BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, June 16 , 2022, 7:00 p.m.
MLHU Board Room – CitiPlaza
355 Wellington Street, London ON

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 (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: May 19, 2022 – Board of Health meeting

Receive: June 2, 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**	Finance & Facilities Committee Meeting – June 2, 2022 (Report No. 36-22)	June 2, 2022 Agenda	To provide an update from the June 2, 2022 Finance and Facilities Committee meeting. Lead: Chair Michael Steele
2	**X**		**X**	Governance Committee Meeting – June 16, 2022 (Verbal Update)	June 16, 2022 Agenda	To provide an update from the June 16, 2022 Governance Committee meeting. Lead: Chair Aina DeViet
3			**X**	Middlesex-London Health Unit Be Well Program Update (Report No. 37-22)	Appendix A	To provide an update on the Be Well Program. Leads: Ms. Emily Williams, Chief Executive Officer, Ms. Cynthia Bos, Manager, Human Resources & Ms. Lilka Young, Health and Safety Advisor
4			**X**	Joy In Work Update (Report No. 38-22)	Appendix A Appendix B	To provide an update on the Joy In Work framework at the Middlesex-London Health Unit. Lead: Ms. Emily Williams, Chief Executive Officer & Dr. Alexander Summers, Medical Officer of Health

5			**X**	Implementation of the Early Years Outreach (EYO) Initiative (Report No. 39-22)		To provide an update on the implementation of the Early Years Outreach Initiative. Leads: Ms. Jennifer Proulx, Acting Director, Healthy Start, Ms. Ronda Manning, Manager, Early Years, Ms. Nathalie Vandenheuvel, Public Health Nurse & Ms. Heather Bywaters, Public Health Nurse
6			**X**	FoodNet Canada Ontario Sentinel Site Update and Memorandum of Agreement (Report No. 40-22)	Appendix A	To provide an update on MLHU's participation as the FoodNet Canada Ontario Sentinel Site and the Memorandum of Agreement. Leads: Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Diseases & Mr. Jordan Banninga, Manager, Infectious Disease Control
7	**X**		**X**	Verbal COVID-19 Disease Spread and Vaccine Campaign Update		To provide an update on COVID-19 matters. Lead: Dr. Alexander Summers, Medical Officer of Health
8			**X**	Medical Officer of Health Activity Report for May (Report No. 41-22)		To provide an update on external and internal meetings attended by the Medical Officer of Health since the last Board of Health meeting. Lead: Dr. Alexander Summers, Medical Officer of Health
9			**X**	Chief Executive Officer Activity Report for May (Report No. 42-22)		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						
10				No correspondence		

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, July 14 at 7:00 p.m.

CONFIDENTIAL

The Middlesex-London Board of Health will move into a confidential session to approve previous confidential Board of Health minutes and to discuss matters which pertain to one or more of the following, as per section 239(2) of the *Municipal Act, 2001, S.O. 2001, c. 25*:

(a) the security of the property of the municipality or local board;

(b) personal matters about an identifiable individual, including municipal or local board employees;

(c) a proposed or pending acquisition or disposition of land by the municipality or local board;

(d) labour relations or employee negotiations;

(e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;

(f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;

(g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;

(h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;

(i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;

(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or

(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board.

ADJOURNMENT

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, May 19, 2022, 7:00 p.m.
Microsoft Teams

MEMBERS PRESENT:	Mr. Matt Reid (Chair) Mr. John Brennan Mr. Mike Steele Ms. Mariam Hamou Ms. Maureen Cassidy Ms. Aina DeViet Ms. Tino Kasi
REGRETS:	Ms. Tino Kasi Ms. Kelly Elliott Ms. Selomon Menghsha
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, Health Organization Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Diseases Ms. Shaya Dhinsa, Manager, Sexual Health Ms. Jordan Banninga, Manager, Infectious Disease Control Ms. Anita Cramp, Manager, Young Adult Ms. Rhonda Brittan, Manager, Healthy Communities and Injury Prevention Ms. Jennifer Proulx, Manager, Best Beginnings NFP Mr. David Jansseune, Assistant Director, Finance Ms. Lindsay Croswell, Community Health Nursing Specialist Mr. Dan Flaherty, Communications Manager Mr. Jason Micallef, Marketing Coordinator Mr. Parthiv Panchal, Information Technology, End User Support Analyst

Chair Matt Reid called the meeting to order at **7:01p.m.**

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 **Mr. Michael Steele, seconded by Ms. Mariam Hamou,** *that the **AGENDA** for the May 19, 2022 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Aina DeViet, seconded by Ms. Hamou,** *that:*

1) *the **MINUTES** of the April 21, 2022 Board of Health meeting be approved, and*
2) *the **MINUTES** of the April 28, 2022 Board of Health meeting be approved.*

Carried

It was moved by **Ms. Maureen Cassidy, seconded by Ms. DeViet,** *that the **MINUTES** of the April 21, 2022 Governance Committee meeting be received.*

Carried

REPORTS AND AGENDA ITEMS

Nurse-Family Partnership Annual Report (Report No. 28-22)

This report was introduced by Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer who introduced Ms. Lindsay Croswell, Nurse Family Partnership Practice Lead.

