

MLHU

# annual report

2018





# *A note from the Medical Officer of Health and CEO*

This year has been a time of renewed focus on supporting those in our community with the greatest needs.

As the drug crisis intensified in London and Middlesex, we looked at those who struggle with addiction, homelessness, and other crushing burdens through a new lens. With data from only three quarters of the year available at the time of writing this note, it's already clear that we had more deaths due to opioid poisoning in 2018 than ever before. This shifts addiction from being a chronic disease to being acutely fatal.

Ontario's first legally-sanctioned temporary overdose prevention site, or TOPS as it came to be known, became a success. The service not only led to the creation of new and meaningful relationships but both saved and changed hundreds of lives. Over 80 potentially fatal opioid poisonings were reversed, and in the first 150 days of operation, staff at TOPS referred 150 people to addiction treatment. Dozens more were referred to housing, social services, and other healthcare services.

We also continued to build connection and understanding with our local First Nations through our reconciliation efforts. We invested in improving relationships through staff training and also through a new partnership with the Southwest Ontario Aboriginal Health Access Centre. This innovative partnership provides oral health care for local Indigenous people, and preventive services to local children and youth who wouldn't otherwise have access to dental care.

For the staff of the Middlesex-London Health Unit, 2018 was a year when we lived our vision of helping people to reach their potential in new and meaningful ways. As we strive to bring kindness, compassion and love to our work, each interaction is part of our broader mission to promote and protect the health of our community.

On the following pages of this report you'll learn much more about the work of our staff and our teams. Our work spans infectious disease and outbreak prevention and response, environmental health, chronic disease prevention, and support for young families and child development. The Middlesex-London Health Unit is a crucial part of protecting and promoting your health, and we are proud to serve the people of London and Middlesex.



Sincerely,

Dr. Christopher Mackie  
Medical Officer of Health / Chief Executive Officer  
Middlesex-London Health Unit



# Board Chair Greetings

As chair of the Board of Health, I'm pleased to share with you the progress made in 2018, as we continue to offer quality public health services throughout Middlesex County and the City of London.

The Middlesex-London Board of Health is tasked with the responsibility and authority to plan, manage, deliver, monitor and evaluate public health services in the region. The Board does this in a variety of ways, including providing oversight, ensuring the organization's accountability by monitoring and evaluating its performance, and interacting and communicating with its stakeholders and partners, and public we serve.

It can be daunting when the decisions you make touch the lives of the residents you represent each and every day. Having Board of Health members with diverse perspectives and backgrounds, representing the unique needs of our communities, is invaluable to helping the organization identify and respond to community needs.

In 2018, we completed a health needs scan of Middlesex County, which included a survey. We also held meetings with local municipal councils to identify any gaps in service and determined how best to serve the needs of our rural residents, and residents of our small urban centres.

The work of public health is constantly evolving to address rapidly growing demands in an ever-changing environment. Over the last several years we have seen evidence of this in the opioid crisis and concerns about addiction; the importance of mental health promotion; the societal impacts of poverty; the importance of achieving health equity; and ensuring we are there to meet the needs of our entire population.

The Board of Health and Health Unit staff members are committed to an ongoing process to work alongside our Indigenous community partners and communities to develop respectful and productive relationships that ultimately lead to better health outcomes.

In closing, I would like to express my sincere thanks to the members of our hard-working, engaged and committed Board of Health and to our dedicated, extremely knowledgeable staff for their many contributions over the past year. I am very grateful to all of them for their service, leadership and guidance.

When we come together as a team committed to the wellbeing of our communities, positive outcomes happen.

Sincerely,

Joanne Vanderheyden  
Chair Middlesex-London Board of Health



Back row left to right: Michael Clarke, Tino Kasi, Kurtis Smith, Marcel Meyer, Trevor Hunter, Ian Peer  
Front row left to right: Trish Fulton, Dr. Chris Mackie, Joanne Vanderheyden, Jesse Helmer, Maureen Cassidy

## REPRODUCTIVE HEALTH TEAM

The Reproductive Health Team works alongside individuals and families from across London and Middlesex County, encouraging them during pregnancy and helping them to be as prepared and as healthy as possible leading up to the birth of a child.

### **Grow Towers Making a Difference**

Through the Smart Start for Babies program, the team continued to encourage the consumption of fresh vegetables and herbs in early 2018, by purchasing a third aeroponic tower garden, this time to support the Prenatal Immigrant Program. The tower is located at, and maintained by, the South London Neighbourhood Resource Centre. Tower gardens are designed to grow a variety of vegetables, herbs and flowers indoors, in a minimum amount of space. Among the produce harvested from the grow towers are gourmet lettuce, romaine lettuce, spinach, arugula, bok choy, kale, basil, cilantro, chives, parsley and thyme.

The tower garden at the South London Neighbourhood Resource Centre joins other grow towers already in use at the Health Unit's 50 King Street offices and at the Argyle Family Centre in East London.



## Healthy Start

### **National Breastfeeding Week**

As an early kick-off to National Breastfeeding Week (NBW), the team held its annual Breastfeeding Challenge on the morning of Saturday, September 29th. To celebrate the NBW theme of *Breastfeeding – Foundation of Life*, MLHU staff aimed to have as many breastfed children as possible from across the region together at the same time.



In addition to the Breastfeeding Challenge, the team also welcomed guest speaker Dr. Emma Allen-Vercoe, from the University of Guelph, as part of National Breastfeeding Week. Dr. Allen-Vercoe spoke about her studies in the area of the microbiome that exists within the human gut and how these trillions of microbes are vital for overall health. She also presented the reasons why this community of microbes is especially important and how aspects of modern living can have a negative effect on this biome, with potential health detriments.

The presentation was live-streamed to the Internet through the Health Unit's Facebook page.



## BEST BEGINNINGS TEAM

The Best Beginnings Team provides programs and services that support healthy child development while building parenting skills with families facing challenges who have infants and young children. The team provides these services through the Healthy Babies Healthy Children (HBHC) program and the Nurse Family Partnership®.

The HBHC program is for families expecting the birth of a child, as well as for families with children, from the time they are born until they start school. Public Health Nurses and Family Home Visitors offer home visits to support families through various challenges they may face. Visiting families in their homes provides the opportunity for HBHC staff and families to develop a relationship and by working together, to build skills that strengthen family resilience. The HBHC program celebrated its 20th anniversary in 2018.

The Nurse-Family Partnership® is an intensive home visiting program for young, low-income, first-time mothers. Public Health Nurses develop a strong relationship with young women, beginning early in their pregnancy, that continues until the child's second birthday.

### **Nurse-Family Partnership®:**

In 2018, the Nurse Family Partnership® developed a short video to promote the program. Featuring a young mother who shares her experiences working with MLHU staff, the video has helped to increase awareness of the program and the positive benefits it can provide for young families. Since it began, the Nurse-Family Partnership® has received 109 referrals for services.



As the program continued to encourage young women and their children, 2018 also marked the end of the *Canadian Nurse-Family Partnership Education* pilot program. The goal of the program was to develop, pilot, and evaluate a Canadian model of education for Nurse-Family Partnership® nurses and program supervisors. Results of the evaluation will be shared early in 2019 and will be used to shape Nurse-Family Partnership® education across the country.



