

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 051-20

TO: Chair and Members of the Board of Health

FROM: Dr. Christopher Mackie, Medical Officer of Health

Dr. Michael Clarke, CEO (Interim)

DATE: 2020 November 26

SUMMARY INFORMATION REPORT - NOVEMBER 2020

Recommendation

It is recommended that the Board of Health receive Report No. 051-20 re: "Summary Information Report - November 2020" for information.

Key Point

Throughout the COVID-19 response, MLHU has developed and shared messages through the use of
media, advertising and social media platforms. In order to continue responding effectively to the
second wave of the pandemic, additional communications strategies and mechanisms must be
identified in order to reach priority populations and improve the reach of, and compliance with
MLHU messages.

Communications Planning to Target Priority Populations

Since January 2020 the Middlesex-London Health Unit (MLHU) has been providing public health information, messages and guidance about COVID-19 using a variety of platforms. To date, the Health Unit has used several media, advertising and social media platforms and strategies to develop COVID-19 messages for various audiences and groups. MLHU is aware that not every resident of London and Middlesex County receives public health messages through traditional media, social media and online. As the number of COVID-19 cases continues to increase, and we learn more from those who have been affected, it has become clear that there are segments of the population the Health Unit has been unable to reach.

In order to continue an effective response to the second wave of the COVID-19 pandemic, additional strategies are required to reach those priority populations most affected by COVID-19. This will not only help expand the reach of COVID-19 messages and improve health outcomes, but ideally, it may limit further spread of this disease in our community.

Moving forward, the Communications team will be augmenting mainstream messaging with targeted and tailored messaging for specific priority groups who are not receiving, consuming or seeking out local public health guidance and information. Partnering with leading organizations and individuals within these groups will help identify the best ways to share messages with priority populations, while developing targeted and culturally appropriate messages. Initial discussions with potential partners have been promising; further details will come forward to the Board of Health in the coming months.

Christopher Mackie, MD, MHSc, CCFP, FRCPC

Medical Officer of Health

Dr. Michael Clarke, PhD

CEO (Interim)