

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

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

Thursday, 7:00 p.m.
2017 May 18

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
Mr. Michael Clarke
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

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

APPROVAL OF MINUTES

Board of Health meeting, April 20, 2017.

DELEGATIONS

7:05 – 7:15 p.m. Ms. Laura Dueck, Public Health Nurse, Baby Friendly Initiative Lead re: Item #2, Baby-Friendly Initiative Update & Annual Board of Health Orientation Presentation.

7:15 – 7:25 Ms. Trish Fulton, Chair, Finance & Facilities Committee, re: Item #1, FFC meeting update, May 4, 2017.

Receive: May 4, 2017 Finance & Facilities Committee meeting minutes

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
Committee Reports						
1	Finance & Facilities Committee Meeting May 4, 2017 (Report No. 025-17)	Agenda: May 4, 2017 Minutes: May 4, 2017	x	x		To receive a verbal update from the May 4, 2017 Finance & Facilities Committee (FFC) meeting.
Delegation and Recommendation Reports						
2	Baby-Friendly Initiative Update and Annual Board of Health Orientation (Report No. 026-17)	Appendix A	x		x	To provide an update on the Baby Friendly Initiative and complete the annual board member orientation to the Baby-Friendly Organization Policy.
3	Enhancing Harm Reduction Services to Increase Access to Clean Needles and Other Supplies (Report No. 027-17)	Appendix A		x		To endorse the Regional HIV/AIDS Connection funding submission to request additional support to enhance harm-reduction services and forward the endorsement to the Ministry of Health and Long-Term Care.
Information Reports						
4	Summary Information Report, May 2017 (Report No. 028-17)				x	To provide an update on Health Unit programs and services for May 2017.
5	Acting Medical Officer of Health / Acting Chief Executive Officer Activity Report, May 2017 (Report No. 029-17)				x	To provide an update on the activities of the Acting MOH/Acting CEO for May 2017.

OTHER BUSINESS

- Next regularly scheduled Finance & Facilities Committee meeting: Thursday, June 8, 2017 @ 10:00 a.m.
 - The Finance & Facilities Committee will hold in-camera meetings Thursday, May 18, and Friday, May 19, from 9:30 a.m. to 4:30 p.m., to discuss matters regarding a proposed or pending acquisition of land by the Middlesex-London Board of Health.
- Next Board of Health meeting: Thursday, June 15, 2017 @ 7:00 p.m.
- Next Governance Committee meeting: Thursday, June 15, 2017 @ 6:00 p.m.

CORRESPONDENCE

- a) Date: 2017 March 28
Topic: Low-Income Dental Program for Adults and Seniors
From: Porcupine Health Unit
To: The Honourable Dr. Eric Hoskins

Background:

The Porcupine Health Unit Board of Health passed a resolution encouraging the Government of Ontario to consider expanding public dental programs for low-income adults and seniors.

The Middlesex-London Board of Health passed a similar motion at its January 2014 meeting to send a letter to the Minister of Health and Long-Term Care, local Members of Provincial Parliament, the Association of Local Public Health Agencies and all Ontario boards of health to advocate for a program that provides both publicly funded dental treatment and prevention to low-income adults, including seniors.

Recommendation:

Receive.

- b) Date: 2017 March 15 [received: April 6, 2017]
Topic: Children's Marketing Restrictions, Federal Healthy Eating Strategy and Support for Bill S-228 and Bill C-313
From: Perth District Health Unit
To: The Honourable Dr. Jane Philpott

Background:

The Perth District Health Unit supports the federal government's Healthy Eating Strategy and restrictions on commercial marketing of foods and beverages. They specifically endorse Bill S-228, which would prohibit advertisement of food and beverages to children under the age of 13, and Bill C-313, which outlines a national strategy on advertising to children and amends the Broadcasting Act.

In a report considered by the Middlesex-London Board of Health at its February 2017 meeting, the Board supported similar restrictions on marketing to children and directed staff to complete an online endorsement of the Stop Marketing to Kids Coalition's (Stop M2K) Ottawa Principles and to communicate support for Stop M2K's Ottawa Principles to other boards of health in Ontario.

Recommendation:

Receive.

- c) Date: 2017 March 29 [received: April 11, 2017]
Topic: Requesting Support for Enactment of Legislation under the HPPA to Allow for the Inspection and Enforcement Activities of Personal Service Settings
From: Algoma Public Health
To: The Honourable Kathleen Wynne

Background:

The Algoma Public Health Board supports a previous Wellington-Dufferin-Guelph Public Health (WDGPH) recommendation that the Government of Ontario enact legislation to support inspection and enforcement activities within personal services settings.

The Middlesex-London Health Unit Board of Health received the WDGPH recommendation as correspondence at its March 2017 meeting.

Recommendation:

Receive.

- d) Date: 2017 April 3
Topic: Mission Services of London and Living Wage
From: Mission Services of London
To: Laura Di Cesare, Acting Chief Executive Officer

Background:

As of April 1, 2017, Mission Services of London became an organization that pays all its employees, at a minimum, a living wage.

The Business Case for Paying a Living Wage was approved by the Middlesex-London Board of Health through the PBMA process in December 2015, ensuring that all Health Unit and contracted staff are paid a living wage.

Recommendation:

Endorse.

- e) Date: 2017 April 11
Topic: Support to Increase Tobacco Excise Taxes and Reduce the Presence of Contraband Tobacco
From: Village of Newbury
To: Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health and CEO

Background:

The Middlesex-London Board of Health sent correspondence to the Town of Newbury asking that its Town Council consider calling on the Ontario Ministry of Finance to raise tobacco excise taxes by at least \$10.00 per carton and to enhance enforcement activities relating to contraband tobacco.

The Newbury Town Council passed a motion to notify the Board of Health that they do not agree with raising taxes because it would further encourage the presence of contraband tobacco.

Recommendation:

Receive.

- f) Date: 2017 April 21
Topic: alPHa Annual General Conference
From: Association of Local Public Health Agencies (alPHa)
To: All Board of Health Members

Background:

The Association of Local Public Health Agencies will hold its 2017 annual conference and annual general meeting from June 11 to 13 in Chatham-Kent.

At the meeting, alPHa will explore change management in a transformed health system. Additional items on the agenda include: panels, plenary sessions and business meetings for alPHa sections.

Recommendation:

Receive.

- g) Date: 2017 April 25
Topic: Low-Income Dental Program for Adults and Seniors
From: Peterborough Public Health
To: The Honourable Dr. Eric Hoskins

Background:

See item (a) above.

Echoing previous recommendations, the Peterborough Board of Health has passed a resolution calling urgently on the Ministry to expand implementation of public dental programs to include adults and seniors.

Recommendation:

Receive.

- h) Date: 2017 April 19 [received: April 26, 2017]
Topic: Moving Forward on the Provincial Opioid Strategy
From: Simcoe Muskoka District Health Unit
To: The Honourable Dr. Eric Hoskins, Dr. David Williams

Background:

The Simcoe Muskoka Board of Health sent correspondence commending the Ontario Ministry of Health and Long-Term Care for the release of its Strategy to Prevent Opioid Addiction and Overdose in Ontario.

At the November 2016 Board of Health meeting, the Board received a report on opioid addiction and overdose deaths, which provided information regarding the MOHLTC Strategy. The Board endorsed the report and sent additional correspondence to the College of Physicians and Surgeons of Ontario (CPSO) regarding education and the provision of naloxone.

Recommendation:

Receive.

- i) Date: 2017 April 19 [received: April 26, 2017]
Topic: Moving Forward on the Provincial Opioid Strategy
From: Simcoe Muskoka District Health Unit
To: The Honourable Jane Philpott

Background:

See item (h), above.

Recommendation:

Receive.

- j) Date: 2017 April 27
Topic: alPHa Summary Budget 2017
From: Association of Local Public Health Agencies (alPHa)
To: All Health Units

Background:

The Association of Local Public Health Agencies provided commentary on the 2017 Ontario budget and its impacts on public health. Items of note include: the lowering of hydro rates, the basic income pilot projects, enhanced childcare spaces and the universal pharmacare program

for people under the age of 25. There were no specific mentions of public health units in the budget. The commentary is broken down for each chapter of the budget.

Recommendation:

Receive.

- k) Date: 2017 April 13 [received: April 24, 2017]
Topic: Opioid Addiction and Overdose
From: Durham Region
To: The Honourable Kathleen Wynne

Background:

See item (h), above.

Recommendation:

Receive.

- l) Date: 2017 April 13 [received: April 24, 2017]
Topic: Vaccine Preventable Diseases Program Funding
From: Durham Region
To: The Honourable Kathleen Wynne

Background:

The province previously offered the human papilloma vaccine (HPV) free of charge to Grade 8 females at Ontario schools. This was expanded to include Grade 8 males beginning in the 2016–17 school year.

