AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

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

Thursday, 7:00 p.m.
2015 January 15

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

Ms. Patricia Fulton
Mr. Jesse Helmer
Mr. Marcel Meyer
Mr. Ian Peer
Ms. Viola Poletes Montgomery
Ms. Nancy Poole
Mr. Kurtis Smith
Mr. Mark Studenny
Mr. Stephen Turner
Ms. Joanne Vanderheyden

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

APPROVAL OF MINUTES

BUSINESS ARISING FROM THE MINUTES

DELEGATIONS

7:30 – 7:40 p.m.	Ms. Trish Fulton, Chair, Finance and Facilities Committee re Item #1 - Finance and Facilities Committee Meeting January 8, 2015
7:40 – 7:50 p.m.	Mr. Mark Studenny, Chair, Governance Committee re Item #2 Governance Committee Meeting January 15, 2015
7:50 – 8:05 p.m.	Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team re Item #3 - The Health Unit and One Life One You Take Action Against Smoking in Movies

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
Meeting Procedures						
1	Election of 2015 Board of Health Executive and other Procedures (Report 001-15)	Appendix A Appendix B Appendix C Appendix D		x		To fulfill the requirements of the first Board of Health meeting of each year, e.g., election of Chair/Vice Chair for 2015
Committee Reports						
2	Finance and Facilities Committee Meeting January 8, 2015 (Report 002-15)		x	x		To receive information and consider recommendations from the January 8th FFC meeting
3	Governance Committee Meeting January 15, 2015 (Verbal)		x	x		To receive information and consider recommendations from the January 15th meeting
Delegations and Recommendation Reports						
4	The Health Unit and *One Life One You* Take Action Against Smoking in Movies (Report 003-15)	Appendix A	x	x		To request that the Board of Health send a letter to Landmark Cinemas to express the Board's disappointment in the decision not to run the smoke-free movie public service announcement.
5	Provincial Poverty Project (Report 004-15)			x		To request Board of Health members' participation in the Middlesex-London Poverty Simulation event on March 6, 2015, and to encourage local City and County Councillors, MPPs and MPs to participate.
Information Reports						
6	Fit-Testing Clinics to the Public (Report 005-15)	Appendix A			x	To provide information about the Health Unit's Fit-Testing Clinics services provided to the public
7	Summary Information Report for January 2015 (Report 006-15)				x	To provide a summary of information from Health Unit programs in Environmental Health and Chronic Disease Prevention Services area
8	Medical Officer of Health Activity Report – January (Report 007-15)				x	To provide an update on the activities of the MOH for January 2015

CONFIDENTIAL

OTHER BUSINESS

- Next Finance and Facilities Committee Meeting: Thursday, January 29, 2015 @ 9:00 a.m.
- Next Board of Health Meeting: Thursday, February 19, 2015 @ 7:00 p.m.

CORRESPONDENCE

a) Date: 2014 November 18 (Received 2014 December 1)
Topic: Response to letter to Premier Wynne regarding prescription opioid drug abuse
From: The Honourable, Eric Hoskins, Minister of Health and Long-Term Care
To: Dr. Christopher Mackie, Medical Officer of Health and Chief Executive Officer

b) Date: 2014 November 20 (via email)
Topic: Maintaining preventive dental services in the Ontario Public Health Standards (OPHS) and one full course of dental care for children with urgent dental needs
From: Mr. Mark Lovshin, Chair, Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit
To: The Honourable, Eric Hoskins, Minister of Health and Long-Term Care

c) Date: 2014 November 20 (via email)
Topic: Support for the Private Members Bill C-626, which calls for the appointment of a Chief Statistician and the reinstatement of the mandatory Long-Form Census.
From: Mr. Mark Lovshin, Chair, Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit
To: The Right Honourable Stephen Harper, Prime Minister of Canada

d) Date: 2014 December 22 (via email)
Topic: Board of Health Orientation session that is being hosted by the Association of Local Public Health Agencies on February 5, 2015
From: Ms. Linda Stewart, Executive Director, Association of Local Public Health Agencies (alPHa)
To: All Members of Ontario Boards of Health

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

ADJOURNMENT

PUBLIC SESSION – MINUTES

MIDDLESEX-LONDON BOARD OF HEALTH

2014 December 18

MEMBERS PRESENT:
Mr. David Bolton
Mr. Al Edmondson
Ms. Trish Fulton
Mr. Marcel Meyer (Chair)
Mr. Ian Peer
Ms. Viola Poletes Montgomery
Ms. Nancy Poole
Mr. Kurtis Smith
Mr. Mark Studenny
Ms. Joanne Vanderheyden

REGRETS:
Mr. Jesse Helmer
Mr. Stephen Turner

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
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
Mr. Iqbal Kalsi, Manager, Environmental Health
Ms. Heather Lokko, Director Oral Health, Communicable Disease and Sexual Health Services
Mr. John Millson, Director, Finance and Operations
Ms. Ann Marie Quinn, Public Health Inspector
Mr. Fatih Sekercioglu, Manager, Environmental Health
Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control
Mr. Alex Tyml, Online Communications Coordinator

MEDIA PRESENT:
None

Mr. Marcel Meyer, Chair of the Board of Health, called the meeting to order at 6:00 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. Studenny, seconded by Ms. Poletes Montgomery *that the **AGENDA** for the December 18, 2014 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Peer, seconded by Mr. Bolton *that the **MINUTES** of the November 20, 2014 Board of Health meeting be approved.*

Carried

BUSINESS ARISING FROM THE MINUTES - none

DELEGATION AND RECOMMENDATION REPORTS

1. Finance and Facilities Committee Meeting December 11, 2014 (Report 072-14)

New Reserve Funds (Report 047-14FFC)

It was moved by Ms. Fulton, seconded by Mr. Bolton that the Finance and Facilities Committee recommend that the Board of Health reaffirm the purpose of the existing Reserve / Reserve Funds attached as Appendix A of Report No. 047-14FFC.

Carried

It was moved by Ms. Fulton, seconded by Mr. Edmondson *that the Board of Health Approve the establishment of a Technology & Infrastructure Reserve Fund as outlined in Appendix A of Report No. 047-14FFC.*

Carried

It was moved by Ms. Fulton, seconded by Mr. Peer *that the Board of Health approve the establishment of an Employment Costs Reserve Fund as revised on page 3 of Appendix A of Report No. 047-14FFC.*

Carried

It was moved Ms. Fulton, seconded by Mr. Bolton that Report No. 072-14 re Finance and Facilities Committee Meeting December 11, 2014 be received for information including the draft Public Session minutes of the December 11, 2014 FFC meeting.

Carried

2. Appointments to the Finance and Facilities Committee of the Board of Health Commencing 2015 (Report 073-14)

It was moved by Ms. Fulton, seconded by Mr. Peer *that Mr. Jesse Helmer be appointed to the Finance and Facilities Committee as an interim member representing the City of London for the January 8, 2015 FFC meeting.*

Carried

The Governance Committee will be responsible for nominating members to the Finance and Facilities Committee at the January 15, 2015 Board of Health meeting for Board of Health approval.

3. 2014 Assessment Of Vulnerability To The Health Impacts Of Climate Change In Middlesex-London (Report 074-14)

It moved by Mr. Bolton, seconded by Ms. Poletes Montgomery *that the Board of Health direct staff to follow through on the recommendations from the 2014 "Assessment of Vulnerability to the Health Impacts of Climate Change in Middlesex-London" report.*

Carried

INFORMATION REPORTS

4. Summary Information Report for December 2014 (Report 075-14)

It was moved by Ms. Poole, seconded by Mr. Studenny *that Report No. 075-14 re Information Summary Report for December and the attached Appendix be received for information.*

5. Medical Officer of Health Activity Report – December (Report 076-14)

It was moved by Mr. Bolton, seconded by Mr. Peer *that Report No. 076-14 re Medical Officer of Health Activity Report – December be received for information.*

Carried

On behalf of the Board of Health, Chair Meyer thanked Mr. Bolton and Mr. Edmondson for their service to the Board of Health. Mr. Bolton and Mr. Edmondson both expressed how much they learned and enjoyed their work on the Board of Health. Ms. Poletes Montgomery also expressed her gratitude for the time and expertise that Mr. Edmondson gave to the Medical Officer of Health Search Committee over 2012-2013.

Chair Meyer also thanked out-going Board of Health members, Ms. Brown, Ms. White and Mr. Orser.

Chair Meyer introduced the two new County of Middlesex appointees to the Board of Health for 2014-2018, Ms. Joanne Vanderheyden and Mr. Kurtis Smith who will commence their term at the January 15, 2015 meeting.

CONFIDENTIAL

At 6:30 p.m., it was moved by Mr. Bolton, seconded by Mr. Peer *that the Board of Health move in camera to discuss a matter concerning an identifiable individual(s).*

Carried

At 6:50 p.m., it was moved by Mr. Bolton, seconded by Mr. Peer *that the Board of Health return to public forum and report that progress was made on a matter concerning an identifiable individual(s).*

Carried

OTHER BUSINESS

Upcoming meetings:

Finance and Facilities – January 8, 2015 9:00 p.m.
Board of Health – January 15, 2015 7:00 p.m.

