

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, February 21, 2019, 7:00 p.m.
399 RIDOUT STREET NORTH
SIDE ENTRANCE, (RECESSED DOOR)
MLHU Boardroom

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. Trish Fulton (Chair)
Ms. Maureen Cassidy (Vice-Chair)
Mr. John Brennan
Mr. Michael Clarke
Ms. Aina DeViet
Ms. Kelly Elliott
Ms. Tino Kasi
Mr. Ian Peer
Ms. Elizabeth Pelosa
Mr. Matt Reid

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: January 24, 2019 – Board of Health meeting

Receive: February 5, 2019 Relocation Advisory Committee meeting minutes
Receive: February 7, 2019 Finance & Facilities Committee meeting minutes
Receive: February 14, 2019 Finance & Facilities Committee meeting minutes

DELEGATIONS

7:05 – 7:10 Mr. Ian Peer, Chair, Relocation Advisory Committee re: Report No. 009-19R February 5, 2019 Relocation Advisory Committee Meeting

7:10 – 7:25 Mr. Matt Reid, Chair, Finance & Facilities Committee, re: Report No. 010-19 and 010A-19, February 7 and 14 Finance & Facilities Committee Meetings

7:25 – 7:30 Ms. Heather Lokko, Chief Nursing Officer re: Office of the Chief Nursing Officer program update

7:30 – 7:35 Mr. Jeff Cameron, Manager, re: Information Technology program update

7:35 – 7:40 Ms. Ronda Manning, Manager, re: Early Years Team program update

7:40 – 7:45 Ms. Linda Stobo, Manager re: Chronic Disease & Tobacco Control program update

7:45 – 7:50 Ms. Rhonda Brittan, Manager and Healthy Communities & Injury Prevention program update

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
Delegations and Committee Reports						
1	Relocation Advisory Committee Meeting Update (Report No. 009-19)	February 5, 2019 – Agenda Minutes	x	x	x	To provide an update on the February 5, 2019 Relocation Advisory Committee meeting.
2	Finance & Facilities Committee Meeting Updates (Reports No. 010-19 & 010A-19)	February 7, 2019 Agenda Minutes February 14, 2019 Agenda Minutes Information Technology Program Update	x	x	x	To provide an update on the February 7 and 14 Finance & Facilities Committee meetings.
Recommendation Reports						
3	Location Project – Finance and Budget Update (Report No. 011-19)			x		To provide an update on the terms of financing to fund fit-up costs for the relocation to Citi Plaza.
Information Reports						
4	Update on Implementation of Breastfeeding Planning Recommendations (Report No. 012-19)	Appendix A	x		x	To provide an update on the implementation of program recommendations identified during the breastfeeding planning process undertaken in 2017.
5	Health Equity Indicator Assessment and Recommendation Report: 2018 Update and Looking Forward to 2019 (Report No. 013-19)	Appendix A Appendix B Appendix C	x		x	To provide an update on organizational compliance with prioritized health equity indicators, including current state, assessment and planning for compliance in 2019 and 2020.
6	Report on Health Equity Staff Capacity Building Activities (Report No. 014-19)	Appendix A	x		x	To provide an update on the staff capacity building activities in 2018, including uptake among staff, and areas of focus for 2019.

7	An Update on the Legalization of Cannabis in Canada (Report No. 015-19)	Appendix A Appendix B Appendix C	x		x	To provide an update on the legalization of Cannabis in Canada.
8	Vulnerable Occupancy Inspection Work and Public Health Interventions (Report No. 016-19)				x	To provide an update on the Health Unit's response to reports of health hazards in vulnerable occupancies.
9	Summary Information Report for February (Report No. 017-19)				x	To provide an update on Health Unit programs and services for February 2019.
10	Medical Officer of Health/Chief Executive Officer Activity Report for February (Report No. 018-19)				x	To provide an update on the activities of the MOH/CEO.

OTHER BUSINESS

- Next Finance and Facilities Committee Meeting: Thursday, March 7, 2019 @ 9:00 a.m.
- Next Board of Health Meeting: Thursday, March 21, 2019 @ 7:00 p.m.
- Next Governance Committee Meeting is scheduled for March 21, 2019 @ 6:00 p.m.

CORRESPONDENCE

CONFIDENTIAL

The Board of Health will move in-camera to consider matters regarding employee negotiations, potential litigation, and identifiable individuals.

ADJOURNMENT

CORRESPONDENCE – FEBRUARY 2019

- a) Date: 2019 January 17
Topic: Letter of support for Southwestern Public Health’s request that the provincial and federal governments increase actions in response to the opioid crisis
From: Peterborough Public Health
To: The Honourable Doug Ford

Background:

On January 7, 2019, the Peterborough Public Health Board of Health wrote to Premier Doug Ford in support of Southwestern Public Health’s request to increase both the provincial and federal governments’ responses to the current opioid crisis. Refer to correspondence item j) from the [November 15, 2018 Board of Health agenda](#).

Recommendation: Receive.

- b) Date: 2019 January 23
Topic: Association of Local Public Health Agencies (alPHa) [annual general meeting and call for 2019 resolutions](#)
From: Susan Lee, Manager, Administrative and Association Services, alPHa
To: All Board of Health members

Background:

The Association of Local Public Health Agencies (alPHa) will be holding its 2019 annual general meeting and conference June 9–11 at Four Points by Sheraton Kingston, in Kingston, Ontario. For conference-related documents, refer to the [June 2019 alPHa AGM notice and calls](#). For the call for resolutions, with procedural guidelines, [go here](#). The deadline to submit resolutions is Friday, April 26, 2019, at 4:30 p.m.

Recommendation: Receive.

- c) Date: 2019 January 25
Topic: Grey Bruce Public Health motions of support
From: Grey Bruce Public Health
To: All boards of health

Background:

On November 23, 2018, the Board of Health for the Grey Bruce Health Unit passed the following motions:

[GBHU BOH Motion 2018-111 Sustainable Infrastructure and Financial Supports for Local Drug Strategies](#)

[GBHU BOH Motion 2018-112 Strengthening the Smoke-Free Ontario Act \(2017\) to Address the Promotion of Vaping](#)

[GBHU BOH Motion 2018-113 Regulatory Framework for Cannabis Storefronts in Ontario](#)

On December 21, 2018, the Board of Health for the Grey Bruce Health Unit passed the following motions:

[GBHU BOH Motion 2018-127, Provincial Legislation for Cannabis and Amended SFOA](#)

[GBHU BOH Motion 2018-128, Provincial Oral Health Program](#)

[GBHU BOH Motion 2018-129, Physical Availability of Cannabis](#)

Recommendation: Receive.

- d) Date: 2019 February 4
Topic: Regulatory framework for cannabis storefronts in Ontario
From: Southwestern Public Health
To: All boards of health

Background:

On January 10, 2019, Southwestern Public Health wrote to Renu Kulendran, Executive Director, Legalization of Cannabis Secretariat, in support of Peterborough Public Health's submission to the Ministry of the Attorney General regarding the regulatory framework for cannabis storefronts in Ontario. Refer to correspondence item e) from the [December 12, 2018 Board of Health agenda](#).

Recommendation: Receive.

- e) Date: 2019 January 31
Topic: Alcohol choice and convenience and a provincial alcohol strategy
From: Association of Local Public Health Agencies (alPHa)
To: The Honourable Vic Fedeli

Background:

On January 31, 2019, the Association of Local Public Health Agencies (alPHa) wrote to the Honourable Vic Fedeli, Minister of Finance, regarding the provincial government's plans to modernize the rules for the sale and consumption of alcohol in Ontario. Increasing the availability of and access to beverage alcohol by relaxing long-standing controls over its sale and distribution is a public health concern resulting in negative societal and health impacts. In addition, alPHa expresses opposition to expanding the nature and number of retailers permitted to sell alcohol and reinforces the importance of developing a comprehensive, provincially led alcohol strategy. A petition to the Ontario government to conduct a formal review and impact analysis of the health and economic effects of alcohol in Ontario and to develop a provincial alcohol strategy (alPHa Resolution A11-1) was sponsored by the Middlesex-London Health Unit's Board of Health.

Recommendation: Endorse.

- f) Date: 2019 February 12
Topic: TOPS One Year Anniversary – Thank You
From: Chris Mackie, Medical Officer of Health/ CEO, Middlesex-London Health Unit and Brian Lester, Executive Director, Regional HIV/AIDS Connection
To: Opioid Crisis Working Group and Community Partners

Background:

February 12, 2019 marked the one-year anniversary of London's Temporary Overdose Prevention Site. Since opening, TOPS has reversed 76 overdoses, supported nearly 13,000 visits and has strengthened referrals to addiction treatment, housing supports, mental health services, primary care and testing for HIV and HCV. Dr. Chris Mackie and Mr. Brian Lester wrote to the Opioid Crisis Working Group and community partners on February 12th, thanking all of those involved in helping to make TOPS a success. Without strong community collaboration, TOPS would not be able to offer such a vital service to the most marginalized in our community.

Recommendation: Endorse.



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, January 24, 2019 7:00 p.m.

MEMBERS PRESENT:

Ms. Trish Fulton (Chair)
Ms. Maureen Cassidy (Vice-Chair)
Mr. Ian Peer
Ms. Tino Kasi
Mr. Michael Clarke
Ms. Elizabeth Pelosa
Mr. Matt Reid
Mr. John Brennan
Ms. Kelly Elliott

REGRETS:

Ms. Aina DeViet, Mayor, Middlesex Centre

OTHERS PRESENT:

Dr. Christopher Mackie, Secretary-Treasurer
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)
Dr. Alexander Summers, Associate Medical Officer of Health
Ms. Laura Di Cesare, Director, Healthy Organization
Ms. Mary Lou Albanese, Manager, Infectious Disease
Ms. Marilyn Atkin, Community Outreach and Harm Reduction
Ms. Shaya Dhinsa, Manager, Sexual Health
Mr. Dan Flaherty, Communications Manager
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health
Ms. Heather Lokko, Director, Healthy Start
Ms. Maureen Rowlands, Director, Healthy Living
Mr. Fatih Sekercioglu, Manager, Safe Water, Rabies and Vector-Borne Disease
Ms. Debbie Shugar, Manager, Reproductive Health, and Acting Manager, Screening Assessment and Intervention
Mr. Alex Tymbal, Online Communications Coordinator
Mr. Stephen Turner, Director, Environmental Health and Infectious Disease
Ms. Nicole Gauthier, Manager, Privacy, Governance and Risk Management
Ms. Kendra Ramer, Manager, Strategic Projects
Ms. Rachelle Wood, Policy Advisor
Ms. Pam Hill, Addiction Services of Thames Valley

Dr. Mackie called the meeting to order at 7:01 p.m.

Dr. Mackie welcomed everyone to the inaugural meeting of the Board of Health and reviewed the meeting procedures, including an acknowledgement of the Indigenous Peoples of this land and the First Nations people within Middlesex and London, including the three First Nations communities within the area served by the Middlesex-London Health Unit.

MEETING PROCEDURES

Election of 2019 Board of Health Executive and Other Procedures (Report No. 001-19)

Dr. Mackie opened the floor to nominations for the position of Chair of the Board of Health for 2019.

It was moved by Mr Peer, seconded by Mr. Clarke, *that Ms. Trish Fulton be nominated for Chair of the Board of Health for 2019.*

Carried

Ms. Fulton accepted the nomination.

Dr. Mackie invited nominations three more times. Hearing none, it was moved by Mr. Peer, seconded by Mr. Clarke, *that*

- 1) *Nominations for the position of Chair be closed; and*
- 2) *Ms. Trish Fulton be acclaimed as Chair of the Board of Health for 2019.*

Carried

Ms. Fulton took over as Chair and welcomed members appointed by the County of Middlesex to the Board of Health: Ms. Kelly Elliott, Mr. John Brennan, and Ms. Aina DeViet.

Chair Fulton opened the floor to nominations for the position of Vice-Chair of the Board of Health for 2019.

It was moved by Mr. Reid, seconded by Mr. Peer, *that Ms. Maureen Cassidy be nominated for Vice-Chair of the Board of Health for 2019.*

Ms. Cassidy accepted the nomination.

Chair Fulton invited nominations three more times. Hearing none, it was moved by Mr. Reid, seconded by Mr. Peer, *that*

- 1) *Nominations for the position of Vice-Chair be closed; and*
- 2) *Ms. Cassidy be acclaimed as Vice-Chair of the Board of Health for 2019.*

Carried

Establishment of 2019 Standing Committees

It was moved by Ms. Cassidy, seconded by Mr. Peer, *that the Board of Health establish and recognize the Governance Committee, the Finance & Facilities Committee, and the Relocation Advisory Committee.*

Carried

Chair Fulton reviewed the membership composition and terms of reference for the Finance & Facilities Committee (FFC).

Dr. Mackie clarified the membership composition for the Relocation Advisory Committee (RAC), an ad-hoc committee of the Board of Health, noting that the RAC's Chair, Mr. Ian Peer, was appointed at the Committee's first meeting and will serve until the Committee ceases to exist. For clarity, all additional RAC members, including the individual previously appointed (Mr. Michael Clarke), will be re-appointed to the Committee.

Chair Fulton invited nominations for members of the Relocation Advisory Committee for 2019, and reviewed the Committee's terms of reference.

It was moved by Ms. Elliott, seconded by Mr. Reid, *that Mr. John Brennan be nominated to the Relocation Advisory Committee for 2019.*

Mr. Brennan accepted the nomination.

It was moved by Ms. Cassidy, seconded by Ms. Elliott, *that Mr. Matt Reid be nominated to the Relocation Advisory Committee for 2019.*

Mr. Reid accepted the nomination.

It was moved by Mr. Peer, seconded by Ms. Cassidy, *that Mr. Michael Clarke be nominated to the Relocation Advisory Committee for 2019.*

Mr. Clarke accepted the nomination.

Chair Fulton invited nominations three more times. Hearing none, it was moved *that nominations be closed, and that Mr. Brennan, Mr. Reid, and Mr. Clarke, be appointed to the Relocation Advisory Committee for 2019.*

Carried

Therefore, the Relocation Advisory Committee for 2019 shall consist of the following Board of Health members:

- 1) Ms. Trish Fulton (Board Chair and Provincial Representative)
- 2) Mr. Ian Peer (Provincial Representative and RAC Chair)
- 3) Mr. Michael Clarke (Provincial Representative)
- 4) Mr. Matt Reid (City Representative)
- 5) Mr. John Brennan (County Representative)

Chair Fulton invited nominations for members of the Finance & Facilities Committee for 2019, and reviewed the Committee's terms of reference.

It was moved by Mr. Brennan, seconded by Mr. Reid, *that Ms. Kelly Elliott be nominated to the Finance & Facilities Committee for 2019.*

Ms. Elliott accepted the nomination.

It was remarked that the Chair and Vice-Chair sit on the Finance & Facilities Committee automatically.

It was moved by Mr. Peer, seconded by Mr. Clarke, *that Ms. Tino Kasi be nominated to the Finance & Facilities Committee for 2019.*

Ms. Kasi accepted the nomination.

It was moved by Ms. Cassidy, seconded by Ms. Elliott, *that Mr. Matt Reid be nominated to the Finance & Facilities Committee for 2019.*

Mr. Reid accepted the nomination.

Chair Fulton invited nominations three more times. Hearing none, it was moved *that nominations be closed and that Ms. Elliott, Ms. Kasi, and Mr. Reid be appointed to the Finance and Facilities Committee for 2019.*

Carried

Therefore, the Finance & Facilities Committee for 2019 shall consist of the following Board of Health members:

- 1) Ms. Trish Fulton, (Chair and Provincial Representative)
- 2) Ms. Maureen Cassidy (Vice-Chair and City Representative)
- 3) Ms. Tino Kasi (Provincial Representative)
- 4) Mr. Matt Reid (City Representative)
- 5) Ms. Kelly Elliott (County Representative)

Chair Fulton invited nominations for members of the Governance Committee for 2019, and reviewed the Committee's terms of reference.

It was moved by Ms. Cassidy, seconded by Mr. Peer, *that Ms. Elizabeth Pelozza be nominated to the Governance Committee for 2019.*

Ms. Pelozza respectfully declined the nomination.

