

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

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

Thursday, 7:00 p.m.
2017 January 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. Maureen Cassidy
Ms. Patricia Fulton
Mr. Jesse Helmer (Chair)
Mr. Trevor Hunter
Ms. Tino Kasi
Mr. Marcel Meyer
Mr. Ian Peer
Mr. Kurtis Smith
Ms. Joanne Vanderheyden (Vice-Chair)

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

APPROVAL OF MINUTES

December 8, 2016 Board of Health meeting

ELECTION OF 2017 BOARD OF HEALTH EXECUTIVE AND OTHER PROCEDURES

DELEGATIONS

7:30 – 7:45 p.m. Mr. Trevor Hunter, Chair, Governance Committee re Item #2 Governance
Committee Meeting January 19, 2017.

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
Meeting Procedures						
1	Election of 2017 Board of Health Executive and other Procedures (Report No. 001-17)	Appendix A Appendix B Appendix C Appendix D		x		To fulfill the requirements of the first Board of Health meeting of each year, e.g., election of Chair/Vice Chair for 2017.
Committee Reports						
2	Governance Committee Meeting January 19, 2017 (Verbal)	January 19, 2017 GC Agenda	x	x		To receive information and consider recommendations from the January 19 meeting.
Recommendation Reports						
3	Southwest Tobacco Control Area Network Single Source Vendor (Report No. 002-17)	Appendix A Appendix B Appendix C		x		To request that the Board award a single source vendor contract to Rescue, The Behavior Change Agency.
Information Reports						
4	Medical Officer of Health/Chief Executive Officer Activity Report – January (Report No. 003-17)				x	To provide an update on the activities of the MOH/CEO for January 2017.

OTHER BUSINESS

- Next Finance and Facilities Committee Meeting: Thursday, January 26, 2016 @ 10:30 a.m.
- Next Board of Health Meeting: Thursday, February 16, 2017 @ 7:00 p.m.
- Next Governance Committee Meeting: To Be Determined
- Board of Health meeting schedule

CORRESPONDENCE

- a) Date: 1 November 2016 (Received 24 November 2016)
Topic: Association of Municipalities of Ontario and Alcohol Policy
From: Northwestern Health Unit
To: Association of Local Public Health Agencies (ALPHA) Board Meeting

Background:

A number of municipalities under the Association of Municipalities of Ontario (AMO) are working towards advocacy efforts to request a portion of the provincial tax revenues to be reallocated to municipalities due to associated policing and emergency service costs. From a public health perspective there may be a disconnect between the provincial revenue generation and the significant health impacts at the municipal level. The Northwestern Health Unit may pursue steps to work with AMO to highlight the social harm of alcohol and the benefits of

policies that reduce availability, educate municipalities on the public health considerations of alcohol policies and request that funds be used for public health efforts to prevent the misuse of alcohol and the associated social costs.

Recommendation:

Receive.

- b) Date: 28 November 2016
Topic: Bill 5 – the Greater Access to Hepatitis C Treatment Act, 2016
From: Peterborough Public Health
To: The Honourable Dr. Eric Hoskins

Background:

Sylvia Jones, MPP from Dufferin-Caledon has introduced Bill 5, Greater Access to Hepatitis C to the Ontario Legislature. This legislation would provide treatment earlier than the current clinical criteria that demand an individual’s liver is halfway to cirrhosis. The Bill passed first reading on September 13, 2016. The Member of Provincial Parliament encourages Boards of Health to write a letter of support to the Minister of Health and Long-Term Care to urge the adoption of this legislation. Previous correspondence relating to this item was received at the November 17th, 2016 Board of Health meeting.

Recommendation:

Receive.

- c) Date: 25 November 2016 (28 November 2016)
Topic: 2016 Ontario Public Health Standards Modernization/Review
From: Grey Bruce Public Health
To: The Ontario Public Health Standards Modernization Committee

Background:

The Board of Health for the Grey Bruce Health Unit strongly recommends that the Ministry of Health and Long-Term Care adopt a “Health in all Policy” approach when reviewing the Ontario Public Health Standards. They also ask that the Ministry support a cross-sectorial approach to program and service delivery, for example, taking a lifespan approach to issues like Child Health and Chronic Disease and Injury Prevention and involving strategic partnerships.

Recommendation:

Receive.

- d) Date: November 25, 2016 (received 05 December 2016)
Topic: The Cost of Health Eating 2016
From: North Bay Parry Sound District Health Unit
To: The Honourable Dr. Eric Hoskins, Hon. Helena Jaczek, Hon. Christopher Ballard

Background:

The Board of Health for the North Bay Parry Sound District Health Unit endorsed a position statement commending the provincial government for action taken on investigating the basic income guarantee, supporting Bill 6 (An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission), supporting the Nutritious Food Basket as part of the modernized Ontario Public Health Standards, supporting the work of staff addressing food insecurity and forwarding correspondence to relevant bodies.

The Middlesex-London Health Unit Board of Health made similar recommendations to the above position statement at the November 17th, 2016 Board of Health meeting.

Recommendation:

Receive.

- e) Date: 05 December 2016
Topic: Health Hazards of Gambling
From: North Bay Parry Sound District Health Unit
To: The Honourable Dr. Eric Hoskins

Background:

Gambling has been identified as a significant public health issue in Ontario and internationally with 35 percent of Ontario gambling revenues coming from those who have moderate to severe gambling problems. The North Bay Parry Sound District Health Unit endorsed a position statement that a public health strategy of prevention and harm reduction be recommended and that municipalities collaborate with the Health Unit to mitigate gambling related harms and to allocate resources to study gambling prevalence, determine the impact of future casino development and establish a responsible gambling program.

Recommendation:

Receive.

- f) Date: 08 December 2016
Topic: Children's Marketing Restrictions, federal Healthy Eating Strategy and support for Bill S-228 and Bill C-313.
From: Huron County Health Unit
To: The Honourable Dr. Jane Philpott

Background:

Creating supportive environments for healthy food choices makes the healthier choice the easier choice. Many public health advocacy groups have recommended limitations on marketing that is targeted at children. The Huron County Health Unit echoes the recommendations identified by the Healthy Kids Panel and wrote the Federal Minister of Health to support their plan to consider marketing restrictions.

The Board of Health received a report in March 2016 regarding the Impact of Sugar Sweetened Beverage and Creating Supportive Environments. At this meeting the Board of Health endorsed the Heart and Stroke Foundation's position statement that includes a wide range of recommendations one of which is a reduction in marketing to children.

Recommendation:

Receive

- g) Date: 15 December 2016
Topic: Marijuana controls under Bill 178, Smoke Free Ontario Amendment Act, 2016
From: Simcoe-Muskoka District Health Unit
To: The Honourable Dr. Eric Hoskins

Background:

The Simcoe Muskoka District Health Unit drafted correspondence to the Ministry of Health and Long-Term Care to recommend the inclusion of marijuana as a prescribed product or substance

in Bill 178, Smoke-Free Ontario Amendment Act, 2016. This could allow for the prohibition of marijuana smoking in all places where tobacco smoking is prohibited and provide a way of mitigating potential issues of legal marijuana use following future policy change. This will additionally limit the exposure to second-hand marijuana smoke.

The Middlesex-London Health Unit Board of Health considered a report regarding Cannabis: A Public Health Approach in January 2016 and recommended: 1) staff to 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 this 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.

- h) Date: 08 December 2016 (Received 03 January 2017)
Topic: Access to Publicly Funded Oral Health Programs for Low-Income Adults and Seniors
From: County of Lambton
To: The Honourable Dr. Eric Hoskins

Background:

The County of Lambton Board of Health recognized and praised the expansion of the Healthy Smiles Ontario program but noted that the expansion did not address barriers experienced by working poor adults and seniors. The Provincial Government has indicated a policy direction of extending coverage in the future, but not until 2025. The County of Lambton Board of Health advocates for the expansion of oral health programs to these populations to be accelerated prior to 2025 and wrote correspondence to the Minister of Health and Long-Term Care regarding this issue.

Recommendation:

Receive.

- i) Date: 14 December 2016 (Received 28 December 2016)
Topic: Memo from Dr. Robert Kyle, Commissioner and Medical Officer of Health re: Marketing of Food and Beverages to Children
From: Durham Region
To: The Right Honourable Justin Trudeau

Background:

See item (f) above.

Recommendation:

Receive.

- j) Date: 14 December 2016 (Received 28 December 2016)
Topic: Memo from Dr. Robert Kyle, Commissioner and Medical Officer of Health re: Nutritious Food Basket
From: Durham Region
To: The Honourable Kathleen Wynne

Background:

See item (d) above.

Recommendation:

Receive.

- k) Date: 14 December 2016 (Received 28 December 2016)
Topic: Memo from Dr. Robert Kyle, Commissioner and Medical Officer of Health re: Student Nutrition Programs
From: Durham Region
To: The Right Honourable Justin Trudeau

Background:

The Committee of the Whole of Regional Council adopted recommendations to endorse correspondence to the Governments of Canada and Ontario to provide enhanced and stable funding to student nutrition programs.

The Middlesex-London Health Unit Board of Health considered a report in November 2017 discussing the numerous strategies for comprehensive nutrition in Middlesex-London. The Student Nutrition Program is an integral part of this strategy.

Recommendation:

Receive.