CORRESPONDENCE

No questions or discussion

ADJOURNMENT

At 6:55 p.m., it was moved by Mr. Studenny, seconded by Mr. Bolton that the meeting be adjourned.
Carried

MARCEL MEYER	**CHRISTOPHER MACKIE**
Chair	**Secretary-Treasurer**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 001-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 January 15

ELECTION OF 2015 BOARD OF HEALTH EXECUTIVE AND OTHER PROCEDURES

Recommendations

It is recommended:

1) ***That _____ be elected Chair of the Middlesex-London Board of Health for the year 2014; and further***

2) ***That _____ be elected Vice-Chair of the Middlesex-London Board of Health for the year 2014; and further***

3) ***That Dr. Christopher Mackie be elected Secretary-Treasurer of the Middlesex-London Board of Health; and further***

4) ***That the Board of Health recognize the Finance and Facilities Committee and make the following appointments to the Committee:***

1. _____ ***as Chair of the Board of Health***

2. _____ ***as Vice-Chair of the Board of Health***

3. _____

4. _____

5. _____

5) ***That the Board of Health recognize the Governance Committee and make the following appointments to the Committee:***

1. _____ ***as Chair of the Board of Health***

2. _____ ***as Vice-Chair of the Board of Health***

3. _____

4. _____

5. _____

Board Membership Update

The current Board of Health consists of the following Members:

1. **Five (5) Provincial Appointees:** Ms. Trish Fulton, Mr. Ian Peer, Ms. Viola Poletes Montgomery, Ms. Nancy Poole and Mr. Mark Studenny.
2. **Two (2) City of London Appointees who are elected members of London City Council:** Mr. Jesse Helmer and Mr. Stephen Turner and **one (1)** City of London Citizen appointee (appointed by the City of London Council): _____
3. **Three (3) Middlesex County Appointees appointed by County Council:** Mr. Marcel Meyer, Mr. Kurtis Smith and Ms. Joanne Vanderheyden

The terms of Board of Health Members can be found in Appendix A.

Procedures for the First Meeting of the Year

Bylaw No. 3 of the Board of Health regulates the proceedings of the Board. Section 18.0 of this Bylaw addresses Elections and Appointment of Committees. It reads as follows:

18.1 *At the first meeting of each calendar year, the Board shall elect by a majority vote a Chair and a Vice-Chair for that year.*

18.2 *The Chair of the Board shall rotate on an annual basis to one of the representatives of the City of London, the County of Middlesex and the Province of Ontario. The Chair of the Board of Health shall be elected for one year by majority vote. The Chair may serve as Chair for a second year, if approved by a majority vote.*

18.3 *At the first meeting of each calendar year, the Board shall appoint the representative or representatives required to be appointed annually at the first meeting by the Board to other boards, bodies or commissions where appropriate.*

18.4 *The Board may appoint committees from time to time to consider such matters as specified by the Board. (e.g., Human Resources, Planning, etc.).*

Election of Executive Officers

Chair: As per the current Bylaw No. 3 Section 18, as stated above, the position of Chair rotates annually among the three representative bodies. The Chair for 2013 and 2014, Mr. Marcel Meyer, is a Middlesex County appointee.

Vice-Chair: Bylaw No. 3 Section 18 stipulates that the Vice-Chair is elected for a one year term. Mr. Stephen Orser, City of London appointee, was the 2014 Vice-Chair.

Secretary-Treasurer: Traditionally the Secretary-Treasurer functions have been served by the Medical Officer of Health and CEO.

Establishment of Standing Committees

In Section 1.3 (ii) of Board of Health Policy No. 1-010 Structure and Responsibilities of the Board of Health, the Board determines whether it wishes to establish one or more Standing Committees at its inaugural meeting of the year. In 2013, the Board of Health created the Finance and Facilities Standing Committee which meets the first Thursday of the month and/or at the call of the Committee Chair. At the December 2013 meeting, the Board created the Governance Committee which has been meeting quarterly or at the call of the Committee Chair, immediately preceding the Board of Health meeting.

1. Finance and Facilities Committee (The Terms of Reference is attached as Appendix B)

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

2. Governance Committee (The Terms of Reference is attached as Appendix C)

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

All Board of Health members are able to attend the Finance & Facilities and Governance Committees, but only Committee members can vote.

Meeting Schedule for 2015

At the November 20, 2014 Board of Health meeting, the Board members reviewed the 2015 Proposed Meeting Schedule. This Schedule is attached as Appendix D for approval by the Board of Health.

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

This report addresses Bylaw #3 as outlined in the MLHU Administration Policy Manual.

MIDDLESEX-LONDON HEALTH UNIT

2015 Middlesex London Board of Health

Title	First Name	Last Name	Appointed By	First Appointed	Term Expires on
Ms.	Patricia	Fulton	Province of Ontario	January 9, 2013	January 8, 2017
Mr.	Jesse	Helmer	City of London	December 1, 2014	November 30, 2018
Mr.	Marcel	Meyer	County of Middlesex	January 12, 2011	December 31, 2018
Mr.	Ian	Peer	Province of Ontario	November 14, 2012	November 13, 2016
Ms.	Viola	Poletes Montgomery	Province of Ontario	March 1, 2006	February 29, 2016
Ms.	Nancy	Poole	Province of Ontario	July 28, 2010	July 27, 2016
Mr.	Kurtis	Smith	County of Middlesex	December 17, 2014	December 31, 2018
Mr.	Mark	Studenny	Province of Ontario	April 11, 2006	April 10, 2016
Mr.	Stephen	Turner	City of London	December 1, 2014	November 30, 2018
Ms.	Joanne	Vanderheyden	County of Middlesex	December 17, 2014	December 31, 2018
			City of London (Citizen Appointee)		

Last updated 1/8/2015

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

FINANCE & FACILITIES COMMITTEE

PURPOSE

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

REPORTING RELATIONSHIP

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

MEMBERSHIP

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

The Secretary-Treasurer will be an ex-officio member

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

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

CHAIR

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

TERM OF OFFICE

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

DUTIES

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

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

FREQUENCY OF MEETINGS

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

AGENDA & MINUTES

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

BYLAWS:

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

REVIEW

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

Implementation Date: June 20th, 2013

Revision Dates:

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

GOVERNANCE COMMITTEE

PURPOSE

The committee serves to provide an advisory and monitoring role. The committee's role is to assist and advise the Board of Health, the Medical Officer of Health /Chief Executive Officer (MOH/CEO), and the Director of Human Resources & Corporate Strategy in the administration and risk management of matters related to board membership and recruitment, board self-evaluation and governance policy.

REPORTING RELATIONSHIP

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

MEMBERSHIP

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

The Secretary-Treasurer will be an ex-officio member

Staff support: - Director, Human Resources & Corporate Strategy
- Executive Assistant to the Board of Health or the Executive Assistant to the Medical Officer of Health, depending on availability

Other Board of Health members are able to attend the Governance Committee but are not able to vote.

CHAIR

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

TERM OF OFFICE

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

DUTIES

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

1. Recruitment and nomination of suitable Board members.
2. Orientation and training of Board members.
3. Performance evaluation of individual members, the Board as a whole, and committees of the Board.
4. Compliance with the Board of Health Code of Conduct.
5. Performance evaluation of the MOH/CEO.
6. Governance policy and bylaw review and development.
7. Compliance with the Organizational Standards.

FREQUENCY OF MEETINGS

The Committee will meet quarterly or at the call of the Chair of the Committee.

AGENDA & MINUTES

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

BYLAWS:

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

REVIEW

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

Implementation Date: January 16th, 2013

Revision Dates:

proposed

2015 Board of Health

Proposed Board Meeting Date	Notes
Thurs. Jan. 15/15	
Thurs. Feb. 19/15	Family Day Mon. Feb. 16
Thurs. Mar. 19/15	During March Break
Thurs. April 16/15	Good Friday Apr 3rd / Easter Monday Apr 6th
Thurs. May 21/15	Victoria Day Mon. May 18
Thurs. June 18/15	
Thurs. July 16/15	
Thurs. Aug. 20/15	
Thurs. Sept. 17/15	
Thurs. Oct. 15/15	
Thurs. Nov. 19/15	
Thurs. Dec. 10/15	

proposed

2015 Finance and Facilities Committee

Proposed FFC Meeting Date	Notes
Thurs Jan 8	
Thurs Jan 29	
Thurs Feb 12	
Thurs Mar 5	
Thurs April 2	
Thurs May 7	
Thurs June 4	
Thurs July 2	
Thurs Aug 6	
Thurs Sept 3	
Thurs Oct 1	
Thurs Nov 5	
Thurs Dec 3	

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 002-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 January 15

FINANCE AND FACILITIES COMMITTEE: JANUARY 8, 2015 MEETING

The Finance and Facilities Committee (FFC) met at 9:00 a.m. on January 8 (Agenda). The following items were discussed at the meeting and recommendations made:

