

**AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, February 17, 2022, 7:00 p.m.
Microsoft Teams

MISSION - MIDDLESEX-LONDON HEALTH UNIT

The mission of the Middlesex-London Health Unit is to promote and protect the health of our community.

MEMBERS OF THE BOARD OF HEALTH

Ms. Maureen Cassidy
Ms. Aina DeViet
Mr. John Brennan
Ms. Kelly Elliott
Ms. Mariam Hamou
Mr. Matt Reid
Mr. Mike Steele
Ms. Tino Kasi
Mr. Selomon Menghsha
Dr. Alexander Summers (Acting Medical Officer of Health, ex-officio member)
Ms. Emily Williams (Chief Executive Officer, ex-officio member)

SECRETARY

Ms. Emily Williams

TREASURER

Ms. Emily Williams

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: January 20, 2022– Board of Health meeting

Receive: February 3, 2022 – Finance and Facilities Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1	X	X	X	Finance and Facilities Committee Meeting Summary from February 3, 2022 (Report No. 06-22)	February 3, 2022 Agenda	To provide an update on reports reviewed at the February 3, 2022 Finance and Facilities Committee meeting. Lead: Mr. Mike Steele, Chair, Finance and Facilities Committee
2	X	X	X	Governance Committee Meeting Summary from February 17, 2022 (Verbal)		To provide an update on reports reviewed at the February 17, 2022 Governance Committee meeting. Lead: Chair, Governance Committee
3	X		X	Presentation on Black History Month		To provide an overview of Black History Month. Leads: Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer and Mr. Christian Daboud, Manager, Health Equity
4			X	Update to MLHU Policy on Child Abuse and/or Neglect and Duty to Report (Report No. 07-22)		To provide background and information on updates on the Child Abuse and/or Neglect and Duty to Report policy. Lead: Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer
5			X	Know Your Status - Increased HIV Testing in Emergency Departments (Report No. 08-22)		To provide an update on the HIV testing initiative in emergency departments at hospitals in the region. Leads: Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Diseases and Ms. Shaya Dhinsa, Manager, Sexual Health

6	x		x	Verbal COVID-19 Disease Spread and Vaccine Campaign Update		To provide an update on COVID-19 matters. Lead: Dr. Alexander Summers, Acting Medical Officer of Health
7			x	Acting Medical Officer of Health Activity Report for January (Report No. 09-22)		To provide an update on external and internal meetings attended by the Acting Medical Officer of Health since the last Board of Health meeting. Lead: Dr. Alexander Summers, Acting Medical Officer of Health
8			x	Chief Executive Officer Activity Report for January (Report No. 10-22)		To provide an update on external and internal meetings attended by the Chief Executive Officer since the last Board of Health meeting. Lead: Ms. Emily Williams, Chief Executive Officer
Correspondence						
9			x	February 2022 Correspondence		No correspondence was received.

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, March 17 at 7:00 p.m.

CONFIDENTIAL

The Board of Health will move in-camera to consider matters regarding an identifiable individual, including Board employees and to approve previous confidential Board of Health minutes.

ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, January 20, 2022, 7:00 p.m.
Microsoft Teams

MEMBERS PRESENT: Ms. Maureen Cassidy (Outgoing Chair)
Ms. Aina DeViet (Outgoing Vice-Chair)
Mr. Matt Reid (Incoming Chair)
Ms. Kelly Elliott (Incoming Vice-Chair)
Mr. John Brennan
Ms. Tino Kasi
Mr. Mike Steele
Mr. Selomon Menghsha
Ms. Mariam Hamou

OTHERS PRESENT: Ms. Carolynne Gabriel, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)
Dr. Alexander Summers, Acting Medical Officer of Health
Ms. Emily Williams, Chief Executive Officer/Director, Healthy Organization
Ms. Stephanie Egelton, Senior Executive Assistant to the Medical Officer of Health/Associate Medical Officer of Health
Mr. Dan Flaherty, Communications Manager
Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer
Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Disease
Ms. Maureen MacCormick, Director, Healthy Living
Mr. Parthiv Panchal, Information Technology, End User Support Analyst

Chair Maureen Cassidy called the meeting to order at **7:03 p.m.**

Chair Cassidy welcomed everyone to the inaugural meeting of the Board of Health and opened the meeting by acknowledging the Indigenous Peoples of this land and the First Nations within Middlesex and London.

Chair Cassidy introduced Mr. Bill Hill, Indigenous Healing Lead at the Indigenous Healing Space at London Health Sciences Centre, to provide a teaching. Due to technical difficulties, Mr. Hill was unable to join the meeting and his presentation was deferred until he was able to join.

MEETING PROCEDURES

Board of Health By-Law No. 3 (Procedural By-Law) and Policy G-270 Amendment (Report No. 01-22)

Chair Cassidy introduced this report. Ms. Emily Williams, CEO outlined the main changes in By-Law No. 3 (Procedural By-Law) and to Policy G-270 and its Appendix C.

It was moved by **Mr. Mike Steele, seconded by Mr. Matt Reid**, that the by-law be now read for the first time.

Carried

It was moved by **Mr. John Brennan, seconded by Ms. Kelly Elliott**, that the by-law be now read for a second time.

Carried

It was moved by **Mr. Reid, seconded by Mr. Steele**, that the by-law be now read for a third time and adopted.

Carried

It was moved by **Ms. Elliott, seconded by Mr. Reid**, to amend Governance Policy G-270, including its Appendix C to note the division of the Secretary and Treasurer roles.

Carried

Election of 2022 Board of Health Executive and Other Procedures (Report No. 02-22)

Ms. Williams introduced this report. In order to appoint committee members, the Board must approve the updated Terms of Reference (TOR) to separate the Secretary and Treasurer roles. As well, it was recommended that the Governance Committee meet 5 times per year, an increase from 3 times per year previously.

It was moved by **Ms. Elliott, seconded by Mr. Reid**, to approve the Terms of Reference for the Finance and Facilities Committee.

Carried

It was moved by **Mr. Brennan, seconded by Mr. Steele**, to approve the Terms of Reference for the Governance Committee.

Carried

Chair Cassidy opened the floor to nominations for the position of Chair of the Board of Health for 2022.

It was moved by **Ms. Elliott, seconded by Mr. Brennan**, that *Mr. Reid be nominated for Chair of the Board of Health for 2022.*

Carried

Mr. Reid accepted the nomination.

Chair Cassidy invited further nominations. Hearing none, it was moved by **Ms. Elliott, seconded by Mr. Brennan**, that *Mr. Reid be acclaimed as Chair of the Board of Health for 2022.*

Carried

Mr. Reid took over as Chair.

Chair Reid opened the floor to nominations for the position of Vice-Chair of the Board of Health for 2022.

It was moved by **Ms. Aina DeViet, seconded by Mr. Brennan**, that *Ms. Elliott be nominated for Vice-Chair of the Board of Health for 2022.*

Carried

Ms. Elliott accepted the nomination.

