AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

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

Thursday, 7:00 p.m.
2016 May 19

MISSION - MIDDLESEX-LONDON HEALTH UNIT

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

MEMBERS OF THE BOARD OF HEALTH

Ms. Patricia Fulton
Mr. Jesse Helmer (Chair)
Dr. Trevor Hunter
Mr. Marcel Meyer
Mr. Ian Peer
Ms. Nancy Poole
Mr. Kurtis Smith
Ms. Joanne Vanderheyden (Vice-Chair)

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

APPROVAL OF MINUTES

April 21, 2016 Board of Health meeting
Receive: Draft May 3, 2016 Finance and Facilities Committee meeting

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 May 3, 2016 (Report No. 031-16).
7:15 - 7:25	Ms. Sarah Maaten, Manager, Foundational Standard re: Item #2 – Strategic Initiative: Planning and Evaluation Framework (Report No. 032-16).

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
Committee Reports						
1	Finance and Facilities Committee Meeting May 3rd (Report No. 031-16)	May 3, 2016 Draft minutes	x	x		To receive information and consider recommendations from the May 3rd FFC meeting.
Delegations and Recommendation Reports						
2	Strategic Initiative: Planning and Evaluation Framework (Report No. 032-16)	Appendix A	x		x	To receive an update from the new Foundational Standard Division on the status of its Framework to support the Health Unit's Strategic Plan.
3	Plain and Standardized Packaging – Reducing the Impact of Tobacco Marketing on Smoking Behaviour (Report No. 033-16)	Appendix A		x		To endorse plain and standardized tobacco packaging and support *One Life One You* to visit local MPs to promote this position.
4	2016 Strategic Plan Balanced Scorecard (Report No. 034-16)	Appendix A Appendix B Appendix C		x		To approve the 2016 Balanced Scorecard.
Information Reports						
5	Wireless Device Contract (Report No. 035-16)	Appendix A			x	To provide an update on the status of the Health Unit's wireless device contract, expiring July 18, 2016.
6	Low Cost Contraceptive Project (Report No. 036-16)				x	To provide an update on the low cost contraceptive project.
7	Summary Information Report for May 2016 (Report No. 037-16)	Appendix A Appendix B			x	To provide a summary of information from Health Unit programs.
8	Medical Officer of Health Activity Report – May (Report No. 038-16)				x	To provide an update on the activities of the MOH for May 2016.

OTHER BUSINESS

Request from Councillor Helmer for the Board of Health to consider taking a position on light rail transit in London.

- Next Finance and Facilities Committee Meeting: Wednesday June 8, 2016 @ 9:30 a.m.
- Next Board of Health Meeting: Thursday June 16, 2016 @ 7:00 p.m.

CORRESPONDENCE

CONFIDENTIAL
The Board of Health will move in camera to discuss a matter regarding a proposed or pending acquisition of land by the Middlesex-London Board of Health, to approve minutes from its April 21st 2016 in camera session and to receive minutes from the Finance and Facilities Committee May 3rd 2016 in camera session.

ADJOURNMENT

CORRESPONDENCE

a) Date: 2016 March 31 (Received 2016 April 01)
Topic: Patients First Discussion Paper
From: Scott McDonald, Board of Health Chair, Peterborough County-City Health Unit
To: The Honourable Dr. Eric Hoskins, The Honourable Kathleen Wynne

Background:
Patients First: Action Plan for Health Care was announced in December 2015 and focuses on four key objectives:

- *Access*: Improve access – providing fast access to the right care.
- *Connect*: Connect services – delivering better coordinated and integrated care in the community, closer to home.
- *Inform*: Support people and patients – providing the education, information and transparency they need to make the right decisions about their health.
- *Protect*: Protect our universal public health care system – making evidence-based decisions on value and quality, to sustain the system for generations to come.

The Middlesex-London Board of Health considered a report at the January 21, 2016 meeting and discussed potential changes to the public health funding model and boundaries and jurisdictions served by Local Health Integration Networks and how this might affect funding and direction of the Board of Health.

Additionally, the Board of Health reviewed the five recommendations from the Association of Local Public Health Agencies and endorsed these recommendations at the April 21, 2016 meeting.

Recommendation:
Receive.

b) Date: 2016 March 24 (Received 2016 April 5)
Topic: Patients First Response
From: Theresa Barresi, Board Chair, Perth District Health Unit
To: The Honorable Dr. Eric Hoskins

Background:
See item (a) above.

Recommendation:
Receive.

c) Date: 2016 April 19 (Received 2016 April 20)
Topic: alPHa Resolutions for Consideration at June 2016 Annual General Meeting
From: Linda Stewart, Executive Director, alPHa
To: Chairs and Members of Board of Health, Medical Officers of Health

Background:
Resolutions for consideration at the June 2016 alPHA Annual General Meeting include:

- Change to Quorum in Constitution
- Amending alPHa Resolution Submission Guidelines

- Health-Promoting Federal, Provincial and Municipal Infrastructure Funding
- Enactment of Legislation to Enforce Infection Prevention and Control Practices Within Invasive Personal Service Settings (PSS) under the Health Protection and Promotion Act
- Healthy Babies Healthy Children 100% Funding.

Recommendation:
Endorse.

d) Date: 2016 April 20
Topic: Memo to MOHs and BOH re: Patients First
From: Dr. Eric Hoskins
To: all Ontario Boards of Health and Medical Officers of Health

Background:
There has been considerable feedback regarding the Patients First discussion paper. This response from the Minister of Health and Long-Term Care, Eric Hoskins to Boards of Health and Medical Officers of Health addresses LHIN integration, public health funding and the health equity and social determinants of health expertise that Public Health Units contribute to our health care system.

Recommendation:
Receive.

e) Date: 2016 April 21
Topic: Expansion of HPV Vaccination Program to Males
From: Dr. Eric Hoskins
To: Medical Officers of Health, Chairs, Boards of Health, Senior Managers, VPD Programs

Background:
Human papillomavirus (HPV) is one of the most common sexually transmitted infections in the world. There are several types of HPV, some of which can cause cervical cancer and genital warts. The province currently offers the HPV vaccine free of charge to girls in Grade 8 at Ontario schools. This will be expanded to all student and begin to be offered in the 2016-2017 school year.

Recommendation:
Receive.

f) Date: 2016 April 20 (Received 2016 April 25)
Topic: A Public Health Approach to the Legalizations of Cannabis in Canada
From: Barry Ward, Board of Health Chair, Simcoe-Muskoka District Health Unit
To: The Right Honourable Justin Trudeau

Background:
Canada has one of the highest rates of cannabis use in the world with over 40% of Canadian adults having used cannabis in their lifetime. In Ontario, it is the most widely consumed illicit drug, with youth and young adults having the highest rates of use.

At the January 26, 2016 Middlesex-London Board of Health Meeting staff were directed to: 1) advocate for an evidence-based public health approach to Cannabis in the context of legalization, including strict regulation for the non-medical use of cannabis, as well as its production, distribution, product promotion and sale; and 2) Establish baseline data and mechanisms to monitor local use of cannabis in the coming years; and 3) Forward the report and appendices to the Association of Local

Public Health Agencies, the Ontario Public Health Association, Ontario Boards of Health, the Ontario Minister of Health and Long-Term Care, the federal Minister of Health, and other elected officials as appropriate.

Recommendation:
Receive.

g) Date: 2016 April 26 (Received 2016 April 27)
Topic: Ontario Society of Nutrition Professionals in Public Health Position Statement of Responses to Food Insecurity
From: Northwestern Health Unit
To: Ontario Boards of Health, alPHa, the Ontario Society of Nutrition Professions in Public Health

Background:
All public health units in Ontario conduct a Nutritious Food Basket (NFB) survey in accordance with the Ontario Public Health Standards to measure the cost of basic healthy eating. Annual results repeatedly show that incomes for our most vulnerable residents are insufficient to afford basic needs.

The Board of Health considered a report at the September 17th meeting and approved that the Board: 1) Send a letter to the Prime Minister of Canada, the Premier of Ontario and the Ontario Minister Responsible for the Poverty Reduction Strategy requesting they prioritize consideration and investigation into a joint federal-provincial basic income guarantee; 2) Send a letter to the Premier of Ontario requesting the province increase social assistance rates to reflect the rising cost of nutritious food & safe housing; 3) Send a letter to all London and Middlesex County federal election candidates requesting they take Food Secure Canada's Eat Think Vote candidate pledge; and 4) Forward Report No. 50-15 re 2015 Nutritious Food Basket Survey Results and Implications for Government Public Policy to the City of London, Middlesex County & appropriate community agencies.

Recommendation:
Receive.

h) Date: 2016 April 27
Topic: Industry violations of the *International Code of Marketing of Breastmilk Substitute*
From: Scott McDonald, Board of Health Chair, Peterborough County-City Health Unit
To: The Honourable Jane Philpott

Background:
All Health Units in Ontario have been mandated to implement the Baby-Friendly Initiative. Middlesex-London Health Unit was formally designated as Baby-Friendly in December 2015. Other health care organizations (e.g. Hospitals, community health centres, and family health teams) in the province are also being encouraged and supported to adopt these best practices for prenatal and postpartum care.

Designation requires compliance with the World Health Organization's (WHO) International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly Resolutions. This is not part of the Canada Code as is suggested by the Peterborough County-City Health Unit.

Recommendation:
Receive.

i) Date: 2016 April 28
Topic: Environmental Health Program Funding
From: Scott McDonald, Board of Health Chair, Peterborough County-City Health Unit
To: The Honourable Eric Hoskins

Background:
There have been several recent changes to legislation involving the work of environmental health teams throughout Ontario. These changes and the corresponding increases in services that are being provided have not come with commensurate resources or staff training.

Recommendation:
Receive.

j) Date: 2016 March 23 (Received 2016 April 29)
Topic: Public Health Approach to Cannabis Legalization and Regulation
From: Cynthia St. John, Executive Director, Dr. Joyce Lock, Medical Officer of Health, Elgin St. Thomas Public Health
To: The Right Honourable Justin Trudeau

Background:
See item (f) above.

Recommendation:
Receive.

k) Date: 2016 April 28
Topic: alPHa response to Patients First (re: response to Feb 29 letter)
From: Dr. Valerie Jaeger, Association of Local Public Health Agencies (alPHa)
To: The Honorable Dr. Eric Hoskins

Background:
See item (d) above.

Recommendation:
Receive.

l) Date: 2016 May 2
Topic: Water Fluoridation
From: Mr. Don West, Chief Administrative Officer, Porcupine Health Unit
To: The Honorable Dr. Eric Hoskins

Background:
Fluoride is a naturally occurring mineral which is present in almost all water sources. Community water fluoridation is the process by which a water system operator adds fluoride in controlled amounts to raise naturally low fluoride levels to the optimal level of 0.7mg/L or 0.7ppm for dental health. Community Water Fluoridation is a municipal matter and decisions regarding the fluoridation of water systems are made by municipal councils.

Recommendation:
Receive.

m) Date: 2016 May 3 (Received 2016 May 4)
Topic: Herpes Zoster Vaccine
From: Mr. Lee Mason, Chair, Algoma Public Health
To: The Honorable Dr. Eric Hoskins

Background:
Language in the 2016 Ontario Budget indicates that "The government is making the shingles vaccine free for eligible Ontario seniors between the ages of 65 and 70 — saving them about $170 and reducing emergency room visits and hospitalizations." This was not previously included in the provincially-funded vaccine schedule.

Recommendation:
Receive.

n) Date: 2016 May 4
Topic: Coal Fired Electricity
From: Canadian Association of Physicians for the Environment c/o Urban Public Health Network and Dr. Cory Neudorf, CMHO, Saskatoon Health Region
To: Urban Public Health Network Members

Background:
Ontario is the first province or state in North America to completely eliminate coal fired power generation. Coal fired power plants are a significant contributor to greenhouse gas emissions and are linked with many significant health impacts. This correspondence supports the phase out of all coal fired generation.

Recommendation:
Receive.

o) Date: 2016 April 21 (Received 2016 May 9)
Topic: HPV Program Expansion – Fact Sheet Q & A
From: Roselle Martino, Assistant Deputy Minister, Population Public Health Division, Public Health Ontario
To: Medical Officers of Health, Boards of Health

Background:
See item (e) above.

Recommendation:
Receive.

p) Date: 2016 May 13
Topic: Healthy Babies Healthy Children program
From: Minister Tracey MacCharles, Ministry of Children and Youth Services
To: Dr. Christopher Mackie, Mr. Jesse Helmer, Mr. Alexander Bezzina, Deputy Minister, Ms. Stacey Weber, Acting Director, Early Childhood Development Branch

Background:

The Healthy Babies Healthy Children (HBHC) program supports vulnerable families and helps children reach their full potential. The Ministry of Children and Youth Services will undertake a third party review of the HBHC program to assess if the current delivery model is meeting Ontario's needs. This correspondence requests the input of public health units in the review process. Further details will be provided once the province selects a vendor

Recommendation:
Receive.

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

PUBLIC SESSION – MINUTES

MIDDLESEX-LONDON BOARD OF HEALTH

2016 April 21

MEMBERS PRESENT: **Mr. Jesse Helmer** (Chair)
Mr. Trevor Hunter
Ms. Trish Fulton
Mr. Marcel Meyer
Mr. Ian Peer
Ms. Nancy Poole
Mr. Kurtis Smith
Ms. Joanne Vanderheyden (Vice-Chair)

OTHERS PRESENT: Mr. Mark Studenny
Dr. Christopher Mackie, Medical Officer of Health & CEO.
Ms. Elizabeth Milne, Executive Assistant to the Board of Health & Communications (Recorder)
Mr. Jordan Banninga, Manager, Strategic Projects
Ms. Janet Connolly, Public Health Nurse, Vaccine Preventable Disease
Ms. Laura Di Cesare, Director, Corporate Services
Ms. Laura Dueck, Public Health Nurse, Reproductive Health
Mr. Dan Flaherty, Communications Manager
Ms. Tracey Gordon, Manager, Reproductive Health
Dr. Gayane Hovhannisyan, Associate Medical Officer of Health
Ms. Alison Locker, Acting Manager, Vaccine Preventable Disease
Ms. Heather Lokko, Director, Healthy Living
Mr. John Millson, Associate Director, Finance
Ms. Pat Simone, Manager, Emergency Management
Mr. Graham Smith, Public Health Nurse, Vaccine Preventable Disease
Ms. Linda Stobo, Manager, Chronic Disease & Tobacco Control
Mr. Alex Tyml, Online Communications Coordinator
Ms. Lynn VanderVloet, Program Assistant, Emergency Management
Ms. Suzanne Vandervoort, Director, Healthy Living

MEDIA OUTLETS: Mr. Dan Brown, London Free Press

Chair Helmer called the meeting to order at 7:15 p.m.