It was moved by Mr. Clarke, seconded by Ms Elliott, *that Ms. Aina DeViet be nominated to the Governance Committee for 2019.*

Ms. DeViet accepted the nomination.

It was moved by Ms. Cassidy, seconded by Ms. Kasi, *that Mr. Ian Peer be nominated to the Governance Committee for 2019.*

Mr. Peer accepted the nomination.

It was moved by Ms. Kasi, seconded by Mr. Peer, *that Mr. Michael Clarke be nominated to the Governance Committee for 2019.*

Mr. Clarke accepted the nomination.

After reviewing potential scheduling conflicts, Ms. Pelozza indicated that she would reconsider her nomination to the Governance Committee and would agree to let her name stand should the Board of Health wish her to sit on the Committee.

Mr. Clarke withdrew his acceptance of nomination.

It was moved by Ms. Cassidy, seconded by Ms. Kasi, *that Ms. Elizabeth Pelozza be nominated to the Governance Committee for 2019.*

Ms. Pelozza accepted the nomination.

Chair Fulton invited nominations three more times. Hearing none, it was moved *that nominations be closed, and that Ms. DeViet, Mr. Peer, and Ms. Pelozza be appointed to the Governance Committee for 2019.*

Carried

Therefore, the Governance Committee for 2019 shall consist of the following Board of Health members:

- 1) Ms. Trish Fulton (Chair and Provincial Representative)
- 2) Ms. Maureen Cassidy (Vice-Chair and City Representative)
- 3) Mr. Ian Peer (Provincial Representative)
- 4) Ms. Elizabeth Pelozza (City Representative)
- 5) Ms. Aina DeViet (County Representative)

Chair Fulton opened the floor to nominations for the position of Secretary-Treasurer of the Board of Health for 2019.

It was moved by Ms. Cassidy, seconded by Ms. Elliott, *that Dr. Christopher Mackie be nominated for Secretary-Treasurer of the Board of Health for 2019.*

Carried

Dr. Mackie accepted the nomination.

Chair Fulton invited nominations three more times. Hearing no further discussion or nominations, it was moved by Ms. Cassidy, seconded by Ms. Elliott, *that Dr. Mackie be elected as Secretary-Treasurer by acclaimed vote.*

Carried

DISCLOSURE OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Mr. Clarke, *that the **AGENDA** for the January 24, 2019 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Ms. Cassidy, seconded by Mr. Clarke, *that the **MINUTES** of the December 12, 2018 Relocation Advisory Committee meeting be received.*

Carried

It was moved by Ms. Elliott, seconded by Mr. Peer, *that the **MINUTES** of the November 1, 2018 Finance & Facilities Committee meeting be received.*

Carried

DELEGATIONS AND INFORMATION REPORTS

Ms. Albanese introduced and provided an overview of the Infectious Disease Program.

Active Tuberculosis in a Shelter (Report No. 004-19**)**

Ms. Albanese introduced and provided context for the report, including an update on a case of active Tuberculosis (TB) that has been living in the shelter system.

Discussion ensued on the following items:

- The immigration surveillance process for TB and the process for assessing these cases in shelters, including the type of testing that is currently being done.
- The different types of tests (BCG, TST, IGRA blood tests) and the Health Unit's procedures for using each type.
- How long the screening program will be in place and when the end point will be determined.
- That the Health Unit has had a great partnership and worked very well with shelters to complete this screening.

It was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the Board of Health receive Report No. 004-19 re: "Active Tuberculosis in a Shelter" for information.*

Carried

Mr. Turner introduced Ms. Shaya Dhinsa, Manager, Sexual Health; Ms. Marilyn Atkin, Program Lead, Community Outreach and Harm Reduction; and Ms. Pam Hill, Addiction Services of Thames Valley.

Ms. Dhinsa and Ms. Atkin provided an update on the Sexual Health program.

Ms. Dhinsa also provided an overview of the Clinic and the Sexual Health Promotion Team, reviewing program achievements and clinic services.

Strategy to Address the HIV Outbreak and Related Issues in London: An Update (Report No. 005-19)

Ms. Atkin introduced this report, acknowledging and thanking community members and partners who have supported the Community Outreach and Harm Reduction team since its inception. Ms. Atkin's presentation included an update on the HIV outbreak that has affected our jurisdiction since February 2016 (including an overview of HIV count rates, which have been declining) and a summary of strategies implemented to increase access to harm reduction supplies and improve treatment pathways for at-risk and HIV-positive clients.

Dr. Mackie and Ms. Atkin answered questions.

Discussion ensued on the following items:

- The HIV Leadership Strategy and its goal of increasing point-of-care HIV testing.
- Partners that the Health Unit has been working with to ensure point-of-care testing.
- The increasing rates of chlamydia and the associated risk factors.
- How Middlesex-London compares to other Ontario regions in regard to current HIV rates, which have declined since 2016 when an outbreak was declared.
- The Health Unit's relationship with the Elgin-Middlesex Detention Centre (EMDC) and how the Outreach Team works with clients upon discharge from EMDC.
- Dr. Gayane Hovhannisyanyan's role in addressing the HIV outbreak in 2016, and work that has been done with the provincial government to date, to assist in addressing HIV risk factors.
- That, even though the outbreak is over, important work remains to be done in regard to HIV testing, addressing risk factors, and increasing point-of-care testing.
- Which populations are to be targeted for testing and prevention, and what the next steps will entail.

It was moved by Ms. Pelozo, seconded by Ms. Cassidy, *that the Board of Health receive Report No. 005-19 re: "Strategy to Address the HIV Outbreak and Related Issues in London: An Update" for information.*

Carried

Ms. Lokko introduced Ms. Debbie Shugar, Manager, Reproductive Health, and Acting Manager, Screening Assessment and Intervention, and provided an update on the contract program manager who is supporting the early intervention programs as the program transitions to the Thames Valley Children's Centre in 2019.

Ms. Shugar provided an update on the Screening Assessment and Intervention program.

Update on Transfer of Lead Agency Responsibilities for tykeTALK, Infant Hearing, and Blind/Low-Vision Early Intervention Programs (Report No. 006-19)

Ms. Shugar introduced and provided context for this report with regard to the transfer of lead agency responsibility.

It was moved by Mr. Peer, seconded by Ms. Kasi, *that the Board of Health receive Report No. 006-19 re: "Update on Transfer of Lead Agency Responsibilities for tykeTALK, Infant Hearing, and Blind/Low-Vision Early Intervention Programs" for information.*

Carried

Mr. Stephen Turner introduced Mr. Fatih Sekercioglu, Manager, Safe Water, Rabies and Vector-Borne Disease, and provided context on the Bill 66 submission.

Mr. Sekercioglu provided a program update on the Safe Water, Rabies and Vector-Borne Disease program, referencing Appendix C to Report No. 007-19 re: "Summary Information Report for January 2019."

Discussion ensued on the Vector-Borne Disease program, including how the program monitors standing water in storm-water management ponds, and the number of touch points and the extensive work that the program carries out in the County of Middlesex, as identified by the Middlesex County Services Review.

Summary Information Report for January 2019 (Report No. 007-19)

It was moved by Mr. Clarke, seconded by Ms. Kasi, *that the Board of Health receive Report No. 006-19 re: "Summary Information Report for January 2019" for information.*

Carried

Dr. Mackie highlighted the input on Bill 66 that the Health Unit submitted to the provincial government last Friday. This intervention was a success and resulted, per MLHU's recommendation, in schedule 10 being withdrawn from the legislation, which might otherwise have put drinking water at risk of contamination. Dr. Mackie noted Dr. Sekercioglu's expertise in this area.

Medical Officer of Health/Chief Executive Officer Activity Report for January (Report No. 008-19)

It was moved by Ms. Elliott, seconded by Mr. Reid, *that the Board of Health receive Report No. 008-19 re: "Medical Officer of Health/Chief Executive Officer Activity Report for January" for information.*

Carried

It was moved by Mr. Peer, seconded by Mr. Clarke, *that the **MINUTES** of the December 12, 2018 Board of Health meeting be approved.*

Carried

Chair Fulton reviewed the next meeting dates for the Board of Health and its standing committees.

Dr. Mackie noted a conflict for the February 21 Board of Health meeting and suggested some alternative dates for the meeting.

Ms. Fulton indicated that Ms. Milne would determine an alternative meeting date by circulating a poll to Board of Health members.

It was moved by Ms. Pelozo, seconded by Mr. Peer, *that the Board of Health approve the proposed meeting schedule for 2019, as amended.*

Carried

RECOMMENDATION REPORTS

Diversity and Inclusion Assessment (Report No. 002-19)

Dr. Mackie introduced the report. Ms. Lokko provided context.

Discussion ensued about the budget line being drawn upon to finance the diversity and inclusion work, and how much flexibility in regard to the budget is necessary here to allow the work to go forward.

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

- 1) *Receive Report No. 002-19 re: "Diversity and Inclusion Assessment" for information; and*
- 2) *Approve entering into a contract with Turner Consulting Group for the purpose of conducting MLHU's Diversity and Inclusion Assessment.*

Carried

Location Project Update (Report No. 003-19)

Dr. Mackie introduced the report and provided context, advising that the report recommends flexibility to give notice to landlords as timing of the build at Citi Plaza is clarified.

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

- 1) *Receive Report No. 003-19 re: "Location Project Update"; and*
- 2) *Authorize the Medical Officer of Health to provide notice to the current landlords to terminate leases at 50 King Street and 201 Queens Avenue once the date of completion of the future landlord's work is known.*

Carried

OTHER BUSINESS

Chair Fulton reviewed the [Confidentiality Attestation](#) and [Conflict of Interest Declaration](#), with corresponding policies, which each board member was to review and complete before leaving the meeting.

Chair Fulton reviewed the next meeting dates:

- Next Finance & Facilities Committee meeting: Thursday, February 7, and Thursday, February 14
- Next Board of Health meeting: to be determined by poll
- Next Governance Committee meeting: March 21, 2019

CORRESPONDENCE

Chair Fulton reviewed the process for taking account of monthly correspondence.

Discussion ensued on item D, *Results of the 2018 Nutritious Food Basket Survey for Wellington-Dufferin-Guelph Public Health*, and how it relates to populations in the Middlesex-London region, food affordability, and the cost of following the new guide for vulnerable families (i.e., what food they should be eating versus whether they can afford the guide's recommendations on a budget).

It was moved by Mr. Clarke, seconded by Ms. Elliott, *that the Board of Health receive items a) through m).*

Carried

Chair Fulton reminded Board of Health members that all pink papers should be returned at the end of the meeting.

It was moved by Mr. Peer, seconded by Ms. Kasi, *that the Board of Health approve the confidential minutes of the December 12, 2018 Board of Health meeting.*

Carried

ADJOURNMENT

At 8:57 p.m., it was moved by Ms. Elliott, seconded by Mr. Reid, *that the meeting be adjourned.*

Carried

TRISH FULTON
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

DRAFT



PUBLIC MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
RELOCATION ADVISORY COMMITTEE

MLHU Boardroom
399 Ridout Street, London
Tuesday, February 5, 2019, 1:00 p.m.

Committee Members Present: **Mr. Ian Peer (Chair)**
Mr. John Brennan
Ms. Trish Fulton
Mr. Matt Reid

Regrets: Mr. Michael Clarke

Others Present: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)
Ms. Laura Di Cesare, Director, Healthy Organization
Mr. Joe Belancic, Manager, Procurement and Operations
Ms. Kendra Ramer, Manager, Strategic Projects
Ms. Amanda Harvey, Project Manager
Jeff Cameron, Manager, IT
Mr. Tom Bes, Project Manager (BES)
Mr. Endri Poletti, Architect
Ms. Nanda Lobato, Project Manager

At 1:00 p.m., Chair Peer called the meeting to order.

DISCLOSURE OF CONFLICT OF INTEREST

Chair Peer inquired if there were any disclosures of conflicts of interest to be declared. None were declared.

APPROVAL OF AGENDA

Mr. Belancic asked that the Committee consider receiving Report No. 002-19RAC re: "Floor Plans" prior to Report No. 001-19RAC re: "Demolition Update." The Committee agreed to this change.

It was moved by Ms. Fulton, seconded by Mr. Reid, *that the amended AGENDA for the February 5, 2019 Relocation Advisory Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Reid, seconded by Mr. Brennan, *that the MINUTES of the December 12, 2019 Relocation Advisory Committee meeting be approved.*

Carried

NEW BUSINESS

4.1 Location Project – Demolition Update, January 2019 (Report No. 001-19RAC)

Mr. Belancic provided context for this report.

Elevator update: Ms. Di Cesare noted that the cost remains an estimate, but will likely be lower than the 100,000 figure approved. Mr. Poletti suggested that estimates for elevator costs will be nearer the \$50,000-to-\$60,000 range.

Discussion ensued on the following items:

- The potential for future growth.
- The need for additional meeting space (one of the priorities noted by staff).
- None of the walls on the second floor are moveable.

Ms. Di Cesare advised that the next step in the project is to send out the floor plans for costing. It is hoped that costing will be ready to present to the Board of Health at its February 21 meeting.

It was moved by Ms. Fulton, seconded by Mr. Brennan, that *the Relocation Advisory Committee recommend that the Board of Health receive Report No. 001-19RAC re: "Location Project – Demolition Update, January 2019" for information.*

Carried

4.2 Floor Plan – Final Draft (Report No. 002-19RAC)

Dr. Mackie introduced the report, noting that a substantial amount of work has gone into this process in order to ensure that quality service is provided to clients and that a well-planned, efficient work space for staff is designed.

Mr. Poletti introduced his company, Endri Poletti Architect Inc., and the tasks they have been asked to carry out since being contracted by the Health Unit in August 2018.

Other consulting organizations that will be involved were mentioned.

Mr. Poletti provided Committee members a look at the data collected from the staff consultations that took place during the project's needs assessment phase.

In a PowerPoint presentation, Mr. Poletti showed an interactive map of the Citi Plaza location, which noted parking, entrances and exits, and nearby streets. He then walked the Committee through the lower-level and first-floor plans. Ms. Nanda Lobato, Project Manager, then reviewed the second floor and mezzanine.

It was moved by Mr. Brennan, seconded by Mr. Reid, that *the Relocation Advisory Committee receive Report No. 002-19RAC re: "Floor Plan – Final Draft" for information.*

Carried

OTHER BUSINESS

The next meeting of the Relocation Advisory Committee will be called when required.

ADJOURNMENT

At 2:00 p.m., it was moved by Mr. Reid, seconded by Mr. Brennan, that *the meeting be adjourned.*

Carried

IAN PEER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
50 King Street, London
Middlesex-London Health Unit
Thursday, February 7, 2019 9:00 a.m.

MEMBERS PRESENT: **Mr. Matt Reid (Chair)**
Ms. Maureen Cassidy
Ms. Kelly Elliott
Ms. Trish Fulton
Ms. Tino Kasi

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)
Ms. Laura Di Cesare, Director, Healthy Organization
Dr. Alex Summers, Associate Medical Officer of Health
Mr. Brian Glasspoole, Manager, Finance
Mr. Joe Belancic, Manager, Procurement and Operations
Ms. Jessica Chin, Medical Student
Ms. Melanie Wong-King-Cheong, Medical Student
Mr. Andrew Namasivayam, Medical Student
Ms. Amanda Toufeili, Medical Student

At 9:00 a.m., Dr. Mackie called the meeting to order and opened the floor to nominations for Chair of the Finance & Facilities Committee for 2019.

Ms. Cassidy, seconded by Ms. Kasi, nominated Mr. Reid for Chair of the Finance & Facilities Committee for 2019. Carried

Mr. Reid accepted the nomination.

Dr. Mackie called three times for further nominations. None were forthcoming.

It was moved by Ms. Kasi, seconded by Ms. Cassidy, *that Mr. Reid be acclaimed as Chair of the Finance & Facilities Committee for 2019.* Carried

Chair Reid reviewed the Committee's membership to ensure quorum.

DISCLOSURE OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Ms. Fulton, seconded by Ms. Elliott, *that the AGENDA for the February 7, 2019 Finance & Facilities Committee meeting be approved.* Carried

APPROVAL OF MINUTES

It was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the MINUTES of the November 1, 2018 Finance & Facilities Committee meeting be approved.* Carried

NEW BUSINESS

4.1 Finance & Facilities Committee – Terms of Reference (Report No. 001-19FFC)

Dr. Mackie noted that this item is brought to this Committee each year to inform new members and provide existing members with an update in case there have been any changes to the document. The Terms of Reference outline the Committee's duties and responsibilities.