Chair Reid invited further nominations.

It was moved by **Ms. Cassidy, seconded by Mr. Steele**, *that Ms. Tino Kasi be nominated for Vice-Chair of the Board of Health for 2022.*

Carried

Ms. Kasi accepted the nomination.

Chair Reid invited the Board of Health members to submit their vote for Vice-Chair of the Board of Health for 2022 through electronic message to Ms. Carolynne Gabriel, Executive Assistant to the Board of Health.

Ms. Gabriel informed Chair Reid that Ms. Elliott received the majority of the votes.

At this time, Mr. Hill was able to join the meeting. Chair Reid introduced Mr. Hill who provided a teaching.

It was moved by **Ms. Mariam Hamou, seconded by Ms. Cassidy**, *that*

- 1) *Nominations for the position of Vice-Chair be closed; and*
- 2) *Ms. Elliott be elected by majority as Vice-Chair of the Board of Health for 2022.*

Carried

Chair Reid opened the floor to nominations for the position of Secretary of the Board of Health for 2022.

It was moved by **Ms. Cassidy, seconded by Mr. Steele**, *that Ms. Emily Williams be nominated for Secretary of the Board of Health for 2022.*

Carried

Ms. Williams accepted the nomination.

Chair Reid invited further nominations. Hearing none, it was moved by **Mr. Steele, seconded by Mr. Brennan**, *that*

- 1) *Nominations for the position of Secretary be closed; and*
- 2) *Ms. Williams be elected as Secretary of the Board of Health for 2022.*

Carried

Chair Reid opened the floor to nominations for the position of Treasurer of the Board of Health for 2022.

It was moved by **Ms. Maureen, seconded by Ms. Hamou**, *that Ms. Williams be nominated for Treasurer of the Board of Health for 2022.*

Carried

Ms. Williams accepted the nomination.

Chair Reid invited further nominations. Hearing none, it was moved by **Ms. Kasi, seconded by Ms. Cassidy**, *that*

- 1) *Nominations for the position of Treasurer be closed; and*
- 2) *Ms. Williams be elected as Treasurer of the Board of Health for 2022.*

Carried

Establishment of 2022 Standing Committees

Chair Reid reviewed the terms of reference for the Finance & Facilities Committee. It was remarked that the Chair and Vice-Chair of the Board of Health sit on the Finance & Facilities Committee automatically. This fulfils the requirements for a City Representative and a County Representative.

Chair Reid invited interest for members of the Finance & Facilities Committee for 2022.

Mr. Steele, Mr. Selomon Menghsha, and Ms. Cassidy declared interest in being on the committee.

Chair Reid invited further interested members to be on the committee. Hearing none, it was moved by **Mr. Brennan, seconded by Ms. Hamou**, *that Mr. Steele, Mr. Menghsha, and Ms Cassidy be appointed to the Finance & Facilities Committee for 2022.*

Carried

Thus, the membership of Finance & Facilities Committee for 2022 consists as follows:

- 1) Matt Reid (Chair)
- 2) Kelly Elliot (Vice-Chair)
- 3) Selomon Menghsha (Provincial Appointee)
- 4) Mike Steele Provincial Appointee)
- 5) Maureen Cassidy (City Appointee)

Chair Reid reviewed the terms of reference for the Governance Committee. It was remarked that the Chair and Vice-Chair of the Board of Health sit on the Governance Committee automatically. This fulfils the requirements for a City Representative and a County Representative.

Chair Reid invited interest for members of the Governance Committee for 2022.

Ms. DeViet, Ms. Kasi, and Mr. Steele declared interest in being on the committee.

Chair Reid invited further interested members to be on the committee. Hearing none, it was moved by **Mr. Brennan, seconded by Ms. Cassidy**, *that Ms. DeViet, Ms. Kasi, and Mr. Steele be appointed to the Governance Committee for 2022.*

Carried

Thus, the membership of the Governance Committee for 2022 consists as follows:

- 1) Matt Reid (Chair)
- 2) Kelly Elliot (Vice-Chair)
- 3) Aina DeViet (County Representative)
- 4) Tino Kasi (Provincial Representative)
- 5) Mike Steele (Provincial Representative)

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. Cassidy, seconded by Mr. Menghsha**, *that the AGENDA for the January 20, 2022 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Cassidy, seconded by Ms. Elliott**, that the *MINUTES of the December 9, 2021 Board of Health meeting be approved.*

Carried

It was moved by **Ms. Hamou, seconded by Mr. Brennan**, that the *MINUTES of the December 7, 2021 Finance & Facilities Committee meeting be received.*

Carried

REPORTS AND AGENDA ITEMS

Update on COVID-19 Recovery Recommendations and Planning for 2022: Organizational and Individual Wellness and Sustaining Positive Change (Report No. 03-22)

Ms. Emily Williams, Chief Executive Officer/Director, Healthy Organization introduced Dr. Alexander Summers, Acting Medical Officer of Health to lead this report. Dr. Summers commented that this report was written in collaboration with Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer with consultation and input from the entire Senior Leadership Team (SLT).

Dr. Summers noted that the Middlesex-London Health Unit has been responding to the pandemic for almost two years which has created an intense amount of work, both at home and at work, for staff. This has resulted in an intense amount of pressure, resulting in profound fatigue. The SLT, moving into 2022, has two key priorities: to finish the job on this pandemic and to support and heal the staff. This report articulates the beginnings of that process which has been front of mind throughout this pandemic. The recovery work initiated over a year ago informed much of the work in this report. Great progress has been made in some areas and SLT will continue to return to the Board of Health to highlight the work that needs to occur to acknowledge, heal, and sustain the workforce as the Health Unit transitions from the pandemic to doing the work which has been paused. Dr. Summers then introduced Ms. Lokko who outlined the report. Discussion about the report included:

- Ms. Lokko noted that in June 2020 a report was brought to the Board of Health which outlined five objectives SLT wanted to achieve through the recovery planning. Another report in November 2020 outlined recommendations relating to priority and emerging public health issues and a further report in May 2021 articulated 54 recommendations for two of the objectives, which are addressed in this report: individual and organizational wellness and organizational changes, structural or processes, which were implemented during the pandemic that have been positive changes. Of the 54 recommendations, some have been moved forward fully, some partially, and some not at all. Overall, progress has been steady and positive.
- To support employee wellness, SLT has identified using the Institute for Healthcare Improvement's *Framework for Improving Joy in Work*. The Framework was introduced to the Management Leadership Team (MLT), using an external consultant to explore how to apply the Framework and what impediments exist to finding joy in work. SLT will use this framework to carry forward the recommendations and to identify additional actions and increase intention for overall workplace wellness. SLT is focused on meaningful action and regular monitoring of progress and recognizes that implementation of the Framework will require commitment across the entire organization.
- No formal evaluation process has been established to look at all of the recommendations, although some of the recommendations are very easy to evaluate. One advantage of the *Framework for Improving Joy in Work* is that it has existing assessment tools to help with monitoring. Through implementing those tools, there will be opportunities to enhance

evaluations as the work progresses. SLT conducted an employee survey as part of the process for establishing the recommendations and will continue to look for opportunities to incorporate employee feedback.