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

ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, December 8, 2016 6:00 p.m.

- MEMBERS PRESENT:** Ms. Maureen Cassidy
Ms. Patricia Fulton
Mr. Jesse Helmer (Chair)
Mr. Trevor Hunter
Ms. Tino Kasi
Mr. Marcel Meyer
Mr. Ian Peer
Mr. Kurtis Smith
Ms. Joanne Vanderheyden (Vice-Chair)
- MEDIA:** Mr. Patrick Malinowski, XFM News, Fanshawe College
- OTHERS PRESENT:** 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. Laura Di Cesare, Director, Corporate Services
Mr. Dan Flaherty, Manager, Communications
Ms. Donna Kosmack, Southwest Tobacco Control Area Network Manager
Ms. Heather Lokko, Manager, Healthy Start
Mr. John Millson, Associate Director, Finance
Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control
Mr. Alex Tymb, Online Communications Coordinator
Ms. Suzanne Vandervoort, Director, Healthy Living

Chair Helmer called the meeting to order at 6:03 p.m.

DISCLOSURES OF CONFLICT(S) OF INTEREST

Chair Helmer inquired if there were any disclosures of pecuniary interest. None were declared.

Chair Helmer welcomed Ms. Tino Kasi to her first meeting of the Middlesex-London Board of Health.

APPROVAL OF AGENDA

Chair Helmer advised that By-laws would be brought forward this evening, to be read following the regularly scheduled agenda items.

It was moved by Ms. Vanderheyden seconded by Ms. Cassidy *that the **AGENDA** for the December 8, 2016 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Ms. Cassidy, seconded by Ms. Vanderheyden *that the **MINUTES** for the November 17, 2016 Board of Health meeting be approved.*

Carried

COMMITTEE REPORTS

1) Finance and Facilities Committee Meeting December 1, 2016 (Report No. 069-16)

Chair Helmer reviewed and provided context to the reports reviewed at the Finance and Facilities Committee meeting on December 1.

By-law and Policy Review (Report No. 045-16FFC)

It was moved by Mr. Helmer, seconded by Ms. Cassidy *that the Board of Health receive Report No. 045-16FFC for information and as recommended by the Finance and Facilities Committee.*

Carried

2017 Budget – PBMA Proposals (Report No. 046-16FFC)

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

- 1) Approve **Appendix A**, PBMA Recommended Disinvestments totaling \$474,112;*
- 2) Approve **Appendix B**, PBMA Recommended Investments totaling \$479,655; and*
- 3) Receive **Appendix C**, Other Proposals, as recommended by the Finance and Facilities Committee.*

Carried

Renewal of FoodNet Canada Memorandum of Agreement (Report No. 047-16FFC)

It was moved by Mr. Helmer, seconded by Mr. Hunter *that the Board of Health approve the Board Chair to sign the FoodNet Canada Memorandum of Agreement (2017-2020), appended to Report No. 047-16FFC, as recommended by the Finance and Facilities Committee.*

Carried

It was moved by Ms. Vanderheyden seconded by Ms. Cassidy *that the Board of Health receive the December 1, 2016 Finance and Facilities Committee draft minutes, as amended.*

Carried

2) Governance Committee – December 8, 2016 (Verbal Update)

Board of Health Governance By-Law and Policy Review

- **Appendix A**

Mr. Hunter provided a summary of the December 8, 2016 meeting and advised that the Governance Committee reviewed the draft Policies and By-laws #1, #2, #3, and #4 which are ready for consideration and reading by the Board of Health.

Mr. Hunter introduced the reading of By-laws #1, #2, #3, and #4 for the Board of Health, which will be read following the regularly scheduled agenda items.

It was moved by Mr. Helmer, seconded by Mr. Hunter *that the Board of Health receive the December 8, 2016 Governance Committee meeting minutes.*

Carried

It was moved by Mr. Hunter, seconded by Ms. Vanderheyden *that the Board of Health approve updated policies G-000, G-200, G-220, G-010, G-020, G-030, G-050, G-160 and G-230.*

Carried

Mr. Hunter advised that the next Governance Committee meeting was scheduled for January 19, 2017.

RECOMMENDATION REPORTS

3) Canadian Nurse-Family Partnership (CaNE) Project Contract (Report No. 070-16)

Dr. Mackie introduced and provided context to this report, flagging the Board of Health By-laws which currently require all contracts to be signed under Ontario law.

Discussion ensued about the following items:

- The proposed updates to the Board of Health By-laws which would allow for signing the contract outside of Ontario law;
- How the contract might result in liability for the Health Unit; and
- The total cost of the contract, the work that would be done within the agreement and the associated risks to the Health Unit that could exist by signing this agreement.

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

1. *Receive report No. 070-16 re “Canadian Nurse-Family Partnership Education (CaNE) Project Contract” for information; and*
2. *Approve the signing of the contract, which contains contractual provisions that require the contract to be executed under Colorado State law.*

Carried

4) Anti-Contraband Tobacco Campaign Funded by Tobacco Industry Front Groups Intend to Block Tobacco Control Measures (Report No. 072-16)

Dr. Mackie provided context to this report and Ms. Linda Stobo and Ms. Donna Kosmack attended to answer questions.

Discussion ensued about the following items:

- If a tax would actually deter the use of tobacco and how this tax might be realized.
- The need for continued regulation to address vaping.
- The banning cigarettes altogether and the issues around contraband cigarettes, including the continued need for enforcement of contraband cigarettes.
- E-cigarettes and the current work being done by the Federal Government in its Plain and Standardized Packaging Regulation of e-cigarettes and strategy to address e-cigarette use.

It was moved by Mr. Meyer, seconded by Ms. Cassidy, that the Board of Health:

1. *Recognize the problem of tobacco industry lobbying through front groups;*
2. *Call on local elected officials to formally state that they will decline meetings with such groups;*
3. *Call on the Ontario Ministry of Finance to both: (a) raise tobacco excise taxes; and (b) enhance enforcement activities designed to reduce the presence of contraband tobacco;*
4. *Forward Report No. 072-16 re: “Anti-Contraband Tobacco Campaign Funded by Tobacco Industry Front Groups Intend to Block Tobacco Control Measures” and its appendices to London City Council, Middlesex County Council and its eight municipal councils, recommending endorsement and action; and,*
5. *Forward Report No. 072-16 re: “Anti-Contraband Tobacco Campaign Funded by Tobacco Industry Front Groups Intend to Block Tobacco Control Measures” to local members of provincial parliament and the Ontario Campaign for Action on Tobacco (OCAT).*

Carried

INFORMATION REPORTS

5) Medical Officer of Health Activity Report: December (Report No. 071-16)

It was moved by Ms. Cassidy seconded by Mr. Hunter *that the Board of Health receive Report No. 071-16 re: Medical Officer of Health Activity Report – December for information.*

Carried

CORRESPONDENCE

It was moved by Ms. Vanderheyden, seconded by Ms. Cassidy *that the Board of Health receive items a) and c) through h).*

Carried

Discussion ensued about correspondence item e). Dr. Mackie advised that Health Unit staff are not first responders and would likely not be exposed to any peripheral drug effects in the event of an intervention during a drug overdose with persons who inject drugs, however the discussion will be brought to the Senior Leadership Team to look at staff safety going forward in potential scenarios where Health Unit staff might be present when naloxone is being used.

It was moved by Mr. Meyer, seconded by Ms. Vanderheyden *that the Board of Health endorse correspondence item b) Bill S-228, An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children).*

Carried

Mr. Meyer noted that this goes hand in hand with SSB.

It was moved by Ms. Cassidy, seconded by Ms. Vanderheyden *that By-law #1, By-law #2, By-law #3 and By-law #4 be read for a first time by the Middlesex-London Board of Health.*

Carried

No further discussion, debate or amendments were suggested.

It was moved by Ms. Fulton, seconded by Mr. Smith *that By-law #1, By-law #2, By-law #3 and By-law #4 be read for a second time by the Middlesex-London Board of Health.*

Carried

It was moved by Mr. Smith, seconded by Mr. Meyer *that By-law #1, By-law #2, By-law #3 and By-law #4 be read for a third time and adopted by the Middlesex-London Board of Health.*

Carried

CONFIDENTIAL

At 6:37 p.m., Chair Helmer invited a motion to move in camera to discuss matters regarding identifiable individuals, a proposed or pending acquisition of land and the security of property held by the Middlesex-London Board of Health and consider confidential minutes from its November 17 Board of Health and December 1 Finance and Facilities Committee meetings.

At 6:37 p.m. it was moved by Mr. Peer, seconded by Ms. Cassidy *that the Board of Health move in camera to discuss matters regarding identifiable individuals, a proposed or pending acquisition of land and security of property held by the Middlesex-London Board of Health and consider confidential minutes from its November 17 Board of Health and December 1 Finance and Facilities Committee meetings.*

Carried

At 6:38 p.m. all visitors and Health Unit staff, except Dr. Christopher Mackie, Ms. Laura Di Cesare, Mr. Jordan Banninga, Ms. Suzanne Vandervoort, Ms. Heather Lokko, Mr. John Millson, and Ms. Elizabeth Milne left the meeting.

At 7:15 p.m. it was moved by Ms. Vanderheyden, seconded by Ms. Cassidy *that the Board of Health rise and return to public session.*

Carried

At 7:15 p.m. the Board of Health returned to public session.

