

**AGENDA  
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, January 21, 2021,  
7 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  
Mr. John Brennan  
Ms. Aina DeViet  
Ms. Kelly Elliott  
Ms. Tino Kasi  
Ms. Arielle Kayabaga  
Mr. Bob Parker  
Mr. Matt Reid  
Mr. Mike Steele  
Mr. Aaron O'Donnell

**SECRETARY-TREASURER**

Dr. Christopher Mackie

**ACKNOWLEDGEMENT/TEACHING OF INDIGENOUS PERSONS AND LANDS**

**MEETING PROCEDURES**

**DISCLOSURE OF CONFLICTS OF INTEREST**

**APPROVAL OF AGENDA**

**MINUTES**

Approve: December 10, 2020– Board of Health meeting

Receive: October 15, 2020 – Governance Committee meeting  
November 24, 2020 – Special CEO Selection Committee meeting  
December 21, 2020 – Special Governance Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
<b>Meeting Procedures</b>						
1	x	x		Election of 2021 Board of Health Executive and Other Procedures  (Report No. 01-21)	Appendix A Appendix B Appendix C Appendix D Appendix E	To fulfill the requirements of the first Board of Health meeting of each year, e.g., election of Chair/Vice Chair and standing committees for 2021.  Lead: Dr. Christopher Mackie, Medical Officer of Health
<b>Reports and Agenda Items</b>						
2		x	x	Strategic Planning Update  (Report No. 02-21)		To provide an update on the strategic planning process.  Leads: Dr. Christopher Mackie, Medical Officer of Health, Dr. Michael Clarke, CEO (Interim) and Emily Williams, Director, Healthy Organization
3		x	x	Commitment to Reconciliation Statement  (Report No. 03-21)		To provide the Board of Health with a “Commitment to Reconciliation” statement for acknowledging Indigenous persons and lands.  Lead: Heather Lokko, Director, Healthy Start/Chief Nursing Officer
4		x	x	Anti-Black Racism Commitment and Action Update  (Report No. 04-21)		To provide an update on the health unit’s anti-black racism work.  Lead: Heather Lokko, Director, Healthy Start/Chief Nursing Officer
5			x	Film Content Information Act, 2020  (Report No. 05-21)	Appendix A	To provide an update on the Film Content Information Act, 2020 being passed.  Lead: Maureen MacCormick, Director, Healthy Living

6			x	Grant Funding to Support Cannabis Programming (Report No. 06-21)	Appendix A	To receive grant funding and information regarding the health unit's Cannabis Programming.  Lead: Maureen MacCormick, Director, Healthy Living
7		x	x	Verbal COVID-19 Disease Spread and Vaccine Campaign Update		To provide an update on COVID-19 matters.  Leads: Dr. Christopher Mackie, Medical Officer of Health and Dr. Alexander Summers, Associate Medical Officer of Health
8			x	Medical Officer of Health Activity Report for January 2021 (Report No. 07-21)		To provide an update on external meetings attended by the Medical Officer of Health activities since the last Board of Health meeting.  Lead: Dr. Christopher Mackie, Medical Officer of Health
<b>Correspondence</b>						
9			x	January 2021 Correspondence		To receive correspondence items a) through d).

## OTHER BUSINESS

- Provisional Strategic Planning sessions on:
  - January 27<sup>th</sup> (8:30 a.m. – 12 p.m.) and
  - January 28<sup>th</sup> (1 p.m. – 4:30 p.m.)

## CONFIDENTIAL

The Board of Health will move in-camera to consider matters regarding identifiable individuals, information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency and a proposed or pending acquisition or disposition of land.

## ADJOURNMENT



**PUBLIC SESSION – MINUTES**  
**MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, December 10, 2020, 7:00 p.m.  
Microsoft Teams

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- MEMBERS PRESENT:** Ms. Maureen Cassidy (Chair)  
Ms. Aina DeViet (Vice-Chair)  
Mr. John Brennan  
Mr. Bob Parker  
Mr. Ian Peer  
Mr. Matt Reid  
Ms. Arielle Kayabaga
- REGRETS:** Ms. Tino Kasi  
Ms. Kelly Elliott
- OTHERS PRESENT:** Dr. Christopher Mackie, Medical Officer of Health (Secretary Treasurer)  
Ms. Stephanie Egelton, Executive Assistant to the Board of Health (recorder)  
Dr. Michael Clarke, CEO (interim)  
Mr. Dan Flaherty, Manager, Communications  
Mr. Alex Tynl, Online Communications Coordinator  
Dr. Alexander Summers, Associate Medical Officer of Health  
Ms. Heather Lokko, Director, Healthy Start  
Ms. Maureen MacCormick, Director, Healthy Living  
Ms. Emily Williams, Director, Healthy Organization  
Ms. Jessica Reimann, Epidemiologist

Chair Maureen Cassidy called the meeting to order at 7:01 p.m.

Ms. Arielle Kayabaga joined the meeting at 7:15 p.m.

**DISCLOSURE OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by **Mr. Ian Peer**, seconded by **Ms. Aina DeViet**, that the **AGENDA** for the December 10, 2020 Board of Health meeting be approved.

Carried

**APPROVAL OF MINUTES**

It was moved by **Mr. Matt Reid**, seconded by **Mr. Peer**, that the **MINUTES** of the November 26, 2020 Board of Health meeting be approved.

Carried

It was moved by **Mr. Matt Reid**, seconded by **Mr. Peer**, that the **MINUTES** of the December 3, 2020 Finance & Facilities Committee be received.

Carried

## **REPORTS AND AGENDA ITEMS**

### **Finance and Facilities Committee Meeting Summary (Report No. 057-20)**

Ms. Cassidy, Vice Chair of the Finance and Facilities Committee presented the meeting summary from December 3<sup>rd</sup>.

It was moved by **Mr. Bob Parker, seconded by Mr. Peer** that the Board of Health received and approved Report No. 031-20FFC, re: "Emergency Purchase Award – Laptops" for information.

Carried

### **Social Determinants of Health during COVID-19 (Report No. 058-20)**

Dr. Alexander Summers, Associate Medical Officer of Health introduced his report, and introduced Jessica Reimann, Epidemiologist to answer questions that the Board had.

Discussion and key points of this report included:

- Understanding the impact of COVID-19 on priority populations and how to support them
- That the data is used to inform pandemic response
- Consulting with groups and learning why MLHU is seeing certain groups affected by COVID-19
- Noting MLHU's lead on being the first health unit in the province to collect demographic data of COVID-19 positive persons
- Noting that MLHU's methodology of research is drawing from provincial guidance, consistency with other health units and existing methods used by PET and HE teams

It was moved by **Mr. Parker, seconded by Mr. Reid**, that the Board of Health receive Report No.058-20 re: "Social Determinants of Health During the COVID-19 Pandemic" be received for information.

Carried

### **Verbal COVID-19 Update**

Dr. Summers gave his verbal update on COVID-19.

Discussion and key points of this verbal update included:

- The uptick in COVID-19 cases in the region (as of December 10), reaching up to 52 cases in a day
- Approval of the Pfizer BioNTech vaccine on December 9
- MLHU reaching the threshold for the Province to move the region into the "Red" tier
- Christmas season will look different, and the challenge will be to promote not grouping together
- Increasing cases in local schools, however transmission within schools is limited
- Work within the health unit is increasing, and more staff are being redeployed
- Noting the hard work of MLHU staff during this time

It was moved by **Ms. Arielle Kayabaga, seconded by Ms. DeViet** that the Board of Health receive the verbal report re: "COVID-19 Update" for information.

Carried

**Summary Report – December 2020 re: Bill 216 The Food Literacy for Students Act, 2020 (Report No. 059-20)**

Maureen MacCormick, Director of Healthy Living presented the Summary Report – December 2020 on Bill 216, the *Food Literacy for Students Act, 2020*.

Discussion and key points of this report included:

- Bill 216 would bring food literacy education to every grade (1-12) a part of the Ontario curriculum
- Healthy Living’s existing work in promoting food literacy and offering curriculum supports in schools, but on hold until Fall 2021 at the earliest
- MLHU’s existing work in food literacy with the Poverty Panel
- The Board noting their excitement to support this bill

It was moved by **Mr. Reid, seconded by Mr. Parker** that the Board of Health receive Report No. 059-20 re: “Summary Report – December 2020 re: Bill 216 The Food Literacy for Students Act, 2020” for information.

Carried

**Medical Officer of Health Activity Report – December (Report No. 060-20)**

Dr. Christopher Mackie, Medical Officer of Health presented the Medical Officer of Health Activity Report for December 2020.

It was moved by **Mr. Parker, seconded by Mr. Reid**, that the Board of Health receive Report No. 060-20 re “Medical Officer of Health Activity Report – December” for information.

Carried

**CORRESPONDENCE**

It was moved by **Mr. Parker, seconded by Mr. Peer**, that the Board of Health receive correspondence items a) through d) and endorse item e).

Carried

**OTHER BUSINESS**

The Board discussed holding an upcoming session for strategic planning, within the Governance Committee.

It was moved by **Mr. Parker, seconded by Mr. Reid** that the Board of Health direct the Governance Committee to schedule a Strategic Planning Session before the end of January 2021.

Carried

Next Board of Health Meeting – January 21, 2021

**CONFIDENTIAL**

**At 8:17 p.m., it was moved by Mr. Peer, seconded by Mr. Parker**, that the Board of Health move in-camera to consider matters regarding labour relations and identifiable individuals, litigation or potential litigation, including matters before administrative tribunals, affecting the Middlesex-London Board of Health, and advice that is subject to solicitor-client privilege, including communications necessary for that purpose.

Carried

At **11:05 p.m.** it was moved by **Mr. Reid, seconded by Ms. DeViet**, *that the Board of Health return to public session.*

Carried

**ADJOURNMENT**

At **11:08 p.m.**, it was moved by **Mr. Parker, seconded by Mr. Reid**, *that the Board of Health direct the Governance Committee to schedule a Strategic Planning Session before the end of January 2021.*

Carried

At **11:11 p.m.**, it was moved by **Ms. Peer, seconded by Mr. Parker**, *that the meeting be adjourned.*

Carried

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**MAUREEN CASSIDY**  
Chair

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**CHRISTOPHER MACKIE**  
Secretary-Treasurer

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**PUBLIC SESSION – MINUTES**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**GOVERNANCE COMMITTEE**

Thursday, October 15, 2020, 6:00 p.m.  
Microsoft Teams

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**MEMBERS PRESENT:** Ms. Aina DeViet (Committee Chair)  
Ms. Maureen Cassidy  
Ms. Arielle Kayabaga  
Mr. Bob Parker  
Mr. Ian Peer

**OTHERS PRESENT:** Dr. Chris Mackie, Medical Officer of Health  
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health and  
Associate Medical Officer of Health (Recorder)  
Dr. Alex Summers, Associate Medical Officer of Health  
Dr. Michael Clarke, Chief Executive Officer (Interim)  
Ms. Nicole Gauthier, Manager, Privacy, Risk and Governance, Interim  
Director, Healthy Organization  
Ms. Cynthia Bos, Manager, Human Resources  
Kendra Ramer, Manager Strategic Projects  
Ms. Heather Lokko, Director, Healthy Start and Chief Nursing Officer

Chair DeViet called the meeting to order at 6:00 p.m.

**DISCLOSURE OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by Mr. Parker, seconded by Mr. Peer, *that the AGENDA for the October 15, 2020 Governance Committee meeting be approved.*

Carried

**APPROVAL OF MINUTES**

It was moved by Ms. Cassidy, seconded by Ms. Kayabaga, *that the MINUTES of the July 16, 2020 Governance Committee meeting be approved.*

Carried

**NEW BUSINESS**

**Governance Policy Review (Report No. 012-20GC)**

Dr. Clarke introduced this report. He noted that during a review of the policy review date calendar, it was realized that there was a large backlog of policies that needed review and several more that were coming due. He introduced Ms. Ramer to update the Committee and

Ms. Ramer attended the meeting to assist with explaining the proposed process that will help to work through the policies that need to be reviewed by the Governance Committee. She noted that to spread out the workload, Committee members will be able to provide input prior to meeting. This will also promote engagement between meetings.



Ms. Ramer also noted that there are several Finance and Facilities Committee policies that will be added to the process.

Chair DeViet noted that she has met with Dr. Clarke and Ms. Ramer to discuss the proposed process.

Ms. Ramer noted that policies that are passed due will be reviewed first, followed by the ones that are coming up for review.

It was moved by Ms. Cassidy, seconded by Mr. Peer, *that the Governance Committee recommend to the Board of Health:*

- 1) *Receive Report No. 0012-20GC re: "Governance Policy Review"*
- 2) *Approve the new governance policy review process appended to this report (Appendix A); and*
- 3) *Approve the governance policy appended to this report (Appendix D).*

Carried

#### **OTHER BUSINESS**

The next meeting of the Governance Committee: February 18, 2021.

#### **CONFIDENTIAL**

At 6:23 p.m. it was moved by Ms. Kayabaga, seconded by Ms. Cassidy, *that the Governance Committee move in-camera to consider matters regarding labour relations and identifiable individuals.*

Carried

At 6:45 p.m. it was moved by Ms. Kayabaga, seconded by Mr. Peer that the Governance Committee return to public session.

Carried

#### **ADJOURNMENT**

At 6:45 p.m., it was moved by Ms. Kayabaga, seconded by Ms. Cassidy, *that the meeting be adjourned.*

Carried

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**AINA DEVIET**  
**Committee Chair**

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**CHRISTOPHER MACKIE**  
**Secretary-Treasurer**



**PUBLIC SESSION – MINUTES**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**CEO Selection Committee**  
Zoom  
November 24, 2020 at 10 a.m.

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**Committee Members Present:** Ms. Maureen Cassidy, (Chair)  
Ms. Aina DeViet  
Mr. Bob Parker  
Mr. Ian Peer

At **10:02 a.m.**, Chair Cassidy called the meeting to order.

**DISCLOSURE OF CONFLICT(S) OF INTEREST**

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

**CONFIDENTIAL**

The Committee Chair requested, and the Committee convened a Confidential session to discuss matters regarding labour relations and identifiable individuals, which has been recorded by Chair Cassidy.

At **10:03 a.m.**, it was moved by **Mr. Peer, seconded by Ms. DeViet** that *the Committee move in closed session to discuss matters regarding identifying individuals.*

Carried

At **12:14 p.m.**, it was moved by **Mr. Peer, seconded by Mr. Parker**, that *the Committee return to public session.*

Carried

**ADJOURNMENT**

At **12:14 p.m.**, it was moved by **Mr. Peer, seconded by Mr. Parker**, that *the meeting be adjourned.*

Carried

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**MAUREEN CASSIDY**  
Chair

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**AINA DEVIET**  
Vice-Chair



**SPECIAL PUBLIC SESSION – MINUTES**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**GOVERNANCE COMMITTEE**

Monday, December 21<sup>st</sup>, 2020 at 10 a.m.  
Microsoft Teams

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**MEMBERS PRESENT:** Ms. Aina DeViet (Committee Chair)  
Ms. Maureen Cassidy  
Ms. Arielle Kayabaga  
Mr. Bob Parker

**OTHERS PRESENT:** Mr. Matt Reid, Board Member  
Mr. Mike Steele, Board Member  
Mr. Aaron O’Donnell, Board Member  
Dr. Chris Mackie, Medical Officer of Health  
Dr. Michael Clarke, CEO (Interim)  
Ms. Stephanie Egelton, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)  
Ms. Emily Williams, Director, Healthy Organization  
Ms. Heather Lokko, Director, Healthy Start and Chief Nursing Officer  
Ms. Kendra Ramer, Manager, Strategic Initiatives

**REGRETS:** Mr. Ian Peer

Chair Aina DeViet called the meeting to order at 10:02 a.m.

Ms. Arielle Kayabaga joined at 10:06 a.m.

**DISCLOSURE OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by **Ms. Maureen Cassidy, seconded by Mr. Bob Parker**, *that the AGENDA for the December 21, 2020 Special Governance Committee meeting be approved.*

Carried

**NEW BUSINESS**

**Verbal Update and History on Strategic Planning Process**

Dr. Mackie provided a brief context on the previous strategic planning process.

Discussion included:

- Support from the Board in 2014 of a 5-year strategic plan from 2015-2020
- The possibility of focusing the next plan on fewer priorities over a shorter time horizon
- The different core areas of public health that were involved with the 2015-2020 Strategic Planning process at the Middlesex-London Health Unit
- The short-term planning and research needed for a provisional plan

At the December 10, 2020 Public Session of the Middlesex-London Board of Health, the Board directed the Governance Committee to schedule a Strategic Planning Session before the end of January 2021, therefore;

It was moved by **Mr. Parker, seconded by Ms. Cassidy**, *that the Governance Committee:*

- A) Approve Committee Member, Mr. Robert Parker to work with staff to begin process of obtaining consultant options to begin the Strategic Planning process per Middlesex-London Health Unit's Procurement Policy (G-230) and Contractual Services Policy (G-220) and;
- B) Receive verbal update on the "Strategic Planning Process" for information.

Carried

#### **OTHER BUSINESS**

It was moved by **Mr. Parker, seconded by Ms. Cassidy** *that the Governance Committee direct staff to provide a list of dates and times for a provisional Strategic Planning session with the Board of Health and Senior Leadership Team.*

Carried

#### **ADJOURNMENT**

At 10:37 a.m., it was moved by **Mr. Parker, seconded by Ms. Cassidy**, *that the meeting be adjourned.*

Carried

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**AINA DEVIET**  
Committee Chair

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**CHRISTOPHER MACKIE**  
Secretary-Treasurer



## MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 01-21

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2021 January 21

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### **ELECTION OF 2021 BOARD OF HEALTH EXECUTIVE AND OTHER PROCEDURES**

#### ***Recommendations***

*It is recommended that the Board of Health:*

- 1. Elect a Chair and a Vice-Chair for the current term;*
- 2. Appoint the Medical Officer of Health as Secretary-Treasurer for 2021; and*
- 3. Recognize and appoint members to the Finance & Facilities Committee and the Governance Committee, and the CEO Selection Committee.*

#### **Board Membership Update**

The Board of Health consists of the following Members:

- 1. Four provincial appointees:** Ms. Tino Kasi, Mr. Robert Parker, Mr. Michael Steele, and Mr. Aaron O'Donnell
- 2. Three City of London appointees:** Ms. Maureen Cassidy, Ms. Arielle Kayabaga, and Mr. Matt Reid; and
- 3. Three Middlesex County appointees:** Ms. Aina DeViet, Ms. Kelly Elliott, and Mr. John Brennan.

The terms of reference for Board of Health membership can be found in **Appendix A**.

#### **Procedures for the First Meeting of the Year**

Board of Health Bylaw No. 3 regulates the proceedings of the Board. Section 18.0 of this Bylaw addresses Elections and the Appointment of Committees:

- 18.1 At the first meeting of each calendar year the Board shall elect by a majority vote a Chair, Vice-Chair, and Secretary-Treasurer for that year.*
- 18.2 The Chair of the Board shall be elected for one year with a possible renewal of an additional year. The Chair shall rotate among the City, County and Provincial appointees.*
- 18.3 The Vice-Chair and Secretary-Treasurer shall be elected for a one-year term.*
- 18.4 The Secretary-Treasurer function is customarily performed by the Medical Officer of Health.*
- 18.5 At the first meeting of each calendar year, the Board shall appoint the representative or representatives required to be appointed annually at the first meeting by the Board to other Boards, bodies, or commissions where appropriate.*

18.6 *The Board may appoint committees from time to time to consider such matters as specified by the Board (e.g., Finance and Facilities, Governance, etc.).*

### **Election of Executive Officers**

**Chair:** As per the current Bylaw No. 3, Section 18.2, as stated above, the Chair is elected for one year with a possible renewal of one additional year. The position rotates among the three representative bodies. The Chair for 2020 was Ms. Maureen Cassidy, a City of London appointee.

**Vice-Chair:** Bylaw No. 3, Section 18.3 stipulates that the Vice-Chair is elected for a one-year term. The Vice-Chair for 2020 was Ms. Aina DeViet, a County of Middlesex appointee.

**Secretary-Treasurer:** Bylaw No. 3, Section 18.4 states that the Secretary-Treasurer function is customarily performed by the Medical Officer of Health (referenced as Medical Officer of Health/CEO in the by-law).

### **Establishment of Standing Committees**

Under Section 1.3 (ii) of Board of Health Policy No. 1-010 (Structure and Responsibilities of the Board of Health), the Board determines whether it wishes to establish one or more standing committees at its first meeting of the year. In 2013, the Board of Health created the Finance & Facilities Committee, a standing committee that meets the first Thursday of each month and/or at the call of the Committee Chair. At its December 2013 meeting, the Board created the Governance Committee, a standing committee that has been meeting quarterly, or at the call of the Committee Chair, immediately preceding the Board of Health meeting. It is noted that at the April 16, 2020 meeting of the Relocation Advisory Committee, it was moved by the members to disband the committee. The CEO Selection Committee was formed with Terms of Reference on October 15, 2020, which meets at the call of the Committee Chair.

1. Finance & Facilities Committee (terms of reference attached as **Appendix B**)

The membership of the Committee will consist of a total of five voting members. The members shall include the Chair and Vice-Chair of the Board of Health, and at least one Middlesex County Board Member, one City of London Board Member, and two provincial Board Members.

2. Governance Committee (terms of reference attached as **Appendix C**)

The membership of the Committee will consist of a total of five voting members. The members shall include the Chair and Vice-Chair of the Board of Health, and at least one Middlesex County Board Member, one City of London Board Member, and two provincial Board Members.

3. Ad Hoc Committee: CEO Selection Committee (terms of reference attached as **Appendix D**)

The membership of the Committee will consist of not more than four (4) voting members. The members will be the Chair and the Vice-Chair of the Board of Health, one Board member appointed by Middlesex County, one Board member appointed by the City of London and at least one Board member appointed by the Province of Ontario. Members will be selected notwithstanding their membership in any other standing committee.

All additional CEO Selection Committee members, including the individuals previously appointed (Ms. Maureen Cassidy, Ms. Aina DeViet and Mr. Bob Parker), will require (re)appointment.

All Board of Health members may attend meetings of the Finance & Facilities Committee, Governance Committee, and CEO Selection Committee, but only Committee members may vote.

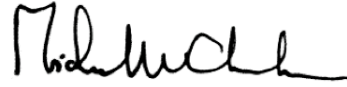
**2021 Meeting Dates**

2021 Meeting Dates are to be determined by approval of the Board of Health, as listed in **Appendix E**.

This report was prepared by the Office of the Medical Officer of Health and the Healthy Organization Division.



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



Michael Clarke, PhD  
Chief Executive Officer (Interim)



## Middlesex-London Board of Health

Appendix A to Report 01-21

Title	First Name	Last Name	Appointed By	First Appointed	Term Expires on
Ms.	Arielle	Kayabaga	City of London	November 26, 2019	November 15, 2022
Mr.	Matt	Reid	City of London (Citizen Appointee)	December 1, 2018	November 15, 2022
Ms.	Maureen	Cassidy	City of London	September 27, 2016	November 15, 2022
Mr.	John	Brennan	County of Middlesex	December 18, 2018	November 30, 2022
Ms.	Kelly	Elliott	County of Middlesex	December 18, 2018	November 30, 2022
Ms.	Aina	DeViet	County of Middlesex	December 18, 2018	November 30, 2022
Ms.	Tino	Kasi	Province of Ontario	November 2, 2016	December 31, 2021
Mr.	Robert	Parker	Province of Ontario	January 9, 2020	December 31, 2021
Mr.	Michael	Steele	Province of Ontario	December 10, 2020	December 9, 2021
Mr.	Aaron	O'Donnell	Province of Ontario	December 10, 2020	December 9, 2021

Last updated 1/14/2021



## **FINANCE & FACILITIES COMMITTEE TERMS OF REFERENCE**

### **PURPOSE**

The committee serves to provide an advisory and monitoring role. The committee's role is to assist and advise the Board of Health, the Medical Officer of Health /Chief Executive Officer (MOH / CEO), and the Manager, Finance in the administration and risk management of matters related to the finances and facilities of the organization.

### **REPORTING RELATIONSHIP**

The Finance & Facilities Committee is a committee reporting to the Board of Health of the Middlesex-London Health Unit. The Chair of the Finance & Facilities Committee, with the assistance of the Manager, Finance and the MOH / CEO, will make reports to the Board of Health as a whole following each of the meetings of the Finance & Facilities Committee.

### **MEMBERSHIP**

The membership of the Committee will consist of a total of five (5) voting members. The members will include the Chair and Vice-Chair of the Board of Health and in total, the membership will contain at least one Middlesex County Board Member, one City of London Board Member and two provincial Board Members.

The Secretary-Treasurer will be an ex-officio non-voting member.

Staff support includes:

- Director, Corporate Services;
- Manager, Finance; and
- Executive Assistant to the Board of Health and Communications or the Executive Assistant to the Medical Officer of Health depending on availability.

Other Board of Health members are able to attend the Finance & Facilities Committee but are not able to vote.

### **CHAIR**

The Finance & Facilities Committee will elect a Chair at the first meeting of the year to serve for a one or two-year term. The Chair of the Committee may be appointed for additional terms following the completion of an appointment to enhance continuity of the Committee.

### **TERM OF OFFICE**

At the first Board of Health meeting of the year the Board will review the committee membership. At this time, if any new appointments are required, the position(s) will be filled by majority vote. The appointment will be for at least one year, and where possible, staggered terms will be maintained to ensure a balance of new and continuing members. A member may serve on the committee as long as he or she remains a Board of Health member.

## **DUTIES**

The Committee will seek the assistance of and consult with the MOH / CEO, the Director, Corporate Services and the Manager, Finance for the purposes of making recommendations to the Board of Health on the following matters:

1. Reviewing detailed financial statements and analyses.
2. Reviewing the annual cost-shared and 100% funded program budgets, for the purposes of governing the finances of the Health Unit.
3. Reviewing the annual financial statements and auditor's report for approval by the Board.
4. Reviewing annually the types and amounts of insurance carried by the Health Unit.
5. Reviewing periodically administrative policies relating to the financial management of the organization, including but not limited to, procurement, investments, and signing authority.
6. Monitoring the Health Unit's physical assets and facilities.
7. Reviewing annually all service level agreements.
8. Reviewing all funding agreements.
9. Review governance-related financial policies.
10. Enquire into the financial risks faced by the organization, and the appropriateness of related controls to minimize their potential impact.

## **FREQUENCY OF MEETINGS**

The Committee will meet monthly between Board of Health meetings, if a meeting is deemed to be not required it shall be cancelled at the call of the Chair of the Committee.

## **AGENDA & MINUTES**

1. The Chair of the committee, with input from the Manager, Finance and the Medical Officer of Health & Chief Executive Officer (MOH / CEO), will prepare agendas for regular meetings of the committee.
2. Additional items may be added at the meeting if necessary.
3. The recorder is the Executive Assistant to the Board of Health and Communications.
4. Agenda & minutes will be made available at least 5 days prior to meetings.
5. Agenda & meeting minutes are provided to all Board of Health members.

## **BYLAWS:**

As per Section 19.1 of Board of Health By-Law No. 3, the rules governing the proceedings of the Board shall be observed in the Committees insofar as applicable. This will include rules related to conducting of meetings; decision making; quorum and self-evaluation.

## **REVIEW**

The terms of reference will be reviewed every 2 (two) years.

Implementation Date: June 20, 2013

Revision Date: April 7, 2016

## **GOVERNANCE COMMITTEE**

### **TERMS OF REFERENCE**

#### **PURPOSE**

The committee serves to provide an advisory and monitoring role. The committee's role is to assist and advise the Board of Health, the Medical Officer of Health / Chief Executive Officer (MOH / CEO), and the Director, Healthy Organization in the administration and risk management of matters related to Board membership and recruitment, Board self-evaluation and governance policy.

#### **REPORTING RELATIONSHIP**

The Governance Committee is a committee reporting to the Board of Health of the Middlesex-London Health Unit. The Chair of the Governance Committee, with the assistance of the Director, Corporate Services and the MOH / CEO, will make reports to the Board of Health as a whole following each of the meetings of the Governance Committee.

#### **MEMBERSHIP**

The membership of the Committee will consist of a total of five (5) voting members. The members will include the Chair and Vice-Chair of the Board of Health and in total, the membership will contain at least one Middlesex County Board Member, one City of London Board Member and two provincial Board Members.

The Secretary-Treasurer will be an ex-officio non-voting member.

Staff support includes:

- Director, Healthy Organization;
- Executive Assistant to the Board of Health and Communications or the Executive Assistant to the Medical Officer of Health depending on availability; and
- Manager, Strategic Projects.

Other Board of Health members are able to attend the Governance Committee but are not able to vote.

#### **CHAIR**

The Governance Committee will elect a Chair at the first meeting of the year to serve for a one or two-year term. The Chair of the Committee may be appointed for additional terms following the completion of an appointment to enhance continuity of the Committee.

#### **TERM OF OFFICE**

At the first Board of Health meeting of the year the Board will review the committee membership. At this time, if any new appointments are required, the position(s) will be filled by majority vote. The appointment will be for at least one year, and where possible, staggered terms will be maintained to ensure a balance of new and continuing members. A member may serve on the committee as long as he or she remains a Board of Health member.

## **DUTIES**

The Committee will seek the assistance of and consult with the MOH / CEO and the Director, Healthy Organization for the purposes of making recommendations to the Board of Health on the following matters:

1. Assist with the recruitment of suitable Board members.
2. Oversee Board member succession planning and make recommendations regarding recruitment of new Board members.
3. Provide advice regarding orientation and training of Board members.
4. Direct and oversee the assessment of the Board and Board committees and make recommendations to the Board regarding ways in which governance performance and contributions can be enhanced.
5. Oversee performance indicators that are reported to the Board and provide advice regarding the biennial Board retreat.
6. Compliance with the Board of Health Code of Conduct.
7. Performance evaluation of the MOH / CEO.
8. Governance policy and by-law review and development.
9. Compliance with the Organizational Standards.
10. Strategic Planning.
11. Review and make recommendations on the direction of the Privacy program.
12. Review and make recommendations on the direction of the Risk Management program.
13. Advise the Board on implications of significant developments in privacy legislation.
14. Review the annual privacy report.
15. Oversee the principles of the recruitment/retention strategy for employees.
16. Provide oversight related to occupational health and safety.

## **FREQUENCY OF MEETINGS**

The Committee will meet quarterly or at the call of the Chair of the Committee.

## **AGENDA & MINUTES**

1. The Chair of the committee, with input from the Director, Healthy Organization and the MOH / CEO, will prepare agendas for regular meetings of the committee.
2. Additional items may be added at the meeting if necessary.
3. The recorder is the Executive Assistant to the Board of Health.
4. Agenda & minutes will be made available at least 5 days prior to meetings.
5. Agenda & meeting minutes are provided to all Board of Health members.

## **BYLAWS:**

As per Section 19.1 of Board of Health By-Law No. 3, the rules governing the proceedings of the Board shall be observed in the Committees insofar as applicable. This will include rules related to conducting of meetings; decision making; quorum and self-evaluation.

## **REVIEW**

The terms of reference will be reviewed every 2 (two) years.

Implementation Date: June 20, 2013

Revision Date: April 21, 2016

## CHIEF EXECUTIVE OFFICER SEARCH AD HOC COMMITTEE

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### **PURPOSE**

The Committee serves to provide an advisory and guiding role. The Committee's role is to steer the recruitment and selection process for the CEO position for the Middlesex-London Health Unit and to provide advice and recommendations to the Board of Health regarding candidate selection.

### **REPORTING RELATIONSHIP**

The new CEO Search Committee is an ad hoc Committee reporting to the Board of Health of the Middlesex-London Health Unit. The Chair of the CEO Search Committee will make reports to the Board of Health as a whole.

### **MEMBERSHIP & SUPPORT**

The membership of the Committee will consist of not more than four (4) voting members. The members will be the Chair and the Vice-Chair of the Board of Health, one Board member appointed by Middlesex County, one Board member appointed by the City of London and at least one Board member appointed by the Province of Ontario. Members will be selected notwithstanding their membership in any other standing committee.

Other Board of Health members are welcome to attend the CEO Search Committee but do not hold voting rights.

The Committee will be supported by the Executive Assistant to the Board of Health. Support, in the form of input and feedback, will be sought from the Medical Officer of Health, the Interim CEO and other members of MLHU's Senior Leadership Team as the committee determines is appropriate.

### **CHAIR**

The Chair of the Board of Health will serve as Chair of the CEO Search Committee until the committee ceases to exist.

### **DUTIES**

The Committee will provide oversight and will make recommendations to the Board of Health on the following matters:

1. Division of roles and responsibilities for the MOH and CEO positions.
2. Selection and engagement of appropriate outside agency(ies) or consultant(s) to create a job description and conduct a candidate search.
3. Selection of a short list of candidates.
4. Conducting candidate interviews.
5. Making a final hiring recommendation to the Board of Health.

CHIEF EXECUTIVE OFFICER SEARCH AD HOC COMMITTEE  
**FREQUENCY OF MEETINGS**

The Committee will meet at the call of the Chair of the Committee.

**AGENDA & MINUTES**

1. The Chair of the Committee, with input from the committee members and assistance from the Executive Assistant to the Board of Health, will prepare agendas for regular meetings of the Committee.
2. Additional agenda items may be added at the meeting if necessary.
3. The recorder is the Executive Assistant to the Board of Health with the exception of restricted sessions which will be recorded by the Chair.
4. Agenda & minutes will be made available at least 3 days prior to meetings.
5. Agenda & meeting minutes are provided to all Board of Health members.

**BYLAWS:**

As per Section 19.1 of Board of Health By-Law No. 3, the rules governing the proceedings of the Board of Health shall be observed in the Committees insofar as applicable. This will include rules related to conducting of meetings; decision making; quorum and self-evaluation.

Implementation Date: October 15, 2020

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## 2021 Draft Board of Health, Governance Committee and Finance & Facilities Committee meeting dates

2021 Board of Health and Governance Committee Meeting Dates	
Thursday, January 21	Inaugural meeting
Thursday, February 18	Also Governance Committee
Thursday, March 18	
Thursday, April 15	
Thursday, May 20	
Thursday, June 17	Also Governance Committee
Thursday, July 15	
Thursday, August 19	<i>*usually cancelled</i>
Thursday, September 16	
Thursday, October 21	Also Governance Committee
Thursday, November 18	
Thursday, December 9	
2021 Finance & Facilities Committee Meeting Dates	
No meeting in January	
Thursday, February 4 * budget meeting, 9:00 a.m. - 12 noon	
Thursday, February 11 * budget meeting, 9:00 a.m. - 12 noon (if required)	
Thursday, March 4	
Thursday, April 1	
Thursday, May 6	
Thursday, June 3	
July – TBD due to Canada Day	
Thursday, August 5 <i>*usually cancelled</i>	
Thursday, September 2	
Thursday, October 7	
Thursday, November 4	
Thursday, December 2	



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health; Michael Clarke, CEO (Interim)

DATE: 2021 January 21

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## STRATEGIC PLANNING UPDATE

### **Recommendation**

*It is recommended that the Board of Health:*

- 1) Receive Report No. 02-21 re “Strategic Planning Update” for information; and*
- 2) Direct staff to work with the Governance Committee to develop and finalize a Draft Provisional Strategic Plan, inclusive of the draft strategic directions outlined herein, for consideration of the Board of Health.*

### **Key Points**

- With the conclusion of the 2015-2020 strategic plan, a renewed strategic plan is required.
- The context of the current pandemic and the associated demands on health unit staff and leadership are significant and prevent meaningful engagement in a robust strategic planning process.
- Adoption of a provisional strategic plan, inclusive of previously recognized Board of Health priorities, is recommended at this time.

### **Background**

As the 2015-2020 strategic plan has concluded, it is important for the Board of Health to renew its strategy. The strategic planning process commonly includes comprehensive environmental scanning, including the Political, Economic, Social, Technological, Legal and Environmental (PESTLE) factors that are anticipated to influence the organization in the foreseeable future. Key strategic priorities are identified via this process, which is typically completed with participation from a broad range of internal and external stakeholders to ensure multiple perspectives. Such a process has several opportunities for engagement. Subsequent steps in the planning process typically include refinement of priorities into strategic directions and understanding associated impacts to financial and human resources. Strategic planning also often includes refreshing the organizational vision, mission and values, which requires robust staff and stakeholder engagement to ensure they are truly meaningful to those charged with enacting them.

The Board of Health has consistently recognized the hard work of staff at all levels of the organization in the context of the current pandemic. This work continues to accelerate, both due to increasing COVID-19 case counts in London and Middlesex, and the launch of the largest and most complex vaccine campaign in Canada’s history. At the same time, pressures in non-pandemic programming continue to mount, both in terms of reduced staffing due to redeployments, and increasing demand for some programs, such as the Seniors Dental program. Capacity within the organization is stretched to its furthest extent, presenting serious challenges to meaningful engagement in a fulsome strategic planning process. Levels of change fatigue were high even prior to the pandemic, and at this point there is a significant risk of burnout at all levels of the organization.



## A Provisional Strategic Plan

One solution, which recognizes the need to advance the strategic work of the organization while balancing the context provided above, is the development of a *provisional strategic plan*. This provisional plan, which would guide the organization for the next 18 months and assume no change to the current vision, mission and values of MLHU, would focus in part on previously identified, Board of Health-approved key priorities. The condensed development process, limited to Board of Health and Senior Leadership engagement, would leverage other work that has had input from across the organization, while still allowing the opportunity for refinement of priorities previously approved by the Board. A comprehensive, longer-term strategic planning process would be undertaken a time when organizational capacity can support the required levels of meaningful engagement.

### Key Priorities for the Provisional Strategic Plan

A provisional strategic plan would focus on strategic directions and key priorities approved by the Board of Health in the past year. Each of these would be implemented, as always, through a health equity lens and would continue to focus attention on the needs of those who are most at risk or otherwise marginalized. These four strategic directions include:

- 1) MLHU will continue to be leaders in the COVID-19 response, including case and contact management, outbreak management, the vaccine campaign, and public and stakeholder guidance and reporting. This work was discussed at the Board of Health regularly, and [a related proposal](#) was approved at the Board meeting of July 2020.
- 2) MLHU will work to address priority recovery issues, including food security, domestic violence, racism, mental health and substance misuse. These were [presented](#) to the Board of Health and approved at the meeting of November 2020.
- 3) MLHU will actively participate in health care system reform and [public health modernization](#), including through Ontario Health, the Western Ontario Health Team, and other opportunities as they arise. The Board of Health has received periodic verbal and written updates on this work primarily through the Medical Officer of Health activity report, such as in [March](#), [July](#), and [November](#) of 2020.
- 4) MLHU will continue to strive for organizational excellence through strengthened processes and infrastructure, including governance policies, financial processes, and information technology supports, along with other issues. This work has been primarily reported through the Governance Committee to the Board of Health, such as in [February](#), [June](#), [July](#), and [October](#) of 2020.

Focusing on these four key strategic directions will ensure MLHU can continue to be a leading public health agency by providing a clear path forward during these unprecedented times.

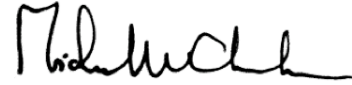
### Next Steps

With endorsement from the Board of Health, a condensed provisional strategic plan development process will be planned, including two half-day virtual retreats with the Board of Health and Senior Leadership. A final draft provisional strategic plan would be presented for consideration of the Board of Health in February 2021.

This report was prepared by the Office of the Medical Officer of Health and the Healthy Organization Division.



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



Michael Clarke, PhD  
Chief Executive Officer (Interim)



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health  
Michael Clark, CEO (Interim)

DATE: 2021 January 21

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## MLHU COMMITMENT TO RECONCILIATION STATEMENT

### **Recommendation**

*It is recommended that the Board of Health:*

- 1) Receive Report No. 03-21 re: “MLHU Commitment to Reconciliation Statement” for information;*
- 2) Endorse the proposed MLHU reconciliation statement; and*
- 3) Direct staff to ensure MLHU’s priorities, decisions, and actions effectively and sustainably reflect its reconciliation statement.*

### **Key Points**

- The Board of Health has expressed strong support for Indigenous Reconciliation.
- Land acknowledgements are met with mixed reviews by Indigenous people, with many concern they are words often not accompanied by actions.
- It is recommended that MLHU shift from land acknowledgements to the endorsement and use of a “Commitment to Reconciliation” statement, including its use in a standardized employee email signature.

### **Background**

The Middlesex-London Health Unit (MLHU) collaboratively developed and launched “Taking Action for Reconciliation: An Organizational Plan for the Middlesex-London Health Unit” in 2018 ([Report No. 052-18](#)).

Land acknowledgements have become the norm for many organizations as a means to acknowledge historical land stewardship by Indigenous peoples, demonstrate mindfulness of colonialism’s ongoing impacts in the present day, and recognize the work they do is on stolen land.

While some Indigenous people do support the use of such statements, there is a growing perception among Indigenous people that in many cases, the statements are mere words, often not accompanied by meaningful actions that contribute to improved health and other outcomes for Indigenous people. MLHU is striving to be action-oriented; it is important to ensure the organization’s words and actions are aligned.

### **Commitment to Reconciliation Statement**

The MLHU has been lauded for its leadership in the reconciliation space, and it is being recommended that leadership be demonstrated once again by shifting from the use of land acknowledgement to the endorsement and use of the following “Commitment to Reconciliation” statement:

“The Middlesex London Health Unit is committed to reconciliation with Indigenous peoples and communities. We acknowledge our role in improving the health and wellness outcomes of Indigenous people in our region, and in sharing what we have learned to effect greater change. We do this by building staff capacity to deliver culturally safe services, cultivating equitable and productive relationships with Indigenous partners, addressing racially-based health inequities by disrupting colonial practices within and outside our organization, and by building an organizational culture of humility and accountability through ongoing learning, thoughtful policy, and practice that is informed by multiple evidence sources. We continue to work towards full implementation of [Taking Action for Reconciliation: An Organizational Plan for the Middlesex-London Health Unit](#).

This proposed statement communicates MLHU’s intent, highlights areas of focus, reflects commitment to improve the health outcomes of Indigenous people, and helps ensure that MLHU takes action towards addressing oppression, racism, and inequities that have been inflicted on and experienced by Indigenous peoples in the area that is currently referred to as London and Middlesex County.

### Next Steps

Should the Board of Health endorse the proposed reconciliation statement and direct staff to ensure MLHU’s priorities, decisions, and actions effectively and sustainably reflect its reconciliation statement, the following next steps will be taken, at a minimum:

- 1) The approved statement will be communicated prominently on the MLHU website
- 2) All employees will be directed to standardize their email signatures with the following statement: *The Middlesex London Health Unit is committed to reconciliation with Indigenous peoples and communities. We acknowledge our obligation to improve the health and wellness of Indigenous people in our region and are committed to taking action to bring about change. For our full statement on our commitment to reconciliation and our action plan, visit [Indigenous Reconciliation](#).*
- 3) Planning and action to implement MLHU’s organizational plan for reconciliation will continue to be prioritized and enhanced wherever possible, and implications on positive progress towards reconciliation will be carefully considered during decision-making at all levels.

### Conclusion

MLHU fully acknowledges the health inequities experienced by Indigenous peoples, and its public health responsibility to understand, communicate, and collaboratively address these inequities. MLHU must continue to demonstrate and enhance its leadership and action in reconciliation efforts in London and Middlesex County. With the Board of Health’s approval of this report, MLHU has an opportunity to do just that.

This report was prepared by the Health Equity and Indigenous Reconciliation Team and the Communications Team.



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



Michael Clarke, PhD  
CEO (Interim)



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health  
Michael Clarke, CEO (Interim)

DATE: 2021 January 21

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## **MLHU'S ANTI-BLACK RACISM COMMITMENT AND ACTION: AN UPDATE**

### *Recommendation*

*It is recommended that the Board of Health:*

- 1) Receive Report No. 04-21 re: "MLHU's Anti-Black Racism Commitment and Action: An Update" for information;*
- 2) Direct staff to continue to prioritize efforts to identify and implement public health and organizational actions to address and eliminate racism.*

### **Key Points**

- In June 2020, the Middlesex-London Board of Health identified racism as a public health crisis.
- MLHU is working with the support of two groups of external consultants to conduct an internal diversity and inclusion assessment to address a range of issues, and to develop an anti-Black racism plan for public health action.
- MLHU is in the initial stages of collaborating with various partners to address anti-Black racism.
- Staff will bring forward the results of the consultants' work, along with staff recommendations, to the April 2021 meeting of the Board.

### **Background**

The murder of George Floyd in May 2020 saw the resurgence and expansion of international dialogue on systemic racism, police brutality, and calls to action to address racism in a comprehensive, systemic, and timely way. Organizations such as the World Health Organization and the Canadian Public Health Association have identified racism as a major public health issue, and others such as the Canadian Nurses Association have called anti-Black racism a public health emergency in Canada. On June 18, 2020, in response to a call to action from the leadership of London's Black Lives Matter and a subsequent motion passed by the City of London, the [Middlesex-London Board of Health](#) identified racism as a Public Health crisis.

Actively addressing racism is required if public health is to meet its mandate of promoting health, preventing disease and injury, and reducing health inequities. Racism is one of five areas prioritized for public health action through recent recovery planning processes, and endorsed by the Board of Health in November 2020 ([Report No. 04-20](#)).

### **Current State of Anti-Black Racism Work**

MLHU is currently working on several initiatives designed to provide a framework for action to be taken internally and externally in the months and years ahead. This planning work will provide a comprehensive work plan for the MLHU to address anti-Black racism in a way that is systematic, community and evidence informed, and collaborative with community partners and Black community members.

***Anti-Black Racism Plan:***

MLHU has been working with a group of all-Black consultants to create an anti-Black racism plan focused on identifying steps to address anti-Black racism in MLHU programs and services, and to clarify priority areas for public health action to broadly address systemic anti-Black racism. The Wright of Way Consulting Group was selected after a thorough Request for Proposal process, during which the RFP was disseminated to a list of Black consultants with health and/or public health related expertise, and to leaders and administrators of multiple local Black-led organizations and listservs for broader distribution. The work includes a literature scan of anti-Black racism in a public health context, a robust community engagement process, and interviews with key MLHU staff. By January 31<sup>st</sup>, the consultants will provide an evidence- and community-informed plan with recommendations to be actioned by MLHU.

***Diversity and Inclusion Assessment:***

After approval from the Board of Health in January 2019 ([Report No. 002-19](#)), MLHU contracted Turner Consulting Group Inc. to conduct an internal Diversity and Inclusion Assessment. After a year of delay due to public health modernization discussions and COVID demands, work was resumed in August 2020. The Health Equity team and an MLHU Advisory Committee has been supporting the Consultant in the assessment of equity, diversity and inclusion at MLHU, focusing on areas such as recruitment, retention, accommodations, and the Board of Health and MLT's roles in promoting diversity and inclusion. Once the survey, focus groups, interviews, Employment Systems Review, and employee census are completed, the consultant will identify recommendations to enhance diversity and inclusion across the organization. Recommendations will be received by March 2021 and implemented in a timely and sustained manner.

***Community Work:***

As a first step in community work, MLHU responded to a request from the London District Catholic School Board (LDSCB) to engage in discussions about potential opportunities to collaboratively take action against racism. MLHU is committed to working with the LDSCB in this area. MLHU will also address anti-Black racism through active participation on community-based collaboratives. Committees in the initial stages of formation include the community-led City-sponsored Anti-Black Racism Working Group (part of London's Diversity and Inclusion Strategy), and a proposed committee consisting of larger institutions in the area, such as school boards, London Police Service, City of London, and the MLHU. MLHU staff have also reached out to County of Middlesex staff to enquire about any anti-racism work occurring at the County or lower tier municipalities.

**Next Steps**

It is expected that some recommendations highlighted in the anti-Black racism plan and generated by the diversity and inclusion assessment will be initiated early in 2021 and implemented in the short term, while others may take months or years to fully realize; MLHU will prioritize and sustain its commitment to implementation. Oluwakemi Komolafe, Public Health Nurse, will lead implementation of the anti-Black racism plan, supporting internal programs and services to action the plan's recommendations. Navneet Sandhu, Health Promoter, will lead and/or support implementation of the diversity and inclusion assessment recommendations, with an internal committee and relevant teams across the health unit. Team members and the manager of the Health Equity team and the Chief Nursing Officer will engage in community-based anti-Black racism work as appropriate to committee terms of reference, and will provide ongoing updates to the Board of Health as committees mature and directions are clarified.

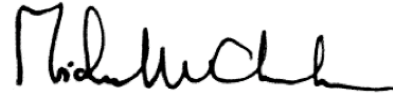
**Conclusion**

MLHU fully acknowledges the health inequities experienced by Black people in London and Middlesex due to racism. The organization recognizes its responsibility to understand, communicate, and collaboratively address these inequities. With the Board of Health's continued support, MLHU will continue to demonstrate and enhance its leadership and action to address anti-Black racism in London and Middlesex County.

This report was prepared by the Health Equity and Indigenous Reconciliation Team.



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



Michael Clarke, PhD  
CEO (Interim)

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2021 January 21

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## FILM CONTENT INFORMATION ACT, 2020

### *Recommendation*

*It is recommended that Report No. 05-21 re: “Film Content Information Act, 2020” be received for information.*

### Key Points

- In Ontario, on November 5, 2020, legislation was introduced to enact the *Film Content Information Act, 2020*. This was included as part of Schedule 12 to the budget implementation bill, Bill 229, the *Protect, Support and Recover from COVID-19 Act (Budget Measures), 2020*.
- There are public health implications to repealing the *Film Classification Act, 2005 (FCA)* and replacing it with the *Film Content Information Act, 2020 (FCIA)*.
- The Health Unit made a submission to the Standing Committee on Finance and Economic Affairs regarding Bill 229, *Protect, Support and Recover from COVID-19 Act*
- On December 4, 2020 Schedule 12 was passed at committee unamended
- The Film Content Information Act, 2020 will come into force on June 8, 2021

### Background

In Ontario, on November 5, 2020, legislation was introduced to enact the *Film Content Information Act, 2020*. This legislation was included as part of Schedule 12 to the budget implementation bill, Bill 229, the *Protect, Support and Recover from COVID-19 Act (Budget Measures), 2020*. This piece of legislation has significant public health consequences, as it will dissolve Ontario’s current movie rating system. In lieu of the rating system, this legislation will establish a voluntary process under which the exhibitors of movies can decide whether film content information should be listed.

Viewing adult content of various types has potential public health implications, and younger audiences may not have the knowledge or ability to protect themselves. For example, from years of research in Ontario, we know that movies have been used as powerful tool for promoting tobacco use. A substantial body of scientific evidence indicates that exposure to smoking in movies is a cause of smoking initiation and progression to regular smoking among youth.

The Middlesex-London Health Unit has been working for many years to protect young people from tobacco impressions in movies. This legislation opens up greater access by youth to adult content of various types, including tobacco use, and eliminates current protections for other harmful imagery such as violence, alcohol and other drugs.



**Action Taken**

In keeping with past positions of the Board of Health, the Health Unit submitted the appended input to the Standing Committee on Finance and Economic Affairs as comments regarding Bill 229, *Protect, Support and Recover from COVID-19 Act (Budget Measures), 2020* Schedule 12. Additionally, the Health Unit's submission was circulated to MOH/AMOHs and Chronic Disease Prevention/Tobacco Managers at all 34 public health units for their consideration. At least ten public health units and two non-governmental organizations made submissions expressing concerns to the Standing Committee.

**Legislation Moving Forward**

Schedule 12 was passed without amendments on December 4, 2020. As such, the Film Content Information Act, 2020 will come into force on June 8<sup>th</sup>, 2021. The Middlesex London Health Unit and the Southwest Tobacco Control Area Network will continue their efforts to educate parents about the harmful effects of tobacco impressions in films and will expand their work to include tobacco impressions consumed on streamed content such as Netflix.

This report was prepared by the Healthy Living Division.



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

November 26, 2020

Appendix A to 05-21

The Honourable Rod Phillips  
Finance Minister of Ontario  
Ministry of Finance  
Frost Building South, 7<sup>th</sup> Floor  
7 Queens Park Cres.  
Toronto, ON

Re: **Comments on the Film Content Information Act 2020 (part of Schedule 12 to the Budget implementation bill, Bill 229, the Protect, Support and Recover from COVID-19 Act (Budget Measures), 2020).**

I am writing to express concerns from the Middlesex-London Health Unit about the *Film Content Information Act, 2020* (FCIA) contained in Schedule 12 of the government's Budget implementation Bill 229.

There is a public health risk when young people view movies with adult content. From years of research in Ontario<sup>1</sup>, we know that movies are a powerful tool for promoting tobacco use. A substantial body of scientific evidence indicates that exposure to smoking in movies is a cause of smoking initiation and progression to regular smoking among youth.<sup>1</sup> In the past, the tobacco industry spent millions of dollars to develop and maintain the portrayal of smoking in films. Tobacco companies have paid film producers to feature specific tobacco brands and funded advertising campaigns for film studios' latest films and their top stars.<sup>2</sup> The role of films as vehicles for promoting smoking has become even more important as other forms of tobacco promotion are constrained.<sup>2</sup> The FCIA is a major step backwards in Ontario when it comes to protecting Ontario children from the harmful effects of dangerous on-screen impressions.

**Specific concerns:**

**Section 4(1)(1):** This paragraph appears to state that it is the exhibitor who "*reasonably determines*" [what information about the film and its contents] would be relevant to persons who may intend to view the film." [*emphasis added*].

Information about the risks of tobacco use, drug use or other high-risk behaviours may thus be provided but only through a decision by the "exhibitor", rather than by an impartial public health authority with relevant expertise. This means that movies with smoking, drug use and/or any number of behaviours damaging to public health may be shown with no warnings or qualification.

Further compounding this risk is the use of the word "*reasonably*," which excuses any failure to provide this information.

**Section 4(2)(2)** only provides "*examples*" of information that could be included in content information. It does not require the disclosure of these items but offers them as merely an example of the kind of information the exhibitor might "*reasonably determine*" is relevant.

Leaving the disclosure of film contents up to the exhibitors and providing no thresholds or content that must be disclosed, will lead to inconsistencies in the information provided about films. Parents will be unable to rely on film labelling to make informed viewing decisions. This approach does not serve the public's need and right to know if a film contains imagery that has scientifically been proven to increase the risk of a young person emulating a behaviour or using a product that has serious implications to their health and that may lead to premature death.

**Section 4(2)(1)** Under the FCA age classifications were provided to films based on content. For example, excessive use of course language would mean a film would not be rated for children or youth. Removing the age rating system means that films with adult content such as violence or tobacco use will not receive a rating and therefore, not be restricted to adult audiences. This change eliminates the incentive the film industry has to ensure adult content is left out of movies intended for children or youth viewers.

**I recommend the government considers the following:**

- **The FCIA be amended to require that at a minimum, film content information is provided consistently using all the current indicators under the FCA such as course language, and violence, but should also include tobacco product use and vaping;**
- **The appropriate Ministry immediately convene a group of scientific and public health experts to develop a comprehensive and evidenced based list of content that would be required to be disclosed about every film; and**
- **The appropriate Ministry immediately establish a consultation process to evaluate effectiveness of an age-based rating system as opposed to the proposed information disclosures.**

In summary, there are very large public health implications to repealing the *Film Classification Act, 2005 (FCA)* and replacing it with the *Film Content Information Act, 2020 (FCIA)*. The public deserves to be consistently and accurately informed about movie content, so they can make informed viewing choices for themselves and their children. As stated previously there is significant evidence to show that movies are a clear influencer on children and can lead to dangerous and life-threatening addictions and behaviours.

Sincerely,



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

CC: Honourable Doug Ford, Premier of Ontario  
Honourable Christine Elliott, Minister of Health and Deputy Premier of Ontario  
Honourable Lisa Thompson, Minister of Government and Consumer Services  
Standing Committee on Finance and Economic Affairs

1. *Youth Exposure to Tobacco in Movies in Ontario, Canada:2002-2018. Ontario Tobacco Research Unit, Toronto, 2019.*

2. World Health Organization; Smoke Free Movies: From Evidence to Action, 2016  
[http://apps.who.int/iris/bitstream/10665/190165/1/9789241509596\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/190165/1/9789241509596_eng.pdf?ua=1)



## MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 06-21

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2021 January 21

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**GRANT FUNDING TO SUPPORT CANNABIS PROGRAMMING****Recommendation**

*It is recommended that the Board of Health:*

- 1) *Receive Report No. 06-21 re: “Grant Funding to Support Cannabis Programming” for information; and*
- 2) *Approve receipt of the 2020 and 2021 funding allocation from the City of London’s share of the Ontario Cannabis Legalization Implementation Fund.*

**Key Points**

- The Ontario Government provided municipalities with funding, through the [Ontario Cannabis Legalization Implementation Fund \(OCLIF\)](#), to assist with implementation costs related to the legalization of non-medical cannabis.
- The Health Unit was issued its first installment, of \$230,849, from the City of London’s OCLIF to support public health cannabis programming in 2019.
- A funding proposal for 2020 and 2021 was drafted and submitted to the City of London’s OCLIF as per their request in December 2020.
- In December 2020, the health unit was informed the request was approved in full and MLHU will be receiving a total of \$531,348 of which \$227,788 is to fund 2020 expenses and \$303,560 is allocated for 2021.

**Municipal Support for Privatized Retail Sale of Non-Medical Cannabis**

To support municipalities as they implement a legalized non-medical cannabis system and to address activities within the illegal cannabis market, the provincial government created the [Ontario Cannabis Legalization Implementation Fund \(OCLIF\)](#). In early January 2019, a first payment totaling \$15 million was made to all municipalities on a per-household basis, adjusted so that each municipality received at least \$5,000. A second payment of \$15 million was distributed following the January 22, 2019 deadline for municipalities to opt out of retail sales under the *Cannabis Licence Act*. Municipalities that did not opt out received funding on a per-household basis, adjusted so that each municipality received at least \$5,000. Municipalities that chose to opt out of retail sales received a second payment of \$5,000 only. In August 2019, the government announced that since Ontario’s portion of the federal excise duty on non-medical cannabis over the first two years of legalization exceeded \$100 million, the Province will provide 50% of the surplus only to the municipalities that did not opt out of hosting private retail stores by January 22, 2019. A full list of funding by municipality is available [online](#).

## Funding Opportunities through Local Collaboration

In November 2017, the City of London established the Cannabis Implementation Working Group (CIWG), comprised of staff from the City's planning, licensing, bylaw enforcement, fire prevention, and governmental/external relations departments, as well as representatives from London Police Services and the Health Unit. To ensure public health and safety and to respond and adapt to this complex policy change locally, it has been imperative that municipal, enforcement, health, education, and community/social service partners work together and share information as it becomes available. Through this collaborative partnership roundtable, the Health Unit has been able to keep City staff apprised of activities and funding pressures related to cannabis programming.

With the legalization of non-medical cannabis, there are greater expectations on the public health sector: to monitor trends associated with cannabis use and the impact of legalization on community health; to provide public education and to respond to inquiries from the public regarding potential health risks; to field complaints and to enforce laws related to the consumption of non-medical and medical cannabis; and to work with and support municipalities and workplaces in the development and enforcement of policies and bylaws that further regulate cannabis use to reduce exposure to second-hand smoke and vapour. These growing demands for cannabis programming come at the expense of program and service delivery per the Substance Use Prevention and Harm Reduction Program Guidelines, 2018 set out under the Ontario Public Health Standards.

In 2019 MLHU received \$230,849 from the City of London's OCLIF to support public health cannabis programming. The City of London then requested that the Health Unit submit a similar funding proposal for its 2020 and 2021 cannabis program costs, to be allocated from the remainder of the City's OCLIF dollars. In December 2020 MLHU submitted a proposal, find attached as Appendix A, and was approved to receive an additional \$531,348 of which \$227,788 is to fund 2020 expenses and \$303,560 is allocated for 2021. This funding will enable MLHU to hire 2 full-time temporary Enforcement Officers. Additional enforcement staff are needed to respond to complaints and enforce cannabis consumption in public spaces and to inspect cannabis retail outlets for their compliance with vapour product sales requirements in London. Currently there are 34 cannabis stores either open or with pending applications in London and Strathroy. Additionally, this funding will enable MLHU to recruit a full-time temporary Health Promoter to work in the area of cannabis prevention and protection and support some additional administrative work required for the cannabis program.

This report was prepared by the Healthy Living Division.



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



Michael Clarke, PhD  
Chief Executive Officer (Interim)

December 14<sup>th</sup>, 2020

## Middlesex-London Health Unit – 2020/2021 Cannabis Program and Response to the Legalization of Non-Medical Cannabis Funding Proposal – Cannabis Legalization Implementation Fund

Cannabis for non-medical purposes became legal in Canada in October 2018. Public health work related to cannabis has historically been included within the broader program area of “substance use”. With the legalization of non-medical cannabis in 2018 and the legalization of cannabis edibles, oils and extracts in October 2019, there is increased and dedicated attention to this topic required from both a health and policy perspective.

New and emerging research indicates that much of the health-related harms of non-medical cannabis use fall into the following categories:

- Respiratory effects: smoking and negative respiratory symptoms from both smoking and vaping;
- Cannabis use disorder: problematic pattern of cannabis use leading to clinically significant impairment or distress;
- Mental health issues: increased risk of schizophrenia and psychosis;
- Cannabis and driving: increased risk of motor vehicle collision;
- Effects on the brain: long-term effects of cannabis on the brain can include an increased risk of addiction and harm to memory, concentration, intelligence, and decision-making. The effects on brain development are of particular concern for youth and young adults, since the brain is not fully developed until around the age of 25 years.
- Health effects on pregnancy and children: heavy use during pregnancy can lead to lower birth weights of the baby and has been associated with longer-term developmental effects in children and adolescents, such as decreased memory function and negative impacts on the ability to pay attention and problem-solve.

Since legalization, there has been an increase in the number of legal cannabis retail outlets operating within the City of London, which also sell vapour products that are used to consume cannabis, and the number of inspections required at outdoor events has increased. In 2020, the COVID-19 pandemic required our community to physically distance, stay home, and to limit close, social interactions. The pandemic has altered individual’s normal routines and contributed significantly to feelings of increased stress, anxiety, and poorer mental health. During these difficult times, individuals may turn to substance use for temporary relief. There are risks related to increased use and over-reliance on cannabis use for stress relief ([Canadian Centre on Substance Use and Addiction, 2020](#)). In May 2020, COVID-19 recovery planning was initiated to assess and/or anticipate community impacts and emerging public health issues and needs post-pandemic. Plans are under development that outline public health strategies and activities that would help to meet these needs; one of the established priority areas is to address substance use, including cannabis use.

These areas are the focus of cannabis program work at the Middlesex-London Health Unit, with target populations/stakeholders including: youth, parents, young adults, schools, hospitals, workplaces, healthcare providers, retailers, municipalities and places of entertainment. The smoking and vaping of medical and non-medical cannabis is regulated provincially by the *Smoke-free Ontario Act, 2017*. The promotion and enforcement of the *Smoke-free Ontario Act, 2017* and responding to complaints and inquiries about exposure to second-hand smoke and vapour from cannabis use is also a component of this program. Additional Tobacco Enforcement Officers are required to respond to complaints and enforce cannabis consumption in public spaces and to inspect cannabis retail outlets for their compliance with vapour product sales requirements in London. In addition, some funding is required to increase program assistant staff capacity to manage the call volume of the Health Unit’s Smoke-Free Information Line (our inquiry and complaint line). Funding is also required to increase health promotion capacity to lead the development and implementation of tailored public education and social marketing initiatives with targeted messages for older youth/young adults, older adults, and evidence-informed messages related to substance use and mental health and well-being. Lastly, greater expectation has been placed on public health to monitor the trends associated with the use of cannabis and the impact of legalization on the health of our community, placing increased demands on the Health Unit’s Public Health Surveillance and Assessment Team.

**Table 1. Middlesex-London Health Unit Cannabis Funding Request 2020/2021– Cannabis Legalization Implementation Fund**

<b>City of London Cannabis Funding Request 2020</b>	<b>Actual</b>	<b>Projected</b>	<b>Funding Requested</b>	<b>Funding Requested</b>	<b>Funding Requested</b>
<b>Staffing Costs</b>	<b>Jan 1 to Oct 30</b>	<b>Costs - Oct 31 to YE</b>	<b>City of London -2020</b>	<b>City of London -2021</b>	<b>City of London -Total</b>
Tobacco Enforcement Officers - 2.0 FTE	125,569.50	41,856.50	167,426.00	169,074.00	336,500.00
Health Promoter - 1.0 FTE*	41,714.05	0.00	41,714.05	90,152.00	131,866.05
Program Assistant - 0.2 FTE	10,487.11	2,265.29	12,752.40	13,334.00	26,086.40
<b>Program Supplies**</b>					
Signage	0.00	0.00	0.00	5,000.00	5,000.00
Public Education and Material Development	0.00	0.00	0.00	20,000.00	20,000.00
<b>Travel</b>					
Travel	4,913.00	983.00	5,896.00	6,000.00	11,896.00
	\$182,683.66	\$45,104.79	<b>\$227,788</b>	<b>\$303,560</b>	<b>\$531,348</b>

\*due to COVID redeployments, we did not have a 1.0 FTE Health Promoter in the cannabis program for 2020

\*\*due to COVID redeployments and the public health capacity required to respond to COVID-19 within our community, health promotion cannabis program-related initiatives were impacted in 2020.





TO: Chair and Members of the Board of Health  
FROM: Christopher Mackie, Medical Officer of Health  
DATE: 2021 January 21

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**MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR JANUARY**

***Recommendation***

***It is recommended that the Board of Health receive Report No. 07-21 re: “Medical Officer of Health Activity Report for January” for information.***

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The following report presents activities of the Medical Officer of Health (MOH) for the period November 27, 2020 to January 10, 2021.

To respond to the COVID pandemic, increased meetings and webinars were necessary to keep up with the ever-changing landscape. The MOH continued to participate in external and internal pandemic related meetings. These included calls daily, every other day, or weekly with Middlesex County, the City of London, local health partners, the Association of Local Public Health Agencies (alPHA), the Ministry of Health, Ontario Health West, the Southwest LHIN, the Office of the Chief Medical Officer of Health, and Public Health Ontario. The MOH and London Mayor Ed Holder continue to provide regular COVID-19 virtual media briefings.

With the arrival of vaccine for COVID-19 immunization, the Medical Officer of Health was involved in many daily planning meetings for receiving, distributing and administering of the vaccine with internal and external stakeholders.

The MOH and the Associate Medical Officer of Health (AMOH) continued to host a weekly MLHU Staff Town Hall present on many topics, including COVID-19.

The following events were also attended by the MOH.

- December 1 Interview with CTV London, Nick Paparella, in regard to the increased cases of COVID-19 over the last several days
- December 2 Interview with AM900 CHML, Bell Kelly, in regard to the outbreak at University Hospital and whether London could be moving to the orange level of the province’s COVID Framework  
Call with the Board Chair to review the December 10<sup>th</sup> Board of Health meeting agenda  
Two calls with the Chief Medical Officer of Health and Ministry staff to discuss emerging COVID-19 issues  
Interview with The London Free Press, Jane Sims, in regard to the outbreak at University Hospital  
Interview with CTV London, Daryl Newcombe, in regard to the record number of new COVID cases and the University Hospital outbreak  
Interview with 980 CFPL, Jess Brady, in regard to the increased cases of COVID and the hospital outbreak
- December 3 Attended the Finance & Facilities Committee meeting

- Interview with CBC London New, Kate Dubinski, in regard to travel advice during the pandemic
- December 4 Call with City Councillor Lehman in regard to presenting at an upcoming constituent townhall meeting  
Live telephone interview on Let's Talk London with Jess Brady, Global News Radio AM980 CFPL in regard to Middlesex-London moving to the orange level  
Interview with CTV London News, Bryan Bicknell in regard to Middlesex-London moving to the orange level
- December 8 Call with the Chief Medical Officer of Health to discuss pandemic policy changes
- December 9 Meeting with local hospitality sector representatives to discuss strategies to prevent London moving to red level and what restaurants can do to assist  
Introductory meeting with medical student Lisa Richardson  
Interview with Marek Sutherland, CTV London in regard to potential school closures and the new quarantine guidance  
Interview with Heather Rivers at the London Free press in regard to school cases
- December 10 Call with the Chief Medical Officer of Health regarding pandemic work  
Attended the Board of Health meeting
- December 11 Interview with Liny Lamberink, CBC London in regard to potentially moving to the lockdown level
- December 14 Interview with Rebecca Zandbergen, CBC London in regard to moving into the red level of Ontario's COVID-19 response framework  
Regular touchdown meeting with Board Chair  
Interviewed for a Rogers TV documentary "Everyday Heroes", looking back on 2020
- December 16 Interview with Jennifer Bieman, London Free Press, in regard to COVID-19 issues
- December 17 Interview with Devon Peacock, AM980 – a year in review
- December 18 Meeting with local Medical Officers of Health and the Public Health Agency of Canada in regard to the public health response to COVID-19  
Interview with Jane Sims, London Free Press in regard to a potential lockdown  
Interview with Jennifer Bieman, London Free Press in regard to vaccination sites in London and the potential lockdown  
Interview with Jess Brady, 980 CFPL in regard to COVID-19 issues  
Interview with Andrew Lupton, CBC Radio in regard to vaccine delivery and the potential for a lockdown
- December 21 Interview with Jess Brady, Global News Radio in regard to moving into red level  
Attended a special meeting of the Board of Health Governance Committee  
Meeting with the Chief Medical Officer of Health and Medical Officers of Health
- December 22 Interview with Dave Rektor, Faith Radio in regard to several COVID-19 related items
- December 24 Interview with CBC London Morning Show, Allison Devereaux in regard to COVID-19 issues and updates regarding the vaccine

- January 4 Meeting with General Rick Hillier, Associate Deputy Minister Alison Blair, and all Ontario Medical Officers of Health regarding vaccine campaign planning
- January 5 Interview with Jennifer Bieman, London Free Press in regard to Long-Term Care outbreaks and vaccine delivery  
Interview with Jordyn Read, CTV London in regard to the increasing number of cases and the stress on all health resources in the region
- January 6 Interview with Ashley Okwuosa, TVO.Org in regard to London's Supervised Consumption Site  
Call with the Chief Medical Officer of Health and Ontario Medical Officers of Health
- January 7 Meeting with new Board of Health Provincial representatives, Aaron O'Donnell and Michael Steele
- January 9 Urgent meeting of Public Health Measures Table with Associate Chief Medical Officer of Health of Ontario
- January 10 Urgent meeting with Premier, Deputy Premier/Minister of Health, Solicitor General, General Rick Hillier, Deputy Minister of Health, Chief Medical Officers of Health, all Ontario Medical Officers of Health, all CEO's of Ontario hospitals hosting COVID-19 vaccine, and several staff from Ministries of Health and Solicitor General to provide support and direction for COVID-19 vaccine campaign

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



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

## **CORRESPONDENCE – January 2021**

- a) Date: December 20, 2020  
Topic: Opioid Poisoning Crisis in Toronto - Update  
From: Toronto Public Health  
To: All Boards of Health

### ***Background:***

On December 20, 2020, the Board of Health for Toronto Public Health advised that it had endorsed the urging of the Federal Minister of Health to permit the simple possession of all drugs for personal use and to support the immediate scale up of prevention, harm reduction and treatment services. Furthermore, the Board of Health for Toronto Public Health reiterated the urging of the Federal Minister of Health on a number of requests related to the opioid poisoning crisis including the allocation of funding in support for treatment services and reinstate funding for the Overdose Prevention Sites.

### ***Recommendation: Receive.***

- b) Date: December 4, 2020  
Topic: Regionalization of Public Health  
From: Grey Bruce Health Unit  
To: All Boards of Health

### ***Background:***

On December 4, 2020, the Board of Health for Grey Bruce Health Unit wrote to all Boards of Health regarding concerns over the extra-legislative development of undefined regional initiatives created in response to the COVID-19 pandemic that pose a challenge to local public health boards. The Grey Bruce Health Unit suggested that reporting structures imposed under some of the existing regional initiatives are incongruent with the legal chain of authority outlined in the Health Protection and Promotion Act. The Board of Health for Grey Bruce Health Unit proposes collaborative dialogue to take place to explore the concerns raised so that all health system partners come together to address the health needs of our communities throughout the region and the province.

### ***Recommendation: Receive.***

- c) Date: December 2, 2020  
Topic: Bill 216 Food Literacy for Students Act 2020  
From: Timiskaming Health Unit  
To: Honourable Stephen Lecce, Honourable Christine Elliott, and the Honourable Ernie Hardeman

### ***Background:***

On December 2, 2020, The Board of Health for Timiskaming Health Unit wrote to Ministers

Lecce, Elliott and Hardeman in support for Bill 216 Food Literacy for Students Act, 2020 which include curriculum guidelines for food literacy education for students from grade 1 to grade 12.

***Recommendation: Receive.***

- d) Date: January 6, 2021  
Topic: Film Content Information Act, 2020  
From: Minister Lisa Thompson  
To: Dr. Christopher Mackie

***Background:***

On January 6, 2021, Minister Thompson wrote to Dr. Mackie in response to the concerns about the Film Content Information Act, 2020. Minister Thompson explained that through the Act the government requires film exhibitors to provide information that is more descriptive than just the standard age-based rating, like whether the film shows smoking, vaping, or other substance use. Film exhibitors are responsible for flagging film content information that is important for the audience to protect consumers and help them make informed decisions. The act will take effect on June 8, 2021.

***Recommendation: Receive.***