DISCLOSURES OF CONFLICT(S) OF INTEREST

Chair Helmer inquired if there were any disclosures of conflict(s) of interest. None were declared.

APPROVAL OF AGENDA

Chair Helmer requested that item #6 re: Syrian Newcomer Information Update (Report No. 025-16) be discussed and received prior hearing from the delegation.

It was moved by Mr. Smith, seconded by Mr. Meyer *that the* **AGENDA** *for the April 21, 2016 Board of Health meeting be approved as amended.*

Carried

APPROVAL OF MINUTES

It was moved by Ms. Fulton, seconded by Mr. Smith *that the **MINUTES** for the March 10, 2016 Board of Health meeting be approved.*

Carried

It was moved by Ms. Fulton, seconded by, Mr. Smith *that the **MINUTES** for the January 21, 2016 Governance Committee meeting be received.*

Carried

It was moved by Ms. Fulton, seconded by Mr. Smith *that the draft **MINUTES** for the April 7, 2016 Finance and Facilities Committee meeting be received.*

Carried

DELEGATIONS

7:05 - 7:15 p.m.	Mr. Wally Adams, Director, Environmental Health & Infectious Diseases re: Item #6 - Recognition of Syrian Newcomer volunteer translators (Report No. 025-16).
7:15 - 7:25	Ms. Trish Fulton, Chair, Finance and Facilities Committee re: Item #1 - Finance and Facilities Committee Meeting April 7, 2016 (Report No. 021-16).
7:25 - 7:40	Chair –Elect, Governance Committee re: Item #2 – Governance Committee Meeting April 21, 2016.
7:40 – 7:50	Ms. Laura Dueck, Public Health Nurse and BFI Lead re: Item # 3 - Baby Friendly Initiative (Report No. 022-16).

1) Syrian Newcomer Summary Information Update (Report No. 025-16)

Mr. Wally Adams, Director, Environmental Health & Infectious Diseases provided context to this report and introduced Ms. Pat Simone, Manager, Emergency Management.

It was moved by Mr. Meyer, seconded by Mr. Hunter, *that the Board of Health receive the Syrian Newcomer Summary Information Update for information.*

Carried

Chair Helmer invited Mr. Adams and Ms. Simone to present certificates and recognize the volunteer translators who assisted with the Health Unit's Syrian Newcomer efforts.

COMMITTEE REPORTS

2) Finance and Facilities Committee Meeting April 7th (Report No. 021-16)

Ms. Fulton provided a summary of the recommendations from the April 7, 2016 Finance and Facilities Committee (FFC) meeting.

Discussion ensued about the following:

- One-time funding requests submitted to the Ministry of Health and Long-Term Care.
- The responsibilities and requirements of the Finance and Facilities Committee going forward in the Health Unit's relocation process.

Ms. Fulton drew the Board's attention to the revised date of the next FFC meeting, to be held on Tuesday May 3rd, 2016.

It was moved by Mr. Helmer, seconded by Mr. Meyer *that the Board of Health:*

1. *Receive Report No. 010-16FFC Re: Middlesex-London Health Unit Relocation for information*

2. *Receive Appendix B re: one-time funding requests submitted to the Ministry of Health and Long-Term Care and,*
3. *Approve proposed Middlesex-London Health Unit Relocation Project Plan (revised Appendix A); as recommended by the Finance and Facilities Committee.*

Carried

It was moved by Ms. Fulton, seconded by Mr. Peer, *that the Board of Health increase the Board of Health member compensation rate for a half day meeting to $149.25 retroactively to January 1st, 2016.*

Carried

It was moved by Ms. Fulton, seconded by Ms. Vanderheyden, *that the Board of Health receive Report No. 12-16FFC and that the Board of Health approve the revised Terms of Reference, as recommended by the Finance and Facilities Committee.*

Carried

3) Governance Committee Meeting April 21st (Verbal)

Mr. Hunter provided a summary of the discussions and recommendations from the April 21, 2016 Governance Committee meeting.

Board of Health Self-Assessment Results (Report 07-16GC)

It was moved by Mr. Hunter, seconded by Mr. Peer *that the Board of Health receive the findings of the 2016 Board Self-Assessment as outlined in Report No. 07-16GC and direct staff to incorporate the survey results into Board development activity planning for 2016 as recommended by the Governance Committee.*

Carried

Board of Health Orientation & Development (Report 08-16GC)

It was moved by Mr. Hunter, seconded by Ms. *Vanderheyden that the Board of Health receive Report 08-16GC re: Board of Health Orientation and Development and, that Board of Health orientation practices be enhanced with opportunistic exposure to Health Unit programs in operation as recommended by the Governance Committee.*

Carried

Mr. Hunter flagged Middlesex Municipal Day on Thursday April 28th as an opportunity to see a summary of presentations about Health Unit programs and services.

Strategic Plan Update (Report 09-16GC)

It was moved by Mr. Hunter, seconded by Mr. Smith that the Board of Health receive *Report No.09-16GC Strategic Plan Update and Appendix A, the draft 2016 Balanced Scorecard, for information as recommended by the Governance Committee.*

Carried

Terms of Reference Revisions & Governance Policy Review (Report 010-16GC)

It was moved by Mr. Hunter, seconded by Mr. Meyer, *that the the Board of Health:*

1) *Receive Report No. 010-16GC for information;*
2) *Approve of the revised Terms of Reference for the Governance Committee attached as Appendix A;*
3) *Approve the revised Terms of Reference for the Finance and Facilities Committee (FFC) attached as Appendix B; and*
4) *Recommend that staff review, revise and develop Board of Health Governance Policies based on the proposed model in Appendix C, as recommended by the Governance Committee.*

Carried

Nomination and Appointment Process (Report 011-16GC)

Dr. Mackie provided some context to this report, encouraging board members to seek suitable candidates through their networks and Ms. Poole advised that current provincial appointees should be actively participating in recruitment and considering gender, diversity and skillset in this process.

Mr. Hunter advised of the Committee's decision to have the Board Chair and the Governance Chair sit on the selection committee for new board members.

It was moved by Mr. Hunter, seconded by Ms. Poole that the the Board of Health:

1. *Receive Report No. 011-16GC for information;*
2. *Approve the revised Nomination and Appointment Process;*
3. *conduct a skills inventory of its members; and*
4. *Recommend staff begin work with DiverseCity OnBoard to identify potential provincial appointees to the Board of Health, as recommended by the Governance Committee.*

Carried

DELEGATION AND RECOMMENDATION REPORTS

4) Baby Friendly Initiative (BFI) (Report No. 022-16)

Ms. Tracey Gordon, Manager, Reproductive Health reviewed the BFI certification process and introduced Ms. Laura Dueck, Public Health Nurse and BFI Lead, who summarized key highlights from the policy.

It was moved by Ms. Poole, seconded by Ms. Fulton, *that the Board of Health receive report No. 022-16 re: "Baby Friendly Initiative" for information.*

Carried

5) Association of Local Public Health Agency Resolution Report (Report No. 023-16)

Dr. Mackie provided context to this report, identifying that this follows on the Board of Health's policy decision at the April meeting, and summarizing the process to seek provincial advocacy support from alPHa.

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

1. *Receive report No.023-16 re: Association of Local Public Health Agency (alPHa); and*
2. *Submit the attached resolutions to go forward to the alPHa Annual General meeting in June 2016.*

Carried

6) Comments on the MOHLTC Proposal to Strengthen Ontario's Smoking and Vaping Laws (Report No. 024-16)

Chair Helmer introduced Ms. Linda Stobo, who answered questions.

Discussion ensued about e-cigarette use on private property and workplace policies that are currently in place to ban e-cigarette use.

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

1. *Endorse Report No. 024-16 re: "Comments on the Ministry of Health and Long-Term Care's Proposal to Strengthen Ontario's Smoking and Vaping Laws" and*
2. *Direct Health Unit staff to submit Appendix B and corresponding references to the Regulatory Registry for Ministry of Health and Long-Term Care consideration.*

Carried

INFORMATION REPORTS

7) Summary Information Report for April 2016 (Report No. 026-16)

It was moved by Mr. Smith, seconded by Ms. Fulton, *that the Board of Health receive Report No.026-16 re: Information Summary Report for April 2016 for information.*

Carried

8) Medical Officer of Health Activity Report – April (Report No. 027-16)

Dr. Mackie flagged an additional activity for this report where he attended a London city council meeting that saw council support the Final Recommendations set out by the Mayor's Advisory Panel on Poverty. Dr. Mackie outlined some next steps in the implementation process.

It was moved by Mr. Meyer, seconded by Mr. Hunter, *that Report No. 027-16 re Medical Officer of Health Activity Report – April be received for information*.

Carried

CORRESPONDENCE

Discussion ensued about item b) and i). Dr. Mackie clarified and provided context to these items, flagging a memo received from Minister Hoskins on April 20th, which will be brought to the Board's attention at the next meeting.

It was moved by Mr. Peer, seconded by Ms. Fulton, *that the Board of Health endorse the letter from the Association of Local Public Health Agencies re Patients First discussion paper*.

Carried

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the Board of Health endorse the letter from Toronto Public Health re Proposed Domestic and Sexual Violence Workplace Leave, Accommodation and Training Act.*

Carried

Discussion ensued about items d) and f). Dr. Mackie clarified and provided context to these items.

It was moved by Ms. Vanderheyden, seconded by Mr. Hunter, *that the Board of Health receive correspondence items a), c) through h) and j) through t).*

Carried

OTHER BUSINESS

Chair Helmer brought to the attention of the Board an item of correspondence sent from Mr. Turner regarding a temporary leave of absence from the Board of Health, granted by City council.

It was moved by Ms. Fulton, seconded by Ms. Poole *that the Board of Health acknowledge Mr. Turner's correspondence and wish him a prompt return to the Board of Health.*

Carried

Chair Helmer advised the Board of the completion of Mr. Mark Studenny's term. Chair Helmer and Dr. Mackie thanked Mr. Studenny for his contributions and dedication to public health over the last 10 years he has served on the Middlesex-London Board of Health.

Upcoming meetings

- Next Finance and Facilities Committee Meeting: Tuesday May 3, 2016 @ 9:00 a.m.
- Next Board of Health Meeting: Thursday, May 19, 2016 @ 7:00 p.m.

CONFIDENTIAL

At 8:47 p.m. Chair Helmer invited a motion to move in camera to discuss matters concerning an identifiable individual, the security of property held by the Middlesex-London Board of Health and to approve minutes from its March 10, 2016 in camera session regarding a matter of proposed or pending acquisition of land.

Chair Helmer and the Board of Health invited Mr. Mark Studenny to attend the in-camera session.

At 8:47 p.m. it was moved by Mr. Meyer, seconded by Mr. Peer *that the Board of Health move in camera to discuss matters concerning an identifiable individual, the security of property held by the Middlesex-London Board of Health and to approve minutes from its March 10, 2016 in camera session regarding a matter of proposed or pending acquisition of land.*

Carried

At 8:48 p.m. all Health Unit staff, except Dr. Mackie, Ms. Laura Di Cesare, Mr. John Millson, Mr. Wally Adams, Ms. Suzanne Vandervoort, Ms. Heather Lokko, Mr. Mark Studenny, Ms. Elizabeth Milne and Mr. Mark Pryzslupski left the meeting.

At 9:27 p.m. it was moved by Ms. Vanderheyden, seconded by Mr. Smith *that the Board of Health rise and return to public session to adjourn the meeting.*

Carried

At 9:27 p.m. the Board of Health returned to public session.

ADJOURNMENT

At 9:27 p.m., it was moved by Ms. Fulton, seconded by Ms. Vanderheyden *that the meeting be adjourned.*

Carried

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JESSE HELMER **CHRISTOPHER MACKIE**
Chair **Secretary-Treasurer**

PUBLIC MINUTES
Finance and Facilities Committee
50 King Street, Room 3A
MIDDLESEX-LONDON BOARD OF HEALTH
2016 May 3, 10:00 a.m.

COMMITTEE MEMBERS PRESENT:
Ms. Trish Fulton **(Committee Chair)**
Mr. Marcel Meyer
Mr. Ian Peer
Mr. Jesse Helmer
Ms. Joanne Vanderheyden

OTHERS PRESENT:
Dr. Christopher Mackie, Medical Officer of Health and CEO
Ms. Elizabeth Milne, Executive Assistant to the Board of Health & Communications (Recorder)
Ms. Laura Di Cesare, Director, Corporate Services
Mr. John Millson, Associate Director, Finance

At 10:04 a.m., Chair Fulton called the meeting to order.

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. Meyer, seconded by Mr. Peer *that the **AGENDA*** for the May 3rd 2016 *Finance and Facilities Committee meeting be approved.*

Carried

3. APPROVAL OF MINUTES

It was moved by Mr. Peer, seconded by Ms. Vanderheyden *that the **MINUTES** from the April 7, 2016 Finance and Facilities Committee meeting be approved.*

Carried

4. NEW BUSINESS

4.1 Great-West Life Benefits – Rate Renewal (Report No. 013-16FFC)

Mr. Millson summarized and provided context to this report.
Mr. Helmer arrived at 10:11 a.m.

Discussion ensued about the following items:

- Internal issues that have caused insurance premiums to increase.
- The possibility of changing the plan to reduce costs such as co-paying, restricting coverage at certain pharmacies to save on dispensing fees and implementing flex benefit plans.

It was moved by Mr. Meyer, seconded by Mr. Helmer *that the Finance and Facilities Committee review and make recommendation to the Board of Health to approve the renewal of the group insurance rates*

administered by Great-West Life as described in Report No. 013-16FFC re: "Great-West Life Benefits – Renewal Rates".