Highlights of this report included:

- The Middlesex-London Health Unit is the provincial license holder for five health units providing the Nurse Family Partnership (NFP). As the license holder, MLHU is required to issue an annual report to the international licensing organization outlining implementation successes and challenges in maintaining fidelity to the program's 14 core model elements. MLHU's annual report was submitted on February 28, 2022 and the annual review meeting with the international organization was held March 11, 2022 to go through the report.
- Highlights of the report included:
    - 388 unique clients participated in the program
    - 4228 visits were completed
    - Of the 182 discharges from the program, 42% graduated, 38% were un-addressable attrition, 14% were addressable attrition, and the remaining 4% were transferred to another NFP site or discontinued the program after child apprehension
    - Ontario had the highest rate internationally of enrollments generated from referrals at 88%
    - Of the collected intake demographics, 42% disclosed they experienced challenges with mental health and 55% had current or recent experiences with intimate partner violence
- Accomplishments celebrated included:
    - 100% compliance was almost achieved for all eligibility criteria, with two out of five sites achieving less than 100% for gestational age at first visit
    - A 3% improvement in early enrollment rate
    - The establishment of a SharePoint site for consistent and efficient data reporting
    - Planning and co-facilitating virtual NFP education for new staff with colleagues in British Columbia
- The international team provided their annual feedback for priority planning on April 21, 2022.

Ms. Cassidy inquired if the 388 unique clients were supported just by MLHU or if the number was combined from all five Ontario sites. Ms. Croswell indicated the number was for all Ontario sites. Ms. Cassidy requested a break down by health unit in future reports on this program.

Ms. Cassidy requested clarification on the differences between un-addressable attrition and addressable attrition. Ms. Croswell explained that un-addressable attrition includes clients lost to follow-up which results in staff not knowing the client's reason for leaving the program prior to graduating. Examples of addressable attrition could be the client saying they are leaving the program because they have

accomplished what they wanted from the program, they have the support they need, or they do not have the time with school.

Ms. DeViet commented that it seems like a lot of the reasons for clients leaving the program are outside the control of the program staff and, if so, what improvements can be made by staff and the health units. Ms. Lokko responded that while there are aspects outside of the control of program staff, there are areas for improvement within the 14 core model elements, for example, improving enrollment prior to 16 weeks gestation of pregnancy.

Ms. Cassidy noted the 88% enrollment rate from referrals and inquired from where referrals are received and what are the other ways clients enter the programs if not through referrals. Ms. Croswell indicated that the international benchmark for enrollment is 75% and the NFP program in Ontario, over its lifetime, has an enrollment rate of 89%. She explained that this high rate has a lot to do with strong central referral intake processes and the talent of the nurses turning referrals into actual clients. With regards to referrals, Ms. Croswell explained that referrals come in from primary health care (e.g. physicians, midwives), other health unit programs (e.g. prenatal, school health, and sexual health teams and programs), and community partners who may have stronger relationships with services like maternity residence homes and child protection teams. Self-referral is also possible.

It was moved by **Ms. Cassidy, seconded by Mr. John Brennan,** *that the Board of Health receive Report No. 28-22 re: "Nurse-Family Partnership Annual Report" for information.*

Carried

MLHU 2022 Infectious Disease Control Operational Update (Report No. 29-22)

Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Diseases, introduced this report. She outlined that since the first case of COVID-19 in Middlesex-London in January 2020, MLHU has reported 37,763 confirmed cases of COVID-19 and 385 deaths. Currently, the Health Unit is seeing a decline in the daily number of COVID-19 cases and the seven-day incidence rate. While this is good news, the Infectious Disease Control (IDC) Team does need to make operational adjustments with the direction from the ministry to not proceed with individual case management, but to focus on high-risk settings such as long-term care and retirement homes. She introduced Mr. Jordan Banninga, Manager, Infectious Disease Control.