Reports	Summary of Discussion	Recommendations for Board of Health's Consideration
	The Committee was presented with a document that is comprised of the consolidated 2015 PBMA Approved Investments, Disinvestments and One-Time Investments. This document is attached as Appendix A to this report (Report No. 002-15)	It was moved by Mr. Helmer, seconded by Mr. Meyer *that the consolidated document comprised of the revised 2015 PBMA Approved Investments, Disinvestments and One-Time Investments be approved.*
2015 Budget Process Report 01-15FFC	The Committee and other Board members in attendance discussed the 2015 Planning and Budget Templates for the following services areas:	
	Human Resources and Corporate Strategy (Appendix A to Report No. 01-15FFC)	It was moved by Mr. Meyer, seconded by Mr. Peer *that the Finance and Facilities Committee review the 2015 Planning and Budget Templates for Human Resources and Corporate Strategy attached as Appendix A.*
	Information Technology (Appendix B to Report No. 01-15FFC)	It was moved by Mr. Helmer, seconded by Mr. Meyer *that the Finance and Facilities Committee review the 2015 Planning and Budget Templates for Information Technology, attached as Appendix B.,*
	Oral Health, Communicable Disease and Sexual Health Services (Appendix C to Report No. 01-15FFC)	It was moved by Mr. Helmer, seconded by Mr. Peer *that the Finance and Facilities Committee review the 2015 Planning and Budget Templates for Oral Health, Communicable Disease and Sexual Health Services attached as Appendix C.* It was moved by Mr. Peer, seconded by Mr. Meyer that *the Finance and Facilities Committee report to the January 15, 2015 Board of Health meeting recommending that the Board of Health defer approval of these components of the 2015 budget until all budget proposals are available at the*

		February 19, 2015 meeting of the Board of Health.

Next Meeting

The next meeting of the Finance and Facilities Committee is scheduled for Thursday, January 29, 2014 @ 9:00 a.m.

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

PBMA Approved Investments

Dept.	No.	Proposal	Value	FTE	Score
Cross-MLHU	1-0019	Community Drug Strategy Lead	$37,800.00	0.50	223
Cross-MLHU	1-0035	Support for Agency-wide Participation in the Nursing Graduate Guarantee Initiative	$32,700.00	0.00	199
Cross-MLHU	1-0106	Data Analyst with GIS Skills	$41,904.00	0.60	224
Cross-MLHU	1-0117	Health Equity Knowledge Broker & Systems Integration Lead	$37,800.00	0.50	286
Cross-MLHU	1-0123	Annualized Staff Training and Development Budget	$60,000.00	0.00	210
Cross-MLHU	1-0130	Child & Youth Network Coordinator	$49,000.00	0.50	225
EHCDP	1-0074	Increasing Capacity for Food Systems	$44,000.00	0.50	216
EHCDP	1-0085	Chronic Disease Prevention Manager Realignment	$12,459.00	0.00	189
FHS	1-0001	Prenatal Care Program for Vulnerable Clients	$50,000.00	0.50	254
FHS	1-0045	Smart Start for Babies Program	$4,573.00	0.06	274
FHS	1-0059	Implementation of NutriSTEP	$40,000.00	0.50	239
FHS	1-0080	Early Breastfeeding Intervention and Support	$50,000.00	0.50	280
HRLR	1-0109	Realignment and Enhancement of Human Resources Coordinator	$42,622.00	0.50	207
OHCDSH	1-0020	Pre-School Caries Prevention Program	$60,000.00	0.80	244
OHCDSH	1-0020B	Dental Health Promoter	$37,500.00	0.50	244
OHCDSH	1-0027	Program Evaluator	$86,250.00	1.00	253
OMOH	1-0115	MLHU Agency Campaign	$15,000.00	0.00	218
OMOH	1-0135	Executive Assistant Support for AMOH	$15,600.00	0.25	189
		Total	$717,208.00	7.21	4174

Investment Descriptions

1-0019 – Community Drug Strategy Lead
This proposal recommends investing in a Community Drug Strategy Lead to facilitate the development and implementation of a strategy based on Vancouver's Four Pillars Drug Strategy (harm reduction, prevention, treatment, enforcement).

1-0035 – Participation in New Nursing Graduate Guarantee Initiative
The Ministry of Health and Long Term care provides funding to employers for temporary, full-time positions for 26 weeks for new nurse graduates (NNG). Under the conditions of the agreement, MLHU pays six-weeks of salary for each NNG as the organization is unable to offer immediate, full-time

employment. This proposal would provide the funding for MLHU to fulfill its condition under the NNG agreement.

1-0106 – Data Analyst with GIS Skills
Data analysis and GIS would increase organizational capacity to create and process data that is integral to evidence-informed decision making. This proposal would also help to establishment and provide ongoing monitoring of key performance indicators throughout the organization.

1-0117 – Health Equity Knowledge Broker & Systems Integration Lead
The Health Equity Knowledge Broker & Systems Integrations Lead would provide leadership and support for organizational health equity work. They would work closely with the Health Equity Strategic Achievement Group to support and enhance initiatives currently underway.

1-0123 – Annualized Staff Training and Development Budget
There are a number of training and development initiatives across the organization for which there is currently no budget in place (Violence in the Workplace, First Aid/CPR, etc.). This proposal would provide funding to annualize this training and support ongoing organizational staff development.

1-0130 – Child & Youth Network Coordinator
A Child & Youth Network Coordinator would represent MLHU on critical program committees and subcommittees, ensure MLHU staff and managers are aware of emerging work groups and that the best MLHU staff participates, establish and follow through with ongoing communications and ensure efficiency of effort as an organization.

1-0074 – Increasing Capacity for Food Systems
This proposal would increase the capacity of the Health Unit by 0.5 FTE Registered Dietitian/Public Health Dietitian so that MLHU is better positioned to take an ecological approach - addressing the environmental, economic, social and nutritional factors - to impact food-related issues in our communities, including food insecurity, consumption of nutrient-poor foods, and rates of overweight/obesity and related chronic diseases.

1-0085 – Chronic Disease Prevention Manager Realignment
This proposal would increase the FTE allocation of the Program Manager to 0.60 Chronic Disease Prevention from 0.50 to more closely reflect time spent within the program area.

1-0001 – Prenatal Care Program for Vulnerable Clients
This proposal would offer prenatal information and education targeted at vulnerable women in our community (aboriginal, teens, SDOH). It would also include skill building in areas of healthy eating, physical activity and infant and child care to reduce health inequities amongst pregnant aboriginal women, pregnant adolescents and vulnerable women.

1-0045 – Smart Start for Babies Program
This proposal would increase the Smart Start for Babies budget by $4,573 to provide Casual Nurses to address smoking cessation and to add a fatherhood component to the teen curriculum.

1-0059 – Implementation of NutriSTEP
NutriSTEP preschool screen has been set as a Health Promotion Accountability Agreement Indicator by the Ministry of Health and Long-term care. There was no additional funding with the accountability agreement. This proposal would fund a 0.50 FTE Registered Dietician to ensure MLHU compliance with the Accountability Indicator.

1-0080 – Early Breastfeeding Intervention and Support
The addition of 0.50 FTE Public Health Nurse would assist in providing adequate staffing to offer the comprehensive early discharge appointments, provide leadership in recruiting, training, and organizing peer breastfeeding supports and linking more intentionally with La Leche League leaders.

1-0109 – Realignment and Enhancement of Human Resources Coordination Positions
This proposal would add a Human Resources (HR) Coordinator to the HR team and disinvest in the current CUPE 0.50 FTE Administrative Assistant to the Director, HR and Corporate Strategy. The HR Coordinator would be a non-unionized position. Additionally, the 0.50 FTE Student Coordinator position, previously held by a Public Health Nurse and currently held by a non-union staff member, would be reallocated to CUPE, for a net impact on CUPE FTE of 0 (zero).

1-0020 – Pre-School Caries Prevention Program
This proposal would allow fluoride varnish treatment to be offered in daycare settings, preschool programs, and other childcare settings in neighbourhoods with children at high risk of early childhood caries.

1-0020B – Dental Health Promoter
The Oral Heath team requires a health promoter to engage in program development, promotion, and evaluation, to support implementation of initiatives aimed at reducing preschool caries. This individual will also provide health promotion support to other teams within OHCDSH.

1-0027 – Program Evaluator
OHCDSH is the only service area in the organization without a program evaluator, and a great deal of ongoing work needs to be done. This proposal would allow a program evaluator to engage and support teams with intentional and systematic planning efforts, evaluate various processes and outcomes, and build knowledge and skills among staff in the service area regarding planning and program evaluation.

1-0115 – MLHU Agency Campaign
This proposal would provide on-going annualized investment specifically to advertise and market the Middlesex-London Health Unit as a whole, and not specific programs and services. This would establish a base annual fund for campaigns such as the MLHU Agency Campaign developed in 2014.