It was moved by Ms. Elliott, seconded by Ms. Cassidy, *that the Finance & Facilities Committee review and approve Report No. 001-19FFC re: "Finance & Facilities Committee – Terms of Reference."*

Carried

4.2 Finance & Facilities Committee – 2019 Reporting Calendar (Report No. 002-19FFC)

Dr. Mackie noted that the work of the Committee has been allocated into quarters. This document provides a framework for the various activities and reports that will come forward to the Committee each quarter.

A question was raised in regard to the vacant position of Provincial Appointee to the Board of Health. Dr. Mackie provided an update, noting that there has been no indication about when this position will be appointed. The vacancy has remained unfilled for more than two years.

It was moved by Ms. Fulton, seconded by Ms. Kasi, *that the Finance & Facilities Committee approve Report No. 002-19FFC re: "Finance & Facilities Committee – 2019 Reporting Calendar."*

Carried

4.3 Health Unit General Insurance Policy Renewal (Report No. 003-19FFC)

Mr. Glasspoole provided details for the report. He noted that the costs for general insurance are anticipated to increase by 4.3% above the prior year due largely to natural disasters elsewhere. The Health Unit has had no substantial claims; therefore, the rates are favourable.

Mr. Glasspoole also advised that a comprehensive review of insurance coverage will be undertaken later this year.

It was moved by Ms. Cassidy, seconded by Ms. Kasi, *that the Finance & Facilities Committee approve the renewal of the Health Unit's insurance as outlined in Report No. 003-19FFC re: "Health Unit General Insurance Policy Renewal."*

Carried

4.4 Technology and Infrastructure Reserve Funds (Report No. 004-19FFC)

Dr. Mackie noted that in 2014, the Health Unit undertook a comprehensive review of reserve funds in consultation with municipal funders. At that time, a reserve fund for technology and infrastructure capital projects was created. The process for the provincial health capital grant is proceeding, but it is unclear that MLHU would receive a grant under this program, and if so when. It is anticipated that the reserve funds will be required this year for technology and infrastructure costs associated with the Health Unit's relocation.

Further discussion ensued on the following items:

- The provincial capital grant.
- The City of London loan.

It was moved by Ms. Fulton, seconded by Ms. Cassidy, *that the Finance & Facilities Committee recommend that the Board of Health approve the use of up to \$1,500,000 in Technology and Infrastructure*

Reserve Fund monies to fund, in part, the cost of leasehold improvements in connection with the Health Unit's relocation of premises to Citi Plaza.

Carried

4.5 Information Technology Status Report – Q1 2019 (Report No. 005-19FFC)

Ms. Di Cesare noted that this report is an update to the IT Workplan previously presented to the Committee in 2018. The report highlights the ten most major projects for implementation in 2019.

Mr. Belancic advised that the Health Unit's IT server will be moved to the START Data Centre on York Street.

It was moved by Ms. Fulton, seconded by Ms. Elliott, *that the Finance & Facilities Committee receive Report No. 005-19FFC re: "Information Technology Status Report – Q1 2019" for information.*

Carried

OTHER BUSINESS

Dr. Mackie asked that the Chair approve the addition of a Program Budgeting Marginal Analysis (PBMA) Process and Overview update.

In a PowerPoint presentation, Dr. Mackie provided this update. Adopting PBMA has enabled the Health Unit to show enhanced transparency, ensure the greatest impact on health outcomes across the organization, and facilitate informed financial decision-making. The PBMA scoring criteria was also discussed.

Dr. Mackie noted that since 2014, 475 proposals have been put forward by staff, with 214 approved.

Ms. Di Cesare provided a presentation on the PBMA for the 2019 budget, which further explained the timeline and process from the start of the year to the final outcome. She also enumerated for the Committee all of the proposals approved for this year, beginning with the disinvestments and investments, and concluding with the one-time funding requests. She provided details for each proposal and answered questions.

Dr. Mackie advised that at next week's FFC meeting, the Committee will see the full budget for 2019.

Discussion ensued on the following items:

- How the criteria scoring works
- Reassignment of staff (there have been no staff layoffs to date)
- Estimating salaries for new positions (in the context of hiring for an investment position)
- The importance of including plenty of detail in PBMA proposals
- Whether it would be possible to provide the FFC with a test of the PBMA software.

Next meeting: February 14, 2019

CONFIDENTIAL

At 10:09 a.m., it was moved by Ms. Fulton, seconded by Ms. Elliott, *that the Finance & Facilities Committee approve the confidential minutes of the November 1, 2018 Finance & Facilities Committee meeting.*

Carried

ADJOURNMENT

At 10:10 a.m., it was moved by Ms. Cassidy, seconded by Ms. Kasi, *that the meeting be adjourned.*

Carried

At 10:10 a.m., Chair Reid *adjourned the meeting.*

MATT REID
Committee Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

DRAFT



PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
MLHU Boardroom
399 Ridout Street North, London
Middlesex County Building
Thursday, February 14, 2019 9:00 a.m.

MEMBERS PRESENT: Mr. Matt Reid (Chair)
Ms. Maureen Cassidy
Ms. Tino Kasi

Regrets: Ms. Trish Fulton
Ms. Kelly Elliott

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)
Dr. Alexander Summers, Associate Medical Officer of Health
Ms. Laura Di Cesare, Director, Healthy Living
Ms. Mary Lou Albanese, Manager, Infectious Disease Control
Ms. Marilyn Atkin, Coordinator, Community Outreach and Harm Reduction
Mr. Jordan Banninga, Manager, Program Planning and Evaluation
Ms. Tammy Beaudry, Accounting and Budget Analyst
Mr. Joe Belancic, Manager, Operations
Ms. Rhonda Brittan, Manager, Healthy Communities and Injury Prevention
Mr. Jeff Cameron, Manager, Information Technology
Mr. Brian Glasspoole, Manager Finance
Ms. Judy Green, Manager, Emergency Preparedness
Ms. Donna Kosmack, Manager, Southwest Tobacco Control Area Network
Ms. Heather Lokko, Director, Healthy Start
Ms. Ronda Manning, Manager, Early Years Team
Ms. Svetlana Mutlak, Executive Assistant
Ms. Jody Paget, Manager, Vaccine Preventable Disease
Mr. David Pavletic, Manager, Food Safety Healthy Environments
Mr. Fatih, Sekercioglu, Manager, Safe Water, Rabies and Vector-Borne Disease
Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control
Mr. Steve Turner, Director, Environmental Health and Infectious Diseases
Ms. Kendra Ramer, Manager, Strategic Projects
Ms. Maureen Rowlands, Director, Healthy Living

At 9:08 a.m., Chair Reid called the meeting to order.

DISCLOSURES OF CONFLICT(S) OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Ms. Kasi, seconded by Ms. Cassidy *that the **AGENDA** for the February 14, 2019 Finance and Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

Funding Requests to Ministry of Health (Report No. 006-19FFC)

Dr. Mackie introduced this report and provided context. Noting some of the prioritized one-time and ongoing projects.

It was moved by Ms. Kasi, seconded by Ms. Cassidy, *that the Finance & Facilities Committee make recommendation to the Board of Health to:*

- 1) Approve *Appendix A*, outlining Base Funding Requests totalling \$328,469;
- 2) Approve *Appendix B*, outlining One-Time Funding Requests totalling \$534,994; and
- 3) Direct staff to submit the funding requests in the 2019 Annual Service Plan to the Ministry.

Carried

2019 Proposed Budget (Report No. 007-19FFC)

Dr. Mackie introduced this report with a presentation to the Committee, providing a high-level summary of the Health Unit's budget by Division. Dr. Mackie noted that the budget document is a summary of all of the Health Unit's work, by team, which does not match the Ministry's reporting structure, which is by program. Dr. Mackie drew the committee's attention to the team charts prepared to outline how each program within the Annual Service Plan fits within the Health Unit's Team and Division structure.

Healthy Organization Division

Ms. Di Cesare introduced the Healthy Organization Division and the Managers representing each team within the Division which include Finance, Human Resources, Strategic Projects, Privacy Risk and Governance, Information Technology, Procurement and Operations, Program Planning and Evaluation, and the program-related activities that each team administers as per the organizational requirements of the Annual Service Plan including a high level overview of the activities planned for 2019.

Mr. Cameron highlighted the Information Technology (IT) Team, providing a background on Stronghold Services, the service they provide to the Health Unit and the number of projects that Stronghold is involved with at MLHU.

Dr. Mackie noted the tabs within the Annual Service Plan that the Healthy Organization Division covers.

Discussion ensued about the following items:

- How the internet service provider will be transitioned when moving to the new location next year.
- The relocation of IT infrastructure at the time of the move and how the servers will be moved.
- The \$200,000-dollar jump in the Human Resources budget between 2017 and 2018, which was caused a restructuring across the Healthy Organization Division, and corresponded with decreases in other budget lines.

Healthy Living Division

Ms. Rowlands introduced the Healthy Living Division, Ms. Donna Kosmack, Manager of the Southwest Tobacco Control Area Network and Ms. Rhonda Brittan, Manager of Healthy Communities and Injury Prevention.

Ms. Rowlands reviewed the Teams within the Healthy Living Division which include Child Health, Chronic Disease Prevention and Tobacco Control, Healthy Communities and Injury Prevention, Oral Health, Policy Advisory, Southwest Tobacco Control Area Network and Young Adult Teams.

Ms. Rowlands highlighted the work of the Oral Health Team within the Healthy Living Division, which includes screening in schools, referrals through Healthy Smiles Ontario, the fluoride varnish program and looking towards beginning fluoride varnish in daycares going forward. Ms. Rowlands noted that the Oral Health Team did not bring in as much revenue in 2018 as was expected and outlined some of the reasons that accounted for the reduction in expected revenue in 2019.

Discussion ensued about the following items:

- How children are referred to dentists in the community and how the costs are covered.
- Challenges faced when referring through Healthy Smiles Ontario.
- How fees are recouped through the Oral Health clinics at MLHU and the service fees that are charged at the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) Dental Clinic to help the Health Unit recoup its cost for providing a Dentist.
- How the SOAHAC dental clinic can best be promoted within the community to help increase uptake of service at the clinic going forward.
- That the Health Unit is also going to schools located in the neighboring Indigenous communities to provide preventive dental screening to children.
- Funding for Cannabis enforcement at the Municipal level that has not yet reached Health Unit budgets.

Office of the Medical Officer of Health

Dr. Mackie introduced this Division and the Teams that report to the Medical Officer of Health which include Communications and the Office of the Associate Medical Officer of Health. Dr. Mackie reviewed some of the key activities of the Office of the Medical Officer of Health.

Dr. Summers introduced and highlighted the work of the Population Health Assessment and Surveillance (PHAST) Team that he oversees within the Office of the Associate Medical Officer of Health. The PHAST Team includes Epidemiologists and Data Analysts. Dr. Summers provided context as to why there are some changes to the PHAST budget for the 2018-19 year.

Discussion ensued about why professional fees are increasing, which is related to the relocation project and is coming from the Medical Officer of Health budget since several consultants will work directly with Dr. Mackie on the project.

Environmental Health & Infectious Disease Division

Mr. Turner introduced and provided context to the Environmental Health and Infectious Disease (EHID) Division and introduced the Managers of each Team within the Division, which include Emergency Management, Food Safety and Healthy Environments, Infectious Disease Control, Safe Water, Rabies and Vector-Borne Disease, Sexual Health, the Travel Clinic and Vaccine Preventable Disease. Mr. Turner reviewed some of the services that each Team provides, which includes restaurant inspections, Infection Prevention and Control inspections and enforcement within treatment facilities, such as personal service settings, outbreak management, outreach work in the community, sexual health and immunization clinics and emergency preparedness response and recovery.

Mr. Turner introduced Ms. Paget, Manager of the Vaccine Preventable Disease Team and highlighted the work of the Vaccine Preventable Disease Team, its budget and the services provided to the community.

Discussion ensued about the decrease to funding for Panorama and any program-related impacts it may have on the Vaccine Preventable Disease Team.

Healthy Start Division

Ms. Lokko introduced the Healthy Start Division, Ms. Ronda Manning, Manager of the Early Years Team and the Teams within the Healthy Start Division which include Best Beginnings, Reproductive Health, Early Years and Screening Assessment and Intervention services. Ms. Lokko highlighted some of the services provided by Healthy Start Teams which include home visiting programs, breastfeeding support, group programs for prenatal and post-partum, community engagement and collaboration as it relates to the early years and e-learning initiatives to assist new parents. Ms. Lokko noted some of the more significant changes to the Healthy Start budget which include shifting resources to focus on supporting priority populations.

Discussion ensued about the following items:

- The Screening Assessment and Intervention Program and how the budget will be reflected next year when the service moves to Thames Valley Children's Centre.
- What the new catchment area will be for the service once provided by Thames Valley Children's Centre.
- How staff will be effected by shifting the service to Thames Valley Children's Centre.
- The services that will be offered by shifting a Public Health Nurse to the Reproductive Health Team.
- How priority populations are determined and how often those priority populations versus non-priority populations are served by Healthy Start programs and supports.

Office of the Chief Nursing Officer

Ms. Lokko introduced the Office of the Chief Nursing Officer budget and Teams within it, which include Community Health Nursing Specialists and Health Equity and Indigenous Reconciliation staff. Ms. Lokko described the focus of the work of the Healthy Equity Team and Community Health Nursing Specialists, noting the significant increase to the budget, which includes approving a new Community Health Nursing Specialist position and Manager of Health Equity and Indigenous Reconciliation.

Discussion ensued about the following items:

- Health equity, social determinants of health and strategies that the Health Unit can focus on to understand and better address health inequities in our community.
- How the new Health Equity Team and positions will function within the organization to build capacity and engage in broad collaboration work.
- How the additional Community Health Nursing Specialist position within Nurse Family Partnership will be jointly funded with other agencies contributing 80%.
- The staff complement of the Healthy Equity Team.

Funding Sources and General Expenses and Revenues

Mr. Brian Glasspoole provided an overview of funding sources and highlighted some of the budget and funding changes between 2018 and 19, including the distribution of funds.

Mr. Glasspoole also reviewed the major components of the general expenses.

Discussion ensued about the following items:

- How the Health Unit's budget aligns with the City of London budget planning, should a request for an increase in funding be required in the future.
- The Health Unit's budget planning timelines.
- The reserve fund balance, what the fund includes, what it is available for and that the fund is currently held in cash.

- That professional fees are expected to reduce after the next year once the relocation project is complete.
- Occupancy fees for the new location.

It was moved by Ms. Kasi, seconded by Ms. Cassidy *that the Finance & Facilities Committee make recommendation to the Board of Health to:*

- 1) *Approve the 2019 Proposed Budget in the gross amount of \$34,601,981 as appended to Report No. 007-19FFC re: “2019 Proposed Budget”;*
- 2) *Direct staff to bring forward for approval via the quarterly variance process priorities from the list of “2019 PBMA Proposals to be Considered for Variance Funding or Other Alternatives” in [Appendix A](#);*
- 3) *Forward Report No. 007-19FFC to the City of London and the County of Middlesex for information; and;*
- 4) *Direct staff to submit the 2019 Proposed Budget in the various formats required by the different funding agencies.*

Carried

Southwest Tobacco Control Area Network Contract Extension ([Report No. 009-19FFC](#))

Ms. Kosmack introduced this report and provided context to how these vendors assist in affecting behavior change in target demographics to reduce smoking rates, including some of the strategies used to affect this change.

Discussion ensued about if any of the focus would shift to Cannabis use at some point and what current Cannabis-use messaging includes.

It was moved by Ms. Kasi, seconded by Ms. Cassidy, *that the Finance & Facilities Committee recommend that the Board of Health award a single-source vendor contract to Cinnamon Toast in an amount up to \$29,800 as identified in Report No. 009-19FFC re: “Southwest Tobacco Control Area Network Contract Extension.”*

Carried

Southwest Tobacco Control Area Network (SW TCAN) Single Source Vendor ([Report No. 008-19FFC](#))

Ms. Kosmack introduced this report and provided context to the service provided by Rescue and the alternative crowds this behavior change agency targets to reduce tobacco use and smoking rates.