OTHER BUSINESS

Next meetings:

- Next Finance and Facilities Committee Meeting: Thursday January 12, 2017 at 9:00 a.m.
- Next Governance Committee Meeting: Thursday, January 19, 2017 at 6:00 p.m.
- Next Board of Health Meeting: Thursday January 19, 2017 at 7:00 p.m.

ADJOURNMENT

At 7:15 p.m., it was moved by Ms. Vanderheyden seconded by Mr. Smith *that the meeting be adjourned.*

Carried

JESSE HELMER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, December 8, 2016 5:00 p.m.

Committee Members Present: **Mr. Trevor Hunter (Chair)**
Mr. Jesse Helmer
Mr. Ian Peer
Mr. Kurtis Smith

Others Present: Ms. Maureen Cassidy
Mr. Marcel Meyer
Ms. Joanne Vanderheyden
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. Laura Di Cesare, Director, Corporate Services

Chair Hunter called the meeting to order at 5:01 p.m.

DISCLOSURES OF CONFLICT(S) OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Mr. Smith, seconded by Mr. Peer *that the **AGENDA** for the December 8, 2016 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Smith, seconded by Mr. Helmer *that the **MINUTES** from the November 17, 2016 Governance Committee meeting be approved.*

Carried

NEW BUSINESS

4.1 Board of Health Governance By-Law and Policy Review

Chair Hunter reviewed the purpose and structure of the meeting, flagging the December 1 Finance and Facilities Committee meeting minutes where five changes were suggested and made to the by-laws based on feedback from that meeting.

The Governance Committee reviewed the draft blackline by-laws and policies provided in Appendix A of this agenda item. Further discussion on the revisions recommended by the Finance and Facilities Committee ensued and the Governance Committee agreed to bring the amended by-laws forward to the Board of Health for reading at its 6:00 p.m. meeting.

It was moved by Mr. Helmer, seconded by Mr. Peer *that the Governance Committee bring forward by-laws number one, two, three and four to the Board of Health for reading at its December 8, 2016 meeting.*

Carried

Considerable discussion ensued about policies G-000, G-200, G-220, G-010, G-020, G-030, G-050, G-160 and G-230.

Mr. Meyer arrived at 5:21 p.m.

Mr. Helmer inquired if other Health Units had policies similar to G-160 – Program Quality and Effectiveness, Jordan’s Principle. Mr. Banninga advised that investigation concluded no others had a policy of this nature. Chair Helmer requested sending out a communication to other Boards of Health advised that the Middlesex-London Board of Health approved a new policy regarding Jordan’s Principle.

Policies G-270 and G-280 were reviewed and discussed in detail. After a fulsome discussion it was decided that these policies both be tabled and referred back to once staff had the opportunity to clarify the role of Secretary-Treasurer and the definition of ex-officio within both G-270 and G-280.

It was moved by Mr. Helmer, seconded by Mr. Peer *that the Governance Committee:*

- 1) *Approve Policies G-000, G-200, G-220, G-010, G-020, G-030, G-050, G-160 and G-230 and,*
- 2) *Bring Policies G-000, G-200, G-220, G-010, G-020, G-030, G-050, G-160 and G-230 forward to the Board of Health at its December 8, 2016 meeting for approval.*

Carried

OTHER BUSINESS

- Next Meeting: Thursday January 19, 2016 at 6:00 p.m.

It was moved by Mr. Helmer, seconded by Mr. Peer that the next Governance Committee meeting be set for Thursday, January 19, 2016 at 6:00 p.m.

Carried

ADJOURNMENT

At 5:51 p.m. it was moved by Mr. Helmer, seconded by Mr. Smith *that the meeting be adjourned.*

Carried

TREVOR HUNTER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2017 January 19

ELECTION OF 2017 BOARD OF HEALTH EXECUTIVE AND OTHER PROCEDURES

Recommendations

It is recommended that the Board of Health:

- 1. Elect a Chair and Vice-Chair for the current term;*
- 2. Appoint the Medical Officer of Health / Chief Executive Officer as Secretary-Treasurer for 2017; and*
- 3. Recognize and appoint members to the Finance and Facilities Committee and the Governance Committee.*

Board Membership Update

The current Board of Health consists of the following Members:

- Five (3) Provincial Appointees:** Ms. Trish Fulton, Mr. Ian Peer, Ms. Tino Kasi.
- Three (3) City of London Appointees:** Mr. Jesse Helmer, Ms. Maureen Cassidy, and Dr. Trevor Hunter
- Three (3) Middlesex County Appointees:** Mr. Marcel Meyer, Mr. Kurtis Smith and Ms. Joanne Vanderheyden

The terms of Board of Health Members can be found in [Appendix A](#).

Procedures for the First Meeting of the Year

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

- 18.1 At the first meeting of each calendar year the Board shall elect by a majority vote a Chair, Vice- Chair, and Secretary-Treasurer for that year.*
- 18.2 The Chair of the Board shall be selected for one year with a possible renewal of an additional year. The Chair shall rotate among the City, County and Provincial appointees.*
- 18.3 The Vice-Chair and Secretary-Treasurer shall be elected for a one year term.*
- 18.4 The Secretary-Treasurer function is customarily performed by the Medical Officer of Health / Chief Executive Officer.*
- 18.5 At the first meeting of each calendar year, the Board shall appoint the representative or representatives required to be appointed annually at the first meeting by the Board to other Boards, bodies, or commissions where appropriate.*
- 18.6 The Board may appoint committees from time to time to consider such matters as specified by the Board (e.g., Finance and Facilities, Governance, etc.).*

Election of Executive Officers

Chair: As per the current Bylaw No. 3 Section 18.2, as stated above, the Chair is elected for one year, with a possible renewal of one additional year, and rotates among the three representative bodies. The Chair for 2016, Mr. Jesse Helmer, is a City of London appointee.

Vice-Chair: Bylaw No. 3 Section 18.3 stipulates that the Vice-Chair is elected for a one year term. Ms. Joanne Vanderheyden, Middlesex County appointee, was the 2016 Vice-Chair.

Secretary-Treasurer: Bylaw No. 3 Section 18.4 the Secretary-Treasurer function is customarily performed by the Medical Officer of Health / Chief Executive Officer.

Establishment of Standing Committees

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

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

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

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

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

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

Meeting Schedule for 2017

The 2017 Proposed Meeting Schedule was sent electronically on December 28, 2016 to Board members for their review. This Schedule is attached as [Appendix D](#) for approval by the Board of Health.



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

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

2017 Middlesex London Board of Health

Title	First Name	Last Name	Appointed By	First Appointed	Term Expires on
Mr.	Jesse	Helmer	City of London	December 1, 2014	November 30, 2018
Dr.	Trevor	Hunter	City of London (Citizen Appointee)	March 10, 2015	November 30, 2018
Ms.	Maureen	Cassidy	City of London	September 27, 2016	November 30, 2018
Mr.	Marcel	Meyer	County of Middlesex	January 12, 2011	December 31, 2018
Mr.	Kurtis	Smith	County of Middlesex	December 17, 2014	December 31, 2018
Ms.	Joanne	Vanderheyden	County of Middlesex	December 17, 2014	December 31, 2018
Ms.	Tino	Kasi	Province of Ontario	November 2, 2016	November 1, 2019
Mr.	Ian	Peer	Province of Ontario	November 14, 2016	November 13, 2019
Ms.	Patricia	Fulton	Province of Ontario	Application in process	January 8, 2017 Application in process

FINANCE & FACILITIES COMMITTEE

PURPOSE

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

REPORTING RELATIONSHIP

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

MEMBERSHIP

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

The Secretary-Treasurer will be an ex-officio member.

Staff support:

- Associate Director, Finance
- Director, Corporate Services
- Executive Assistant to the Board of Health and Communications or the Executive Assistant to the Medical Officer of Health depending on availability.

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

CHAIR

The Finance & Facilities Committee will elect a Chair annually, for a one year term, renewable annually. Chairs are encouraged to seek reelection at least for a second year. The Chair of the Committee may be appointed for additional terms following the completion of an appointment to enhance continuity of the Committee.

TERM OF OFFICE

At the first Board of Health meeting of the year the Board will review the committee membership. At this time, if any new appointments are required, the position(s) will be filled by majority vote. The appointment will be for at least one year, and where possible, staggered

terms will be maintained to ensure a balance of new and continuing members. A member may serve on the committee as long as he or she remains a Board of Health member.

DUTIES

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

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

FREQUENCY OF MEETINGS

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

AGENDA & MINUTES

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

BYLAWS:

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

REVIEW

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

Implementation Date: June 20, 2013

Revision Date: April 7, 2016

GOVERNANCE COMMITTEE

PURPOSE

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

REPORTING RELATIONSHIP

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

MEMBERSHIP

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

The Secretary-Treasurer will be an ex-officio member.

Staff support:

- Director, Corporate Services
- Executive Assistant to the Board of Health and Communications or the Executive Assistant to the Medical Officer of Health depending on availability.

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

CHAIR

The Governance Committee will elect a Chair annually, for a one year term, renewable annually. Chairs are encouraged to seek reelection at least for a second year. The Chair of the Committee may be appointed for additional terms following the completion of an appointment to enhance continuity of the Committee.