1-0135 – Executive Assistant Support for the Associate Medical Officer of Health
This proposal would provide administrative support (scheduling, meeting logistics, documents drafting, etc.) for the Associate Medical Officer of Health.

PBMA Approved Disinvestments

Dept.	No.	Proposal	Value	FTE	Score
EHCDP	1-0024	Reduction in Review of Planning Applications	-$ 30,500.00	-0.30	-81
EHCDP	1-0033	Disinvestment in the Early Detection and Prevention of Cancer	-$ 97,262.00	-1.00	-90
EHCDP	1-0044	Very Low Risk Food Premises Inspections	-$ 22,920.00	-0.25	-94
EHCDP	1-0047	Food Handler Training Classes	-$ 58,758.00	-0.75	-75
FHS	1-0054	Administration - Operating Expenses	-$ 50,000.00	0.00	-43
FHS	1-0065	Smart Start for Babies Program	-$ 4,573.00	0.00	0
FHS	1-0092	InfantLine	-$ 58,888.00	-0.50	-29
FHS	1-0099	Early Years Team Public Health Nurse	-$ 100,000.00	-1.00	-166
HRLR	1-0006	Strathroy Reception	-$ 80,384.00	-1.22	-53
IT	1-0078	Individual Budget Line Efficiencies	-$ 12,000.00	0.00	0
OHCDSH	1-0005	Decrease Sexual Health Clinic Casual Public Health Nurse	-$ 9,300.00	-0.10	-5
OHCDSH	1-0008	Decrease Casual Clinic Assistant Hours	-$ 3,000.00	-0.10	-52
OHCDSH	1-0021	Universal Classroom-based Dental Health Education Lessons	-$ 64,000.00	-0.70	-96
OHCDSH	1-0022	Panorex Services	-$ 4,000.00	0.00	-15
OHCDSH	1-0023	Decrease in Program Assistant at Triage	-$ 6,600.00	-0.10	-93
OHCDSH	1-0025	Food Handler Training	-$ 23,000.00	-0.30	-12
OHCDSH	1-0026	Allocation of Epidemiologist Salary to FoodNet Canada	-$ 6,600.00	0.00	0
OHCDSH	1-0030	Children in Need of Treatment Savings	-$ 82,000.00	0.00	0
OHCDSH	1-0037	Reduction of Secondary School Immunization	-$ 6,300.00	-0.06	-77
OHCDSH	1-0056	Revenue Generation from Infectious Disease Control's Yearly Workshop	-$ 3,000.00	0.00	-1
OMOH	1-0112	Adjustments to Advertising - General Budget	-$ 15,600.00	0.00	-110
OMOH	1-0113	Reduction to the Communications Furniture and Equipment Budget	-$ 750.00	0.00	0
OMOH	1-0124	Available Executive Assistant Time	-$ 15,600.00	-0.25	0
		Total	-$ 755,035.00	-6.63	-1092

Disinvestment Descriptions

1-0024 – Reduction in the Review of Planning Applications

The Middlesex-London Health Unit currently reviews close to 200 planning applications per year from the City of London to provide advice on health hazards that may be present in land-use amendments, land-use zoning changes, subdivision applications and other environmental factors. This proposal would reduce the amount of resources that are dedicated to review of these applications.

1-0033 – Disinvestment in the Early Detection and Prevention of Cancer
Cancer Care Ontario is the provincial lead for the continuum of cancer care, from early detection through to treatment and aftercare. This disinvestment allows health unit resources to be re-allocated to primary cancer prevention strategies including healthy eating, substance misuse (alcohol and other drugs), tobacco use, exposure to second-hand smoke, physical activity, and poverty.

1-0044 – Very Low Risk Food Premises Inspections
This proposal would change inspections in very low risk premises. MLHU would retain responsibility for maintaining an inventory of these premises, inspecting to ensure that they remain very low risk, and responding to complaints, suspect foodborne illnesses and other agency referrals for these premises.

1-0047 – Food Handler Training Classes
The London Training Centre has the ability to administer the MLHU food handler training exams along with various other requirements pertaining to course content, auditing and trainer / instructor credentials. This disinvestment proposal would decrease the number of classes offered by MLHU and allow the London Training Centre to offer food handler training geared to the general public. It would also allow MLHU to focus on specific niche groups whom would benefit through affordable rates.

1-0054 – Family Health Services Administration Operating Expenses
This proposal would decrease the administrative budget for training, materials and supplies, purchased services, consulting and furniture and equipment.

1-0065 – Smart Start for Babies Program
This proposal would reduce the Smart Start for Babies program budget line for client travel for the 2015-16 fiscal year to better reflect actual anticipated client transportation costs for the program.

1-0092 – Infantline
In 2014, the Ministry of Health and Long Term Care as part of the Provincial Healthy Kids Initiatives implemented a provincial 24/7 telephone line staffed with trained nurses and lactation consultants who are available to assist mothers with breastfeeding and new infant issues. This proposal with discontinue MLHU's service thereby eliminating both the personnel and operational costs of the program.

1-0099 – Early Years Team Public Health Nurse
The Early Years Team would re-prioritize the work they do in 3 areas: number and staffing intensity of Well Baby Child Clinics offered, contact with low risk post-partum phone calls and availability of the health connection Public Health Nurses to reduce the public health nursing compliment by 1.0 FTE Public Health Nurse

1-0006 – Strathroy Office Reception
This proposal would eliminate reception staff at the MLHU Strathroy office. Job analysis concluded that duties could be fulfilled by reception staff at the 50 King Street location and service area staff who work out of the Strathroy office.

1-0078 – IT Individual Budget Line Efficiencies

This proposal captures a number of efficiencies that can be achieved based on historical spending in travel expenses, cellphone service, materials and repairs and stand-by and overtime costs.

1-0005 – Decrease Sexual Health Clinic Casual Public Health Nurses
The Wednesday morning Family Planning Clinic has lower volumes compared to others and can be offered efficiently with just one physician and one Public Health Nurse (rather than 2 of each). This proposal looks at reducing one casual Public Health Nurse. This change is not expected to have any significant impact on client service or client experience.

1-0008 – Decrease Causal Clinic Assistant Hours
This proposal would decrease casual Clinical Team Assistant (CTA) staffing by 0.1 FTE, by reducing the number of CTA's providing office support on Wednesday afternoons.

1-0021 – Universal Classroom-based Dental Health Education Lessons
The proposal would discontinue the universal classroom-based dental health education lessons at schools and instead opt for targeted delivery of the lessons within high-risk schools also receiving fluoride varnish treatments. This approach is expected to have a more significant impact on caries prevention.

1-0022 – Panorex Services
The Panorex X-ray machine was installed at the 50 King Dental Clinic in 2011 and is used to produce digital dental panoramic radiograph. This proposal would offer digital dental panoramic radiograph services to clients of community dental offices for a fee.

1-0023 – Decrease in Program Assistant at Triage
The Triage Program Assistants (PA) answer calls from people calling into the Health Unit with Communicable Disease /Immunization questions. This disinvestment proposes to decrease the Program Assistant time at Triage. This change would likely result in limited/no access to a live person through this line over the lunch hour most days of the week. These calls would be redirected to voicemail.

1-0025 – Food Handler Training
This proposal would eliminate food handler training for the Infectious Disease Control team by shifting responsibility to the Environmental Health team and the delivery of select food handler training courses by the London Training Centre. Note: This proposal had included a reduction of 0.1 FTE administrative support, which on further analysis will not be feasible. An additional change to casual staffing will be able to realize the planned savings.

1-0026 – Allocation of Epidemiologist Salary to FoodNet Canada
The OHCDSH Epidemiologist currently provides support for FoodNet Canada-related activities at MLHU. This proposal would allocate 0.06 FTE (~2 hours per week) of the Epidemiologist salary to FoodNet Canada, as part of the funds MLHU invoices to the Public Health Agency of Canada for Site Coordinator salary and benefits.

1-0030 – Children in Need of Treatment Savings (CINOT)

This proposal reflects incurred savings from the CINOT program due to decreased participation of eligible children and youth in the program. These dental services are being accessed through the Healthy Smiles Ontario (HSO) program funding instead of CINOT due to the expansion of HSO eligibility.

1-0037 – Reduction of Secondary Schools Immunizations
Only 25% to 30% of eligible students choose to receive immunizations at secondary school clinics. This proposal would reduce the number of school clinics and focus on providing clinics at high priority schools that are identified as having vulnerable student populations. This would result in a 0.06 FTE reduction in Casual Nurse hours.

1-0056 – Revenue Generation from Infectious Disease Control Yearly Workshop
This proposal takes into consideration the revenue generated by the annual Infection Prevention and Control Workshop. Revenues are generated from attendee registration fees.

1-0112 – Adjustments to Advertising – General Budget
This disinvestment proposal intends to reduce the Advertising-General budget line by ending sponsorship of the New Parent Resource Guide and the School Age Resource Guide, as well as ceasing the MLHU's advertising relationship with Coffee News.

1-0113 – Reduction to the Communications Furniture and Equipment Budget
As the workstations of all Communications staff are relatively new and all have (or will soon have) proper chairs, this proposal reduces the annualized budget for furniture and equipment by $750.