- MLHU is not alone in the pressures it is experiencing; other health units, health services, and probably many other organizations are experiencing them. Resiliency in the public health workforce has been the discussion of many meetings, journal articles, and blogs, and there are concerns about the stability of the public health workforce after the pandemic due to an exodus. These discussions are also not unique to the COVID-19 pandemic and also occurred following SARS, H1N1, and 2019 discussions around budgets and provincial priorities.

It was moved by **Ms. Cassidy, seconded by Mr. Steele**, *that the Board of Health receive Report No. 03-22 re: "Update on COVID-19 Recovery Recommendations and Planning for 2022: Individual and Organizational Wellness, and Sustaining Positive Changes" for information.*

Carried

Verbal COVID-19 Disease Spread and Vaccine Campaign Update

Dr. Summers provided an update about the current state of COVID-19 in the community and the COVID-19 vaccine campaign and shared PowerPoint slides. This discussion included the following:

- The incidence of COVID-19 is decreasing nationally, but this must be interpreted within the context of changing and more restrictive testing eligibility criteria.
- The percent positivity of COVID-19 tests has decreased from 27.5% between January 4 and January 10 to 22.3% currently, nationally.
- The rates of hospitalization, ICU occupancy, and deaths continued to increase in the past seven days; these are lagging indicators.
- Severe outcomes from COVID-19 are highest in the elderly with increased mortality in individuals aged 80 and above.
- Rates of COVID-19 cases in those who are vaccinated and those who are unvaccinated are similar, which is not surprising since the second dose does not provide strong protection against symptoms. The booster dose does help; however, insufficient numbers of people had been eligible for a booster dose before the Omicron wave started.
- Hospitalization rates do differ between individuals who are vaccinated and those who are unvaccinated. The rate of hospital admission is higher among those who are unvaccinated. Proportionally, those who are unvaccinated are higher in number.
- The percent positivity is plateauing locally. Similarly, local waste water data is declining, which is a lagging indicator.
- Local case counts are trending downwards. Absolute case counts need to be interpreted with caution due to the change in testing guidance; however, with the new testing guidance in place for approximately a month, a trend can be detected and the trend is going down. Absolute case counts are still higher than at any other time during the pandemic.
- Locally, a higher number of deaths have been reported in recent weeks. The proportion of deaths would have been dramatically higher without the vaccine.
- Locally there is a decreasing number of outbreaks in highest risk settings. More outbreaks are being resolved than are being declared.
- Stopping the transmission of the Omicron variant is no longer the objective because it spreads too quickly. Public health measures are trying to slow down the spread in order to buy more time for providing booster doses and to protect the health care system.
- MLHU was notified mid-December, 2021, in light of mounting Omicron numbers, to accelerate the booster dose campaign. In response, MLHU pivoted its resources and conducted a mass hiring

campaign. Last week MLHU announced over 1 million doses of COVID-19 vaccine had been administered in the Middlesex-London region.

- Demand for booster doses is starting to plateau although it remains brisk. MLHU will need to pivot from trying to manage the line ups to creating the line ups, which requires different strategies.
- As the eight-week interval for children between their first and second doses comes due, there is an expectation that more appointments will be booked.
- The third dose strategy for COVID-19 vaccines was not intended to minimize the impact of the Omicron wave; rather, other public health strategies were used to slow down the wave and buy time for more people to get their booster doses. The booster doses are intended to prevent more hospitalizations and deaths.
- The COVID-19 vaccine campaign continues to provide increasing access to mass vaccination clinics, pivoting its strategy to more mobile efforts to meet people where they are. Partnering with the Middlesex-London Paramedic Services, successful clinics have occurred in Middlesex County and will be pivoting to support the City of London as well. MLHU is administering vaccine in shelters and congregate settings, including visiting two shelters this week with over 65 doses administered. This week, MLHU will also be visiting the SOAHAC clinic and attending the temporary winter shelter on Fanshawe Golf Course. Furthermore, mobile clinics organized as community hubs in schools will be starting January 31, 2022 and the Health Unit will continue to partner with other equity-deserving and equity-seeking groups.
- Next steps consist of continuing to weather the COVID-19 storm, managing cases as they come, focusing on high-risk settings, preparing for endemicity, transitioning to mobile outreach while maintaining capacity in mass vaccination clinics and having capacity in place for the remainder of 2022, needing to get vaccination coverage higher in children aged 5 to 11, and maintaining and stabilizing staffing to minimize deployments.
- In line with the Provincial direction, MLHU will scale back public health measures as soon as January 31, 2022, easing restrictions, contingent on ongoing improvements in metrics.
- MLHU is seeking clarity on youth sports starting January 31, 2022 but will try to align as much as possible with the Provincial directive. If the local situation requires local adjustments and intervention, they will be explored including, for example, requiring vaccination to participate in youth sports. Regardless of what the guidance is, given the ongoing risk of Omicron, MLHU continues to emphasize that all families and individuals should minimize non-essential activities so that essential activities can be protected.
- The Public Health Agency of Canada has not yet made an announcement about booster doses for youth 12 to 17 years of age although an announcement is anticipated in the next few weeks.
- MLHU is ahead of the provincial and national curve with regards to the rates of first and second doses of COVID-19 vaccine. Key variable contributing to the high rates of vaccination are the community's willingness to get vaccinated and mandatory vaccination policies. With more booster doses being available, those policies will evolve to change what it means to be "fully vaccinated."
- Assessing the vaccination coverage within a community can inform the mobile campaign, for example, particular neighbourhoods with lower rates of vaccination.
- Early investigations and analysis have demonstrated a preference for the Pfizer-BioNTech vaccine over the Moderna vaccine; this has been seen at local mass vaccination clinics. The trend is one MLHU tries to address through messaging about interchangeability. The majority of people, even if they have misgivings about receiving Moderna, will willingly take the vaccine that is available to them. For individuals who have not yet received a booster dose because they will only accept the Pfizer vaccine, more Pfizer doses are expected to come and the Health Unit will inform the public.

It was moved by **Ms. Cassidy, seconded by Ms. Elliott**, *that the Board of Health receive the verbal report on COVID-19 disease spread and vaccine campaign update for information.*

Carried

Acting Medical Officer of Health Activity Report for December (Report No. 04-22)

Dr. Summers highlighted that both Ms. Williams as Chief Executive Officer and himself in the Acting Medical Officer of Health role have formatted their activity reports to mimic the categories in the performance appraisal. It was commented by Ms. DeViet that this format does break up the months between the different categories, which dilutes the impact of the number of activities done in one day.