TERM OF OFFICE

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

DUTIES

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

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

FREQUENCY OF MEETINGS

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

AGENDA & MINUTES

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

BYLAWS:

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

REVIEW

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

Implementation Date: June 20, 2013

Revision Date: April 21, 2016

Proposed 2017 Board of Health, Governance Committee and Finance & Facilities Committee Meeting Dates

2017 Board of Health Meeting Dates

Thurs. Jan. 19	*Governance Committee
Thurs. Feb. 16	
Thurs. Mar. 16	*Governance Committee
Thurs. April 20	*Governance Committee
Thurs. May 18	
Thurs. June 15	*Governance Committee
Thurs. July 20	*Governance Committee
Thurs. Aug. 17	
Thurs. Sept. 21	*Governance Committee
Thurs. Oct. 19	*Governance Committee
Thurs. Nov. 16	
Thurs. Dec. 14	*Governance Committee

2017 Finance and Facilities Committee Meeting Dates

Thursday, Jan 26	*10:30 a.m.
Thursday, Feb 2	
Thursday, Mar 2	
Thursday, Apr 6	
Thursday, May 4	
Thursday June 1	
Thursday, July 6	
Thursday, Aug 3	
Thursday, Sept 7	
Thursday, Oct 5	
Thursday, Nov 2	
Thursday, Dec 7	

DRAFT



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health and CEO

DATE: 2017 January 19

SOUTHWEST TOBACCO CONTROL AREA NETWORK SINGLE SOURCE VENDOR

Recommendation

It is recommended that the Board of Health award a single source vendor contract to Rescue, The Behavior Change Agency in the amount up to \$134, 844.03 as identified in Report No. 002-17 re Southwest Tobacco Control Area Network Single Source Vendor.

Key Points

- In 2013, The SW TCAN (MLHU) issued an RFP and as a result hired the Rescue Social Change Group (RSCG) to conduct research on youth social identities in the SW and CW TCAN regions.
- In 2014, the CW TCAN (Hamilton Public Health) issued an RFP and RSCG was selected as the successful vendor to complete phase 2 of the project.
- In 2015 and 2016, The SW TCAN (MLHU) awarded a single source vendor contract to RSCG after receiving approvals from the Director, Medical Officer of health and being reported to the Board of Health
- In 2017, The SW TCAN (MLHU) would like to award a single source vendor contract to Rescue, The Behavior Change Agency (formerly known as RSCG) to advance the project and expand provincially.

Background

According to the most recent Ontario Student Drug use and Health Survey, 8.6% of Ontario youth use tobacco products (OSDUHS, 2015). To date, tobacco prevention efforts have been targeting the average teen, but today the average teen in Ontario is likely to be tobacco-free. Therefore, tobacco prevention efforts need to be tailored to reach the small subpopulations of Ontario teens who continue to use tobacco. The South West (SW) and Central West (CW) Tobacco Control Area Networks (TCAN) contracted RSCG to perform a Functional Analysis for Cultural Interventions (FACI™) study. The purpose of the study was to identify features of modern-day teen smokers and what influences them. In summary, the research found that youth influenced by the Alternative and Hip Hop peer crowds were 2.3 times more likely to use tobacco products than youth not influenced by these peer crowds (49.2% vs 18.6%).

In 2014 the SW/CW TCANs worked closely with RSCG to use the research recommendations and develop a campaign that directly targets the Alternative peer crowd. In 2015 phase 3 of the project was rolled out which saw a soft launch of the campaign in the SW and CW TCAN regions, and in 2016 there was a full roll out of the Uprise project.

The Ontario Tobacco Research Unit, Rescue, and health unit staff have developed an evaluation strategy for the Uprise project. A project such as this takes time to see results; the goal is not only to become an influencer in the alternative peer crowd, but subsequently creating a behaviour change among alternative youth. A logic model has been developed with a goal of seeing decreased smoking rates among CW/SW alternative youth by 2020, find attached as [Appendix A](#). Baseline research was collected in 2015, which showed 62% of youth respondents had smoked a cigarette in the last 30 days, far surpassing the provincial rate of 9%. This helped us to confirm the importance of targeting peer crowds with tailored interventions such as this. Full results can be found in [Appendix B](#) and [Appendix C](#). A formative evaluation is planned for late Feb 2017 to assess indicators to date such as brand recognition, brand engagement, and intent to remain smoke-free.

Vendor Procurement

Rescue Social Change Group was the successful bidder in a 2013 and 2014 procurement processes and was subsequently awarded a single source vendor contract in 2015 and 2016. In the past 4 years RSCG has demonstrated they possess a unique skill set that sets them apart from other research and marketing agencies. Rescue has a copyright on “social branding” and remains the only company doing this type behavioral marketing in the world. A regular marketing firm cannot do what Rescue does as they do not have specialists in alternative culture who can engage with people from the alternative scene, such as bands and concert venues. In essence Rescue is a behavioural marketing agency, a research and evaluation agency and a band/concert promoter all rolled into one company. Rescue has the expertise in alternative culture that public health does not, therefore they ensure the brand is promoted in a way that is authentic to the audience. Lastly, the evaluation strategy has been built around the use of a proprietary tool that Rescue has developed (FACI™). The tool allows us to determine if a young person is a member of the Alternative peer crowd, thus enabling us to find out if Uprise is having an effect on Alternative youth. By maintaining our contract with Rescue we will remain eligible to use this tool for the evaluation planed in 2017.

The other TCAN regions in Ontario, not previously part of the project, have agreed to buy into an aspect of the project in 2017. Therefore, we will be expanding our social media presence in 2017, enabling us to promote the Uprise brand to the Alternative peer crowd at a provincial level. The SW/CW TCAN regions will remain the project managers and our physical presence at events will remain unique to the SW/CW TCANs. Therefore, if approved, the majority of the contract will be paid by the SW/CW TCANs and only the social media aspect of the project will be shared provincially. A draft contract has been discussed with Rescue, The Behavior Change Agency for phase 5 of the project in the amount of \$134,844.03 CAD inclusive of HST. The chart below outlines how the contract will be cost shared among the TCANs.

TCAN	Size of Alt Audience*	Total Cost
Central East	130,000	\$7,050
East	88,000	\$4,800
North East	14,000	\$800
North West	5,800	\$300
Southwest/Central West	203,000	CW= \$73,136.42 (60%) SW= \$48,757.61 (40%)
Total	440,800	\$134,844.03

*Audience size is based on calculations gleaned from Facebook’s ad targeting tool.

In accordance with Policy G-230 (Procurement) and the associated procurement guidelines 5.11, it is recommended that Rescue, The Behaviour Change Agency be approved for hire as a single source vendor.

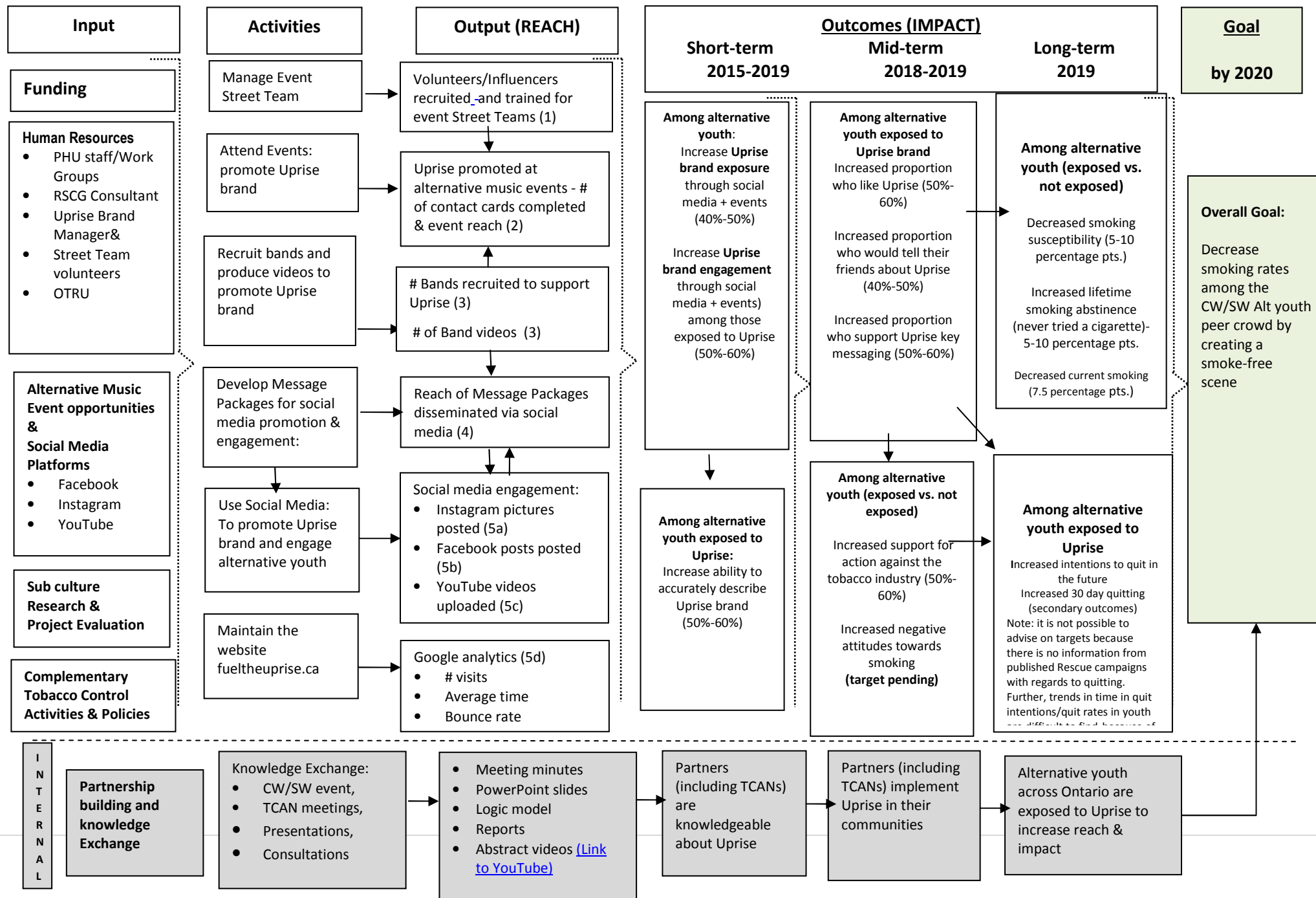
This report was prepared by Ms. Donna Kosmack, SW TCAN Manager.



