AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

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

Thursday, 7:00 p.m.
2014 October 16

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
Mr. Al Edmondson
Ms. Patricia Fulton
Mr. Marcel Meyer (Chair)
Mr. Stephen Orser (Vice Chair)
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

BUSINESS ARISING FROM THE MINUTES

DELEGATIONS

7:05 – 7:15 p.m.	Ms. Trish Fulton, Chair, Finance and Facilities Committee re Item #1 - Finance and Facilities Committee Meeting October 2, 2014
7:15 – 7:30 p.m.	Mr. Tristan Squire-Smith, Manager, Infectious Disease Control Team re Item #2 - 2013-2014 Influenza Season Overview and 2014-2015 Community Influenza Clinics in Middlesex-London
7:30 – 7:45 p.m.	Communications Team re Item #3 -Verbal Report on Agency Communication Campaign

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
Committee Reports						
1	Finance and Facilities Committee Meeting October 2, 2014 (Report 059-14)	Appendix A Oct. 2/14 Agenda	x	x		To receive information and consider recommendations from the October 2nd FFC meeting
Delegations and Recommendation Reports						
2	2013-2014 Influenza Season Overview and 2014-2015 Community Influenza Clinics in Middlesex-London (Report 060-14)	Appendix A	x		x	To summarize the 2013/14 Influenza season and report on community influenza clinics planned for 2014/15
3	Agency Communication Campaign (Verbal Report)		x		x	The Communications Team will report on the progress of the Agency Communication Campaign
4	Research and Evaluation Policy – Proposed Revisions (Report 063-14)	Appendix A Appendix B		x		To seek endorsement by the Board of Health for changes to the Research and Evaluation policy and procedure
Information Reports						
5	Summary Information Report (Report 061-14)	Appendix A			x	To provide a summary of various Health Unit programs in the Family Health and Environmental Health & Chronic Disease Prevention Services areas
6	Medical Officer of Health Activity Report – October Report (Report 062-14)				x	To provide an update on the activities of the MOH for October

CONFIDENTIAL

The Board of Health will move in camera to discuss a matter concerning labour relations or employee negotiations

OTHER BUSINESS

- Next Finance and Facilities Committee Meeting: Thursday, November 6, 2014 @ 9:00 a.m.
- Next Board of Health Meeting – Thursday, November 20, 2014 @ 7:00 p.m.

CORRESPONDENCE

a) Date: 2014 August 29 (Received 2014 September 5)
Topic: Continued Oral Health Access to Those Children with Urgent Dental Needs
From: Dr. Paul Roumeliotis, Medical Officer of Health/CEO, Eastern Ontario Health Unit
To: The Honourable Eric Hoskins, Minister of Health and Long-Term Care

b) Date: 2014 September 9 (Received 2014 September 24)
Topic: Confirmation that MOHLTC will provide MLHU with funds under the Nursing Graduate Guarantee Initiative
From: The Honourable Eric Hoskins, Minister of Health and Long-Term Care
To: Mr. Marcel Meyer, Chair Middlesex-London Board of Health

c) Date: 2014 September 25 (Received 2014 October 1)
Topic: Porcupine Health Unit Board of Health passed motions re publically funded dental services
From: Mr. Donald W. West, Chief Administrative Officer, Porcupine Health Unit
To: The Honourable Eric Hoskins, Minister of Health and Long-Term Care

d) Date: 2014 October 1 (Received 2014 October 3)
Topic: Results of 2014 Nutritious Food Basket for Wellington-Dufferin-Guelph Public Health
From: Ms. Amanda Rayburn, Chair, WDGPH Board of Health
To: The Honourable Deborah Matthews, Minister Responsible for the Poverty Reduction Strategy/Deputy Premier

e) Date: 2014 October 1 (Received 2014 October 6)
Topic: Maintaining Preventative Dental Services in the Ontario Public Health Standards
From: Mr. Gary McNamara, Chair, Windsor-Essex County Health Unit Board of Directors
To: The Honourable Eric Hoskins, Minister of Health and Long-Term Care

Copies of all correspondence are available for perusal from the Secretary-Treasurer.

GENERATIVE DISCUSSION

Board of Health members will discuss the following question:

> **If the Middlesex-London Health Unit were to become the best Health Unit in Canada, what would it look like?**

ADJOURNMENT

PUBLIC SESSION – MINUTES

MIDDLESEX-LONDON BOARD OF HEALTH

2014 September 18

MEMBERS PRESENT:	Mr. David Bolton Ms. Denise Brown Mr. Al Edmondson Mr. Marcel Meyer (Chair) Mr. Ian Peer Ms. Viola Poletes Montgomery Ms. Nancy Poole Mr. Mark Studenny Ms. Sandy White
REGRETS:	Ms. Trish Fulton Mr. Stephen Orser (Vice-Chair)
OTHERS PRESENT:	Dr. Christopher Mackie, Medical Officer of Health & CEO (Secretary-Treasurer) Ms. Sherri Sanders, Executive Assistant to the Board of Health (Recorder) Mr. Wally Adams, Director, Environmental Health and Chronic Disease Prevention Services Ms. Mary Lou Albanese, Manager Environmental Health and Chronic Disease Prevention Services Mr. Jordan Barringa, Manager, Strategic Projects Ms. Diane Bewick, Director, Family Health Services & Chief Nursing Officer Ms. Laura Di Cesare, Director, Human Resources and Corporate Strategy Mr. Dan Flaherty, Manager, Communications Dr. Gayane Hovhannisyan, Associate Medical Officer of Health Ms. Kim Leacy, Registered Dietitian, Environmental Health and Chronic Disease Prevention Services Ms. Heather Lokko, Acting Director Oral Health, Communicable Disease and Sexual Health Services Mr. John Millson, Director, Finance and Operations Ms. Huma Rana, Volunteer Ms. Julie Sloan, Volunteer Ms. Linda Stobo Manager Environmental Health and Chronic Disease Prevention Services Ms. Trudy Sweetzir, Communications Assistant (streaming) Ms. Maja Williams, Volunteer
MEDIA PRESENT:	**None**

Mr. Marcel Meyer, Chair of the Board of Health, 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 Mr. Bolton, seconded by Mr. Peer *that the **AGENDA** for the September 18, 2014 Board of Health meeting be approved.*

Carried

Dr. Mackie introduced Dr. Gayane Hovhannisyan, the new Associate Medical Officer of Health for the Middlesex-London Health Unit, to the Board of Health members.

APPROVAL OF MINUTES

It was moved by Mr. Bolton, seconded by Ms. White *that the public session **MINUTES** of the July 17, 2014 Board of Health meeting be approved.*

Carried

It was moved by Mr. Bolton, seconded by Mr. Studenny *that the in camera session MINUTES of the July 17, 2014 Board of Health meeting be approved.*

Carried

BUSINESS ARISING FROM THE MINUTES – None

DELEGATION AND RECOMMENDATION REPORTS

Item #1 - Finance and Facilities Committee September 4, 2014 (Report 052-14)

Financial Policies Review (029-14FFC)

It was moved by Mr. Peer, seconded by Mr. Bolton *that the Board of Health endorse the FFC Committee's request for staff members to prepare a report for the October Finance and Facilities Committee meeting that deals with Policy 4-055 Gifts and Honorariums.*

Carried

Janitorial Services – Contract Award (031-14FFC)

It was moved by Mr. Peer, seconded by Ms. White *that the Board of Health accept the Finance and Facilities Committee's recommendation to award the following two year contracts for janitorial services to:*

1) *GDI Integrated Facility Services – for leased premises located at 50 King Street and 399 Ridout Street, London Ontario for a total amount of $241,238.00, and;*

2) *Bee Clean Building Maintenance – for leased premises located at the Kenwick Mall, 51 Front Street, Strathroy, Ontario for a total amount of $25,832.56.*

Carried

Program Budget Marginal Analysis (PBMA) Criteria/Weights (033-14FFC)

It was moved by Mr. Peer, seconded by Ms. Poletes Montgomery *that the Board of Health endorse the revised weightings of the PBMA Criteria as proposed in this report.*

Carried

Middlesex-London Health Unit – March 31st Draft Financial Statements (034-14FFC)

It was moved by Mr. Peer, seconded by Mr. Edmondson *that the Board of Health approve the audited Consolidated Financial Statements for the Middlesex-London Health Unit, March 31st, 2014 as appended to Report No. 034-14FFC.*

Carried

MOHLTC Reconciliation Report (035-14FFC)

It was moved by Mr. Peer, seconded by Ms. Brown *that the Board of Health approve the 2013 Ministry of Health & Long-Term Care Reconciliation Report as appended to Report No. 035-14FFC.*

Carried

It was moved by Mr. Peer, seconded by Ms. White *that the Board of Health receive Report No. 052-14 re Finance and Facilities Committee September 4, 2014, including Reports No. 030-14FFC, 032-14FFC, and 036-14FFC for information.*

Carried

It was moved by Mr. Peer, seconded by Mr. Studenny *that the Board of Health receive the draft minutes of the September 4th Finance and Facilities Committee for information.*

Carried

Item #2 - Governance Committee Meeting September 18, 2014 (verbal report)

Mr. Mark Studenny, Governance Committee Chair, reviewed the material covered in the Governance Committee meeting that was held prior to the Board of Health meeting.

It was moved by Mr. Studenny, seconded by Ms. White *that Health Unit staff will develop a job description and expectations for Board of Health members that includes expectations, to increase awareness about the Board of Health and the Health Unit. The Governance Committee will review the document before it is sent to municipal decision makers.*

Carried

It was moved by Mr. Studenny, seconded by Ms. Brown *that:*

1) *The Governance Committee receive **Report No. 04-14GC** re Board of Health Orientation and Training for discussion; and further*

2) *The previous two day in-person orientation for new Board of Health members be reduced to a one day orientation augmented by other orientation and training elements as outlined in Appendix A of the Report.*

Carried

It was moved by Mr. Studenny, seconded by Mr. Edmondson *that the Board of Health receive **Report 05-14FFC** re Strategic Planning Process Update for information.*

Carried

Item #3 - 2014 Nutritious Food Basket Survey Results and Implications for Government Public Policy (Report 053-14)

Ms. Kim Leacy, Registered Dietitian, assisted Board members with their understanding of this report. She explained that the Nutritious Food Basket Survey collects data about 67 basic food items; however, it assumes that people of the food skills necessary to prepare healthy meals using the items.

Three of the four volunteers who assisted with the collection of data for the 2014 survey, Ms. Huma Rana, Ms. Julie Sloan and Ms. Maja Williams, attended the meeting to show their support of the Nutritious Food Basket survey and the need for follow-up by the Province. A fourth volunteer, Ms. Julie Statler, could not attend the meeting.

Ms. White declared a conflict of interest and did not vote.

It was moved by Ms. Poole, seconded by Ms. Poletes Montgomery *that the Board of Health:*

1) *Send a letter to the Premier of Ontario, the Right Honourable Kathleen Wynne, commending her for taking the initiative to update the provincial poverty plan and requesting that the province increase social assistance rates to reflect the rising cost of nutritious food and safe housing; and further*

2) *Forward Report No. 053-14 re 2014 Nutritious Food Basket Survey Results and Implications for Government Public Policy to the City of London, Middlesex County, and appropriate community agencies; and*

3) *Request that the Mayors of London and Middlesex municipalities also send letters to the municipalities in Middlesex-London to write letters to the Premier of Ontario, commending her for taking the initiative to update the provincial poverty plan and requesting that the province increase social assistance rates to reflect the rising cost of nutritious food and safe housing.*

Carried

In response to a question about asking grocery chains to sponsor the Harvest Bucks program, Ms. Leacy explained that the program is currently designed to support local producers; therefore, grocery chains are not part of the program. To reduce administration of the program, Farmers' Markets that accept the Harvest Bucks reimburse their vendors for any redeemed Harvest Bucks. The Markets then seek reimbursement, on behalf of all of their vendors, from the Health Unit.

