

**AGENDA**  
**MIDDLESEX-LONDON BOARD OF HEALTH**

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

Thursday, 7:00 p.m.  
2016 June 16

**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**

May 19, 2016 Board of Health meeting

**BUSINESS ARISING FROM THE MINUTES**

**DELEGATIONS**

7:05 – 7:15 p.m. Ms. Trish Fulton, Chair, Finance and Facilities Committee (FFC) re: Item #1 - Finance and Facilities Committee Meeting June 8, 2016 Report No. 039-16.

**Receive:** June 8 2016 Finance and Facilities Committee meeting minutes

7:15 - 7:25 p.m. Ms. Shaya Dhinsa, Manager, Sexual Health, and Mr. Todd Coleman, Epidemiologist re: Item # 2 Persons Who Inject Drugs in Middlesex-London: An Update Report No. 040-16.

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
<b>Committee Reports</b>						
1	Finance and Facilities Committee Meeting May 3 <sup>rd</sup> (Report No. 039-16)	Receive: June 8 Draft FFC Minutes	x	x		To receive minutes and consider recommendations from the June 8 <sup>th</sup> FFC meeting.
<b>Delegations and Recommendation Reports</b>						
2	Persons Who Inject Drugs in Middlesex London: An Update (Report No. 040-16)	Appendix A Appendix B Appendix C	x	x		To support the allocation of resources to address the emerging public health emergency in persons who inject drugs in Middlesex-London.
3	A Food Policy Council for Middlesex-London (Report No. 043-16)			x		To provide an overview of the Middlesex-London Food Policy Council and appoint a Board of Health representative to the Council.
<b>Information Reports</b>						
4	Summary Information Report for June 2016 (Report No. 041-16)	Appendix A			x	To provide a summary of information from Health Unit programs.
5	Medical Officer of Health Activity Report – June (Report No. 042-16)				x	To provide an update on the activities of the MOH for June 2016.

## OTHER BUSINESS

- Next Finance and Facilities Committee Meeting: July 7, 2016 @ 9:30 a.m.
- Next Governance Committee Meeting, July 21, 2016 @ 6:00 p.m.
- Next Board of Health Meeting: Thursday July 21, 2016 @ 7:00 p.m.

## CORRESPONDENCE

- a) Date: 2016 May 9  
 Topic: Rising Cost of Health Food as Determined by the 2015 Nutritious Food Basket Cost Data  
 From: Warden Bev MacDougall, Chair, Lambton County Board of Health  
 To: The Honourable Deb Matthews, The Honourable Helena Jaczek

### **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 17<sup>th</sup> 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.

- b) Date: 2016 May 16  
Topic: Amended Ontario Public Health Standards (OPHS) and related Protocols  
From: Ministry of Health and Long-Term Care  
To: Board of Health Chairs and Medical Officers of Health

***Background:***

The Ontario Public Health Standards (OPHS) and Protocols establish the minimum requirements for fundamental public health programs and services to be delivered by Ontario's 36 boards of health, which include assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection.

Amendments to the OPHS have recently been made for the Child Health Standard and Healthy Smiles Ontario Program, the Smoke-Free Ontario Act, and the Tobacco Compliance Protocol. New legislation was also established with the Electronic Cigarettes Act and there were changes to the related Electronic Cigarette Compliance Protocol.

***Recommendation:***

Receive.

- c) Date: 2016 April 29 (Received 2016 May 17)  
Topic: Smoke Free Schools Act  
From: Debi A. Wilcox, Regional Clerk, Durham Region  
To: The Honourable Kathleen Wynne

***Background:***

Bill 139: Smoke-Free Schools Act would amend the Smoke Free Ontario Act and the Ontario Tobacco Tax Act to prohibit the sale of tobacco in schools, increase fines for offenders caught selling contraband tobacco, suspend drivers licenses for those using a motor vehicle to transport contraband tobacco, allow the sharing of proceeds of disposition or forfeited property with police forces and for the province to establish a public education campaign regarding the risk of tobacco use.

This Bill was introduced into the Ontario Legislature by MPP Todd Smith (Prince Edward-Hastings) and has been referred to the Standing Committee on General Government.

***Recommendation:***

Receive.

- d) Date: 2016 April 29 (Received 2016 May 19)  
Topic: Invasive Personal Service Settings (PSS)  
From: Debi A. Wilcox, Regional Clerk, Durham Region

To: The Honourable Kathleen Wynne

**Background:**

Currently, there are no infection prevention and control training requirements for personal service setting operators. The recent changes to the Ontario Public Health Standards did not address the potential to implement legal requirements for infection prevention and control training and operator responsibility in personal service settings (PSS).

**Recommendation:**

Receive.

- e) Date: 2016 May 18  
Topic: Perth District Health Unit 50<sup>th</sup> Anniversary Celebration  
From: Perth District Health Unit  
To: All Health Units

**Background:**

The Perth District Health Unit is celebrating 50 years of protecting health, promoting health, and preventing disease in Perth County.

**Recommendation:**

Receive.

- f) Date: 2016 May 25  
Topic: Land Use Planning Review  
From: Gordon Fleming, Manager, Public Issues, Association of Local Public Health Agencies  
To: Chairs, Boards of Health, and Medical Officers of Health

**Background:**

Consultations are currently underway regarding planning for Health, Prosperity and Growth in the Greater Golden Horse Shoe and Shaping Land Use.

**Recommendation:**

Receive.

- g) Date: 2016 May 17  
Topic: Standards Modernization – Practice Evidence Program Standards Advisory Committee Highlights  
From: MOHLTC Practice and Evidence Program Standards Advisory Committee  
To: All Ontario Boards of Health

**Background:**

An Executive Steering Committee for the Standards Modernization (the “ESC”), which reports to the MOHLTC, has been established to provide overall strategic leadership and guidance on the review of the Standards Modernization with a goal to strengthen and enhance accountability and transparency within the public health system.

**Recommendation:**

Receive.

- h) Date: 2016 May 17  
Topic: Standards Modernization – Executive Steering Committee Highlights  
From: MOHLTC Executive Steering Committee

To: All Ontario Boards of Health

***Background:***

See item (g) above. This update provides the terms of reference, a logic model and members of the executive steering committee.

***Recommendation:***

Receive.

- i) Date: 2016 June 3  
Topic: alPHa Summary – Bill 210, Patients First Act  
From: Association of Local Public Health Agencies  
To: Chairs, Boards of Health

***Background:***

The Association of Local Public Health Agencies provided an overview of the changes to Bill 210 that are relevant to public health interests as well as an alPHA news release marking the changes.

***Recommendation:***

Receive.

- j) Date: 2016 June 10  
Topic: Disposition of alPHa Resolutions, 2016 Annual General Meeting  
From: Susan Lee, Manager, Administrative & Association Services, Association of Local Public Health Agencies (alPHa)  
To: All Board of Health Members, Senior Public Health Managers

***Background:***

Resolutions considered at June 2016 alPHA Annual General Meeting:

- Change to Quorum in Constitution, Carried.
- Amending alPHa Resolution Submission Guidelines, Carried as amended.
- Health-Promoting Federal, Provincial and Municipal Infrastructure Funding, Carried.
- Enactment of Legislation to Enforce Infection Prevention and Control Practices Within Invasive Personal Service Settings (PSS) under the Health Protection and Promotion Act, Carried as amended.
- Healthy Babies Healthy Children 100% Funding, Carried.
- Advocate for a Comprehensive Province-Wide Health Eating Approach Integrating the Recommendations in the Senate's Report on Obesity and the Heart and Stroke Foundation Sugar, Heart Disease and Stroke Position Statement, including Taxation of Sugar Sweetened Beverages, Carried as amended.