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

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

Uprise Social Branding Logic Model 2013-2020



Uprise Pilot Project: Summary of Key Findings from OTRU Baseline Survey 2015

Background

According to the 2015 OSDUHS Detailed Drug Use Report, tobacco smoking prevalence rates among high school age youth are 8.6%, and have plateaued since 2011. Tobacco prevention efforts in the past aimed to reach the average teen, but today the average teen is likely to be tobacco-free. In order to lower tobacco use prevalence further, a new tailored approach to understand which segment of the population is smoking, what is influencing smoking behaviour and ways to intervene is needed. The pathways to that understanding and influence involve changing knowledge, attitudes and social norms. As well, it's critical to understand the social characteristics these teens possess that put them at risk for tobacco initiation, and how to mitigate that risk.

2015 marks the third year of the Youth Social Identities (YSI) project; a collaborative of the CW and SW TCANs that is based largely on a successful cultural interventions model developed by Rescue The Behaviour Change Agency (formerly Rescue Social Change Group, herein referred to as Rescue). This model uses constructs from psychological and sociological research as well as commercial marketing theory to create social brands designed to infiltrate youth culture and influence positive attitudes, and ultimately behaviours through the depiction of a tobacco-free 'scene'. The social brand ultimately counters the social norms that the tobacco industry has developed through its targeted marketing strategies to subpopulations of youth and young adults. This model also involves selecting tobacco-free youth from the peer crowd who are influencers among their peers (youth ambassadors or members of music bands), to support and promote the brand at various venues and through interaction with peer crowd members via social media. Over time the brand gains traction within the peer crowd as a respected and influential brand and positively impacts attitudes and promotes a tobacco-free lifestyle.

Phase 1: Formative Research

In 2013, Phase 1 research conducted by Rescue in CW/SW ON identified higher tobacco use rates among youth age 13-18 yrs. who are influenced by the alternative and hip hop youth sub cultures (2.3 times more likely to use tobacco than teens not influenced by the alternative and hip hop peer crowds). Values and social characteristics of these youth were identified to provide further insight into how a tobacco prevention campaign could be developed that would be most effective at reaching and influencing these teens. In our study, 26.5% of teens were influenced by the alternative peer crowd compared to only 9% of the sample who was influenced by the hip hop peer crowd. Subsequently, the alternative peer crowd was chosen

and music events were identified as the venues for the intervention. Alternative youth express themselves through the music they listen to and the bands they admire, thus having a presence at music events is a critical component for developing brand authenticity amongst the peer crowd.

Phase 2: Brand Development

The YSI project team and youth who identify with the alternative peer crowd worked with a marketing company to develop and test various design concepts and social brand Uprise was developed and tested with youth who strongly identify with the alternative peer crowd in Phase 2 in 2014.

Phase 3: Brand Introduction, Evaluation Planning, and Baseline Data Collection

In 2015, Phase 3 of the project, Uprise was introduced through its online presence: fueltheuprise.ca, on various social media platforms, and at four music events in CW/SW Ontario. The YSI Evaluation Work Group consulted with OTRU and Rescue to create an evaluation plan for the Uprise project. Measurement of youth engagement with the brand Uprise via the website and social media platforms was reported previously on the CW and SW TCAN Final Activity Reports in 2015. In this report, we outline the Uprise evaluation framework and highlight findings from the 2015 Baseline Survey.

Evaluation Framework

The CW/SW YSI Evaluation Working Group consulted with OTRU and Rescue to develop an evaluation framework pertaining to the new social brand Uprise. Overall, our evaluation aims to understand:

- The level of engagement with Uprise (among alternative youth non-smokers, ever smokers and smokers);
- Alternative youths' understanding of what Uprise represents and its key messages;
- How Uprise influences attitudes towards tobacco and tobacco use

Key evaluations questions include:

- Percentage of alternative and non-alternative youth sampled;
- Smoking prevalence among the sample;
- Awareness of Uprise;

- Support for Uprise among those who knew about Uprise as well as support shown for Uprise among those newly exposed to the brand;
- Level of influence of Uprise on attitudes and behaviour

Evaluation methods included:

A survey developed in consultation with OTRU and Rescue (see Appendix A, Uprise Baseline Survey). Surveys were paper-based and administered by trained peer researchers. Surveys were uploaded to Key Survey;

- Rescue’s I-Base™ Survey, a research instrument designed to measure peer crowd affiliation (see Appendix B, Ontario I Base Survey). It is a proprietary tool created by Rescue Social Change Group and has been used in this study under license. The survey asks respondents to rank photos of teens based on likelihood that they would be included in their peer crowd, in order to ascertain youth social identities. Based on Rescue’s analysis and coding of peer groups, OTRU analyzed data with respect to demographics, smoking status, knowledge, attitudes and behaviour (see Appendix C, Uprise Baseline Report).
- Survey questions related to brand awareness were derived from validated tools Rescue has used in more than 50 campaigns.

Baseline Survey (Sept-Dec 2015)

The Uprise baseline survey was administered at:

- Branded music festivals (where trained peer researchers interacted with music goers and handed out Uprise branded merchandise);
- Unbranded events (where Uprise was not present);
- Locations where alternative youth were likely to congregate.

Baseline data collection occurred between Sept. 2015 and Dec. 2015 in CW and SW, Ontario. We targeted music festivals, events and locations that were recommended to us by alternative youth and young adults in order to reach large groups of alternative young people. Trained peer researchers collected baseline surveys from three (3) branded music festivals, one (1) unbranded music event and at fifteen (15) locations where alternative youth congregate. Youth sampled at music festivals (both unbranded and branded) totaled 133. Youth sampled at other venues totaled 412. Public Health staff entered survey data into Keys Survey.

Of note, the URL for Uprise, fueltheuprise.ca went live in July 2015 two months before the baseline survey was administered (Sept. 2015). Thus, the likelihood that a young person would have heard about Uprise over these two months is low.

Uprise Baseline Survey: Key Findings

Limitations

- Findings cannot be generalized to youth beyond those in this sample;
- Due to small sample sizes, particularly in group analyses, comparisons between alt vs non-alt youth need to be made with caution;
- Smoking prevalence among the youth sampled cannot be compared to the provincial prevalence rates due to the difference in sampling (convenience sample vs. population study).
- Surveyors approached youth whose physical likeness or presence at a given location might infer association with the alternative peer crowd.

Respondent Demographic Information

Five hundred and forty-five (545) youth aged 13-18 years living in CW and SW Ontario completed the Uprise Baseline Survey. The average age of respondents was 16.2 years.

About half of the sample identified as male (49.5%) and half as female (47.5%). Approximately four percent (3.7%) identified as 'other'.

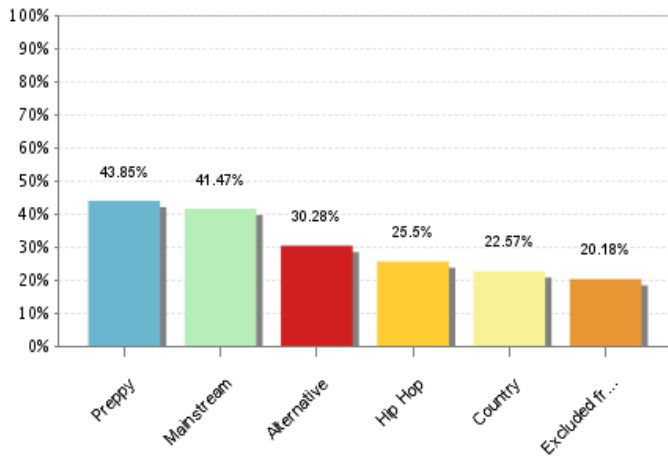
The majority of the respondents identified as being white (73%). Approximately 11.5% identified as Aboriginal.

Peer Groups

Of the 545 surveys that were completed, 165 (30%) were classified as belonging to or being influenced by the alternative peer crowd. 270 (49%) were non-alternative and 110 (20%) provided inadequate information and were excluded from the analysis. Therefore, among those for whom a social identity could be assigned (n=435), 38% were identified as alternative youth. (Refer to Table 1.) Further, respondents could belong to more than one peer crowd, which is a reflection that youth (people in general) have overlapping social identities.