## EARLY YEARS TEAM

The Early Years Team uses a variety of strategies to provide services to families with young children. The team's goal is to improve a child's physical, emotional, and social health and development from when they are born until they start school. Health Unit staff provide direct client services and referrals to other agencies and service providers in London and Middlesex County, as they support families and caregivers across the region. The team's areas of focus include breastfeeding, growth and development, mental health promotion, positive parenting, infant care, and child safety.

In January of 2018, the Early Years Team launched a new program called *Precious Moments*. Created in partnership with the South London Neighbourhood Resource Centre, *Precious Moments* offers community-based support for Arabic-speaking women who are new to Canada and who have a baby under the age of six months. It focuses on infant health and overall maternal mental wellness. The program is a great example of the valuable partnerships the Health Unit has with other community agencies.

# Environmental Health and Infectious Diseases

## FOOD SAFETY AND HEALTHY ENVIRONMENTS TEAM

In addition to conducting inspections at all premises that sell food in London and Middlesex County, the Food Safety and Healthy Environments Team also monitors local forecasts for potential extreme weather events, as part of its efforts related to climate change.

### **Extreme temperature notifications**

In the summer, extreme temperature notifications are issued based on forecast highs and lows as well as humidex values, in addition to the length of time when those conditions will persist. When the Environment Canada forecast calls for daytime highs of 31° Celsius or more combined with lows of no less than 20° Celsius and / or a Humidex of 40 or higher, the Health Unit notifies the community of an extreme heat event. The Health Unit will issue a *Heat Alert* when conditions are expected to last for a day, *Heat Warnings* are issued when these conditions last for two consecutive days, and *Extended Heat Warnings* are issued when hot and hazy weather continues for three consecutive days, or more.

During winter months, the Team will issue *Cold Weather Alerts* when the forecast calls for the mercury to dip to -15° Celsius or colder, when windchill values are forecast to reach -20, or when Environment Canada issues a *Cold Alert* or *Cold Warning* of its own.

A very cold start to 2018 led to the Health Unit issuing five *Cold Weather Alerts*, including one which started on January 2nd and lasted six days. Between May 28th and September 24th, the Team also issued six *Heat Warnings*. Extreme temperature notifications are shared widely with school boards, private schools, child care centres, local municipalities and others. These notices are shared so that administrators and decision makers can make decisions that help reduce potential harms related to extreme heat or extreme cold.

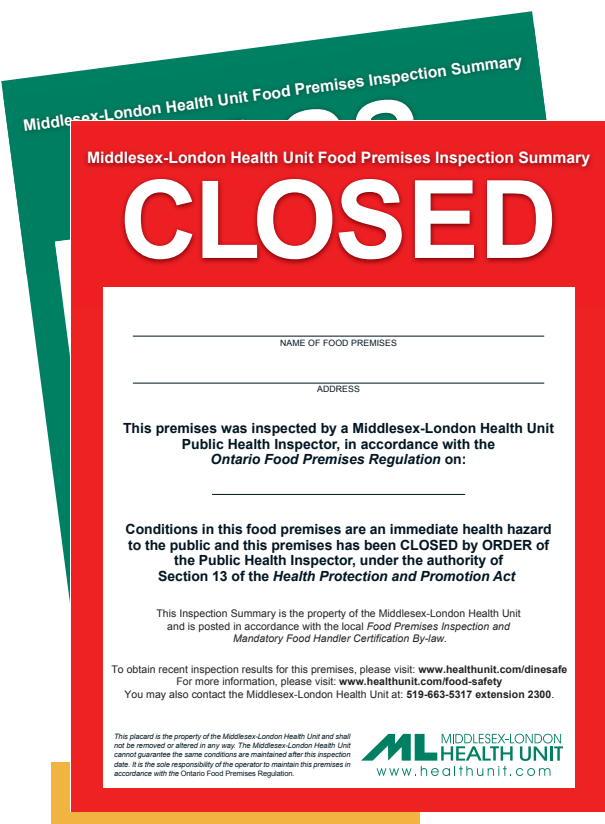
### **Dine Safe – Inspection Disclosure System**

As the Team's name would suggest, the Food Safety and Healthy Environments Team also conducts inspections of businesses that sell food to members of the public. This includes restaurants, grocery stores, convenience stores, gas stations and more. Public Health Inspectors with this team visit food premises and consider 46 criteria set out in the *Health Protection and Promotion Act*, which allow inspectors to determine if an establishment is being operated in a safe and sanitary way. Through the *DineSafe* program, inspection results are displayed on a coloured sign at each food premise indicating the Public Health Inspectors' findings during their last inspection:

- Green – Pass: The establishment was found to be in substantial compliance with the Ontario Food Premises Regulation;
- Yellow - Conditional Pass: The establishment was found to have significant non-compliance with specific areas of the Ontario Food Premises Regulation;
- Red – Closed: Conditions in the establishment pose an immediate health hazard to the public and the premises has been closed by order of the Public Health Inspector, under the authority of Section 13 of the Health Protection and Promotion Act.

The team completed 3,279 food premises inspections and 325 re-inspections in 2018. The team also acted upon 1,260 food safety complaints and 1,395 health hazard complaints in addition

to responding to numerous service requests. During 2018, the team also issued 3,447 Food Handler Training Certificates to those who completed the training.



## VACCINE PREVENTABLE DISEASES TEAM

As its name would suggest, the Vaccine Preventable Diseases (VPD) Team spends much of its time working to reduce or eliminate the incidence of vaccine preventable diseases in London and Middlesex County. The team uses a multi-disciplinary approach to achieve this goal. First, team members lead immunization clinics in schools, as well as in community and clinic settings. They also review and update students' immunization records as required under the *Immunization of School Pupils Act*. Finally, they provide educational opportunities and consult with local healthcare providers, as well as local residents about vaccines and immunizations. In addition, the team oversees the distribution of publicly-funded vaccines to healthcare providers, and inspects the refrigerators where these are stored. The team also investigates cases of vaccine-related reportable diseases.

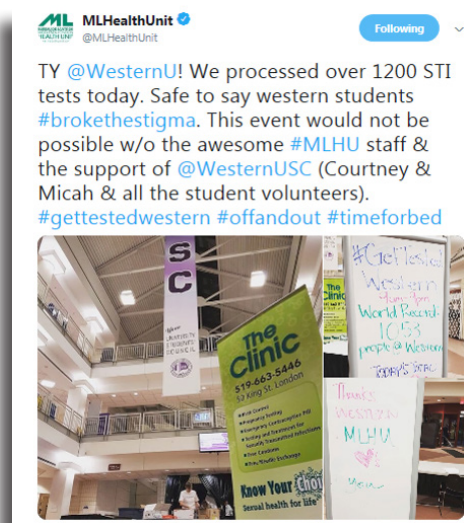
### Immunization Program

In 2018, the VPD Team began to adjust its efforts with a new focus on priority populations, in an effort to better meet the needs of people who require immunizations, but who don't have a family physician. The Team also adjusted its clinical services to make sure that children under the age of 18, who require the vaccinations set out in the *Ontario Child Care and Early Years Act* as well as the *Immunization of School Pupils Act* received the immunizations they needed.