***Recommendation:***

Receive

**CONFIDENTIAL**

The Board of Health will move in camera to discuss matters regarding identifiable individuals and a proposed or pending acquisition of land by the Middlesex-London Board of Health.

**ADJOURNMENT**



## PUBLIC SESSION – MINUTES

### MIDDLESEX-LONDON BOARD OF HEALTH

2016 May 19

---

#### **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:**

Dr. Christopher Mackie, Medical Officer of Health & CEO  
Ms. Elizabeth Milne, Executive Assistant to the Board of Health & Communications (Recorder)  
Mr. Wally Adams, Director, Environmental Health & Infectious Disease  
Mr. Jordan Banninga, Manager, Strategic Projects  
Ms. Christine Brignall, Program Evaluator, Foundational Standard  
Ms. Shaya Dhinsa, Manager, Sexual Health  
Ms. Laura Di Cesare, Director, Corporate Services  
Mr. Dan Flaherty, Communications Manager  
Ms. Carolynne Gabriel, Librarian, Foundational Standard  
Mr. Jeremy Hogeveen, Coordinator, Vector-Borne Disease  
Dr. Gayane Hovhannisyan, Associate Medical Officer of Health  
Ms. Donna Kosmack, Manager, South West Tobacco Control Area Network  
Ms. Sarah Maaten, Manager, Foundational Standard  
Ms. Melissa McCann, Program Evaluator, Foundational Standard  
Mr. John Millson, Associate Director, Finance  
Ms. Theresa Proctor, Epidemiologist, Foundational Standard  
Mr. Mark Przyslupski, Manager, Information Technology  
Ms. Michelle Sangster-Bouck, Program Evaluator, Foundational Standard  
Mr. Fatih Sekercioglu, Manager, Safe Water, Rabies & Vector-Borne Disease  
Ms. Linda Stobo, Manager, Chronic Disease Prevention & Tobacco Control  
Ms. Tamara Thompson, Program Evaluator, Foundational Standard  
Mr. Alex Tyml, Online Communications Coordinator  
Ms. Suzanne Vandervoort, Director, Healthy Living

Chair Helmer called the meeting to order at 7:01 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 to amend the agenda and hear Ms. Sarah Maaten's presentation re: Strategic Initiative: Planning and Evaluation Framework (Report No. 032-16) as the first delegation item.

It was moved by Mr. Meyer, seconded by Ms. Fulton *that the **AGENDA** for the May 19, 2016 Board of Health meeting be approved as amended.*

Carried

## APPROVAL OF MINUTES

Chair Helmer noted that the names of the Syrian Newcomer translators will be added to the minutes for April 21, 2016.

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

Carried

## DELEGATIONS

7:05 - 7:15 Ms. Sarah Maaten, Manager, Foundational Standard re: Item #2 – Strategic Initiative: Planning and Evaluation Framework (Report No. 032-16).

7:15 - 7:25 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).

### **2) Strategic Initiative: Planning and Evaluation Framework (Report No. 032-16)**

Ms. Sarah Maaten outlined the work involved in creating a framework for evaluation, introduced the structure and function of the new Foundational Standard Division and answered questions.

Discussion ensued about metrics to measure success when evaluating programs, the Health Equity lens in which the framework is set, and how it fits into the overall strategic objectives of the Health Unit.

It was moved by Ms Poole, seconded by Mr. Meyer, *that the Board of Health commend the Foundational Standard Division for their work in creating the Planning and Evaluation Framework.*

Carried

It was moved by Ms. Poole, seconded by Mr. Meyer, *that the Board of Health receive Report No.032-16 re Strategic Initiative: Planning and Evaluation Framework for information.*

Carried

## COMMITTEE REPORTS

### **1) Finance and Facilities Committee Meeting May 3<sup>rd</sup> (Report No. 031-16)**

Ms. Fulton provided a summary of the recommendations from the May 3, 2016 Finance and Facilities Committee (FFC) meeting.

It was moved by Ms. Fulton seconded by Mr. Meyer, *that the Board of Health 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" as recommended by the Finance and Facilities Committee.*

Carried

It was moved by Ms. Fulton, seconded by Ms. Vanderheyden, *that 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 as recommended by the Finance and Facilities Committee.*

Carried

Ms. Fulton noted the date of the next Finance and Facilities Committee meeting, rescheduled to Wednesday June 8<sup>th</sup> at 9:30 a.m. due to quorum.

### **DELEGATION AND RECOMMENDATION REPORTS**

#### **3) Plain and Standardized Packaging – Reducing the Impact of Tobacco Marketing on Smoking Behaviour (Report No. 033-16)**

Ms. Linda Stobo and Ms. Donna Kosmack answered questions and provided a sample of what the plain and standardized packaging might look like.

Discussion ensued about product regulation at the Federal and Provincial level, tobacco use rates in the young adult population and what the proposed plain and standardized packaging might look like.

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

- 1. Sign the endorsement, attached as Appendix A, recommending that the Government of Canada implement plain and standardized tobacco product packaging; and,*
- 2. Support 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.*

Carried

#### **4) 2016 Strategic Plan Balanced Scorecard (Report No. 034-16)**

It was moved by Mr. Meyer seconded by Mr. Smith, *that the Board of Health approve the 2016 Balanced Scorecard, Appendix B to Report No. 034-16 re 2016 Strategic Plan Balanced Scorecard.*

Carried

### **INFORMATION REPORTS**

Chair Helmer requested a motion to approve all information reports at once.

It was moved by Ms. Vanderheyden, seconded by Ms. Fulton, *that the Board of Health approve all information items at once.*

Carried

#### **5) Wireless Device Contract (Report No. 035-16)**

Dr. Mackie and Mr. Mark Przyslupski, Manager, Information Technology provided context to this report, outlined the business case to support changes to the Health Unit's choice of wireless devices going forward, and answered questions.

It was moved by Mr. Peer, seconded by Ms. Fulton, *that the Board of Health receive Report No. 035-16 re wireless device contract for information.*

Carried

#### **6) Low Cost Contraceptive Project (Report No. 036-16)**

Dr. Hovhannisyan and Ms. Shaya Dhinsa, Manager, Sexual Health provided context to this report and answered questions.



It was moved by Mr. Peer, seconded by Ms. Fulton, *that the Board of Health receive Report No. 036-16 re Low Cost Contraceptive Project for information.*

Carried

**7) Summary Information Report for May 2016 (Report No. 037-16)**

It was moved by Mr. Peer, seconded by Ms. Fulton, *that the Board of Health receive Report No.037-16 re: Summary Information Report for May 2016 for information.*

Carried

**8) Medical Officer of Health Activity Report – May (Report No. 038-16)**

It was moved by Mr. Peer, seconded by Ms. Fulton, *that the Board of Health receive Report No.038-16 re: Medical Officer of Health Activity Report - May for information.*

Carried

**OTHER BUSINESS**

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

Chair Helmer stepped aside as Chair to provide context to this request, outlining the transit options and the associated health benefits.

Vice-Chair Vanderheyden took over as Chair at 7:44 p.m.

Discussion ensued about the health benefits associated with light rail transit versus bus transit and the rapid transit business case.

Dr. Mackie outlined the known health benefits associated with light rail transit which include: less air pollution, lower greenhouse gas emissions, fewer accidents due to fewer vehicles on the road, more supportive of physical environments and improved economic conditions.

It was moved by Ms. Poole, seconded by Ms. Fulton, *that the Board of Health request that city council take into consideration, among other factors, the superior health benefits of light rail transit, when making a decision on rapid transit in London.*

Carried

Chair Helmer took over as Chair at 8:11 a.m.