Discussion ensued about the following items:

- The long-term plan for retaining the vendor in future years and continuing to target the current alternative youth audience.
- How much more the MLHU has to fund for the project should other Health Unit’s pull their funding out of the contract due to budget cuts.
- The severability clause within the contract.

It was moved by Ms. Kasi, seconded by Ms. Cassidy, *that the Finance & Facilities Committee recommend that the Board of Health award a single-source vendor contract to Rescue: The Behavior Change Agency in an amount up to \$127,003.53 as identified in Report No. 008-19FFC re: “Southwest Tobacco Control Area Network (SW TCAN) Single Source Vendor.”*

Carried

OTHER BUSINESS

Next meeting: March 7, 2019

ADJOURNMENT

At 10:58 a.m., it was moved by Ms. Kasi, seconded by Ms. Cassidy, *that the meeting be adjourned.*

Carried

At 10:58 a.m. Chair Reid *adjourned the meeting.*

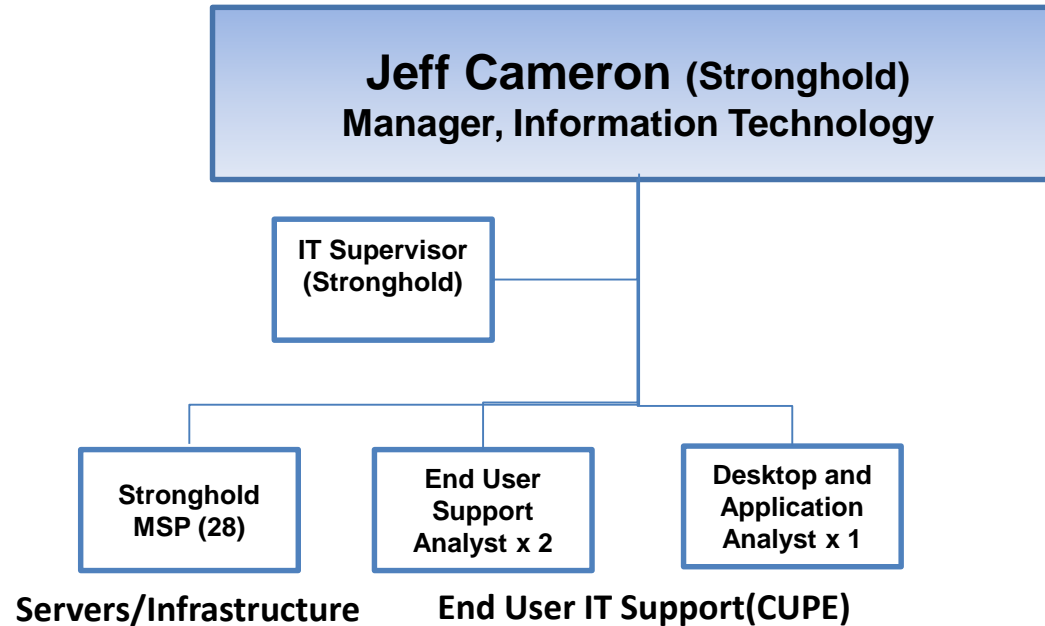
MATT REID
Committee Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

DRAFT

Total FTEs – 3.00 FTEs

Total Budget - \$1,069,292



Program Highlights:

- Management of Information Technology focused on 5 Pillars
 - Technology Infrastructure
 - Business Continuity
 - Technology Applications
 - Telecommunications
 - Technology Organization (Operations)



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 009-19

TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health / CEO
DATE: 2019 February 21

RELOCATION ADVISORY COMMITTEE MEETING – FEBRUARY 5, 2019

The Relocation Advisory Committee (RAC) met at 1:00 p.m. on Tuesday, February 5, 2019. A summary of the Committee’s discussions can be found in the [draft minutes](#).

Reports	Recommendations for Information and the Board of Health’s Consideration
Demolition Update January 2019 (Report No. 001-19RAC)	<i>That the Relocation Advisory Committee recommend that the Board of Health receive Report No. 001-19RAC re: “Location Project – Demolition Update January 2019” for information.</i>
Floor Plan – Final Draft (Report No. 002-19RAC)	<i>That the Relocation Advisory Committee receive Report No. 002-19RAC re: “Floor Plan – Final Draft” for information.</i>

The next RAC meeting will be called when required.

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

A handwritten signature in black ink, appearing to read 'C. Mackie'.

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



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 010-19

TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health / CEO
DATE: 2019 February 21

FINANCE & FACILITIES COMMITTEE MEETING – FEBRUARY 7 2019

The Finance & Facilities Committee (FFC) met at 9:00 a.m. on Thursday, February 7, 2019. A summary of the Committee’s discussions can be found in the [draft minutes](#).

Reports	Recommendations for Information and the Board of Health’s Consideration
Finance & Facilities Committee – Terms of Reference (Report No. 001-19FFC)	<i>That the Finance & Facilities Committee review and approve Report No. 001-19FFC re: “Finance & Facilities Committee – Terms of Reference.”</i>
Finance & Facilities Committee – 2019 Reporting Calendar (Report No. 002-19FFC)	<i>That the Finance & Facilities Committee approve Report No. 002-19FFC re: “Finance & Facilities Committee – 2019 Reporting Calendar.”</i>
Health Unit General Insurance Policy Renewal (Report No. 003-19FFC)	<i>That the Finance & Facilities Committee approve the renewal of the Health Unit’s insurance as outlined in Report No. 003-19FFC re: “Health Unit Insurance Policy Renewal.”</i>
Technology and Infrastructure Reserve Funds (Report No. 004-19FFC)	<i>That the Finance & Facilities Committee recommend that the Board of Health approve the use of up to \$1,500,000 in Technology and Infrastructure Reserve Fund monies to fund, in part, the cost of leasehold improvements in connection with the Health Unit’s relocation of premises to Citi Plaza.</i>
IT Status Report – Q1 2019 (Report No. 005-19FFC)	<i>That the Finance & Facilities Committee receive Report No. 005-19FFC re: “Information Technology Status Report – Q1 2019” for information.</i>
Verbal Update – PBMA Process: Overview, Results, and Considerations	<i>That the Finance & Facilities Committee receive this update for information.</i>

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

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



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 010A-19

TO: Chair and Members of the Board of Health
 FROM: Christopher Mackie, Medical Officer of Health / CEO
 DATE: 2019 February 21

FINANCE & FACILITIES COMMITTEE MEETING – FEBRUARY 14 2019

The Finance & Facilities Committee met on February 14, at 9:00 a.m., in the MLHU Boardroom, 399 Ridout Street North. A summary of the Committee’s discussions can be found in the [draft minutes](#).

Reports	Recommendations for Information and the Board of Health’s Consideration
Funding Requests to Ministry of Health (Report No. 006-19FFC)	<i>That the Finance & Facilities Committee make recommendation to the Board of Health to:</i> <ol style="list-style-type: none"> 1) Approve Appendix A, outlining Base Funding Requests totalling \$328,469; 2) Approve Appendix B, outlining One-Time Funding Requests totalling \$534,994; and 3) Direct staff to submit the funding requests in the 2019 Annual Service Plan to the Ministry.
2019 Proposed Budget (Report No. 007-19FFC)	<i>That the Finance & Facilities Committee make recommendation to the Board of Health to:</i> <ol style="list-style-type: none"> 1) Approve the 2019 Proposed Budget in the gross amount of \$34,601,981 as appended to Report No. 007-19FFC re: “2019 Proposed Budget”; 2) Direct staff to bring forward for approval via the quarterly variance process priorities from the list of “2019 PBMA Proposals to be Considered for Variance Funding or Other Alternatives” in Appendix A; 3) Forward Report No. 007-19FFC to the City of London and the County of Middlesex for information; and 4) Direct staff to submit the 2019 Proposed Budget in the various formats required by the different funding agencies.
Southwest Tobacco Control Area Network (SW TCAN) Single Source Vendor (Report No. 008-19FFC)	<i>That the Finance & Facilities Committee recommend that the Board of Health award a single-source vendor contract to Rescue: The Behavior Change Agency in an amount up to \$127,003.53 as identified in Report No. 008-19FFC re: “Southwest Tobacco Control Area Network (SW TCAN) Single Source Vendor.”</i>

<p>Southwest Tobacco Control Area Network Contract Extension</p> <p>(Report No. 009-19FFC)</p>	<p><i>That the Finance & Facilities Committee recommend that the Board of Health award a single-source vendor contract to Cinnamon Toast in an amount up to \$29,800 as identified in Report No. 009-19FFC re: "Southwest Tobacco Control Area Network Contract Extension."</i></p>
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The next Finance & Facilities Committee meeting will be on March 7, 2019, at 9:00 a.m.

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



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



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health /CEO

DATE: 2019 February 21

LOCATION PROJECT – FINANCE AND BUDGET UPDATE

Recommendation

It is recommended that the Board of Health:

- 1) Receive No. 011-19 re “Location Project – Finance and Budget Update” for information; and*
- 2) Consider further staff recommendations that will come forward when build costing is available, prior to the February meeting of the Board of Health.*

Key Points

- The Health Unit is currently working with representatives of City of London Finance to draft a Memorandum of Understanding (MOU) outlining terms of a Line of Credit to fund a portion of the fit-up costs for the relocation to Citi Plaza
- Target date for the Health Unit to access funds is April 1, 2019 with interest terms set at Canadian Prime minus 1.18%. The current rate is 2.77% (3.95% - 1.18%).
- The MOU will outline an option to convert outstanding borrowings within 24 months from inception of Line of Credit to a long term loan under a new lending agreement for a period of 10 years.
- City of London has requested a status update on the financial budget for the fit-up and likelihood of MLHU securing a capital grant to cover fit-up costs.

Background

On July 16, 2018, the Middlesex-London Health Unit submitted a request to the Community and Protective Services Committee of the City of London to consider the extension of a repayable loan for up to \$5.2 million to support fit-up costs for the relocation to Citi Plaza.

A motion was passed that the civic administration be directed to negotiate terms of financing with MLHU for the fit-up costs of new office space and that an appropriate agreement outlining the terms of the financing be brought forward for Municipal Council’s consideration.

Representatives from both MLHU and City of London are currently drafting an MOU outlining the terms of the proposed Line of Credit with a target date of April 1, 2019 when MLHU could access funds. Terms outlined in the MOU will include:

- Line of Credit will be established for a period not to exceed two years.
- Line will be capped at \$5.2 million.
- Interest Rate is Prime minus 1.18%, making the implied current interest rate 2.77% (3.95% - 1.18%)
- Minimum interest-only payments are due monthly on outstanding principal.
- Protocol for drawing on the line of credit to be established with the expectation of one draw per month.
- Line of credit is open during the two-year period and MLHU can pay down principal as funds are available.

- MLHU will have an option to convert outstanding balance in Line of Credit to a long term loan within 24 months (this option would be covered under a new lending agreement with new rates and parameters to be discussed at the time).
- In the Line of Credit Agreement as it is currently drafted the duration of long term debt would not exceed 10 years to match current terms of borrowing used by the City.
- The City's current rate for long term borrowing is approximately 3.1% which is still below Prime.

Update

In preparation of a Memorandum of Understanding, the City has requested updates from the health unit concerning the following issues:

1. Whether MLHU will require additional funds to fit up the new premises in addition to the \$5.2 million originally requested.
2. If the Community Health Capital Program (CHCP) grant request is denied or does not cover the residual debt upon completion of fit-up, would MLHU seek to convert outstanding debt to a term loan.
3. If the City converts the outstanding balance of a line of credit to long-term debt, how MLHU will service this debt in future years.

Discussion

MLHU expects that fit-up costs will exceed the earlier budget target of \$5.2 million. While a landlord incentive of approximately \$2 million and MLHU reserve funds are available, any unforeseen costs or overages may stretch these resources. A revised budget is currently being drafted and will be available prior to February 21. MLHU continues to be engaged with the Ministry of Health and Long-Term Care's Community Health Capital Program grant application process. In the event that proceeds from a capital grant are insufficient to cover residual debt, MLHU intends to set aside sufficient funds on an annual basis to service any long-term debt.

Next Steps

- Representatives from MLHU and City of London to jointly draft an MOU.
- MLHU to update the relocation budget and provide an updated project plan for the City to include in their report to council.
- Any anticipated cost increases over the original \$5.2 million budget will be clearly identified.
- MLHU to outline to City how outstanding debt will be repaid including:
 - a) Continuing application process for capital grants through Ministry of Health (review process is currently on hold); and
 - b) Setting aside funds from annual operating budget to pay down remaining debt over term of loan.
- Terms of the MOU to be ratified jointly by the Board of Health and Community and Protective Services Committee of City of London prior to April 1.

This report was prepared by the Finance Team, Healthy Organization Division.



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

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 February 21

UPDATE ON IMPLEMENTATION OF BREASTFEEDING PROGRAM RECOMMENDATIONS

Recommendation

It is recommended that the Board of Health receive Report No. 012-19 re: “Update on Implementation of Breastfeeding Program Recommendations” for information.

Key Points

- A comprehensive planning process was completed to maximize the impact of breastfeeding programs and services within a public health mandate and using available resources.
- Planning work resulted in recommendations in the areas of direct service, client and community partner education, policy implementation, and staff breastfeeding certification.
- Healthy Start has made significant progress in implementing these recommendations.

Background

A comprehensive planning process was completed to ensure that breastfeeding programs and services offered by the Middlesex-London Health Unit maximize the public health impact within its mandate and using available resources. Board of Health Report No. 034-18, Update On MLHU Breastfeeding Services and Supports, provided information on the components of the planning process, as well as the resulting program recommendations in the areas of direct service, client and community partner education, policy implementation, and staff breastfeeding certification. The most significant recommendation to enhance breastfeeding outcomes highlighted the need for proactive, early, and home-visiting breastfeeding support.

Update on Implementation of Program Recommendations

- Beginning on June 1, 2018, all breastfeeding mothers would receive a phone call within 48 hours of hospital discharge to assess breastfeeding needs. This resulted in 690 such 48-hour calls by the Early Years Team (this is in addition to the 48-hour calls made under the HBHC program).
- A breastfeeding home visit was offered to mothers experiencing breastfeeding challenges. The Early Years Team began breastfeeding home visits in June 2018, with 430 visits to 282 clients completed between June 1 and December 31, 2018 (108 clients received a second home visit, 31 a third, and 9 a fourth). These visits are in addition to the breastfeeding support provided to clients under the HBHC program.
- Further telephone support was provided as needed to mothers receiving a 48-hour call or home visit during the first six weeks postpartum.
- Ongoing information and support from a PHN has continued to be available through Health Connection, 8:30 a.m.–4:30 p.m., Monday to Friday, with up-to-date information on the MLHU website. From January 1 to December 31, 2018, a total of 1,025 calls were received via the Health Connection line, of

which 540 were identified with breastfeeding as the primary reason for the call (53% of the total). These figures do not include calls where breastfeeding/infant feeding was a secondary reason for the call.

- Healthy Start infant drop-ins have been provided, as outlined in the previous report. From January to December 2018, there were 1,091 drop-in visits, with breastfeeding/infant feeding the primary reason for the visit.
- PHN facilitation of the weekly on-site, pilot peer breastfeeding group was discontinued as of May 2018, as were the stand-alone, one-session prenatal breastfeeding classes.
- MLHU continues to take steps to ensure that adequate numbers of PHNs attain and/or maintain International Board Certified Lactation Consultant (IBCLC) certification. In Healthy Start, there are currently three certified lactation consultants who receive support to maintain certification. Support is also provided to four others to work toward attaining certification.
- In 2018, MLHU offered three twenty-hour breastfeeding courses to enhance community capacity for the provision of breastfeeding support. A diverse mix of sixty-one healthcare providers attended, including physicians, PHNs, registered dietitians, doulas, Indigenous midwives, hospital nurses, nurse practitioners, and CPRI staff. Planning for 2019 is underway.
- Key indicators were drafted and used in 2018, with additional revisions currently being made to ensure effective monitoring of breastfeeding interventions and strategies.
- The Middlesex-London Infant Feeding Surveillance System has been modified to measure breastfeeding outcomes more effectively and efficiently.