Ms. Heather Lokko, Acting Director Oral Health, Communicable Disease and Sexual Health Services, added that Family Health Services is piloting a program with local grocery stores in London and Strathroy to provide healthy food vouchers to at-risk pregnant women.

It was suggested that a process similar to the Canadian Foodgrains Bank which is a non-profit, charitable organization that collects grain and cash donations in efforts to end hunger in developing countries, could be considered at a local level. Staff will investigate more about this program.

In response to a question about the state of the poverty issue in this area, Dr. Mackie replied that the "working poor" segment of the population is growing. Poverty is in line with smoking for decreasing life expectancy.

Item #4 - Hungry for Action: Provincial Poverty Project (Report 054-14)

Ms. White expressed reservations about completing the survey given that she has inside information as a Social Worker.

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

1) *Encourage all candidates in the municipal election to complete the Hungry for Action municipal candidate survey; and,*

2) *Participate in the local poverty simulation event in November and encourage City and County councilors to participate.*

Carried

INFORMATION REPORTS

It was moved by Mr. Peer, seconded by Mr. Bolton *that the Board of Health receive the following reports for information:*

- *Item #5 - Price WaterhouseCoopers (Report 055-14)*
- *Item #6 - 2013 Year End Performance on Accountability Indicators (Report 056-14)*
- *Item #7 - Summary Information Report for September (Report 057-14)*
- *Item #8 - Medical Officer of Health Activity Report – September (Report 058-14)*

Carried

CORRESPONDENCE

It was moved by Mr. Edmondson, seconded by Ms. White *that the correspondence be received for information.*

Carried

OTHER BUSINESS

Next Finance and Facilities Committee Meeting: Thursday, October 2, 2014 @ 9:00 a.m.

Next Board of Health Meeting: Thursday, October 16, 2014 @ 7:00 p.m.

Next Governance Committee Meeting: Thursday, January 15, 2015 6:00 p.m.

It was moved by Ms. Poole, seconded by Ms. Brown *that the December Board of Health Meeting be changed to Thursday, December 18, 2014, because of a conflict with the Middlesex Room.*

Carried

ADJOURNMENT

At 8:05 p.m., it was moved by Ms. White, seconded by Mr. Edmondson *that the meeting be adjourned.*

Carried

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MARCEL MEYER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 059-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 October 16

FINANCE AND FACILITIES COMMITTEE: OCTOBER 2, 2014 MEETING

The Finance and Facilities Committee (FFC) met at 9:00 a.m. on October 2, 2014 (Agenda). The draft public minutes are attached as Appendix A. The following items were discussed at the meeting and recommendations made:

Reports	Summary of Discussion	Recommendations for Board of Health's Consideration
Health Unit Insurance - Policy Changes (037-14FFC)	The Health Unit has given notice to the City of London that it will not renew the insurance coverage that the City currently administers.	It was moved by Mr. Meyer, seconded by Mr. Peer *that the Finance & Facilities Committee recommend to the Board of Health that Health Unit Management investigate different insurance providers that can offer the type of insurance coverage as appended to Report No. 037-14FFC.*
Financial Controls (038-14FFC	The Health Unit is committed to continuous quality improvement especially in areas of automated financial control and exception reporting to flag potential errors.	It was moved by Mr. Bolton, seconded by Mr. Peer *that the Finance & Facilities Committee receive Report No 038-14FFC re: Financial Controls for information.*
Gifts & Honorariums Policy Revisions (039-14FFC)	Policy revisions are based on information provided by other public health units and the City of London. Staff members must report all Gifts/Honorariums to their supervisor.	It was moved by Mr. Peer, seconded by Mr. Bolton *that the Finance & Facilities Committee make recommendation to the Board of Health to approve the Gifts and Honorariums Policy #4-055 as appended to Report No. 039-14FFC.*
Reserve Fund Policy – Memorandum of Agreement Update (040-14FFC)	Discussions re reserve funds will continue with the County of Middlesex.	It was moved by Mr. Peer, seconded by Mr. Bolton *that the Finance & Facilities Committee receive Report No 040-14FFC re: Reserve Fund Policy – Memorandum of Agreement Update for information.*
2015 Board of Health Budget – Financial Parameters (041-14FFC)	Discussions re sustainable options to meet cost requirements, understanding that provincial funding may not cover budgeted needs.	It was moved by Mr. Bolton, seconded by Mr. Peer that Finance and Facilities Committee recommend to the Board of Health that Health Unit staff prepare preliminary 2015 budget models with 0% and 1% increases to provide comparison for discussion.
Draft FFC Work Plan (042-14FFC)		It was moved by Mr. Peer, seconded by Mr. Meyer *that the Finance & Facilities Committee receive Report No. 042-14FFC re Draft FFC Work Plan for information.*

The Finance and Facilities Committee moved in camera to discuss an issue concerning labour relations or employee negotiations.

Next Meeting

The next meeting of the Finance and Facilities Committee is scheduled for Thursday, November 2, 2014 @ 9:00 a.m.

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

PUBLIC MINUTES
Finance and Facilities Committee
50 King Street, Room 3A
MIDDLESEX-LONDON BOARD OF HEALTH
2014 October 2 9:00 a.m.

COMMITTEE MEMBERS PRESENT: Mr. David Bolton
Ms. Trish Fulton (Chair)
Mr. Marcel Meyer
Mr. Stephen Orser
Mr. Ian Peer

ABSENT: Mr. Stephen Orser

OTHERS PRESENT: Dr. Christopher Mackie, Medical Officer of Health and CEO
Mr. John Millson, Director, Finance and Operations
Ms. Sherri Sanders, Executive Assistant to the Board of Health (Recorder)

At 9:00 a.m., Ms. Trish Fulton, Committee Chair, welcomed everyone to the October Finance and Facilities Committee (FFC) meeting.

1. DISCLOSURES OF CONFLICT(S) OF INTEREST

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

2. APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Mr. Bolton *that the Agenda for the October 2, 2014 FFC meeting be approved.*

Carried

3. APPROVAL OF MINUTES

It was moved by Mr. Peer, seconded by Mr. Meyer *that the Public Minutes from the October 2, 2014 Finance and Facilities Meeting be approved.*

Carried

4. BUSINESS ARISING FROM MINUTES

The following business arising from past minutes will be discussed with in this agenda:

- Insurance discussion
- Gifts and Honorariums policy
- List of annual Finance and Facilities Committee discussions

5. NEW BUSINESS

5.1 Health Unit Insurance - Policy Changes (037-14FFC)

Mr. John Millson assisted Committee members with their understanding of this report. The Health Unit has given notice to the City of London that it will not renew the insurance coverage that the City currently administers and has requested that the City waive the Health Unit's self-insurance contribution for 2014. In 2015, the Health Unit would be with a new insurance provider and could create a self-insurance reserve fund to cover small claims.

It was moved by Mr. Meyer, seconded by Mr. Peer *that the Finance & Facilities Committee recommend to the Board of Health that Health Unit Management investigate different insurance providers that can offer the type of insurance coverage as appended to Report No. 037-14FFC.*

Carried

5.2 Financial Controls (038-14FFC)

Mr. John Millson assisted Committee members with their understanding of this report. Mr. Millson reported that the Health Unit is committed to continuous quality improvement especially in areas of automated financial control and exception reporting to flag potential errors.

It was moved by Mr. Bolton, seconded by Mr. Peer *that the Finance & Facilities Committee receive Report No 038-14FFC re: Financial Controls for information.*

Carried

5.3 Gifts & Honorariums Policy Revisions (039-14FFC)

Dr. Mackie assisted Committee members with their understanding of this report. Dr. Mackie explained that the policy revisions are based on information provided by other public health units and the City of London. Dr. Mackie highlighted that the policy requires that all staff members report all Gifts/Honorariums to their supervisor.

It was moved by Mr. Peer, seconded by Mr. Bolton *that the Finance & Facilities Committee make recommendation to the Board of Health to approve the Gifts and Honorariums Policy #4-055 as appended to Report No. 039-14FFC.*

Carried

5.4 Reserve Fund Policy – Memorandum of Agreement Update (040-14FFC)

Dr. Mackie assisted Committee members with their understanding of this report. Discussion ensued about the advantages and disadvantages of reserve funds. Discussions will continue with the County of Middlesex.

It was moved by Mr. Peer, seconded by Mr. Bolton *that the Finance & Facilities Committee receive Report No 040-14FFC re: Reserve Fund Policy – Memorandum of Agreement Update for information.*

Carried

5.5 2015 Board of Health Budget – Financial Parameters (041-14FFC)

Mr. Millson assisted Committee members with their understating of this report. Discussion ensued about sustainable options to meet cost requirements, understanding that provincial funding may not cover budgeted needs.

It was moved by Mr. Bolton, seconded by Mr. Peer *that Finance and Facilities Committee recommend to the Board of Health that Health Unit staff prepare preliminary 2015 budget models with 0% and 1% increases to provide comparison for discussion.*

Carried

5.6 Draft FFC Work Plan (042-14FFC)

It was moved by Mr. Peer, seconded by Mr. Meyer *that the Finance & Facilities Committee receive Report No. 042-14FFC re Draft FFC Work Plan for information.*

Carried

CONFIDENTIAL

At 10:40 a.m., it was moved by Mr. Bolton, seconded by Mr. Peer *that the Finance and Facilities Committee move in camera to discuss an issue pertaining to labour relations or employee negotiations.*

Carried

At 11:15 a.m., it was moved by Mr. Bolton, seconded by Mr. Meyer *that the Finance and Facilities Committee rise to a public forum and report that discussion occurred about an issue pertaining to labour relations or employee negotiations.*

Carried

6. OTHER BUSINESS

Upcoming meeting –Thursday, November 6, 2014 at 9:00 a.m.

7. ADJOURNMENT

At 11:20 a.m., it was moved by Mr. Peer, seconded by Mr. Bolton *that the meeting be adjourned.*

Carried

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TRISH FULTON
Chair

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CHRISTOPHER MACKIE
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 060-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 October 16

2013-2014 INFLUENZA SEASON OVERVIEW AND 2014-2015 COMMUNITY INFLUENZA CLINICS IN MIDDLESEX-LONDON

Recommendation

It is recommended that Report No. 060-14 re 2013-2014 Influenza Season Overview and 2014-2015 Community Influenza Clinics in Middlesex-London be received for information.

Key Points

- Middlesex-London experienced high levels of influenza activity in 2013-2014.
- Of those with laboratory-confirmed influenza, 84% who were less than 65 years of age and 93% of children and youth under the age of 20 had not received their influenza vaccine.
- In 2012, regulations were changed to allow pharmacists to administer flu vaccine to those over 5 years of age. Many residents of Middlesex-London now choose to get their flu shots at pharmacies.
- MLHU is offering four community influenza clinics in October and November 2014.

2013-2014 Influenza Season Overview

During the 2013-2014 influenza season, a total of 407 laboratory-confirmed influenza cases were reported to MLHU. This does not include untested/unreported cases. Table 1 compares the 2013-2014 season to previous years, and a graph showing when laboratory-confirmed cases occurred is provided in Appendix A (Figure 1).

Table 1: Influenza Cases, Middlesex-London, 2009-2010 through 2013-2014

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Laboratory-confirmed Cases	391	276	106	477	**407**
Hospitalizations	92	161	34	301	**207**
Deaths	8	17	3	26	**17**
Outbreaks	2	28	6	40	**21**

Cases ranged in age from 17 days to 101 years old, with 51% (208/407) of cases between the ages of 20 and 64. Children under five years of age and seniors 65 years of age and older were over-represented, relative to their representation in the Middlesex-London population. While children under five years of age represent approximately 6% of the population, they accounted for 10% (42/407) of cases. Those aged 65 and over represent 15% of the population, but accounted for 31% (125/407) of all cases. Fifty-one percent (207/407) of all cases were hospitalized, the majority (44%, 91/207) of whom were 65 years of age and older. There were 17 deaths reported; again, those 65 years of age and older accounted for the greatest proportion (53%, 9/17).