Another important initiative introduced in 2018 was the *Immunization Connect Ontario*, or ICON, system, which allows parents to enter and update their children's immunization information online. Once entered by parents, the information is reviewed by VPD staff and incorporated into the individual immunization records the Health Unit maintains as part of its legislative responsibilities. Over the course of the year, staff members entered 24,682 individual vaccinations, updating the records of 3,597 individuals. There were also 7,272 yellow immunization record cards downloaded from ICON in that time.

## SEXUAL HEALTH PROMOTION TEAM

Staff members working with the Health Unit's Sexual Health Promotion Team were busy in 2018. The team played a key role in the response to the opioid crisis and operations at London's Temporary Overdose Prevention Site (TOPS). It also continued to build relationships and provide important services to under-housed and street-level populations through the Outreach Team, while getting involved in the annual *Get Tested Western!* event. Staff from Western University and the Sexual Health Promotion Team joined forces for the 4th edition of the event at Western's University Community Centre. While they had set a new world record in 2017, testing 1,053 people for a sexually-transmitted infection in just 12 hours, staff and volunteers were amazed at the turnout in 2018. Incredibly, by the end of the twelfth hour, more than 1,200 people had been screened, setting a new benchmark for STI testing in one day.



## OUTREACH TEAM

In October, the Health Unit's Outreach Team was honoured for its important and compassionate work, when it was awarded St. Joseph's Health Care's *Community Partner of Distinction Award*, which recognizes partnership and collaboration. In presenting the award, St. Joseph's described the team as an exemplary community partner and a kind, caring and compassionate group that goes above and beyond to support its patients. The Outreach Team works collaboratively to locate patients, provide transportation to clinic appointments and even attends the appointments with patients. The team often connects with patients through social media, email, text messages and always demonstrates a heightened level of care and understanding.





# INFECTIOUS DISEASE CONTROL TEAM

There is a list of 70 Diseases of Public Health Significance within the text of the *Health Protection and Promotion Act*. Healthcare providers who become aware of, or diagnose, a case of one of these diseases must report it to their local public health unit. It is this list of 70 diseases that forms the backbone of the work undertaken by the members of the Infectious Disease Control (IDC) Team. Along with local partners, the team works diligently to detect, follow-up and control any incidences of these illnesses that may occur in the community. In addition to working with individuals who may have become ill, the team also conducts inspections in institutional settings including childcare centres, long-term care homes, hospitals and others, for food handling and/or infection control practices. While conducting these inspections, staff also conduct cold-chain inspections to verify that any vaccines held at these institutions are handled properly and are maintained at the proper temperatures.

**Find The Missing Millions.**

**300 million people**  
don't know they are living with viral hepatitis.

Are you one of the missing millions?  
**Get tested.**

## World Hepatitis Day

In late July, and as part of the global effort to raise awareness about hepatitis testing, prevention and treatment, the Team marked *World Hepatitis Day* with a special event at London's Covent Garden Market. The team provided snacks, giveaways and challenged community members' trivia skills as it discussed viral hepatitis, testing and the supports available in our community.

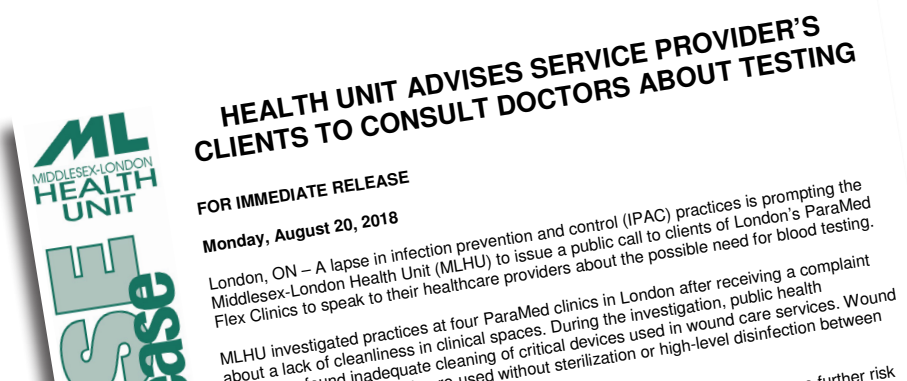
## Flex Clinic Investigation

In August, the IDC Team became aware of a lapse in infection prevention and control practices at a London "flex" clinic. The discovery of inadequate practices led to a call for clients to speak to their healthcare providers about the possible need for blood testing. The number of clients who were advised through letters sent to their homes exceeded 10,000. Thankfully no cases of blood-borne infections associated with the situation were identified.

## Hepatitis A Outbreak

With the fall of 2018 came an unexpected hepatitis A outbreak that demonstrated some of the health inequities that exist among local residents from different socio-economic levels. For several months, members of the IDC Team observed a growing number of hepatitis A cases, mostly among under-housed or homeless Londoners, and also among those who inject drugs. Where staff would only expect to see about three cases of hepatitis A per year, most of which would be travel-related, there had been 16 non travel-related cases by mid-October. The team continued to manage this hepatitis outbreak through the end of 2018, with on-going work continuing into 2019.

members of the IDC Team observed a growing number of hepatitis A cases.





# SAFE WATER, RABIES AND VECTOR-BORNE DISEASES TEAM

## Glencoe Watermain Break

A summertime water main break in Glencoe led to a *Boil Water Advisory* being issued for the village on July 30th. Staff members with the Safe Water program responded to the incident, which led to a loss of pressure in the distribution system, creating the potential for contaminated water to enter the water supply, rendering it unsafe to drink. To supplement water being boiled in local residences, the Municipality of Southwest Middlesex also acted quickly and provided bottled water to residents while remedial work was being completed. Repairs to the system, as well as the roadway where the water main break occurred, were completed within a few days and the Boil Water Advisory was lifted on August 1st.

## West Nile Virus

The summer is also when the majority of the Vector-Borne Disease program's work is done. As sunny days and warmer weather draw people out of their homes, it's also when we need to protect ourselves from mosquitoes. On July 31st, the Health Unit issued a release advising that one of its mosquito traps contained insects that had tested positive for West Nile Virus (WNV). The trap, located near Springbank Drive and Wharncliffe Road, may have been the first, but it was not the last found to contain WNV-positive mosquitoes, during the summer of 2018.



A month later, the Health Unit provided an update, reporting that there had been a human case of WNV and an additional six mosquito traps containing bugs that tested positive for the disease. Even though the end of summer was around the corner, it was clear that the mosquitoes were still biting. While the Health Unit went on to report that the infected individual showed no symptoms of the virus, their diagnosis, combined with finding more West Nile Virus-positive mosquitoes was significant. The half dozen traps were located in areas that cover wide parts of London, as well as central and western Middlesex County, suggesting mosquito populations capable of spreading West Nile Virus were established across a wide area.

## Key Statistics from the Safe Water, Rabies and Vector-Borne Diseases Team

### Recreational Water:

- A total of 696 recreational water facility inspections were conducted by Public Health Inspectors

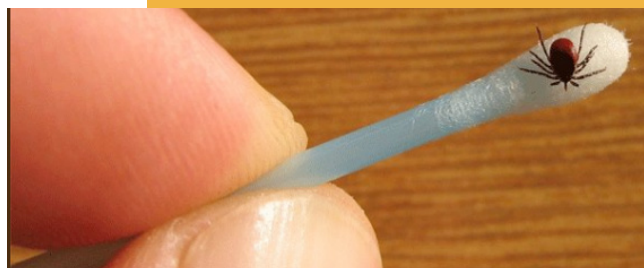
### Drinking Water:

- Enhanced Private Well Water Program: 289 phone calls to notify and discuss adverse water test results
- Training manual for Small Drinking Water Systems (SDWS) owners and operators was developed. Small Drinking Water Systems (SDWS) owner/operator training sessions will start early 2019.
- 243 adverse water quality incidents reported to the MLHU, which were followed-up promptly.