The Simcoe Muskoka District Health Unit sent correspondence urging the Ministry of Health and Long-Term Care to increase annual funding for the Vaccine Preventable Disease Program in order to meet this mandate. The Durham Region Regional Council adopted a recommendation to forward correspondence to the Premier of Ontario, Ministers of Finance, Health and Long-Term Care, MPPs, the Chief Medical Officer of Health and Ontario boards of health.

Recommendation:

Receive.

- m) Date: 2017 April 13 [received: April 24, 2017]
Topic: Adult and Older Adult Oral Health
From: Durham Region
To: The Honourable Kathleen Wynne

Background:

See item (a), above.

Recommendation:

Receive.

- n) Date: 2017 May 1
Topic: Support of Tobacco Excise Tax Increases to Enhance Enforcement Activities Designed to Reduce the Presence of Contraband Tobacco in Ontario Communities
From: Municipality of North Middlesex

To: The Honourable Charles Sousa

Background:

The Middlesex-London Board of Health sent correspondence to the Municipality of North Middlesex advising of anti-contraband tobacco campaigns being funded by tobacco industry front groups. The Municipality of North Middlesex passed a motion to retract its previous endorsement for the tobacco industry anti-contraband campaign and to have no further meetings with representatives associated with the tobacco industry.

Recommendation:

Receive.

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

CONFIDENTIAL

The Board of Health will move in-camera to discuss matters regarding labour relations and employee negotiations, identifiable individuals and to consider confidential minutes from the April 20 Board of Health meeting and the May 4 Finance & Facilities Committee meeting.

ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, April 20, 2017 7:00 p.m.

MEMBERS PRESENT:

Ms. Maureen Cassidy
Mr. Michael Clarke
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)

OTHERS PRESENT:

Ms. Laura Di Cesare, Secretary-Treasurer
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications (Recorder)
Mr. Jordan Banninga, Manager, Strategic Projects
Ms. Jane Berardini, Public Health Nurse, Nurse-Family Partnership
Ms. Becki Bohdanowicz, Public Health Nurse, Nurse-Family Partnership
Ms. Lisa Clayton, Human Resources Manager
Ms. Shaya Dhinsa, Manager, Sexual Health
Ms. Janis Dowswell, Public Health Nurse, Nurse-Family Partnership
Mr. Dan Flaherty, Communications Manager
Ms. Bernadette Garrity, Public Health Nurse, Infectious Disease
Dr. Gayane Hovhannisyanyan, Acting Medical Officer of Health
Ms. Shannon Hunt, Public Health Nurse, Reproductive Health
Ms. Heather Lokko, Manager, Healthy Start
Mr. John Millson, Associate Director, Finance
Ms. Alyssa Penney, Public Health Nurse, Healthy Communities and Injury Prevention
Ms. Jennifer Proulx, Manager, Nurse-Family Partnership
Ms. Jody Shepherd, Public Health Nurse, Nurse-Family Partnership
Ms. Deanna Sterling, Public Health Nurse, Reproductive Health
Ms. Suzanne Vandervoort, Director, Healthy Living

Chair Helmer called the meeting to order at 7:03 p.m.

DISCLOSURES OF CONFLICT(S) OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the **AGENDA** for the April 20, 2017 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Peer, seconded by Mr. Smith, *that the **MINUTES** of the March 16, 2017 Board of Health meeting be approved.*

Carried

COMMITTEE REPORTS

1) Governance Committee Meeting, April 20, 2017 (Verbal Update)

Mr. Hunter summarized the reports considered at the Governance Committee meeting.

Medical Officer of Health / CEO Performance Appraisal (Report No. 006-17GC)

Mr. Hunter provided context for this report. The Medical Officer of Health / CEO Performance Appraisal sub-committee shall consist of: Mr. Jesse Helmer, Mr. Trevor Hunter, Mr. Ian Peer and Mr. Marcel Meyer.

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

- 1) Receive Report No. 006-17GC; and*
- 2) Strike a sub-committee to initiate the performance appraisal process for the Medical Officer of Health and Chief Executive Officer.*

Carried

Request for Participation: Diversity Census (Report No. 007-17GC)

Mr. Hunter introduced the report and advised the Board that this was a walk-on report to the Governance Committee this evening.

It was moved by Mr. Hunter, seconded by Ms. Cassidy, *that the Board of Health approve the circulation of the Diversity Census to Board of Health Members for completion.*

Carried

Ms. Cassidy provided further information to the Board regarding the use and purpose of the Diversity Census, which was distributed by the City of London to community agency boards and commissions.

Discussion ensued on the following items:

- Action to be taken based on the information collected by the census.
- The Federation of Canadian Municipalities goal of working toward increased diversity and representation of women in local municipal governance and on boards and commissions.
- Whether Board members must complete the survey if they receive it from multiple boards/committees on which they serve.

Verbal Update re: Board of Health Candidate Meeting

Chair Helmer advised the Committee that he, Mr. Hunter and Ms. Di Cesare met with a potential Board of Health candidate on April 3, 2017, to discuss the Board's application process as per the Governance Committee's mandate to meet with and provide information to those interested in applying to become new Board members.

Other Business: Policy Review (Continued)

Mr. Hunter made note of the policies to be forwarded to the Finance & Facilities Committee for review and consideration, which will include: G-180, G-190, G-210, G-240 and G-250. The policies reviewed by the Governance Committee were: G-100, G-120 and G-260.

Mr. Hunter summarized the discussion and reviewed the proposed changes to policies by the Governance Committee. The Committee referred policies G-100 and G-260 back to staff for further revision and wording changes, and recommends that the Board of Health approve policy G-120.

It was moved by Mr. Hunter, seconded by Mr. Peer, *that the Board of Health approve policy G-120.*

Carried

It was moved by Mr. Hunter, seconded by Mr. Smith, *that the Board of Health receive the minutes of the March 16, 2017 Governance Committee meeting.*

Carried

The next Governance Committee meeting will be on June 15, 2017.

Chair Helmer drew the Board's attention to the Health Unit's 2016 Annual Report, a copy of which was provided at each Board member's seat this evening, along with the Middlesex County directory.

Chair Helmer also congratulated Mr. Alex Tyml, Online Communications Coordinator, and his spouse, on the birth of their baby boy. Mr. Tyml, who was absent this evening, operates the cameras and online streaming system for all Board meetings.

DELEGATION AND RECOMMENDATION REPORTS

2) The Canadian Nurse Family Partnership Education (CaNE) Project Update (Report No. 019-17)

Ms. Jennifer Proulx, Manager, Nurse-Family Partnership (NFP), gave a presentation introducing the Nurse-Family Partnership and highlighting the program's key elements and eligibility criteria. The presentation also included an overview of the Canadian Nurse Family Partnership Education (CaNE) project. Staff are currently promoting and rolling out the program in Middlesex-London. There have been twenty referrals made to the program, with sixteen women enrolled and participating in the NFP.

Discussion ensued on the following items:

- Promotion of the program in secondary schools and on college and university campuses.
- Factors that are considered in determining socio-economic disadvantage (in order to qualify for the program). Eligibility is not only determined by income.
- Other programs and services available to those not eligible for NFP, but in need of support.
- The potential cost associated with the program once the pilot is complete.

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the Board of Health receive Report No. 019-17 re: The Canadian Nurse-Family Partnership Education (CaNE) Project Update for information.*

Carried

3) Ontario Public Health Standards Modernization – Middlesex-London Health Unit Feedback (Report No. 020-17)

Chair Helmer introduced the report and Dr. Hovhannisyan provided a summary of feedback gathered following the review of the Standards Modernization document and consultation sessions. The key findings outlined in this report (and appendix) are based on integrated feedback from both of these sessions.

Dr. Hovhannisyian highlighted some of the key feedback items, including positive feedback, challenges and concerns, and areas requiring further clarification.

Discussion ensued on the following items:

- The experiences of Board members and Health Unit staff who attended the consultation at the Association of Local Public Health Agencies (alPHa) Winter Symposium meeting and the consultation in St. Thomas on March 24.
- The financial concerns and impacts that modernized standards may have on the Health Unit's operating budget.
- The Ministry's accountability for resource allocation to fill in the gaps when new services are required, and how staff will work with the Local Health Integration Network (LHIN) to assist in filling such gaps.
- How and when the Ministry is expected to respond to feedback; when guidance documents will be produced; and the concept of requesting implementation dates to be transitional to minimize impact on staff, services and budgets.

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

- 1) *Receive Report No. 020-17 for information; and*
- 2) *Approve and forward the feedback, with minor amendments prepared by the Middlesex-London Health Unit, to the Ministry of Health and Long-Term Care for their consideration.*

Carried

INFORMATION REPORTS

4) Summary Information Report, April 2017 (Report No. 022-17)

Development and Implementation of a Strategy to Address HIV Epidemic and Related Issues in London

Dr. Hovhannisyian introduced the update on HIV and requested a change to the recommendation as prepared by staff. Dr. Hovhannisyian also requested Board approval to forward a revised version of this report to Deputy Premier Deb Matthews to supply more information about MLHU's request that the Province provide support and resources to address the HIV epidemic and related issues in London.