1-0124 – Available Executive Assistant Time
The Executive Assistant to the Medical Officer of Health (MOH) is no longer required for typing and dictation. This proposal would eliminate the 0.25 FTE of support to the MOH to free up 0.25 FTE for administrative support to other members of the Senior Leadership Team.

PBMA Approved One-time Investments

Dept.	No.	Proposal	Value	FTE	Score
Cross-MLHU	1-0132	Employee Wellness	$25,000.00	0.00	214
Cross-MLHU	1-0016	Management & Leadership Development Program	$25,000.00	0.00	211
EHCDP	1-0062	Child Booster Seat Campaign	$30,000.00	0.00	207
EHCDP	1-0072	Enhanced Compliance Initiative	$41,765.00	0.50	173
EHCDP	1-0074B	Increasing MLHU Capacity for Food Systems	$44,000.00	0.50	216
EHCDP	1-0075	Climate Change Adaptation Campaign	$66,765.00	0.50	202
EHCDP	1-0084	inMotion Physical Activity Community Campaign	$10,000.00	0.00	190
FHS	1-0128	Interactive Voice-Response Telephone Survey Technology	$15,000.00	0.00	185
OMOH	1-0127	eAgendas for Board of Health and Committee Meetings	$10,000.00	0.00	157
		Total	$267,530.00	1.50	1755

One-time Investment Descriptions

1-0132 – Employee Wellness
This proposal would allow MLHU to build an integrated wellness platform to manage health costs and increase productivity of staff. The first steps would require analytical review of claims, costs and conditions followed by predictive modelling to help design a wellness program, identify quick wins and develop a communications and evaluation strategy. This is anticipated to generate long-term savings.

1-0016 – Management and Leadership Development Program
This proposal would fund a Management & Leadership Development Program to develop the skills and expertise of MLHU's management team and provide ongoing workforce development.

1-0062 – Child Booster Seat Campaign
Although the benefits of booster seats in protecting children from serious crash-related injuries are well documented, usage remains low. This proposal would allow for a second phase of the 2014 booster seat campaign to build on the momentum to increase the number of parents who use booster seats for their children and therefore reduce the risk of severe injury or death.

1-0072 – Enhanced Compliance Initiative
This proposal would allow a 0.5 FTE Public Health Inspector (PHI) to conduct work aimed at addressing non-compliance within high risk food premises. The PHI will identify the food premises in need of intervention, scan the literature and create and deliver a targeted program aimed at improving the food safety culture within the food premises.

1-074B – Increasing MLHU Capacity for Food Systems
This proposal would increase the capacity of the Health Unit by 0.5 FTE Registered Dietitian/Public Health Dietitian so that MLHU is better positioned to take an ecological approach - addressing the environmental, economic, social and nutritional factors - to impact food-related issues in our communities, including food insecurity, consumption of nutrient-poor foods, and rates of overweight/obesity and related chronic diseases.

1-0075 – Climate Change Adaptation Campaign
This investment of 0.50 FTE would be required to deliver a climate change adaptation education and outreach program. This proposal includes staff time as well as costs associated with media, education (presentations, pamphlets) and outreach awareness communication campaign in order to make our citizens more adaptive and prepared for climate change impacts .

1-0084 – inMotion Physical Activity Campaign
This proposal will allow for continued participating in the inMotion Physical Activity Campaign in coordination with other community agencies. The funds would be used for promotion of the campaign, continued partnership and relationship building.

1-0128 – Interactive Voice-Response Telephone Survey Technology
This proposal would allow MLHU to purchase an Interactive Voice-Response (IVR) Telephone Survey System. This would be used to efficiently and effectively collect data. The implementation of this surveillance system is required to meet our upcoming BFI assessment (spring 2015) and Accountability Agreement requirement from MOHLTC.

1-0127 – eAgendas for Board of Health and Committee Meetings
The Health Unit's agenda preparation process is labour-intensive, and documents do not comply with the Accessibility for Ontarians with Disabilities Act. This proposal would allow us to purchase new software that would simplify access to Board of Health and Committee materials.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 003-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health and CEO

DATE: 2015 January 15

THE HEALTH UNIT AND *ONE LIFE ONE YOU* TAKE ACTION AGAINST SMOKING IN MOVIES

Recommendation

It is recommended that:

1. ***The Board of Health endorse Report No. 003-15 re: The Health Unit and* One Life One You *Take Action Against Smoking in Movies; and further***

2. ***The Board of Health send a letter to Landmark Cinemas, along with a copy of the Board of Health Endorsement of Action on Smoking in Movies (attached as Appendix A to Report No. 003-15), to express its disappointment in the decision not to run the smoke-free movie public service announcement, and to request a further opportunity to provide the facts about the impact that tobacco imagery in movies has on youth initiation of tobacco use.***

Key Points

- The more youth see smoking in movies, the more likely they are to start smoking.
- Since 2011, the Middlesex London Board of Health has been a strong proponent for taking action on smoking in movies, endorsing the Ontario Coalition for Smoke-free Movies' policies to reduce the exposure of youth to smoking in movies.
- *One Life One You* have been spear-heading the Health Unit's smoke-free movies initiative
- In December, Landmark Cinemas refused to approve the content of a smoke-free movie public service announcement since the advertisement takes a strong stance on no smoking in youth-geared movies and would be seen as contradictory to their business interests.

Background

The evidence is conclusive that viewing smoking in movies leads to youth starting to smoke. The more youth see smoking in movies, the more likely they are to start. Not only does exposure to onscreen tobacco imagery increase smoking initiation and progression to regular smoking among youth, it also undermines tobacco prevention efforts by making tobacco use seem more acceptable.

The Ontario Tobacco Research Unit conducted a study in 2014 to examine the extent of onscreen tobacco exposure in movies among Ontario youth. In their report entitled, Exposure to Onscreen Tobacco in Movies among Ontario Youth, 2004-2013, they found that 86% of movies released from 2004 – 2013 that contained tobacco images were youth-rated in Ontario. They estimated that, on average, roughly 13,200 current smokers in Ontario aged 12-17 were recruited to smoking in a year because of watching smoking in movies. Approximately 4,200 of these young smokers will die prematurely as a result.

Since 2011, the Middlesex-London Board of Health has been a strong proponent for taking action on smoking in movies, endorsing the Ontario Coalition for Smoke-Free Movies' polices to reduce youth exposure, attached as Appendix A.

2014 Smoke-Free Movies Initiative

In partnership with members of the Southwest Tobacco Control Area Network (SWTCAN), *One Life One You* and the Health Unit participated in a number of initiatives to promote three key strategies for parents:

1. ***Be in the Know*** - Monitor movie contents and prevent your children from watching movies that contain tobacco use.
2. ***Talk it Out*** - Talk to your kids about the smoking and tobacco use they see in movies to help reduce or eliminate the influence that tobacco imagery has on children and decisions about tobacco use.
3. ***Take Action*** –Tell others about the harms of smoking in movies and sign the global petition to eliminate smoking in youth friendly movies available through the Health Unit website.

The flagship event for the 2014 Smoke-Free Movies initiative was the outdoor Smoke-Free Movie Night in Victoria Park, organized and implemented by members of *One Life One You* in partnership with the Canadian Cancer Society, the City of London, and the YMCA of Western Ontario, along with the help of close to 50 youth volunteers from across Middlesex-London. Well over 2,000 children and parents attended the free, outdoor event, participating in five interactive tobacco prevention and education stations before enjoying an outdoor screening of the feature smoke-free movie, Disney's Frozen. Nearly 300 parent surveys were completed to gauge parental understanding of the issue and to inform future planning, and an Infographic targeted to parents, attached as Appendix B, was disseminated.

Cinema Advertisements Advocate for Action Against Smoking in Movies

A public service announcement educating movie-goers on the impact of smoking in movies on tobacco use and encouraging people to sign the online petition ran from December 19th to January 1st in both Cineplex-operated movie theatres and Rainbow Cinemas within London. Landmark Cinemas, the owner and operator of the Empire Movie Theatre, refused to approve the content of the public service announcement stating "[t]he content of the spot is a strong stance on no smoking in youth-geared movies, and would be seen as contradictory to product currently running on screen and may negatively impact guest perception of Landmark's movie offerings."

In addition to providing information to movie-goers regarding the pervasive impact that tobacco imagery in movies has on tobacco initiation in youth and how to take action, the World Health Organization recommends strong anti-smoking ads appear before films that include tobacco imagery to inoculate both younger and older adolescents against the promotional effects of exposure to tobacco images.

Landmark Cinemas Canada is the second largest motion picture theatre exhibition company in Canada, operating 48 theatres with 331 screens. Their decision not to place the advertisement could impact educational efforts locally, provincially and nationally. This challenge provides the Health Unit, in collaboration with the Ontario Coalition for Smoke-Free Movies, with an opportunity to reach out to the company to provide information and education regarding the influential role of smoking in movies.