During the 2013-2014 season, there were 21 confirmed facility outbreaks where influenza was identified; 17 in long-term care settings, three in hospitals (including both acute and chronic/rehabilitation care settings) and one in a retirement home. Nearly two-thirds (62%, 13/21) of the influenza outbreaks also had other pathogens such as coronavirus, parainfluenza, respiratory syncytial virus (RSV), human metapneumovirus and rhinovirus identified. On average, outbreaks with more than one pathogen identified tended to last longer than those where only

influenza was identified (15 days vs. 8 days, respectively). A graph outlining when outbreaks occurred is shown in Appendix A (Figure 2).

Influenza immunization status was known for 89% (364/407) of laboratory-confirmed cases; among these cases, 67% (243/364) were not immunized, although this proportion varied by age group. In all cases 64 years of age and under, 84% (210/249) had not received their influenza immunization this season; among influenza cases under the age of 20 years, 93% (63/68) had not received their influenza immunization. By comparison, among those 65 years of age and over (a high-priority group for influenza immunization), only 29% (33/116) of cases had not received their influenza immunization this season.

The influenza season typically occurs anytime from October to April. The first laboratory-confirmed influenza case of the season was reported on October 7, 2013, and cases continued to be identified until May 2014, which represents a lengthy influenza season. Overall, 50% (204/407) of the laboratory-confirmed cases were influenza A, 49% (201/407) were influenza B and 0.5% (2/407) showed both influenza A and B infections. In the 2013-2014 season, influenza A was the predominant strain identified in the early phase of the season, while influenza B characterized the latter part of the season (Appendix A, Figure 1). Based on Canada-wide influenza sample testing, the 2013-2014 vaccine matched very well to strains of influenza A and B circulating and causing illness.

2014-2015 Community Influenza Clinics

Provincial regulations changed in the fall of 2012, allowing pharmacists to administer flu shots to those over the age of five who live, work or attend school in Ontario. Many residents of Middlesex-London now choose to get their flu shots at pharmacies. Flu vaccination is also available through family physicians and some workplace clinics.

As a result, MLHU will offer four community clinics during the 2014-2015 influenza season:

- two community clinics in London and one in Strathroy focused on families with children under the age of five years who cannot be immunized at a pharmacy, who do not have a family physician, or who choose to attend a community clinic; and
- one drive-through appointment-based clinic focused on people who are physically challenged and/or have mobility issues, who have immune system disorders, or for whom large crowds would be difficult.

Conclusion

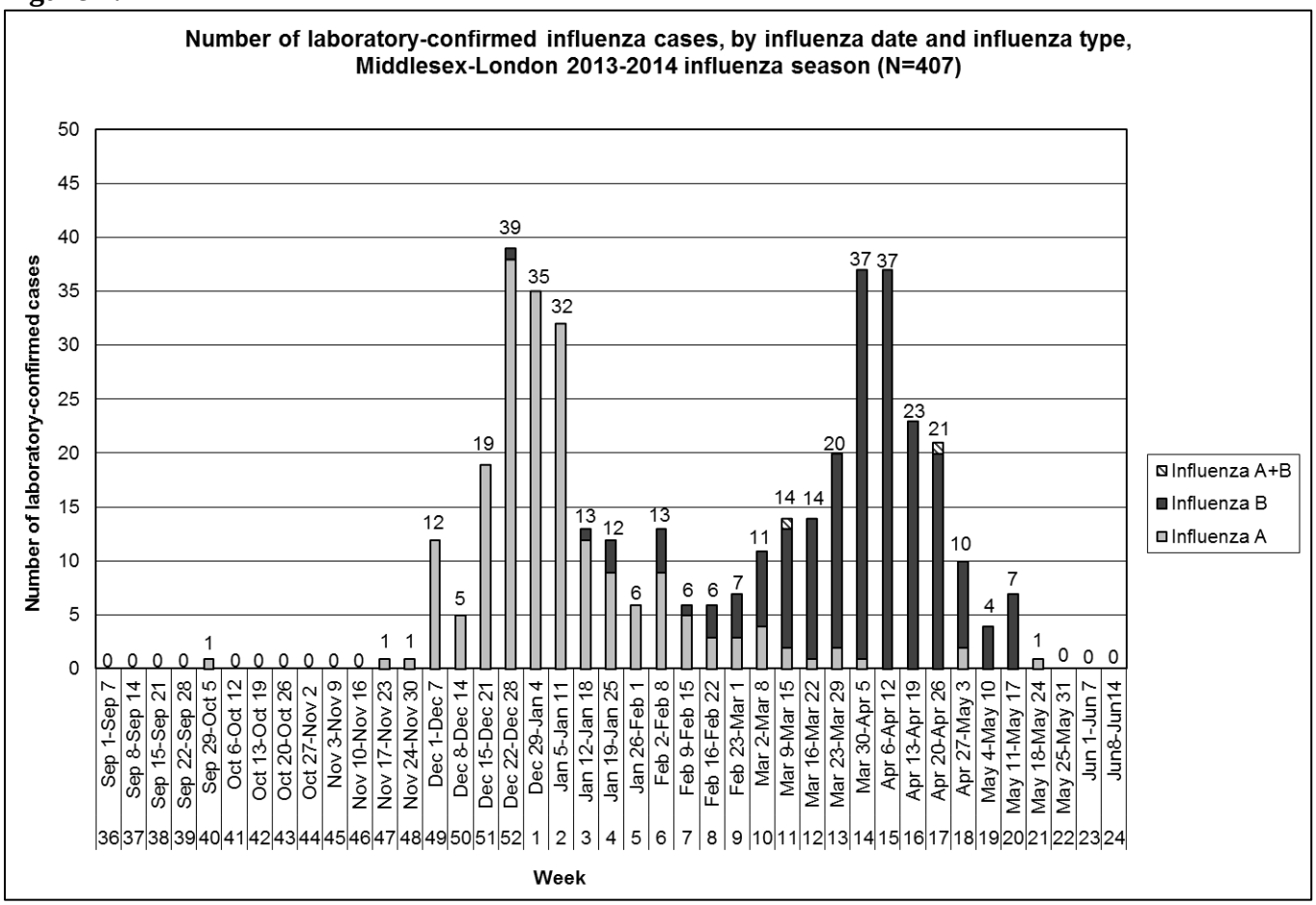
The 2013-2014 influenza season was not as severe as the record-setting season of 2012-2013, however, the number of cases remained elevated in comparison to previous years. Cases were reported from October 2013 to May 2014. Influenza A activity peaked in late December 2013, while influenza B activity peaked in April 2014. MLHU will continue to encourage yearly influenza vaccination to reduce the risk of influenza infection in the population for the 2014-2015 season.

This report was prepared by Ms. Eleanor Paget, Public Health Nurse; Mr. Tristan Squire-Smith, Manager, IDC Team; Ms. Marlene Price, Manager, VPD Team; Ms. Alison Locker, Epidemiologist; and Ms. Heather Lokko, Acting Director, OHCDSH.

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

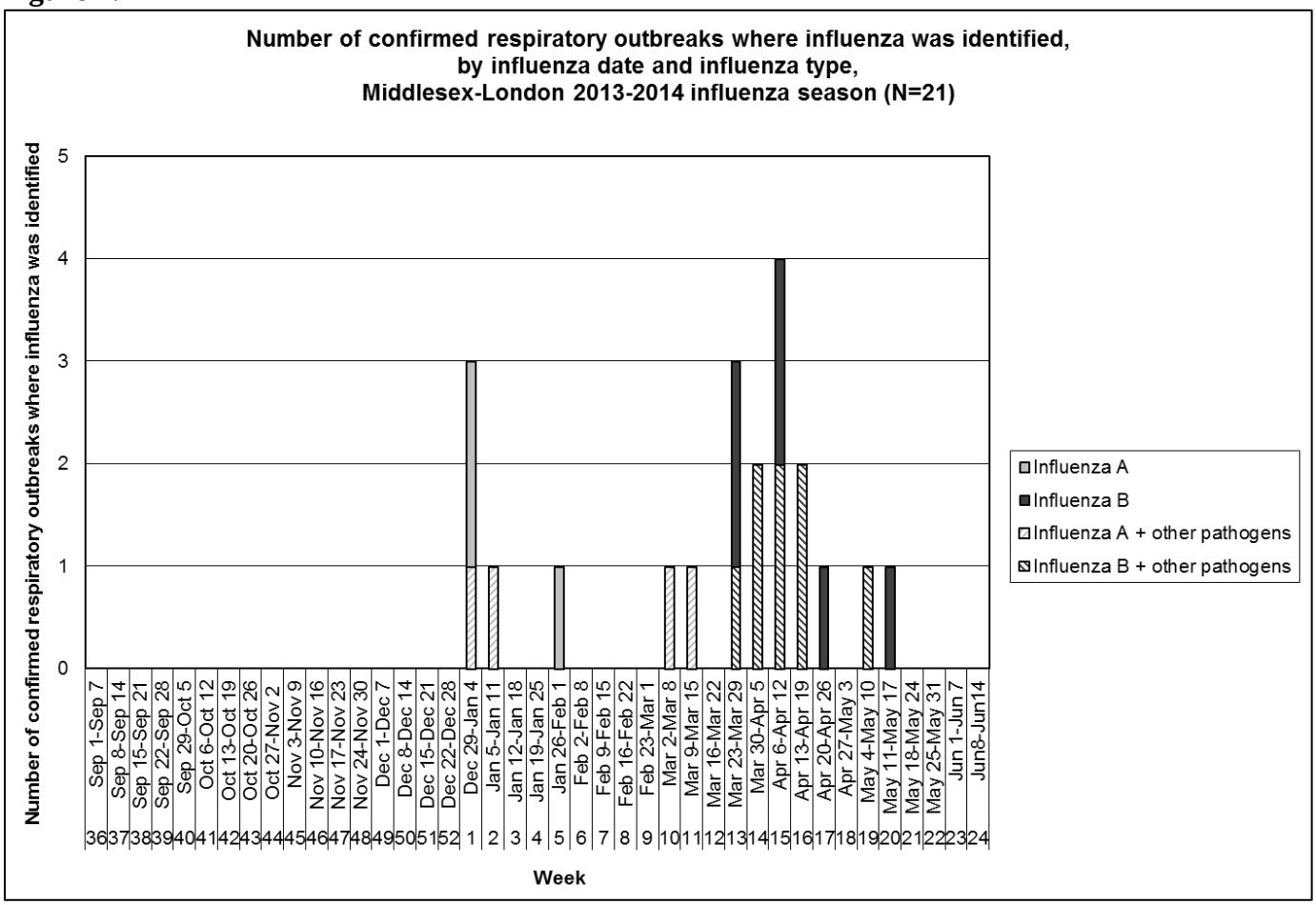
This report addresses the following requirement(s) of the Ontario Public Health Standards: Infectious Diseases Prevention and Control and Vaccine Preventable Disease

Figure 1:



Note: Influenza 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, the date the case was reported to the Health Unit is used.

Figure 2:



Note: Influenza date is the onset date of symptoms of the first case associated with the outbreak.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 061-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 October 16

SUMMARY INFORMATION REPORT FOR OCTOBER 2014

Recommendation

It is recommended that Report No. 061-14 re Information Summary Report for October and the attached appendices be received for information.