**Upcoming meetings**

- 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**

Dr. Mackie provided some context to each resolution re: item c) ALPHa Resolutions for Consideration at June 2016 Annual General Meeting and requested that the Board of Health endorse 4 of the 5 resolutions for consideration; Change to Quorum in Constitution; 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 and Healthy Babies Healthy Children 100% Funding; and oppose resolution 2), Amending ALPHa Resolution Submission Guidelines.

It was moved by Mr. Peer, seconded by Ms. Vanderheyden *that the Board of Health endorse correspondence item c) resolutions, 1, 3, 4, 5, and oppose resolution 2 re: ALPHa Resolutions for Consideration at June 2016 Annual General Meeting.*

Carried

It was moved by Mr. Peer, seconded by Ms. Vanderheyden, *that the Board of Health receive correspondence items a), b), and d) through p).*

Carried

**CONFIDENTIAL**

At 8:20 p.m. Chair Helmer 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, to approve minutes from its April 21<sup>st</sup> 2016 in camera session and to receive minutes from the Finance and Facilities Committee May 3<sup>rd</sup> 2016 in camera session.

At 8:20 p.m. it was moved by Mr. Peer, seconded by Mr. Meyer *that the Board of Health 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 21<sup>st</sup> 2016 in camera session and to receive minutes from the Finance and Facilities Committee May 3<sup>rd</sup> 2016 in camera session.*

Carried

At 8:22 p.m. all Health Unit staff, except Dr. Mackie, Ms. Laura Di Cesare, Mr. John Millson, and Ms. Elizabeth Milne left the meeting.

Carried

At 8:43 p.m. it was moved by Mr. Meyer, seconded by Mr. Smith *that the Board of Health rise and return to public session to adjourn the meeting.*

Carried

At 8:43 p.m. the Board of Health returned to public session.

It was moved by Ms. Fulton, seconded by, Mr. Peer, *that the draft **MINUTES** for the May 3, 2016 Finance and Facilities Committee meeting be received.*

Carried

**ADJOURNMENT**

At 8:46 p.m., it was moved by Ms. Fulton, seconded by Mr. Peer, *that the meeting be adjourned.*

Carried

---

**JESSE HELMER**  
Chair

---

**CHRISTOPHER MACKIE**  
Secretary-Treasurer



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 039-16

TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health
DATE: 2016 June 16

FINANCE AND FACILITIES COMMITTEE MEETING - JUNE

The Finance and Facilities Committee met at 9:30 a.m. on Wednesday June 8, 2016 (Agenda). The following items were discussed at the meeting and recommendations made:

Table with 2 columns: Reports and Recommendations for Board of Health's Consideration. Rows include 2015 Draft Financial Statements, 2015 Reserve / Reserve Fund Balance, and Q1 Financial Update & Factual Certificate.

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

The next Finance and Facilities Committee meeting is Thursday July 7, 2016 at 10:00 a.m.

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



**DRAFT - PUBLIC MINUTES**  
**Finance and Facilities Committee**  
**50 King Street, Room 3A**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**2016 June 8, 9:30 a.m.**

---

**COMMITTEE**

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

**OTHERS PRESENT:** Ms. Elizabeth Milne, Executive Assistant to the Board of Health & Communications (Recorder)  
Mr. Wally Adams, Director, Environmental Health & Infectious Diseases  
Mr. Jordan Banninga, Manager, Strategic Projects  
Ms. Melissa McCann, Program Evaluator, Environmental Health & Infectious Diseases  
Mr. John Millson, Associate Director, Finance  
Mr. Ian Jeffreys, Auditor, KPMG

At 9:28 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 Ms. Vander, seconded by Mr. Meyer *that the [AGENDA](#) for the June 8 2016 Finance and Facilities Committee meeting be approved.*

Carried

**3. APPROVAL OF MINUTES**

It was moved by Mr. Peer, seconded by Mr. Meyer *that the [MINUTES](#) from the May 3, 2016 Finance and Facilities Committee meeting be approved.*

Carried

Chair Fulton welcomed Mr. Ian Jeffreys, the Health Unit's Auditor from KPMG who reviewed the Health Unit's financial records and audit.

**4. NEW BUSINESS**

**4.1 2015 Draft Financial Statements ([Report No. 016-16FFC](#))**

Mr. Millson provided a revised Draft Financial Statement (Appendix A) summarized the revisions to this document. Mr. Millson provided context to this report and a high level overview of the Health Unit's revenues.

Discussion ensued about the following:

- Percentage of revenue derived from grants and clarification of the term ‘grant’.
- Items listed within Liabilities and the difference between the accrued wages and benefits listed.
- Items listed within other expenses and miscellaneous, which could be separated and set under a different category next year.

At 9:53 a.m. Chair Fulton invited a motion to move in camera to discuss a matter regarding identifiable individuals.

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer *that the Finance and Facilities move in camera to discuss a matter regarding identifiable individuals.*

Carried

All Health Unit staff except Ms. Elizabeth Milne and Mr. Ian Jeffreys left the room.

It was moved by Mr. Meyer, seconded by Mr. Peer *that the Finance and Facilities Committee rise and return to public session.*

Carried

At 10:21 a.m. the Finance and Facilities Committee returned to public session.

Chair Fulton noted the overview of the KPMG Auditor’s report, and gave staff and Committee members an opportunity to discuss and ask questions.

It was moved by Mr. Helmer, seconded by Ms. Vanderheyden *that the Finance and Facilities Committee review and make recommendation to the Board of Health to approve the audited Financial Statements for the Middlesex-London Health Unit, December 31<sup>st</sup> 2015 as appended to report No. 016-16FFC.*

Carried

#### **4.2 2015 Reserve / Reserve Fund Balance ([Report No. 017-16FFC](#))**

Mr. Millson summarized and provided context to this report.

It was moved by Mr. Peer, seconded by Mr. Helmer, *that the Finance & Facilities Committee recommend to the Board of Health:*

- 1) *To approve a \$25,930 drawdown from the Sick Leave Reserve Fund to fund the 2015 sick leave payments to eligible staff; and further,*
- 2) *To receive the 2015 -2016 Reserve / Reserve Fund Overview ([Appendix A](#)) for information; and further,*
- 3) *That Report No. 017– 16FFC, “2015 Reserve / Reserve Fund Balances” be forwarded to the City of London and the County of Middlesex for information.*

Carried

#### **4.3 Q1 Financial Update & Factual Certificate ([Report No. 018-16FFC](#))**

Mr. Millson provided context to this report and answered questions.

Discussion ensued about the receipt of one-time funding grants built into the budget and Community Health Capital Planning.

It was moved by Mr. Helmer seconded by Mr. Meyer, *that the Finance and Facilities Committee review and recommend to the Board of Health to receive Report No. 018-16FFC re: “Q1 Financial Update Report & Factual Certificate” for information.*

Carried

## **5. CONFIDENTIAL**

At 10:34 a.m. Chair Fulton invited a motion to move in camera to discuss items regarding a proposed or pending acquisition of land by the Middlesex-London Board of Health.

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

Carried

At 11:19 a.m. it was moved by Mr. Peer, seconded by Ms. Vanderheyden *that the Finance and Facilities Committee rise and return to public session to adjourn the meeting.*

Carried

At 11:19 a.m. the Finance and Facilities Committee returned to public session.

## **6. OTHER BUSINESS**

The next Finance and Facilities Committee will be July 7, 2016 at 9:00 a.m. in Room 3A.

## **7. ADJOURNMENT**

At 11:20 a.m. Chair Fulton *adjourned the meeting.*

---

TRISH FULTON  
Committee Chair

---

JESSE HELMER  
Chair, Board of Health



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 June 16

---

## PERSONS WHO INJECT DRUGS IN MIDDLESEX-LONDON: AN UPDATE

### **Recommendation**

*It is recommended that the Board of Health support in principle the allocation of resources within Middlesex-London Health Unit to address the emerging public health emergency in persons who inject drugs in Middlesex-London, with further details on strategy and resources to come to the Board of Health in September.*

### **Key Points**

- Rates of HIV, Hepatitis C, Invasive Group A Streptococcal Disease, and infective endocarditis have all been increasing in persons who inject drugs in Middlesex-London.
- Rates are being driven by several intersecting factors, including underlying mental health and addictions issues, and changes in prescription opioid drug practices.
- Stakeholders will continue to be engaged at the local and provincial levels to ensure an integrated and coordinated response to this emerging public health issue.