Carried

4.2 2016 One-time Funding Confirmation (Report No. 014-16FFC)

Mr. Millson summarized and provided context to this report.

Discussion ensued about the following items:

- Costs associated with covering activities related to the TB case investigation and follow up.
- The discretionary nature of 100% Funding grants from the Ministry and the application process
- The Medical Officer of Health compensation grid and changes associated with the rate for 2016.

It was moved by Mr. Peer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee make recommendation to the Board of Health to approve the Board Chair to sign the Amending Agreement No. 4 to the Public Health Funding and Accountability Agreement as appended to Report No. 014-16FFC.*

Carried

5. CONFIDENTIAL

At 10:40 a.m. Chair Fulton invited a motion to move in camera to discuss a matter regarding a proposed or pending acquisition of land by the Middlesex-London Board of Health.

It was moved by Ms. Vanderheyden, seconded by Mr. Peer, *that the Finance and Facilities Committee move in camera to discuss a matter regarding a proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

At 10:51 a.m. it was moved by Ms. Vanderheyden, seconded by Mr. Meyer *that the Finance and Facilities Committee rise and return to public session to adjourn the meeting.*

Carried

At 10:51 a.m. the Finance and Facilities Committee returned to public session.

6. OTHER BUSINESS

6.1 Dr. Mackie flagged the Middlesex-London Health Unit wireless device selection process and advised that this item will require an important policy discussion. A detailed analysis of various platforms has been completed by IT staff. An information report will go to the Board of Health at the May meeting, and any financial impacts will be provided to the Finance and Facilities Committee during the quarterly variance process.

6.2 The next Finance and Facilities Committee was rescheduled for Wednesday June 8th at 9:30 a.m. due to quorum.

7. ADJOURNMENT

At 11:05 a.m. Chair Fulton *adjourned the meeting.*

_____ _____

TRISH FULTON
Committee Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 031-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 May 19

FINANCE AND FACILITIES COMMITTEE MEETING - MAY

The Finance and Facilities Committee met at 10:00 a.m. on Tuesday May 3, 2016 (Agenda).
The following items were discussed at the meeting and recommendations made (Minutes):

Reports	Recommendations for Board of Health's Consideration
Great-West Life Benefits – Rate Renewal **(Report No. 013-16FFC)**	It was moved by Mr. Meyer, seconded by Mr. Helmer *that the Finance and Facilities Committee review and make recommendation to the Board of Health to approve the renewal of the group insurance rates administered by Great-West Life as described in Report No. 013-16FFC re: "Great-West Life Benefits – Renewal Rates".* Carried
2016 One-time Funding Confirmation **(Report No. 014-16FFC)**	It was moved by Mr. Peer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee make recommendation to the Board of Health to approve the Board Chair to sign the Amending Agreement No. 4 to the Public Health Funding and Accountability Agreement as appended to Report No. 014-16FFC.* Carried

The Finance and Facilities Committee moved in-camera to discuss a matter regarding a proposed or pending acquisition of land by the Middlesex-London Board of Health.

The next Finance and Facilities Committee meeting has been re-scheduled to Wednesday June 8, 2016 at 9:30 a.m. due to quorum.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 032-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 April 21

STRATEGIC INTIATIVE: PLANNING AND EVALUATION FRAMEWORK

Recommendation

It is recommended that Report No. 032-16 re Strategic Initiative: Planning and Evaluation Framework be received for information.

Key Points

- The new Foundational Standard Division was formed in January, 2016 to support the Ontario Public Health Standard of the same name.
- One of the division's first priorities is to formalize and implement a Planning and Evaluation Framework to support MLHU's strategic plan in achieving Program Excellence.

Background

In the January, 2016 reorganization of MLHU the new Foundational Standard Division was created to support the work of the Foundational Standard of the Ontario Public Health Standards. This standard ensures that MLHU's programs and services are responsive to the needs and emerging issues of the health unit and are informed by evidence. The four areas of activity in this standard include Population Health Assessment, Surveillance, Research and Knowledge Exchange and Program Evaluation. The Foundational Standard Division brings together Epidemiologists, Data Analysts, Program Evaluators, the Library and the Resource Lending System team, previously embedded in the different service areas. This centralized model allows for a more coordinated, consistent approach to Foundational Standard functions.

Strategic Project

Under the new MLHU Strategic Plan one aim is to deliver maximum value and impact with resources. To achieve this aim, MLHU has identified the strategic objective to optimize evidence-informed planning and evaluation. One of first priorities of the Foundational Standard Division is to achieve this strategic objective by formalizing and implementing a MLHU Planning and Evaluation Framework (Appendix A). The framework will support strategic initiatives in the quadrants area of Program Excellence, Client and Community Confidence and Organizational Excellence.

While MLHU delivers great programs, there is an opportunity for continuous quality improvement. For example, the framework will support current processes of reallocation of our resources to maximize the impact for the community. Consistent program planning and evaluation processes, set out by the framework, will feed directly into Program Budgeting and Marginal Analysis (PBMA) requirements and proposals for investment and disinvestment. The framework will provide a guide for consistent collection of the necessary information on need for programs, impact of evidence-informed strategies, opportunities for partnership, and our capacity and resources needed to conduct the work.

Having a comprehensive organizational evaluation framework across the health unit is a best practice for building a strong organizational evaluation culture according to recent results of a Locally Driven Collaboration Project funded by Public Health Ontario. A process was conducted to select frameworks for

adaptation. Originally 25 frameworks were gathered and reviewed by internal committees who selected two frameworks (from KFLA Public Health and Peel Public Health) from which the MLHU framework will be adapted. Adaption is currently being completed to bring those selected frameworks in line with MLHU language and existing processes.

Success in implementation of the framework is contingent on good change management practices including engagement of end-users of the products. Over the past several months an extensive internal consultation was done to understand the needs of those who will be using the framework and associated tools. Managers and staff were consulted to understand their desired outcomes of a framework and vision for success. Information was also collected about perceived barriers and potential solutions around implementation of the framework.

Next Steps

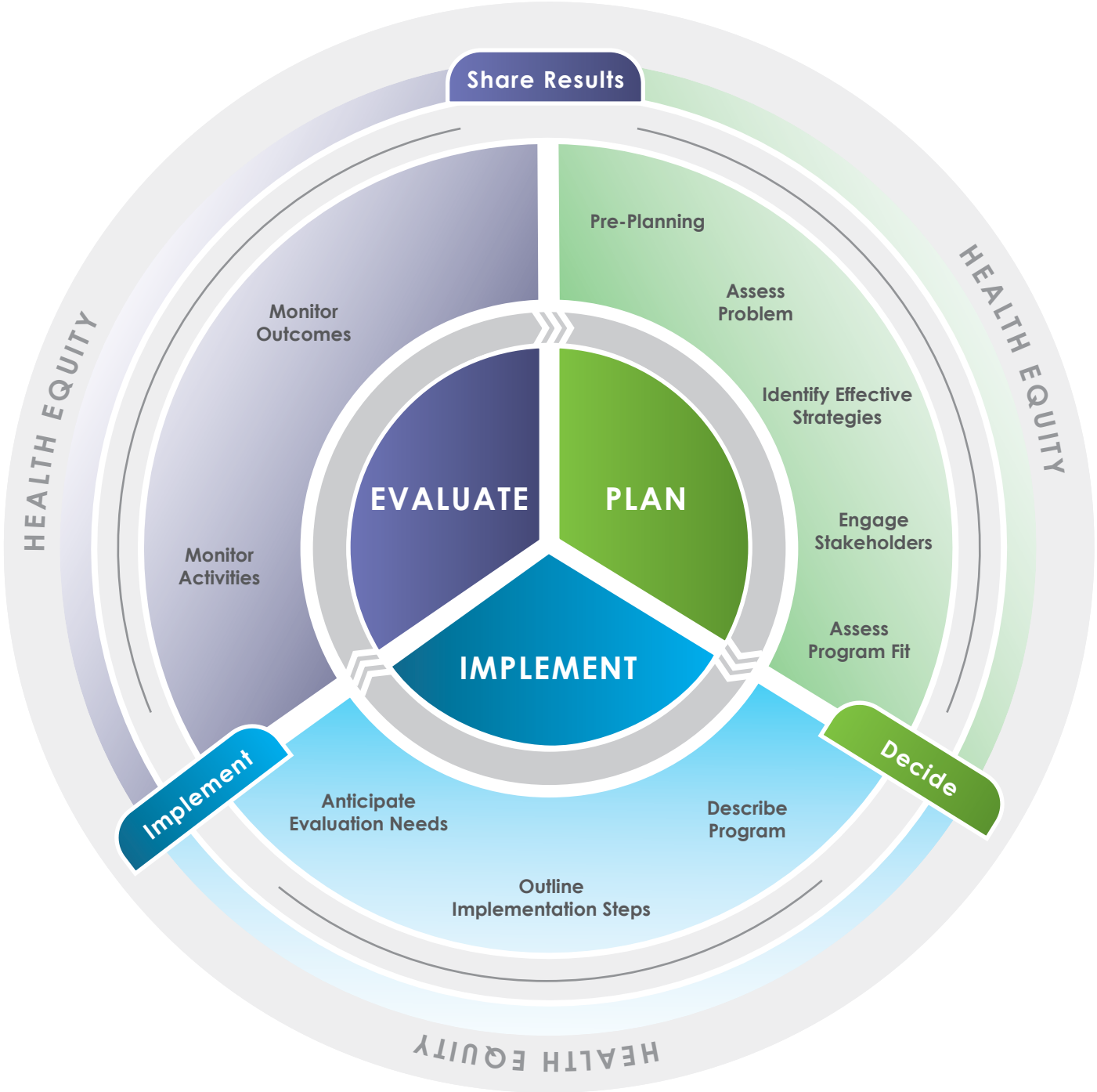
Next steps include further engagement of SLT, NLT and staff on roles and responsibilities with regards to doing the planning and evaluation work. We will also develop a project charter for training and implementation of the Planning and Evaluation Framework.

This report was prepared by Dr. Gayane Hovhannisyan and Ms. Sarah Maaten

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

This report addresses Ontario Public Health Organizational Standard

MIDDLESEX-LONDON HEALTH UNIT
PLANNING AND EVALUATION FRAMEWORK



MIDDLES4EX-LONDON HEALTH UNIT

REPORT NO. 033-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health and CEO

DATE: 2016 May 19

PLAIN AND STANDARDIZED PACKAGING-REDUCING THE IMPACT OF TOBACCO MARKETING ON SMOKING BEHAVIOUR

RECOMMENDATIONS

It is recommended that:

1. ***The Board of Health sign the endorsement, attached as Appendix A, recommending that the Government of Canada implement plain and standardized tobacco product packaging; and,***
2. ***In support of the National Campaign, the members of One Life One You visit local MPs to provide education and promote the importance of plain and standardized tobacco product packaging prior to proposal submission to Cabinet, anticipated for fall 2016.***

Key Points

- In Nov. 2015, the Federal Government committed to implement plain packaging and to make it a top priority as stated in a letter to the Minister of Health.
- The tobacco package is one of the only remaining marketing tools that the tobacco industry has to promote its deadly product, serving as a mini billboard, using colours, images, logos, slogans and distinctive fonts, finishes, and sizing configurations to make their product appealing and attractive to tobacco users and to recruit new tobacco users.
- An extensive body of evidence has shown that that plain and standardized packaging enhances the effectiveness of the graphic health warnings and curbs deceptive messages about tobacco products, reducing tobacco use.
- Several national health agencies led by the Heart and Stroke Foundation, the Non-Smokers' Rights Association and the Canadian Cancer Society (CCS) are developing a coordinated national campaign to support the Federal Government's plan.

Background

Legislation prohibiting how and where tobacco companies can advertise tobacco products has necessitated the development of tobacco packaging that is, in essence, a mini billboard to promote tobacco companies' deadly products in compelling ways. Clever marketing that uses colourful and eye-catching logos and graphics, and sleek, sculpted packages containing monogrammed or stylized cigarettes appeals to tobacco users and potential new smokers alike.

Replacing the flashy tobacco package with a plain package containing only the brand name and health warning would eliminate tobacco brand promotion, curb deceptive messaging using descriptors such as "light" or "mild", strengthen the impact of the graphic health warnings and reduce tobacco use overall.

Plain packaging of tobacco products is not a new idea. Australia was the first country to mandate plain packaging in Dec. 2012, and the UK and France are implementing plain packaging in May 2016. Ireland has enacted legislation and is currently waiting on an implementation date. Plain packaging is being formally considered in 9 other countries including Canada, Sweden, South Africa, Finland, Norway and

Belgium. In Canada in 2015, the Federal Government committed to implementing plain packaging as part of its electoral platform and referred to it as a top priority in a letter to the Minister of Health.

There is an extensive body of evidence in support of implementing plain packaging and additional studies that have documented the Australian experience. As expected, the tobacco industry has responded through legal action; however, both a constitutional challenge and tobacco industry legal claim against the Australian government have been dismissed.

The National Campaign for Plain and Standardized Packaging

Several national health agencies led by the Heart and Stroke Foundation, the Non-Smokers' Rights Association and the Canadian Cancer Society (CCS) are developing a national campaign to support the Federal Government's plan to require plain and standardized packaging. The proposal put forth to the Canadian government would require that packages are void of colour, logos, branding, slogans, images and/or stylized fonts. Further, all packages would have standardized dimensions (size and shape), and would not include any distinctive finishes or specialty formats. With campaign support and health agency endorsement across Canada, the Government of Canada has the opportunity to address the remaining forms of tobacco marketing. The inclusion of standardization goes above and beyond plain packaging efforts in other countries and will position Canada as a leader in tobacco control once again. Throughout this process there will be ongoing opportunities for involvement at the regional and local level. A provincial coalition comprised of representatives from public health units and Smoke-free Ontario provincial partners is developing a social marketing campaign to raise awareness of the tobacco industry's practices with respect to branding, packaging and design, and to promote the impact that tobacco packaging has on youth initiation. The Tobacco Prevention Health Promoter and Youth Development Specialist from the Health Unit and SW TCAN are active members of this provincial coalition.