Key Points

- Healthy Communities and Injury Prevention Team continues to provide input into the development of the Ontario Cycling Strategy.
- Eating breakfast is associated with positive academic outcomes; however, literature shows that as children get older breakfast consumption declines. Be Brighter with Breakfast has increased breakfast consumption by 6% over the past two years in participating schools.
- Middlesex County Schools participate in Farm Safety Days. A Public Health Nurse (PHN) has been trained as an Assistant Coordinator by the Progressive Agriculture Foundation for Farm Safety Days in Middlesex County.
- The Healthy Living Champions Award, offered to schools in Middlesex-London, complements the comprehensive healthy schools approach used by PHNs on the Child Health Team. In the 2013-14 school year, 53 schools received the award.
- The Ministry of Health and Long-Term Care requires Health Units to implement the NutriSTEP preschool screen. Staff members have developed an implementation plan.

Background

This report provides a summary of information from a number of Health Unit programs. Additional information is available upon request.

Ontario Cycling Strategy

In January 2013, the Board sent correspondence to the Ministry of Transportation (MTO) in support of an Ontario Cycling Strategy (Report 004-13). Most recently, MTO released #CycleON Action Plan identifying two key commitments that align with two of the five strategies in the Ontario Cycling Strategy:

1. Invest $10 million over three years to help municipalities improve cycling infrastructure
2. Provide stakeholder partners with funding to develop and enhance cycling skill training programs.

Evidence shows that appropriate infrastructure is essential to increasing cycling participation and improving cycling safety. As well as infrastructure improvements, cycling skills training, bicycle handling and knowledge of the rules of the road as per the Highway Traffic Act are also key strategies to improve safe cycling practices. The Health Unit will be supporting these two commitments and recommending that the second commitment be broadened to educate both drivers and cyclists.

Be Brighter With Breakfast

The Young Adult Team launched the Be Brighter with Breakfast initiative in Middlesex-London in 2012-2013 school year. Be Brighter with Breakfast is aimed at increasing breakfast eating patterns among secondary school youth. During the first year of implementation, students in grade 9 reported a 3% increase in breakfast consumption while the second year indicates an additional 3% of youth having breakfast prior to coming to school. During the 2013-2014 school year, intentional education about breakfast was provided to

the grade 10 students in participating schools. Activities that occurred during the 2013-14 school year included:

1. Boost your Brain with Breakfast Social Media initiative targeted at secondary school parents
2. School wide youth engagement activities related to breakfast (e.g. breakfast grams, Iron Chef Competition, Vegetable and Fruit Carnival, The Amazing Vegetable and Fruit Chase)
3. 8 cross curricular lesson plans related to breakfast are now available on the Health Unit website.

Progressive Agriculture Farm Safety Days

Progressive Agriculture Safety Day provides education and training to make farm life safe and healthier for children, families and the communities. Farm Safety Day in Middlesex County is a yearly event held in the school setting with a focus on educating 8-13 year old children on several safety issues. Safety topics are not only farm related but are based on the community needs. Approximately 200-250 students and teachers are reached yearly. Middlesex County Farm Safety Day has been a yearly event for over 13 years and is currently lead by The Middlesex Federation of Agriculture Farm Safety Committee takes a lead role along with several community partners including the Middlesex-London Health Unit. A PHN acts as a Liaison between the Federation and the schools and assisting with planning and coordinating the actual event. She also acts as the Assistant Coordinator to ensure there are the trained individuals on sight for the day of the event. For more information on Farm Safety Days please visit Progressive Agriculture online.

Healthy Living Champions Award 2013-2014

The Healthy Living Champions Award (HLC) engages elementary school communities in Middlesex-London to create opportunities for children to be active, make healthier food choices and be in a supportive school environment that makes it easier for them to embrace healthy living. The Award complements the comprehensive Healthy Schools work carried out in City and County schools. The Award is an effective way to move schools toward being healthier places to learn and play.

During the 2013-2014, the Award process was redesigned to support on line documentation and electronic submission of the Award by all schools. In addition, and based on stakeholder feedback, the Award was also revised to include a mental well-being component. Of the 53 schools that were successful in receiving the Award, 32 received Gold, 15 received Silver and 6 received Bronze. Each school will receive a plaque and a monetary incentive to recognize their achievement. Funds received by schools are used to create a more supportive environment through the purchase of resources to encourage physical activity or food literacy. The financial support of London Life – *The Key to Giving*, Thames Valley District School Board, London District Catholic School Board and the Middlesex-London Health Unit is gratefully acknowledged.

NutriSTEP

The NutriSTEP Preschool Screening tool is a 17-item questionnaire designed for parents to assess their child's eating habits and identify nutrition risk. Integrating this tool into our community has been added to the requirement of the Ministry of Health and Long-term Care accountability agreement. The dissemination of this tool in Middlesex-London will contain both a universal and targeted approach. The universal approach is built upon the use of Nutri-eSTEP. This tool will be promoted to parents and caregivers of children 3 to 5 years of age across Middlesex-London. The Nutri-eSTEP platform sits on the Dietitians of Canada website. At present, the working group is exploring a process to collect local metrics via Nutri-eSTEP. The targeted approach includes the distribution of paper copies of the tool to parents of 3-5 year olds. Health Unit staff and volunteers will administer the tool, provide a score, and share related information and appropriate referrals as needed. The screen will be promoted and made available by the PHNs in select schools and daycares. A copy of the NutriSTEP Preschool Screen is attached (Appendix A).

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

Nutrition Screening Tool for Every Preschooler

NutriSTEP™
Nutrition Screening Tool for Every Preschooler

Évaluation de 'alimentation des enfants d'âge préscolaire

Instructions

- Below are questions about your preschool child's (3 to 5 year old) eating and other habits.
- Think about your child's every day habits when answering. Check (√) only one answer for each question.
- There is a number from 0 to 4 beside each answer. This number is a score for that question. At the bottom of each page is a box for the score for the page. For each page, add up the scores for each question.
- At the end of the questionnaire, you will add the page scores to get the total score.

---

1. My child usually eats grain products:
   Examples are bread, bagel, bun, cereal, pasta, rice, roti and tortillas.
   - 0☐ More than 5 times a day
   - 1☐ 4 to 5 times a day
   - 2☐ 2 to 3 times a day
   - 4☐ Less than 2 times a day

2. My child usually has milk products:
   Examples are white or chocolate milk, cheese, yogurt, milk puddings or milk substitutes such as fortified soy beverages.
   - 0☐ More than 3 times a day
   - 1☐ 3 times a day
   - 2☐ 2 times a day
   - 4☐ Once a day or less

3. My child usually eats fruit:
   - 0☐ More than 3 times a day
   - 1☐ 3 times a day
   - 2☐ 2 times a day
   - 3☐ Once a day
   - 4☐ Not at all

☐ **Total Score for Page 1**

4. My child usually eats vegetables:
   - 0☐ More than 2 times a day
   - 1☐ 2 times a day
   - 3☐ Once a day
   - 4☐ Not at all

5. My child usually eats meat, fish, poultry or alternatives:
   Alternatives can be eggs, peanut butter, tofu, nuts, or dried beans, peas and lentils.
   - 0☐ More than 2 times a day
   - 1☐ 2 times a day
   - 2☐ Once a day
   - 3☐ A few times a week
   - 4☐ Not at all

6. My child usually eats “fast food”:
   - 4☐ 4 or more times a week
   - 3☐ 2 to 3 times a week
   - 2☐ Once a week
   - 1☐ A few times a month
   - 0☐ Once a month or less

7. I have difficulty buying food to feed my child because food is expensive:
   - 4☐ Most of the time
   - 2☐ Sometimes
   - 1☐ Rarely
   - 0☐ Never

8. My child has problems chewing, swallowing, gagging or choking when eating:
   - 4☐ Most of the time
   - 2☐ Sometimes
   - 1☐ Rarely
   - 0☐ Never

9. My child is ***not*** hungry at mealtimes ***because*** he/she drinks all day:
   - 4☐ Most of the time
   - 2☐ Sometimes
   - 1☐ Rarely
   - 0☐ Never

☐ **Total Score for Page 2**

10. My child usually eats:
    - 4☐ Less than 2 times a day
    - 3☐ 2 times a day
    - 1☐ 3 to 4 times a day
    - 0☐ 5 times a day
    - 2☐ More than 5 times a day

11. I let my child decide how much to eat:
    - 0☐ Always
    - 1☐ Most of the time
    - 2☐ Sometimes
    - 3☐ Rarely
    - 4☐ Never

12. My child eats meals while watching TV:
    - 4☐ Always
    - 3☐ Most of the time
    - 2☐ Sometimes
    - 1☐ Rarely
    - 0☐ Never

13. My child usually takes supplements:
    Examples are multivitamins, iron drops, cod liver oil.
    - 4☐ Always
    - 3☐ Most of the time
    - 2☐ Sometimes
    - 1☐ Rarely
    - 0☐ Never

14. My child:
    - 4☐ Needs more physical activity
    - 0☐ Gets enough physical activity

15. My child usually watches TV, uses the computer, and plays video games:
    - 4☐ 5 or more hours a day
    - 3☐ 4 hours a day
    - 2☐ 3 hours a day
    - 1☐ 2 hours a day
    - 0☐ 1 hour or less a day

☐ **Total Score for Page 3**

16. I am comfortable with how my child is growing:
    - $_0$☐ Yes
    - $_4$☐ No
17. My child:
    - $_4$☐ Should weigh more
    - $_0$☐ Is about the right weight
    - $_2$☐ Should weigh less

☐ **Total Score for Page 4**

To get a total score, add the scores for each page.

_____ Score for Page 1
\+ _____ Score for Page 2
\+ _____ Score for Page 3
\+ _____ Score for Page 4

=_____ Total Score

What does your NutriSTEP™ score mean?

If the total score is 20 or less:
Your child's eating and activity habits are good. There may be things that you want to work on; check out the educational material provided for tips and more information.

If the total score is 21 to 25:
Your child's eating and activity habits can be improved by making some small changes. Check out the educational material provided or [insert local contact information] for tips and more information.

If the total score is 26 and greater:
Your child's eating and activity habits can be improved by making some changes. For suggestions, talk to a health professional such as a registered dietitian, your family doctor or paediatrician or [insert local contact information].

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 062-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 October 16

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT – OCTOBER

Recommendation

It is recommended that Report No. 062-14 re Medical Officer of Health Activity Report – October be received for information.

The following report highlights activities of the Medical Officer of Health (MOH) from the September Medical Officer of Health Activity Report to October 6, 2014.

Since the last meeting, the MOH continued to be involved in negotiations with Ontario Nurses Association (ONA**).**

The MOH attended the Middlesex County Council meeting on September 9th with a report on 2013 Health Unit funding.

In preparation for 2015 budget planning, members of the Extended Leadership Team (ELT) attended a PBMA refresher training session. As part of this session, attendees were given the PBMA timeline and the weights and criteria to use when developing their proposals. There was an update on the 2015 budget, and a refresher of the PBMA process, including examples of proposals. Staff had the opportunity to ask questions throughout the presentations.

Members of the Senior Leadership Team participated in a Planning Day on September 23rd. This meeting enabled the team to further work on the Value Tree, Mission and Vision Statement as well as plan for the upcoming months.

On September 28th the MOH and Dan Flaherty, Manager, Communications met with staff from Oxford County Public Health to discuss options for partnering in a Communications Campaign. The campaign that MLHU is developing is to raise awareness about the value of public health. It is anticipated that various media options will be used including; busses, newspaper, Youtube, radio and billboards.

The MOH was part of the October 2 press conference at the London Food Bank to help kick off its annual Thanksgiving collection Friday. Food bank officials announced they will be working with the Middlesex-London Health Unit to provide healthier options for their clients.

On October 3rd the MOH attended the launch of the Indigenous Cultural Competency Training Program for Ontario health care professionals at the Southwest Ontario Aboriginal Health Access Centre on Dundas St. London North Centre MPP Deb Matthews and staff from the South West Local Health Integrated Network were also in attendance to help launch this program which will assist in improving health outcomes for Indigenous people across the province.