Highlights of this report included:

- The Infectious Disease Control Team is charged with reducing the burden of infectious diseases in the community which has been challenging during the pandemic while continuing to respond to all other reportable diseases.
- The IDC's approach has changed considerably since the start of the pandemic. During 2020 and 2021, the transmissibility of the COVID-19 variance allowed for testing and contact tracing fast enough to prevent spread in the community. This changed with the Omicron variant which has a rate of transmissibility which did not allow for contact tracing every case. Due to high community immunity from vaccination, there was a decoupling of severity from the rate of cases. In response, the COVID-19 response has shifted to outbreak investigation with a focus preventing and managing outbreaks in high-risk settings where severe outcomes remained likely.
- With the current decrease in daily cases, the IDC team is in the process of reorganizing to provide services and different interventions than case and contact management and outbreak investigation to focus on enhanced infection prevention and control (IPAC) in high-risk settings providing more hands-on, involved support which the team was unable to do during the Omicron wave.
- The team has begun to reduce the capacity of the contact tracers as there is less of a need to screen all cases coming in the door. There is a casual pool of contact tracers deployed to meet the community need should cases counts rise once again.

- Another key component of the IDC program which continued during the pandemic is case and contact management for other infectious reportable diseases like tuberculosis, gastrointestinal illnesses, and preparing for new and emerging pathogens, like monkeypox.
- Inspections which were slowed down or put on hold during the pandemic are starting again. With the decline in COVID-19 cases and outbreaks, the team is rapidly pivoting capacity to provide inspections in personal service settings, institutional food kitchens, and day cares.
- The team has a FoodNet Canada program, funded by the Public Health Agency of Canada, which is responsible for sampling in local supermarkets for food-borne pathogens. There is also a water sampling component.
- A key challenge for the program includes responding to substantial variations in COVID-19 associated work and ensuring appropriate deployment of staff. There were also a lot of changes to team membership, including onboarding over 100 new staff.

It was moved by **Mr. Steele, seconded by Ms. Hamou,** *that the Board of Health receive Report No. 29-22, re: "MLHU 2022 Infectious Disease Control Operational Update" for information*.

Carried

Opioid Crisis Update (Report No. 30-22)

Ms. Albanese introduced this report and Ms. Shaya Dhinsa, Manager, Sexual Health.

Highlights of this report included:

- Since the start of the COVID-19 pandemic, opioid toxicity and its impacts have greatly increased. Looking only at the naloxone program, there was a 60% or more increase in 2020 and 2021 in distribution of naloxone.
- There have been increased emergency department visits and opioid toxicity, and about a 45% increase in deaths.
- There is an opioid overdose report received weekly. For the week of May 2 to May 8, 2022, there were 139 emergency department visits throughout hospitals which report this information, 23 of which were visits by Middlesex-London residents.
- Opioid use and poisonings in the community is a very important issue and work began in 2017 to mitigate the issue. An Opioid Crisis Working Group was formed previously which looked at what local interventions were currently in place and how they could be enhanced as well as what other interventions could be implemented.
- Local interventions include:
    - Needle Syringe Exchange Program: this program has been in place for many years and has been made more accessible through increasing to around 20 locations as well as a mobile van. These sites and mobile vans also distribute naloxone.
    - Naloxone Distribution Program: as of May 19, this program has increased to 38 participating community organizations who provide and administer naloxone.
    - The Consumption and Treatment Services Site: this was introduced in 2017 as the Temporary Overdose Prevention Site and is now the Consumption and Treatment Site. There was a slight decrease in visits through the pandemic, likely influenced by the fear of contracting COVID-19. This isolated many individuals which could increase the risk of overdose if alone while using opioids. For the individuals who did attend the Consumption and Treatment Site, there was an increase in referrals and support services requested, including primary care, housing, addiction services, mental health, access to food, and wound care and testing.
    - Local drug alerts: these alerts were put in place several years ago to notify all community partners of toxicity risks of drugs circulating in the community. The number of alerts has increased slightly as the toxicity of the local drug supply has increased.
    - Safer Supply: this program was implemented in 2016 by the London Intercommunity Health Centre. This program has been gaining momentum and is currently up to 280

individuals in the program. Some of the observed outcomes include a 35% reduction in injection drug use, 32% reduction in emergency department visits, 30% reduction in survival sex work, 36% reduction in criminal justice system involvement, and improved food and income security.

- Community Drug and Alcohol Strategy: this was launched in 2018 and many of the individuals who sit on the Opioid Crisis Working Group were involved in the development of this strategy. The strategy uses the four pillars approach (prevention, treatment, harm reduction, enforcement) and is focused on all substances.

Ms. Hamou inquired about the development of the permanent supervised consumption site and if more than one site will eventually be available. Dr. Summers, Medical Officer of Health, indicated that during the preliminary and consultative stages of the process, multiple sites were considered as well as mobile options; however, a single site was approved and hopefully there will be updates soon on the permanent site. As the site becomes operational, ongoing evaluations will be required to provide a better understanding of what the needs of the community are, including the need in suburban and rural populations. Presently there are no plans for additional sites.