**Note: In this report, we use “alternative youth” and “those influenced by the alternative peer crowd” or “belonging to the alternative peer crowd or sub culture” interchangeably.

Table 1. Respondents’ peer group assignments (n=545)*



* Respondents could belong to more than one peer group. Thus, proportions do not sum to 100.

Respondent Cigarette Use

Among 510 respondents, 50.4% had tried a cigarette in their lifetime. Among those who had ever tried a cigarette, 62% had smoked cigarette in the past 30 days; approximately 27.4% were daily smokers.

When we compared non-alternative (n=256) and alternative youth (n=158), 50% of non-alternative and 57.5% of alternative youth had tried a cigarette in their lifetime.

Among non-alternative ever smokers, 52% had smoked in the past 30 days, compared with 72% of alternative ever smokers. These findings suggest that the smoking rates among this sample of youth (alternative and non-alternative) far exceed the provincial rates. This confirms that the events/locations we have targeted are ideal to disseminate messaging as they provide access to our target audience (youth with high smoking rates- both alternative and non-alternative youth).

Awareness of Uprise

Overall, 21% (n=116) reported being aware of Uprise. Among the 104 youth who answered the question, 40% reported hearing of Uprise on the day of the event, and nearly 40% reported hearing of Uprise over the past week or month. Among alternative youth, 22% (n=36) were aware of Uprise.

Influence of Uprise

Respondents who had previously heard about Uprise (n=89) were asked about the brand's influence as follows:

- 50% said the brand Uprise had made them stay smoke-free
- 35% said the brand made them think more negatively about the tobacco industry
- 28% said Uprise made them think more negatively about smoking
- 27% said the brand had not influenced them in any of the ways listed
- 12% said it made them want to quit or try quitting
- 9% said it made them want to quit smoking in the future

Support for Uprise

When respondents had not heard about Uprise, we told them about what it meant (supporting a smoke-free scene).

After explaining the purpose of Uprise, 71% (88/124) of alternative youth reported being likely (to various degrees) to support the brand (32% somewhat, 31% very, 8% extremely likely). About 78% (158/202) of non-alternative youth reported being likely (to various degrees) to support the brand (30% somewhat, 34% very, 14% extremely likely).

Table 2. Alternative Youth Support of Uprise (n=124)

Likelihood of support	%	n
Not at all likely	10.48	13
Not very likely	18.55	23
Somewhat likely	32.26	40
Very likely	30.65	38
Extremely likely	8.07	10

Data suggests that there are moderately high levels of support for the brand among the youth (alternative and non-alternative) in this sample.

Likelihood of Telling Friends about Uprise

Among 94 respondents who had heard about Uprise before the survey, about 70% were (to various degrees) likely to tell their friends about the brand (45% somewhat, 16% very and 10% extremely).

Among 124 alternative respondents who had no exposure to Uprise prior to the survey, 58% were (to various degrees) likely to tell their friends about the brand (39% somewhat, 17% very, 2% extremely likely). Among 205 non-alternative youth who had no exposure to Uprise prior to the survey, 64% were (to various degrees) likely to tell their friends about Uprise (39% somewhat, 18% very, 7% extremely likely).

Table 3. Alternative Youth Likelihood of Telling Friends about Uprise (n=124)

Likelihood	%	n
Not at all likely	16.13	20
Not very likely	25.81	32
Somewhat likely	38.71	48
Very likely	16.94	21
Extremely likely	2.42	3

Summary

The Uprise Survey Report indicates that nearly one third (30%) of respondents were influenced by the alternative peer crowd. Given that we were attending music events deemed to be popular with alternative youth, we would have expected this percentage to be higher. Reasons for this could be related to the fact that alternative music appeals to youth from different peer crowds, thus not only alternative youth attend alternative music festivals. As well, those administering the survey self-selected youth to fill out the survey, relying on visual cues to identify alternative youth which is subjective and thus prone to error.

Although the number of alternative youth reached was lower than expected, the smoking rates among all youth surveyed were astounding. Just over 50% of youth ever smoked a cigarette, and among those ever smokers, 62% had smoked a cigarette in the past 30 days. Just fewer

than 30% of youth were daily smokers. These rates far exceed smoking rates observed in other studies amongst Ontario teens where past year smoking rates do not exceed 9% and confirms the importance of targeting subgroups of youth with tailored public health interventions. When those influenced by the alternative peer crowd were examined, past 30 day smoking prevalence jumped to 72%. This is nearly double the prevalence observed in Phase 1 research whereby 42% of youth influenced by the alternative peer crowd reported cigarette use in the past 30 days. It is of note that there were some demographic differences, especially for gender. More females (60%) were captured at the music events, compared to other venues (43%). There were also some difference with race and among those who smoked a cigarette in past 30 days (46% had not smoked a cigarette in past 30 days at music events compared to 34% of those at other venues). It could be that the relatively lower smoking rates in the music event sample is due to the higher % of females in this sample compared to those surveyed in other venues (females generally have lower smoking rates).

Overall, these findings suggest that attending alternative music venues will continue to reach a large proportion of youth tobacco users and those at risk for initiation.

Awareness of the brand Uprise was very low amongst the sample of youth. We would expect this low percentage because the brand is new. This confirms the importance of employing strategies to our work that target sub populations of youth with tailored messages.

Youth in the baseline survey (alt and non-alt) seem to accept and support what Uprise stands for, however many participants appear to be somewhat hesitant in their level of support or likeliness to recommend Uprise to a friend. As Uprise gains credibility within the alternative peer crowd over time, we would expect to see a positive shift in how alternative youth view the brand and an increase in support for Uprise and wanting friends to know about the social brand.

Future Plans

Uprise was fully implemented in 2016, with attendance at 6 alternative music events in CW and SW Ontario. In consultation with OTRU and Rescue, an updated evaluation plan and 5 year logic model has been submitted to the Youth Social Identities committee. The participant survey was revised based on feedback from Rescue and OTRU on the 2015 baseline survey. Our goal with the Uprise Survey is to administer in early 2017 after the completion of the message packages (social media engagement) and events have taken place in 2016. We want to assess whether we are reaching alternative youth at events and through digital and online platforms and to what extent, which platforms are performing well, to what extent alt youth are aware of Uprise

messages, to what extent the brand is gaining social authority within the sub culture and youth are engaging with the brand through participation with online and digital components.

Knowledge exchange presentations which highlighted outputs and outcomes from 2015 were made to tobacco program staff and managers of CW/SW public health units and the provincial TCAN committee (Tobacco managers and YDS) in April and June 2016 respectively.



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Generating knowledge for public health

Uprise Baseline Report (Non-Alternative vs. Alternative)

Respondent demographic information

Five hundred and forty-five (n=545) youth aged 13 to 18 years old completed the Uprise baseline survey. Youth were from Central West and South West, Ontario.

The average age of respondents was 16.2 years old.

Close to equal amounts of the sample were male (49.5%, n=267) and female (47.5%, n=256), with 3.7% (n=20) identifying as 'other'.

The majority of respondents identified as being 'White' (73.4%, n=394). Approximately 11.6% (n=62) identified as being 'Aboriginal'.

What is your gender identity? (Check all that apply)

		Response percent	Response total
Male		49.54%	267
Female		47.5%	256
Other, please explain:		3.71%	20

Statistics based on 539 respondents;

What is your racial identity or identities? (Check all that apply)

		Response percent	Response total
White		73.37%	394
Asian		10.06%	54
Black		7.26%	39
Aboriginal		11.55%	62
Other, please describe:		4.84%	26

Statistics based on 537 respondents;

Peer Groups

Among the 545 survey respondents, 'Preppy' (44%, n=239) and 'Mainstream' (42%, n=226) were the peer groups to which most were assigned. This was followed by:

- 'Alternative' (30.3%, n=165),
- 'Hip Hop' (25.5%, n=139), and
- 'Country' (22.6%, n=12)

Twenty percent (20.2%, n=110) of the sample could not be assigned a peer group due to incomplete data.

It is important to note that, as per Rescue Social Change's methodology, youth can be influenced by more than one peer group and thus peer group categories are not mutually exclusive (for example, respondents can be assigned to both Hip Hop and Alternative). Thus, proportions in the above analysis do not sum to 100.

Peer Groups

		Response percent	Response total
Alternative		30.28%	165
Hip Hop		25.51%	139
Mainstream		41.47%	226
Preppy		43.85%	239
Country		22.57%	123
Excluded from question		20.18%	110

Statistics based on 545 respondents;

Respondent groups

Among the 435 respondents who were assigned to a peer group:

- 270 were Non-Alternative (not assigned to the Alternative peer group)
- 165 were Alternative
 - among these 165 respondents
 - 116 were Alternative + Other (assigned to the Alternative peer group and at least one other peer group)
 - 49 were Alternative only (assigned to the Alternative peer group only)

*In this report, we define 'Alternative' as all respondents who are assigned to the Alternative peer group (n=165).

**It is important to note that results should be interpreted with caution due to small sample sizes. Particularly, comparisons should not be made between Alternative and non-Alternative groups due to small sample size.