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

September 9	-Attended United Way Cabinet Meeting -Participated in Public Health Ontario's teleconference – Recommendations for the Public Health Response to Hepatitis C in Ontario -Attended Non-Union Leadership Team meeting to hear City of London staff present the New Official Plan
September 11	- As United Way Cabinet member, met with London Police Services to encourage their participation in United Way fundraising - Presented to a class of students enrolled in the Masters of Public Health at The Schulich School of Medicine Western University. The class he presented to was the Leading People and Organizations in Public Health.
September 12	- Met with Chief Neal Roberts (Middlesex London EMS) and Dr. Lewell to discuss Naloxone
September 15	- Attended Healthy Human Development (HHD) Table meeting in Toronto - Participated in a PHO debate with Doug Sider
September 17	- Participated in the Council of Ontario Medical Officers of Health (COMOH) Section Teleconference - Attended the United Way Harvest Lunch at Bud Gardens
September 18	- Participated in the Provincial/Public Health Unit Conference Call
September 18	- Attended both the Governance Committee meeting and the Board of Health Meeting
September 19	- Hosted an all-staff welcome for Dr. Gayane Hovhannisyan
September 22	- Welcomed new staff at the Agency Orientation - As United Way Cabinet member, met with physicians at Child and Parent Resource Institute (CPRI) to encourage their participation in United Way fundraising - Participated in the monthly teleconference of the Public Health Early Years Group (PHEY)
September 25	- Attended the Environmental Health Week open house at 201 Queens Ave. - Met with Steve Cordes (Youth Opportunities Unlimited) to discuss collaboration and engagement
September 26	- Attended the Child & Youth Network (CYN) Business Breakfast which was held at the Goodwill Career Centre on Horton St. The key note speaker was Dave Barrett, Cascade Engineering's Director of Talent Management. The theme of the event was - Social good is just good business: A Breakfast for London's Influencers
September 29	- Met with staff from Elgin St. Thomas Public Health to discuss collaborating on the developing Communications Campaign - Met with the Baby Friendly Initiative Assessor and Laura Dueck, Public Health Nurse

- Welcomed Dr. Alex Farag to the Health Unit as she began her 2 week elective

October 1 - Met with Andrew Lockie, CEO, London Middlesex United Way and Abe Oudshoorn to discuss a collaborative project to analyze health by neighbourhood in the Middlesex-London area.

October 2 - Attended the Finance and Facilities Committee meeting

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 063-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 October 16

RESEARCH AND EVALUATION POLICY – PROPOSED REVISIONS

Recommendation

It is recommended that the Board of Health endorse the revisions to Policy 2-040 Research and Evaluation (formally named Policy 1-080 Research) including changing the approval body from Board of Health to Senior Leadership Team.

Key Points

- The Research Advisory Committee, the body implementing the Research and Evaluation Policy 2-040, has been piloting an updated version of the Research and Evaluation Policy and recommends that the changes to the policy and procedure be endorsed by the Board of Health.

In November 2011, senior leaders asked a working group including the AMOH, the Privacy Officer, an Epidemiologist and a Program Evaluator to update the Research Policy 1-080 (Appendix A) and reinvigorate the Research Advisory Committee (RAC). In April 2013 that working group recommended an updated policy and procedure entitled Research and Evaluation 2-040 (Appendix B) and asked senior leaders to pilot the new process. Over the past 16 months the RAC has been reviewing research and evaluation undertaken by or on MLHU according to the policy by ensuring that it meets recognized scientific, methodological, ethical and protection of privacy standards.

Changes to the policy included removal of reference to the Public Health Research, Education and Development (PHRED) unit which is no longer in existence at MLHU. The policy updates also reflect best practices in privacy and ethical guidelines.

It is recommended that the Board of Health endorse the changes to the Research and Evaluation Policy 2-040including changing the approval body for the policy from the Board of Health to the Senior Leadership Team.

This report was prepared by Ms. Sarah Maaten, Epidemiologist and Chair of the Research Advisory Committee.

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

MIDDLESEX-LONDON HEALTH UNIT

ADMINISTRATION MANUAL

SUBJECT: RESEARCH **POLICY NUMBER: 1-080**
SECTION: Organization of the Agency Page 1 of 5

IMPLEMENTATION DATE: March 4, 1992 **APPROVED BY:** Board of Health
REVISION DATE: May 19, 1993, June 1, 1995 **SIGNATURE:**
November 21, 1996, June 15, 2000 *
September 20, 2001, June 17, 2004
2009 April 1*, 2010 June 23*

PURPOSE

To ensure all research in which the Health Unit collaborates or participates honours the Middlesex-London Health Unit (MLHU) mission statement.

To co-ordinate research activities undertaken at MLHU.

To support the integration of evidence-based decision making with the delivery of programs and services.

To ensure that findings from research conducted at Middlesex-London Health Unit (MLHU) and from projects undertaken by researchers affiliated with MLHU are disseminated locally to program staff and managers and more broadly through a variety of media, e.g., peer reviewed publications, symposia, conferences, newsletters, etc.

To maximize the impact of resources dedicated to research and to the dissemination and uptake of research findings.

To ensure appropriate ethical assurances are sought and maintained.

POLICY

Research undertaken by the Middlesex-London Health Unit will be directed towards identification of the determinants of health, public health planning, program evaluation and policy analysis. It will be practical, will often involve community, and will be defined by actual and emerging public health issues (Ontario Public Health Teaching Health Unit Program – Statement of Mission and Fundamental Principles, September 10, 1991, p.2)

Applied public health research which involves MLHU staff, clients or resources will contribute to the development or refinement of sound public health practice, and meet recognized scientific/methodological, ethical, and protection of privacy standards.

A Research Advisory Committee (RAC) as standing committee of the Directors Committee will ensure the terms of this policy are met.

Researchers conducting research through MLHU are expected to disseminate their findings.

** Indicates date reviewed by Directors Committee*

PROCEDURE

1.0 Required Research Advisory Committee (RAC) reviews

(a) The RAC will review all research proposals when:

- PHRED Researcher/Educators are involved notwithstanding the exclusions identified in (b) and (c);
- An investigator is a staff member of the Health Unit;
- Personal information is being used or collected for purposes beyond maintaining an individual's health or client record. Personal information is defined as recorded information about an identifiable individual. Personal information may include an individual's name, address, telephone number, age, sex, personal opinions or views;
- The analysis of record level data owned or accessed through MLHU is involved in a project designed to answer a research question;
- Complex program evaluations including the evaluation of specific interventions are being conducted that involve MLHU's clients or staff (regardless of who is conducting the research evaluation);
- Evaluations are being conducted on new programs.

(b) Research projects that do not require a RAC Review include:

- Student projects done as course work while on placement at MLHU provided the project is not part of an ongoing research project by an investigator being conducted with the intention of publishing.
- Requests for assistance in recruiting participants by external researchers in which MLHU is not participating or sponsoring the project. Assistance might include posting a flyer, attending an event to describe the study or including a notice of the study in a health unit mailing. Under these circumstances, the responsible Director or Manager may approve such requests. The standardized form, "Request to Recruit Participants for External Research Projects" is available as a guide to facilitate decision-making and may be found through contacting the RAC Chair or on the MLHU Intranet.

(c) Further exemptions and inventory tracking
Proposals which meet <u>all</u> the following criteria will not require RAC review, but should be forwarded for tracking and inclusion in the Research Inventory at a RAC meeting:

- Research project has been granted ethics approval at the University Level;
- The project scope is outside of MLHU jurisdiction (i.e. it does not involve clients of MLHU or the Health Unit's resources);
- Another public health agency has reviewed the proposal.

The RAC is available to provide informal consultations as needed for all projects as well as for emerging projects and/or other projects that may not require a formal RAC review.

2.0 Review of Proposals

2.1 The principal investigator submits a one-page summary of the study objective(s) and design to the Service Area Director(s) whose clients or staff may be involved as subjects in the study. Research conducted by health unit staff or PHRED faculty that does not involve Health Unit clients or staff as subjects will be submitted by the Director to whom those Health Unit staff or faculty report.

2.2 On receipt of the summary, the Director(s) will do a preliminary assessment of the suitability/appropriateness of the research according to the criteria and standards outlined in this policy and the appendix.

2.3 If the Director(s) decides that agency involvement is unwarranted, the original summary and any copies of the proposal are returned to the investigator(s) with an explanation for the decision.

2.4 If the Director(s) decides that agency involvement is warranted, the Director(s) requests the investigator(s) submit a Curriculum Vitae (C.V.) for the principal and associate investigators, unless the researcher's credentials are on file at the MLHU. The C.V. may be the credential sheet for the funding body or a personal data sheet that includes name, degree, relevant research experience, publications and grants.

2.4.1 The Director(s) also requests a full research proposal outlining the:

i. Study's objective(s), summary of the literature review and a statement of the research question/hypothesis;
ii. Operational definition of key factors under investigation;
iii. Study design, sample size and the measurement instruments;
iv. Procedures for data collection/ processing, (computer facilities to be used) and data analysis (how the study's objective will be met);
v. An interpretation and application of the findings;
vi. Resource implications for the health unit;
vii. The communication of results and final authorship;
viii. Confirmation or status of Ethics Review if applicable.

Note: The proposal submitted to a University Research Ethics Board is acceptable for submission to RAC.

The Director(s) assesses the proposal according to the criteria and standards outlined in this policy.

A negative decision is processed as in 2.3 of this procedure.

2.5 The Director(s) forwards proposal(s) along with C.V.s and Ethics Review outcomes (if available) worthy of further consideration to the Chair of the RAC. The Director(s) also provides a statement explaining why the proposal warrants further consideration.

2.6 The RAC reviews the proposal according to the criteria and standards outlined in the Appendix A to this policy. The RAC Chair will be responsible to form a Review Panel of three reviewers and ensure that one reviewer will act as the Lead Reviewer. The Lead Reviewer will be selected from current RAC Committee Members. Only the Lead Reviewer will be identified to the Director and the researchers, and in the public record of RAC reviews. The

Lead Reviewer is responsible to submit the collective review opinion of the Review Panel and upon request will make him or herself available to Directors or Investigators to discuss the review results.

2.7 The RAC Chair will keep a roster of health unit staff or appropriate external reviewers not currently sitting on RAC to aid in proposal reviews.

2.8 RAC is informed of the Review Panel's assessment. If there are issues regarding the proposal, the issues will be discussed at the next RAC meeting. The RAC Chair provides a written summary of the assessment to the Director. If indicated, the RAC Chair may recommend a meeting with the researcher for clarification of RAC concerns. The Director or designate may attend the RAC meeting where the review of the proposal is discussed.

2.9 If there is disagreement regarding ethical or methodological issues by the Director about the recommendations from the Review Panel, the Director will contact the RAC Chair and a meeting will be arranged to address the issues. In the event that outstanding concerns are not resolved, the Directors Committee makes the final decision about agency involvement in the study, after considering the written assessment from the RAC, and informs the RAC Chair. The respective Director informs the principal researcher of the final decision.

2.10 The RAC Chair retains a copy of the proposal summary and correspondence related to the proposal.

2.11 The MOH will inform the Board of Health of the proposed research as needed.

2.12 A negative decision is processed as in 2.3 of this procedure.

3.0 Ethics Review

All research projects are encouraged to seek ethics review and RAC may request that an ethics review be sought for projects that are submitted to RAC. The UWO research ethics board is available to provide consultations to determine if an ethics review is indicated. Proposals may be simultaneously submitted for review by RAC and a university research ethics board. Research projects do not need to have received RAC approval prior to submission for external funding however they must receive approval prior to commencing any work on the project.