This report was prepared by Ms. Tanya Verhaeghe, Health Promoter and Youth Engagement Coordinator, and Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team.

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

This report addresses the following requirement(s) of the Ontario Public Health Standards (2014): Foundations: Principles 1, 2 & 4; Chronic Disease Prevention: 1, 7, 11 & 12

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 036-11

TO: Chair and Members of the Board of Health

FROM: Graham L. Pollett, MD, FRCPC
Medical Officer of Health

DATE: 2011 April 14

CALL FOR ACTION AGAINST SMOKING IN MOVIES

Recommendation

It is recommended:

1. ***That the Board of Health endorse the Ontario Coalition for Smoke-free Movies policies highlighted in Appendix A to Report No. 036-11; and further,***

2. ***That the Board of Health communicate its support for policy actions to reduce the impact of smoking in movies on youth to local MPPs and other Boards of Health in Ontario.***

Background

The Ontario Coalition for Smoke-Free Movies was formed in May 2010 to take collective action to counter the harmful impact of smoking in movies. Members of the Ontario Coalition for Smoke-free Movies include the Canadian Cancer Society - Ontario Division, Heart and Stroke Foundation of Ontario, Non-Smokers' Rights Association/Smoking and Health Action Foundation, Ontario Lung Association, Ottawa Public Health Exposé, Physicians for a Smoke-Free Canada, Program Training and Consultation Centre Media Network and Ontario Tobacco Control Area Networks (TCAN). The Middlesex-London Health Unit is the host of the southwest TCAN.

Research has shown that the more youth see smoking in movies, the more likely they are to start. In 2009, Canadian theatres delivered over 1.1 billion tobacco impressions in youth-rated films alone. It is important to note that since movies are also viewed on DVD and Blue-ray, video-on-demand, cable, satellite, broadcast and broadband media, 1.1 billion underestimates the total tobacco impressions viewed in youth-rated films.

Immediate Action is Required

Tobacco imagery in movies and in video games is a powerful vehicle for promoting tobacco. Since the November 1998 Master Settlement Agreement in the United States, attention has been drawn to the links between Hollywood and the Tobacco Industry, including evidence of payments for tobacco product placement in movies and industry files that show the role of movies in tobacco promotion. One letter states: "Film is better than any commercial that has been run on television or in any magazine, because the audience is totally unaware of any sponsor involvement."

Extensive research on the effects of smoking and other tobacco portrayals in films demonstrates a relationship between smoking in the movies and youth tobacco initiation. According to the Tobacco Vector Report, created by the Physicians for a Smoke-free Canada, latest research suggests 44% of the estimated 300,000 Canadian teens who smoke, first lit up because they saw a character smoking in a film (about 130,000 of youth 15-19). Since provincial rating agencies (Ontario Film Review Board) seldom apply adult ratings (18A) to top-grossing films rated "R" in the United States, Ontario children and youth are exposed to an estimated 60 percent more tobacco imagery than their US counterparts. This influence

is compounded by the fact that generally smoking is glamorized on film, and rarely are the negative health effects of using tobacco products shown.

Recent data on youth and young adult tobacco-use rates suggest that declines in tobacco use have halted. According to the 2009 Ontario Student Drug Use and Health Survey, 16% of youth in grades 9 to 12 in southwestern Ontario reported past year cigarette smoking, and 7.5% reported daily smoking.

Call for Action

The Ontario Coalition for Smoke-Free Movies is calling for health organizations and agencies that work with children and youth to endorse the policies outlined on page two of Appendix A to reduce youth exposure to on-screen smoking and impressions of tobacco.

Conclusion

Tobacco use remains the number one cause of preventable disease and death in Ontario. Smoking in movies challenges Ontario's tobacco control efforts. Tobacco imagery in movies, particularly films rated as suitable for children and adolescents, promotes tobacco use and normalizes tobacco products to youth. Endorsement of the Ontario Coalition for Smoke-free Movies policy actions would help to prevent young people from starting to use tobacco products.

The Ontario Coalition for Smoke-Free Movies encourages Board of Health members, public health professionals, parents and education leaders to visit www.smokefreemovies.ca to learn more and contribute to this movement.

This report was prepared by Ms. Amy Yateman, Health Promoter, and Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team. Ms. Stobo will be present at the April 14 Board of Health meeting to answer any questions.

Graham L. Pollett, MD, FRCPC
Medical Officer of Health

This report addresses the following requirement(s) of the Ontario Public Health Standards:
Comprehensive Tobacco Control; 1, 7, 11

ENDORSEMENT OF ACTION ON SMOKING IN MOVIES

Tobacco use is the number one cause of preventable disease and death in Ontario. Leaders in public health units, local boards of health, non-governmental organizations and health charities in Ontario have a history of speaking out in favour of actions to reduce the harmful impact of tobacco use.

Whereas tobacco use is the leading cause of preventable death and disability in Canada, accounting for the deaths of approximately 13,000 people in Ontario alone each year;[1]

Whereas the tobacco industry has a long, well-documented history of promoting tobacco use and particular brands on-screen, while obscuring its true purpose in doing so;[2]

Whereas adolescents watch more films than any other age group: movie-going is a universal experience and tobacco imagery in films is currently unavoidable;[3]

Whereas nearly 90 percent of tobacco impressions delivered to theatre audiences in Canada in 2009 were delivered by large US media conglomerates; [3]

Whereas Canadian movie rating systems classify more movies as 14A or PG that are rated R in the US resulting in 60% more tobacco imagery exposure by youth-rated films;[3]

Whereas exposure to smoking in movies is estimated to be responsible for 44% of youth uptake;[4]

Whereas an estimated 130,000 Canadian smokers aged 15-19 have been recruited to smoke by exposure to on-screen smoking, and 43,000 of them will eventually die of tobacco-caused diseases;[3]

Whereas the World Health Organization has advised all nations that have ratified the *Framework Convention on Tobacco Control*, a global treaty obligating Parties including Canada to prevent youth smoking and end tobacco promotion through all channels, to give an adult rating to all new films that depict smoking, whether domestically produced or imported;[5]

Therefore be it resolved that Middlesex London Board of Health (name of organization) **endorses the following policies to reduce the exposure of youth to smoking in movies:**

(1) Rate new movies with smoking "18A" in Ontario, with the sole exceptions being when the tobacco presentation clearly and unambiguously reflects the dangers and consequences of tobacco use or is necessary to represent smoking of a real historical figure.

(2) Require producers to certify on-screen that no one involved in the production of the movie received anything of value in consideration for using or displaying tobacco.

(3) Require strong anti-smoking ads to be shown before any movie with tobacco use at the distributor's expense, regardless of rating and distribution channel.

(4) Require producers to stop identifying tobacco brands.

(5) Require that films with tobacco imagery assigned a G, PG, or 14A rating be ineligible for federal and provincial film subsidies.

Signed Patricia L Codere Date April 14, 2011

[1] http://www.mhp.gov.on.ca/en/smoke-free/default.asp Accessed August 17 2010

[2] C Mekemson and SA Glantz, "How the tobacco industry built its relationship with Hollywood," *Tobacco Control* 2002; 11: i81-i91. KL Lum, JR Polansky, RK Jackler, et al., *Tobacco Control* 2008; 17: 313-323.

[3] Polansky, J.. Tobacco Vector: How American movies, Canadian film subsidies and provincial rating practices will kill 43,000 Canadian teen alive today- and what Canadian government scan do about it. Physicians for Smoke-Free Canada. July 2010.Accessed August 2010 www.smoke-free.ca/pdf_1/2010/Tobaccovector.pdf

[4] C Millett and SA Glantz, "Assigning an '18' rating to movies with tobacco imagery is essential to reduce youth smoking (editorial)," *Thorax* 2010; 65(5): 377-78

[5] World Health Organization, *Smoke-free movies: From evidence to action*, 2009.Accessed April 2010 http://www.who.int/tobacco/smoke_free_movies/en/

ONTARIO COALITION FOR SMOKE-FREE MOVIES

September 1, 2010

Dear colleague,

Re: Act now to reduce the impact of smoking in movies on youth in Ontario

As you are aware, tobacco use is the number one cause of preventable disease and death in Ontario. The 2008 review of tobacco and media by the US National Cancer Institute (*Monograph 19*) reached an unequivocal conclusion regarding the impact of smoking in movies on youth tobacco use: "The total weight of evidence from cross-sectional, longitudinal and experimental studies indicates a causal relationship between exposure to smoking in movies and youth smoking initiation."

Researchers estimate that 44% of youth smoking can be attributed to exposure to on-screen smoking. The influence of movie smoking on young people should not be surprising, given the pervasive influence of Hollywood on popular culture and the fact that most other vehicles of tobacco promotion have been banned in Canada.

The tobacco industry's collaboration with Hollywood, including paid product placement, is well documented. The tobacco industry's own files reveal the importance of movies to tobacco promotion: "Film is better than any commercial that has been run on television or in any magazine, because the audience is totally unaware of any sponsor involvement."