Respondent cigarette use

Among 510 respondents, 50.4% (n=257) had tried a cigarette in their lifetime.

Among 263* *ever smokers*, 62% (n=164) had smoked a cigarette in the past 30 days. Just under 30% of the sample were daily smokers.

*It appears that due to skip logic issues, six never smokers answered the past 30 days cigarette use question.

Have you ever tried smoking, even just a few puffs?

		Response percent	Response total
Yes (Go to question 21)		50.39%	257
No (Go to question 18)		49.61%	253

Statistics based on 510 respondents;

During the past 30 days, did you smoke a cigarette, even just a few puffs?

		Response percent	Response total
Yes, every day (30 days)		27.38%	72
Yes, almost every day (15-29 days)		12.17%	32
Yes, some days (1-14 days)		22.81%	60
No (0 days)		37.64%	99

Statistics based on 263 respondents;

Non-Alternative vs. Alternative

Ever tried a cigarette:

- Among *Non-Alternative respondents* (n=256), 50% (n=127) had tried a cigarette in their lifetime
- Among *Alternative respondents* (n=158), 57.5% (n=91) had tried a cigarette in their lifetime.

Past 30 day cigarette use

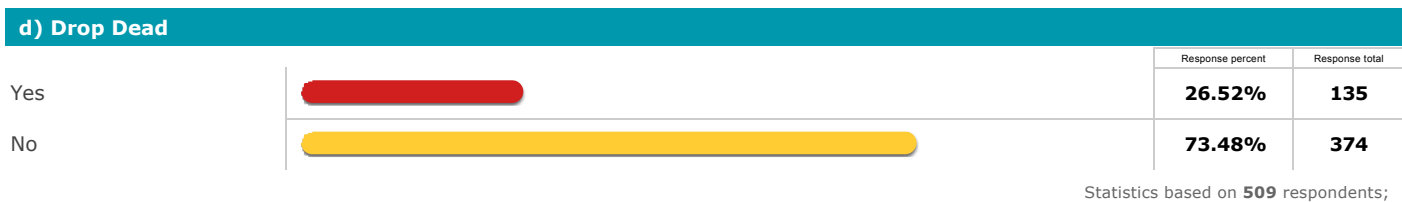
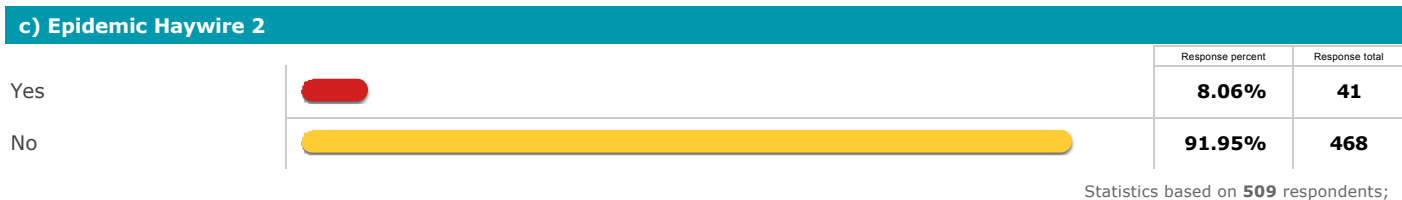
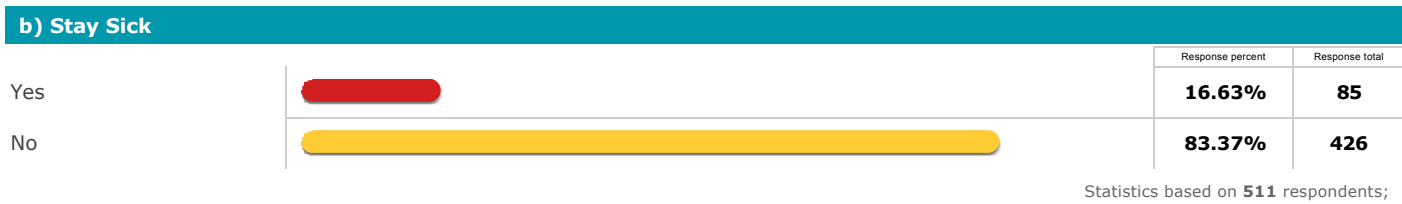
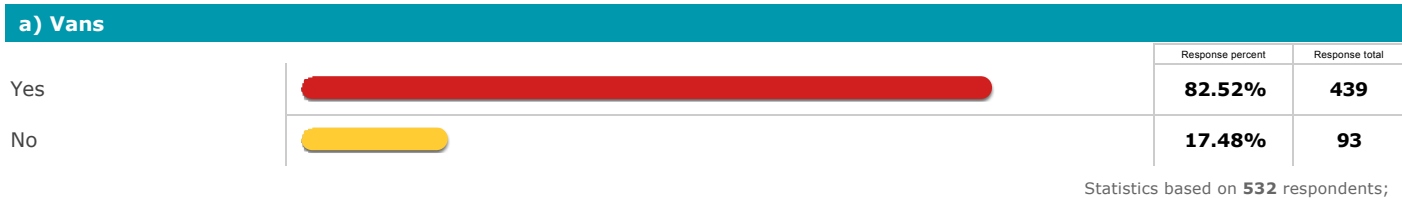
- Among *Non-Alternative ever smokers* (n=129), 52% (n=67) had smoked a cigarette in the past 30 days.
- Among *Alternative ever smokers* (n=91), 72.5% (n=66) had smoked a cigarette in the past 30 days

Awareness of Brands

A majority of respondents (82.5%, n=439) had heard of the Van's brand. Respondents were less aware of the following brands:

- Drop Dead (26.5%, n=135)
- Uprise (21.3%, n=116)
- Stay Sick (16.6%, n=85)
- Epidemic Haywire (8.1%, n=41)

Epidemic Haywire is a fictitious brand. This might imply that awareness of the Uprise brand (and other brands) is 8% less than what was actually found amongst the sample.



Non-Alternative vs. Alternative

Awareness of brand by peer group is found in the table below. Twenty-one percent (21%, n=57) of Non-Alternative and 22% (n=36) of Alternative respondents were aware of Uprise.

Awareness of brands: Non-Alternative vs. Alternative

		a) Vans Yes	a) Vans No	b) Stay Sick Yes	b) Stay Sick No	c) Epidemic Haywire 2 Yes	c) Epidemic Haywire 2 No	d) Drop Dead Yes	d) Drop Dead No	e) Uprise Yes	e) Uprise No
Non-alternative	Count :	228	35	37	210	19	225	51	196	57	213
	Row % :	84%	13%	14%	78%	7%	83%	19%	73%	21%	79%
Alternative	Count :	136	27	29	132	13	148	59	98	36	129
	Row % :	82%	16%	18%	80%	8%	90%	36%	59%	22%	78%

Last time heard about Uprise brand*





Among those who had heard about 'Uprise' (n=104), 40.4% (n=42) reported hearing about the brand the day of the survey ('Today'). Approximately 39% (n=41) reported hearing about Uprise over the 'last week' or 'month'.

Approximately 20% (n=21) reported hearing about Uprise over the last year. Because the brand was only a couple months old during baseline data collection, this might imply that reported recall is 20% less for the other response categories in this question.

The above findings was consistent among Alternative and Non-Alternative respondents (see table below).

*Results should be interpreted with caution due to small sample sizes

When was the last time you heard about the brand *Uprise*?

		Response percent	Response total
Today		40.39%	42
Over the last week		18.27%	19
Over the last month		21.15%	22
Over the last year		20.19%	21

Statistics based on **104** respondents;

Last time heard about Uprise: Alternative vs. non-Alternative

		When was the last time you heard about the brand Uprise? Today	When was the last time you heard about the brand Uprise? Over the last week	When was the last time you heard about the brand Uprise? Over the last month	When was the last time you heard about the brand Uprise? Over the last year
Non-alternative	Count : Row % :	21 40%	9 17%	11 21%	12 23%
Alternative	Count : Row % :	12 39%	6 19%	10 32%	3 10%

Likelihood of recommending Uprise to a friend*

Among respondents who reported being aware of Uprise (n=94),

- 30% (n=28) were not very or not at all likely to tell their friends about the brand
- 45% (n=42) were somewhat likely to tell their friends about the brand
- 26% (n=24) were very or extremely likely tell their friends about the brand

Non-Alternative vs Alternative

Among Non-Alternative respondents (n=47),



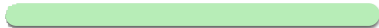


- 32% (n=15) were not very or not at all likely to tell their friends about the brand,
- 49% (n=23) were somewhat likely and
- 19% (n=9) were very or extremely likely to tell their friends.

Among Alternative respondents (n=29),

- 21% (n=6) were not very or not at all likely to tell their friends about the brand,
- 45% (n=13) were somewhat likely and
- 35% (n=10) were very or extremely likely to tell their friends.