### **Background**

Since 2015, the Middlesex-London Health Unit (MLHU) has noticed an increase in newly diagnosed HIV cases in persons who inject drugs (PWID) in Middlesex-London. Ontario's HIV rates have decreased, from 7.4 cases per 100,000 in 2005 to 5.5 cases per 100,000 in 2015. Locally, HIV rates increased from 5.9 cases per 100,000 in 2005, to 9.0 cases per 100,000 in 2015. Provincial figures indicate two-thirds of new cases in 2013-14 occurred in men who have sex with men (MSM), and 12% in PWID. In Middlesex-London during the same time period, two thirds (68.6%) of new HIV cases were attributable to PWID (See [Appendix A](#)).

Increasing HIV trends is one of several public health issues currently affecting local PWID. Increases in Hepatitis C (HCV), Invasive Group A Streptococcal Disease (iGAS), and associated endocarditis are being observed in PWID, compounded by underlying mental health and addictions issues. HCV infections in Middlesex-London have increased from 32.2 cases per 100,000 in 2005 to 53.7 cases per 100,000 in 2015, amid decreasing provincial rates. From 2006-2015, self-reported injection drug use was identified as a risk factor in 61.2% of HCV cases living in Middlesex-London (See [Appendix B](#)). Compared to 2010, the proportion of iGAS cases in PWID has increased two-fold, 19.0% in 2010 vs. 42.9% in 2016 (See [Appendix C](#)). Finally, local health care providers have raised concerns about increases in admissions due to infective endocarditis, with London Health Sciences Centre reporting admissions for infective endocarditis in PWID rising from approximately 30 in 2009 to approximately 110 in 2014.

Contextually, in 2012, the Ontario government de-listed the pain medication OxyContin and replaced it with the alternative OxyNEO. One reason for this decision was to switch to a pain medication that is not as easily crushed for snorting or injecting. While intended to reduce the prevalence of injecting, community partners have reported that this has not had the intended effect as it does not address the underlying mental health and social determinants of health issues that cause injection drug use. Research indicates that the addition of filler agents in various oral prescription drugs when injected is associated with higher rates of endocarditis, soft tissue infections, and increases in communicable diseases such as HCV.

### **Current Strategies**

In February 2016, MLHU began compiling data from several sources to investigate increasing HIV rates in PWID. A meeting was held on March 22<sup>nd</sup> between several community stakeholders, including local health care providers, to share the results of the epidemiological assessment and discuss next steps. A follow-up meeting is scheduled for June 8<sup>th</sup> with additional local and provincial stakeholders to develop a coordinated strategy to address this public health emergency.

Consultations were held with provincial and national experts regarding effective strategies to address these emerging public health issues in PWID. In particular, discussions were held with Dr. Mark Gilbert (Ontario HIV Epidemiological Surveillance Initiative) and Frank McGee (Manager, AIDS and Hepatitis C Programs, Ontario Ministry of Health and Long Term Care) to review data and discuss next steps, including the potential for MLHU to serve as a site for point-of-care (rapid) HIV testing services.

The Middlesex London Health Unit, in collaboration with community partners, is developing a community drug strategy for London and Middlesex County based on a “Four Pillar” approach of prevention, treatment, harm reduction and enforcement, and solidified through a foundation of collaboration.

### **Next Steps**

Ongoing active surveillance and a detailed investigation related to active clusters of HIV, Hepatitis C, and iGAS cases among PWID in Middlesex-London is required. A field epidemiologist from the Public Health Agency of Canada (PHAC) has been requested to assist with this endeavor.

MLHU is recommending a re-allocation of resources to create an outreach model to address the emerging public health issues in PWID. According to the World Health Organization, outreach is associated with decreases in injection drug use and unsafe injection practices, and increases in condom use and entry into drug treatment. The best practice recommendations from Ontario Needle Exchange Programs (NEP) (2006) support outreach as a form of NEP service delivery used to provide services to clients who typically avoid health and social service providers. A peer based component is an essential part of street-level outreach, as peers often reach otherwise hard-to-reach PWID who may be suspicious of the NEP and/or reluctant to abandon their relative invisibility as PWIDs in favour of acquiring NEP services. MLHU will be conducting an environmental scan of Ontario Public Health Units who currently have street-level outreach teams to understand the models and resources required for this work. In addition, consultation will be held with a STOP HIV street outreach team in British Columbia and a literature review will be conducted to identify effective strategies in working with difficult to reach, high-risk PWID population.

Stakeholders will continue to be engaged at local and provincial levels to ensure an integrated and coordinated response to this health issue. Additional funding support will be sought through applications for Public Health Agency of Canada’s HIV and Hepatitis C Community Action Fund and Canadian Institute of Health Care Research Catalyst grants. If successful, the funds will be used to develop a coordinated, integrated approach to address high-risk injection drug use in the community. This approach will include addressing the underlying social determinants of health and mental health issues faced by PWID; enhancing HIV and HCV testing, prophylaxis and treatment; and connecting PWID to addiction services and encouraging them to remain in care.

This report was prepared by Todd Coleman, Epidemiologist, and Shaya Dhinsa, Manager, Sexual Health.