3.1 According to the PHRED Affiliation Agreements between MLHU and UWO and between MLHU and Brescia University College, all research conducted by faculty members in the PHRED Program must be reviewed by the academic institution's research ethics board (i.e. ethics review).

3.2 All MLHU projects designated as research and conducted by MLHU staff with UWO faculty appointments must be considered by the University's research ethics board. The review board is available to provide consultations to determine if an ethics review is indicated.

4.0 Data Ownership

4.1 Data collected by staff and researchers employed by MLHU will remain the property of MLHU. Data collected by other researchers will remain the property of the principal investigator unless otherwise negotiated.

5.0 Dissemination and Uptake of Research Findings

5.1 All reports/publications resulting from research conducted at MLHU by health unit staff and faculty members assigned to the PHRED Program must be forwarded to the Library. If an external investigator conducted the research, the responsible Service Area Director will ensure that the principal investigator submits one copy of the completed research report to the RAC Chair.

5.2 The chair of RAC forwards the copy to the MLHU library for cataloguing.

5.3 External researchers, faculty members assigned to the PHRED Program and MLHU staff conducting research at MLHU will be expected to disseminate findings and practice implications to program staff and managers.

5.4 Where possible, distribution and release of research reports will follow the presentation of the reports to the Board of Health.

5.5 Release of research projects to the Board of Health should not jeopardize peer-reviewed publications by faculty members assigned to the PHRED Program.

5.6 The researcher(s) and program staff in consultation with the Communications Manager should identify a spokesperson(s) for the research prior to the release of any reports.

5.7 Research conducted by UWO/ Brescia University College faculty and members assigned to the PHRED Program will be disseminated through peer-reviewed publications and through other media to ensure that MLHU program staff and managers are aware of research findings and implications for public health practice.

5.8 To facilitate the dissemination of research findings, MLHU staff will be supported by members of the Research Education Evaluation and Development (REED) Services in preparing abstracts for conference presentations and manuscripts for publication.

5.9 The Director of REED Services will ensure that at least one Research & Practice Symposium is held annually to disseminate research findings and implications for public health practice.

5.10 The Director of REED Services will ensure that an Inventory of Research Projects is completed and presented annually to the Board of Health.

6.0 Inventory of Research Projects

An Inventory of Research Projects will be presented to the Board of Health annually. The Inventory will include research in which MLHU staff and faculty members assigned to the Public Health Research, Education & Development (PHRED) Program were either the lead investigators or collaborated with researchers from other institutions and research projects conducted by students in collaboration with MLHU.

SUBJECT:	Research & Evaluation	**POLICY NUMBER:**	2-040
SECTION:	Administration	Page 1 of 6	
IMPLEMENTATION:	March 4 1992	**APPROVAL:**	Senior Leadership Team
SPONSOR:	Medical Officer of Health	**SIGNATURE:**	

PURPOSE

To ensure all research and evaluation in which the Health Unit collaborates or participates honours the Middlesex-London Health Unit (MLHU) mission statement.

To support the integration of evidence-informed decision-making with delivery of programs and services.

To ensure that findings from research and evaluation conducted at MLHU are disseminated internally to program staff and managers and broader dissemination through a variety of media is encouraged when appropriate e.g., peer reviewed publications, conferences, social media.

To maximize the impact of resources dedicated to research and evaluation and to the dissemination and uptake of findings.

To ensure appropriate ethical assurances are sought and maintained.

POLICY

The Foundational Standard prescribes that the Board of Health shall have effective partnerships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange. It also indicates that the Board of Health shall also engage in public health research activities, which may include those conducted by the Board of Health alone or in partnership or collaboration with other organizations.

Research undertaken by the MLHU will be directed towards the determinants of health, public health planning, program evaluation, policy analysis and service delivery. It will be practical, will often involve community, and will be defined by actual and emerging public health issues.

Applied public health research that involves MLHU staff, clients or resources will contribute to the development or refinement of sound public health practice, and meet recognized scientific, methodological, ethical, and protection of privacy standards.

The Research Advisory Committee (RAC) is a standing committee of the Health Unit and reports to the Senior Leadership Team. Senior Leadership Team will ensure the terms of this policy are met. Recommendations made by the RAC panel will be adopted at the discretion of the Director. It is the Manager's responsibility to implement the approved changes.

Research projects do not need to have received RAC approval prior to submission for external funding however they must receive approval prior to commencing any work on the project.

Researchers conducting research through MLHU are expected to disseminate their findings to program staff and managers and more broadly when appropriate.

PROCEDURE

Required Research Advisory Committee (RAC) reviews

Research and Evaluation projects that REQUIRE a RAC review include those that:

- collect, store, access, analyze or share personal information, personal health information or information that could potentially be linked to an identifiable person (See Appendix A: Definitions of Personally Identifiable Information)
- require external partners or researchers to access record level or client data held by MLHU
- require external partners or researchers to access MLHU staff or board member data through individual level records (e.g. personnel files) or information through surveys, focus groups, etc.
- require MLHU to access record level or client data held by an external partner
- collect a biological specimen
- pose a greater than minimal risk of harm[1] to participants (e.g. survey questions that may be upsetting or lead to stigmatization if data was released)
- evaluate, research or make recommendations about a vulnerable population[2] which could pose a potential risk to that population (e.g. stigmatization, power imbalance, coercion through excessive incentives)
- include people who are not competent to provide consent (i.e. age, language, literacy, mental capacity)
- provide an incentive that has a value of $20 or more to participants
- have a methodologically complex study design (e.g. sophisticated sampling strategy beyond convenience sampling, requires a sample size calculation, longitudinal follow-up, randomization of subjects, qualitative methods that involve multiple sources, involves transcription, in-depth thematic analysis)
- have a known conflict of interest

Research and evaluation projects that DO NOT REQUIRE a RAC Review include:

- Routine public health surveillance
- Outbreak investigations
- Requests for assistance in recruiting MLHU clients or partners by external researchers where MLHU is not participating or sponsoring the project. Assistance may include posting a flyer, allowing the researcher to attend a health unit sponsored event to describe the study or including a notice of the study in a health unit mailing. Under these circumstances, the responsible Director/Manager may approve such requests. The standardized form, Appendix B: Request to Recruit Participants for External Research Projects is available as a guide to facilitate decision-making about participation.

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[1] The Tri-Council Policy Statement (TCPS2): Ethical Conduct for Research Involving Humans definition of 'minimal risk': "The research can be regarded as within the range of minimal risk if potential participants can reasonably be expected to regard the probability and magnitude of possible harms implied by participation in the research to be no greater than those encountered by the participant in those aspects of his or her everyday life that relate to the research."

[2] The Tri-Council Policy Statement (TCPS2): Ethical Conduct for Research Involving Humans indicates "Individuals or groups in vulnerable circumstances have historically included children, the elderly, women, prisoners, those with mental health issues and those with diminished capacity for self-determination. Ethnocultural minorities and those who are institutionalized are other examples of groups who have, at times, been treated unfairly and inequitably in research, or have been excluded from research opportunities. People or groups whose circumstances cause them to be vulnerable or marginalized may need to be afforded special attention in order to be treated justly in research."

- Data collection by external agencies about their programs (e.g. follow-up survey after webinar)
- Requests for information in the form of environmental scans or other similar surveys from public health colleagues and partners for the purposes of collaboration and knowledge exchange.
- Accreditation processes by an external body where MLHU is seeking accreditation.

The RAC Review process is also available to provide informal consultations or formal review for projects that do not require a formal RAC review but where the project lead would like guidance in methods development, study design, etc.

The Research Advisory Committee

The RAC is composed of staff members from MLHU and, at a minimum, will have representation from the privacy officer, a director, a manager and a member who is competent in relevant public health research and evaluation methods. If possible, at least one member of the committee should have ethics expertise. RAC Committee membership will be for a term of two years. The RAC Chair position will rotate every two years. Senior Leadership Team will appoint the Chair who must be selected from the existing membership of the RAC Committee. Committee members will be recruited by the current RAC Chair. The RAC committee will meet two to four times per year to review the RAC process and all completed reviews to ensure the process is effective and efficient. The RAC Chair retains a copy of the project proposal documents and correspondence related to the proposal. All of the RAC files will be stored together and will be accessible to the current RAC Chair. These documents will be used as part of the RAC process evaluation.

Review of Project Proposals
In planning a project the Project Lead must consult with service area epidemiologist or program evaluator and consider Appendix C: Research and Evaluation Checklist.

During the formulation of the project plans, the Project Lead discusses the project with his or her Manager and the service area epidemiologist or program evaluator to determine if the project requires a RAC review as outlined above.

If the Project Lead is external to MLHU, s/he must connect with the RAC Chair to discuss the project.

If a review is needed, the Project Lead completes Appendix D: Project Summary Form and submits to the Director(s) of the services area(s) which will be involved in the project. The Director(s) will assess the project according to the issues of resource implications and reputational risk for MLHU.

If the Director(s) decides that project will not proceed, s/he will return the original summary to the Project Lead with an explanation for the decision.

If the Director(s) decides that the project will proceed, the Director(s) requests the Project Lead complete Appendix E: Project Review Request Form requesting detailed information on the design of the project. This information is essential for the RAC Review Panel to assess if the project complies with the Research Policy.

The Director(s) forwards Appendix E: Project Review Request Form to the Chair of the RAC.

Proposals submitted to a Research Ethics Board (REB) governed by the Tri-Council Policy Statement (e.g., University, Hospital) are acceptable for submission to RAC. The REB application form and outcomes must be submitted to the Director(s) by the project lead and accompanied by Appendix F: REB Approved Project Review Request Form. The Director(s) will then forward the documents to the RAC Chair.

Upon receipt of a completed Appendix E: Project Review Request Form or Appendix F: REB Approved Project Review Request Form the RAC Chair will be responsible to form a RAC Review Panel which has:

- at least three reviewers who can be internal or external to MLHU
- a Lead Reviewer from current RAC Members
- at least one member who is competent in relevant public health research and evaluation methods
- at least one member who has knowledge of the relevant subject area

To ensure timely review of the proposals:

1. The RAC Review Panel is formed within one week of receipt of the proposal. The RAC Review Panel members review the proposal independently and complete Appendix G: Project Review Form.
2. The RAC Review Panel meets to assess the proposal, within four weeks of receipt of proposal.
3. The Panel will make a joint recommendation whether the project should proceed, proceed with revisions or not proceed. The Lead Reviewer is responsible for compiling feedback on Appendix G: Project Review Form and must send a copy to the Project Lead, Manager, Director(s), Medical Officer of Health and RAC Chair within six weeks of receipt of the request.

The RAC Panel Lead Reviewer may invite the Project Lead to the panel meeting to provide or clarify information about the proposal or the project. Note that only the RAC Review Panel may be present for the discussion about recommendations for the project.

If there is any delay in the timeframes outlined above the RAC Chair will inform the Project Lead.

In extenuating circumstances, a special request may be made for an expedited review (where the timelines for the review process are shortened). In these cases the Project Lead will notify the RAC Chair in advance of proposal completion when the completed proposal will be available. The RAC chair will convene a review committee and set dates for review meetings

based on the anticipated proposal completion date. Granting expedited review will be at the discretion of the RAC Chair.

The Lead Reviewer will make him or herself available to Directors and/or the Project Lead to discuss the review results upon request. The RAC Chair will keep a roster of health unit staff and external reviewers who have participated in RAC proposal reviews.

The RAC chair will notify the Senior Leadership Team of the result of all project proposal reviews quarterly. The Senior Leadership Team will determine if further communication about the project proposals with the Board of Health is required.

Ethics Review
RAC may request that a Tri Council Policy Statement 2 compliant ethics review be sought for projects that are submitted to RAC. Proposals may be simultaneously submitted for review by the RAC and a research ethics board.