**Rabies Prevention and Control:** Investigation of 950 animal biting incidents; responded to within 24 hours; 99 clients received Post Exposure Prophylaxis. Four bats tested positive for rabies.

**Vector-Borne Disease:** 301 tick submissions, 13 WNV positive mosquito pools, 110,821 larval treatments to catch basins located on public property, continued to monitor for the presence of mosquitoes capable of carrying the Zika Virus in Middlesex-London with new sentinel traps. No Zika vector mosquitoes were identified.

**110,821**  
larval  
treatments



**950**  
animal  
biting  
incidents

# Opioids Response 2018

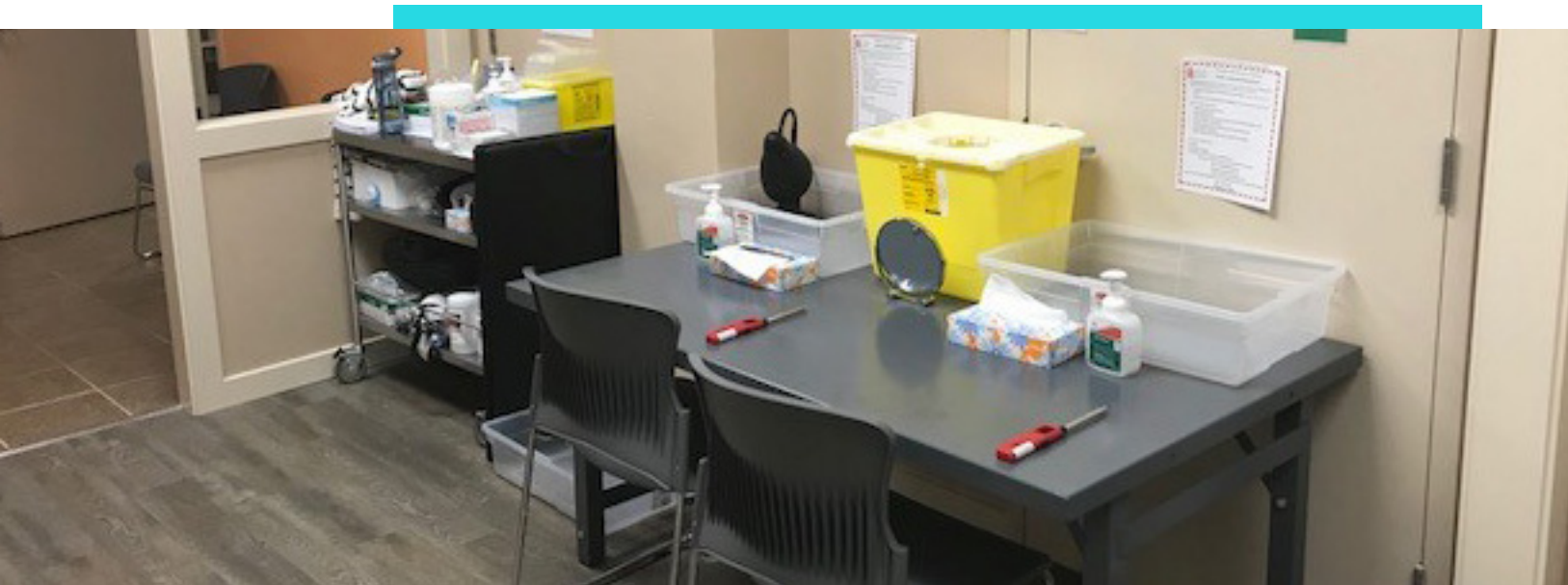
One of the biggest challenges of 2018 was also one of its greatest opportunities. For several years, the Middlesex-London Health Unit had been facing a growing crisis brought on by multiple and overlapping drug-related issues. As Health Unit staff reviewed the data and consulted with partners, an image emerged of the damage done by opioid drugs and a rising number of HIV cases associated with injection drug use. These were reaping a devastating toll among some of the most marginalized people in our community.

"The misuse of opioid drugs has claimed thousands of lives across the country over the last decade, including nearly 400 deaths in our community alone. In contrast to the decline in the provincial HIV infection rate, the rate in our community is climbing due to injection drug use," said Dr. Chris Mackie, Medical Officer of Health and CEO at the Middlesex-London Health Unit in early December of 2017.

There were no easy answers or apparent solutions to the opioid crisis. What was obvious was the need for an urgent and novel response.

## **TOPS – London's Temporary Overdose Prevention Site**

By the late fall of 2017, the Health Unit and its partners, including Regional HIV / AIDS Connection (RHAC), were seeking input about the establishment of permanent Supervised Consumption Facilities (SCF) in London. They gathered input, ideas and feedback through a series of community consultations, an online survey and four focus groups that included 56 participants representing the Indigenous community, peers and professionals. While work on the plan to establish permanent Supervised Consumption Sites was already underway, a provincial decision opened the door to the rapid response that was needed in London's downtown core.



On December 6th, the Ministry of Health and Long-Term Care announced Ontario was facing a public health emergency due to the opioid crisis and moved to allow for the creation of temporary overdose prevention sites. These sites would aim to prevent deaths by allowing drugs to be consumed in a safer and supervised environment. A key condition necessary for the creation of these facilities came when the Government of Canada allowed provinces facing the opioid crisis to seek exemptions under federal law, making drug consumption at temporary overdose prevention sites legal. Within days, the MLHU and its partners began working towards establishing a legally-sanctioned, temporary overdose prevention site in downtown London.

With much of the information necessary to apply for a temporary overdose prevention site in London already in place, including data gathered from public meetings, the online survey and focus groups, the search for a site was underway. Key findings from the consultation process were instrumental in the planning phase including the importance of access to integrated services linking to wraparound support, treatment and rehabilitation in a proposed facility.



As the drug crisis intensified in London and Middlesex, the Health Unit and its partners looked at those struggling with addiction, homelessness, and other crushing burdens, through a new lens.

"This is a life and death matter, and I am pleased with the provincial announcement to support immediate opening of Overdose Prevention Sites," said Sonja Burke, Director of Counterpoint Harm Reduction Services at RHAC. "It's a definitive statement that every life is valuable and harm reduction is a critical part of the addictions continuum."

On January 12th, the Middlesex-London Health Unit, RHAC and their partners, including the Southwestern Ontario Aboriginal Health Access Centre, London CAREs; Addictions Services of Thames Valley, London Intercommunity Health Centre and the Canadian Mental Health Association submitted the first application for a temporary overdose prevention site in Ontario.

Within a week, the Ministry of Health and Long-Term Care had approved the application and provided one-time funding in the amount of \$130,700. The facility would be located at 186 King Street, in space shared with RHAC and the Counterpoint Needle and Syringe Program, creating a needed service in a location already familiar to people who use injection drugs.

London's Temporary Overdose Prevention Site, or TOPS as it came to be known, opened its doors on Monday, February 12th, and quickly began to make a mark in the fight against opioids and the toll they were taking on the community.