It was moved by **Ms. Hamou, seconded by Mr. Steele**, *that the Board of Health receive Report No. 04-22 re: "Acting Medical Officer of Health Activity Report for December" for information.*

Carried

Chief Executive Officer Activity Report for December (Report No. 05-22)

It was moved by **Ms. Cassidy, seconded by Ms. Elliott**, *that the Board of Health receive Report No. 05-22 re: "Chief Executive Officer Activity Report for December" for information.*

Carried

CORRESPONDENCE

It was moved by **Ms. Elliott, seconded by Ms. Cassidy**, *that the Board of Health receive items a) and b) for information.*

Carried

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, February 17, 2022 at 7:00 p.m.

It was moved by **Mr. Steele, seconded by Ms. Hamou**, *that the electronic ballots used in the election for the Vice-Chair be destroyed.*

Carried

CONFIDENTIAL

At **7:58 p.m.**, it was moved by **Ms. Elliott, seconded by Ms. Cassidy**, *that the Board of Health will move in-camera to consider matters regarding identifiable individuals, including Board employees and to approve previous confidential Board of Health minutes.*

Carried

At **9:27 p.m.**, it was moved by **Ms. Elliott, seconded by Ms. Hamou**, *that the Board of Health return to public session from closed session.*

Carried

ADJOURNMENT

At **9:27 p.m.**, it was moved by **Ms. Elliott, seconded by Ms. Hamou**, *that the meeting be adjourned.*

Carried

MATT REID
Chair

EMILY WILLIAMS
Secretary

DRAFT



PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
Microsoft Teams
Thursday, February 3, 2022 9:00 a.m.

MEMBERS PRESENT: Mr. Mike Steele (Chair)
Mr. Matt Reid
Ms. Kelly Elliott – arrived 9:12 a.m.
Ms. Maureen Cassidy
Mr. Selomon Menghsha - arrived at 9:33 a.m.

OTHERS PRESENT: Ms. Stephanie Egelton, Senior Executive Assistant to the Medical Officer of Health/Associate Medical Officer of Health (Recorder)
Dr. Alexander Summers, Acting Medical Officer of Health
Ms. Emily Williams, Chief Executive Officer
Mr. David Jansseune, Assistant Director, Finance
Ms. Mariam Hamou, Board Member
Ms. Aina DeViet, Board Member

At **9:04 a.m.**, Mr. Matt Reid called the meeting to order and opened the floor to nominations for Chair of the Finance & Facilities Committee for 2022.

It was moved by **Ms. Maureen Cassidy, seconded by Mr. Matt Reid**, that *Mr. Mike Steele be nominated for Chair of the Finance & Facilities Committee for 2022.*

Carried

Mr. Mike Steele accepted the nomination.

Mr. Reid called for further nominations. None were forthcoming.

It was moved by **Ms. Maureen Cassidy, seconded by Mr. Matt Reid**, that *Mr. Mike Steele be acclaimed as Chair of the Finance & Facilities Committee for 2022.*

Carried

Mr. Steele took over as chair presiding.

DISCLOSURES OF CONFLICT OF INTEREST

Chair Steele inquired if there were any disclosures of conflict of interest. None were declared.

APPROVAL OF AGENDA

It was moved by **Ms. Cassidy, seconded by Mr. Reid**, that the **AGENDA** for the February 3, 2022 Finance & Facilities Committee meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Cassidy, seconded by Mr. Reid**, that the **MINUTES** of the December 7, 2021 Finance & Facilities Committee meeting be approved.

Carried

NEW BUSINESS

2022 Annual Reporting Calendar (Report No. 01-22FFC)

Ms. Emily Williams, Chief Executive Officer presented the 2022 Annual Reporting Calendar. The purpose of this calendar is to ensure that the committee and board are provided with legislative reports from the Health Unit at appropriate times and to ensure timelines of reporting are in alignment with the budgeting process.

It was noted that the key changes to the 2022 reporting calendar are the introduction of zero-based budgeting and shifting budget timelines to be earlier in the year, to improve health unit financial planning and communication with funding partners.

It was moved by **Ms. Cassidy, seconded by Mr. Reid**, *that the Finance & Facilities Committee approve Report No. 01-22FFC re: "Finance & Facilities Committee – 2022 Reporting Calendar."*

Carried

Canada Life Benefits – Renewal Rates (Report No. 02-22FFC)

Ms. Williams presented the Canada Life Benefits – Renewal Rates report. It was noted that the Health Unit contracts AON Hewitt to negotiate benefits rates for life insurance, accidental death and dismemberment (AD&D) and health/drug/dental benefits. Due to inflation industry wide, rates have gone up 7.3% since the previous year, which is an approximately \$100,000 impact to the health unit. It was determined that the Health Unit wished to extend this contract to 2023 due to limited organizational capacity, but will post a Request for Proposal (RFP) in 2023 for group benefits.

Mr. David Jansseune, Assistant Director, Finance noted that the renewal will start at the end of February. Mr. Jansseune noted that Canada Life proposed the health unit increase to the manual rate (business rate) for group benefits, and AON Hewitt negotiated a reduced rate for MLHU by comparing other health unit benchmarks. The health/drug/dental benefits will be under the administrative services only (ASO) fund.

It was moved by **Mr. Reid, seconded by Ms. Cassidy**, *that the Finance & Facilities Committee make a recommendation to the Board of Health to approve the renewal of the group insurance rates administered by Canada Life as described in Report No. 02-22FFC re: "Canada Life Benefits – Renewal Rates"*.

Carried

Employee and Family Assistance Program (EFAP) Contract Renewal (Report No. 03-22FFC)

Ms. Williams presented the Employee and Family Assistance Program Contract renewal. Ms. Williams noted that the Health Unit is requesting a 1-year extension with Homewood Health, as the current contract expires in March. It was noted that Homewood Health has been flexible and responsive to staff needs, with virtual and phone support available, and has worked with teams to provide specific support and debriefing tailored to the needs of the team (such as with the COVID Case and Contact Management team).

The Committee recognized that the cost of the services of Homewood Health is very favourable for the quality of service that is being provided during times of stress for staff.

It was moved by **Mr. Reid, seconded by Ms. Cassidy**, *that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 03-22FFC: "Employee and Family Assistance Program (EFAP) Services Contract Extension" for information.*

Carried

2022 Budget Process Update (Report No. 04-22FFC)

Ms. Williams presented an update on the 2022 budget process. Many of the Ministry timelines have been expedited, due to the June 2022 provincial election, requiring the Finance Team to complete fourth quarter reporting prior to budget completion. The budget submission to FFC will therefore be delayed until March 3rd, 2022, one month later than originally planned.