Dr. Hovhannisyian announced that the Health Unit was successful in securing a grant through the HIV and Hepatitis C Community Action Fund.

Ms. Shaya Dhinsa, Manager, Sexual Health, answered questions about the grant, which will assist MLHU in enhancing resources to meet community needs and allow staff to go out and work directly with clients in the street. The Health Unit will receive \$600,000 dollars directly, which will fund one full-time outreach worker and one 0.5 program evaluator. The funding will also enhance the work and money that had been reallocated to address the HIV and Hepatitis C epidemic through the Program Budget and Marginal Analysis process.

Discussion ensued on the following items:

- The Health Unit's organization of a think tank to bring experts together on May 12 to discuss HIV epidemics and answer questions, establish additional partnerships and investigate matters further.
- The body of evidence surrounding supervised injection sites (SIS); how close Middlesex-London is to establishing safe injection sites; and an update on the current work taking place

with regard to SIS, including: engaging stakeholders, developing a model, with local leadership groups, to work on next steps and establishing an advisory committee on public consultation.

- The importance of noting that SIS is just one part of the harm-reduction solution, and that staff are working with the Regional HIV/AIDS Connection (RHAC) to implement harm-reduction services that will allow them to address the epidemic in the wider community.
- A summary of what will be included in the draft proposal to Deputy Premier Matthews.
- The importance of getting this work done sooner rather than later to mitigate the spread of infection in the community.

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

- 1) *Receive Report No. 021-17 re: Development and Implementation of a Strategy to Address HIV Epidemic and Related Issues in London for information; and*
- 2) *Direct staff to send a revised version of this summary report to Deputy Premier Deb Matthews.*

Carried

Further discussion ensued on the local leadership group, its composition and how the community can be involved in the next steps, which will include hiring a local agency to conduct community consultations to maintain an understanding of the local context.

It was moved by Ms. Cassidy, seconded by Mr. Clarke, *that the Board of Health receive Report No. 022-17 re: Summary Information Report, April 2017 for information.*

Carried

5) Acting Medical Officer of Health / Acting Chief Executive Officer Activity Report, April 2017 (Report No. 023-17)

It was moved by Mr. Peer, seconded by Ms. Cassidy, *that the Board of Health receive Report No. 023-17 re: Acting Medical Officer of Health / Acting Chief Executive Officer Activity Report, April 2017.*

Carried

OTHER BUSINESS

Next Meetings:

- Next Finance & Facilities Committee meeting: Thursday, May 4, 2017 @ 9:00 a.m.
 - The Finance & Facilities Committee will hold in-camera meetings on Thursday, May 18, and Friday, May 19, from 9:30 a.m. to 4:30 p.m., to discuss matters regarding a proposed or pending acquisition of land by the Middlesex-London Board of Health.
- Next Board of Health meeting: Thursday, May 18, 2017 @ 7:00 p.m.
- Next Governance Committee meeting: Thursday, June 15, 2017 @ 6:00 p.m.

Mr. Meyer noted that Middlesex Municipal Day will be held on April 27, 2017, in Ilderton, and any Board member wishing to attend may do so. The Health Unit hosted the event last year.

CORRESPONDENCE

It was moved by Mr. Peer, seconded by Ms. Vanderheyden, *that the Board of Health receive item a) and items c) through k).*

Carried

It was moved by Mr. Peer, seconded by Ms. Vanderheyden, *that the Board of Health endorse item b).*

Carried

It was moved by Mr. Hunter, seconded by Ms. Cassidy, *that the Board of Health take a five-minute recess.*
Carried

CONFIDENTIAL

At 8:49 p.m., Chair Helmer invited a motion to move in-camera to discuss matters regarding employee negotiations and identifiable individuals, and to consider the confidential minutes of the March 16 meeting.

At 8:49 p.m., it was moved by Ms. Cassidy, seconded by Mr. Hunter, *that the Board of Health move in-camera to discuss matters regarding employee negotiations and identifiable individuals, and to consider the confidential minutes of the March 16 meeting.*

Carried

At 8:49 p.m., all visitors and Health Unit staff, except for Ms. Laura Di Cesare, Ms. Lisa Clayton and Ms. Elizabeth Milne, left the meeting.

At 10:04 p.m., it was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the Board of Health rise and return to public session.*

Carried

At 10:04 p.m., the Board of Health returned to public session.

ADJOURNMENT

At 10:04 p.m., it was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the meeting be adjourned.*

Carried

JESSE HELMER
Chair

LAURA DI CESARE
Secretary-Treasurer



PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
MIDDLESEX-LONDON BOARD OF HEALTH
50 King Street, London
Middlesex-London Health Unit – Room 3A
2017 May 4, 9:00 a.m.

COMMITTEE

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

Regrets: Ms. Joanne Vanderheyden

OTHERS PRESENT: Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications (Recorder)
Ms. Laura Di Cesare, Secretary-Treasurer
Mr. Jordan Banninga, Manager, Strategic Projects
Dr. Gayane Hovhannisyanyan, Acting Medical Officer of Health
Ms. Heather Lokko, Director, Healthy Start
Mr. John Millson, Associate Director, Finance
Ms. Suzanne Vandervoort, Director, Healthy Living
Ms. Jennifer Proulx, Manager, Nurse Family Partnership
Ms. Debbie Shugar, Manager, Screening Assessment and Intervention

At 9:06 a.m., Chair Fulton called the meeting to order.

DISCLOSURES OF CONFLICTS OF INTEREST

Chair Fulton inquired if there were any conflicts of interest. None were declared.

APPROVAL OF AGENDA

Chair Fulton requested to defer item 4.1 to 10:00 a.m., when Ms. Vandervoort, Director, Healthy Start, would be able to attend to give a verbal update on the dental clinic.

It was moved by Mr. Peer, seconded by Mr. Meyer, *that the [AGENDA](#) for the May 4, 2017 Finance & Facilities Committee meeting be approved as amended.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Peer, seconded by Mr. Meyer, *that the [MINUTES](#) of the March 2, 2017 Finance & Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

4.2 Ministry of Child and Youth Services Program Funding ([Report No. 014-17FFC](#))

Discussion ensued on the following items:

- The one-time funding for the purchase of equipment.
- The program targets, which are set based on best practices rather than program capacity.
- The wait times for assessment and treatment.

Mr. Peer noted that staff should be sufficiently strident in composing the letter, as outlined in the recommendation in this report.

Ms. Debbie Shugar provided context, outlined the request and why it is needed, and detailed items to be included in the letter to the Minister.

Mr. Helmer arrived at 9:11 a.m.

It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance & Facilities Committee receive Report No. 014-17FFC Ministry of Children and Youth Services Program Funding for information.*

Carried

It was moved by Mr. Peer, seconded by Mr. Helmer, *that the Finance & Facilities Committee recommend that the Board of Health write a letter to Minister Michael Coteau advocating for increased Preschool Speech and Language funding to avoid reduced services and longer wait times.*

Carried

4.3 Family Health Clinic: Update and Next Steps ([Report No. 022-17FFC](#))

Ms. Lokko, Director, Healthy Start, introduced and provided context for this report, and explained why closing the clinic was the best course of action, both to meet budget requirements for 2017 and to reflect the mandate. Ms. Lokko outlined a transition plan to ensure that clients are not left without access to care.

Discussion ensued on the following items:

- The current number of clients accessing the Family Health Clinic, the proportion of clients that lack health cards, and the warm transfer that will be implemented to help connect clients to other service providers in the community to ensure there are no gaps in care.
- The inability to bill OHIP for patients treated in this clinic by the Nurse Practitioner.
- Why a closing date was chosen for the end of June, and whether this time frame is adequate to give clients sufficient notice so they may find alternative care.
- The prioritization of clients at higher risk and with more significant medical issues, who will be supported to transfer directly with a care provider to ensure no gap in coverage.

It was moved by Mr. Peer, seconded by Mr. Meyer, *that the Finance & Facilities Committee make a recommendation to the Board of Health to close the Family Health Clinic as of June 30, 2017, as outlined in Report No. 022-17FFC.*

Carried

4.4 Shared Library Services Partnership (SLSP) 2017–18 Transfer Payment Agreement ([Report No. 015-17FFC](#))

It was moved by Mr. Meyer, seconded by Mr. Peer, *that the Finance & Facilities Committee:*

- 1) *Review the 2017–18 Transfer Payment Agreement (attached as [Appendix A](#) to Report No. 015-17FFC) and recommend that the Board of Health authorize the Board Chair to sign the agreement; and*
- 2) *Recommend that the Board of Health increase the 2017–18 Shared Library Services Partnership (SLSP) operating budget by \$4,210.75 to reflect the increased grant amount.*

Carried

4.5 2016 and 2017 MOHLTC-Approved One-Time Grants ([Report No. 016-17FFC](#))

Chair Fulton noted that the need to acknowledge receipt of these one-time grants will require changes to the amending agreement.