Opportunities for Action

To show support for plain and standardized packaging, the Canadian Cancer Society has prepared an endorsement form for signature by as many national, provincial and regional health agencies as possible. Collecting a large number of these endorsements is an essential part of the effort to demonstrate to the Canadian Government that there is widespread support for plain and standardized packaging. Signing the *Plain and Standardized Packaging Endorsement Form*, attached as Appendix A, is an opportunity for the Middlesex-London Board of Health to communicate its support to the national campaign and to recommend the implementation of plain and standardized packaging by the Federal Government. To support the campaign at the local level, members of *One Life One You* will visit local MPs to provide education and promote the importance of plain and standardized packages, prior to the proposal submission to Cabinet in the fall of 2016.

This report was prepared by Mrs. Lori Fellner, Youth Development Specialist, South West Tobacco Control Area Network (SWTCAN), Ms. Jacqueline Uprichard, Health Promoter for the Chronic Disease Prevention and Tobacco Control (CDPTC) Team, Ms. Donna Kosmack, SWTCAN Manager and Ms. Linda Stobo, CDPTC Program Manager.

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

This report addresses the following requirements of the Ontario Public Health Standards (2015): Foundational Standard 1, 9; Chronic Disease Prevention 1, 7, and 11.

Appendix A to Report No. 033-16

Endorsement of Plain and Standardized Packaging

Plain and standardized packaging would prohibit all promotional features on all tobacco packaging, including the use of colours, images, logos, slogans, distinctive fonts, and finishes. Only the brand name would be allowed. Health warnings would remain on packages. The size and shape of the package would be standardized, thus prohibiting specialty package formats, such as slim and superslim cigarette packages that reduce warning size and overtly target women. The appearance of cigarettes would also be standardized, at a minimum prohibiting the use of branding, logos, colours and special finishes, and establishing standards for cigarette length and diameter.

Our organization endorses a requirement in Canada for plain and standardized packaging, as outlined above.

Name of organization: Middlesex-London Board of Health

Name of organization representative: Mr. Jesse Helmer

Title: Chair, Middlesex-London Board of Health

Signature: _____

Date: _____

Name and email for organization contact: Dr. Christopher Mackie, Medical Officer of Health and CEO
Email: christopher.mackie@mlhu.on.ca

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 034-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 May 19

2016 STRATEGIC PLAN BALANCED SCORECARD

Recommendation

It is recommended that the 2016 Balanced Scorecard, Appendix B to Report No. 034-16 re 2016 Strategic Plan Balanced Scorecard, be approved.

Key Points

- The draft 2016 Balanced Scorecard was reviewed by the Governance Committee on April 21, 2016.
- This balanced scorecard aligns the organization's activities to the vision and strategy of the organization, improves internal and external communications, and assists in monitoring organization performance against the strategic priorities and objectives identified in the 2015-2020 MLHU Strategic Plan.

Background

The Balanced Scorecard is a performance management tool that allows the Middlesex-London Health Unit to report on the progress of our strategic priorities identified in the 2015-2020 Strategic Plan (Appendix A). This report provides an update on the 2016 Balanced Scorecard which was discussed at the Governance Committee meeting on April 21, 2016.

2016 Balanced Scorecard

Feedback from the Governance Committee members was integrated into the 2016 Balanced Scorecard (Appendix B). This scorecard provides a high level summary of the activities and tasks expected to be completed in 2016 as well as indicators to measure performance.

It is important to note that the Balanced Scorecard is intended to be a reporting and performance management tool, and it does not fully articulate all of the activities that are being done across the organization to meet our strategic objectives. At the management level, this is done through a comprehensive program planning and evaluation process and through the development of cascading balanced scorecards at the division and team levels.

Cascading Balanced Scorecards

Cascading the Balanced Scorecard to the division, team and staff levels allows the management team to align the work of staff with the organization's strategic directions. This process has begun in 2016 with the development of Divisional Balanced Scorecards and will continue in future years with the development of Team and Staff Balanced Scorecards. An example of what this process looks like for one of our strategic priorities in attached (Appendix C).

Next Steps

The Senior Leadership Team and MLHU staff will continue to work on the activities identified in the 2016 MLHU Balanced Scorecard and commence will cascading scorecards at the divisional level. Reporting of the strategic priorities of the Health Unit will be provided to the Governance Committee and the Board of Health semi-annually in April and October.

This report was prepared by Mr. Jordan Banninga, Manager, Strategic Projects.

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

Appendix A to Report No. 034-16

2015 - 2020
Middlesex-London Health Unit
Strategic Plan

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

Contents

Acknowledgements

The 2015-2020 Middlesex-London Health Unit (MLHU) Strategic Plan is the result of an extensive collaborative process involving all of the staff at MLHU.

Through numerous consultations, surveys and feedback forums, the strategic directions that are set out in this document are the culmination of an iterative process that couldn't have been possible without engagement from the staff in our organization.

The Board of Health provided significant input in setting the vision and mission for our organization and feedback at key points in the planning process. Their continued buy-in and support is essential to achieve all that we have set out to do with this plan.

Another key group in setting our strategic priorities is the Senior Leadership Team consisting of the Medical Officer of Health & Chief Executive Officer, the Associate Medical Officer of Health, the Chief Nursing Officer and the Directors of Environmental Health and Chronic Disease Prevention, Family Health Services, Finance Information Technology & Operations, Human Resources and Corporate Strategy and Oral Health Communicable Disease and Sexual Health.

Providing a key interface between staff and management and driving much of the work for the strategic planning process was the Strategic Planning Advisory Committee (SPAC). Members of this group reviewed research, presented concepts at team meetings, provided feedback on draft strategic plan components and helped steer the plan from its initial stages to completion. Members of SPAC included:

Wally Adams, EHCDP
Mary Lou Albanese, EHCDP
Sarah Maaten, EHCDP
Ruby Brewer, FHS
Shelley Steel, FHS
Jordan Banninga, HRLR
Laura Di Cesare, HRLR - Chair
Trudy Sweetzir, OMOH
Chris Blain, OHCDSH
Heather Lokko, OHCDSH
Deneen Langis, HRLR/IT





Photos taken from staff values consultations - Summer 2014

Executive Summary

The Middlesex-London Health Unit (MLHU) is the largest autonomous public health unit in Canada and has a strong track record of delivering high quality public health programs and services to our community.

The sands of public health are continuously shifting – novel infectious diseases, changing political priorities, and economic and demographic trends – all present challenges to which we must be ready to respond to by being future-oriented and clear in our purpose and mandate.

The 2015-2020 Middlesex-London Health Unit Strategic Plan allows our organization to align our work with our vision, mission and values to continue to deliver impactful programs and services to our community. Our strategic plan is future-looking and adaptive; it details those things that we must do in order to make us the best health unit that we can possibly be.

OUR VISION:

People Reaching Their Potential

OUR MISSION:

To promote and protect the health of our community

OUR VALUES:

Collaboration
Integrity
Empowerment
Striving for excellence
Health
Equity

The Middlesex-London Health Unit Balanced Scorecard

The balanced scorecard is a strategic framework that allows us to translate our vision, communicate and link strategic priorities across the organization, integrate strategy into planning processes and gather feedback to continuously learn and improve.

Program Excellence	Client and Community Confidence	Employee Engagement and Learning	Organizational Excellence
PRIORITY			
Deliver maximum value and impact with our resources	Foster client satisfaction and community confidence	Engage and empower all staff	Enhance governance accountability and financial stewardship
OBJECTIVES			
Optimize evidence-informed planning and evaluation	Seek and respond to community input	Promote transparent and inclusive decision-making processes	Engage and inform the board of health
Foster strategic integration and collaboration	Ensure clients and the community know and value our work	Enhance staff development and continuing education	Demonstrate excellent organizational performance
Address the social determinants of health	Deliver client-centred service	Strengthen positive organizational culture	Exercise responsible financial governance and controls

Our Board of Health

The Board of Health is the governing body of the Middlesex-London Health Unit and is directly accountable to Middlesex County and City of London residents for the cost-effective management and delivery of public health programs and services. The Board is comprised of five Provincial Representatives, three Middlesex County Representatives and three City of London Representatives.

Municipal Representatives are appointed for the duration of their term in public office, which is usually a 3-year term. Provincial Representatives are appointed for a term; the length of which is decided by the Minister of Health and Long-Term Care. The positions of Chair and Vice-Chair rotate annually.

Front row:

Ms. Trish Fulton, Provincial Representative, Mr. Kurtis Smith, County Representative; Mr. Ian Peer, Chair, Provincial Representative; Ms. Nancy Poole, Provincial Representative; Ms. Viola Poletes Montgomery, Provincial Representative

Back row:

Mr. Stephen Turner, City Representative; Dr. Trevor Hunter, City Representative (Citizen Appointee); Mr. Marcel Meyer, County Representative; Mr. Mark Studenny, Provincial Representative; Ms. Joanne Vanderheyden, County Representative; Mr. Jesse Helmer, Vice-Chair, City Representative

Message from the Medical Officer of Health and CEO

The strength of public health in Middlesex-London lies in the passion and commitment of our staff. It is hard to find a place where people care more about their work and the people they serve. This is why consultation with staff about our values, our mandate and the opportunities for improvement formed the groundwork of our strategic planning process.

Public health in Ontario is on the cusp of a major transition period. The post-SARS era saw a decade of growth through provincial investment in local public health units. However, the expectation is that the next few years will be different. The Province has committed to balance Ontario's budget by 2018 and has signalled that health units can expect to receive no increases to their budgets, even to cover the costs of inflation. It has never been more important to clearly define the work of the Middlesex-London Health Unit.

Thank you to the Strategic Planning Advisory Committee, the Senior Leadership Team, the staff of Human Resources and Corporate Strategy, and the Board of Health and Governance Committee for all of your work bringing this document together. Thanks also to the more than 200 Health Unit staff who participated in consultations at various phases of this planning process.

Together, we have set the foundation on which we will build a stronger Middlesex-London Health Unit as we continue to develop as an organization in the years to come.

Dr. Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health and Chief Executive

Message from the Chair of the Middlesex-London Board of Health

To chart a course toward any goal, you need a plan. Having knowledge of the prevailing conditions, the challenges you may encounter along the way, the strengths of your organization and where you want to be at the end of your journey are all key to mapping your route. Strategic Plans are no different.

As Chair of the Middlesex-London Board of Health, I am pleased with the thought, care, insight and vision that have gone into creating this strategic plan, which will guide the work of the Middlesex-London Health Unit and its staff for the next five years.

This is an exciting time for the Health Unit's Board and its staff, as we carefully consider the work we do, match it to the needs of the communities we serve, and deliver services and programs in an effective and efficient manner.

Our goal is for all people in Middlesex-London to reach their potential. The Health Unit will help to make this happen by continuing to promote and protect the health of our community.

I hope you find this Strategic Plan both informative and interesting as we strive to provide value and quality service to you and your families.

Ian Peer
Chair of the Middlesex-London Board of Health

Mandate of Public Health

The Middlesex-London Health Unit is mandated under the Health Protection and Promotion Act to provide delivery of public health programs and services to prevent the spread of disease and to promote and protect the health of people in Middlesex County and the City of London. Our work is further guided by the Ontario Public Health Standards and the Ontario Public Health Organizational Standards. Together, these documents set out the minimum requirements that health units must adhere to.

Public health is different, but complementary to the work performed throughout the health care system.

We focus not only on individuals (e.g., clients in our vaccination clinics), but also on families and sub-groups (e.g., families with a new baby; refugees), the community (e.g., food safety inspections; collaborative injury prevention initiatives), and the population as a whole through advocating for evidence-informed public health policy at all levels. These examples are just a small snapshot of the many things we do.

The Health Protection and Promotion Act (HPPA) is the principal enabling and operating statute for the Board of Health. Boards of Health must provide or ensure the provision of a minimum level of public health programs and services in the following areas: environmental health, control of communicable disease, preventive dentistry, family health, nutrition, and public health promotion and education. Boards of Health are also expected to deliver additional programs and services in response to local needs and they are also directed by federal, provincial and municipal legislation other than the HPPA. The Board delegates responsibility to administer these programs to the Medical Officer of Health in his/her capacity as the Chief Executive Officer of the Middlesex-London Health Unit.

Purpose of the Strategic Plan

The fundamental purpose of the 2015-2020 Middlesex-London Health Unit Strategic Plan is to ensure alignment of our work with our vision, mission and values.

Our vision, mission and values, together with the strategic priorities and objectives that have been identified in this strategic plan will help us be the best possible health unit that we can be so we can enhance our positive impact on our community.

The 2015-2020 Strategic Planning Process

At the outset of the process, it was imperative that best practices for strategic planning and lessons learned from the 2012-2014 strategic plan be incorporated into this plan. From our previous strategic planning process we knew we needed to increase Board of Health, community partner and staff engagement; align strategic priorities with day-to-day work; and increase monitoring and accountability.

The elements outlined below incorporated both the lessons learned and best practices for strategic planning.

1 Increased Board of Health, Community Partner and Staff engagement

The Middlesex-London Health Unit Board of Health initiated the strategic planning process at a November 1, 2013 retreat by identifying our "noble cause" – our vision. The Board of Health was instrumental in guiding the strategic planning process and providing key input into our values and our strategic priorities.

Staff engagement was also integral to the development of our vision, mission and values tree as well as our strategic priorities, objectives and initiatives. This engagement was sought in various ways:

• The planning process was guided by the Strategic Planning Advisory Committee (SPAC). This group provided key input and recommendations to the Senior Leadership Team on all aspects of the strategic plan (11 members representing all five service areas)

• At the launch event in June 2014, all staff were able to share their comments regarding the "One thing we must do as part of the 2015-2020 strategic planning process" (99 responses were received with 145 comments); these comments were used as guiding principles for our planning process

• Focus groups were held throughout the summer, in which all staff were invited to explore the values that drive our work at MLHU. Through a series of five group consultations that were facilitated by the Medical Officer of Health, we developed our "Values Tree" (146 participants)

• Staff consultation on the proposed balanced scorecard for MLHU took place in March 2015, where all staff were given the opportunity to comment on our strategic priorities and identify what resonated with them and what they thought needed to be added (158 survey responses)

• An Extended Leadership Team Conversation Café allowed MLHU non-union leaders to engage in dialogue with members of SPAC on the development of the strategic priorities and objectives (30+ managers and SPAC participated)

• A Town Hall was held in May 2015 where staff previewed the draft 2015-2020 strategic plan balanced scorecard and commented on the proposed priorities, objectives and initiatives (220 staff attended and worked in groups to complete 86 feedback forms)

• A survey was distributed in the summer of 2015 asking community partners which priorities and initiatives they felt were most important for MHLU to focus on. They also provided feedback on how to we can best engage partners in the implementation of our strategic plan (209 survey responses)

2 *Strategic work defined and addressed by all staff, not just committees*

Previous strategic plans have utilized the efforts of additional work groups to drive the organization's strategic priorities forward. While positive outcomes were accomplished by the groups, many of the staff at MLHU did not feel a strong connection to the strategic priorities in their everyday work. The 2015-2020 strategic planning process addressed this issue by utilizing the balanced scorecard as our strategic planning model and involving staff in the development of our strategic priorities.