The Province is committed to providing the Health Unit \$1.36 million in mitigation funding, with the application and template for receiving inflationary and recovery funds approaching shortly. There is a salary inflation pressure of approximately \$500,000, for which the City of London has approved to amend their budget to provide increase funds to the Health Unit. Ms. Williams will be attending an upcoming County of Middlesex Budget meeting to discuss the increased funding request from the County as well.

Dr. Alex Summers, Acting Medical Officer of Health, noted that local medical officers of health have been discussing what post pandemic programming will look like, and how base budgets will impact public health services. Next year, public health will need to be able to provide articulate descriptions of how a health unit operates in a post pandemic world.

Ms. Williams and Dr. Summers noted that after the pandemic, there will be ongoing challenges and changes for public health units, outside of the infectious disease portfolio; such as backlogs of restaurant inspections and Infection Prevention and Control (IPAC) work. An ongoing focus on health equity will be essential. Dr. Summers further noted that public health will need revenue and resources to avoid relying on staff redeployments as a way of staffing.

It was also noted by Dr. Summers that health equity is an important and foundational pillar of public health that informs all aspect of public health services. The vaccination campaign took an equity lens when considering where mass vaccination clinics were placed, where mobile efforts have focused, and the health unit's communications strategy. Another example, specific to the underhoused and homeless population, was the outreach worker that was funded through the Program Budgeting and Marginal Analysis (PBMA) process this past fall.

Ms. Williams noted that the Health Unit at this time does not produce a multi-year budget but would consider exploring in the future.

It was moved by **Mr. Reid, seconded by Ms. Cassidy**, that the Finance & Facilities Committee receive Report No. 04-22FFC re: "2022 Budget Process Update" for information.

Carried

OTHER BUSINESS

The next meeting of the Finance and Facilities Committee will be held on Thursday, March 3, 2022 at 9 a.m.

ADJOURNMENT

At **9:39 a.m.**, it was moved by **Ms. Cassidy, seconded by Mr. Reid**, that the meeting be adjourned.

Carried

MICHAEL STEELE
Chair

EMILY WILLIAMS
Secretary

DRAFT



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 06-22

TO: Chair and Members of the Board of Health
 FROM: Emily Williams, Chief Executive Officer
 DATE: 2022 February 17

FINANCE & FACILITIES COMMITTEE MEETING – FEBRUARY 3, 2022

The Finance & Facilities Committee (FFC) met at 9 a.m. on Thursday, February 3, 2022.

Reports	Recommendations for Information and Board of Health Consideration
Election of the 2022 Finance and Facilities Committee Chair	It was moved by Ms. Maureen Cassidy, seconded by Mr. Matt Reid , that <i>Mr. Mike Steele be acclaimed as Chair of the Finance & Facilities Committee for 2022.</i> <div style="text-align: right;">Carried</div>
2022 Annual Reporting Calendar (Report No. 01-22FFC)	It was moved by Ms. Cassidy, seconded by Mr. Reid , that the Finance & Facilities Committee approve Report No. 01-22FFC re: <i>“Finance & Facilities Committee – 2022 Reporting Calendar.”</i> <div style="text-align: right;">Carried</div>
Canada Life Benefits – Renewal Rates (Report No. 02-22FFC)	It was moved by Mr. Reid, seconded by Ms. Cassidy , that the Finance & Facilities Committee make a recommendation to the Board of Health to approve the renewal of the group insurance rates administered by Canada Life as described in Report No. 02-22FFC re: <i>“Canada Life Benefits – Renewal Rates”.</i> <div style="text-align: right;">Carried</div>
Employee and Family Assistance Program (EFAP) Contract Renewal (Report No. 03-22FFC)	It was moved by Mr. Reid, seconded by Ms. Cassidy , that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 03-22FFC: <i>“Employee and Family Assistance Program (EFAP) Services Contract Extension” for information.</i> <div style="text-align: right;">Carried</div>
2022 Budget Process Update (Report No. 04-22FFC)	It was moved by Mr. Reid, seconded by Ms. Cassidy , that the Finance & Facilities Committee receive Report No. 04-22FFC re: <i>“2022 Budget Process Update” for information.</i> <div style="text-align: right;">Carried</div>

This report was prepared by the Chief Executive Officer.

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Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 07-22

TO: Chair and Members of the Board of Health

FROM: Alexander Summers, Acting Medical Officer of Health; Emily Williams, CEO

DATE: 2022 February 17

UPDATE TO MLHU POLICY ON CHILD ABUSE AND/OR NEGLECT AND DUTY TO REPORT

Recommendation

It is recommended that the Board of Health receive Report No. 07-22 re: “Update to MLHU Policy on Child Abuse and/or Neglect and Duty to Report” for information.

Key Points

- The MLHU policy on Child Abuse and/or Neglect and Duty to Report has been updated to clarify the legislative responsibilities and procedures when staff need to respond to child protection concerns; these policy changes will be communicated broadly and onboarding modules will be revised.
- While evidence on the impact of the pandemic on child abuse and neglect is still being gathered, it is clear that risk factors for child abuse and neglect have increased during the pandemic; there is an urgent need to strengthen child maltreatment surveillance and research.
- MLHU is committed to the promotion of healthy growth and development and the prevention of child abuse, through both direct work with families, and in its collaborative work with community partners.

Background

Child maltreatment includes physical, sexual, and/or emotional abuse, neglect, and exposure to intimate partner violence, and can cause serious physical and mental health concerns in children. Prior to COVID-19, child abuse and neglect were significant concerns in Canada; while evidence on the impact of the pandemic on child abuse and neglect is still being gathered, it is clear that risk factors for child abuse and neglect – such as financial insecurity, school/child care closures, use of alcohol, stress and mental health problems, and limited access to supports (relatives, teachers, coaches, friends, healthcare and social services) – have increased during the pandemic. While referrals of suspected child abuse to police and child protection services have decreased overall, several studies have observed an increase in abuse-related pediatric injuries (e.g., fractures and head trauma in children younger than one year). Community caregiver surveys have shown that pandemic-related stressors were associated with increased emotional/psychological abuse, physical/supervisory neglect, and greater use of harsh disciplinary practices. Unfortunately, lack of consistent, reliable data makes it difficult to fully understand child abuse and/or neglect in Canada, and the pandemic has reiterated the urgent need to strengthen child abuse and/or neglect surveillance and research.

The Children's Aid Society (CAS) of London & Middlesex is a vital partner in MLHU's work with families, and this partnership is highlighted in the formal Protocol in place with CAS. The Protocol promotes joint consultation and collaboration related to the legislative duty to report and ensuring families receive support.

MLHU's policy on Child Abuse and/or Neglect and Duty to Report provides clarity regarding legislative responsibilities and procedures when staff need to respond to child protection concerns.

Domestic violence (child abuse and intimate partner violence) is one of five prioritized areas of focus in MLHU's recovery efforts (see [Report No. 049-20](#)).