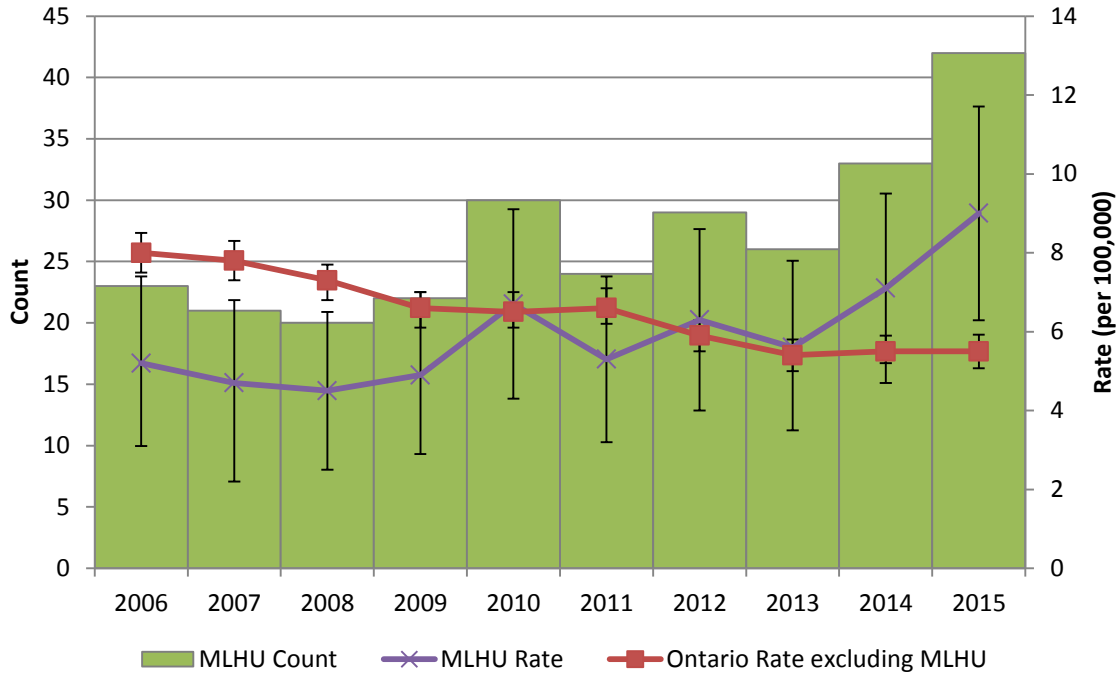


Christopher Mackie, MD, MHSc, CCFP, FRCPC  
Medical Officer of Health

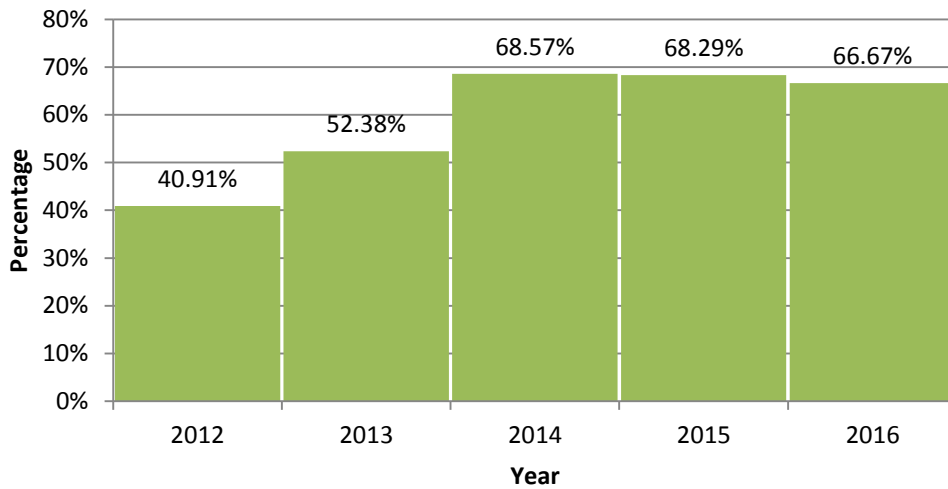


## APPENDIX A to Report No. 040-16

**Figure 1. Reported count and rate of HIV in MLHU and Ontario, 2006-2015**



**Figure 2. Proportion of new HIV positive cases\* in persons who inject drugs, per year, reported to MLHU\*\***

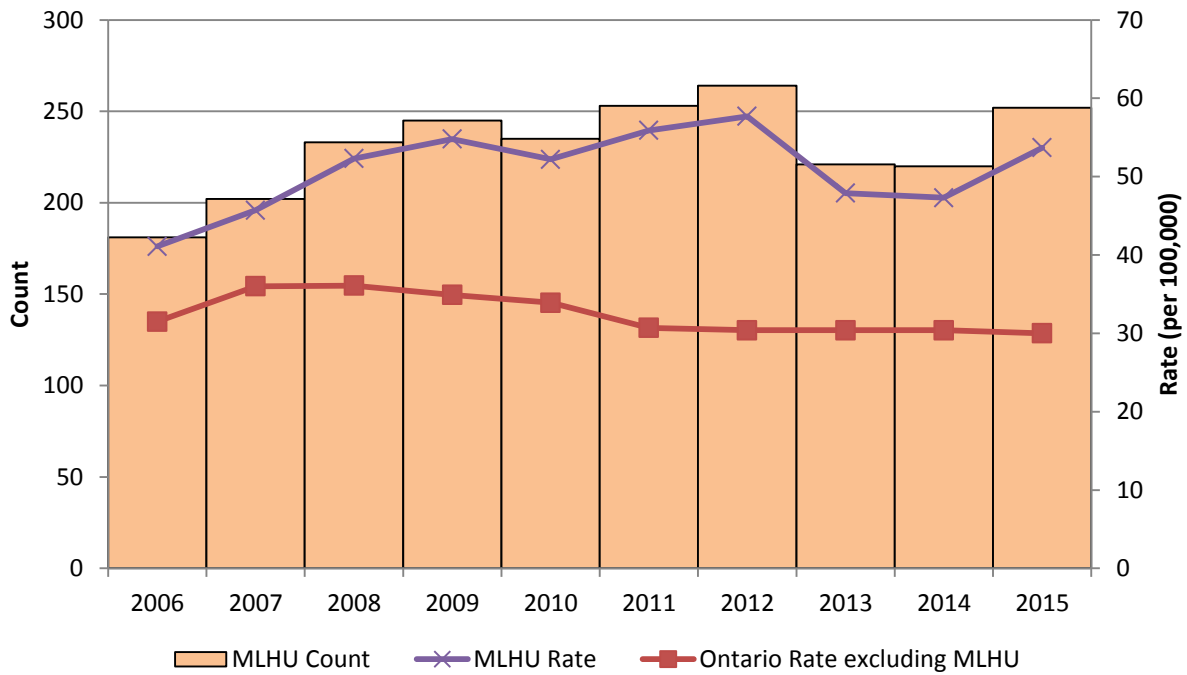


\*New cases recorded during the calendar year, not representative of true incidence

\*\*New cases reported to MLHU from across Middlesex County

## APPENDIX B to Report No. 040-16

**Figure 3. Reported count and rate of Hepatitis C in MLHU and Ontario, 2006-2015**



**Table 1. Reported count and rate of Hepatitis C in MLHU and Ontario, 2006-2015**

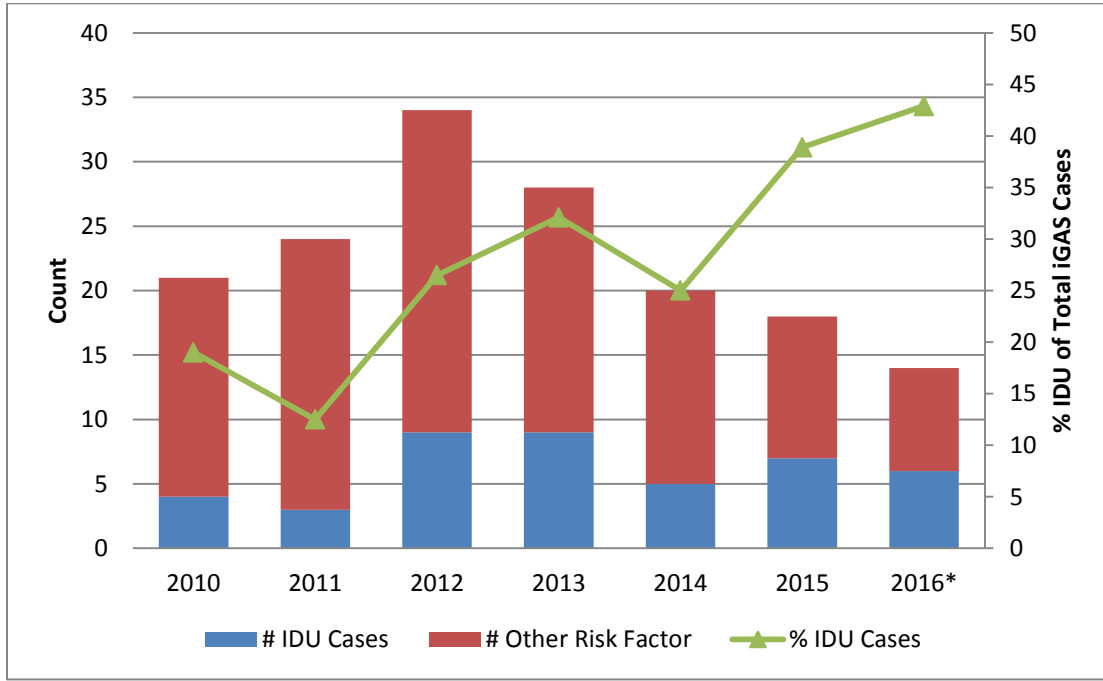
<b>Year</b>	<b>MLHU Cases</b>	<b>MLHU Rate (/100,000)</b>	<b>Ontario Rate (/100,000)*</b>
<b>2006</b>	181	41.1	31.5
<b>2007</b>	202	45.7	36.0
<b>2008</b>	233	52.3	36.1
<b>2009</b>	245	54.8	34.9
<b>2010</b>	234	52.2	33.9
<b>2011</b>	253	55.9	30.7
<b>2012</b>	264	57.7	30.4
<b>2013</b>	221	47.9	30.4
<b>2014</b>	220	47.3	30.4
<b>2015</b>	252	53.7	30.0