Discussion ensued on the following items:

- One-time funding for Syrian Newcomers—why it was needed and what will be done to manage future Newcomer populations.
- The rationale required for one-time funding.
- The funding clause for Tuberculosis (TB) case management.
- The Community Capital Grant.

It was moved by Mr. Helmer, seconded by Mr. Peer, *that the Finance & Facilities Committee:*

- 1) *Receive Report No. 016-17FFC for information; and*
- 2) *Recommend that the Board of Health authorize the Board Chair to sign Amending Agreement No. 6 to the Public Health Funding and Accountability Agreement as appended.*

Carried

4.6 The HIV and Hepatitis C Community Action Fund Contribution Agreement ([Report No. 017-17FFC](#))

Discussion ensued on the following items:

- How the funding model was decided upon to disburse the set amounts for each organization.
- The work that will be done; who will coordinate it; street-level outreach; and the Health Unit's capacity to ensure that outreach efforts address gaps in service.
- Timelines for hiring and building the street-level outreach team, which is to be assembled by month's end.

It was moved by Mr. Helmer, seconded by Mr. Peer, *that the Finance & Facilities Committee:*

- 1) *Recommend that the Board of Health authorize the Board Chair to sign the Contribution Agreement when it is received; and*
- 2) *Recommend to the Board of Health that the 2017 operating budget be revised to include \$82,924 in one-hundred-percent funding received from the Public Health Agency of Canada to help address the high-risk injection drug use in Middlesex-London, as outlined in [Appendix A](#).*

Carried

4.7 Great-West Life Benefits – Renewal Rates ([Report No. 018-17FFC](#))

Discussion ensued about pre-market rates; working with Aon Hewitt, and the role organizational experience plays in any given year, such that next year's rates may change once again.

It was moved by Mr. Meyer, seconded by Mr. Peer, *that the Finance & Facilities Committee review and make recommendation to the Board of Health to approve the renewal of the group insurance rates administered by Great-West Life as described in Report No. 018-17FFC re: Great-West Life Benefits – Renewal Rates.*

Carried

Ms. Vandervoort arrived at 9:58 a.m.

4.1 Dental Clinic – Verbal Update

Ms. Vandervoort gave a verbal update, in which she explained that staff are working to address certain outstanding questions, left to them by the Finance & Facilities Committee, regarding options for the Dental Clinic.

Ms. Vandervoort provided an update on the status of answers regarding the following items:

1. The different models and types of dental treatment clinics run by other health units.
2. The different funding models and/or community partnerships for the delivery of dental treatment services used by health units that do not offer on-site dental clinics
3. The processes used by other health units that do not offer any dental treatment services to ensure access to dental treatment for HSO clients.
4. The potential pathways in the community for the current clients of the MLHU's dental treatment clinic.

Ms. Vandervoort advised that staff have submitted a request for one-time funding to the Ministry to try to cover the potential Dental Treatment Clinic deficit in 2017. In addition, the MLHU staff have had a preliminary discussion with the Ministry regarding the possibility of becoming an HSO clinic and are waiting to hear from the Ministry on the possibility of being considered for an HSO clinic as well as the corresponding timelines. A consolidated report answering all of these questions will be brought back to the Finance & Facilities Committee in June.

It was moved by Mr. Helmer, seconded by Mr. Peer, *that the Finance & Facilities Committee receive the verbal report regarding the Dental Clinic for information.*

Carried

4.8 2017 Board Member Compensation ([Report No. 019-17FFC](#))

It was moved by Mr. Helmer, seconded by Mr. Peer, *that the Finance & Facilities Committee recommend that the Board of Health increase the Board member compensation rate for a half-day meeting to \$151.49 retroactively to January 1, 2017.*

Carried

Mr. Banninga arrived at 10:05 a.m.

4.9 Q1 Financial Update and Factual Certificate ([Report No. 020-17FFC](#))

Discussion ensued on the following items:

- Gapping and filling position vacancies across the organization.
- Forecasts for variances for each quarter, which will be brought to the Board and addressed as they arise.

Ms. Di Cesare drew the Committee's attention to the factual certificate, and noted that point number nine has been resolved. The Human Rights Tribunal (HRT) complaint that the Health Unit was facing has been dismissed.

Further discussion ensued on the following items:

- Making note of the change to point nine in the factual certificate for Q2, given that the date the decision was received fell in Q2.
- The application for one-time funding to cover the legal fees associated with addressing the HRT complaint.
- The approximate costs associated with addressing the HRT claim.

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee review and recommend that the Board of Health to receive Report No. 020-17FFC re: Q1 Financial Update and Factual Certificate for information.*

Carried

4.10 Finance Policy Review ([Report No. 021-17FFC](#))

Chair Fulton clarified the process for policy review.

Mr. Banninga summarized the policy review process, and added that an additional appendix—Appendix A to Policy G-180—had been added. The additional appendix was distributed to those in attendance.

The Finance & Facilities Committee reviewed, discussed, clarified and provided direction on wording changes for the following policies: G-180, G190, G-210, G-240, G-250, G-310, G-320, G-330, G-410 and G-420.

Mr. Banninga provided a summary for each policy prior to discussion, outlining what had been changed, added or amended.

There were a number of revisions to be made, and Ms. Di Cesare advised that staff will review the policies to be changed. Policies with minor changes will be brought to the Governance Committee for review, while those with changes pertaining specifically to the Finance & Facilities Committee will be brought to that committee for review.

It was moved by Mr. Helmer, seconded by Mr. Peer, *that the Finance & Facilities Committee:*

- 1) *Receive Report No. 021-17FFC for information; and*
- 2) *Review and provide the Governance Committee with any amendments to the proposed policies attached as [Appendix B](#) to Report No. 021-17FFC.*

Carried

OTHER BUSINESS

The Finance & Facilities Committee will hold in-camera meetings on Thursday, May 18, and Friday, May 19, from 9:30 a.m. to 4:30 p.m., to discuss matters regarding a proposed or pending acquisition of land by the Middlesex-London Board of Health.

The next regularly scheduled meeting will be rescheduled for Thursday, June 8, at 10:00 a.m., in Room 3A, 50 King Street. The meeting was rescheduled in order to meet quorum.

It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance & Facilities Committee take a three-minute recess.*

Carried

CONFIDENTIAL

At 11:35 a.m., it was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee move in-camera to discuss matters regarding labour relations and to consider the confidential minutes of the March 2, 2017 meeting.*

Carried

At 11:47 a.m., it was moved by Mr. Helmer, seconded by Mr. Peer, *that the Finance & Facilities Committee return to public session.*

Carried

ADJOURNMENT

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee adjourn the meeting.*

Carried

At 11:47 a.m., Chair Fulton *adjourned the meeting.*

TRISH FULTON
Chair, Finance & Facilities Committee

LAURA DI CESARE
Secretary-Treasurer

DRAFT



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 025-17

TO: Chair and Members of the Board of Health

FROM: Dr. Gayane Hovhannisyan, Acting Medical Officer of Health
 Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 May 18

FINANCE AND FACILITIES COMMITTEE MEETING – MAY 4

The Finance & Facilities Committee met at 9:00 a.m. on Thursday, May 4, 2017. A summary of the discussion can be found in the [minutes](#).

The following reports were reviewed at the meeting and recommendations made:

Reports	Recommendations for the Board of Health’s Consideration and Information
<p>Ministry of Child and Youth Services Program Funding (Report No. 014-17FFC)</p>	<p>It was moved by Mr. Meyer, seconded by Mr. Helmer, <i>that the Finance & Facilities Committee receive Report No. 014-17FFC “Ministry of Children and Youth Services Program Funding” for information.</i></p> <p style="text-align: right;">Carried</p> <p>It was moved by Mr. Peer, seconded by Mr. Helmer, <i>that the Finance & Facilities Committee recommend that the Board of Health write a letter to Minister Michael Coteau advocating for increased Preschool Speech and Language funding to avoid reduced services and longer wait times.</i></p> <p style="text-align: right;">Carried</p>
<p>Family Health Clinic: Update and Next Steps (Report No. 022-17FFC)</p>	<p>It was moved by Mr. Peer, seconded by Mr. Meyer, <i>that the Finance & Facilities Committee make a recommendation to the Board of Health to close the Family Health Clinic as of June 30, 2017, as outlined in Report No. 022-17FFC.</i></p> <p style="text-align: right;">Carried</p>
<p>Shared Library Services Partnership (SLSP) 2017–18 Transfer Payment Agreement (Report No. 015-17FFC)</p>	<p>It was moved by Mr. Meyer, seconded by Mr. Peer, <i>that the Finance & Facilities Committee:</i></p> <ol style="list-style-type: none"> 1) <i>Review the 2017–18 Transfer Payment Agreement (attached as Appendix A to Report No. 015-17FFC) and recommend that the Board of Health authorize the Board Chair to sign the agreement; and</i> 2) <i>Recommend that the Board of Health increase the 2017–18 Shared Library Services Partnership (SLSP) operating budget by \$4,210.75 to reflect the increased grant amount.</i> <p style="text-align: right;">Carried</p>
<p>2016 and 2017 MOHLTC-Approved One-Time Grants (Report No. 016-17FFC)</p>	<p>It was moved by Mr. Helmer, seconded by Mr. Peer, <i>that the Finance & Facilities Committee:</i></p> <ol style="list-style-type: none"> 1) <i>Receive Report No. 016-17FFC for information; and</i> 2) <i>Recommend that the Board of Health authorize the Board Chair to sign Amending Agreement No. 6 to the Public Health Funding and Accountability Agreement as appended.</i> <p style="text-align: right;">Carried</p>