Data Ownership
Data collected by staff and researchers employed by MLHU will remain the property of MLHU. Data collected by other researchers will remain the property of the principal investigator unless otherwise negotiated.

Dissemination and Uptake of Research Findings
All reports and publications resulting from research conducted at MLHU by health unit staff must be forwarded to the Library. If an external investigator conducted the research, the responsible Service Area Director will ensure that the principal investigator submits one copy of the completed research report to the RAC Chair. The RAC Chair forwards the copy to the MLHU library for cataloguing.

External researchers involving health unit clients or data and MLHU staff conducting research at MLHU will be expected to disseminate findings and practice implications to program staff and managers. Additional dissemination is encouraged which may include Board of Health reports, peer-reviewed articles, media, website, etc. Where possible and appropriate, distribution and release of research reports will follow the presentation of the reports to the Board of Health. The program staff, in consultation with the Communications Manager, should identify a spokesperson(s) for the research prior to the release of any reports.

Inventory of Research Projects
An Inventory of Research Projects will be presented to the Board of Health annually. The Inventory will include research in which MLHU staff were either the lead investigators or collaborated with researchers from other institutions and research projects conducted by students in collaboration with MLHU. The Manager of Strategic Projects will ensure that the Inventory of Research Projects is completed.

APPENDICES
Appendix A: Definitions of Personally Identifiable Information
Appendix B: Request to Recruit Participants for External Research Projects

Appendix C: Research and Evaluation Checklist
Appendix D: Project Summary Form
Appendix E: Project Review Request Form
Appendix F: REB Approved Project Review Request Form
Appendix G: Project Review Form

Definitions of Personally Identifiable Information

The following definitions have been provided to assist you in determining if your research project involves any information that might be covered by privacy legislation. Please note that this is not an exhaustive list. Personal information may include *any* information that could reasonably be expected to identify an individual.

Information and Privacy Commissioner, Ontario

Personal Information
(As defined within the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), 1990.

Personal information means recorded information about an identifiable individual including,

a) Information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual,

b) Information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved,

c) any identifying number, symbol or other particular assigned to the individual,

d) the address, telephone number, fingerprints or blood type of the individual,

e) the personal opinions or views of the individual except if they relate to another individual,

f) correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence,

g) the views or opinions of another individual about the individual, and

h) the individual's name if it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual.

Personal Health Information
(As defined by the *Personal Health Information Protection Act* (PHIPA), 2004.
Personal health information, …means, identifying information about an individual in oral or recorded form, if the information,

a) relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family;

b) relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual;

~~c)~~ relates to payments or eligibility for health care, or eligibility for coverage for health care, in respect of the individual;

d) is the individual's health number; or

e) identifies an individual's substitute decision-maker.

NOTE: the legislation also contains a number of exceptions. Contact the Privacy and OHS Manager to assist you in determining if the information you are working with is considered to be personally identifiable information.

Request to Recruit Participants for External Research Projects

In the event that your Service is contacted by **external researchers** to recruit research participants and **MLHU is not participating in or sponsoring the project,** the following criteria are offered:

- to assist in assessing the suitability of the request, and
- in documenting the project in the event that queries are received.

Please note that the Research Advisory Committee does not review these requests but is available for consultations if requested. ***We recommend that you keep this form on file for future reference.***

Title of Project:	
Purpose of the Project:	
Principal Investigator(s)	
Academic Institution	
If student, Faculty Supervisor	
Contact Person:	
Phone	
Ethics Review: YES ☐ NO ☐ If yes, by whom:	

Expectations of MLHU ***(please circle applicable)*** e.g. - post flyers - provide access to clients - contact potential recruits - other ***(please describe)***	
Timeline/Time Required	
Consistency with MLHU/Service mission, mandate and philosophy	
Additional Comments	
Assessment of Potential Risk or Benefit to: - MLHU - HU Clients	

Health Unit Use Only

Decision: Allow Recruitment ☐ Recruitment Declined ☐

Date: _____ ***Manager/Director*** Signature: _____

Title:

Research and Evaluation Checklist

☐ **Is the program you want to research or evaluate clearly defined?**
- Have you defined your program goals, population of interest, and outcome objectives?
- Have you defined your activities and outputs?
- Have you identified measurable outcome indicators?

☐ **What is the purpose of the research or evaluation project?**
- What would be most helpful to know?
- What are your evaluation questions**?**

☐ **Have you engaged stakeholders?**
- Do you understand stakeholders' interests and expectations?
- Are stakeholders participating in the process?
- Are research or evaluation questions based on program goals and objectives and stakeholders' interests/expectations)

☐ **Do you have the resources to conduct this research or evaluation?**
- Do you have staff with the necessary skill sets and time?
- Do you have money allocated?

☐ **Have you clearly articulated your design?**
- What is the research design?
- Is this a formative (needs assessment), process, outcome or developmental evaluation?
- Do you have a written plan?
- Have you considered the privacy and ethical issues (see Appendix A: Definitions of Personally Identifiable Information)?

☐ **Can you clearly describe your methodology?**
- What kind of study are you implementing?
  (e.g. literature review, survey of experts, interviews/survey of target population, analysis of administrative data, pre/post outcome measures)
- Is this a qualitative, quantitative or mixed-methods study design?
- Are you using a previously developed data collection tool or are you developing your own? Can you justify your choices? Have you pilot tested your instruments?
- Do your methods allow you to collect the information you need?
- Have you clearly described your sampling strategy?
- Do you have an analysis plan?

☐ **Do you have a clearly articulated work plan, budget and timeline?**
- Have you identified individuals responsible for specific tasks and roles including data collection, analysis, reporting, and implementing the results?
- Have you allocated the appropriate amount of time and resources for these tasks?
- Have you articulated the timelines?

For more information or support in answering these questions, please contact your service area Epidemiologist or Program Evaluator.

Research/Evaluation Proposal: Summary Form

Purpose/Objectives of the study:

-

Methodology:

Study Design

-

Data Source (clients, records, etc)

-

Sampling Considerations (i.e. sampling strategy, sampling procedure, sample size)

-

Procedure for Data Collection

-

Analysis Procedure

-

Resource Implications for MLHU (i.e. what MLHU Services are needed)

-

Organizational risk/benefit to MLHU (e.g. finances, human resources, legislation, reputation)

-

General Timeframe (include proposed start date)

-

How do you propose to share the results of this research?

Research Advisory Committee
Project Review Request Form

Instructions:
1. Determine if your project requires a Research Advisory Committee (RAC) review in accordance with section 1.1 of the Research Policy (Policy # 2-040).
2. If RAC review is required, download this form and complete it on your computer. Hand written applications will not be accepted.
3. Submit one electronic copy and one hard copy of this completed and signed form with all attachments to the RAC Chair.

A. Project Lead

If there is more than one Project Lead, provide their name(s) and contact information below in Section B, Other Project Team Members.

Name: Title/Position:

Phone: Service Area:

Team:

B. Project Information

Project Title:

Anticipated Start Date (yyyy/mm/dd): Anticipated End Date (yyyy/mm/dd):

Specify any known interim deadlines:

Consulting Epidemiologist/Program Evaluator (if applicable):

Other Project Team Members (Include co-investigators, students, employees, volunteers, community organizations. The form will expand.)

Contact Name	Role in Project	Institutional Affiliation	Email or Phone

Source(s) of Project Funding	Amount

Is approval required by some other agency, community group, local governments, etc.?

☐ Yes ☐ No

If yes, please indicate the type and list the name of each organization:

FOR RAC USE ONLY	Primary Reviewer:	Date Received:	Date Review Completed:

Have you or do you plan to submit this to a Research Ethics Board?

☐ Yes ☐ No

If yes, you can attach the REB submission form and complete section A, B and C only.

C. Description of Project

Does the project (check all that apply):

☐ collect, store, access, analyze or share personal information, personal health information or information that could potentially be linked to an identifiable person (See Appendix A: Definitions of Personally Identifiable Information)?

☐ require external partners or researchers to access record level or client data held by MLHU?

☐ require external partners or researchers to access MLHU staff or board member data through individual level records (e.g. personnel files) or information through surveys, focus groups, etc.

☐ require MLHU to access record level or client data held by an external partner?

☐ collect a biological specimen?

☐ pose a greater than minimal risk of harm[3] to participants (e.g. survey questions that may be upsetting or lead to stigmatization if data was released)?

☐ evaluate, research or make recommendations about a vulnerable population[4] which could pose a potential risk to that population (e.g. stigmatization, power imbalance, coercion through excessive incentives)?

☐ include people who are not competent to provide consent (i.e. age, language, literacy, mental capacity)?

☐ provide an incentive that has a value of $20 or more to participants?

☐ have a methodologically complex study design (e.g. sophisticated sampling strategy beyond convenience sampling, requires a sample size calculation, longitudinal follow-up, randomization of subjects, qualitative methods that involve multiple sources, involves transcription, in-depth thematic analysis)?

☐ have a known conflict of interest?

If any of the above are checked, a RAC review is required.

A RAC review can be requested, even if it is not required, in circumstances such as:

☐ Request guidance on study design, particularly when it comes to statistical or methodologically complex issues

☐ Request guidance on cost-effectiveness of a large time or resource intensive projects

☐ Other, specify:

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[3] The Tri-Council Policy Statement (TCPS2): Ethical Conduct for Research Involving Humans definition of 'minimal risk': "The research can be regarded as within the range of minimal risk if potential participants can reasonably be expected to regard the probability and magnitude of possible harms implied by participation in the research to be no greater than those encountered by the participant in those aspects of his or her everyday life that relate to the research."

[4] The Tri-Council Policy Statement (TCPS2): Ethical Conduct for Research Involving Humans indicates "Individuals or groups in vulnerable circumstances have historically included children, the elderly, women, prisoners, those with mental health issues and those with diminished capacity for self-determination. Ethnocultural minorities and those who are institutionalized are other examples of groups who have, at times, been treated unfairly and inequitably in research, or have been excluded from research opportunities. People or groups whose circumstances cause them to be vulnerable or marginalized may need to be afforded special attention in order to be treated justly in research."

What are the relevant objectives and outcomes of the PROGRAM you are evaluating or studying?

What are the research or evaluation questions you would like answered by this evaluation/research PROJECT?

Please summarize or attach a summary of background information you have collected related to the project from a literature review, other health units, and other sources.

D. Study Design

What study design will be used?
Check all that apply
☐ Pre and post-test
☐ Post-test only
☐ With control/comparison group
☐ Cross-sectional without intervention (e.g. needs assessment)
☐ Analysis of secondary data
☐ Focus groups
☐ Key informant interview
☐ Document Analysis
☐ Other, specify:

E. Study Population

Briefly describe the study population(s) (e.g. age, gender, ethnicity, socio-economic status, single parents, students, clients vs. potential clients, etc.).

Why is this population of interest?

In what way have the research subjects been involved in the study design (e.g. defining problems, recruitment, developing research designs, considering implications of findings)?

F. Recruitment and Selection of Participants

Attach all relevant recruitment materials in an appendix (i.e. information letter, consent form).

What type of selection process or sampling method will be used?
☐ Simple random sample (sample represents the population of interest)
☐ Complex sample (stratified or cluster)
☐ Convenience sample (sample may not represent the population)

☐ Census (entire population of interest)
☐ Purposeful sample (sample deliberately selects particular segments of a population)
☐ Other, specify:

Describe how recruitment will be done (e.g. in person, by telephone, letter, email, advertisement, web-based, social media).

What source(s) will participants will be recruited from?

Do you have the appropriate permissions or mandate to recruit participants from the data source?

What are the participant inclusion/exclusion criteria?

What is the sample size?

How did you determine the sample size?

What strategies will be used to increase response rate (if applicable)?

Will it be clearly communicated to participants that their participation is entirely voluntary with no negative consequences to service provision if participation is declined or withdrawn after consenting?