Conclusion

As a result of engaging in a comprehensive breastfeeding planning and review process, Healthy Start is providing evidence-informed breastfeeding services and supports. Progress has been made on implementing the recommendations made in 2018. It is expected that, over time, positive trends in breastfeeding outcomes will be observed in the surveillance data gathered in the City of London and Middlesex County.

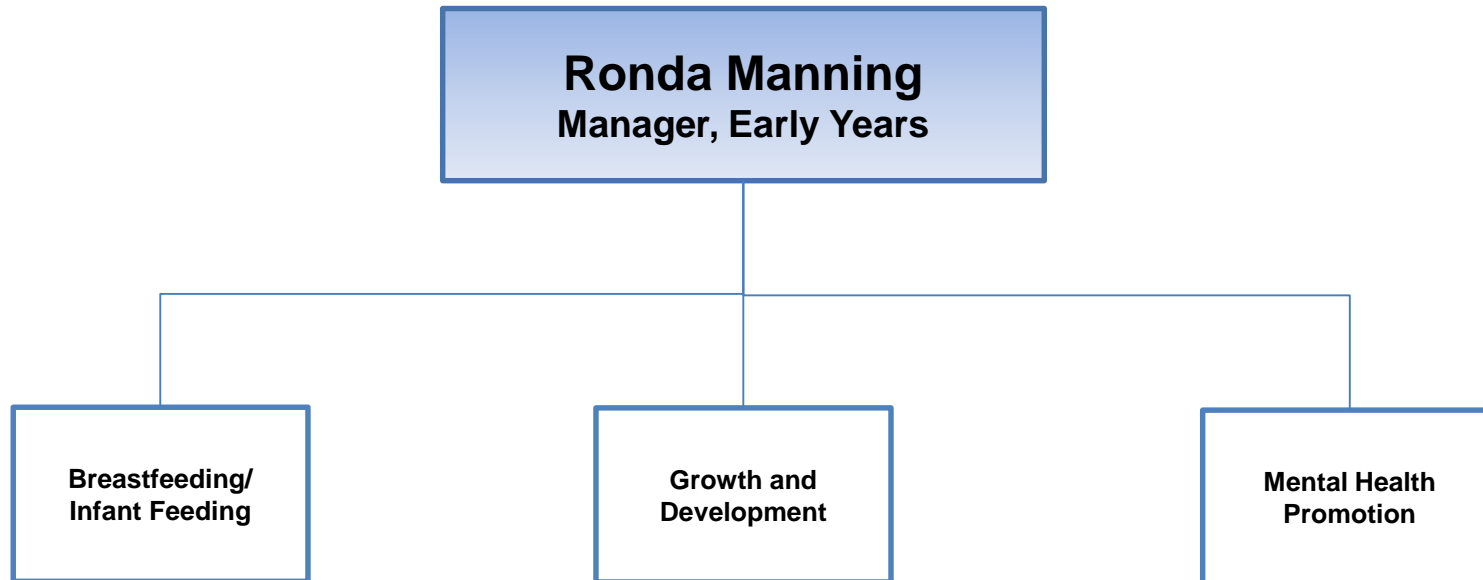
This report was prepared by the Healthy Start Division ([Appendix A](#)).



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

Total FTEs – 15.23 FTEs

Total Budget – \$1,634,855



Program Highlights:

- Improve the physical, emotional and social growth and development of children from birth to school entry:
 - Breastfeeding home visits
 - Healthy Start Infant Drop-ins
 - Social marketing/media focused on growth and development, infant mental health, and breastfeeding
 - Educational sessions – parents/caregivers, agencies, licenced child care centres, health care providers
 - Telephone education and support by a PHN on the Health Connection
 - Partnerships – Child and Youth Network; Mother Reach; Community Early Years Partnership



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 February 21

HEALTH EQUITY INDICATOR ASSESSMENT AND RECOMMENDATION REPORT: 2018 UPDATE AND LOOKING FORWARD TO 2019

Recommendation

It is recommended that Report No. 013-19 re: “Health Equity Indicator Assessment and Recommendation Report: 2018 Update and Looking Forward to 2019” be received for information.

Key Points

- In 2018, the Health Equity Advisory Taskforce (HEAT) completed an in-depth review of organizational compliance with prioritized indicators from the [Health Equity Indicators for Ontario Local Public Health Agencies](#),” including an assessment of the current situation, setting targets/benchmarks, creating recommendations for action, and recommending a tracking method for each indicator.
- A similar process of assessment and planning for compliance with the remaining indicators is planned for completion in 2019 and 2020.

Background

The [Health Equity Indicators for Ontario Local Public Health Agencies User Guide \(April 2016\)](#) was shared with health units across the province upon the completion of a PHO-supported Locally Driven Collaborative Project. The User Guide provides a comprehensive set of evidence-based, pilot-tested indicators intended for application at the local public health level to support public health units in addressing and measuring progress toward meeting the Health Equity Standard and its mandate to reduce health inequities.

In 2017, a sub-group of the Health Equity Advisory Taskforce (HEAT) completed a high-level review of organizational compliance with the Health Equity Indicators for Ontario Local Public Health Agencies, to identify priority indicators for further assessment and action. This review was brought forward for Board of Health approval in [Report No. 002-18](#).

Update on Assessment of Compliance and Development of Recommendations

During 2018, the same sub-group conducted a more in-depth assessment of a subset of prioritized indicators. Through key stakeholder interviews and a review of existing and newly acquired data, they were able more thoroughly to establish MLHU’s current state in meeting these indicators. Based on this information, the sub-group proceeded to set realistic targets and benchmarks for programs working on these indicators and make recommendations, with associated processes, to support achieving these goals. A Briefing Note ([Appendix A](#)) highlighting findings and specific details of recommendations related to each indicator was reviewed and approved by the Senior Leadership Team (SLT).

SLT also added to the discussion the importance of establishing an internal culture that stands against bullying and oppression, along with opportunities for reflection of the roles that we have all played in oppression of various sorts – whether as victims, perpetrators, or bystanders. Related issues raised included

the fit with the upcoming Diversity and Inclusion Assessment and with efforts towards reconciliation and decolonization.

Next Steps

Recommendations outlined in the Briefing Note will be shared with employees, and identified groups will work with directors/managers to implement the approved recommendations over the next year.

A similar process for assessing the current situation, establishing realistic targets/benchmarks, and devising processes to achieve these will be applied to the next set of prioritized health equity indicators in 2019. Indicators for 2019 and 2020 were established using agreed-upon criteria ([Appendix B](#)).

A system to monitor and report upon, on an ongoing basis, the Health Unit's progress toward compliance with each health equity indicator is being developed in consultation with epidemiologists and the Program Planning and Evaluation Team. Information gathered will inform future health equity prioritization and planning throughout MLHU.

This report submitted by the Health Equity Core Team, Office of the Chief Nursing Officer ([Appendix C](#)).



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

Status and Recommendations Regarding Health Equity Indicators

BRIEFING NOTE

Purpose
To provide an update on the status of the internal review of current compliance (as a baseline) with the “Health Equity Indicators for Ontario Local Public Health Agencies” prioritized for 2018, and recommended targets, benchmarks, and tracking processes for monitoring indicators in 2019 and beyond.
Recommendations (for more information, see Appendix A)
<p>Role 1-1 Question: Does your public health agency conduct routine data analysis of health outcomes of public health importance stratified by demographic and/or socioeconomic variables?</p> <p>Key Stakeholders Consulted: PHAST</p> <p>Current State: Ad hoc data analysis of stratified health outcomes by demographic or SES variables is conducted. Some work to systematically analyze data has been developed (e.g. RRFSS data analysis process, CHSR 2018 update) but no routine process for population health assessment and surveillance exists.</p> <p>Recommendations: Develop an effective monitoring system, which includes engagement with partners prior to measurement. Use a comprehensive list of outcomes and social stratifiers, focused on PHAC recommendations. Ensure the method used is applicable to the local context.</p> <p>Process / Support: PHAST commits to prioritizing work so a plan for Health Equity Indicator development can be created in 2019. The team commits to implementing indicators in ongoing analysis of the Community Health Status Resource as the new HE measures are developed and data becomes available. An Epidemiologist will continue to have Health Equity as part of her portfolio.</p> <p>Tracking: Data collected by PHAST through regular performance monitoring</p> <p>Role 1-2 Question: Does your PH agency identify priority populations (as defined in the OPHS, 2018) in 100% of its programs using a standardized and explicit process and are programs adapted to meet the needs of PPs?</p> <p>Key Stakeholders Consulted: PPE, Program Managers (through new Program Description Tool)</p> <p>Current State: Currently 22% of MLHU programs report having identified at least one priority population (PP) (often confused with target populations) and 2% report the use of a standardized, explicit process to do this. 18% report having incorporated planning for identified PPs into programming. A further 13% report program adaptations but not who they support. Two major barriers to identifying PPs have been: confusion between the terms priority and target populations; lack of a standardized and explicit identification process (note: the Situational Assessment within the PEF now provides that process).</p> <p>Recommendations: Establish an organizational requirement for all MLHU programs to become familiar with the PEF’s Situational Assessment and begin using it to identify PPs by the end of 2019, and for all MLHU programs to identify PP’s and plan for those PPs anytime teams engage in planning and evaluation processes. PPs will be reassessed when changes in programs are being considered and/or when new evidence supports the need to do so. This work will be prioritized over the next several years to ensure alignment with Ministry requirements outlined in the Annual Service Plan.</p> <p>Process / Support: The PPE team and HECT will collaboratively provide staff capacity building in the use of the PEF. PPE team, HECT and PHAS team will provide data and/or consultation support to program staff during the identification of and planning for PP’s. Program managers will identify team capacity for conducting Situational Assessments.</p> <p>Tracking: Data collected through the PPE PEF tracking system – report on what % of our programs are doing this</p>

Role 4-1 Question: How many policy or position statements that reflect advocacy for priority populations experiencing (or at risk for experiencing) health inequities were submitted and approved by the BOH, in the past year?

Key Stakeholders Consulted: BOH reports (past year), HL leadership team

Current State: No MLHU-only position or policy statements have been approved by the BOH in the past year, however, a number of position or policy statements co-created by MLHU staff as part of coalitions with external partners have been endorsed by the BOH in the past year. Currently, the development of a BOH report does not include any requirements for program teams to consider including potential policy or position statements when making recommendations. (Note: in future, position and policy statements the board endorses, BOH-sponsored ALPHA resolutions and consultation with program managers will be explicitly included in data collection).

Recommendations: Require all programs submitting BOH reports to assess the relevancy of advocacy for priority populations at risk for/experiencing health inequities, and if relevant, consider the benefits of including a recommendation for the BOH to approve related policy statements, primers or position statements. SLT members, the Policy Advisor, and the Communications manager will scan BOH reports prior to BOH meetings to consider feasible advocacy opportunities for MLHU [not just actions by the BOH) to make sure we take sufficient action to have desired impact].

Process / Support: Build/strengthen capacity to assess the relevance of advocacy to the subject of the BOH report (in consultation with the Policy Advisor and HECT). Add the step of considering inclusion of a policy or position paper with BOH reports to the PEF process. A repository will be created where all BOH endorsed position or policy statements will be captured, which will be used as a reference by staff when considering this step so duplication only occurs if planned.

Tracking: HECT staff will monitor and track public BOH reports, as well as BOH endorsements. The policy management software may be able to help track this.

Role 4-2 Question: In which SDOH area(s) have MLHU staff been engaged in cross-sectoral advocacy for policy development?

Key Stakeholders Consulted: HEAT-Advocacy Workgroup, Managers (through Advocacy Catalogue)

Current State: Approximately half of the advocacy activities staff were involved in over the past year were cause or systemic efforts that involved cross-sectoral advocacy for policy development. Each of these projects addressed the social determinants of health, and each of the SDOH areas were addressed.

Recommendations: All programs use the Situational Assessment in the PEF and the Advocacy: A Process Planning Guide to assess whether participating in cross-sectoral policy advocacy would be an effective strategy to use to achieve program goals, during program planning and review. Add/strengthen this assessment requirement in the PEF process. Ensure this information (including status, strategies used, 'lessons learned' and outcomes of advocacy efforts) is included in updates of the advocacy catalogue.

Process / Support: The PPE team and HECT will collaboratively provide staff capacity building in the use of the PEF and provide support in the form of consultation to program staff during this assessment process. Note: the newly-hired Policy Advisory will be consulted regarding involvement with this indicator.

Tracking: Managers will update the MLHU Advocacy Catalogue at least annually. Questions will be added to confirm whether cross-sectoral partners are/were involved or not, and what SDOH is being/was addressed.

Role 5-1 Question: Do the BOH Strategic plan and related divisional Balanced Score Cards include HE and PP considerations and related outcome targets?

Key Stakeholders Consulted: Manager, Strategic Projects and Manager, PPE Team

Current State: The MLHU Strategic Plan covers a five-year period and its Balanced Scorecard is reviewed annually. Although health equity is explicitly identified in the strategic plan (Program Excellence; Client & Community Confidence) and in each of the divisional Balanced Scorecards, no specific direction is provided

regarding consulting or addressing the needs of priority populations who experience health inequities. The Balanced Scorecards do not include health equity or priority populations outcome targets.

Recommendations: Strategic Plan and associated Balanced Scorecards will include clear and specific language relating to health equity and priority populations and outcome targets will be included, as identified through planning and evaluation.

Process / Support: All those responsible for the development of Balanced Scorecards will implement this recommendation where possible. HECT will provide consultative support, as needed.

Tracking: HECT staff will monitor BSC's and the agency Strategic Plans for inclusion of health equity, priority population considerations, and related outcome targets

Role 5-2 Question: Is there a human resource strategy in place to consider the workforce diversity (e.g. by age, gender, race/ethnicity, disability, Indigenous/Aboriginal identity) within the public health agency and if so, how does this distribution compare to the overall population diversity of your geographic catchment?

Key Stakeholders Consulted: HECT Health Promoter (Diversity and Inclusion initiative chair)

Current State: The Diversity and Inclusion Assessment strategic project has been delayed, with the RFP posted in early December. The internal Advisory Committee held its first meeting in November.

Recommendations: Recommendations will be received from the external consultant conducting the Diversity and Inclusion Assessment. The Advisory Committee will review the recommendations and consider implementation implications. SLT will provide approval and confirm implementation steps.

Process / Support: HECT and Human Resources are co-leading this project. Processes and supports cannot be determined until recommendations are received from the external consultant.

Tracking: Tracking processes will be identified once recommendations are reviewed and approved, and implementation steps are being considered. It is likely that Human Resources will track this indicator.

Role 5-3 Question: How does MLHU provide, track and evaluate the effectiveness of Health Equity staff capacity building?

Key Stakeholders Consulted: HE Staff Capacity-Building Workgroup, Program Managers, Corporate Trainer, Program Evaluator, other MLHU staff

Current State: MLHU has an approved Health Equity Staff Capacity Building [plan](#) which provides capacity-building opportunities related to the health equity core competencies of public health. Mandatory and optional opportunities were offered in three prioritized HE domains in 2018 (Indigenous Public Health Practice, Advocacy, Public Health Sciences). 100% of teams who prioritized the domains offered, had capacity for at least one member to attend. Feedback identified that capacity-building methods used were perceived as effective.

Recommendations: Continue to implement HE staff capacity-building opportunities. Offer all 9 HE domains by the end of 2020. Collect key feedback on capacity-building offerings (based on indicators developed in 2018 in consultation with the PPE team), and incorporate as able into future/ongoing planning. Support involvement of all teams who have prioritized each domain, with team attendance based on approval from manager.

Process / Support: HECT and HEAT will continue to implement health equity staff capacity-building plan. Program evaluator to continue to provide evaluation expertise as needed.

Tracking: Participation in HE capacity-building opportunities will be tracked by HECT staff and the Corporate Trainer/LMS. PPE measurement will help to determine whether staff are increasingly building HE into practice.

Key Considerations and Options (if applicable)

A draft Health Equity Indicator tracking tool (see Appendix C), created by an epidemiologist, captures the current state for 2018 prioritized indicators. This document such as this can be used to track current and future prioritized indicators, outline progress, identify areas for improvement, and support annual reports to SLT.