"This is a life and death matter, and I am pleased with the provincial announcement to support immediate opening of Overdose Prevention Sites,"

From just four clients the first day, to 44 two weeks later, clients were gaining confidence and trust in the facility and its staff. The London Police Service also reported that they had not seen any changes in the level of activity in the area near the facility since TOPS had opened.

By the end of 2018, the service had not only led to the creation of new and meaningful relationships but it had both saved and changed hundreds of lives. Over 80 potentially fatal opioid poisonings were reversed, and in the first 150 days of operation alone, staff at TOPS referred 150 people to addiction treatment. Dozens more were referred to housing, social services, and other healthcare services.

The important life-saving and life-changing work done at TOPS was recognized at the 2018 Pillar Community Innovation Awards, when the partners who created and continue to operate the facility, received the award for Community Collaboration.



## HEALTH UNIT AND PARTNERS PREPARE TO TAKE NEXT STEP IN LOCAL OPIOID CRISIS FIGHT

FOR IMMEDIATE RELEASE  
January 12, 2018

London, ON – Earlier today, the Middlesex-London Health Unit and its partners submitted the first application for a Temporary Overdose Prevention Site (TOPS) in Ontario. With data gathered during public consultations and the recent acknowledgement of a provincial public health emergency, this will herald the next phase of the local drug crisis fight.

The Minister of Health and Long-Term Care's recognition last month of a public health emergency enables the operation of TOPSs in Ontario, which will prevent deaths by allowing drugs to be consumed in a safer environment.

Initial data from recent public consultations in London about Supervised Consumption Facilities (SCFs) indicates the importance of having integrated services linking to wraparound support, treatment and rehabilitation. Key benefits of SCFs, including reducing the risk of injury and death, as well as linking people who use drugs to the services they need, were also identified at the public meetings. The consultation process also highlighted challenges, including the need for adequate funding for SCFs and that, if not run well, such facilities may have a negative impact on the community's reputation.

"Temporary Overdose Prevention Sites, and even the more permanent Supervised Consumption Facilities, are not going to end the drug crisis. Londoners clearly recognize that, and want these facilities to offer links with other services," says Dr. Christopher Mackie, Medical Officer of Health and CEO of the Middlesex-London Health Unit. "With the input of neighbourhoods where the need is greatest, combined with new tools that will allow us to begin this work, we are now closer to being able to implement solutions for those at risk."

**ML**  
MIDDLESEX-LONDON  
HEALTH UNIT  
**RELEASE**  
Media release

## Riverside Memorial to More Than 400 Lives Lost April 25, 2018

Against the backdrop of an overcast afternoon on the banks of the Thames River, a large group of people gathered to remember the lives lost to the opioid crisis over the last decade in London. Representatives from local organizations and agencies involved on the frontlines of the crisis joined politicians, those who have lost loved ones and, in some cases, those who have struggled with addiction themselves, in a moving memorial on April 25th. The memorial included music, spoken tributes and an original poem from London Poet Laureate Tom Cull, in tribute to those who have become casualties in the battle against opioids.

The lessons learned from waging battle against these powerful drugs are reminders of the pain and suffering endured not only by those who lost their lives due to drug poisoning, but also among their loved ones and their community.



### Memorial to 400 Lives Lost to Middlesex-London's Opioid Crisis

**Friday, April 27 at 5:00 PM - 5:45 PM**  
**Ivey Park London Ontario**

## Dangerous Forms of Opioid Drugs Arrive

In mid-summer, new data about the presence of fentanyl in London, including a spike in the number of opioid-related deaths in the last quarter of 2017, caught the attention of local agencies and organizations on the front lines of the opioid crisis. Information from multiple datasets and a recent warning by London Police that new forms of fentanyl may have arrived in the region, prompted heightened concern from the Health Unit and its partners. The information that had been gathered over the previous months was painting a troubling picture.

While naloxone kits were becoming more widely available, not only through the MLHU, but also through local pharmacies for people who use opioids, and for the friends and family of those who use, the London Police Service also began carrying the potentially lifesaving tools.

"I am deeply concerned about the increase in deaths as the data is showing and, anecdotally, what appears to be an increase in fentanyl-related overdoses that our officers are responding to," London Police Chief John Pare stated in early June. "Starting this week, Naloxone kits are being distributed to all of our officers so they will be able to provide immediate assistance if exposed to fentanyl or to provide immediate assistance to someone who has overdosed."

"Several data sources are showing what appears to be a steadily increasing presence of fentanyl in our community,"

Naloxone is a drug that can reverse an opioid-related overdose, potentially saving a life and making it possible to receive urgent medical care.

"Several data sources are showing what appears to be a steadily increasing presence of fentanyl in our community," said Dr. Chris Mackie, Medical Officer of Health and CEO at the Middlesex-London Health Unit. "What this information tells us is that there is likely more of this substance on our streets and that it is being made available in new and different forms that we haven't seen before."

The potential that fentanyl could be mixed with other drugs without users being aware of it also raised alarm bells, further underscoring the need for those who use these substances to exercise caution to prevent opioid-related poisonings, injuries and overdoses.

As the world marked International Overdose Awareness Day on August 31st, the Health Unit issued a news release indicating that the potential arrival of new and highly toxic forms of opioids to our region was cause for concern.

For several weeks, MLHU staff had been receiving information about an increasing number of opioid-related overdoses and RHAC had issued a community warning the previous week, noting there had been 13 overdoses at TOPS between August 1st and 23rd and an additional six on August 31st alone.



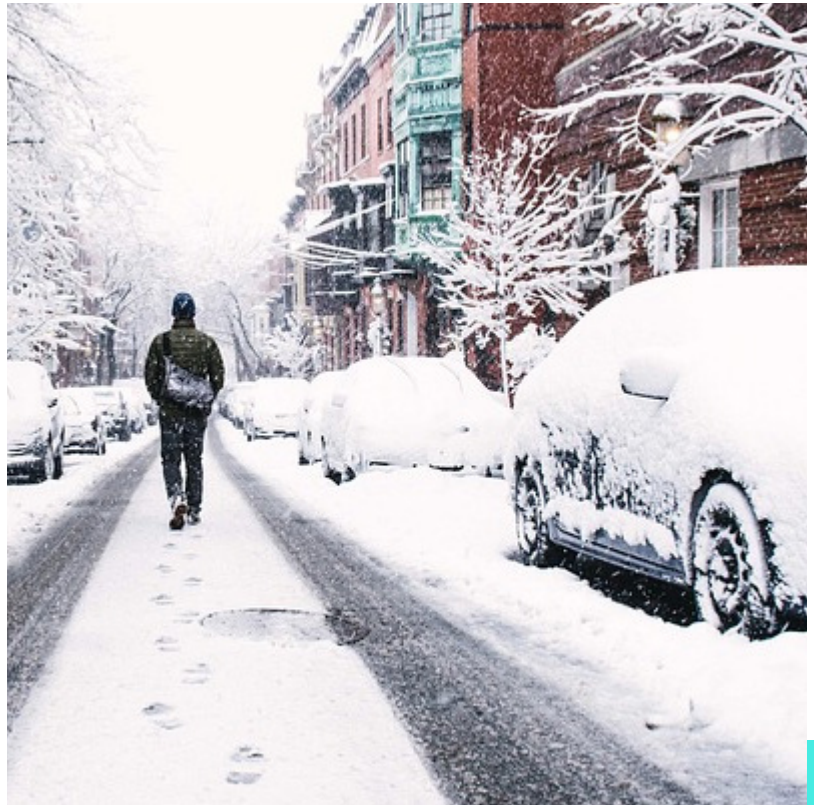
In all of these cases, the overdoses were reversed due to the intervention of staff members as well as the use of oxygen and naloxone. In all but one case, the drug used was fentanyl.