The World Health Organization recommends four solutions to reduce tobacco depictions in movies. The recent report *Tobacco Vector*, commissioned by Physicians for a Smoke-Free Canada, examines the importance of applying these policy solutions in Canada, as well as the role of public funding and film subsidies for youth-rated films with tobacco depictions.

Smoking in movies undermines our collective tobacco control efforts. We encourage you to support the policy actions needed to reduce the impact of smoking in movies on youth initiation and subsequent long-term addiction to tobacco industry products. Please submit a letter of endorsement to the Ontario Coalition for Smoke-Free Movies to John Atkinson at jatkinson@on.lung.ca. Endorsements are being compiled online by the Ontario Lung Association's Youth Advocacy Training Institute at www.smokefreemovies.ca.

A sample statement of endorsement is enclosed for your consideration and signature along with a summary of the evidence with references in the fact sheet *Smoking in the Movies*.

Sincerely,

Lorraine Fry
lfry@nsra-adnf.ca

Andrea Kita
andrea.kita@hamilton.ca

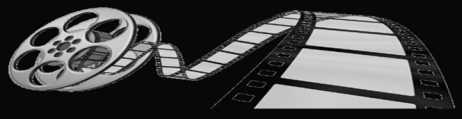
Co-chairs, Ontario Coalition for Smoke-Free Movies

Ontario Coalition for Smoke-Free Movies includes the Canadian Cancer Society, Ontario Division; Heart and Stroke Foundation of Ontario; Non-Smokers' Rights Association/Smoking and Health Action Foundation; Ontario Lung Association; Ottawa Public Health exposé; Physicians for a Smoke -Free Canada; Program Training and Consultation Centre Media Network; Smoke-Free Ontario Tobacco Control Area Networks

SMOKE-FREE MOVIES

What parents need to know:

40% of youth smoking is caused by smoking in movies



Tobacco Use:

is the number one cause of preventable death and illness.

'No one wants their kid to start smoking'

86%

of movies with smoking and tobacco images were rated for youth in Ontario

2004-2013

THE MORE KIDS

see smoking on screen

THE MORE LIKELY

they are to start

92,000

Ontario youth 12-17 have started smoking in the last 7 years as a result of smoking in movies

THE RESULT? 29,000 premature deaths

What can parents do?

New release movie smoking status: Facebook.com/HookedbyHollywood

More Information: SmokeFreeMovies.ca

SOURCE: 'Exposure to On-Screen Tobacco in Movies among Ontario Youth, 2004-2013.' (Ontario Tobacco Research Unit, 2014)

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 004-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health and CEO

DATE: 2015 January 15

PROVINCIAL POVERTY PROJECT

Recommendation

It is recommended that the Board of Health participate in the Middlesex-London Poverty Simulation event on March 6, 2015, and encourage local City and County councilors, MPPs and MPs to participate.

Key Points

- Poverty negatively impacts health and the ability to create a healthy, vibrant community.
- A collaborative local and provincial project is underway with the goal of building awareness and support among local decision makers for healthy public policy to help reduce poverty and food insecurity in municipalities across Ontario.
- The Health Unit has partnered with King's College, London's Poverty Research Centre, the Child and Youth Network, and United Way London & Middlesex to conduct local research related to the impact of participating in a locally designed and implemented poverty simulation.
- Municipal, provincial and federal government representatives are encouraged to participate in the Middlesex-London Poverty Simulation event.

Background

Poverty negatively impacts health and the ability to create a healthy, vibrant community. It is a real concern when any Middlesex-London resident can't afford basic needs, including nutritious and sufficient food. Income is one of the best predictors of health; however, many Middlesex-London residents perceive upstream social determinants of health, like income and education, as having less impact on health compared to downstream factors, like access to health care and lifestyle choices. Greater public awareness could help build momentum to address these issues. These social determinants of health are influenced heavily by public policy decisions that are made by all levels of government.

The Provincial Poverty Project, coordinated by the Ontario Society of Nutrition Professionals in Public Health and organized in participating communities by local planning teams, aims to build awareness and support among decision makers for healthy public policy to help reduce poverty and food insecurity in municipalities across Ontario. The Ontario Public Health Standards mandate Boards of Health to address the social determinants of health with the objective of reducing health inequities. The project initiatives include a municipal election candidate survey (Sept - Oct 2014) and coordinated, local poverty simulation events (Nov 2014 – Mar 2015).

The Board of Health has previously committed to supporting this project. For more information, see Board of Health Reports 031-14 and 054-14.

Municipal Candidate Survey

A municipal candidate survey, informed by a literature review of available evidence, was distributed to all London and Middlesex County candidates in September 2014. The survey aimed to raise awareness with

municipal election candidates about evidence-based strategies that municipalities could employ to address local poverty, and with voters about municipal election candidates' views on poverty reduction strategies for municipalities, including those that impact food access. Survey questions included candidate views on municipalities' role in poverty reduction, affordable housing, food access, and early childhood supports.

The candidate survey was endorsed by London Community Foundation, London's Poverty Research Centre and United Way London & Middlesex.

Key Results

- 92/176 (52%) municipal candidates completed the survey.
    - 60/87 (69%) City of London candidates completed the survey.
    - 32/89 (36%) Middlesex County candidates completed the survey.
- Survey responses were posted on www.healthunit.com/hungry-for-action.
    - The webpage was viewed 1 774 times during 1 388 sessions (Sept 12 - Dec 31, 2014).
    - The average time spent on the webpage was 10 minutes and 29 seconds, compared to 1 minute and 20 seconds on average for the entire Health Unit site (Sept 12 - Dec 31, 2014).
    - Ninety out of ninety-two candidate response PDFs were downloaded at least once with a total of 2 133 downloads overall during 750 webpage views (Sept 12 - Dec 31, 2014).

Middlesex-London Poverty Simulation

The second phase of the project is coordinated, local poverty simulation events occurring across Ontario from November 2014 to March 2015. Local decision makers and influencers, including City and County Councilors, Members of Provincial Parliament and Members of Parliament will be invited to attend a Middlesex-London Poverty Simulation event. At the event, participants will be assigned roles in 'families' and will manage the unexpected challenges of a marginalized life and barriers to accessing community resources during a simulated month. The goal of the poverty simulation is to impact programming and policy decisions by affecting local decision makers and influencers' attitudes toward people living in poverty and the barriers they face.

The poverty simulation will be pilot tested with King's College social work students in February. The Health Unit has partnered with King's College, London's Poverty Research Centre, the Child and Youth Network and United Way London & Middlesex to conduct local research related to the February and March poverty simulations. The purpose of the research is to investigate the short and long-term impacts of participating in this locally designed and implemented poverty simulation.

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

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

This report addresses the following requirement(s) of the Ontario Public Health Standards (2014): Foundational Standard 3, 4, 5, 8, 9; Chronic Disease Prevention 7, 11, 12.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 005-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health and CEO

DATE: 2015 January 15

PUBLIC FIT-TESTING CLINICS

Recommendation

It is recommended that Report No. 005-15 re Public Fit-Testing Clinics be received for information.

Key Points

- The Ministry of Labour inspected the Health Unit in 2009 and required us to build the infrastructure to support a mandated program of a Respirator Protection Program as all staff and volunteers were required to be fit-tested on an N95 respirator.
- In 2013, the "Efficiency and Shared Services Review" conducted by Price Waterhouse Coopers (PWC), recommended that the Health Unit revenue generating opportunities
- The Occupational Health and Safety Act (OHSA), which is enforced by the Ministry of Labour, states that every employer shall take all measures reasonably necessary in the circumstances to protect workers from exposure to a hazardous biological or chemical agent
- In 2014, the MLHU fit-tested 623 people. Revenue exceeded expectations, but costs did as well. The program finished the year with a small profit.

Background

After a Ministry of Labour inspection in 2009, the Health Unit was required to build the infrastructure to support the mandated program of a Respirator Protection Program as all staff and volunteers were required to be fit-tested on an N95 respirator. Inventory and equipment were purchased, staff members were specifically trained as 'Fit-testers' (by 3M Canada or Levitt-Safety Inc.) and a Health and Safety Policy was created (#8-110 – Respirator Protection and Fit-testing). The policy was also written to be in compliance with the Canadian Standards Association (CSA) Z 94.4-11 "Selection, care and use of respirators," which is considered to be a best practices standard.

Proactive fit-testing prevents organizations from having to reactively fit test staff during a crisis, when time and resources are at a premium. The Huron County Health Unit experienced this in August 2011, after the Goderich tornado struck. Huron had to reactively fit-test all of their Public Health Inspectors on the P100 respirator, which is designed to protect the user from mould and asbestos particulate and from adverse odor in certain situations.

In 2013, the "Efficiency and Shared Services Review" of the Health Unit conducted by Price Waterhouse Coopers (PWC), stated, "The Emergency Preparedness function could be generating revenue: The MLHU has the equipment to fit-test healthcare personnel for N95 and P100 respirators. Very few other organizations in the community provide this service to the public – which is an (every two year) requirement for all health care graduates and employees". The recommendation then was to generate revenue from the fee-for-service model of offering fit-testing to the public.