Conclusions and Next Steps

MLHU has various levels of compliance with its prioritized health equity indicators. Implementation of recommendations to meet indicator targets and benchmarks, monitor compliance with indicators, and perform an assessment of the remaining indicators will enhance accountability, identify areas for improvement, and highlight successes related to health equity. ***SLT approval regarding the above recommendations is required, as well as direction on next steps.*** HECT would be pleased to support ongoing work, as needed. Remaining HE indicators have been prioritized for 2019 and 2020 (see Appendix B) and ***require SLT approval to move forward*** using processes similar to those completed for the initially prioritized indicators. Need to have more discussion to ensure consistency in 'priority population' definition between MLHU and Ministry.

Background

- https://www.publichealthontario.ca/en/ServicesAndTools/Documents/LDCP/LDCP_user%20guide.pdf
- Received SLT and BOH approval on prioritized indicators, and plan to conduct assessment and identify recommendations for each indicator.
- Revised indicator questions so they would be SMART
- Looked for evidence (OPHS, MLHU strategic plan, and literature) to support setting targets/benchmarks
- Identified/consulted key stakeholders and used information to help identify current state, set realistic targets and benchmarks, and develop recommendations for future processes and supports.
- Prioritized HEIs for 2019 and 2020 using previously-developed criteria and information gained through assessment of initially prioritized HEIs.
- Draft plan shared with HL, HS and EHID leadership teams in Dec 2018 (going to HO in January 2019)

Appendices:

- A - Further Assessment Details
- B - Prioritized HEIs for Assessment in 2019 and 2020 and Prioritization Criteria
- C – Draft HEI Tracking Template

Prioritized HEIs for Assessment in 2019 and 2020 and Prioritization Criteria

Prioritized HEIs for Assessment in 2019

Modify and Re-orient

- 2-1 Culturally competent care - has your agency assessed program/services provided to priority populations to ensure that they are provided in a culturally competent manner?
- 2-2 Health Equity Assessment – are staff expected to systematically consider health equity when planning and evaluating public health programs and services?
- 2-3 Priority Population participation in program development and delivery – how have priority populations participated in the development and delivery of Agency-led programs and services?

Engage

- 3-1 Community Engagement Strategy – does your agency have an organizational level community engagement strategy that includes or addresses priority populations experiencing health inequities?

Remaining HEIs for Assessment in 2020

Assess and Report

- 1-3 Data Collection involving Priority Populations – in addition to surveys, have community members from priority populations who are experiencing (or who are at risk for experiencing) health inequities been involved in data collection activities?
- 1-4 Reporting to Community - is there an overarching, written plan in place that addresses public health agency reporting to the community?

Engage

- 3-2 Partnerships and Coalitions - does your public health agency establish and participate in collaborative partnerships and/or coalitions to address health equity and social determinants of health issues?

Organization and System Development

- 5-4 Health Equity Performance Appraisals - do performance appraisals or your organization's equivalent processes for your public health agency's staff require health equity goals be included?

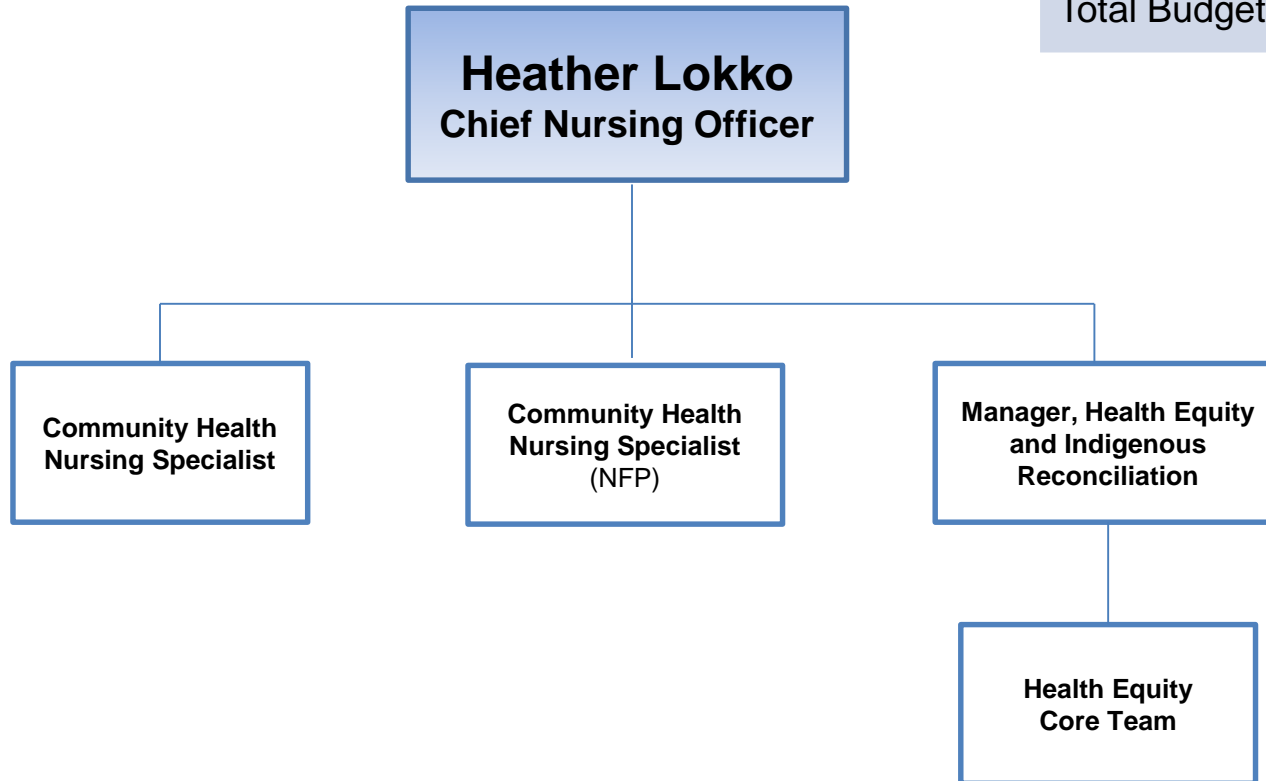
Prioritization Criteria

The following six criteria were used once again to prioritize health equity indicators/action areas:

- Relationship to 2018 Ontario Public Health Standards
- Relationship to Strategic Plan
- Current State
- Resource Requirements for Development & Implementation
- Ability to Track
- Sequence Priority

Total FTEs – 6.30 FTEs

Total Budget – \$709,422



Program Highlights:

- CHNS roles work within the Quality & Transparency Program and Research & Knowledge Exchange Program and the Chief Nursing Officer Program
- Manager and the Health Equity Core Team work within the Healthy Equity Program
- Lead MLHU’s strategic projects related to the social determinants of health and health equity
- Contribute to system-level health equity work
- Further develop and implement MLHU’s Indigenous Reconciliation plan
- Provide leadership in quality nursing practice at the organizational, community and province-wide levels
- Support nursing practice leadership of the Nurse-Family Partnership program provincially



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 February 21

REPORT ON HEALTH EQUITY STAFF CAPACITY BUILDING ACTIVITIES

Recommendation

It is recommended that the Board of Health receive Report No. 014-19 re: “Report on Health Equity Staff Capacity Building Activities” for information.

Key Points

- A working group of the Health Equity Advisory Taskforce (HEAT) conducted a comprehensive needs assessment in 2017 to guide staff capacity-building efforts within health equity core competency domains.
- A capacity-building plan was approved for implementation between 2018 and 2020. This report provides an update on activities and outcomes at the end of the plan’s first year, with next steps.

Background

Despite a majority of Canadians enjoying good health, the Public Health Agency of Canada in 2008 identified that health inequalities persist, and are worsening in some cases. When health inequalities are considered to be systemic, unjust, and avoidable, these are commonly referred to as “health inequities.”

The 2018 Ontario Public Health Standards: Requirements for Programs, Services and Accountability - Health Equity Guideline stipulates that boards of health shall apply a health equity approach within all aspects of their work, including processes for community inclusion and engagement, training, planning, implementation, and evaluation by fostering organizational capacity for health equity action. Middlesex-London Health Unit (MLHU) is committed to understanding and addressing health inequities, which negatively impact health outcomes. Enhancing health equity is a critical component of achieving MLHU’s mission.

MLHU’s 2015–20 strategic plan identifies knowledge exchange and skill-building activities for the social determinants of health as a critical to “deliver maximum value and impact” with MLHU resources (MLHU 2015, p. 16). In 2017, a comprehensive needs assessment was conducted to guide staff capacity-building efforts within health equity core competency domains, and a staff capacity-building plan was approved.

Health Equity Staff Capacity Building Plan

The Health Equity Staff Capacity Building Plan sets out a comprehensive approach to build staff capacity to advance health equity and address the social determinants of health within staff members’ areas of practice. The National Collaborating Centre for Determinants of Health (NCCDH) suggests that building the capacity of an interdisciplinary public health workforce to deliver equity-focused public health interventions is critical to advancing health equity.

MLHU will implement staff capacity-building activities in nine evidence-informed, prioritized domains: 1) Advocacy, 2) Assessment and Analysis, 3) Communication, 4) Diversity and Inclusion, 5) Indigenous Public Health Practice, 6) Leadership and Systems Thinking, 7) Partnerships, Collaboration and Intersectoral

Action, 8) Policy and Program Planning, Implementation and Evaluation, and 9) Public Health Sciences. The three domains prioritized for 2018 included: *Advocacy, Indigenous Public Health Practice, and Public Health Sciences*. Accomplishments to Date are listed in [Appendix A](#).

Next Steps

MLHU leadership and staff at all levels played a pivotal role in building a health equity staff capacity plan relevant to individual and team needs, and in supporting implementation of staff capacity-building activities. Further capacity-building opportunities will be offered in 2019 and 2020 focused on the domains prioritized in 2018 (where needed).

Additional capacity-building opportunities will be provided over the next two years in the following prioritized domains: Diversity and Inclusion, Leadership and Systems Thinking, and Policy and Program Planning, Implementation and Evaluation. Employees will continue to be encouraged and supported by the Health Equity Core Team, program managers, and other teams focused on the Foundational Standards to apply learning to practice.

This report was prepared by the Health Equity Core Team, Office of the Chief Nursing Officer.



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

Health Equity Capacity Accomplishments to Date

Domain	Actions Taken and Learning Opportunities Provided	Employee Participation to Date
Advocacy	<ul style="list-style-type: none"> • Created new internal advocacy policy • Offered online Learning Management System (LMS) module for policy orientation to all employees 	247 employees completed the advocacy policy LMS module
	<ul style="list-style-type: none"> • Developed “Advocacy Process Planning Guide” to guide steps/strategies for systemic advocacy work • Offered half-day workshop to introduce “Advocacy Process Planning Guide” 	35 employees attended the “Advocacy Process Planning Guide” workshop
Indigenous Public Health Practice	<ul style="list-style-type: none"> • Provided access to online “Indigenous Cultural Safety Training” module offered by the Ontario Indigenous Cultural Safety Program 	183 employees completed the “Indigenous Cultural Safety Training” module
	<ul style="list-style-type: none"> • Provided access to online “Bystander to Ally” module offered by the Ontario Indigenous Cultural Safety Program 	88 employees completed the “Bystander to Ally” module
	<ul style="list-style-type: none"> • Organized two in-person sessions offered by and at Atlohsa Native Family Healing Services Inc. 	45 employees attended “See Me” exhibit/modified blanket exercise
	<ul style="list-style-type: none"> • Offered four in-person sessions with Liz Akiwenzie (Indigenous cultural educator and traditional healer) on “Indigenous Worldviews and Ways of Knowing” 	80 employees attended “Indigenous Worldviews and Ways of Knowing” workshop
	<ul style="list-style-type: none"> • Hosted half-day workshop, “Creating Transformation in Service Settings: Getting to the Roots of Tolerance,” offered by the Ontario Indigenous Cultural Safety Program 	13 employees, 2 Board Members, and 11 community partners attended workshop
Public Health Sciences	<ul style="list-style-type: none"> • Created Health Equity 101 LMS module for use in orientation of all new employees 	49 employees completed the LMS module (96% of new employees)
Diversity and Inclusion	<ul style="list-style-type: none"> • Hosted a regional workshop, “Shifting Towards a Culture of Racial Equity in Public Health in Ontario,” offered by the National Collaborating Centre for Determinants of Health 	25 MLHU employees, 1 community partner, 2 students, and 6 employees from other health units attended the workshop

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 February 21

AN UPDATE ON THE LEGALIZATION OF CANNABIS IN CANADA

Recommendation

It is recommended that Report No. 015-19 re: “An Update on the Legalization of Cannabis in Canada” be received for information.

Key Points

- To support municipalities in their deliberations on whether to opt out of cannabis retail sales, Health Unit staff prepared a resource ([Appendix A](#)) outlining public health considerations and available evidence.
- All eight municipalities within Middlesex County and the City of London opted in to allow the retail sale of cannabis; however, under the temporary cap of twenty-five retail store authorizations, it is unclear if there will be a cannabis store front open for business by April 1, 2019, in the City of London.
- Launched late 2018, the Health Unit’s “You Need to Know” campaign aims to help residents of London and Middlesex County better understand the laws and potential health risks associated with cannabis use.
- A core set of cannabis program indicators for measurement have been identified to guide program planning.
- Health Unit staff are reviewing the draft regulations and preparing a response to Health Canada to provide input on the legalization of cannabis edibles, extracts, and topicals.

Background

On October 17, 2018, the Government of Canada implemented a new framework that legalizes, regulates, and restricts access to non-medical cannabis. The federal framework allows adults aged 18 years and older to purchase fresh or dried cannabis, cannabis oil, and seeds and plants for cultivation. In alignment with the federal timelines, the Government of Ontario rolled out a cannabis legislative framework outlining its unique set of rules on cannabis, including where it may be consumed, the minimum age of possession (19 years of age), and where it may be purchased, as outlined in Board of Health [Report 068-18](#).

Update on the Privatization of the Sale of Non-Medical Cannabis

The deadline for municipalities and First Nations communities to opt out from cannabis retail sales with the Alcohol and Gaming Commission of Ontario (AGCO) was January 22, 2019. The decision to introduce cannabis retail outlets within a municipality may be a difficult one, particularly in the absence of a complete understanding of community impact. To support municipalities within the Middlesex-London area in their deliberations, Health Unit staff prepared and disseminated a document (attached as [Appendix A](#)) in late November 2018 that outlined public health considerations and provided a summary of available evidence to guide cannabis retail store siting. If the AGCO did not receive written notification from a municipality communicating its decision to opt out, then, by default, private cannabis retail stores will be allowed within that jurisdiction beginning April 1, 2019. All eight municipalities within Middlesex County and the City of London opted in to allow the retail sale of cannabis. A full listing of Ontario municipalities prohibiting or allowing cannabis retail stores is available on the [AGCO website](#).

On December 13, 2018, the Government of Ontario announced that a temporary cap of twenty-five retail store authorizations would be imposed until the supply of cannabis available for sale through the Ontario Cannabis Store stabilizes. The Government of Ontario, by regulation, gave the AGCO a mandate to hold a [lottery](#) to determine who may apply for Retail Operator Licenses. Under the temporary cap of twenty-five retail stores, the rules specified that the winning applicants must open their store fronts in municipalities with populations of at least 50,000 residents. The lottery was completed on January 11, 2019, with a total of seven applicants in the western region of Ontario (extending from Niagara to Windsor) being selected to submit an application for a retail store authorization. Details of the lottery and its results are available on the [AGCO website](#). It is unclear at the present time if there will be a cannabis store front open for business in the City of London by April 1, 2019.

Cannabis: Know the Law, Know the Facts

In December 2018, the Health Unit launched its “You Need to Know” campaign, which aims to help residents of London and Middlesex County better understand the laws and potential health risks associated with cannabis use. Accompanied by the www.YouNeedToKnow.ca website, the campaign uses clear graphics that highlight key parts of the legislation, while underscoring potential negative health effects and risks associated with cannabis use. The website also provides links to credible research, online resources, and strategies to lower potential risks associated with cannabis use.

For 2019, Health Unit staff will be conducting research to support the development of messaging, graphics, and a social marketing strategy to reach older youth and young adults, due to the concerns related to cannabis use and brain development within this priority population.