Revisions to MLHU's Policy on Child Abuse and/or Neglect and Duty to Report

The MLHU policy on Child Abuse and/or Neglect and Duty to Report has been updated to reflect legislation changes. Previously, the duty to report applied to any child who was, or appeared to be, under the age of 16 years; however, the age of protection in Ontario has been raised from 16 to 18 years. As a result, 16- and 17-year-olds are eligible for the full range of child protection services, including the option of voluntary youth services agreements if the youth needs protection and an out-of-home placement is required. The revisions also strengthen communication processes when a report is made to CAS, with the requirement for written (electronic or hard copy) follow up after the initial verbal report to CAS has been completed. In addition to revisions to enhance clarity and flow of the policy, the Oral Health team's procedure for reporting potential dental treatment neglect has been documented and included in the policy.

Preventing and Addressing Child Abuse and/or Neglect

MLHU's home visiting and group programs promote healthy growth and development and prevent child abuse and/or neglect through the use of multiple strategies which can enhance protective factors and reduce risk factors for child abuse and/or neglect.

Staying connected to and involved in supporting families is an important factor in preventing and addressing child abuse and/or neglect. The annual CAS report of 2020-2021 highlighted there were lower referrals and investigations during school closures, followed by surges when schools reopened. MLHU's ongoing provision of virtual / home visiting services throughout the pandemic demonstrates its commitment to preventing and addressing child abuse and/or neglect.

MLHU participates in the Child Abuse Prevention Council of London and Middlesex, which advocates for the prevention and treatment of child abuse and/or neglect through community partnerships, public and professional awareness, education initiatives, and the promotion and support of healthy families. MLHU also participates on the Community Plan Liaison Committee, which focuses on service coordination with families who have a child under 24 months and are generally involved with CAS. One of the recent Child Abuse Prevention Council initiatives involved creating and distributing flyers and posters highlighting community resources for parents during the pandemic, and this resource was made available at mass vaccination clinics.

To ensure all MLHU staff understand the duty to report, the continued expectation is that all new staff review MLHU's policy on Child Abuse and/or Neglect and Duty to Report and complete learning modules about child abuse and neglect. In the event MLHU staff need to refer to CAS, they emphasize to clients the support that CAS can provide to families. Clients are almost always informed of referrals that will be made to CAS, and sometimes the referral calls to CAS are made jointly by the client and the employee.

Conclusion

MLHU is committed to the promotion of healthy growth and development and the prevention of child abuse and/or neglect, through direct work with families and in its collaborative work with community partners. MLHU employees do not assess whether child abuse and/or neglect is occurring or not as this is the role of CAS; however, employees play a key role in connecting families to child protection services for assessment, and steps are taken to support employees in understanding their duty to report potential child abuse and/or neglect. MLHU will consider its role in addressing the urgent need to strengthen child abuse and/or neglect surveillance and research.

This report was submitted by the Healthy Start Division.



Alexander Summers, MD, MPH, CCFP, FRCPC
Acting Medical Officer of Health



Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer



TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Acting Medical Officer of Health

DATE: 2022 February 17

KNOW YOUR STATUS - INCREASING HIV TESTING IN EMERGENCY DEPARTMENTS

Recommendation

It is recommended that Report No. 08-22 re: “Know Your Status - Increasing HIV Testing in Emergency Departments” be received for information.

Key Points

- Since the Human Immunodeficiency Virus (HIV) outbreak was first identified in 2016 in Middlesex-London, the number of newly diagnosed HIV cases, and the proportion of cases reporting injection drug use as a risk factor, continues to decrease.
- UNAIDS proposed the following 90-90-90 targets by 2020: 90% of all people with HIV will know their status; 90% of all people with diagnosed HIV infection will receive sustained anti-retroviral treatment (ART); and 90% of all people receiving ART will have viral suppression (undetectable viral load).
- Increased HIV testing in Emergency Departments and Urgent Care Centres will move Middlesex-London towards achieving the UNAIDS 90-90-90 targets.

Background

In June 2016, MLHU issued a public health alert related to rapidly increasing rates of HIV, hepatitis C, invasive Group A Streptococcal (iGAS) disease, and infective endocarditis among people who inject drugs (PWID). Prior to 2014, the Middlesex-London area identified an average of 25 new cases of HIV annually; however, by the end of 2016, the total number of new HIV cases reported that year had climbed to 62, which was the highest number of new cases that Middlesex-London had seen in a single year (see [Appendix A](#)). Since its inception over five years ago, the HIV Leadership Team and its member agencies have worked to develop and implement numerous strategies to reduce the rate of new HIV infections in the community. As of December 31, 2019, the number of newly diagnosed cases continued to decrease, with a reported 28 cases in 2019, seven (7) cases in 2020 and 25 cases in 2021.

Some of the key initiatives that have contributed to this significant reduction in new cases include:

- enhanced collaboration in client support provided by the agencies involved in HIV care;
- implementation of HIV outreach programs, as well as use of assertive engagement models of care;
- establishment of the Consumption and Treatment Services Site;
- increased access to harm reduction supplies and HIV testing;
- streamlined referrals into addiction treatment programs; and
- targeted public awareness campaigns promoting safer injection practices.

UNAIDS 90-90-90

The Health Unit and its partners in the HIV Leadership Team want to sustain the efforts to decrease the burden of HIV/AIDS and reach the goal of UNAIDS 90-90-90 - having 90 percent of people living with HIV

tested and aware of their status, 90 percent of people living with HIV undergoing treatment for their disease, and 90 percent of people living with HIV maintaining an undetectable viral load.

There have been 242 HIV cases diagnosed or moved to the Middlesex-London region between 2016 and 2021. Care and treatment for individuals with HIV in the region is provided primarily at the My Care Program at the London Intercommunity Health Centre (LIHC) and the Infectious Disease Care Program (IDCP) located at St. Joseph's Health Care. Of the 242 cases:

- 178 (74%) are engaged in care at one of these two programs.
- 168 (69%) are known to have undetectable viral loads.
- 10 (4%) are in care, but not on treatment.

There have been 16 (6.6%) deaths, three (1.2%) confirmed cases transferred to care outside of Middlesex-London region and one (0.4%) lost to follow-up. There are about 40 (16%) clients who have either moved away, are not engaged in care, or deceased.

Increased Testing in the Emergency Department

Increasing testing in the Middlesex-London region is another critical step in achieving the first UNAIDS goal. Doing so may help to ensure early diagnosis of people with HIV and a decrease in person-to-person transmission due to the early suppression of viral loads. Emergency Departments (ED) are a critical point of contact with the healthcare system for individuals who are at risk for HIV. These settings offer a unique opportunity to provide testing. Because patients often do not disclose risk factors due to fear of stigma to healthcare providers, testing for HIV based solely on having an identifiable risk factor for acquisition may miss a significant proportion of people who have an active infection, and there are people who were diagnosed late in their illness despite frequent interactions with the healthcare system. The implications of this delay can be significant for both the client and the community. By ensuring that diagnosis occurs early, there will be improved outcomes for individuals with HIV, and a decrease in person-to-person transmission due to the early suppression of viral loads.