The balanced scorecard allows strategic priorities to be operationalized at all levels of the organization and enables staff to contribute to the strategic priorities through participation in organization-wide, service area, team and individual activities.

3 The use of local data in decision-making

Local data can provide insight into the strengths, weaknesses, opportunities and threats that impact an organization's people, processes, performance, culture, morale and stakeholders. To have a comprehensive understanding of these insights, local data from key documents and stakeholder consultations were used in the strategic planning process. Data sources included:

- Environics Analytics - Focus Ontario Fall 2013 – (Environics Research Group, 2013)
- 2011 MLHU Discovery Report (Centre for Organizational Effectiveness, 2011)
- A Statistical Portrait of London – Neighborhood Profiles (City of London, 2014)
- Ontario Municipal Benchmarking Initiative – 2012 Performance Report (Ontario Municipal CAO's Benchmarking Initiative, 2013)
- Forum Research – 2012 Poll of Satisfaction with Municipal Services (Bozinoff, L., 2012)
- Rapid Risk Factor Surveillance System (RRFSS) data – Familiarity with the Health Unit
- 2015-2020 MLHU Strategic Plan – Partner Consultation Survey (Middlesex-London Health Unit, 2015)

This information helped us to identify future opportunities, as well as threats that we must mitigate in order to reach our full potential as an organization. Considering the perspective of the community and our clients in setting our strategic priorities for the next five years has strengthened our strategic plan.

4 The use of evidence to answer the question: "what must we do to make MLHU the best public health unit that we can be?"

The Middlesex-London Health Unit prides itself in delivering evidence-informed programs and services to the community. We wanted to take a similar approach with our strategic plan. To do this, a research report that reviewed the literature on what makes a high performing health unit was prepared. The information was drawn from peer-reviewed research and data from the local community and was used to help the Strategic Planning Advisory Committee and the Senior Leadership Team make evidence-informed decisions about where we should set our strategic priorities.

5 Increased focus on monitoring and accountability

Sustaining momentum over the course of a five year strategic plan can be a challenging task. Initiatives that have a burst of momentum can sometimes taper off if there is a lack of monitoring, accountability, evaluation and reporting. The balanced scorecard is intended to alleviate these concerns by assigning clear targets and measures to the strategic priorities and providing a clear communication tool to track progress against our strategic priorities at the organization, service-area, team and individual levels.

Our Vision, Mission and Values Tree

Our Values Tree represents the core beliefs and principles under which we operate in our day to day work, with each other and the delivery of our public health programs and services in the community.

The mission, vision and values were developed following two Board of Health and Senior Leadership Team retreats, five staff consultations, review and validation from the Strategic Plan Advisory Committee and approval from Senior Leadership Team and the Board of Health. Our vision articulates what we would like our community to achieve over the long-term; our mission is the declaration of our organization's core purpose and focus that will contribute to the realization of the vision; and our values are the beliefs and principles that will guide us.

OUR VISION:

People Reaching Their Potential

OUR MISSION:

To promote and protect the health of our community

The Middlesex-London Health Unit Balanced Scorecard

Understanding the challenges of the previous strategic plan, the Senior Leadership Team made the decision to use the balanced scorecard strategic planning model. The balanced scorecard is a strategic management tool that helps align the performance of the Middlesex-London Health Unit around our vision, mission, values and strategic priorities. It also ensures that we have a balanced perspective of what makes our organization successful in accomplishing our vision and mission, that progress is monitored and assessed, that there is accountability for performance at all levels of the organization and that we are able to easily communicate our progress and successes.

The Senior Leadership Team developed the balanced scorecard by integrating the findings from the research report "what makes a high performing health unit", an environmental scan of balanced scorecards used in public health and refinement and validation from the Strategic Plan Advisory Committee. Additional feedback solicited from staff, community partners and stakeholders was also integrated into the balanced scorecard for the 2015-2020 Strategic Plan.

Our Priorities

Program Excellence
The strategic priority of Program Excellence is to deliver maximum value and impact with our resources. To do this, we will:

OBJECTIVES	INITIATIVES
Optimize evidence-informed planning and evaluation	1) Formalize a MLHU planning and evaluation framework that integrates: evidence-informed program planning, innovation, research advisory committee requirements (when applicable), and the regular evaluation of programs 2) Utilize continuous quality improvement processes
Foster strategic integration and collaboration	1) Identify ideal organizational structure and complimentary processes to ensure our programs and services are focused on our core mission
Address the social determinants of health	1) Continue knowledge exchange and skill building activities for social determinants of health (SDOH) 2) Expand health equity impact assessment implementation and monitoring 3) Establish a policy development and advocacy framework

Client and Community Confidence
The strategic priority of Client and Community Confidence is to foster client satisfaction and community confidence. To do this, we will:

OBJECTIVES	INITIATIVES
Seek and respond to community input	1) Use community input and feedback to inform program planning and evaluation
Ensure clients and the community know and value our work	1) Increase the awareness of public health and the role of the Middlesex-London Health Unit
Deliver client-centred service	1) Use client input and feedback to inform service delivery and evaluation 2) Deliver appropriate outreach services where people live, work, learn and play

Employee Engagement and Learning
The strategic priority of Employee Engagement and Learning is to engage and empower all staff. To do this, we will:

OBJECTIVES	INITIATIVES
Promote transparent and inclusive decision making processes	1) Increase opportunities (surveys, town halls, fire side chats) for staff to share input in MLHU decision-making (structure, location, budgets) 2) Inclusive planning days and follow-up processes
Enhance staff development and continuing education	1) Establish and implement consistent performance management and measurement systems, tools and processes 2) Provide learning opportunities for staff that are aligned with MLHU's strategic priorities and objectives
Strengthen positive organizational culture	1) Implement a comprehensive workplace wellness strategy 2) Establish processes that acknowledge staff contributions to our mission, vision and values 3) Embed our values into all that we do

Organizational Excellence
The strategic objective for Organizational Excellence is to enhance governance, accountability and financial stewardship. To do this, we will:

OBJECTIVES	INITIATIVES
Engage and inform our Board of Health	1) Provide appropriate recommendations and analysis to the Board of Health regarding developments affecting public health, the health unit and the community 2) Deliver relevant and timely information and reports to the Board of Health
Demonstrate excellent organizational performance	1) Create a Board of Health performance dashboard 2) Develop and implement an organizational performance management framework
Exercise responsible financial governance and stewardship	1) Conduct financial policy compliance audits 2) Ensure third parties are accountable to MLHU financial standards through agreements/reporting 3) Increase staff understanding of budgets, processes, and policies

Implementation and Monitoring

Using Stakeholder Feedback to Inform Implementation

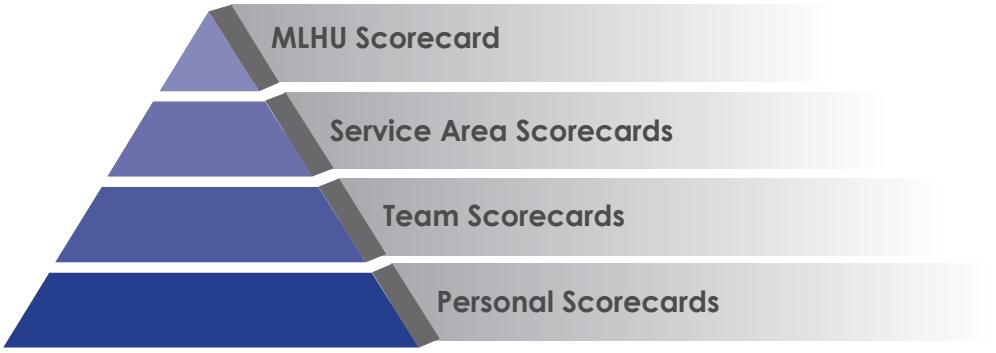
The information that was gathered throughout the strategic planning process helps us to understand the perspectives of our community partners and gain insight into how we can best implement our strategic priorities.

Ongoing consultation with the community and our clients is essential to make sure we are achieving our strategic priorities to the best of our ability and addressing the health needs and concerns of our community.

The Balanced Scorecard and Indicator Development

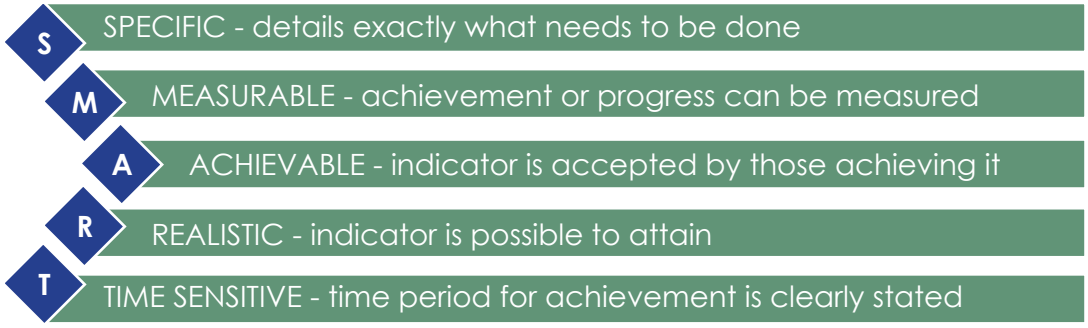
The balanced scorecard is intended to help organizations set, track and achieve key strategic initiatives and objectives. The Middlesex-London Health Unit will use the balanced scorecard for precisely this task. We will do this by developing indicators for each of the strategic priorities and objectives and developing cascading balanced scorecards that will create alignment between the organization-wide scorecard and corresponding service area and team scorecards.

Cascading balanced scorecards allow all staff to develop objectives and measures that link their work to overall organizational strategy. They also ensure that staff have a deep understanding of the Health Unit`s strategic priorities and objectives. Every scorecard that is developed, whether it exists at the service area, team or individual level must link to the larger organizational priorities to derive the greatest value from the cascading process. Cascading scorecards allow all employees, regardless of position, to demonstrate their critical contributions to the overall efforts of the Health Unit.



Cascading Balanced Scorecard

Indicators are succinct measures that are meant to help us understand the work of the organization, compare performance over time and to continuously improve. It is important to remember that indicators cannot capture the richness and complexity of everything we do. On their own, they can only indicate how we are doing; they cannot prove or disprove program or organizational success or failure. The indicators we use must be SMART:

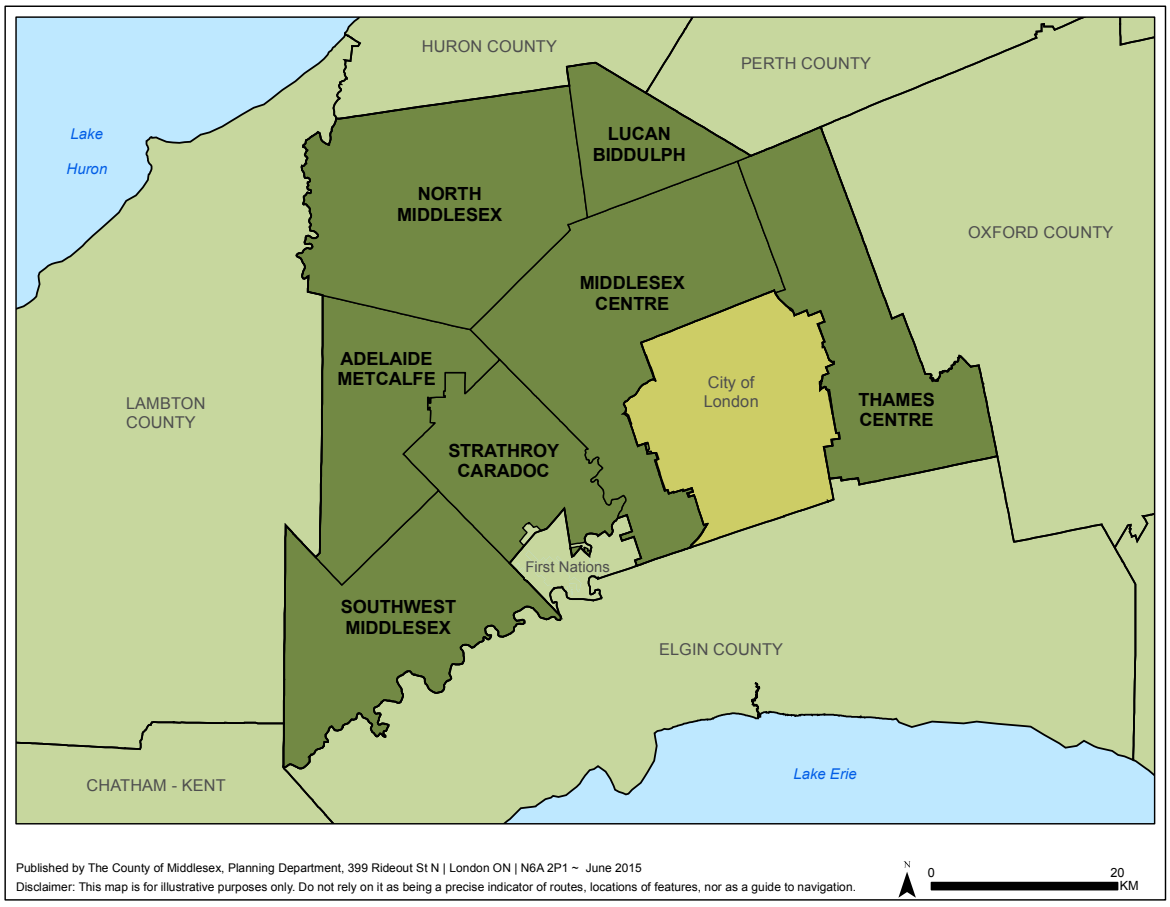


Who We Serve:

Middlesex-London covers 3,317 square kilometers and had a total population of 439,151 people in 2011. Middlesex County has eight municipalities: North Middlesex, Southwest Middlesex, Thames Centre, Strathroy-Caradoc, Middlesex Centre, Adelaide Metcalfe, Lucan Biddulph and the Village of Newbury. There are three First Nations communities in Middlesex-London which are located south of Strathroy-Caradoc; the Chippewas of the Thames First Nation, Munsee-Delaware Nation and Oneida.