The number of opioid poisonings in the month of August stood in stark contrast with the eight overdoses that occurred, and were reversed, at TOPS between mid-February and August 1st.

Data gathered by the Health Unit as part of its surveillance of the local opioid crisis indicated the number of opioid-poisonings was increasing, raising concerns that those who inject drugs were being exposed to a new threat.

### **Working Towards Permanent Consumption and Treatment Services**

While the work done at TOPS was showing that positive change can come when a compassionate approach is used, the Health Unit and RHAC also continued to work closely to make permanent Supervised Consumption Facilities a reality in London.



In mid-January, the Health Unit released a report on the public consultations about SCFs that had been held in November of 2017. The data was gathered from 334 people who took part in nine consultations held in November; as well as the more than 2,000 responses to an online survey and four focus groups that included 56 participants representing the Indigenous community, peers and professionals.

Among the findings was that the majority of participants in the consultation process wanted to support people struggling with opioid addiction. The report showed that 90% of respondents identified decreases in drug-related deaths and injuries, and a reduced risk of infectious diseases like hepatitis C and HIV/AIDS, as key benefits of establishing an SCF in London. Consistent with the compassionate tone that would come to characterize the local response to the opioid crisis, only one percent of survey respondents felt SCFs would be of no benefit.

“We’ve known for some time that people who are facing addictions want and need access to supervised consumption facilities. Now we have data from the community that will help guide the development of these facilities,” said Shaya Dhinsa, Manager of Sexual Health with the Middlesex-London Health Unit.

The report’s recommendations included a call for multiple and/or mobile SCFs in the city, and an appeal to respect neighbourhood needs and concerns. What became evident was that the crisis was being felt widely across the city and that it was important to create an integrated service model to link some of the most vulnerable people in the community to the support, treatment and rehabilitation they need.

Armed with evidence demonstrating such a facility would be used, and a consultation process showing a strong desire to support those addicted to opioid drugs, the Health Unit and RHAC submitted an application to Health Canada in mid-March, for an SCF in the city of London.

By the end of April, the partners had identified two potential sites for permanent SCFs, one in a residential apartment building located at 241 Simcoe Street and the other in a retail location at 446 York Street, near London’s downtown core. In addition to the two physical locations being proposed, the Health Unit and RHAC also applied for a federal exemption to allow for a mobile SCF. The plan would be to have the vehicle make stops at specific locations identified in the community consultation report.

After holding several meetings with residents and business owners whose properties were in proximity to the two proposed SCF sites, MLHU and RHAC received letters of support from the provincial government. The letters detailed capital and operational funding commitments, and a letter of support from the Health Minister for the establishment of the proposed SCFs, which are required as part of the Health Canada application process.

In a similar way to how TOPS operates, the proposed SCF sites would provide a place for those who have obtained drugs to consume them under the supervision and care of trained medical professionals and skilled harm reduction workers. The facilities would also include after-care areas, where clients could interact with staff from community agencies and organizations that provide support and services, including counselling, treatment and housing.

“While this is an important step in the process, we value the community’s input and feedback,” said Dr. Mackie. “We’ve already started the conversation and look forward to the discussions that will follow in the coming weeks and months.”

Among the next steps were obtaining federal approval for the proposed sites, as well as municipal zoning and building permits.

“While this is an important step in the process, we value the community’s input and feedback.”

In late October, MLHU and RHAC were notified that the Federal Government had approved the applications for the proposed sites of two permanent SCFs, now known as Consumption and Treatment Facilities (CTS), at 241 Simcoe Street and 446 York Street in London. In addition, the partners were also notified that Health Canada had approved TOPS as an interim site until the location on York Street was operational, and received correspondence from the Province that the temporary site could continue to operate through the end of the year.

“This is great news and we look forward to working closely with the Provincial Government on this new approach to providing vital services and support to those who are struggling to overcome powerful drug addictions,” Dr. Mackie said at the time.

“The interactions and relationships forged with our clients have allowed us to build a rapport with people who are often ignored. These decisions show that their lives matter,” said RHAC Executive Director Brian Lester.

By the end of 2018, plans to establish permanent CTS locations in London were still being finalized. It is hoped that once operational, these facilities will continue to show the kind of successes seen at TOPS, where lives are not only being saved, but are being changed for the better.

The overdoses that have been reversed, the relationships that have been forged and the referrals to treatment and services have shown that supervised consumption is a harm reduction strategy that can play a key role in addressing the challenges of the opioid crisis.





## CHRONIC DISEASE AND TOBACCO CONTROL

### Smoke is Smoke Campaign

In January of 2018, the Chronic Disease Prevention and Tobacco Control team rolled out its new Smoke is Smoke campaign during National Non-Smoking Week. The campaign's simple message is that all smoke is harmful, whether it comes from tobacco, cannabis or from a Hookah pipe. The campaign returned in March to coincide with the Cannabis Municipal Knowledge Exchange Forum held at London's Lamplighter Inn, then again in October to promote this important message at Health Fairs at Western University and Fanshawe College.

### Cannabis: Know the Law. Know the Facts

The legalization of non-medical cannabis was something the Middlesex-London Health Unit paid close attention to in 2018. On March 28th, MLHU hosted a Cannabis Municipal Knowledge Exchange Forum, which brought together municipal staff and elected officials from across London and Middlesex County, as well as local police services, fire prevention officers and delegates from neighbouring health units. Presentations by staff from the Ministry of the Attorney General's Ontario Cannabis Legalization Secretariat, the Association of Municipalities of Ontario and the Middlesex-London Health Unit, provided delegates with updates on the government's plan to legalize cannabis.

In September, the Healthy Communities and Injury Prevention Team also held a Cannabis and the Workplace workshop, which drew on the expertise of the Workplace and Substance Misuse Prevention programs. Experts from the fields of law, medicine, occupational health and safety, and policy development shared their knowledge about cannabis education and policy with the 170 workplace representatives from across southwestern Ontario who were in attendance.

Shortly after non-medical cannabis became legal in Canada on October 17th, the Health Unit launched its *You Need to Know* campaign, which aims to help London and Middlesex County residents better understand the regulations and potential health risks associated with cannabis use. Accompanied by the [www.YouNeedToKnow.ca](http://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 help lower the potential risks associated with cannabis use.

#### Tobacco, Vaping and Cannabis Enforcement – by the Numbers:

- 856 workplace inspections
- 189 bar, restaurant and outdoor special event inspections
- 1122 tobacco retailer inspections
- 532 e-cigarette (vapour products) retailer inspections



[YouNeedToKnow.ca](http://YouNeedToKnow.ca)

**Know the Law.  
Know the Facts.**

**Cannabis use** and vaping are **illegal in all places** where smoking tobacco is banned.



**Cannabis use** can have a negative **impact on brain** development in youth and **young adults**.



If you choose to use, follow Canada's **Lower-Risk Cannabis Use Guidelines**.