The business model of a Health Unit providing Fit-Testing Clinics designed for organizations and their staff members who are required to use a respirator (mask) as part of a Personal Protective Equipment (PPE) program is novel in Ontario. The Occupational Health and Safety Act (OHSA), which is enforced by the Ministry of Labour, states that every employer shall take all reasonable measures reasonably necessary in the circumstances to protect workers from exposure to a hazardous biological or chemical agent because of the storage, handling, processing, use of such agent in the workplace." Futher, "a worker who is required by his or her employer or by this Regulation to wear or use any protective clothing, equipment or device, shall be instructed and trained on its care, use and limitations before wearing or using it for the first time and at regular intervals thereafter and the worker shall participate in such instruction and training." The National Institute for Occupational Safety and Health (NIOSH) also requires an N95 respirator be worn as a precautionary measure in healthcare settings.

As global efforts track cases of influenza, novel coronavirus, MERS, Ebola and others health concerns, and as we remember the H1N1 outbreak in 2009, we are reminded of our due diligence in assisting healthcare providers. The Health Unit in 2009 set-up numerous impromptu clinics for physicians and their clinical staff to be fit-tested on the N95 respirator. In addition to generating a small profit, providing Fit-Testing Clinics to the public supports preparedness efforts prior to a public health emergency.

Clinic Models

The client looking for a Fit-Testing Clinic is usually an organization in healthcare or a related service, employing numerous staff, needing an onsite clinic, knowing that to be compliant with Ministry of Labour, the service must be repeated in two years' time. The Health Unit also offers monthly Fit-Testing Clinics at 50 King St. in London to individuals for a nominal fee.

At these clinics, the Health Unit offers fit-testing qualitatively (using hoods and aerosols) or quantitively (using a computerized PortaCount machine). A selection of twelve respirator varieties is maintained in inventory to accommodate all facial needs.

Typically, the clinics are scheduled with one staff member and 1 or 2 volunteers from the MLHU's Community Emergency Response Volunteers (CERV), depending on the clients need. The MLHU van is used to transport the personnel and equipment to the onsite clinic and mileage is charged accordingly. MLHU staff who are trained as fit-testers are used to fit-test MLHU staff and volunteers only, not external clients.

Financials

In 2014, the Health Unit fit-tested 623 people. The attached spreadsheet (Appendix A) shows the 2014 Budget and Actuals. Although costs were higher than predicted, cash flow was sufficient to generate a sustainable enterprise. The program also received a substantial donation of respirators, resulting in a profit that was higher than expected, and a healthy inventory that puts the Fit-Testing Clinics in a good position for 2015. It should be noted that the costs reflected here are incremental costs of running this program. Full costs would include costs such as equipment maintenance and depreciation that have not been included here, as they are costs that are paid by the Health Unit each year whether or not the public clinics operate.

This report was submitted by Ms. Patricia Simone, Manager, Emergency Preparedness.

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

Fit Testing to the Public: Profit/Loss Statement (unaudited) As of Dec 31, 2014			
	2014 Annual Budget	**2014 YTD Actual**	**Variance to Budget**
Revenue			
User Fees	15,000.00	16,848.89	1,848.89
Total Revenue	15,000.00	16,848.89	1,848.89
Expenses			
Admin Wages	4,633.00	8,894.65	(4,261.65)
Benefits	1,367.00	2,601.57	(1,234.57)
Materials & Supplies-Masks	4,000.00	2,806.10	1,193.90
Total Expenses	10,000.00	14,302.32	(4,302.32)
Net Surplus (deficit)	**$ 5,000.00**	**$ 2546.57***	**$ (2,453.43)**

***The program also received a substantial donation of respirators which is not reflected here.**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 006-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 January 15

SUMMARY INFORMATION REPORT FOR JANUARY 2015

Recommendation

It is recommended that Report No. 006-15 re Information Summary Report for January and the attached appendices be received for information.

Key Points

- The DineSafe website has been updated and will be launched in early January 2015, and as of the summer of 2014, mobile food premises have been required to post DineSafe inspection summaries on-site.
- Standardized provincial food premises risk categorization tool to be implemented by all health units in Ontario beginning in January 2015 and all food premises in Middlesex-London to be risk assessed through the use of the new tool by June 30th, 2015.

Background

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

Dinesafe Update

The DineSafe food disclosure program provides inspection information for the public through the DineSafe website www.dinesafemiddlesexlondon.ca and through onsite posting of inspection summaries (signs). The main objective of DineSafe is to provide the public with quick and concise inspection results that can be used to inform dining decisions. Public Health Inspectors complete food safety inspections and post a colour coded sign that corresponds with the results generated from the inspection report. A summary of the inspection results is uploaded to the DineSafe website within 1 business day. Recent updates to the DineSafe program have allowed for greater accessibility to inspection results through improvements made in website enhancements and functionality and through the requirement for on-site posting of inspection summaries at mobile food premises.

The Middlesex- London DineSafe website, launched in 2010, was recently reviewed to determine the effectiveness in meeting the main program objective of informing the public on inspection results. Several opportunities for improvements were identified. In particular: making the website 'mobile device friendly'; providing a map option with colour coded signs incorporated onto the map; and better searching functionality. RES IM was contracted to implement these enhancements and the updated DineSafe website has been completed and is intended to be launched in early January 2015. The Environmental Health (food safety) team will continue to work with RES IM on any matters that may affect the functionality or displaying of food safety inspection results on the DineSafe website.

The posting of inspection summaries (signs) on site at mobile food premises was phased into DineSafe during the summer of 2014 and a communication was sent to all mobile food premises operators. All hot dog carts, food trucks and catering vehicles that operate within Middlesex-London will now be required to post a colour coded sign on site. This change is now in place for an anticipated increase in the number of mobile food premises that may occur with a potential City of London policy change related to the licencing of food trucks. The Environmental Health (food safety) team will continue to work towards fully integrating all food premises that receive a colour coded sign onto the DineSafe website by addressing logistical challenges that have been identified.

New Food Premises Risk Categorization Tool

The Food Safety Protocol under the Ontario Public Health Standards requires Boards of Health to conduct an annual risk assessment of all year-round food premises. Risk categorization of food premises is important from a resource standpoint because the risk category determines the inspection frequency. Currently, there are approximately 2,500 year round food premises in Middlesex-London. Historically, health units have assessed and assigned risk to food premises using standardized criteria. However, there has been some inconsistency across health unit jurisdictions in the relative weight given to each of these criteria. A consistently applied approach to risk categorization through standardized weighting of risk criteria will improve reporting accuracy for performance indicators across jurisdictions and ensure objectivity by minimizing any potential bias.

In early 2014, the Ministry of Health and Long Term Care (MOHLTC) established a working group tasked with creating a standardized tool to guide health units in the decision making process for risk categorization. A scan of all 36 health units in Ontario revealed that there were slight differences across jurisdictions with regards to risk assessment methodology resulting in differences in risk categorization. Generally, it was determined that health units placed a greater emphasis on 'profile factors' for risk assessment criteria such as the types of food premises, types of foods being prepared and the nature of food preparation on-site, as opposed to 'performance factors' such as historical level of legislative compliance and food handler certification training, although these metrics were used by many health units. In addition, some health units utilized a more objective 'scoring' system while other health units assigned risk more subjectively.

In November 2014, the MOHLTC released a draft *Guidance Document for the Risk Categorization of Food Premises* and a draft risk categorization tool for review and comments from health units. MLHU staff provided feedback at that time and the revised tool (incorporating all health unit feedback) is anticipated to be delivered to all MOHs in early January 2015. The new tool will allow for greater inclusion of performance factors into the risk categorization process, assist health units to allocate resources more efficiently and according to demonstrated need, and reduce the risk of adverse health outcomes due to foodborne illness.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 007-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 January 15

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT – JANUARY

Recommendation

It is recommended that Report No. 007-15 re Medical Officer of Health Activity Report – January be received for information.

The following report highlights activities of the Medical Officer of Health (MOH) from the November Medical Officer of Health Activity Report to January 8, 2015.

The MOH and Senior Leaders met with Maureen Dobbins, RM, PhD, Scientific Director, National Collaborating Centre for Methods and Tools to conduct an organizational assessment to identify areas of strength in evidence-informed decision making (EIDM) that could be built upon as well as identify areas for growth. In follow up to this initial meeting, 4-6 staff will begin a training program to learn and practice skills related to EIDM.

Since the last Board meeting, MOH and Directors worked with their Managers and staff to refine and complete their Program Budget Templates (PBT). Directors will begin to present their PBTs at the January 8th Finance and Facilities Committee Meeting.

The MOH took 2 weeks of vacation over the holiday season.

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

December 11	Attended the 2014 Inaugural County Council meeting and dinner
December 16	Met with Dr. Jason Gilliland to discuss the Code Red project
January 7	Attended the Youth Opportunities Unlimited (YOU) Governance meeting Participated in the City of London Strategic Plan meeting at City Hall

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