In 2011, Middlesex-London had a greater proportion of young adults between the ages of 15 and 29 years but a slightly lower proportion of children aged 5 to 14 and adults between the ages of 35 and 54 compared to Ontario. All age groups are predicted to grow over the next 25 years but the age 65 years and older group will more than double between 2006 and 2036. The overall growth rate in Middlesex-London was slower than in Ontario between 1986 and 2010 but they have similar projected growth rates between 2011 and 2036.

The proportion of the population who were immigrants and visible minorities in 2006 was much lower in Middlesex-London relative to Ontario as a whole. Compared to Ontario, Middlesex-London has fewer new immigrants as a percentage of the total immigrant community. The largest groups of people belonging to visible minorities in Middlesex-London were Black, Latin American and Arab. While 9% of the population reported speaking a language other than English or French at home, only 1% of the population of Middlesex-London was unable to communicate in one of the official languages.



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2016 MLHU Balanced Scorecard

Program Excellence

Activities:

- ✓ Planning and Evaluation Framework (PEF) Adaptation and Implementation
- ✓ Organizational Structure and Location (OSL) Project
- ✓ Address the social determinants of health (SDOH) and health equity through education, policy, leadership and advocacy

Tasks:

- ➢ Support pre-implementation and implementation of the PEF
- ➢ Embed health equity impact assessment, priority populations and health equity lens into PEF
- ➢ Develop program review schedule
- ➢ Review MLHU intake lines
- ➢ Develop plan and begin implementation of knowledge exchange/skill building opportunities related to SDOH and Health Equity
- ➢ Introduce MLHU advocacy framework

How do we measure this:

- ❖ Status of the Planning and Evaluation Framework
- ❖ % of MOHLTC accountability agreement indicators that are met at year-end
- ❖ Status of OSL Project
- ❖ Number of health equity activities with Senior Leadership Team involvement

Client and Community Confidence

Activities:

- ✓ Integrate community and client input and feedback mechanisms into strategic projects and program planning and evaluation
- ✓ "We're Here for You" (Finger) Campaign
- ✓ Pilot shared work spaces

Tasks:

- ➢ Ensure community and client input and feedback is collected and considered as part of Program Planning and Evaluation
- ➢ Gather community and client input for OSL
- ➢ Continue to advertise Health Unit services through the "We're Here for You" Campaign

How do we measure this:

- ❖ Number of community/client engagement sessions
- ❖ Rapid Risk Factor Surveillance System – Awareness of Health Unit Module - % of people familiar with the health unit.

Employee Engagement and Learning

Activities:

- ✓ Leading MLHU – Management and Leadership Development Program
- ✓ Build and Champion the Well-being Program
- ✓ Enhance transparent and inclusive decision-making

Tasks:

- ➢ Support Leading MLHU management training and development program and develop future plans
- ➢ Develop 3 year program design & implementation plan for Well-being program including strategies for meeting the psychological standard
- ➢ Rollout of new Employee Assistance Program provider
- ➢ Identify transparent and inclusive decision-making best practices and tactics and engage staff to understand what it means to them

How do we measure this:

- ❖ Employee Engagement Survey
- ❖ HR data and usage rates of internal HUB and Learning Management System
- ❖ Status of Employee Assistance Program & usage analytics

Organizational Excellence

Activities:

- ✓ Develop Organizational and Divisional scorecards for performance management
- ✓ Support budget process and financial policy education and audits
- ✓ Upgrade financial reporting systems

Tasks:

- ➢ Pilot electronic agenda software – "eGenda"
- ➢ Develop balanced scorecards with key performance indicators, targets and activities at organizational and divisional levels
- ➢ Investigate and implement new internal financial reporting and encumbrances solution
- ➢ Roll out Budget process and financial policy training

How do we measure this:

- ❖ Board of Health Self-Assessment
- ❖ Status of Organizational and Divisional scorecards
- ❖ Status of new financial system and # of users trained

MLHU Balanced Scorecard

Client and Community Confidence

Activities:

- ✓ Integrate community and client input and feedback mechanisms into strategic projects and program planning
- ✓ "We're Here for You" (Finger) Campaign
- ✓ Pilot shared work spaces

Tasks:

- ➢ Ensure consideration of community and client input and feedback is incorporated into the Planning and Evaluation Framework
- ➢ Gather community and client input for OSL
- ➢ Continue to advertise Health Unit services through the "We're Here for You" Campaign
- ➢ Ensure appropriate outreach services are incorporated into the Planning and Evaluation Framework

How do we measure this:

- ❖ Number of community engagement sessions
- ❖ Rapid Risk Factor Surveillance System – Awareness of Health Unit Module - % of people familiar with the health unit.

Corporate Services Balanced Scorecard

Client and Community Confidence

Activities:

- ✓ Integrate community and client input and feedback into the Organizational Structure and Location Project
- ✓ Pilot shared work spaces

Tasks:

- ➢ Conduct public consultations for the Organizational Structure and Location Project with appropriate community and client input methods
- ➢ Identify division and team that will pilot shared workspaces

How do we measure this:

- ❖ Completion of public consultations for OSL
- ❖ Status of shared workspaces pilot

Strategic Projects Balanced Scorecard

Client and Community Confidence

Activities:

- ✓ OSL public consultations
- ✓ Work with designated team to initiate the shared work spaces pilot with our outreach staff

Tasks:

- ➢ Conduct telephone and electronic survey, focus groups and clients surveys to understand client and community preferences for site selection criteria
- ➢ Conduct partner consultation for OSL
- ➢ Assist with rollout of shared workspaces pilot, develop policies and procedures regarding the this pilot

How do we measure this:

- ❖ Target sample size met for each component of the public consultation (telephone, electronic, focus group, client)
- ❖ Status of shared workspaces pilot

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 035-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 May 19

WIRELESS DEVICE CONTRACT

Recommendation

It is recommended that Report No. 035-16 regarding wireless device contract be received for information.

Key Points

- The current Middlesex-London Health Unit ("MLHU") wireless contract expires on July 18, 2016.
- A review of the MLHU wireless device eligibility criteria has resulted in a requirement to increase the number of MLHU issued smartphones by 50 and reduce the number of stipend users by 55.
- The Samsung Galaxy S7 device (Android operating system) will become MLHU's corporate smartphone standard for this contract renewal.

Background

The current Middlesex-London Health Unit ("MLHU") wireless contract is due to expire on July 18, 2016. MLHU will be waiving the competitive bid process in favour of accepting the provincial vendor of record (VOR) contract. In this case, the provincial government has completed the competitive bid process and contracted the best prices. Based on our requirements, Rogers Wireless Inc. was the lowest cost provider.

A review of the MLHU wireless device eligibility criteria has resulted in a requirement to increase the number of MLHU issued smartphones by 50 and reduce the number of stipend users by 55. As part of the new contract MLHU will perform a smartphone hardware refresh, replacing and purchasing new hardware as needed. The Samsung Galaxy S7 (Android operating system) will become MLHU's corporate smartphone standard. Samsung/Android devices now offer industry-leading security specifications. The Samsung S7 hardware specifications (processing and memory) are considered superior to those of other comparable devices.

Another consideration is the stability of the Android platform. MLHU could experience vendor supportability issues in addition to the challenges of supporting a mixed hardware environment if this change is not made.

This report was prepared by Mark Przyslupski, Manager, Information Technology.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 036-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 May 19

LOW COST CONTRACEPTIVE PROJECT

Recommendation

It is recommended that Report No. 036-16 re Low Cost Contraceptive Project be received for information.

Key Points

- Per the Ontario Public Health Standards, the Board of Health shall provide a mechanism to provide contraceptives at cost and/or free for clients in financial need.
- The Middlesex London Health Unit received one-time funding from the Ministry of Health and Long-Term Care to engage public health units in Ontario and negotiate with the drug companies on behalf of all health units for low cost contraceptives.
- Estimated annual cost savings for Middlesex-London Health Unit is approximately $9,000 under newly negotiated contracts. Across the province, this will likely result in hundreds of thousands of dollars in savings to health units.

Background

The Ontario Public Health Standards mandate public health units (PHUs) to provide contraceptives at cost and/or free for clients in financial need. Since 2011, the prices for contraceptives have been increasing. Individual PHUs attempting to negotiate no increases in the purchase price for contraceptives were unsuccessful. The increased purchasing prices eventually resulted in decreased access of clients to affordable contraceptives. In addition, in 2013, The Foundation for the Promotion of Sexual and Reproductive Health discontinued the Ontario Compassionate Care Assistance Program which provided low cost contraceptives to Public Health Units.

In 2013, the Ministry of Health and Long-Term Care (MOHLTC) performed a cursory study on the issue and determined that having one PHU purchase on behalf of all PHUs increased purchasing power and resulted in a greater likelihood of negotiating lower prices. In addition, the survey suggested that bulk purchasing might only be effective for all PHUs in specific contraceptive categories.

The Middlesex London Health Unit (MLHU) received one time funding from the MOHLTC from September 2015 to March 2016 to support a low cost contraceptive project with the goal of taking the idea of bulk purchasing of contraceptives to the next phase.

Survey and Negotiation Results

A Low Cost Contraceptive Survey was developed and implemented by MLHU staff in November, 2015, to understand the contraceptive needs and current purchasing practices among all 36 PHUs. Based on the findings of this survey, the contraceptive products were prioritized to focus negotiations with drug companies using the following criteria: sole product for a contraceptive type; products of high interest to participating public health agencies; high monthly sales; and significant purchase price variation.

The Middlesex London Health Unit, on behalf of Ontario's 36 PHUs, negotiated with the following pharmaceutical companies: Allergan Inc.; Bayer Inc.; Janssen Inc.; Merck Canada Inc.; Paladin Labs Inc.;

and Pfizer Canada Inc. The goal of the negotiations was to secure a reasonable purchase price for the above listed contraceptive products and eliminate the requirement for a minimum order quantity.

The results of the negotiations will be an overall savings. Estimated annual cost savings for MLHU alone is approximately $9,000 under the newly negotiated contracts. Some of the costs will remain the same but there have been added rebates. The rates negotiated are firm for 2 years with an option of renewing for 1 year. There are no shipping costs or minimum order quantities required when ordering. All 36 PHUs have been notified of the new contracts and pricing that will be effective June 1, 2016.

Conclusion

PHUs will now have greater access to contraceptives and the costs to women in need across the province will be reduced. This will provide more opportunities and/or options for our clinics and clients to access low cost contraceptives.

This report was prepared by Ms. Shaya Dhinsa, Manager, Sexual Health Team.

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

This report addresses Ontario Public Health Organizational Standard Sexual Health, Sexually Transmitted Infections, and Blood-Borne Infections (including HIV) requirement #5.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 037-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: May 19, 2016

SUMMARY INFORMATION REPORT - MAY 2016

Recommendation

It is recommended that Report No. 037-16 re: Summary Information Report for May 2016 be received for information.

Key Points

- The Health Unit celebrated National Oral Health Month during April 2016 with internal and external Health Unit activities to raise awareness of oral health inequities, the importance of oral health as a component of general health, and the new Healthy Smiles Ontario program.
- The Vector Borne Disease (VBD) Program 2015 Annual Report (Appendix A) describes the activities and the various components of the program which is aimed at reducing the transmission of West Nile Virus (WNV), Eastern Equine Encephalitis (EEE), and Lyme disease (LD) to the residents of Middlesex-London.

Background

National Oral Health Month

April 2016 was National Oral Health Month. April 2016 was also National Minority Health Month in the USA. This report provides a summary of the Health Unit's activities for Oral Health Month 2016.

Staff participated in weekly quizzes about oral health inequities, dental preventive measures, and the Healthy Smiles Ontario program. Similar content was shared with the community through a month-long external social media campaign.

The Health Unit participated in a continent-wide Oral Health Equity social media storm to raise awareness of inequities in access to dental care. Of 296 contributors, the Health Unit was a top Twitter contributor, creating 107,000 impressions with 12 tweets. The total estimated reach and exposure of the storm were 370,677 accounts and over 2.5 million impressions.

Staff assisted the London & District Dental Society in the design and distribution of its Oral Health Month initiative: an educational resource entitled *The Oral Health Implications of Methadone Use*. Over 200 local dentists and more than 19 community agencies received copies of the print brochure.

Vector-Borne Disease Program: 2015 Annual Report

The VBD Team continues its surveillance and control program to monitor and reduce WNV, EEE and LD activity in Middlesex-London. A combination of positive WNV activity and the presence of a significant number of vector mosquito species demonstrate the need for continued surveillance, viral testing, larvicide treatments, and public education to prevent disease transmission.

Although no locally acquired cases of LD have been identified to date, local blacklegged tick submissions increased in 2015. The northern part of Middlesex County has been identified by Public Health Ontario as a LD risk area (Appendix B) due to its close proximity to the Pinery Provincial Park indicating a need for increased passive and active surveillance and public education in 2016.

As per Ministry of Health and Long-Term Care and Public Health Ontario recommendations, the MLHU will cease collection and testing of dead birds in 2016 but will continue receiving dead bird reports from the public for surveillance purposes. Other components of the VBD Program will also be reviewed in 2016 to maximize program efficiency and address emerging needs.

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

Vector-Borne Disease Program

2015 Summary Report

West Nile Virus, Eastern Equine Encephalitis and Lyme Disease Surveillance and Control Activities

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Vector-Borne Disease Program
2015 Summary Report

Vector-borne diseases are diseases that are transmitted to humans through the bite of an infected insect or arthropod such as mosquito or tick.