**ML** BUREAU DE SANTÉ DE  
MIDDLESEX-LONDON  
HEALTH UNIT  
[www.healthunit.com](http://www.healthunit.com)



### Dog Days in the Park

Summertime means getting out and enjoying the sunshine and warm temperatures. Definitely not the time you'd want to be inhaling second-hand smoke. The Health Unit's *One Life One You* youth advocacy group took part in several Dog Days in the Park in London. These events highlighted the Smoke-Free Ontario Act as well as the City of London's outdoor smoking bylaw. The teens interacted with off-leash dog park users at the Greenway and Stoney Creek dog parks, and brought attention to the burden that tobacco litter and second-hand smoke place on our outdoor spaces. The Dog Days in the Park events serve as a reminder that "a smoke-free park is a healthier park."

### Smoke-Free Ontario Act, 2017

The *Smoke-Free Ontario Act, 2017*, came into force on October 17th, coinciding with the legalization of cannabis in Canada. With the enactment of the updated legislation, the smoking and vaping of cannabis are now regulated under the same provincial legislation as tobacco. The use of e-cigarettes to vape any substance, and the smoking and vaping of cannabis, are prohibited in the same places where tobacco use is already banned. The Smoke-Free Ontario Act, 2017 also regulates the sale, supply and promotion of tobacco and vapour products.

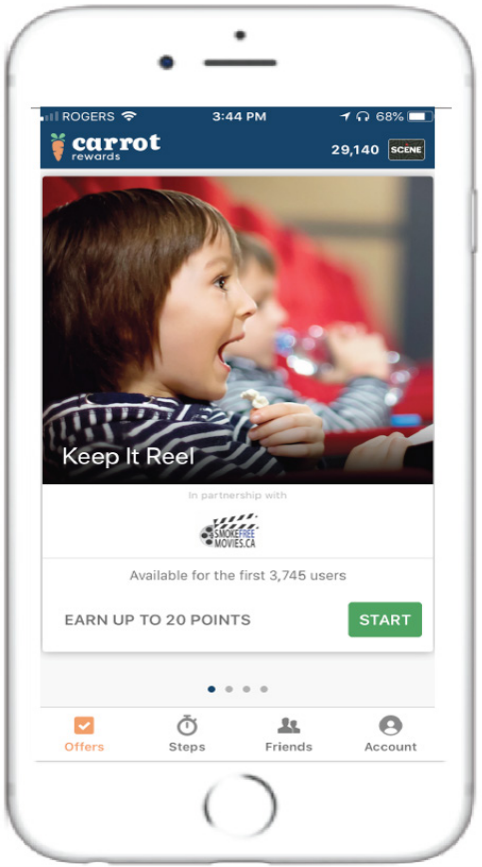
### 1-Day Stand

The *1-day Stand* is an initiative led by *Leave the Pack Behind* and public health partners, supporting Ontario post-secondary institutions to assist them with the implementation of clean air and smoke-free policies. A *1-Day Stand* event, planned by Health Unit staff, students from Western University's Masters of Public Health class and the University's Smoke-Free Policy Committee, was held at Western on March 21st. By the summer of 2019, Western's campus will be 100% smoke- and vapour-free. The Health Unit also worked with the University to offer stop smoking programs for faculty and staff; services for students are available through Student Health Services.





## TOBACCO CONTROL AREA NETWORK



The Southwest Tobacco Control Area Network, or TCAN, used the Carrot app to educate users about smoke-free movies and encouraged people to take action by writing their local MPP, requesting that films that show tobacco use be restricted to adult audiences in Ontario. The campaign also ran in Eastern Ontario and saw almost 44-thousand people complete the Carrot survey, while more than 2,000 sent letters to their elected members of Provincial Parliament.

almost  
**44,000**  
completed the  
survey

The Southwest TCAN joined five other TCANs in the effort to change social norms among the "alternative" youth crowd and to shift their peer crowd values away from tobacco use. Over the course of 2018, TCAN staff participated in seven events where there were a combined 8,345 youth in attendance. Of those in attendance, 401 youth registered to be part of the Southwest TCAN's email distribution list and 227 youth registered to work with the TCAN at future events.

### Social Media:

8,411,559 views/engagements on our social media ads/posts which exceeded the goal by 43%.

## HEALTHY COMMUNITIES AND INJURY PREVENTION

### Harvest Bucks

The Harvest Bucks Program continued for a seventh year in 2018, distributing nearly \$190,000 in vegetable and fruit vouchers that can be exchanged for produce at local farmers' markets and other small community grocers. Vouchers are distributed through community and emergency food programs, in addition to other food literacy and social service programs. The effort is intended to increase local access to, and consumption of, vegetables and fruit, while promoting community connectedness through the farmers' market experience.

### Helmets on Kids

In June, the Helmets on Kids Committee, released a new video highlighting the proper use of helmets, whether you're riding a bike, using rollerblades, or on a skateboard. Over the course of 2018, more than 900 local children received new helmets, at no charge, through the Committee's efforts and ongoing partnership with the Ontario Trial Lawyers Association.





## Community Drug and Alcohol Strategy (CDAS)

It can be said that 2018 was the year when London and Middlesex County brought a collaborative focus to addressing the multiple and overlapping challenges gripping the community, including opioids, crystal meth, alcohol and others. After many months of focused work, 2018 marked the release of the *Middlesex-London Community Drug and Alcohol Strategy – A Foundation for Action*. The partnership leading the development of this strategy included representatives from the health, education and social services sectors, as well as from law enforcement, the private sector, municipal government and people with lived experience. Extensive community input was key in helping to shape the Strategy. Early in 2018, the Community Drug and Alcohol Strategy (CDAS) Steering Committee, hosted a series of drop-in information and feedback sessions, which provided an opportunity for members of the public to learn more and share thoughts

that will shape the final strategy for the community. Additionally, focus group sessions were held with people who have lived experience of injection drug use, youth who identify as LGBTQ2+, and members to the Indigenous community.

On October 16th, the *Middlesex-London Community Drug & Alcohol Strategy – A Foundation For Action* was released publicly at a news conference held at London's Goodwill Centre. Leading up to the release of the report, and as work on the strategy continued, it became apparent that people across the City of London and Middlesex County face challenges each day that are associated with the use of drugs and alcohol. These challenges can, and often do, have devastating negative effects on health, relationships, safety and overall community wellness.

The Strategy consists of 23 recommendations with 98 associated actions, and sets a long-term comprehensive plan to prevent and address local substance-related harms. Work to implement the recommendations of the *Middlesex-London Community Drug & Alcohol Strategy – A Foundation For Action* is underway and will continue through 2019 and beyond.

## Tony the Streetwise Cat & Active and Safe Routes to School

Tony the Streetwise Cat was back at work in April and May of 2018, raising awareness about pedestrian crossovers in London. The animated Lego cat was part of a social media campaign that also included an enforcement component that saw the London Police Service conduct an education and enforcement blitz about pedestrian crossovers. The animated YouTube videos featuring Tony the Streetwise Cat amassed more than 42,600 views during the campaign.