To support early and increased testing in the ED, funds received from the Ontario HIV Treatment Network (OHTN) will finance the development of promotional materials, and a Public Health Nurse presence in the ED. The implementation of increased testing in the emergency department will start Spring 2022. Promotional and educational materials developed include a learning module for London Health Sciences Centre Emergency Department staff and physicians who can receive credits towards professional credentialing requirements.

Next Steps

The marked reduction in the annual number of new HIV cases over the past several years is a very positive trend and has demonstrated the value of collaboration, education, and evidence-based interventions with the HIV Leadership Team. With London Health Sciences Centre and community partners, the increased HIV Testing in the ED will assist in early diagnosis, decrease transmission because of early suppression of viral loads, and help to achieve the UNAIDS 90-90-90 target.

This report was prepared by Sexual Health Team, Environmental Health and Infectious Disease Division.

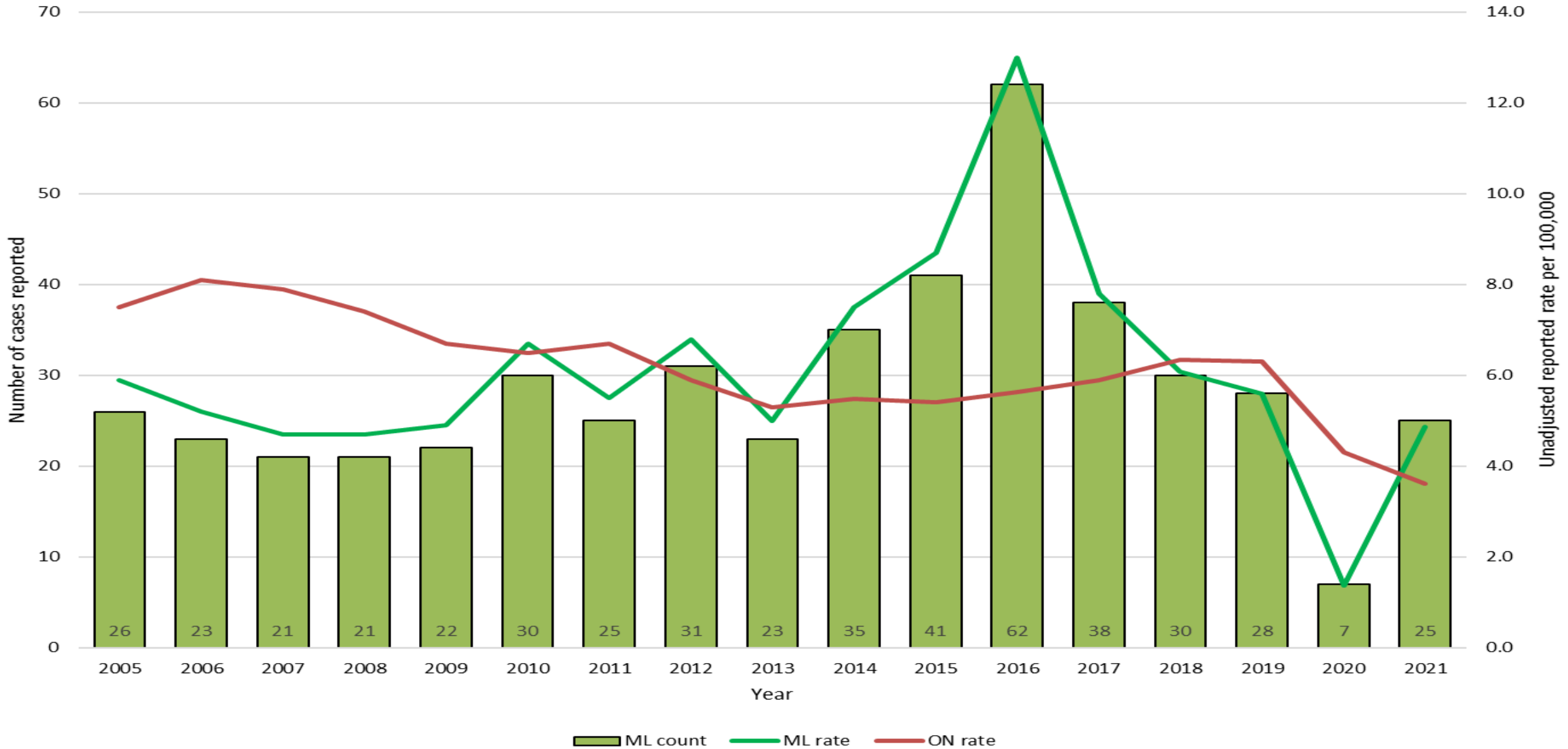


Alexander Summers, MD, MPH, CCFP, FRCPC
Acting Medical Officer of Health

Count and rate of new HIV/AIDS cases, Middlesex-London and Ontario, 2005-2021

Report No. 08-22: Appendix A

(Note: Ontario rate excludes Middlesex-London cases)





TO: Chair and Members of the Board of Health

FROM: Alexander Summers, Acting Medical Officer of Health

DATE: 2022 February 17

ACTING MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR JANUARY

Recommendation

It is recommended that the Board of Health receive Report No. 09-22 re: “Acting Medical Officer of Health Activity Report for January” for information.

The following report presents activities of the Acting Medical Officer of Health (A-MOH) for the period of January 8, 2022 to February 3, 2022.

The A-MOH participates in external and internal pandemic-related meetings with municipal and provincial stakeholders, along with liaising with community partners during the pandemic. The A-MOH and Mayor Ed Holder hold bi-weekly COVID-19 virtual media briefings (Monday and Thursday), with the Warden of Middlesex County and a representative from London Health Sciences Centre attending once each week.

The Acting Medical Officer of Health, along with other team members, continues to host a weekly Middlesex-London Health Unit (MLHU) Staff Town Hall (Friday) and presents on many topics, including COVID-19. The A-MOH also hosts weekly (Tuesday) healthcare provider outreach and community stakeholder webinars with information regarding COVID-19.