<p>The HIV and Hepatitis C Community Action Fund Contribution Agreement (Report No. 017-17FFC)</p>	<p>It was moved by Mr. Helmer, seconded by Mr. Peer, <i>that the Finance & Facilities Committee:</i></p> <ol style="list-style-type: none"> 1) <i>Recommend that the Board of Health authorize the Board Chair to sign the Contribution Agreement when it is received; and</i> 2) <i>Recommend to the Board of Health that the 2017 operating budget be revised to include \$82,924 in one-hundred-percent funding received from the Public Health Agency of Canada to help address the high-risk injection drug use in Middlesex-London, as outlined in Appendix A.</i> <p style="text-align: right;">Carried</p>
<p>Great-West Life Benefits – Renewal Rates (Report No. 018-17FFC)</p>	<p>It was moved by Mr. Meyer, seconded by Mr. Peer, <i>that the Finance & Facilities Committee review and make recommendation to the Board of Health to approve the renewal of the group insurance rates administered by Great-West Life as described in Report No. 018-17FFC re: Great-West Life Benefits – Renewal Rates.</i></p> <p style="text-align: right;">Carried</p>
<p>Dental Clinic – Verbal Update</p>	<p>It was moved by Mr. Helmer, seconded by Mr. Peer, <i>that the Finance & Facilities Committee receive the verbal report regarding the Dental Clinic for information.</i></p> <p style="text-align: right;">Carried</p>
<p>2017 Board Member Compensation (Report No. 019-17FFC)</p>	<p>It was moved by Mr. Helmer, seconded by Mr. Peer, <i>that the Finance & Facilities Committee recommend that the Board of Health increase the Board member compensation rate for a half-day meeting to \$151.49 retroactively to January 1, 2017.</i></p> <p style="text-align: right;">Carried</p>
<p>Q1 Financial Update and Factual Certificate (Report No. 020-17FFC)</p>	<p>It was moved by Mr. Helmer, seconded by Mr. Meyer, <i>that the Finance & Facilities Committee review and recommend that the Board of Health receive Report No. 020-17FFC re: Q1 Financial Update and Factual Certificate for information.</i></p> <p style="text-align: right;">Carried</p>
<p>Finance Policy Review (Report No. 021-17FFC)</p>	<p>It was moved by Mr. Helmer, seconded by Mr. Peer, <i>that the Finance & Facilities Committee:</i></p> <ol style="list-style-type: none"> 1) <i>Receive Report No. 021-17FFC for information; and</i> 2) <i>Review and provide the Governance Committee with any amendments to the proposed policies (attached as Appendix B to Report No. 021-17FFC).</i> <p style="text-align: right;">Carried</p>

The Finance & Facilities Committee will hold in-camera meetings on Thursday, May 18, and Friday, May 19, from 9:30 a.m. to 4:30 p.m., to discuss matters regarding a proposed or pending acquisition of land by the Middlesex-London Board of Health.

The next regularly scheduled meeting will be rescheduled to Thursday, June 8, 2017, at 10:00 a.m., in Room 3A, 50 King Street. The meeting was rescheduled in order to meet quorum.

This report was submitted by the Office of the Medical Officer of Health.



Dr. Gayane Hovhannisyan, MD, PhD, FRCPC
Acting Medical Officer of Health



Laura Di Cesare, CHRE
Acting Chief Executive Officer



TO: Chair and Members of the Board of Health

FROM: Dr. Gayane Hovhannisyan, Acting Medical Officer of Health
Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 May 18

BABY-FRIENDLY INITIATIVE UPDATE AND ANNUAL BOARD OF HEALTH ORIENTATION

Recommendation

It is recommended that the Board of Health receive Report No.026-17 re: Baby-Friendly Initiative for information.

Key Points

- The Baby-Friendly Initiative (BFI) is a global, evidence-based strategy that promotes, protects and supports the initiation and continuation of breastfeeding. All Ontario health units are required to work toward achievement of Baby-Friendly designation.
- Middlesex-London Health Unit was formally designated as Baby-Friendly in November 2015.
- Our Baby-Friendly Organization Policy is reviewed annually, and requires Board of Health members to complete an annual orientation on this policy.

Background

Breastfeeding increases the health and development of infants and children, and provides health, social and economic advantages to women, families and society in general. Current recommendations from the World Health Organization advise exclusive breastfeeding for the first six months, with continued breastfeeding up to two years and beyond. The Baby-Friendly Initiative (BFI) is a global, evidence-based strategy that promotes, protects and supports the initiation and continuation of breastfeeding.

The Ministry of Health and Long-Term Care selected Baby-Friendly designation as an Accountability Agreement Performance Indicator for all Ontario public health units. The Middlesex-London Health Unit began the implementation process in November 2011, and followed clearly defined steps laid out by both the Ministry and the Breastfeeding Committee for Canada (BCC), the national designation authority. Over four years, the Health Unit worked through the implementation and designation process. In November 2015, the Health Unit was formally designated a Baby-Friendly organization.

Progress Update on the Maintenance of the Baby-Friendly Initiative

The implementation process for the Baby-Friendly Initiative included a comprehensive mix of policy implementation, staff education, review and revision of curricula and resources, practice changes, data collection, and community outreach. The past year has enabled the Health Unit to build upon this work. Activities included:

- BFI policy revised to include an Appendix outlining staff responsibility when caring for a client who is feeding, or planning to feed, their child formula
- All-staff BFI policy refresher module implemented using the Learning Management System (LMS)
- LMS module developed and implemented for all new employees and students to complete in order to meet our BFI learning requirements as per the Health Unit's BFI policy
- Provided the World Health Organization's 20-Hour Breastfeeding Course to ten new Public Health Nurses working with prenatal and postpartum families

- Continued to implement the Middlesex-London Infant Feeding Surveillance System, with an initial report produced with analysis of feeding practices between birth and six months postpartum
- Launched and subsequently expanded a weekly breastfeeding peer support group
- Implemented a number of community outreach and collaboration activities focused on raising awareness about BFI and the importance of breastfeeding, and streamlined the information and care families receive from the prenatal period to postpartum:
 - MLHU-LHSC Partnership
 - Community screening of the documentary *Milk ... Born into this World*
 - World Breastfeeding Week Campaign – October

Conclusion/Next Steps

To maintain Baby-Friendly designation, an annual report must be submitted to the Breastfeeding Committee for Canada that provides an update on our efforts to maintain and improve care and support provided to families regarding infant feeding. MLHU's Annual Report was submitted and accepted in fall 2016. To maintain and further enhance Baby-Friendly practices within the Health Unit and the community, MLHU will continue to:

- Strengthen partnerships with hospitals and other key stakeholders
- Gather and monitor local data using the Middlesex-London Infant Feeding Surveillance System
- Provide an orientation on the Health Unit's BFI policy to all new staff, including Board of Health members, on an annual basis (see [Appendix A](#)).

Every five years, organizations must undergo an assessment process for re-designation as Baby-Friendly; for MLHU, this will be in 2020.

This report was submitted by the Reproductive Health Team, Healthy Start Division.



Dr. Gayane Hovhannisyian, MD, PhD, FRCPC
Acting Medical Officer of Health



Laura Di Cesare, CHRE
Acting Chief Executive Officer



MIDDLESEX-LONDON HEALTH UNIT

ADMINISTRATION MANUAL

SUBJECT:	Baby-Friendly Organization	POLICY NUMBER:	2-070
SECTION:	Administration	PAGE:	Page 1 of 6
IMPLEMENTATION:	18 October 2012	APPROVAL:	Board of Health
SPONSOR:	Baby-Friendly Initiative Lead	SIGNATURE:	
REVIEWED BY:	BFI Policy Work Group	DATE:	April 16, 2015

PURPOSE

The Baby-Friendly Initiative (BFI) is a global, population-based strategy that has been shown to increase the health and well-being of children and families through increased initiation and duration rates of breastfeeding. BFI ensures that all families have the information they need to make an informed infant feeding decision. The Middlesex-London Health Unit (MLHU) is committed to collaborate with healthcare providers and key organizations in our community to protect, promote and support breastfeeding through the Baby-Friendly Initiative.