\*Ontario rate excludes MLHU

Data source: PHO Query

## APPENDIX C to Report No. 040-16

Figure 4. Number and percentage of confirmed MLHU iGAS cases that identified injection drug use (IDU) as a risk factor by year, 2010-2016\*



\*Up to May 25, 2016



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health and CEO

DATE: 2016 June 16

---

## A FOOD POLICY COUNCIL FOR MIDDLESEX-LONDON

### **Recommendation**

*It is recommended that the Board of Health:*

- 1. Receive Report No. 043-16, A Food Policy Council for Middlesex- London.*
- 2. Appoint a Board of Health representative to the Middlesex- London Food Policy Council.*

### **Key Points**

- The Middlesex-London Food Policy Council (MLFPC) will include a voting member position for a Board of Health representative.
- As a result of the 2015 PBMA investment, a health unit Registered Dietitian will provide coordination support to the MLFPC.
- On June 16, 2016, a community event will announce the Middlesex London Community Food Assessment results and a call to action for applications to the MLFPC.

### **Background**

Building a healthy local food system is an essential component of a vibrant and healthy community. In September, 2015, the report, [No. 52-15 Working Towards the Vision of a Healthy and Sustainable Local Food System](#), described progress to date of the momentum towards a healthier, local food system and plans for a Community Food Assessment. Since that report, the Middlesex-London Community Food Assessment (MLCFA) has been completed and a food policy council is within reach.

### **Middlesex- London Community Food Assessment**

The MLCFA includes a comprehensive understanding of the local food system, based on a review of existing resources and assets, 30 stakeholder interviews, 756 community survey responses, community asset mapping and priority setting sessions. The report, completed in March, 2016, provides several recommendations for strengthening our local food system. These will be released at a community event on June 16, 2016.

### **Middlesex- London Food Policy Council**

On May 5, 2016, at a stakeholder forum, initial terms of reference were developed for the MLFPC. A health unit Registered Dietitian will provide .25 FTE coordination and administrative support to the MLFPC as a non-voting member. This was made possible by the 2015 PBMA investment of 0.5 FTE Registered Dietitian to increase the health unit's capacity to address the environmental, economic, social and nutritional factors connected to the increasing number of local food-related problems. The Board of Health will have one position on the MLFPC as a voting member. The Board of Health is asked to choose a representative for the MLFPC.

On June 16, 2016, a community event will announce a call to action for membership applications to the MLFPC. The intention is to have a MLFPC in place by Fall, 2016. A food policy council will place Middlesex-London in a much stronger position to coordinate action on innovative food system policies that will empower this region to make local food system decisions.

Appendices with more details will be available at the June 16, 2016 Board of Health meeting.

This report was prepared by Ms. Ellen Lakusiak and Ms. Linda Stobo, Manager, Chronic Disease Prevention & Tobacco Control Team.



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

<p><b>This report addresses</b> the following requirements of the Ontario Public Health Standards (2015): Foundational Standards 1, 2, 3, 4, 5, 8, 9, 10; 11 Chronic Disease Prevention 3, 4, 5, 6, 7, 8, 11, 12</p>
--

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 June 16

---

## SUMMARY INFORMATION REPORT FOR JUNE 2016

### **Recommendation**

*It is recommended that Report No. 041-16 re Summary Information Report for June be received for information.*

### **Key Points**

- The Prenatal Immigrant Program (PiP) pilot will be delivering prenatal programming to newcomers starting in mid-July, based on the Smart Start for Babies model and designed to meet their specific needs. The pilot will be offered to Arabic speaking newcomers.
- The draft legislation to enact the changes proposed in the Patients First discussion paper has been introduced. The changes require Medical Officers of Health and Boards of Health (through staff) to provide guidance to Local Health Integration Networks (LHIN's) on health care system planning, but do not transfer funding and accountability roles for public health units into LHIN's.

### **Prenatal Immigrant Program (PiP)**

The Prenatal Immigrant Program (PiP) stems from an approved 2015 PBMA proposal “Prenatal Care Program Targeted to Vulnerable Clients.” The target population of newcomers (Canada <5years) was determined after applying the Health Equity Impact Assessment (HEIA) scoping questions to several groups of pregnant women with complex social factors, who traditionally have not accessed MLHU prenatal services. In December 2015, London began welcoming Syrian newcomers, accepting the third-largest number of Syrian refugees of any Ontario municipality, with the majority of adult women coming to London being of reproductive age. In light of this local context and an identified need from consultation with community partners, the initial pilot session of the PiP will deliver tailored prenatal programming to Arabic speaking newcomers who have lived in Canada for less than one year.

In preparation for this pilot, the Reproductive Health Team has been working in partnership with the Cross Cultural Learner Centre, the South London Neighbourhood Resource Centre, and the Muslim Resource Centre for Social Support and Integration to determine the prenatal support and education needs of Arabic speaking newcomers, primarily from Syria. The first pilot PiP series, based on the Smart Start for Babies model and designed to meet the specific needs of Arabic speaking newcomers, will begin in mid-July 2016. The weekly program will run in partnership with the South London Neighbourhood Resource Centre. In order to address commonly identified barriers to accessing prenatal programming the pilot will provide childminding services, Arabic interpretation, and culturally tailored content. Group sessions will include content about health literacy (defined as access, understanding, and use of pregnancy- and parenting-related health information, and the ability to navigate the Canadian health care system) delivered by Public Health Nurses, and food literacy skill building delivered by a Registered Dietician from the Reproductive Health Team. In addition, Nurse Practitioner services will be provided by the Nurse Practitioner from the Nurse Family Partnership Team. Evaluation of client needs and success of the program will be ongoing.

## Update on Patients First

The draft legislation to enact the changes proposed in the Patients First discussion paper was introduced in the Provincial Parliament on Thursday, June 2. The changes require Medical Officers of Health(MOH's) and Boards of Health (through staff) to provide guidance to Local Health Integration Networks (LHIN's) on health care system planning. They also require LHIN's to consult with MOH's during key planning processes such as the development of their Integrated Health Services Plans. However, the proposed changes were adjusted in part as a response to recommendations by Boards of Health and the Association of Local Public Health Agencies (alPHa) provided through the Ministry of Health and Long-Term Care's related consultation process. In particular, the legislation does not transfer funding and accountability roles for public health units into LHIN's. As such, MLHU's funding and accountability agreements will continue to be negotiated directly with the Ministry. The proposed legislation also includes the changes to Community Care Access Centres and primary care that were envisioned in the Patients First discussion paper. See [Appendix A](#) for alPHa's summary of the proposed changes.



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

Bill 210, the long-anticipated legislation related to the proposals for health system reform that were laid out in the Patients First Discussion Paper was introduced for first reading in the Ontario Legislature on June 2 2016.

In his introduction of Bill 210, The Minister of Health and Long-Term Care stated that “this bill would make amendments to the Local Health System Integration Act, 2006, and various other acts to expand the mandate of local health integration networks to make LHINs accountable for primary care planning, responsible for the management and delivery of home care, and formalize linkages between LHINs and public health units”. The related Ontario News Release includes a reference to “ensuring that public health has a voice in health system planning” as part of those formalized linkages.