Cannabis Indicators and Public Health Surveillance

With the legalization of non-medical cannabis, there is greater expectation on public health to monitor the trends associated with cannabis use and the impact of legalization on the health of our community. Together with the Ontario Public Health Collaboration on Cannabis, Health Unit staff identified a core set of cannabis program indicators for long-term measurement. An internal report was generated, providing a picture of local cannabis use and related health outcomes for residents of London and Middlesex County. If data for Middlesex County and London was not available, then regional data for Southwestern Ontario, Ontario, or Canada was reported. This indicator project will allow Health Unit staff, across all divisions, to better identify and modify the team-level interventions necessary to meet local community needs.

Legalization of Cannabis Edibles, Extracts, and Topicals

Health Canada is conducting a [public consultation](#) on the draft regulations for edible cannabis, cannabis extracts, and cannabis topicals. These additional cannabis products will be permitted for legal sale under the federal government’s *Cannabis Act* no later than October 17, 2019. At the time of drafting of this report, Health Unit staff in the program areas of substance use, food safety, and nutrition are working collaboratively to review the draft regulations and prepare a submission for the regulatory consultation, which closes on February 20, 2019, to provide input on how to minimize public health and public safety risks related to the sale of these products. Staff will provide a report and a copy of the submission for information at the March Board of Health meeting.

This report was prepared by the Chronic Disease Prevention and Tobacco Control Team ([Appendix B](#)) and the Healthy Communities and Injury Prevention Team ([Appendix C](#)), Healthy Living Division.



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

Cannabis Retail Outlet Considerations for Middlesex-London Municipalities

On October 17, 2018, the Ontario Government passed legislation that privatized the cannabis retail model. The newly enacted *Cannabis Licence Act, 2018* sets the Alcohol and Gaming Commission of Ontario (AGCO) as the regulator of cannabis retail outlets, and the *Ontario Cannabis Retail Corporation (OCRC)* as the exclusive wholesaler and online retailer of cannabis in Ontario. The first retail stores are to be operational on April 1, 2019. In the interim, the public can purchase cannabis from OCRC's online store, the Ontario Cannabis Store. Retail applications to the AGCO will be received starting December 17, 2018.

Municipalities must declare by January 22, 2019 whether they will opt-out of privatized retail outlets in their communities. To opt-out, municipal councils must provide a notice of resolution to opt-out to the Registrar no later than January 22, 2019. Opting out is a one-time option for municipalities, however, those that choose to opt out may opt-in at a later date. If a municipality does not opt out, cannabis retail outlets will be permitted.

The recently released Ontario Regulation 468/18 made under the *Cannabis Licence Act, 2018* governs private cannabis retail in Ontario and sets out requirements regarding retail store authorizations and operations. For example, private recreational cannabis retail storefronts must be stand-alone only, the minimum distances between a retailer and a school, as defined by the Education Act, has been set at 150 metres, and hours of operation will be between 0900h and 2300h. The Ontario Government indicated that municipalities are prohibited from using licensing or land-use bylaws to control the placement or number of cannabis retail outlets. Municipalities are also prohibited from establishing a licensing system for cannabis retailers (1).

In Ontario, Bill 57, *Restoring Trust, Transparency and Accountability Act, 2018* received first reading on November 15, 2018. Bill 57 includes specific authority for municipalities to adopt cannabis smoking bylaws, similar to tobacco smoking bylaws. Section 5 of this bill proposes to amend both Section 98 of the *City of Toronto Act, 2006* and Section 115 of the *Municipal Act, 2001* such that municipalities can explicitly regulate the smoking of tobacco and cannabis. If passed, Bill 57 will update the definition of "smoking of tobacco and cannabis" under both the *Municipal Act, 2001* and *City of Toronto Act, 2006* to include: the holding of lighted tobacco or cannabis; and the consumption of tobacco or cannabis through the use of an electronic cigarette.

The Government of Ontario's response to the federal government's legalization of cannabis is a phased approach and information is still emerging. The decision to introduce retail outlets into your municipality may be difficult, particularly in the absence of a complete understanding of community impacts of allowing stores within a municipality. Municipal Councils may want to include considerations from a public health perspective in their deliberations on the issue.

**Is your Municipal Council considering HAVING cannabis retail outlets in your community?
You may want to consider the following:**

The physical availability of a legal substance matters.

Research shows that increased availability and exposure of substances, such as alcohol and tobacco, results in increased consumption, which can lead to significant health and social harms and costs (2,3). For example:

- High retail outlet density can contribute to increased consumption and harms (2,4,5,6,7)
- Retail outlet proximity to youth-serving facilities can normalize and increase substance use (8,9).
- Co-use of cannabis and other substances increases the risk of harm, such as impaired driving (10).
- Retail outlet proximity to other sensitive areas may negatively influence vulnerable residents (7,11).
- Longer retail hours significantly increase consumption and related harms (2,4,12).
- Fewer restrictions on where cannabis, tobacco and vapes can be used may increase the risk of normalization, second-hand smoke exposure and impairment (3,13,14,15,16).
- Retail outlet proximity to other substance retail outlets shows increased number of traumas (17).
- High number of retailers impacts cannabis use and frequency of use (18).

Municipalities are prohibited from using licensing or land-use by-laws to explicitly control the placement or number of cannabis retail outlets. All proposed cannabis store locations are subject to a 15-day public notice process that provides municipalities and residents the opportunity to comment on store locations related to public interests. Municipalities may wish to provide comments regarding other aspects of the physical availability of cannabis, such as minimum distance requirements between cannabis retail outlets and other substance retailers; the number of outlets in a neighbourhood; and, proximity to youth-serving facilities and other sensitive use spaces. Appendix A provides additional information, from a public health perspective

The Government of Ontario has committed \$40 million to help with cannabis legalization implementation, with some conditions.

The bulk of provincial funding for municipalities is tied to not opting out. The Ontario Government has committed \$40 million over two years to help municipalities with implementation costs, with municipalities receiving at least \$10,000. A municipality that has not opted out would receive additional funds on a per household basis. Furthermore, if Ontario's portion of the federal excise taxes exceed \$100 million in the first two years, the province will provide 50% of the surplus only to municipalities that have not opted out (1,19).

**Is your Municipal Council considering OPTING OUT of cannabis retail outlets?
You may want to consider the following:**

A central tenant of the legalization of cannabis is to curtail the illegal market.

Opting out may not decrease cannabis use and its impact on the community. Some consumers will access cannabis through legal sources (Ontario Cannabis Store [OCS] website), however, in the absence of physical retail outlets, the demand for cannabis from the illegal market may remain.

Physical cannabis retail stores provide access to regulated and controlled products.

Some marginalized groups (e.g., individuals without a physical address, individuals without a credit card, etc.) will not be able to access regulated products through the OCS. Without physical stores, these marginalized groups may access cannabis through illegal sources. Cannabis obtained through the OCS (online and from private retail stores) has product safety measures in place regarding packaging, product information, and controls related to the cultivation and handling of the product.

The Government of Ontario has committed \$40 million to help with cannabis legalization implementation, with some conditions.

Municipalities will incur costs associated with cannabis legalization regardless of the presence of retail storefronts in their communities. Municipalities may choose to consider how they will manage the costs and potential risks associated with cannabis legalization. The Ontario Government has committed \$40 million over two years to help municipalities with implementation costs. If opting out of the retail model, communities will receive \$10,000 to help with associated costs; they will not be able to access additional funding at a later date (1).

Opting out may allow municipalities additional time to explore the regulations and the potential municipal impacts prior to committing to retail outlets.

Opting out of cannabis retail sales by January 22nd, 2019, may provide municipalities with additional time to clarify municipal and provincial roles and responsibilities, as more information becomes available. According to the Association of Municipalities of Ontario, opting out can be reversed after January 22nd; however, those municipalities that choose to opt back in will not gain any additional funding from the Ontario Cannabis Legalization Implementation Fund above the initial \$10,000 (20).

Appendix A – Evidence to Support Cannabis Retail Outlet Considerations

Issue	Considerations	Examples of Cannabis Regulations/Suggested Regulations	Other Supporting Evidence
<p>1. High retail outlet density can contribute to increased consumption and harms (2,4,5,6,7).</p>	<p>Reduce cannabis retail outlet density through minimum distance requirements between cannabis retail outlets and limits on the overall number of outlets (11).</p>	<p>The City of Calgary has enacted a 300m separation distance between cannabis stores. (21)</p> <p>Spruce Grove, Alberta, requires a 200m separation distance between cannabis retail outlets (22).</p>	<p>Research on alcohol and tobacco use highlight the need for stronger controls on retail density, minimum distance between retailers, and the need for stronger controls on the number of retailers.</p> <p>It has been shown that increased tobacco and alcohol retail density is associated with greater prevalence of tobacco use and alcohol consumption within Public Health Units in Ontario (3).</p> <p>Density limits reduce neighbourhood impacts and youth access (3).</p> <p>Higher retail density around locations where youth live is associated with experimentation of tobacco products (23).</p> <p>From a tobacco cessation perspective, several studies have shown that the presence of even a single tobacco retail location close (<500 metres) to a smoker’s home affects abstinence during a quit attempt. The relationship between abstinence from smoking and walking distance increased the further a retailer was away from a person’s home (24). Those who live within 500 m of retail location are 1 time more likely to relapse, while those who live within 250-500m of a retail location are 1.9 times more likely to relapse, and those living within 250m or less are 4.2 times more likely to relapse (25).</p>

<p>2. Retail outlet proximity to youth-serving facilities can normalize and increase substance use (8,9).</p>	<p>Prevent the role-modeling of cannabis use and reduce youth access through minimum distance requirements from youth-serving facilities such as schools, child care centres, libraries, and community centres (9, 10, 20)</p>	<p>The State of Washington has enacted a 300m separation distance requirement between cannabis retail stores and elementary and secondary schools and public playgrounds (26).</p> <p>In Kelowna there are recommendations for retail cannabis stores to be a distance of 150m from elementary schools and 500m from middle and secondary schools (27).</p> <p>In Manitoba, typically 150m to 300m is established between cannabis-related facilities and schools, licensed daycares, public recreational facilities and other cannabis-related uses (28).</p> <p>On Nov. 14, 2018, the Government of Ontario passed new regulations for licensing and operation of private cannabis stores. The regulations establish a minimum distance of 150m between cannabis retail stores and schools, including private and federally-funded First Nation schools off-reserve (29).</p>	<p>Research suggests that it is prudent for decision makers to develop policies that prevent tobacco retailers from being located within close proximity to schools as well as other youth orientated facilities (30).</p>
<p>3. Co-use of cannabis and other substances increases the risk of harm, such as impaired driving (10).</p>	<p>Discourage the co-use of cannabis and other substances by prohibiting co-location and enacting minimum distance requirements between cannabis, alcohol, tobacco, and e-cigarette retail outlets (10,11).</p>	<p>KFL&A Public Health recommends a 200m separation distance between cannabis retail outlets and alcohol or tobacco retail outlets (12).</p> <p>On Nov. 14, 2018, the Government of Ontario passed new regulations for licensing and operation of private cannabis stores. The regulations establish a requirement for all private</p>	

		recreational cannabis retail storefronts to be stand-alone stores only (29).	
4. Retail outlet proximity to other sensitive areas may negatively influence vulnerable residents (7,11).	Protect vulnerable residents by limiting cannabis retail outlets in low socioeconomic neighbourhoods and enacting minimum distance requirements from other sensitive areas (11,31).	The City of Vancouver has restricted medical cannabis retail outlets to commercial zones instead of residential ones (32).	A 2013 scan of tobacco retail outlets across Ontario indicated that the outlets in both urban and rural areas were more likely to be located in areas with high neighbourhood deprivation (33). Findings from Hamilton, Ontario also show that the number of tobacco and electronic cigarettes retailers in low income areas far exceed other areas of the city (34).
5. Longer retail hours significantly increase consumption and related harms (2,4,12)	Reduce cannabis consumption and harms by limiting late night and early morning retail hours (4,35).	In US states where cannabis has been legalized late night hours of operation are limited to 10 pm or midnight (36,37,38,39). In the province of Manitoba, hours of operation at minimum, will follow current municipal bylaws for hours of operation of retail services or industrial uses. The municipality has the authority to further restrict retail hours through the conditional use process or by adding regulations to the zoning bylaw (28). On Nov. 14, 2018, the Government of Ontario passed new regulations for licensing and operation of private cannabis stores. It has been established that private retail cannabis stores will be permitted to open between the hours of 9:00 am and 11:00 pm on any day (29).	In 1996, the hours and days of sale for alcohol in Ontario were extended, resulting in a significant increase in rates of alcohol consumption and associated harms, such as acute injuries, trauma and violence. (4,35). This experience has been demonstrated internationally as well, with evidence showing that longer hours of sale significantly increases alcohol consumption and alcohol-related harms (35). Harm is more likely to occur late at night and very early in the morning, therefore it is recommended that retail hours do not operate around the clock (35). The Centre for Addiction and Mental Health recommends that cannabis retail hours of operation model those established by the LCBO (40). Currently, the permissible hours for the sale of alcohol at retail outlets are Monday to Saturday 9:00 am to 11:00 pm, and on Sunday from 11:00 am to 6:00 pm (41).

<p>6. Fewer restrictions on where cannabis, tobacco and vapes can be used may increase the risk of normalization, second-hand smoke exposure and impairment (3,13,14,15,16).</p>	<p>Establish greater restrictions on where cannabis consumption, tobacco use and vaping can occur.</p> <p>Smoking of cannabis is prohibited anywhere smoking tobacco is prohibited (42).</p> <p>Additional restrictions on smoking and vaping can be enacted through municipal bylaws (42).</p>	<p>The City of Markham prohibits the smoking and vapourizing of cannabis in all public places (43).</p> <p>The municipality of Chatham-Kent prohibits the smoking of tobacco, cannabis and vaping on all municipal property including beaches, walkways, within 9m of buildings entrances, and within 4m of bus stops (44).</p>	<p>Allowing cannabis to be consumed wherever tobacco can be consumed raises concerns regarding the risk of normalization, second-hand smoke exposure and impairment.</p> <p>Children tend to copy what they observe and are influenced by normality of any type of smoking around them. From the lessons learned from tobacco and alcohol, normalization of cannabis use could lead to increases in rates of cannabis use (3,14,15).</p> <p>Smoke from cannabis is similar to that of tobacco, containing fine particles, cancer causing compounds, volatile organic chemicals, carbon monoxide and heavy metals, which can negatively affect the health of people exposed. There is no safe level of exposure to second hand smoke (13). Allowing smoking and vaping of cannabis in public places increases the exposure of second-hand smoke to the public (e.g. sidewalks, entranceways to buildings, parking lots).</p> <p>Cannabis impairment can have side effects including paranoia, panic, confusion, anxiety, and hallucinations (16). Public safety and unintended exposure related to cannabis impairment should be considered (16).</p>
<p>7. Retail outlet proximity to other substances retail outlets shows increased number of traumas (17).</p>	<p>Preventing the clustering of tobacco, e-cigarette, alcohol and cannabis stores can have positive effects on communities, especially among vulnerable populations (11).</p>	<p>KFL&A Public Health recommends a 200m separation distance between cannabis retail outlets and alcohol or tobacco retail outlets (12).</p> <p>MLHU recommends a 500m separation distance between cannabis retail outlets and alcohol or tobacco retail outlets (45).</p>	

		On Nov. 14, 2018, the Government of Ontario passed new regulations for licensing and operation of private cannabis stores. The regulations establish a requirement for all private recreational cannabis retail storefronts to be stand-alone stores only (29).	
8. High number of retailers impacts cannabis use and frequency of use (18).	Limit/cap the number of cannabis retailers to reduce use and frequency of use (18).	Washington caps the number of retailers that exist for the entire state at 556 for a population of 7.4 million people (39).	Research from alcohol and tobacco highlights the need for stronger controls on the number of retailers to reduce harms (2,3).