“Breastfeeding provides nutritional, immunological, and emotional benefits to infants and toddlers. Breast milk is the best food for healthy growth and development. Healthy term infants should be exclusively breastfed to six months of age and then continue to be breastfed with appropriate complementary feeding to two years of age and beyond” ([Health Canada, 2012](#)).

POLICY

As a Baby-Friendly designated organization, staff and volunteers will comply with the [Breastfeeding Committee for Canada \(BCC\) BFI 10 Steps Practice Outcome Indicators](#) which include adhering to the [World Health Organization \(WHO\) International Code of Marketing of Breast Milk Substitutes and subsequent relevant Resolutions of the World Health Assembly \(WHA\)](#). The Baby-Friendly Initiative (BFI) requires that staff support all pregnant women, mothers, families and caregivers including those who feed their baby a breast milk substitute.

PROCEDURE

Responsibilities

- **Corporate Services** is responsible for ensuring that all new staff and volunteers are aware of the BFI policy.
- **The BFI Committee, in collaboration with managers**, will ensure new staff receive orientation to the policy, and will support breastfeeding education and training for their staff as appropriate to their role.
- **All Staff and volunteers** will be educated about the importance of breastfeeding, the risks of breast milk substitutes (infant formula), where to refer breastfeeding mothers for care and support, and to welcome breastfeeding in our offices as well as community sites where MLHU services are offered. All staff and volunteers will provide client-centered care and support to all families including non-breastfeeding families.
- [BFI Education Recommendations for Student/Intern Placements](#) have been developed.

ADMINISTRATION MANUAL

SUBJECT: Baby-Friendly Organization **POLICY NUMBER:** 2-070
SECTION: Administration **PAGE:** Page 2 of 6

- **The Best Beginnings and Early Years Teams** are responsible for providing one-to-one breastfeeding care and will act as the point of first referral for mothers experiencing breastfeeding challenges.
- All direct care providers (PHNs in the Healthy Start Division working on the Reproductive Health, Smart Start for Babies, Best Beginnings, Early Years Teams and Prenatal Education; as well as the Young Adult Team in Health Living Division) must meet the following documentation requirements as outlined in the [BFI 10 Steps Practice Outcome Indicators](#):
 - Documentation shows evidence of support provided to clients for [informed decision-making](#) to supplement with breast milk substitutes for medical or personal reasons.
 - Documentation shows evidence of support in finding alternative solutions to the use of artificial teats or pacifiers, and for informed decision-making regarding their use.
 - Documentation reflects direct care provider's rationale for recommending supplements for medical indications, including medical reason and evidence of parental consent for supplementation.
 - Documentation shows evidence of medical indications for separation of mothers and babies, the length of separation and anticipatory guidance to protect, promote and support breastfeeding.
 - Documentation shows evidence that mothers receive information on cue-based feeding and continued breastfeeding.
 - Documentation shows evidence of a breastfeeding assessment when a nipple shield is recommended or provided, as well as support, information and follow-up provided to mother.
- **The BFI Lead** with support from the **BFI Committee**, will provide overall coordination of BFI designation activities, report to the Ministry, act as a resource for staff, and evaluate and support ongoing compliance.

The Ten Steps

Step 1 - Have a written breastfeeding policy that is routinely communicated to all healthcare providers and volunteers.

Step 2 - Ensure all healthcare providers have the knowledge and skills necessary to implement the breastfeeding policy.

Everyone will receive appropriate orientation about this policy, and education about the importance of breastfeeding, as well as which Health Unit services provide direct breastfeeding care and support, and how to refer to Health Connection.

New staff will receive orientation to the policy and education appropriate to their role, within 4 months of their start date.

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SUBJECT: Baby-Friendly Organization **POLICY NUMBER:** 2-070
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Staff that provides direct breastfeeding care and support will receive ongoing breastfeeding education to support breastfeeding best practices.

The policy summary will be visible in all public areas of MLHU offices in English and French. Spanish and Arabic versions will also be available. Other languages will be made available as needed.

Step 3 - Inform pregnant women and their families about the importance and process of breastfeeding.

Prenatal education will include information to help pregnant women and their families make an informed decision about infant feeding, as well as address the importance of exclusive breastfeeding, the basics of breastfeeding management and the risks and costs of not breastfeeding. Staff will not provide group prenatal or postnatal education about breast milk substitutes.

Step 4 - Place babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least one hour or until completion of the first feeding or as long as the mother wishes; encourage mothers to recognize when their babies are ready to feed, offering help as needed.

All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:

- Provide education about the importance of initiating skin-to-skin contact as soon as possible after birth, initiating breastfeeding within an hour of birth, responsive infant feeding, and rooming-in (unless medically contraindicated for mother or baby).

Step 5 - Assist mothers to breastfeed and maintain lactation should they face challenges, including separation from their infants.

All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:

- Assess breastfeeding progress and provide care at each client interaction,
- Teach mothers about effective breastfeeding management including expression and storage of breast milk,
- Provide information on how to access community-based breastfeeding support,
- Inform parents about their right to have accommodations in the workplace that support and sustain breastfeeding, and
- On an individual basis, assist mothers to choose a feeding method that is acceptable, feasible, affordable, sustainable and safe for her situation. If a mother chooses to not breastfeed, or to supplement with a breast milk substitute, provide education about the correct preparation and storage of substitutes.
- For a mother who chooses to supplement with a breast milk substitute while she continues to breastfeed, provide information about the impact of supplementation on her breast milk supply.

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SUBJECT: Baby-Friendly Organization **POLICY NUMBER:** 2-070
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Step 6 - Support mothers to exclusively breastfeed for the first six months, unless supplements are medically indicated.

All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:

- Provide information about the importance of exclusive breastfeeding for establishing and maintaining breastfeeding, and
- Provide information to support informed decision making about feeding their own expressed breast milk or human donor milk.
- Support all pregnant women, mothers, families and caregivers including those who choose to feed their baby a breast milk substitute. See [Appendix A Infant Formula Key Points](#)
- See [medical indications for supplementation](#) - Appendix 6.2 of the BFI Integrated 10 Steps Practice Outcome Indicators

Step 7 - Facilitate 24 hour rooming-in for all mother-infant dyads, i.e., mothers and infants remain together.

All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:

- Teach about the importance of mothers and infants remaining together from birth including once they are at home, and will encourage skin-to-skin contact for as long and as often as mothers desire. See [RNAO Safe Sleep for Infants Best Practice Guideline](#).

Step 8 - Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.

All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:

- Teach mothers about the signs of effective breastfeeding and how to recognize and respond to their infant's feeding cues by breastfeeding,
- Encourage mothers to give their babies the opportunity to breastfeed frequently especially in the early weeks and inform them about how patterns of feeding change over time,
- Teach mothers about the signs of readiness for complementary foods and discuss the importance of continuing to breastfeed, and
- Teach mothers about their right to breastfeed in public spaces.

Step 9 - Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).

All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:

- Support breastfeeding by not providing pacifiers or bottles to breastfeeding infants,

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SUBJECT: Baby-Friendly Organization **POLICY NUMBER:** 2-070
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- Ensure that all breastfeeding mothers receive education about techniques such as settling infants without the use of artificial nipples,
- Review the risks of early artificial nipple and pacifier use. If the mother decides to use artificial nipples or pacifiers, she is encouraged to wait until breastfeeding is well established,
- Encourage appropriate alternate feeding methods such as lactation aids at the breast, finger feeding, cup feeding and spoon feeding when supplementation is necessary.

*Step 10 - Provide a seamless transition between the services provided by the hospital, community health services and peer support programs.
Apply principles of Primary Health Care and Population Health to support the continuation of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.*

The Health Unit will:

- Foster partnerships with hospitals, midwives, doulas, peer support groups and key organizations that advance breastfeeding in Middlesex-London,
- Support research focused on increasing breastfeeding rates,
- Implement strategies that affect the broad determinants that improve breastfeeding outcomes, and
- Engage community members in breastfeeding promotion as well as the review of this policy.

Compliance with the International Code of Marketing of Breast milk substitutes and subsequent, relevant World Health Assembly (WHA) Resolutions.

The Health Unit will protect breastfeeding families by adhering to the World Health Organization (WHO/UNICEF, 1981) International Code of Marketing of Breast-Milk Substitutes and relevant WHA Resolutions, summarized as follows:

- No advertising of breast milk substitutes to the public,
- No free samples to pregnant women, mothers, and support people,
- No promotion of artificial feeding products in health care facilities, including the distribution of free or low-cost supplies,
- No company representatives to advise pregnant women, mothers, and support people,
- No gifts of personal samples to health workers,
- No words or pictures idealizing artificial feeding, including pictures of infants, on the labels of products,
- Information to health workers should be scientific and factual, and
- All information on artificial infant feeding, including the labels, should explain the importance of breastfeeding and all costs and risks associated with artificial feeding.