Most of the legislative changes would be made to the Local Health System Integration Act, with a view to authorizing the expanded service roles of the LHINs (mainly those that currently reside with Community Care Access Centres) and the enhanced planning and coordination functions that were described in the Patients First discussion paper.

There are amendments to both the Health Protection and Promotion Act and the LHIN Act that formalize relationships between LHINs and Medical Officers of Health as well as Boards of Health. These changes do not include a transfer of public health funding and accountability agreements to the LHINs from the MOHLTC, as originally proposed in the discussion paper.

alPHa is pleased to provide its members with this overview of the changes most relevant to their interests.

**EXCERPTS FROM THE BILL 210 EXPLANATORY NOTE OF INTEREST TO PUBLIC HEALTH (*alPHa editorial notes in italics*)**

- The Bill amends the Local Health System Integration Act, 2006 and makes related amendments to several other Acts. (*Most of the amendments to other Acts are simply the removal of references to CCACs. Two changes to the HPPA are described below*).
- The Lieutenant Governor in Council is given the power to change the geographic area of local health integration networks by regulation. (*It is alPHa’s understanding that the Ministry appreciates the difficulties with the current misalignment between LHIN and PHU boundaries and intends to address them*).
- Local health integration networks are required to establish geographic sub-regions in their local health system for the purposes of planning, funding and service integration. They must develop strategic directions and plans for these sub-regions in their integrated health service plan. (*This is included simply with reference to their potential bearing on the intended relationships with medical officers and boards of health*)



- Local health integration networks are given the ability to provide funding to health service providers in respect of services provided in or for the geographic area of another network. (see note below)
- New procedures and requirements are provided for service accountability agreements. The provision about local health integration networks not being allowed to enter into agreements or other arrangements that restrict or prevent an individual from receiving services based on the geographic area in which the individual resides is re-enacted in a new section. (This and the point above are included here to highlight the fact that the Patients First discussion paper suggested that public health funding and accountability agreements would be transferred to LHINs from the MOHLTC. This was a major concern for alPha's members and we are pleased that the Patients First Act does not follow through on this change. Boards of health are not identified as "health service providers", the entities to which these and other changes to LHIN authority will apply).
- Health Protection and Promotion Act: Medical officers of health are required to engage with their local health integration networks. The Chief Medical Officer of Health is given the power to issue directives to local health integration networks, rather than CCACs. (Details of the changes are presented in a table in the next section).

#### EXCERPTS FROM THE TEXT OF BILL 210 OF INTEREST TO PUBLIC HEALTH

1. (1) Subsection 2 (1) of the *Local Health System Integration Act, 2006* is amended by adding the following definition:

"medical officer of health" has the same meaning as in the *Health Protection and Promotion Act*; ("médecin-hygiéniste")

4. (2) Section 5 ("*The objects of a local health integration network are to plan, fund and integrate the local health system to achieve the purpose of this Act, including*"), of the Act is amended by adding the following clause:

(e.1) to promote health equity, reduce health disparities and inequities, and respect the diversity of communities in the planning, design, delivery and evaluation of services;

9. Section 10 of the Act is amended by adding the following subsection:

Medical officer of health engagement

(3.1) A local health integration network shall ensure that its chief executive officer engages with each medical officer of health for any health unit located in whole or in part within the geographic area of the network, or with the medical officer of health's delegate, on an ongoing basis on issues related to local health system planning, funding and service delivery.

**13. (2) Section 15 of the Act is amended by adding the following subsection:**

**Consultations**

(4) A local health integration network shall engage and seek advice from each board of health for any health unit located in whole or in part within the geographic area of the network in developing its integrated health service plan.

**39. Health Protection and Promotion Act is amended (the current sections of the HPPA are provided for your reference).**

<b>HPPA Section 67 Current</b>	<b>HPPA Section 67 Amended with the addition of the following subsections</b>
<p><u>67. (1)</u> The medical officer of health of a board of health reports directly to the board of health on issues relating to public health concerns and to public health programs and services under this or any other Act. 1997, c. 30, Sched. D, s. 7 (1).  <b>Direction of staff</b>  <u>(2)</u> The employees of and the persons whose services are engaged by a board of health are subject to the direction of and are responsible to the medical officer of health of the board if their duties relate to the delivery of public health programs or services under this or any other Act. R.S.O. 1990, c. H.7, s. 67 (2); 1997, c. 30, Sched. D, s. 7 (2).  <b>Management</b>  <u>(3)</u> The medical officer of health of a board of health is responsible to the board for the management of the public health programs and services under this or any other Act. 1997, c. 30, Sched. D, s. 7 (3).  <b>Area of authority</b>  <u>(4)</u> The authority of the medical officer of health of a board of health under this Act and the regulations is limited to the health unit served by the board of health. R.S.O. 1990, c. H.7, s. 67 (4).</p>	<p><b>Engagement with LHIN</b>            (5) The medical officer of health of a board of health shall engage on issues relating to local health system planning, funding and service delivery with the chief executive officer or chief executive officers of the local health integration network or networks whose geographic area or areas cover the health unit served by the board of health.</p> <p><b>Delegation</b>            (6) A medical officer of health may only delegate his or her responsibilities under subsection (5) to another medical officer of health for a health unit within the relevant local health integration network, with the agreement of that other medical officer of health.</p>
<b>HPPA Section 77.7 (6) Current</b>	<b>HPPA Section 77.7 (6) Amended</b>
<p>“health care provider or health care entity” means:            2. A service provider within the meaning of</p>	<p>“health care provider or health care entity” means:            2. A service provider within the meaning of</p>

<p>the <i>Long-Term Care Act, 1994</i> who provides a community service to which that Act applies.</p> <p>3. A community care access corporation within the meaning of the <i>Community Care Access Corporations Act, 2001</i>.</p> <p>5. A pharmacy within the meaning of Part VI of the <i>Drug and Pharmacies Regulation Act</i>.</p>	<p>the <i>Home Care and Community Services Act, 1994</i> who provides a community service to which that Act applies.</p> <p>Paragraph 3 of the definition of “health care provider or health care entity” in subsection 77.7 (6) of the Act is repealed.</p> <p>(4) Paragraph 5 of the definition of “health care provider or health care entity” in subsection 77.7 (6) of the Act is repealed and the following substituted:</p> <p>5. A pharmacy within the meaning of the <i>Drug and Pharmacies Regulation Act</i>.</p> <p>(5) The definition of “health care provider or health care entity” in subsection 77.7 (6) of the Act is amended by adding the following paragraph:</p> <p>9.1 A local health integration network within the meaning of the <i>Local Health System Integration Act, 2006</i>.</p>
--	--

## OTHER INFORMATION

Ontario News Release: <http://bit.ly/1UxCciA>  
Full text of Bill 210: <http://bit.ly/1TSTUAg>  
alPHa News Release: Attached  
Summary of Related alPHa Correspondence: Attached

Members should be aware that alPHa has been very active on this since the Patients First discussion paper was released in December of 2015. It has been the major point of discussion for the alPHa Board and its Committees (including the Boards of Health and COMOH Sections), with internal meetings dedicated to responses and scenario planning as well as external ones with partners at all levels of the Ministry of Health and Long-Term Care. alPHa will remain active on behalf of its members as the specifics of the formalized relationship between LHINs and Local Public Health are developed.

We hope that you find this information useful.

**NEWS RELEASE**

June 2, 2016

**For Immediate Release**

**Minister Affirms the Importance of Public Health to the Health of Ontarians and the Sustainability of the Health Care System**

TORONTO – Today, the Ontario government introduced the *Patients First Act*. The proposed legislation calls on the Local Health Integration Networks (LHINs) to work more closely with local public health units. The expected outcome would be a health care system that better meets patients' needs. More importantly, the outcome would be a health care system that better prevents people from becoming patients in the first place.