Not only was he a presence on YouTube, but Tony the Street-Wise Cat also visited Stoneybrook Public School in the spring to teach students how to use pedestrian crossovers. Members of the London-Middlesex Road Safety Committee, and *Active and Safe Routes to School*, joined Tony to teach children at Stoneybrook about the importance of walking to school and how to use pedestrian crossovers safely.

In October, the *Active and Safe Routes to School* program celebrated iWalk month, where students were encouraged to track their method of travel to and from school. Posters, social media messages and a Climate Change and Active School Travel Toolkit were created to help promote the campaign.





# SCHOOL HEALTH (CHILD HEALTH & YOUNG ADULT TEAMS)

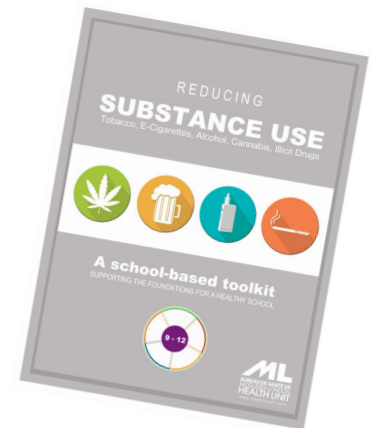
## Improving Food Environments in Schools

Staff with the Child Health and Young Adult Teams work diligently with school board partners to promote healthy nutrition environments in schools. In 2018, #Food4Thought, a new healthy eating program co-created by school board and health unit staff, was launched. The program is a six-week student voice initiative, designed to improve food literacy and students' sense of belonging to their school. In addition, staff advocate for school-level policies for healthy snack celebrations and healthy rewards.



## Substance Use Prevention for Children and Youth

As the need for local resources related to drug use and the legalization of non-medicinal cannabis began to emerge, the Child Health and Young Adult Teams partnered with local school boards to provide educators, parents, and students with strategies and resources to reduce substance use among children and youth. To help address this need, the new *Reducing Substance Use Toolkit for Secondary Schools* was created. The toolkit contains strategies to support curriculum, teaching, & learning; social and physical environments; school & classroom leadership; student engagement; and home, school & community partnerships.



## Situational Supports

Public Health Nurses working in secondary schools conduct one-on-one situational supports with students in schools. Over the course of the 2018-2019 school year, nurses responded to 2,280 face-to-face student requests and/or concerns about health-related matters. The top three topics were health matters related to physical well-being, sexual health and mental well-being. Testing and education related to sexually-transmitted infections (STI) was a new service added for students this year.

## ORAL HEALTH TEAM

### Partnership with Southwestern Ontario Aboriginal Health Access Centre

In April, 2018, the Middlesex-London Health Unit and the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) announced a partnership that would provide new dental treatment options for Indigenous community members across the region. On April 5th, the dental clinic space at 50 King Street became space that would be shared between MLHU and SOAHAC. Through the Healthy Smiles Ontario program, the Health Unit would provide preventive oral health services to youth under the age of 17 who are from qualifying families, while SOAHAC would provide culturally-safe dental treatment services to its clients.

The creation of the partnership was a solution to a challenge that had faced SOAHAC's Board of Directors for years. For more than a decade and a half, the Board had been seeking ways of addressing the pressing oral health needs of local Indigenous communities. The partnership dovetails well with the MLHU's efforts to respond to the Truth and Reconciliation Commission's Calls to Action. The collaboration is a demonstration of the Health Unit's commitment to working with, and seeking direction from, local First Nations and Indigenous-led organizations.



## Oral Health Month

In April, the Health Unit also marked *Oral Health Month*. The Oral Health Team took part in the province-wide effort to *Brush Up on The Facts: Keep Kids Teeth Healthy*. The awareness campaign, the first in 15 years, was a collaboration between the Ontario Association of Public Health Dentistry and the 35 Public Health Units across the province. The campaign was aimed at parents and caregivers of young children, and emphasized the importance of oral health in children's overall growth and development. The campaign proved to be a success, as increased web traffic made its way to the Health Unit's website and social media channels.

## Fluoride Varnish and Dental Screening Programs



# BRUSH UP ON THE FACTS: KEEP KIDS' TEETH HEALTHY.



Small actions today can affect  
your child's health tomorrow.



The Health Unit's Fluoride Varnish Application Program continued to provide services at 18 elementary schools and 13 daycares across the region in 2018. Over the course of the year, 1,251 children received 2,279 fluoride varnish applications as part of the program.

During the 2017-2018 school year, staff were able to screen 16,038 students in 130 elementary schools to assess their teeth; of all these students, 1,776, or roughly 11%, children were found to have urgent dental needs.

**16,038**  
students in  
**130**  
elementary  
schools

The Oral Health Team also provided preventive services and screening at the 50 King Street Dental Clinic in 2018.

- 594 were screened for urgent dental needs
- 1,203 children received preventive services such as cleaning, dental sealants and fluoride varnish
- 240 adults received preventive services through the Smile Clean Program

## Healthcare Provider Outreach Program

Raising awareness about public health programs and services, providing timely updates, and bringing attention to emerging issues, are some of the key functions of the Middlesex-London Health Unit's Healthcare Provider Outreach program. The Healthcare Provider Outreach team provides a mechanism for program staff to communicate with a wide range of health professionals in the City of London and Middlesex County. Through resource binders highlighting programs and services, to dedicated content on the MLHU website, annual face to face visits, and monthly eNewsletters, Healthcare Provider Outreach staff have become valued collaborators for local healthcare professionals. The team also organizes and provides several educational opportunities for healthcare providers across the region each year.

In addition to reaching out to local healthcare providers, and working with program staff to develop engaging content, the team is also part of a provincial community of practice. The insights and experiences that have enhanced the Healthcare Provider Outreach program locally are helping to shape how other health units collaborate and communicate with physicians, nurses and other health professionals across Ontario.

### 2018 Healthcare Provider Outreach Highlights

23,184 resources distributed as part of MLHU binders  
296 visits to Healthcare Provider offices  
49 internal consultations

1,286 receive each electronic newsletter  
284 resource binders distributed  
51 external consultations



# Finance Report

## 2018 Budget

### EXPENDITURES 2018

#### Cost-Shared Programs:

Mandatory Programs	\$ 24,451,514
Vector-Borne Diseases	616,000
Small Drinking Water Systems	48,340
	25,115,854

#### 100% Funded Programs

Infectious Diseases Prevention and Control	1,166,800
Needle Exchange	650,600
Public Health Nursing Initiatives	392,100
Healthy Babies Healthy Children	2,483,313
Smart Start for Babies	152,430
Enhanced Safe Water Initiative	35,700
Enhanced Food Safety Initiative	80,000
FoodNet	160,430
Shared Library Services	106,526
Healthy Smiles Ontario	692,700
Dental Treatment Clinic	150,000
Smoke Free Ontario	1,048,800
tykeTALK	1,893,374
Infant Hearing and Screening Program	1,081,224
Blind Low Vision	174,855
	\$ 10,268,852

<b>Total Public Health Program Expenditures</b>	<b>\$ 35,384,706</b>
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### REVENUES 2018

#### Sources of Funding:

Province of Ontario	26,653,957	75.3%
Government of Canada	428,261	1.2%
City of London	6,095,059	17.2%
County of Middlesex	1,160,961	3.3%
Program revenues	1,046,468	3.0%

<b>Total Sources of Funding</b>	<b>\$ 35,384,706</b>
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