* Results should be interpreted with caution due to small sample sizes

How likely are you to tell your friends about the brand *Uprise*? (Check all that apply)

		Response percent	Response total
Not at all likely		13.83%	13
Not very likely		15.96%	15
Somewhat likely		44.68%	42
Very likely		15.96%	15
Extremely likely		9.57%	9

Statistics based on **94** respondents;

Likelihood of telling friends about Uprise: Non-Alternative vs. Alternative

		How likely are you to tell your friends about the brand Uprise? (Check all that apply) Not at all likely	How likely are you to tell your friends about the brand Uprise? (Check all that apply) Not very likely	How likely are you to tell your friends about the brand Uprise? (Check all that apply) Somewhat likely	How likely are you to tell your friends about the brand Uprise? (Check all that apply) Very likely	How likely are you to tell your friends about the brand Uprise? (Check all that apply) Extremely likely
Non-alternative	Count : Row % :	8 17%	7 15%	23 49%	7 15%	2 4%
Alternative	Count : Row % :	2 7%	4 14%	13 45%	6 21%	4 14%

Uprise influence*

Among 89 respondents who reported being aware of Uprise,

- 49.4% (n=44) said Uprise has made them stay smoke-free
- 34.8% (n=31) said that Uprise has made them think more negatively about the tobacco industry
- 28% (n=25) said that Uprise has made them think more negatively about smoking
- 26.9% (n=24) said that Uprise had not influenced them in the ways stated in the question

Non-Alternative vs Alternative

A total of 53 Non-Alternative and Alternative respondents completed this question.

Among Non-Alternative respondents, the top three reported influences were:





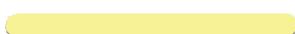


1. Stay smoke-free (n=26)
2. Think more negatively about smoking (n=15)
3. Think more negatively about the tobacco industry (n=15)

Among Alternative respondents, the top three reported influences were:

1. Think more negatively about the tobacco industry (n=12)
2. Stay smoke-free (n=10)
3. None of the above (n=9)

*Results should be interpreted with caution due to small sample sizes

Uprise Brand Influence

		Response percent	Response total
Quit or try to quit smoking?		12.36%	11
Want to quit smoking in the future?		8.99%	8
Stay smoke-free?		49.44%	44
Think more negatively about smoking?		28.09%	25
Think more negatively about the tobacco industry?		34.83%	31
None of the above		26.97%	24
Other, please describe here:		8.99%	8

Statistics based on 89 respondents;

Uprise Brand Influence: Non-Alternative vs. Alternative

		Uprise Brand Influence Quit or try to quit smoking?	Uprise Brand Influence Want to quit smoking in the future?	Uprise Brand Influence Stay smoke-free?	Uprise Brand Influence Think more negatively about smoking?	Uprise Brand Influence Think more negatively about the tobacco industry?	Uprise Brand Influence None of the above	Uprise Brand Influence Other, please describe here:
Non-alternative	Count : Row % :	4 9%	1 2%	26 58%	15 33%	15 33%	10 22%	3 7%
Alternative	Count : Row % :	5 19%	5 19%	10 37%	8 30%	12 44%	9 33%	1 4%

Likelihood of Supporting Uprise

Among respondents who were *not* aware of Uprise (n=410)

- 26.1% (n=107) were not at all or not very likely to support the Uprise brand.
- 31.7% (n=130) were somewhat likely to support the Uprise brand.
- 42.2% (n=173) were very or extremely likely to support the Uprise brand.

Non-Alternative vs Alternative






Among non-Alternative respondents (n=202):

- 22% (n=45) were not at all or not very likely to support Uprise
- 30% (n=60) were somewhat likely to support Uprise
- 48% (n=98) were very or extremely likely to support Uprise

Among Alternative respondents (n=124):

- 29% (n=36) were not at all or not very likely to support Uprise
- 32% (n=40) were somewhat likely to support Uprise
- 39% (n=48) were very or extremely likely to support Uprise

Now that you've heard a bit about *Uprise*, how likely would you be to support a brand like *Uprise*?

		Response percent	Response total
Not at all likely		10.24%	42
Not very likely		15.85%	65
Somewhat likely		31.71%	130
Very likely		29.27%	120
Extremely likely		12.93%	53

Statistics based on 410 respondents;

Likelihood of supporting Uprise

		Now that you've heard a bit about Uprise, how likely would you be to support a brand like Uprise? Not at all likely	Now that you've heard a bit about Uprise, how likely would you be to support a brand like Uprise? Not very likely	Now that you've heard a bit about Uprise, how likely would you be to support a brand like Uprise? Somewhat likely	Now that you've heard a bit about Uprise, how likely would you be to support a brand like Uprise? Very likely	Now that you've heard a bit about Uprise, how likely would you be to support a brand like Uprise? Extremely likely
Non-alternative	Count : Row % :	19 9%	26 13%	60 30%	69 34%	29 14%
Alternative	Count : Row % :	13 11%	23 19%	40 32%	38 31%	10 8%

Likelihood of telling friends about Uprise

Among respondents who were *not* aware of Uprise (n=411),

- 38.6% (n=159) were not at all or not very likely to tell their friends about the brand.
- 37.7% (n=155) were somewhat likely to tell their friends about the brand
- 23.6% (n=97) were very or extremely likely to tell their friends about the brand

Non-Alternative vs Alternative



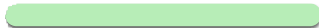


Among non-Alternative respondents who were *not* aware of Uprise prior to event (n=205),

- 36% (n=74) were not very or not at all likely to tell their friends about the brand.
- 39% (n=79) were somewhat likely to tell their friends about the brand.
- 25% (n=52) were very or extremely likely to tell their friends about the brand.

Among Alternative respondents who were *not* aware of Uprise prior to event (n=124),

- 42% (n=52) were not very or not at all likely to tell their friends about the brand.
- 39% (n=48) were somewhat likely to tell their friends about the brand.
- 19% (n=24) were likely to tell their friends about the brand.

How likely are you to tell your friends about a brand like *Uprise*?

		Response percent	Response total
Not at all likely		15.09%	62
Not very likely		23.6%	97
Somewhat likely		37.71%	155
Very likely		17.52%	72
Extremely likely		6.08%	25

Statistics based on 411 respondents;

Likelihood of telling friends about Uprise

		How likely are you to tell your friends about a brand like Uprise? Not at all likely	How likely are you to tell your friends about a brand like Uprise? Not very likely	How likely are you to tell your friends about a brand like Uprise? Somewhat likely	How likely are you to tell your friends about a brand like Uprise? Very likely	How likely are you to tell your friends about a brand like Uprise? Extremely likely
Non-alternative	Count : Row % :	23 11%	51 25%	79 39%	37 18%	15 7%
Alternative	Count : Row % :	20 16%	32 26%	48 39%	21 17%	3 2%



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2017 January 19

**MEDICAL OFFICER OF HEALTH / CHIEF EXECUTIVE OFFICER
ACTIVITY REPORT – JANUARY**

Recommendation

It is recommended that Report No. 003 -17 re: Medical Officer of Health /Chief Executive Officer Activity Report – January be received for information.

The following report highlights activities of the Medical Officer of Health (MOH) /Chief Executive Officer (CEO) for the period of December 1, 2016 to January 6, 2017.

The MOH was invited to provide opening remarks at the Preceptor Recognition event that was held on December 14. This celebration is held each year to recognize the efforts of staff and management who devote time, energy and expertise mentoring and supervising student placements from multidisciplinary educational programs.

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

- December 1 Attended Finance and Facilities Committee (FFC) meeting
Was interviewed by Devon Peacock, AM980 news in regards to sugar sweetened beverages
Initial meeting with Dr. Saverio Stranges, Chair, Department of Epidemiology and Biostatistics, Schulich School of Medicine
Attended the Inaugural meeting of Middlesex County Council
- December 2 Attended the alPHa Board of Directors meeting in Toronto
- December 5 Attended a Community Health Collaborative Steering Committee meeting
Attended Community Conversation: Exploring Power and Privilege
- December 7 Attended the Ministry of Health and Long-Term Care (MOHLTC) Accountability Committee meeting
- December 8 Participated in the MOH Provincial Public Health monthly teleconference call
Attended an internal meeting of the Community Drug and Alcohol Strategy group
Attend the Board of Health meeting, which also included a Governance meeting and the annual year-end dinner
- December 9 Met with City staff to discuss sugar sweetened beverages and vending machines
Met with local business partner organizations to discuss the Supervised Injection Sites Report
- December 12 Met with Joe Lyons to discuss the Governance Seminar planned for January
Initial meeting with Karalyn Dueck, Public Health and Preventive Medicine Resident

- December 13 Interviewed by Jane Sims, London Free Press in regards to Federal Marijuana Task Force legalization recommendations
Interviewed by Marek Sutherland, CTV re Bill C-37 Safe Injection Sites
- December 14 Met with James Shelley re Wolf Hall Debate
AM980 interview regarding Safe Injection Sites
CTV interview regarding subsidized bus passes
Attended the staff year end coffee break celebration in the lunchroom
Met with Chief John Pare
- December 19 Visit at MerryMount Children's Centre
Teleconference with Sugar Sweetened Beverage Working Group
Teleconference call with Maureen Boon, College of Physicians and Surgeons of Ontario regarding Opioid Addiction
- December 21 Attended a meeting of the Community Health Collaborative
Attended a meeting with community partners regarding Safe Injection Sites
- December 28 Interview with Randy Richmond regarding drug strategy next steps
- January 4 Presented at the Citywide Department of Family Medicine Business meeting
Met with MPP Karen Vecchio at her Constituency Office to discuss drug strategies
- January 6 Participated in a teleconference of the Accountability Committee

This report was prepared by Lynn Guy, Executive Assistant to the MOH / CEO..



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