The Acting Medical Officer of Health also attended the following meetings:

Client and Community Impact – *These meeting(s) reflect the A-MOH’s representation of the Health Unit in the community and media:*

- January 10** Worked at evening Sexually Transmitted Infection (STI) Clinic
- January 12** Interview with Loreena Dickson on the NewsTalk1290 CJBK – *Ask Me Anything* Program
Interview with Chris Soares (MyFM Strathroy) on local COVID-19 situation
Meeting with stakeholders from the Ontario Restaurant, Hotel and Motel Association
Interview with Estella Ren (Western Gazette) on the reliability of rapid tests
- January 13** Attended City of London IMS/Policy Group meeting
Meeting with leadership at Western University
Participated in Ministry of Health COVID-19 Operations and Planning call
- January 18** Biweekly meeting with Local Health Integration Network (LHIN), Long Term Care and hospice leadership
Participated in Ministry of Health COVID-19 Public Health Coordination call
- January 19** Attended HIV Leadership Committee meeting with community partners
Attended weekly London Middlesex Primary Care Association (LMPCA) meeting
Attended Council of Medical Officers of Health (COMOH) Weekly Forum

- January 20** Attended City of London IMS/Policy Group meeting
Interview with Kate Dubinski (London Free Press) on the outbreak status at Elgin Middlesex Detention Centre
Participated in Ministry of Health COVID-19 Operations and Planning call
- January 21** Filmed a COVID-19 information video for the London Muslim Mosque
Attended Ministry of Education West Region School Touchbase meeting
- January 24** Participated in Ministry of Health COVID-19 Operations and Planning call
Worked at evening Sexually Transmitted Infection (STI) Clinic
- January 25** Attended 2022 State of the City Address
Participated in Ministry of Health COVID-19 Public Health Coordination call
Interview with Jane Sims (London Free Press) on pediatric vaccination
- January 26** Attended Council of Medical Officers of Health (COMOH) Weekly Forum
Interview with Jen Bieman (London Free Press) and Isha Bhargava (CBC) on COVID-19 matters
Attended inaugural MLHU Anti-Black Racism Committee Plan meeting
- January 27** Attended City of London IMS/Policy Group meeting
Presented at local licensed childcare (hosted by MLHU Early Years team) webinar
- January 28** Interview with Mike Stubbs (Global News Radio) on COVID-19 being endemic
- January 31** Participated in Middlesex County IMS meeting
Worked at evening Sexually Transmitted Infection (STI) Clinic
- February 1** Attended City of London IMS/Policy Group meeting
Biweekly meeting with Local Health Integration Network (LHIN), Long Term Care and hospice leadership
Participated in Ministry of Health COVID-19 Public Health Coordination call
- February 2** Discussion with Ministry of Health on pediatric vaccination
- February 3** Attended City of London IMS/Policy Group meeting
Participated in Ministry of Health COVID-19 Operations and Planning call

Employee Engagement and Learning – *These meeting(s) reflect on how the A-MOH influences the Health Unit's organizational capacity, climate and culture and the contributions made to enable engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning:*

- January 10-23** Supervised three (3) Schulich School of Medicine (Western University) medical students completing their 2-week public health rotation
- January 11** Attended the Sexual Health Program's team meeting to discuss personal protective equipment
- January 12** Attended the Environmental Health Program's team meeting to discuss personal protective equipment

- January 21** Led biweekly Office of the Medical Officer of Health (OMOH) management meeting
- January 25** Attended Population Health Assessment and Surveillance Program's team meeting

Governance – *This meeting(s) reflect on how the A-MOH influences the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the HU's mission and vision. This also reflects on the A-MOH's responsibility for actions, decision and policies that impact the HUs ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health:*

- January 20** Attended the Board of Health meeting
- January 27** Participated in Western Ontario Health's Coordinating Council
- February 3** Attended the Finance and Facilities Committee meeting

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



Alexander Summers, MD, MPH, CCFP, FRCPC
Acting Medical Officer of Health



TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer

DATE: 2022 February 17

CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR JANUARY

Recommendation

It is recommended that the Board of Health receive Report No. 10-22 re: “Chief Executive Officer Activity Report for January” for information.

The following report highlights activities of the Chief Executive Officer for the period of January 6, 2022 to February 3, 2022.

Standing meetings include weekly Healthy Organization leadership team meetings, City of London Operations, SLT, Logistics and R3 (Repatriation, Redeployment and Recruitment), Virtual Staff Town Hall meetings, VOC (Vaccine Operations Committee), and C3 (COVID Collaborative Committee) meetings.

The Chief Executive Officer also attended the following meetings:

Client and Community Impact – *These meeting(s) reflect the CEO’s representation of the Health Unit in the community:*

January 13 The CEO along with the Acting Medical Officer of Health, met with Reg Ash from the Western Fair District to discuss the extension of the Agriplex Mass Vaccination Clinic operation.

January 25 The CEO attended the City of London Virtual State of the City Address.

The CEO met with Susan Morgan from the South West Home and Community Care Support Services (formerly the LHIN) to discuss staffing resources to support immunization of homebound clients.

January 26 The CEO attended the Inaugural MLHU Anti-Black Racism Advisory Committee to offer introductory remarks.

Employee Engagement and Learning – *These meeting(s) reflect on how the CEO influences the Health Unit’s organizational capacity, climate and culture and the contributions made to enable engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning:*

January 10 The CEO met with union leadership to discuss a confidential union labour relations matter.

January 11 The CEO attended the Agriplex mass vaccination clinic to assist clinic leadership in navigating Occupational Health and Safety matters and engaging the Ministry of Labour.

- January 14** The CEO met with legal counsel to discuss a confidential union labour relations matter.
- January 17** The CEO met with Gallagher to review preliminary market analysis results related to the non-union compensation.
- January 24** The CEO met with legal counsel to discuss a confidential union labour relations matter.
- January 27** The CEO met with the MLT (MLHU Leadership Team) Planning Committee members to discuss and plan the February MLT meeting agenda.

Personal Development – *These meeting(s) reflect on how the CEO develops their leadership, skills and growth to define their vision and goals for the Health Unit.*

- January 19** As part of the CEO's McCormick Care Board membership and Chair of the Quality committee, the CEO chaired the McCormick Care Quality Committee meeting.
- January 27** As part of the CEO's McCormick Care Board membership, the CEO attended the McCormick Care Board of Directors meeting.

The CEO attended the Virtual McCormick Care Ritz Gala fundraising event.

Governance – *This meeting(s) reflect on how the CEO influences the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the HU's mission and vision. This also reflects on the CEO's responsibility for actions, decision and policies that impact the HUs ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health:*

- January 10** The CEO attended the January Board of Health Agenda review meeting to discuss the agenda.
- January 13** The CEO participated in the monthly Ministry of Health Public Health Funding teleconference (originally scheduled on January 6 and rescheduled to January 13).
- The CEO attended a meeting to welcome the new Board of Health Committee member Ms. Mariam Hamou.
- January 20** The CEO attended the Board of Health Meeting.
- January 23** The CEO met with the Manager of Strategy, Risk and Privacy to discuss the Board of Health Orientation plan.
- January 27** The CEO attended the MLHU Board of Health Executive meeting to meet with newly appointed Board Chair and Vice-Chair.
- February 3** The CEO attended the Finance and Facilities Committee meeting.

This report was prepared by the Chief Executive Officer.

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Emily Williams, BscN, RN, MBA, CHE
Chief Executive Officer