To operationalize the International Code of Marketing of Breast Milk Substitutes and subsequent relevant resolutions of the World Health Assembly, as it relates to externally produced

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SUBJECT: Baby-Friendly Organization **POLICY NUMBER:** 2-070
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communications materials (e.g. pamphlets, booklets, magazines); refer to [MLHU and WHO Code Implementation: External Communications Materials.](#)

RELATED POLICIES

[4-160 Donation Acceptance Policy](#)

[4-070 Corporate Sponsorship](#)

[5-185 Breastfeeding Workplace Policy](#)

[5-190 Volunteer Services](#)

[2-140 Healthy Start Policy - Loaning of Hospital Grade Electric Breast Pumps](#)

REVISION DATES (* = major revision): December 2013, December 2014, April 2015
November 2015, September 2016

TO: Chair and Members of the Board of Health

FROM: Dr. Gayane Hovhannisyan, Acting Medical Officer of Health
Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 May 18

ENHANCING HARM REDUCTION SERVICES TO INCREASE ACCESS TO CLEAN NEEDLES AND OTHER SUPPLIES

Recommendation

It is recommended that the Board of Health:

- 1) Receive Report No. 027-17 re: Enhancing Harm Reduction Services to Increase Access to Clean Needles and Other Supplies for information; and*
- 2) Endorse the Regional HIV/AIDS Connection (RHAC) funding submission to the AIDS Bureau, Ministry of Health and Long-Term Care (MOHLTC), to request additional support to enhance harm-reduction services and direct staff to forward the endorsement to the MOHLTC.*

Key Points

- London is currently experiencing an HIV epidemic among people who inject drugs (PWID). This population accounts for two-thirds of new HIV diagnoses in London-Middlesex, as compared to less than ten percent province-wide.
- The results of the Ontario Integrated Supervised Injection Services Feasibility Study (OiSiS) released in February 2017 revealed that there is a high rate of unsafe injection practices in London.
- Geo-spatial analysis of new Hepatitis C and HIV cases reveals unsafe injection practices are widespread in London and not clustered in a specific neighbourhood.

Background

The Regional HIV/AIDS Connection's (RHAC) Counterpoint Needle Syringe Program (CNSP) is funded by the Middlesex-London Health Unit (MLHU) and the AIDS Bureau of the Ministry of Health and Long-Term Care (MOHLTC). CNSP is acknowledged by the Ontario Harm Reduction Distribution Program as one of the largest needle exchange programs in Ontario, with over three million needles distributed in 2016. RHAC is the main site, with a centralized, fixed needle exchange program operating daily, with additional limited evening and weekend hours. There are currently four smaller, satellite sites in Middlesex-London, two of which are located within shelters. RHAC also operates a mobile van, which delivers about one million needles and other paraphernalia, and collects used needles throughout London.

Injection Drug Use

Injection drug use continues to be associated with severe health and social harms. At the individual level, injection drug use is strongly associated with high rates of infectious disease acquisition, soft tissue abscess and fatal and non-fatal overdose. PWID often experience significant barriers to primary and acute care systems. The OiSiS London, Ontario final report (February 2017) revealed high rates of syringe borrowing (19%) and lending (43%) in the previous six months among survey participants (n=199). The study also found that 65% of participants injected daily. The reported incidence of Hepatitis C in London is about 50% higher than the rest of the province. Using Hepatitis C acquisition as a proxy for unsafe injection practices, and through mapping of Hepatitis C and HIV cases, it becomes apparent that unsafe injection practices are widespread across London, and not clustered in specific neighbourhoods. In June 2016, MLHU declared a public health emergency due to the rise of HIV and other infectious diseases primarily affecting London's PWID population.

Enhancing Harm-Reduction Services

Harm reduction is a part of a larger, multi-pronged approach to reduce individual and social harms related to substance use, and is aimed at improving the health and well-being of injection drug users. For prevention measures to be effective, it is essential that services reach as many individuals as possible within at-risk populations. These services are best provided at multiple locations with varied hours of operation to reduce travel distance and increase access to harm-reduction services, which are the most important predictors of service utilization (WHO 2007). MLHU and RHAC will work closely and strategically to identify locations for small satellite sites and integrate them with existing services. MLHU and RHAC have worked collaboratively to develop and administer a survey to clients newly diagnosed with Hepatitis C, and to clients of harm-reduction services, to better understand where clients currently access their harm-reduction supplies. Clients were also asked if there were other locations they might use (e.g., pharmacies), and to identify possible barriers and what kinds of facilitation might be required to help access services at these sites. MLHU also conducted an environmental scan together with other health units that have enhanced harm-reduction services through satellite sites, including pharmacies, to understand the challenges and benefits of this approach. In response to the information compiled, MLHU and RHAC have worked together to identify potential resource needs for enhancing harm-reduction services. At MLHU's request, RHAC prepared a proposal (see [Appendix A](#)) that outlines the following steps to enhance harm-reduction services in London:

- 1) RHAC will review the mobile delivery of harm-reduction supplies with their staff to identify areas with the most need and/or current gaps based on staff perception. RHAC will also provide MLHU with needle and paraphernalia distribution density information, which will be used in conjunction with the survey and environmental scan results mentioned above, along with maps of new cases of Hepatitis C and HIV among London PWID, to prioritize neighbourhoods with unmet needs.
- 2) MLHU will identify a few candidate locations out of a list of more than seventy pharmacies that distribute naloxone and opioid maintenance medication, since these pharmacies are most likely to have a non-judgmental attitude toward PWID and to be receptive to having a Needle Syringe Program (NSP) on-site. The identified pharmacies will be approached for expression of interest by MLHU staff. A list of consenting pharmacies will be provided to RHAC for selection of a few that are located strategically with regard to their suitability from clients' perspectives. It is envisioned to begin with one or two select pharmacies, and then reevaluate and expand as needed.
- 3) MLHU and RHAC will continue to work with shelters and other organizations that serve high-risk populations in order to explore opportunities for enhancing harm-reduction services in London.

Conclusion/Next Steps

NSPs are an essential part of a comprehensive harm-reduction program to prevent the spread of HIV and other infectious diseases. MLHU is working collaboratively with RHAC and other stakeholders to enhance harm-reduction services in the community. Increasing availability of harm-reduction services will help to resolve unmet needs and decrease unsafe injection practices. Enhancing harm-reduction services by using pharmacies and shelters as NSP satellite sites will allow for more flexible hours and shorter travel distances for accessing these services. MLHU is asking the Board to endorse RHAC's proposal to enhance harm-reduction services in Middlesex-London and to send this endorsement to the MOHLTC.

This report was submitted by the Sexual Health Team, Environmental Health & Infectious Disease Division.



Dr. Gayane Hovhannisyanyan, MD, PhD, FRCPC
Acting Medical Officer of Health



Laura Di Cesare, CHRE
Acting Chief Executive Officer

May 8 2017

Proposal to Middlesex London Health Unit

**Re: Harm Reduction Community Capacity Building Coordinator
Proposed Budget total \$62,355**

RHAC is proposing the introduction of a Harm Reduction Community Capacity Building Coordinator (HRCCBC) position to advance a primary objective of increasing access points for harm reduction equipment. RHAC fully supports the concept of securing multiple distribution sites across the community. However in the process it will be critical to ensure the quality of the services provided to PWID achieve a standard comparable to those provided through RHACs Counterpoint which were developed using the Canadian Best Practices for Harm Reduction - <http://www.catie.ca/sites/default/files/bestpractice-harmreduction-part2.pdf>. This will require appropriate training and support to sites and community work to increase support for “neighbourhood based” harm reduction services.

The Harm Reduction Community Capacity Building Coordinator (HRCCBC) will function to achieve the following objectives;

- Increase London’s distribution points (satellite sites) for access to harm reduction materials
- Provide initial and ongoing training to staff associated with expanded access points
- Support satellite sites with support (change to required technology) and problem solving
- Conduct site visits to ensure compliance with service delivery agreements
- Provide community education sessions on the subject of harm reduction
- Increase uptake of harm reduction services within Aboriginal communities
- Support impact evaluation processes

The HRCCBC will work with social services, pharmacies and other potentially appropriate distribution sources with the goal to increase access to harm reduction materials for PWID. This strategy will complement existing fixed site and van distribution services and will ensure all involved are trained on harm reduction philosophy, HIV/AIDS and HCV, safe disposal, equipment use/application and the impact of stigma. MLHU will work with RHAC to identify willing and suitable pharmacy locations. Once identified, these locations will be approached by RHAC to advance identified objectives.