The major vector-borne diseases of public health importance in Ontario are West Nile Virus (WNV), Eastern Equine Encephalitis virus (EEE), and Lyme disease (LD). West Nile Virus and Lyme disease are present in Middlesex-London.

The Middlesex London Health Unit's (MLHU) Vector-Borne Disease (VBD) program seeks to prevent the transmission of WNV, EEE, and LD to residents, in part by reducing the spread of these diseases within local mosquito, tick, and bird populations. In addition, the VBD program works to increase knowledge, awareness and prevention efforts by enhancing education campaigns and community partnerships. In 2015, the VBD team continued to identify vector-borne disease activity and vector species (species capable of carrying disease) in the region through surveillance and sample identification. The team then took steps to mitigate the risk, including the application of larvicide in identified areas, which is ultimately required to prevent further disease transmission.

West Nile Virus

West Nile Virus (WNV) is transmitted through the bite of an infected mosquito. The transmission cycle begins when vector mosquitoes feed on the blood of an infected bird. Only vector mosquitoes can transmit WNV from a bird to a human. Once a mosquito bites an infected bird, it can carry WNV and possibly transmit the virus to humans. (PHAC, 2014)

The main mosquito species involved in the transmission of West Nile Virus are *Culex pipiens* and *Cx. restuans*. The *Culex* species are thought to be the primary bridging vector in the transfer of West Nile Virus from infected birds to humans. (GDG, 2015)

Temperature plays a key role in the development rate of many organisms, including viruses. In the case of WNV infected mosquitoes, a certain amount of heat and time is required for the risk of human infection to occur. The relationship between weather and mosquito abundance can be explained through the Accumulated Degree Days (ADD) model, which looks at hourly temperature trends. Average temperature less than 18.3°C (determined temperature threshold) is considered a 0 degree day, however if the average temperature is above 18.3°C on a given day (ex. 20.0°C), that day would have a 1.7 degree day. A high ADD number will increase the viral amplification capacity of mosquitoes, and speed up breeding and mosquito activity. Typically,

positive mosquito traps can appear in as few as 30 ADD, and a risk of positive human infection can appear when 180 to 200 consecutive ADD are observed. In 2015, the ADD number stayed below 50 in Middlesex-London, which was similar to what was observed in 2014. Even though there was one human case of WNV from within Middlesex-London, according to our service provider, G.D.G. Environnement, weather conditions were not ideal for WNV human cases in 2015.

2015 WNV Highlights

- Season length and sampling
    - Surveillance began April 17 and concluded September 28, 2015.
    - All samples collected in the field were identified and/or tested for WNV by the VBD team and/or its service provider.
- Surveillance and control of vector mosquito larvae at standing water sites and in catch basins
    - Approximately 250 standing water sites were monitored.
    - 26,454 mosquito larvae were identified from these standing water sites.
    - 883 treatments were applied to 12.51 hectares of standing water on public property.
    - 103,495 roadside catch basins were treated during three rounds of application.
    - 60.3% of the larvae collected in 2015 were identified as vector species. (67% of mosquito larvae identified since 2004 have been vector species.)
- Adult mosquito trapping and mosquito-viral testing
    - 112,385 adult mosquitoes were collected in traps by the MLHU and sent to G.D.G. Environnement for WNV testing.
    - Five traps (pools) of vector mosquitoes tested positive for WNV.
- Dead bird submissions and bird viral testing
    - 184 dead bird calls from the Middlesex-London area were reported.
    - 11 dead birds were accepted for testing in the Strathroy lab with five testing WNV-positive.
- Human Surveillance
    - One WNV human case was detected in Middlesex-London.

Mosquito Control

Early control measures ensure a significant reduction of mosquito populations each season. This contributes to a decrease in public exposure to WNV vector mosquito species and the incidence of adverse health outcomes related to WNV transmission. The surveillance and identification of mosquito larvae is an important aspect of the VBD team's Integrated Pest Management (IPM) control strategy. Identification of vector mosquito larvae is followed up by the treatment of those sites which contain WNV vector species.

Larvicide treatment is currently the primary method of mosquito control in Ontario. This comprehensive surveillance process includes the collection and identification of larval mosquito samples prior to planning and performing a larvicide treatment.

A notice of application of larvicides for the purpose of mosquito control appeared in local newspapers distributed throughout Middlesex-London. In early May of 2015, notices were printed in the Dorchester Signpost (May 6), The London Free Press (May 6), The Middlesex Banner (May 6), The Londoner (May 6), the Parkhill Gazette (May 7), the Glencoe-Alvinston Transcript & Free Press (May 7), the Strathroy Age Dispatch (May 7), and the Focus (May 7). Either the MLHU or its service provider, the Canadian Centre for Mosquito Management Inc. (CCMM), posted public notice signs at each standing water location following an application of larvicide to those identified mosquito habitats.

Bacillus thuringiensis israelensis (VectoBac ®) applied to standing water sites

A product with the active ingredient *Bacillus thuringiensis israelensis* (*Bti*) was the primary larvicide used to treat standing water sites, other than catch basins, this past season. The larvicide is biologically safe, only affects mosquito and black fly larvae when applied to standing water, and has a residual life of approximately 48 hours. VectoBac 200g® was used and is considered a "Class 2" pesticide by Canada's Pest Management Regulatory Agency (PMRA). The PMRA requires that Class 2 pesticides be applied by trained and licensed personnel.

In 2015, a total of 883 treatments were applied to 12.51 hectares of standing water identified as vector mosquito habitat on public property. Table 1 provides an overview of the number of *Bti* treatments applied by site type in Middlesex-London in 2015.

Table 1. Number of *Bacillus thuringiensis israelensis* (*Bti*) treatments applied by site type in Middlesex-London in 2015.

Site type	Number of treatments	Area treated in hectares (ha)
Ditch	182	1.13
Field pool	64	0.61
Pond	35	0.79
Storm water management facility	411	7.21
Woodland pool	191	2.77
Total	**883**	**12.51**

Methoprene (Altosid ®) applied to catch basins

Catch basins can provide one of the single most significant breeding sites for urban *Culex pipiens/restuans* mosquito populations. Catch basins trap water, this water often remains stagnant for an extended period of time, allowing organic matter to collect and mosquitoes to develop. It is imperative that these structures be identified and a timely application of larvicide is conducted.

Beginning June 9 and ending August 28, 2015, a total of 103,495 roadside catch basins were treated during three rounds of application. A total of 68.13 kg of Altosid® pellets were applied at an application rate of 0.7 grams/basin. In total, 968 briquettes were applied to non-roadside catch basins in Middlesex County. One application of Altosid® XR Briquets was also applied to non-roadside catch-basins, including: catch basins located in the backyards of residential properties [92]; catch basins located in municipal green spaces [213]; catch basins located on agency-owned or operated sites, such as government buildings, social housing units, long-term care facilities, and hospitals [595]; and pollution control plant catch basins [68].

Human Surveillance

The first human case of West Nile Virus infection in Canada was reported in Ontario in 2002. In 2015, there were 78 confirmed human cases of WNV reported in Canada, 33 of which were reported in Ontario with one of those cases being detected in Middlesex-London. In 2015, there were 2,060 human cases of WNV reported in the United States (PHO, 2015).

Human surveillance of reportable diseases, such as WNV, encourages the MLHU to continually develop and update strategies to reduce the incidence of vector-borne diseases. In order to understand the changing dynamics of WNV infection, and what can be done to reduce the risk to Middlesex-London residents, it is essential to monitor the presence of WNV in the community from year to year.

Table 2 provides an overview of Middlesex-London WNV surveillance findings from 2010 to 2015.

Table 2. Middlesex-London West Nile Virus (WNV) surveillance from 2010 to 2015.

	Year					
Surveillance item	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
WNV confirmed human cases	0	2	7	4	0	1
WNV-positive mosquito pools	2	11	17	4	4	5
WNV-positive dead birds	5	9	23	9	4	5

Eastern Equine Encephalitis

Eastern Equine Encephalitis (EEE) is classified as an alphavirus from the family *Togaviridae*. The main mosquito species involved in the transmission of EEE is *Culiseta melanura*. In the past, EEE has mainly affected horses; however, there have been a few EEE-positive mosquitoes identified in Ontario. (MOHLTC, 2011)

There have been no known EEE human cases reported to date within Canada; however, surveillance data from Ontario health units and the First Nations Inuit Health Branch has, in past years, identified the virus in some adult mosquitoes.

2015 EEE Highlights

- Season length and sampling
    - Surveillance began April 17 and concluded September 28, 2015.
    - All necessary samples collected in the field were identified and/or tested for EEE by the VBD team and/or its service provider.
    - Public Health Ontario's guidelines were followed to sample/test EEE vectors.
- Mosquito Surveillance
    - The VBD team identified a total of 7 *Culiseta melanura* adult mosquitoes; all of which were tested for EEE.
    - No EEE-positive mosquitoes were identified.
- Human surveillance
    - No EEE cases diagnosed in Middlesex-London residents.

Lyme Disease

Lyme disease (LD), a nationally reportable disease, is an infection caused by the bacteria *Borrelia burgdorferi*, which can be transmitted to humans through the bite of an infected tick. In Ontario, the LD bacterium can be transmitted to humans after being bitten by an infected blacklegged tick (*Ixodes scapularis*), also known as the deer tick. The distribution of blacklegged ticks, continues to expand throughout Ontario. Public Health Ontario has identified many risk areas across the province including an area in the Middlesex-London area.

2015 LD Highlights

- Season length
    - Ticks submitted through passive surveillance were received throughout the year.
    - Active surveillance began in April and concluded in October, 2015.
- Passive tick surveillance
    - 182 ticks were submitted to the MLHU in 2015.

    - 148 ticks (81%) were identified as non-vector species, which are unable to transmit LD.
    - 34 ticks (19%) were identified as blacklegged ticks, which are the vector species for LD.
    - 11 blacklegged ticks were acquired in the Middlesex-London area:
        - Eight (8) from the City of London, two (2) from Ailsa Craig and one (1) from Mount Brydges.
    - One blacklegged tick tested positive for LD, but the location of that exposure is unknown.
- Active tick surveillance
    - Tick dragging was conducted on 24 occasions at 11 different locations throughout Middlesex-London.
    - Tick dragging resulted in 23 non-vector dog ticks being collected.
    - No blacklegged ticks were identified during active surveillance.
- Local tick risk area
    - The northern area of Middlesex County has now been identified as risk area for potential contact with blacklegged ticks.
        - The risk area extended from the Pinery Provincial Park along the shore of Lake Huron.
- Human surveillance
    - 10 travel-related LD cases were confirmed in Middlesex-London residents.

Tick Surveillance

In 2015, the Middlesex-London Health Unit (MLHU) used a combination of passive and active strategies to determine the presence of ticks in the Middlesex-London area. Passive tick surveillance involved ticks being submitted to the MLHU by the public, healthcare providers and veterinarians; and then identifying the species in the Strathroy laboratory. Active tick surveillance involved the VBD team searching out and collecting ticks through tick dragging, in an effort to better understand population size and distribution across the region.

If the ticks collected were identified as blacklegged ticks, they were then sent to the London Public Health Ontario Regional Laboratory (PHORL) for species confirmation. If the PHORL confirmed a vector species, the tick was then sent for Lyme disease testing at the National Microbiology Laboratory in Winnipeg, Manitoba.

Local Risk Area Identified in Middlesex-London

Risk areas are places where blacklegged ticks have been found and where humans are more likely to come into contact with LD-positive ticks. In 2015, Public Health Ontario outlined/updated their Lyme disease risk areas to include a part of the Middlesex-London region. This new risk area extends into the northern part of Middlesex County extending from the Pinery Provincial Park risk area, along the shore of Lake Huron.

There is currently no effective strategy to control ticks. Therefore it was necessary that the VBD team increase its active surveillance efforts near the risk area to determine the prevalence of Lyme disease carrying ticks and whether local tick populations were expanding. Although tick dragging revealed no blacklegged ticks, had any been found they would have been identified and submitted for testing. In addition to the active surveillance conducted, the VBD team was notified by a resident living within the risk area that their veterinarian confirmed a blacklegged tick had been removed from their dog, and that the dog had not left their property.

Human Surveillance

The Middlesex-London Health Unit (MLHU) conducts human surveillance and collects epidemiological data to gain a better understanding of the incidence, prevalence, source and cause of local infectious diseases. Surveillance and data collection assist in determining risk factors for Lyme disease in the Middlesex-London area. To date, no locally acquired human LD cases have been reported; however, there were 10 travel-related confirmed/probable human LD cases reported to the MLHU in 2015.

Table 3 provides an overview of Middlesex-London LD surveillance findings from 2010 to 2015.

Table 3. Middlesex-London Lyme disease (LD) surveillance from 2010 to 2015.

	Year					
Surveillance item	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
LD confirmed/probable human cases	3*	2*	1*	5*	2*	10*
Tick submissions	46	73	87	145	91	182
Blacklegged ticks identified	2	2	10	8	20	34
Locally acquired blacklegged ticks identified	0**	1**	1**	2**	4**	11**

*all human Lyme disease cases were travel related
**includes ticks removed from humans and animals

Public Education

Public education and awareness campaigns are an important part of the effort to reduce the incidence of adverse health outcomes resulting from vector-borne diseases.

In accordance with the Ontario Public Health Standards, the VBD team works to increase public engagement and promote personal protection. This is done by planning and participating in various activities that increase awareness of vector-borne diseases across the region.

2015 Public Education Activities included:

- Attending and sharing resources at community events.
- Working with internal partners and making presentations to a variety of client groups.
- Targeting messages to individuals and groups living in rural areas, those involved in outdoor activities and/or those who frequent wooded or grassy areas.
- Collaborating with other MLHU service areas and community partners to promote preventive messages to a wide audience.
- Issuing media releases to inform the public when local vector-borne disease activity is detected.
    - Media coverage included 19 VBD program related stories featured in the news between May 6 and September 3, 2015.
- Issuing alerts on the MLHU's website and social media channels to inform and update residents about VBD team activities.