"The Association of Local Public Health Agencies (alPHa) applauds this initiative to reorient the health care system toward disease prevention and health promotion," says alPHa President, Dr. Valerie Jaeger. "Along with our health care colleagues, we are strong advocates for health and we know that an effective health care system contributes to the health of individuals and communities. We are pleased at the opportunity and the health dividends that the *Patients First Act* represents."

However, alPHa also recognizes that these proposals only encompass one of the five pillars in the Ottawa Charter for Health Promotion. Introduced by the World Health Organization (WHO) 30 years ago, the Charter maps out five strategies or pillars to keep individuals and communities healthy: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and finally, reorienting health care services so that opportunities for disease prevention are acted on. This last pillar is a focus of the public health-related proposals in the *Patients First Act*.

The landmark, internationally acclaimed Charter has guided public health practice around the world. It also put Canada on the map as a global leader, not only for its illness care system, but also for its public health system—tackling the underlying conditions that keep people healthy.

alPHa's Past President, Dr. Penny Sutcliffe emphasized that, "Health, of course, is about much more than access to health care. An accessible, quality health care system is an essential but insufficient ingredient in creating opportunities for health for all. Working on the other four Charter pillars is critical if Ontarians are to be the healthiest they can be and if the health care system is to be sustainable." Dr. Sutcliffe added, "This is what local public health units do every day in collaboration with many community partners. The health opportunities presented by the *Patients First Act* will not be realized if its implementation means an erosion of the capacity of Ontario's local public health system to work on all pillars of the Ottawa Charter."

alPHa wholeheartedly supports measures that will improve the health care system. We are also committed to comprehensive public health action – action which a recent report by the Institute for

Clinical Evaluative Sciences (ICES) estimates has saved the Ontario health care system almost \$5 billion in the last 10 years.

These are the health dividends of an effective public health system – dividends that can then be reinvested in all the things that really matter to health – education, transportation, child care, municipal infrastructure, drinking water, reconciliation with Indigenous communities, housing, food security, jobs, family supports, and more – so that all Ontarians can live healthier and be ill less frequently, while knowing that a more accessible and patient-centred quality health care system is there for us when we need it.

#### **About alpha**

The Association of Local Public Health Agencies (alpha) is a non-profit organization that provides leadership to Ontario's boards of health and local public health units. The Association works with governments and other health organizations, to advocate for a strong and effective local public health system in the province, as well as public health policies, programs and services that benefit all Ontarians.

- 30 -

For more information regarding this news release, please contact:

Linda Stewart  
Executive Director  
(416) 595-0006 ext. 22  
linda@alphaweb.org

## **SUMMARY OF alPHa CORRESPONDENCE RELATED TO PATIENTS FIRST (most to least recent)**

### alPHa News Release - Patients First Act

June 2 2016 alPHa News Release following the introduction of Bill 210, the Patients First Act.

### alPHa Brief - Patients First Response

April 29 2016 - single-page summary of alPHa's response to the Patients First discussion paper, distributed to members for use during meetings with MPPs and other local advocacy activities.

### alPHa Letter - Patients First

April 28 2016 alPHa letter to the Minister of Health and Long-Term Care that responds to his April 20 memo to Boards and MOHs regarding health system transformation, noting its omission of any specific reference or response to alPHa's February 28 recommendations on the Patients First discussion paper.

### MOHLTC Memo - Patients First

April 20 2016 memo from the Minister of Health and Long-Term Care to alPHa's members regarding his vision for public health's role in the Patients First health care system transformation plan.

### alPHa Letter - Patients First Expert Panel

March 4 2016 alPHa letter responding to the Patients First Discussion Paper proposal to establish an Expert Panel to advise on deepening and formalizing linkages between LHINs and Public Health Units. Includes a recommendation to include the current alPHa President as a member.

### alPHa Letter - Thanks to Deputy Minister

March 2 2016 letter from the alPHa President thanking Deputy Minister Bob Bell for joining the February 25th Section meetings for dialogue with our members.

### alPHa Letter - Thanks to Deputy Minister

March 2 2016 letter from the alPHa President thanking Deputy Minister Bob Bell for joining the February 25th Section meetings for dialogue with our members.

### alPHa Letter - Patients First Response

February 29 2016 alPHa response to the Ministry of Health and Long-Term Care discussion paper, "Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario".

### MOHLTC Letter - Health System Discussion Paper

December 17 letter to the alPHa President from the Minister of Health and Long-Term Care inviting input to the engagement processes related to the just-released Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario discussion paper.

### alPHa News Release - MOHLTC Discussion Paper

December 17 alPHa News Release congratulating the Minister of Health on the release of his proposed vision for the health system in Ontario (Patients First - A Proposal to Strengthen Patient Centred Health Care in Ontario).



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 June 16

---

## **MEDICAL OFFICER OF HEALTH ACTIVITY REPORT – JUNE**

### ***Recommendation***

***It is recommended that Report No. 042-16 re: Medical Officer of Health Activity Report – June 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 June 3, 2016.

The MOH was involved in hiring a Director for the Environmental Health and Infectious Diseases, replacing Wally Adams who is retiring at the end of June. The successful applicant was Stephen Turner, former Board of Health Member and current City of London Councillor. Stephen's previous role as Deputy Chief, Professional Standards of Oxford County Paramedic Services meant that he worked closely with Public Health, finding ways to better integrate the delivery of services. The MOH welcomes Mr. Turner to the Health Unit.

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

- May 9 Met with Regional HIV/AIDS Connection staff member to discuss supervised injection services in London
- May 11 Attended the St. Joseph's Foundation Breakfast
- May 12 Featured Speaker at Engaging Employers: An Ontario Living Wage Network Forum  
Delivered remarks at the MLHU All Nurses meeting  
Interview – Miranda Chant from Free FM regarding Living Wage London launch  
Interview – Scott Monich/Tom Frazier AM980 regarding Living Wage London launch
- May 13 Attended the LPRF Forum at Civic Gardens  
Attended the Living Wage Press Conference at LEDC  
Via teleconference, attended an Organizational Governance Committee meeting of Ministry and Public Health Unit staff revising the Ontario Public Health Organizational Standards
- May 16 Presented at MLHU Agency Orientation  
Attended the London Homeless Prevention meeting  
Met via phone with Trish Hennessy Director, Canadian Centre for Policy Alternatives Ontario office to discuss living wage  
Met with Shawna Lewkowitz Chair, Women & Politics regarding the Mayor's Advisory Panel on Poverty
- May 20 Accepted an invitation from Mr. Shmuel Farhi to meet and discuss the 201 Queens lease, Living Wage, and the location of the Health Unit. Also at the meeting was Muky Pundaky (Farhi Holdings) and Jesse Helmer, Board of Health Chair

- May 25 Attended a Community Health Collaborative meeting at London Health Sciences Centre  
Attended the social media launch of the Poverty Campaign at Innovation Works  
Met with 2 potential Board of Health candidates  
Interview with Pat Maloney regarding a Poverty Panel follow up on housing
- May 26 Attended a Youth Opportunities Limited (YOU) Board meeting  
Participated in and facilitated discussion for the South West Medical Officer of Health Journal Club  
Participated in a teleconference call regarding the Canadian Nurse-Family Partnership Education (CaNE) Project  
Attended a presentation by David Andetti at the Western Clinical Skills building at Western University
- May 30 Attended a 2 day Making Great Leaders training for Health Unit management
- May 31 Attended the Smoke Free Ontario Awards event
- June 1 Met with Multi-Faith Social Action Coalition of London to discuss collaboration on ending poverty  
Attended a Champion meeting of the Community Health Collaborative
- June 2 Attended the Local Health Integration Network Symposium in Stratford

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