Each satellite site will be required to;

- Enter into a service delivery agreement with RHAC (to be reviewed annually)
- Participate in harm reduction training for staff who will be providing equipment
- Comply with best practice recommendations for NSP services
- Utilize the web based Neo data base system for statistical tracking purposes
- Contact the HRCCBC to help problem solve issues that may arise

Further this position will work with the Director of Counterpoint Harm Reduction Services to achieve the objective of advancing the introduction of harm reduction services within our local Aboriginal communities. Over the past number of years RHAC has been working with local Aboriginal groups to

build their capacity for integrating harm reduction within their menu of supports. This ongoing work requires culturally sensitive approaches and dedicated resources.

The new sites will be asked to distribute pre-assembled kits containing all required equipment for safer injection practices. RHAC proposes the expansion of peer programming to achieve this aspect of program delivery. While it is somewhat difficult to project distribution volumes we have projected having 2 peers working on kit assembly for three hours per week 52 weeks per year. They will be paid an honorarium equivalent to \$15.00 per hour.

Additionally with the goal to foster increased support and understanding of harm reduction within our community the HRCCBC will provide community education regarding the harm reduction philosophy, guiding principles and local menu of services. This will ease the pressure of current Counterpoint staff who are frequently being pulled from front line services to accommodate these kinds of requests. This service will not be marketed to community but the position would respond when such requests are made.

Deliverables over a 12 month period;

- Contact all specific pharmacies recommended by MLHU with the goal to assess suitability and contract as appropriate – minimum of 3 pharmacies
- Recruit and contract with 3 social service environments to provide gear distribution
- Development of a satellite site Harm Reduction training program; including HR 101, NEO, HIV/AIDS/HCV and the impact of stigma (this would also include a reference manual to be kept at each site)
- Deliver training to all associated staff of each satellite site (including new staff)
- Provide maintenance drop in visits to satellite sites to provide support and ensure compliance with contract
- Conduct an annual evaluation of participating sites (to be developed with MLHU)

Proposed Budget;

HRCCBC 1 FTE	
Salary	\$43,000
Benefits @ 20%	\$ 8,600
Cell Phone	675
Travel @ .40Km	\$ 1,200
Computer	\$ 1,200
Supervision	\$ 3,000
Peer Kit Work	\$ 4,680
Total	\$62,355

TO: Chair and Members of the Board of Health

FROM: Dr. Gayane Hovhannisyan, Acting Medical Officer of Health
Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 May 18

SUMMARY INFORMATION REPORT FOR MAY

Recommendation

It is recommended that the Board of Health receive Report No. 028-17 re: Summary Information Report for May 2017, for information.

Key Points

- On April 19, 2017, in consultation with the Ministry of Children and Youth Services (MCYS), the Best Beginnings Team implemented a waitlist for the Healthy Babies Healthy Children (HBHC) program.
- To support the renewal of a Federal Tobacco Control Strategy, Health Unit staff attended the [National Forum on the Future of Tobacco Control in Canada](#) to discuss a nationwide vision for tobacco control.

Healthy Babies Healthy Children (HBHC) Waitlist

The Best Beginnings Team provides high-risk home visiting services to pregnant women and families with children from birth until transition to school who are at risk for less-than-optimal growth and development. There are currently two Public Health Nurses (PHNs) on medical leave; this, along with increased workload issues, has affected the ability to fully respond to new referrals. On April 19, 2017, in consultation with the Ministry of Children and Youth Services (MCYS), a waitlist for the HBHC program was implemented. The following waitlist measures have been implemented:

- Prenatal referrals will receive a waitlist letter with information on available supports and resources, and will be discharged, with the following exceptions:
 - Referrals requiring interpreters will be contacted and assigned a PHN for a home visit;
 - Referrals from Health Care Providers and Smart Start for Babies will be called to assess for priority and will receive appropriate follow-up; and
 - Self-referrals will be assessed for priority and put on the waitlist accordingly.
- Postpartum referrals will be contacted to assess for priority and will be assigned a PHN for a home visit or be placed on the waitlist. Families will be contacted weekly while on the waitlist to reassess priority.
- Postpartum referrals with urgent breastfeeding needs who are able to attend a breastfeeding appointment will be referred to the Early Years Team for follow-up.
- Early Childhood referrals will receive a letter providing information about the waitlist and available community resources. A bi-weekly follow-up phone call will be completed to reassess priority.

Since the waitlist's implementation, postpartum clients have been contacted within a day of being on the waitlist, while prenatal and Early Childhood clients have waited one to three weeks to obtain services. Prioritization processes are intended to ensure the most at-risk populations receive services they require. The waitlist is reviewed weekly, at minimum. It is hoped that the implementation of a waitlist for home visiting services will be a temporary measure. There will be ongoing communication with MCYS regarding the HBHC waitlist status.

Public Consultation to Support the Renewal of a Federal Tobacco Control Strategy

Despite significant advancements in tobacco control in Ontario and across Canada, a Canadian dies from a tobacco-related illness every fourteen minutes; that's 37,000 Canadians per year. Despite our efforts, according to the 2015 Canadian Community Health Status Survey, 17.7% of Canadians aged 12 and older, roughly 5.3 million people, smoked either daily or occasionally. In Middlesex-London in 2013–14, 15% of adults aged 12 years and older were current smokers (smoked in the past thirty days). To gather public and stakeholder input into the future of tobacco control in Canada, the Government of Canada launched a seven-week public consultation to support the renewal of the Federal Tobacco Control Strategy. The proposed federal strategy seeks to reduce Canada's rate of tobacco use to less than 5% by 2035. To meet this ambitious goal, the strategy requires aggressive, sustained measures. The public consultation process is part of a comprehensive approach, which the federal government is taking to better protect Canadians from nicotine addiction and tobacco use. This approach includes plain and standardized tobacco product packaging, the regulation of vaping (e-cigarette) products and the development and implementation of socially and culturally appropriate tobacco control projects with Indigenous peoples. Health Canada invited the Health Unit's Southwest Tobacco Control Area Network (SWTCAN) manager to represent MLHU and SWTCAN at the [National Forum on the Future of Tobacco Control in Canada](#), which convened tobacco control leaders and researchers to discuss a future vision for tobacco control.



Dr. Gayane Hovhannisyan, MD, PhD, FRCPC
Acting Chief Medical Officer of Health



Laura Di Cesare, CHRE
Acting Chief Executive Officer



TO: Chair and Members of the Board of Health

FROM: Dr. Gayane Hovhannisyanyan, Acting Medical Officer of Health
Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 May 18

**ACTING MEDICAL OFFICER OF HEALTH / ACTING CHIEF EXECUTIVE OFFICER
ACTIVITY REPORT – MAY**

Recommendation

It is recommended that the Board of Health receive Report No. 029-17 re: Acting Medical Officer of Health / Acting Chief Executive Officer Activity Report – May for information.

The following report outlines activities of the Acting Medical Officer of Health (Acting MOH) / Acting Chief Executive Officer (Acting CEO) for the period of April 6, 2017, to May 4, 2017.

The Acting MOH and Acting CEO attended a meeting with the extended leadership team to hear about changes to the MLHU Harassment and Discrimination Policy as they pertain to the Bill 132 revisions, which took effect in September 2016. Lisa Kwasek, a labour and employment lawyer, facilitated the information session to aid staff in understanding the new management obligations.

The Acting CEO and the Health Unit bargaining staff began negotiations on the Ontario Nurses Association (ONA) contract during the week of April 24. They will meet again in early June.

The Acting MOH/Acting CEO also attended the following events:

- April 5 The Acting MOH met with HIV Clinic staff at the London InterCommunity Health Centre.

- April 13 The Acting MOH met with Brian Lester, Regional HIV/AIDS Connection, to discuss harm-reduction programs in Middlesex-London.

- April 20 The Acting MOH met with Dr. Ken Lee, Canadian Mental Health Association (CMHA) Medical Clinic, to discuss addiction treatment and related matters.
The Acting CEO participated in a call with the Ministry of Health and Long-Term Care regarding the HSO Dental Program.

- April 21 The Acting MOH met with Dr. Martyn Judson, a London physician, to discuss drug-related strategies.

- April 26 The Acting MOH met with Brian Lester, Regional HIV/AIDS Connection, and Scott Courtice, London InterCommunity Health Centre, to discuss harm-reduction services in London.
The Acting MOH met with Heather Lumley, executive director of St. Leonard's Community Services, to discuss opportunities to work collaboratively with vulnerable populations.

- April 27 The Acting MOH attended the Community Drug and Alcohol Strategy Steering Committee meeting.
The Acting MOH attended the Middlesex Municipal Day meeting in Ilderton.
- April 30 The Acting MOH attended the two-day Urban Public Health Network meeting in Banff.

This report was submitted by the Office of the Medical Officer of Health.



Dr. Gayane Hovhannisyian, MD, PhD, FRCPC
Acting Medical Officer of Health



Laura Di Cesare, CHRE
Acting Chief Executive Officer