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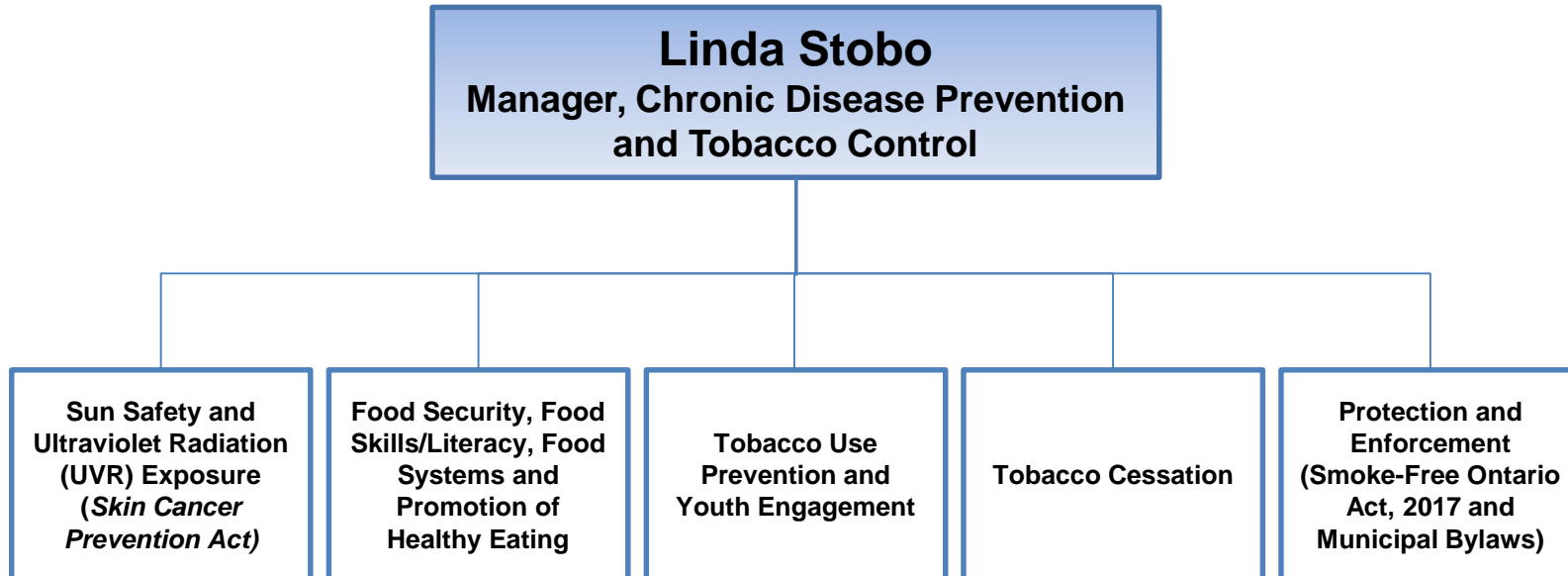
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Total FTEs – 13.54 FTEs

Total Budget – \$1,418,252



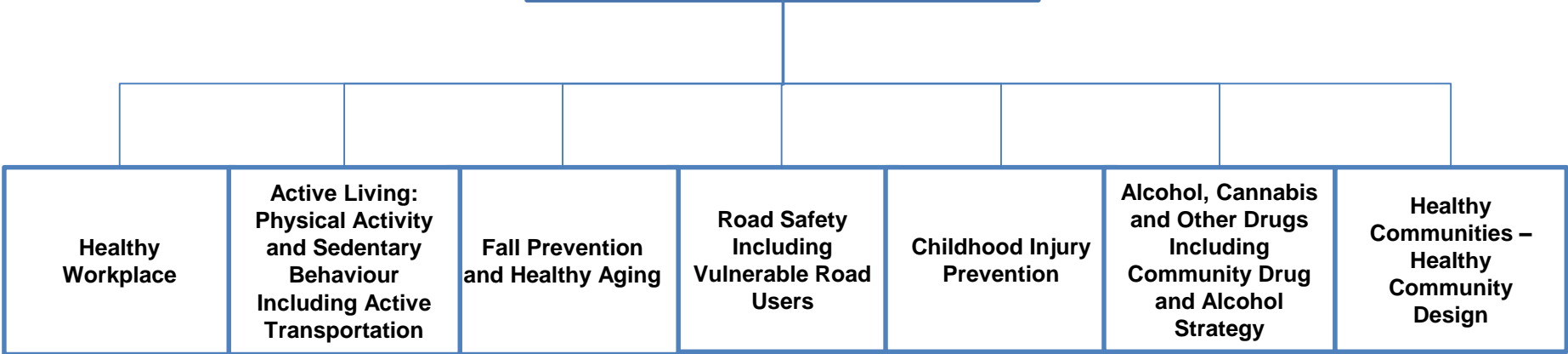
Program Highlights:

- Increase public protection from both artificial and natural sources of ultraviolet radiation: awareness building, policy support for community partners; promotion and the enforcement of the *Skin Cancer Prevention Act*
- Food literacy – deliver community based food literacy programming with community partners; co-lead provincial collaborative exploring development/validation of food literacy measurement tool with priority populations
- Middlesex-London Food Policy Council - support the strategic plan to create a healthy, sustainable and accessible food system in London and Middlesex County; support the development of a Middlesex London Food Directory
- Increase awareness among youth and young adults about the harms associated with smoking tobacco and/or cannabis, vaping and the use of e-cigarettes or smokeless tobacco
- Continued enhancement/evaluation of tobacco cessation services delivered by the Health Unit to reach priority populations
- Support multi-unit dwelling, hospital and post-secondary institutions' efforts to ensure compliance with the *Smoke-free Ontario Act, 2017* including the development and promotion of smoke-free policies
- Enforcement of provincial and municipal legislation that regulates the sale, distribution and use of tobacco, vapour and cannabis products

Total FTEs – 10.9 FTEs

Total Budget – \$1,185,705

Rhonda Brittan
Manager, HCIP



Program Highlights:

- Promote physical activity across the lifespan through education, supportive environments and policy influence: physical literacy in child care settings; Active and Safe Routes to School partnership; healthy community design; active transportation
- Work with community stakeholders to address road safety priorities including for vulnerable road users; provide co-chair support to the London Middlesex Road Safety Committee
- With internal and external partners, promote evidence based education and policy to address causes of childhood injuries including: falls; concussions, safe sleep, choking, water safety, child passenger safety (booster seats), burns and scalds, poisoning
- Support healthy aging and prevention of falls including: Step Ahead falls prevention training for PSW students; leadership of Middlesex-London Falls Prevention Collaborative; active involvement in Age Friendly London Network
- Promote evidence based public policy and health messaging to prevent and reduce harms from cannabis, alcohol and other drugs. Continue leadership of Middlesex-London Community Drug and Alcohol Strategy
- Support local workplaces in implementing health promoting policies and practices through Health at Work 4 All! program: mentally healthy workplaces; sharing cross- health unit information and resources



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 February 21

VULNERABLE OCCUPANCY INSPECTION WORK AND PUBLIC HEALTH INTERVENTIONS

Recommendation

It is recommended that the Board of Health receive Report No. 016-19 re: “Vulnerable Occupancy Inspection Work and Public Health Interventions” for information.

Key Points

- Public Health Inspectors (PHIs) conduct health inspections in provincially licensed group homes and Homes for Special Care (HSCs) now under the Community Homes for Opportunity (CHO) umbrella, as well as in the municipally licensed group homes under the Informal Residential Care Facility (IRCF) Licensing By-law (CP-21).
- PHIs also have a duty to respond to reports of potential health hazards in housing within the City of London and Middlesex County. Many health hazards have been identified in group homes in London and Middlesex County. Through collaboration with partner agencies and networks, PHIs have aimed to improve the physical environment and provide opportunities for healthier outcomes, especially among vulnerable populations.

Background

In 2015, a Community Response Working Group was created with representation from various agencies and networks across the city to discuss strategies in addressing unsafe and unhealthy living conditions in vulnerable occupancies. Such vulnerable occupancies typically include group residential environments that are rented on an informal basis, often to those struggling with addictions and mental health concerns and who are at imminent risk of homelessness or significant threats to wellbeing. The working group created both a communication strategy and a draft bylaw to help provide regulatory oversight and rapid intervention into unsafe conditions in these residential settings.

MLHU’s responsibilities in these situations derives from the *Health Protection and Promotion Act, R.S.O. 1990, c. H.7*, which states that it is the duty of every Medical Officer of Health “to inspect or cause the inspection of premises used or intended for use as a boarding house or lodging house.” Additionally, the *Health Hazard Response Protocol, 2018* states that the Board of Health shall conduct inspections of boarding/lodging houses on a complaint basis. Where the Board of Health determines there is an elevated health risk specific to a boarding/lodging house, enforcement actions may be undertaken to reduce or eliminate the risk of exposure to health hazards.

Since the Working Group first convened, MLHU has been working with partners, including the Canadian Mental Health Association (CMHA-Middlesex), London Police Services, the Ontario Disability Support Program, SW-LHIN, London CARES, Social/Public Housing, and city services (Fire, Bylaw, Housing, Homeless Prevention), to provide coordinated responses in high risk situations.

On December 22, 2016, the City of London passed the Informal Residential Care Facilities (IRCF) Licensing By-Law CP-21. Prior to this by-law, many operators of unregulated group homes (i.e., homes operating without the requirement of a provincial license) were providing housing and care to individuals without government oversight. Over the years, MLHU had identified health concerns in many of these vulnerable occupancies, and has worked with the operators to help mitigate hazards in an effort to improve the living conditions of our vulnerable occupants.

Current Status

MLHU continues to assist partner agencies and networks in responding to reports of health hazards in vulnerable occupancies and homes specifically licensed under the IRCF bylaw. Currently there are four group homes that are either pending licensing or under inspection as IRCF homes; however, there are many vulnerable occupancies in London and Middlesex County to which PHIs respond upon receiving reports of potential health hazards. Such reports include factors like unsanitary living conditions, environmental hazards (sewage backup, needle waste, mould), lack of food or unsafe food, unsafe building conditions, pests, lack of heat, sleeping outside the home, and hoarding. On occasion, police have been brought in to address issues of a criminal nature.

There have been many positive outcomes as a result of MLHU intervention in vulnerable occupancies, including the safe relocation of individuals to alternative housing, and the coordination and facilitation of crucial support services to individuals most in need. In 2018, there were nineteen instances in which the Vulnerable Occupancies Protocol (VOP) was activated, resulting in numerous timely and effective interventions. The VOP efforts have strengthened external collaborations and have also helped to identify opportunities for internal collaboration among teams within the Environmental Health and Infectious Disease division on matters such as harm reduction, needle recovery, and emergency and outbreak management where cases have been identified as high risks for the spread of communicable disease. Recently, the Health Unit's Manager of Emergency Preparedness was added to the VOP distribution list to better facilitate activation of the Community Emergency Response Volunteer (CERV) Team where warranted.

As a further measure, the Food Safety and Healthy Environments (FS&HE) team will maintain an inventory of homes in London and Middlesex County that meet the definition of a vulnerable occupancy and apply a risk-based approach that will guide further public health interventions.

Conclusion

The FS&HE team aims to provide more proactive inspection work and consultations with operators and partner agencies so that more group homes become licensed and comply with the requirements set out in the IRCF Licensing By-law CP-21. A risk-based approach will be used to determine whether homes are to receive annual inspections and other environmental health interventions, or if they should simply be inventoried in case future issues arise. It is anticipated that assisted compliance strategies delivered by MLHU staff will help to bring more operators forward for licensing, which will ultimately improve living conditions in homes where our most vulnerable residents reside.

This report was prepared by the Food Safety and Healthy Environments team, Environmental Health and Infectious Diseases Division.



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

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 February 21

SUMMARY INFORMATION REPORT – FEBRUARY 2019

Recommendation

It is recommended that Report No. 017-19 re: “Summary Information Report – February 2019” be received for information.

Key Points

- The Premier’s Council released its first report on hallway health care, identifying areas of strain on the health-care system. Public health units were not directly mentioned in the Council’s report. MLHU and partners are preparing submissions to the relevant consultations.

Health Unit Response to the Premier’s Council Report on [Hallway Health Care: A System Under Strain](#)

The Premier’s Council recently released its first report on hallway health care with the aim to: improve health and wellness outcomes for Ontarians, obtain higher patient satisfaction, obtain greater efficiency in the use of taxpayers’ dollars, and reduce wait times. A second report will be released in spring 2019 focusing on four key themes: integrated care around the patient and across providers; use of virtual care and apps, and ensuring patients can access their own health data; achieving greater efficiency in streamlining and aligning system goals to support high-quality care; and a long-term care plan to ensure the right mix of health-care professionals, services, and beds. Public health units were not directly mentioned in the Council’s report, although the report does reference social determinants of health. MLHU is working in collaboration with COMOH and aPHa to bring forward public health contributions to this important work.

This report was prepared by the Healthy Living Division.



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



TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health / CEO
DATE: 2019 February 21

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR FEBRUARY

Recommendation

It is recommended that the Board of Health receive Report No. 018-19 re: “Medical Officer of Health Activity Report for February” for information.

The following report presents activities of the Medical Officer of Health (MOH) for the period of January 14, 2019, to February 8, 2019.

- January 15 Participated in Health Canada teleconference on cannabis products and proposed regulations
- January 16 Participated in interview for a research study at McMaster University on the use of research evidence and/or public values in public health policy implementation
Met with new Board of Health member John Brennan
Phone meeting with Huda Idrees, CEO, DOT Health
- January 17 Phone meeting with Dr. Gary Tithcott, London Health Sciences Centre (LHSC) in regard to recruitment
Met with Chief Roberts and staff at the London Middlesex EMS location
Met with new Board of Health member Matt Reid
Participated in Council of Ontario Medical Officers of Health (COMOH) teleconference
- January 18 Phone meeting with Ian Peer and Trish Fulton to discuss their participation in the Board of Health orientation event
Met with new Board of Health member Kelly Elliott
Interviewed by Jenn Bieman, *London Free Press*, on the recent health-care reform announcement by Premier Doug Ford
Met with Health Unit staff and architect Endri Poletti to review and discuss draft floor plans for Citi Plaza
- January 21-22 Attended two-day off-site meeting with the MLHU Senior Leadership Team
- January 23 Participated in teleconference with MOHLTC staff in regard to Consumption and Treatment Services (CTS)
Phone meeting with Association of Local Public Health Association (alPHa) board of directors to discuss the alPHa pre-budget submission
Attended the 2019 Budget Consultation hosted by the Ministry of Finance
- January 24 Attended London Chamber of Commerce 2019 Mayor’s State of the City Address
Participated in Southwestern Public Health teleconference for Medical Officers of Health and Associate Medical Officers of Health
Attended Board of Health orientation session and Board of Health meeting

- January 25 Attended a preliminary planning consultation for a value-for-money audit by the Office of the Auditor General of Ontario in regard to Ontario's harm reduction and addiction programs
- January 29 Participated in MOHLTC teleconference on tobacco policy changes
- January 30 Initial meeting with Renato Discenza, CEO, South West Local Health Integration Network (SW LHIN)
Interviewed by Darryl Newcombe, CTV, in regard to the Cold Weather Alert
Met with Josh VanBiesbrook, City of London resident
- January 31 Attended the Youth Opportunities Unlimited board meeting
- February 1 Participated in COMOH executive teleconference
Met with Dr. Chandlee Dickey, London Health Sciences Centre, to discuss drug treatment and harm reduction strategies
- February 4 Phone meeting with Dr. Brian Schwartz, Vice-President, Public Health Science, Public Health Ontario (PHO), for their monthly one-on-one call
Met with Scott Courtice, Executive Director, London InterCommunity Health Centre (LIHC)
- February 5 Attended Relocation Advisory Committee (RAC) meeting
Attended City of London Civic Works Committee meeting to present on water fluoridation
- February 4-5 Invited to participate on behalf of the Urban Public Health Network in various advocacy activities with federal MPs and media in Ottawa regarding the importance of addressing climate change in order to protect human health. Unable to attend due to RAC meeting; Associate Medical Officer of Health Dr. Alex Summers attended in place of the MOH.
- February 7 Attended Youth Opportunities Unlimited annual breakfast
Attended Finance & Facilities Committee meeting
Met with Jared Zaifman, former city councillor
Participated in teleconference in regard to presenting at the February 21 alpha Symposium
- February 8 Met with Glen Pearson, former MP, London North Centre, to discuss potential collaborative initiatives
Participated in interview with Pillar Nonprofit Network in regard to the 2018 Pillar Community Innovation Awards

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



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