G. Data Collection Methods and Tools

Which of the following methods will be used to collect data?
Check all that apply.
☐ Face-to-face interview
☐ Telephone interview
☐ Focus groups
☐ Paper survey
☐ Online survey
☐ Observing participants
☐ Collecting environmental samples (e.g., air, water, soil)
☐ Using human biological samples (e.g., urine, blood, hair)
☐ Analyzing secondary data (data previously collected for another purpose)
☐ Other, specify:

Will the participants be audio or video recorded?
☐ Yes ☐ No

If interviewing participants, who will be doing the interviews (e.g. hired research assistant, clinic staff, program evaluator)?

If interviewing participants, will interviewers be receiving any type of research interview training?
☐ Yes ☐ No, please explain

Are your data collection and assessment tools:
☐ Existing tools
☐ Adapted from existing tools
☐ Newly developed for this project

List and attach copies of all data collection and assessment tools (e.g. questionnaires). Provide the source information of all questions adapted from existing tools.

To what extent have your tools been pre-tested or validated?
☐ Has not been pre-tested, validated or used by others
☐ Don't know
☐ Pre-tested
☐ Used in another study
☐ Formally validated tool

Provide details on results of any pre-testing completed.

H. Data Entry and Analysis

Describe your data entry plan? (Who will be doing it? What software program will be used? What are your data validation procedures?)

Outline your data analysis plan (include the type of statistical tests (quantitative) or thematic analysis (qualitative) that will be completed)

I. Results

How will the results of this research project be used to influence program planning?

What are your product/deliverables of this project (e.g. report, Board Report, summary report, presentation, video)

How will the results be disseminated? (e.g. directly to participants, shared internally, media, publications, social media)

J. Possible Benefits, Inconveniences, Risks and Harms

The Tri-Council Policy Statement (TCPS) definition of "minimal risk" is as follows:

> *"The research can be regarded as within the range of minimal risk if potential participants can reasonably be expected to regard the probability and magnitude of possible harms implied by participation in the research to be no greater than those encountered by the participant in those aspects of his or her everyday life that relate to the research."*

Based on this definition, do you believe your research or evaluation qualifies as "minimal risk"?

☐ Yes ☐ No

Identify and explain any potential or known benefits to participants, society or state of knowledge, associated with participation.

Identify and describe any known or potential inconveniences to participants or others (e.g. time devoted to the research, travel)

What are the risks to participants? (e.g. physical, emotional, psychological, economic, legal, etc.)

What are the potential inconveniences or risks for MLHU? (e.g. service disruption as a result of data collection, increased program costs, risk management issues).

What will you do to minimize or prevent the risks or inconveniences outlined above?

How will you respond if harm occurs?

K. Compensation

Is there any compensation for participating in the research? (e.g., gifts, money, bonus points)

☐ Yes ☐ No

If yes, what is the nature and value of the compensation and why do you consider it to be necessary:

L. Free and Informed Consent

The following questions address the competence of participants to give consent, the process used in your research to obtain consent, ongoing consent, and the participants' right to withdraw.

Will consent be obtained?
☐ Yes ☐ No, please explain.

If yes, describe prospective participants.
Check all that apply
☐ Adults (18 and older)
☐ Youth (14-17)
☐ Children (< 14 years of age)
☐ Institutionalized (e.g. inmates, institutionalized patients, wards of the state)
☐ Mental health issues
☐ Low literacy
☐ Non-English speaking or English as a second language

From whom will consent be obtained? (Check all that apply)
☐ Participant
☐ Family/authorized representative
☐ Parent or guardian

How will consent be obtained? (Check all that apply and attach copies of all consent materials.)
☐ Signed consent form

☐ Verbal consent, specify how you will document that the individual has provided their consent.

☐ Implied consent, specify the steps taken to ensure implied consent model is valid for this project

☐ Other means, specify

☐ Consent will not be obtained, explain why not:

Have the project and associated risks been adequately explained?

If understanding the consent could be difficult for the participant please describe how you will mitigate the difficulty (e.g. translation, verbal explanation, ensuring appropriate literacy level*)*

M. Anonymity and Confidentiality

Complete this section, only if you indicated under Section C that your project will "collect, access, analyze, or store personal information, personal health information or information that could potentially be linked to an identifiable person."

Are you collecting, accessing, analyzing or storing personal information or personal health information that could be characterized as "sensitive"[5]?

☐ No
☐ Yes. Please specify

At what level is the personal information that is used within your projected able to be linked to an identifiable individual?

☐ Identifying information: The information identifies a specific research participant through direct identifiers (e.g., name, address, social insurance number or personal health number).
☐ Identifiable information: The information could be used to re-identify a participant through a combination of indirect identifiers (e.g., date of birth, place of residence or unique personal characteristic) using reasonably foreseeable means.
☐ De-identified/coded information: Identifiers are removed and replaced with a code. Depending on access to the code, it may be possible to re-identify specific research participants (e.g., participants are assigned a code name and the principal investigator retains a list that links the code name with the participant's actual name so data can be re-linked if necessary.) Researchers who have access to the code and the data have identifiable information.
☐ Anonymized information: Information is irrevocably stripped of identifiers, and a code is not kept to allow future re-linkage.
☐ Anonymous information: Information never had identifiers associated with it (e.g., anonymous surveys).

Describe how the personal information of the participants will be protected against theft, loss, unauthorized access, unauthorized disclosure and unauthorized modification? Note, safeguards and security measures should be relative to the level of identifiability and sensitivity of the personal information. Include information on the following:

Means of storing data (e.g., a locked filing cabinet, password protected computer files):

Location of storing data:

Who will have access to data and for what purposes? Describe the measures you've taken to limit or restrict access to any personal information about an identifiable individual?

Duration of data storage:

[5] The ***CIHR Best Practices for Protecting Privacy in Health Research*** - September 2005, indicates that the "sensitivity of personal data is related to the potential for harm or stigma that might attach to the identification of an individual because of the nature of the information. "The type of information that an individual may consider sensitive could relate to: sexual attitudes, practices and orientation; use of alcohol, drugs, or other addictive substances; illegal activities; suicide; sexual abuse; sexual harassment; an individual's psychological well-being or mental health; some types of genetic information (e.g. information that predicts future illness or disability and raises concerns around future employability or insurability; and any other information that, if released, might lead to social stigmatization or discrimination (p. 30).

Methods of destroying data:

During dissemination:

Other:

N. Researcher-related Risks

Are you or any of your co-researchers in any way in a position of authority or influence over participants? Examples of this situation include inspectors-restaurant owners, therapists-clients, supervisors-employees and possibly researcher-relative or researcher-close friend.

☐ Yes ☐ No ☐Varies

If yes or varies, describe below:

1. The nature of the relationship.
2. Why it is necessary to conduct research with participants over whom you have power.
3. What safeguards (steps) will be taken to minimize inducement, coercion or potential harm.
4. How the dual-role relationship and the safeguards will be explained to potential participants.

Are you or any of the research team members in a perceived, actual or potential conflict of interest with regard to this research project? (e.g. in relation to participants, partners in research, private interests in companies or other entities)

☐ Yes ☐ No

If yes, please provide details of the conflict and how you will manage it.

Does this research study pose any risks to the researchers, assistants and data collectors?

If there are any risks, explain the nature of the risks, how they will be minimized, and how they will be responded to if they occur.

O. Agreement and Signatures

Project Lead, Manager and Director affirm that:

- *I have read this application and it is complete and accurate.*

- I attest that all persons named in Section B of this document as well as program managers and service area director(s) have reviewed the contents and are in agreement with the project information and
  protocols as submitted;
- *The research will be conducted in accordance with the Middlesex-London Health Unit regulations, policies and procedures governing the ethical conduct of research involving human participants.*
- *The research will not commence until approval has been granted.*

Project Lead

_____
Signature

_____
Print Name

_____
Date

Manager

_____
Signature

_____
Print Name

_____
Date

Director

_____
Signature

_____
Print Name

_____
Date

Additional Manager (if applicable)

_____
Signature

_____
Print Name

_____
Date

REB Approved Project Review Request Form

If you have received approval from a Research Ethics Board (REB) you must complete this form. Please forward this form along with your completed REB form and approval to the appropriate Director.

Title:

-

Purpose of the project:

-

Contact:

Principal Investigator(s), Academic Institution

Contact Person, Phone

-

Expectations of MLHU (describe what resources will be needed from MLHU)

-

Organizational risk/benefit to MLHU (e.g. finances, human resources, legislation, reputation)

-

Timeline/Time Required

-

Assessment of Potential Risks or Benefits to MLHU and study participants

-

Additional Comments

-

Agreement and Signatures

Project Lead, Manager and Director affirm that:

- *I have read this application and it is complete and accurate.*
- *The research will be conducted in accordance with the Middlesex-London Health Unit regulations, policies and procedures governing the ethical conduct of research involving human participants.*
- *The research will not commence until approval has been granted.*

Project Lead	**Manager**
_____	_____
Signature	*Signature*
_____	_____

This form has been adapted from the Durham Region Health Department Research Project Review Request Form

Print Name	Print Name
Date	Date
Director	**Additional Manager or Director (if applicable)**
Signature	*Signature*
Print Name	Print Name
Date	Date

Research Advisory Committee
Project Review Form

Project Description:

Project Title:	
Project Lead:	
Phone:	
Program Area:	
Anticipated Start Date:	
Required Signatures Included:	☐

Public Health Impact	Yes	No	Provide explanation or suggestions for improvement, where applicable:
Is the project relevant or important to Public Health, the health unit or community?	☐	☐	

Methodological Review:	Yes	No	Provide explanation or suggestions for improvement, where applicable:
Is/Are the research question(s) clearly stated?	☐	☐	
Is the relationship to the program objectives and/or outcomes clearly identified?	☐	☐	
Does the Project Lead seem to be familiar with current work in the area?	☐	☐	
Will the study design address the research question(s)?	☐	☐	
Is it clear who is being studied?	☐	☐	
Is the sampling methodology appropriate?	☐	☐	
Is the recruitment strategy appropriate?	☐	☐	
Are the data collection tools appropriate?	☐	☐	
Is the analysis plan appropriate?	☐	☐	
Is there an appropriate plan for the use and dissemination of the results?	☐	☐	
Does the research team have the	☐	☐	

required skills to complete the project?			
Are there any other methodological concerns?	☐	☐	

Risk Assessment:	Yes	No	N/A	Provide explanation or suggestions for improvement, where applicable:
Have the risks to participants been adequately minimized?	☐	☐	☐	
Are there adequate plans to address potential risks to participants?	☐	☐	☐	
Is compensation appropriate?	☐	☐	☐	
Is the consent process appropriate?	☐	☐	☐	
Will the personal or personal health information be adequately protected?	☐	☐	☐	
Have issues of power-over and/or conflict of interest been addressed?	☐	☐	☐	
Have the risks to researchers been adequately minimized?	☐	☐	☐	
Does the activity set up any inequities (i.e. treatment, intervention) and is it being dealt with adequately?	☐	☐	☐	
Is there potential impact on the client–service provider relationship if the participant refuses to participate?	☐	☐	☐	
Does this project require a tri-council policy ethics review?	☐	☐	☐	
Has there been a tri-council policy ethics review?	☐	☐	☐	
Is the biological sampling process safe and appropriate?	☐	☐	☐	

Is there potential organizational risk in the dissemination of messages?				
Are there other potential organizational risks as they relate to methodology, ethics, or privacy?	☐	☐	☐	
Is there a plan to address the organizational risks identified above?	☐	☐	☐	

Comments/ issues for further discussion:

Review completed by:

Lead Reviewer _____

Signature: _____

Date: _____

Recommendations of the Panel:

Proceed	Proceed with revisions	Do not proceed

Required Revisions: