with City of London Councillors (7)
▪ Presentations to community groups (12)
▪ Meetings with COL staff (6)
▪ Presentations to Advisory Committees (2)
▪ Presentations to Standing Committees (2)
▪ Development of online registration of support tool
▪ Use of social media to invite community stakeholder support (15)
▪ London City Council endorsement of charter received on June 26, 2012

Next Steps:
▪ Ongoing promotion and application of the TCPA through the work of the HCIP Team and the Healthy Communities Partnership Middlesex-London annual workplan</td>
<td>Purpose:
To seek endorsement of the TCPA by municipal councils such that the charter will serve as a framework for civic administration and council members to make decisions on relevant and unique policy actions specific to the County and each municipality.

Key Activities:
▪ Identified municipalities that are ready (i.e. have demonstrated interest in creating a healthy community)
▪ Meetings with key stakeholders (3 municipalities)
▪ Contact made with interest to meet (3 municipalities)
▪ Endorsement of TCPA in:
    ▪ Municipality of Middlesex Centre
▪ TCPA going forward to September council meetings to seek resolution in two municipalities

Next Steps:
▪ Introduce charter to staff at remaining municipalities
▪ Provide resources and information to municipal councils seeking resolution
▪ Present the charter at a Middlesex County council meeting as a means of information sharing (October 8)</td>
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<table>
<tr><th>Project Title</th><th>City of London</th><th>Middlesex County</th></tr>
<tr><td>Active Community Toolkit</td><td>Purpose:
To develop a toolkit that will assist public health staff in providing valid, reliable, standardized input that supports active community design when reviewing land use development plans.

Key Activities:
▪ Worked with a consultant & City of London planning staff to identify and organize criteria that support active community design into a toolkit for use in reviewing land use development plans

Next Steps:
• Pilot test toolkit by reviewing City of London development plans Sept to Dec 2013
• Revise toolkit based on pilot test results
• Expand use of toolkit for use in other municipalities</td><td>N/A</td></tr>
<tr><td>Creating Healthy Active Communities – The Power of Partnerships Forum (May 21, 2013)</td><td colspan="2">Purpose:
To increase the capacity of partners & stakeholders in local networks and organizations to take steps in creating supportive environments and policy that promotes active communities for all ages in London and Middlesex County.

Key Activities:
MLHU staff as members of the Healthy Communities Partnership Middlesex-London planning group facilitated the bringing together of 70 community partners / stakeholders (including 19 presenters) from London and Middlesex County in a forum to:
▪ Exchange knowledge
▪ Identify action items & plans
▪ Facilitate community mobilization

Next Steps:
▪ Distribution of forum discussion themes identifying next steps to take in moving active community policy initiatives forward
▪ Healthy Community Partnership Middlesex-London to explore identified active community policy opportunities and gaps
▪ Develop strategic partnerships in order to promote active community policy in London and Middlesex County</td></tr>
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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 107-13

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 September 19

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT – SEPTEMBER

Recommendation

It is recommended that Report No. 107-13 re Medical Officer of Health Activity Report – September be received for information.

The following report highlights activities of the Medical Officer of Health (MOH) between the June Medical Officer of Health Activity Report to September 9, 2013.

On June 18th, the MOH and members of the Senior Leadership Team attended a meeting at City Hall with members of the City's Senior Leadership Team to discuss items of mutual interest and emerging issues.

Nicholas Wilson Public School was the host of the Helmets on Kids Kick-Off Event. Dr. Mackie attended and delivered remarks on behalf of the Health Unit. Also in attendance at the event were Mayor Joe Fontana, London Police, Siskinds LLP, Junior Pan American Cycling Team members, MLHU staff and several other organizations. The event wrapped up with a bicycle rodeo with a grade 3/4 class of students that was organized by London Police Services.

The Middlesex-London Health Unit is a proud supporter of the United Way of London and Middlesex. The MOH met with Art Zuidema (City of London) and Roxanne Riddell (United Way) on June 25th to discuss the Health Unit's continued support. On June 27th, the MOH participated in the MLHU Charity Golf Tournament where approximately $3500.00 was raised for the United Way.

Over the summer, the MOH met with each Manager for an orientation of their program. These meetings helped identify and manage issues of importance to the Health Unit, and in some cases, further meetings were arranged for more discussion.

The MOH also had the opportunity to meet with most Board of Health members over the summer for a one-on-one meeting to discuss issues such as communication preference and perspective on the history of the Health Unit.

Work continued throughout the summer on the Price Waterhouse Coopers (PwC) recommendations and the Medical Officer of Health and MLHU staff met with PwC staff on several occasions to further develop a plan of implementation.

The MOH attended 2 meetings of the Finance and Facilities Committee, Chaired by Board Member Trish Fulton.

The MOH was involved in the interviews for the position of Human Resource/Labour Relations and Corporate Strategy Director.

On July 22, the Medical Officer of Health attended a full day orientation in Toronto with Dr. Arlene King, Chief Medical Officer of Health and also met with the following Directors:

Laura Pisko, Director MOHLTC Health Promotion Implementation Branch; Liz Walker, Director MOHLTC Public Health Planning & Liaison Branch; Gerilynne Carroll, Director Emergency Management; Sylvia Shedden, Director Public Health Standards, Practice & Accountability Branch; Nina Arron, Director Public Health Policy & Programs Branch.

The Medical Officer of Health enjoyed a 2 week vacation with his family in August.

The Medical Officer of Health and CEO also attended the following teleconferences and events:

June 17 -	Meeting of the Southwest Chapter of the Canadian College of Health Leaders attended by Deb Matthews
June 19 –	Meeting with Police Chief Brad Duncan and his senior staff
June 20 –	Tour of the MLHU Immunization Clinic with Barb Sussex, Staff Immunization Nurse
June 24 –	Meeting with MLHU Staff and Ontario Nurses Association representatives to discuss Pay Equity
June 26 –	40th Work Anniversary for Dr. Suman Dhir, MLHU Dentist
June 27 –	Visit to Astral Medial with Dan Flaherty, Manager, Communications
July 4 –	Meeting with Michael Barrett/SW LHIN
July 11 –	Meeting with Jane Fitzgerald (Children's Aid Society) and Andrew Locke (United Way)
July 11 –	Meeting with Marlene Janzen LeBer & Dr. Abdur Rab – Western University MPH Program
July 15 –	Meeting with Anne McKay at Childreach
July 16 –	Meeting with Todd Stepanuik, CEO for Middlesex Health Alliance
July 17 –	Attended Communicable Diseases Stakeholder Engagement Event in London
July 19 –	Meeting with Lynne Livingstone, Managing Director of Community Services/Neighbourhood & Children Services
July 23 –	Meeting with health committee of the Canadian Latin American Association
July 23 –	Meeting with CUPE Provincial Representative to discuss MLHU Violence Policy
July 25 –	Attended OPHA Webinar – Driving Equity into Public Health Action
August 14 –	Attended meeting in Toronto – Ontario Healthy Schools Coalition on the role of Public Health vis-à-vis Healthy School Initiatives
August 16 –	Attended a meeting – Ontario Poverty Reduction Strategy Consultation in London
September 4 –	Shot InMotion TV Commercial to promote healthy lifestyle choices.
September 6 –	Attended launch of Healthzone event at Merry Mount Childrens Centre and toured the Well Baby, Child and Breastfeeding Clinic along with Deb Matthews.

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

This report addresses Ontario Public Health Organizational Standard 2.9 Reporting relationship of the medical officer of health to the board of health