The Public Health Agency of Canada (PHAC) recommends a comprehensive plan to engage and educate the public through social media activities and campaigns targeting those who practice outdoor activities. As Lyme disease cases were again reported by Middlesex-London residents and blacklegged tick populations continue to expand within Ontario, the VBD team considered PHAC's pillars for LD action and awareness when planning 2015 public education and engagement activities. Personal protection messages were promoted through the MLHU's Twitter account and also at presentations and community events. The aim was also to reach residents who travel to risk areas both inside and outside of Middlesex-London. Added emphasis was placed on knowing the signs and symptoms of LD, proper tick removal and submission, and the practice of personal protective behaviours.

Complaint/Service Requests

In 2015, the VBD team received 519 complaint/service requests (CSRs) by phone, email, in person, or through the Health Unit's online reporting forms (Figure 1.). The

VBD team responded to all complaint/service requests within two business days. Intake, investigation, follow-up and reporting were handled by the VBD Coordinator and/or field technician. When required, VBD seasonal staff also helped in responding to CSRs.

Figure 1. Total number of Complaint/Service Requests by year.

2016 Vector-Borne Disease Program

Looking ahead to 2016, the VBD team will continue to focus on tick and mosquito surveillance, public education, and mosquito control.

In order to adjust mosquito and tick monitoring, control, and public education strategies, it is important at the end of each season to review program outcomes and seasonal surveillance data.

In 2015, West Nile Virus was once again detected in Middlesex-London's bird, adult mosquito, and human populations. There were a significant number of WNV vector mosquitoes and a small population of EEE vectors identified throughout the season. This signifies the continued need for the VBD team to maintain its mosquito surveillance and control program, in order to reduce the possibility of WNV and EEE transmission during the 2016 year.

As Lyme disease cases continue to be reported by residents of Middlesex-London, the MLHU should focus efforts on LD promotion and prevention. Although no locally acquired cases of LD have been identified so far, local blacklegged tick submissions increased again in 2015; demonstrating the need for both continued passive and active surveillance, and public education.

The VBD team will continue to support public education strategies which inform residents about the services provided by the VBD team and the work it does to protect against vector-borne diseases. Consistent messages will continue to be used to help educate homeowners about the ways they can reduce or eliminate potential vector-borne related concerns and how to reduce the chances of VBD transmission.

The VBD team will once again align its program goals and initiatives with the MLHU Strategic Plan to better promote and protect the health of our community. By providing Middlesex-London residents with the right tools and information, residents can begin taking an active role in reducing vector-borne diseases in the community.

Works Consulted

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Public Health Agency of Canada. (2014). *West Nile virus: Diagnosis, treatment and recovery* Retrieved from http://www.phac-aspc.gc.ca/id-mi/westnile-virusnil/treatment-traitement-eng.php

Public Health Ontario. Enteric, Zoonotic and Vector-Borne Diseases Branch. (2015). *West nile virus weekly surveillance reports.* Retrieved: http://www.publichealthontario.ca/en/ServicesAndTools/SurveillanceServices/Pages/Vector-Borne-Disease-Surveillance-Reports.aspx

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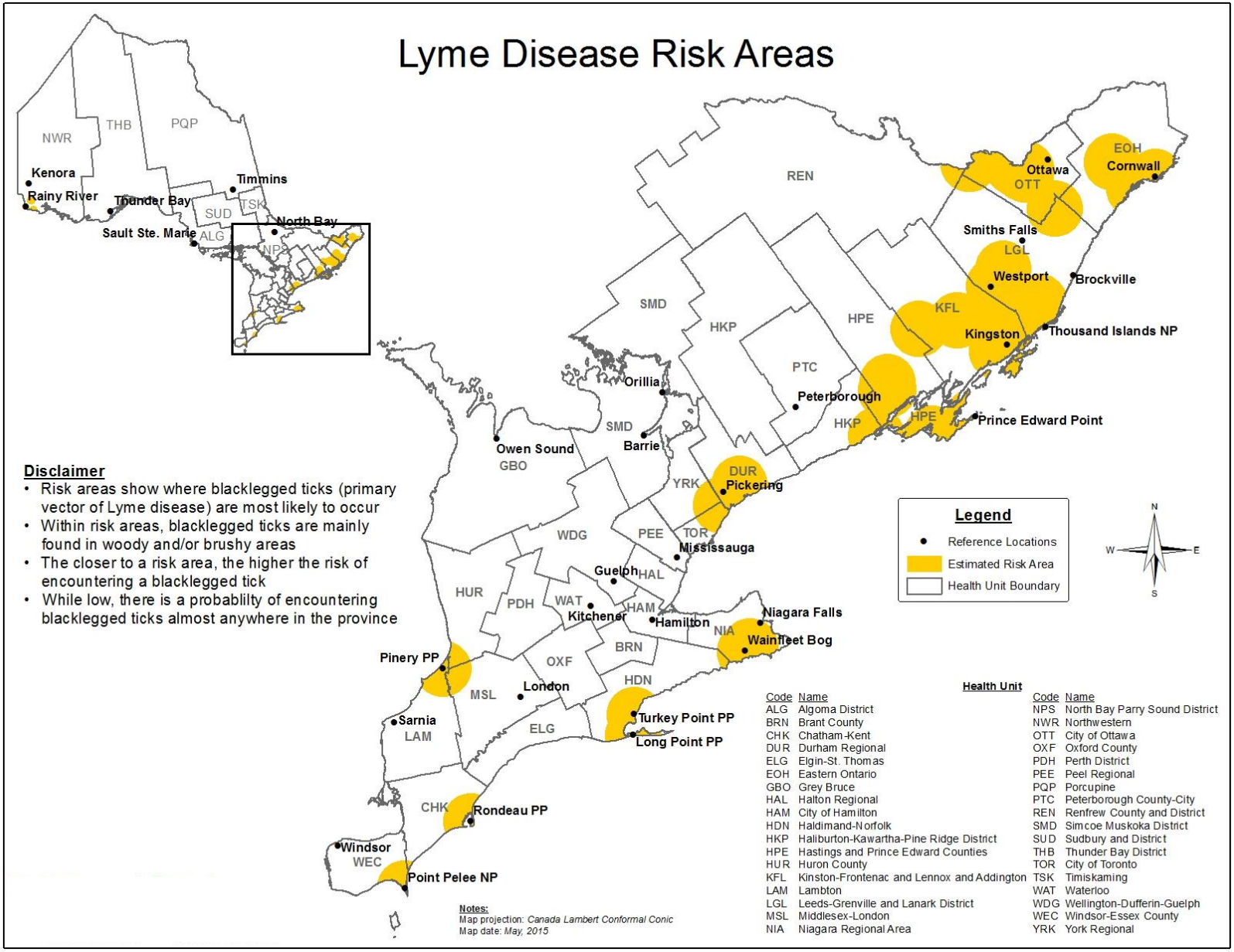
Lyme Disease Risk Areas



Health Unit

Code	Name
ALG	Algoma District
BRN	Brant County
CHK	Chatham-Kent
DUR	Durham Regional
ELG	Elgin-St. Thomas
EOH	Eastern Ontario
GBO	Grey Bruce
HAL	Halton Regional
HAM	City of Hamilton
HDN	Haldimand-Norfolk
HKP	Haliburton-Kawartha-Pine Ridge District
HPE	Hastings and Prince Edward Counties
HUR	Huron County
KFL	Kinston-Frontenac and Lennox and Addington
LAM	Lambton
LGL	Leeds-Grenville and Lanark District
MSL	Middlesex-London
NIA	Niagara Regional Area
NPS	North Bay Parry Sound District
NWR	Northwestern
OTT	City of Ottawa
OXF	Oxford County
PDH	Perth District
PEE	Peel Regional
PQP	Porcupine
PTC	Peterborough County-City
REN	Renfrew County and District
SMD	Simcoe Muskoka District
SUD	Sudbury and District
THB	Thunder Bay District
TOR	City of Toronto
TSK	Timiskaming
WAT	Waterloo
WDG	Wellington-Dufferin-Guelph
WEC	Windsor-Essex County
YRK	York Regional

Ontario
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Background Information

The map of Lyme disease Risk Areas has been developed to assist clinicians in the diagnosis and/or treatment of Lyme disease, with potential exposures or tick bites in the risk areas delineated on the map leading to greater concern about the risks of Lyme disease. In addition, public health professionals can use the risk areas delineated on the map to determine if reported case exposure locations represent known or possible new/emerging risk areas, thus helping to inform public health messages aiming to raise awareness of Lyme disease risk areas in Ontario.

A Lyme disease risk area in Ontario is based on the methods described in the publication by Ogden et al.[1]. Ogden et al. described methods for active tick surveillance that involved conducting three person-hours of drag sampling of areas of concern between May and October. They concluded that finding at least one blacklegged tick (*Ixodes scapularis*) during this time period may indicate a possible risk area for Lyme disease. Therefore, risk areas are zones defined around locations where blacklegged ticks have been identified or are known to occur and where humans have the potential to come into contact with infected ticks.

To warrant tick drag sampling, passive surveillance indicators and suitable conditions to support populations of blacklegged ticks must be present. Passive surveillance indicators may include, but are not limited to, information about ticks submitted for identification and/or testing for the Lyme disease bacteria, assessment of exposure information from locally acquired human Lyme disease cases, and information from health care professionals. In new locations with no history of blacklegged tick populations, it would be expected that tick dragging be conducted at two different times (spring and fall) to confirm the presence of the blacklegged ticks.

The estimated risk areas are calculated as a 20 kilometer radius from the centre of a location where blacklegged ticks were found through drag sampling. This is based on work done in Nova Scotia and adopted by the Public Health Agency of Canada for their Lyme disease risk mapping[2,3]. It should be emphasized that habitat and host animal species necessary for the establishment/transmission of Lyme disease are not uniform within the risk areas indicated on the map. Therefore, if there are no wooded or brushy areas within a section of the indicated risk area, it is expected that there would not be any blacklegged ticks present, e.g. a parking lot. As blacklegged ticks will also feed on and be transported by migratory birds, it should also be noted that there is a low probability of encountering a blacklegged tick almost anywhere in Ontario. *Reference locations* are placed on the map to provide readers with geographic markers of where the Lyme disease risk locations are located.

Suggested Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Map of Lyme Disease Risk Areas. Toronto, ON: Queen's Printer for Ontario; 2015.

Disclaimer

This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario's government, public health organizations and health care providers. PHO's work is guided by the current best available evidence.

PHO assumes no responsibility for the results of the use of this document by anyone.

[1] http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/14vol40/dr-rm40-05/dr-rm40-05-2-eng.php
[2] http://novascotia.ca/dhw/populationhealth/documents/Lyme-Disease-Epidemiology-and-Surveillance-in-Nova-Scotia.pdf
[3] http://www.phac-aspc.gc.ca/id-mi/tickinfo-eng.php

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 038-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 May 19

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT – MAY

Recommendation

It is recommended that Report No. 038-16 re: Medical Officer of Health Activity Report – May be received for information.

The following report highlights activities of the Medical Officer of Health (MOH) from the April Medical Officer of Health Activity Report to May 6, 2016.

As this year's President of the Middlesex Municipal Association, the MOH was responsible for hosting the 69th annual meeting. The event was held at the Coldstream Community Centre in Ilderton on April 28th, attended by just over 100 people from Middlesex County and surrounding areas. Attendees were given an introduction to the social determinants of health by participating in the board game The Last Straw which was facilitated by Health Unit staff at each table. Health Unit staff also gave an overview of many public health topics of relevance to a County audience, including: Water Safety, Inspections, Family Home Visiting and Healthcare Provider Outreach. Also delivering remarks at the event were MLHU Board Members Joanne Vanderheyden, Marcel Meyer, Kurtis Smith, and Chair Jesse Helmer.

The MOH was invited to speak at the Healthy Kids Community Challenge meeting on April 14th at Civic Gardens. His presentation highlighted the importance of policy change as it relates to sugary drink consumption.

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

April 11 Met with MPP Deb Matthews in regards to recent Youth Opportunity Unlimited purchased property

April 14 Attended and presented at MLHU All Staff meeting

April 15 Meeting of the Mayor's Advisory Panel on Poverty (MAPOP)
Meeting with Councillors Phil Squire, Maureen Cassidy and Jesse Helmer as well as United Way CEO Andrew Lockie regarding transportation and Basic Income Guarantee

April 18 Attended the Youth Opportunities Unlimited (YOU) Executive meeting
Attended Strategic Priorities and Policy Committee meeting at London City Hall to present the Mayor's Advisory Panel on Poverty final report: London For All: A Roadmap to End Poverty

April 19 Lunch meeting with Michelle Baldwin, Executive Director Pillar Nonprofit Network
Attended the United Way announcement of the 2016 Campaign Chair
Attended Basic Income: A Deeper Look – An Evening of Learning and Conversation at King's College

April 20 Participated as judge at the Mentally Healthy School Awareness Contest with the Thames Valley School Board

Hosted A Taste For Life at Che Restobar to raise funds for Regional HIV/AIDS Connection

April 21 Attended a funders meeting of staff from Middlesex County, City of London and United Way London and Middlesex
Attended the Board of Health Governance and regular meeting

April 22 Participated in interviews for the Director of Environmental Health and Infectious Diseases position
Met with Liz Arkinstall, Community Engagement Manager at Libro Credit Union to discuss living wage

April 26 Attended the OMA Public Health Section Annual General Meeting via teleconference

April 27 Participated in the COMOH Section teleconference
Attended a staff United Way fundraiser lunch
Participated in a video shoot for the Sexual Assault Centre London entitled Boys Creating Change
Attended the Pillar Annual General Meeting

April 28 Participated in Management training – Managing in a Unionized Environment

May 3 Attended the Finance and Facilities Committee meeting

May 4 Met with Juhee Makkar, Senior Policy Advisor at Ontario Medical Association to discuss Patients First
Met with Maria VanHarten, Dental Consultant to discuss fluoride
Attended a meeting of The Community Health Collaborative Champions
Was interviewed by Dalla Lana School of Public Health students regarding guaranteed annual income

May 5 Participated in strategic planning process interview for Childreach
Participated in the Annual alPHa Fitness Challenge
Was part of the panel for second interviews to find a Director for Environmental Health and Infectious Disease

This report was prepared by Lynn Guy, Executive Assistant to the Medical Officer of Health.

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