Ms. Hamou inquired about the Safer Supply Program and whether it will be implemented in other cities. Dr. Summers indicated that the program is run by the London Intercommunity Health Centre and not the MLHU and as such, he does not have that information. The growing evidence around the impact of programs like the Safer Supply is being seen in other parts of the province and he believes they will be implemented through the health care system side of the sector in varying ways depending on the success of the program.

Ms. Cassidy reflected on the work which occurred in 2017 in planning for the permanent supervised consumption facility, including the work at City Council for issues such as zoning. There had been a second site proposed but it had been decided against, possibly due to zoning issues. She stated she thought the Health Unit had done a good job in bringing the community along and addressing community concerns through the public consultation process with regards to the second site. She expressed support in Ms. Albanese, Ms. Dhinsa, Dr. Summers, and the MLHU having a second site for a supervised consumption facility "on the radar." There have been a couple announcements prior to the provincial election being called for other communities to set up mental health and supervised consumption and treatment facilities.

Ms. Cassidy inquired if the number of needles and syringes being handed out has decreased from previous years and how the number distributed in Middlesex-London compares to other major cities. Ms. Dhinsa indicated that there has been an increase in the utilization of syringes over previous years, in part probably due to easier access as a result of satellite settings like pharmacies and the mobile clinic. She also said that she does not currently know the comparison of local distribution numbers to cities like Toronto or Montreal but could look up that information.

Ms. Cassidy inquired if Middlesex-London and the Health Unit have lost ground in the progress which had been made against the opioid pandemic. Dr. Summers replied that the COVID-19 pandemic has distracted from the opioid pandemic. As was seen in the population health assessment and surveillance data presented at the last Board of Health meeting, while there has been a reduction in other disease outcomes as a result of people staying home through the pandemic, there has been a constant increase in opioid toxicity outcomes. Efforts against the opioid pandemic likely have lost some momentum as a result of the COVID-19 pandemic; the goal of this report is to jump-start efforts again.

It was moved by **Ms. Hamou, seconded by Mr. Steele**, *that the Board of Health receive Report No. 30-22, re: "Opioid Crisis Update" for information.*

Carried

MLHU School Team's Return to School Health Work (Report No. 31-22)

Dr. Summers introduced this report and introduced Ms. Anita Cramp, Manager, Young Adult Team.

Highlights of this report included:

- The School Health Team, which consists of the Young Adult Team and Child Health Team, are back working in schools. For two years, team members had been redeployed to COVID-19 work but the full team has been repatriated back to the School Health Team and are working along-side School Board and School partners.
- Middlesex-London Health Unit is one of the first Ontario health units to have their full team back working in schools.
- School Health Team members received a warm welcome back at schools.
- School Health Team staff had touch-bases with all principals to determine school-related health issues and concerns. The number one issue expressed was mental health. In secondary schools, sexual health was also a big concern. Vaping also continues to be a concern. Eating disorders has grown as a concern over the pandemic in the region as well as provincially.

Ms. Cassidy inquired with other school programs, such as the Active and Safe Routes to School program, are operating. Ms. Cramp indicated that a lot of those initiatives in neighbourhoods are operating. The Active and Safe Routes to School is a truly comprehensive program that requires many partners around the table and works to change attitudes, behaviours, and the physical environment.

Ms. Hamou inquired if the reasons for the increase in eating disorders is known. Ms. Cramp indicated that she is aware of two possibly contributing factors: increased isolation during the pandemic and being on camera more frequently as a result of virtual learning.

It was moved by **Ms. DeViet, seconded by Mr. Brennan**, *that the Board of Health receive Report No. 31-22, re: "MLHU School Team's Return to School Health Work" for information.*

Carried

County of Middlesex Official Plan Review Submission (Report No. 32-22)

Dr. Summers introduced this report and Ms. Rhonda Brittan, Manager, Healthy Communities and Injury Prevention.

Highlights of this report included:

- *Ontario Public Health Standards* mandate public health units to inform local healthy public policy. It is not new that the health unit works with its municipal partners to participate in reviews to land use planning documents including official plans; however, during the COVID-19 pandemic the ability to do so has been greatly reduced.
- The Healthy Living and Environmental Health and Infectious Disease divisions reviewed and provided input on the County of Middlesex Official Plan Amendment Consultation Draft to ensure it conforms with the revised Provincial Policy Statement.
- Built environment is integrally interwoven with health, for example providing opportunities for physical activity, mental health and social interconnectedness, safety on streets and roads, access to healthy, affordable food, and additional aspects that make the healthy choice the easy choice.
- There is a really strong connection between the ecosystem, climate change, and human health and wellbeing.
- The submission to the County of Middlesex (Appendix A) included suggestions for enhancements related to high quality, functioning public spaces, protection from health hazards, mobility options, and affordable housing.

Ms. Cassidy noted that Middlesex County and the entire region is growing. She commented that as a city councillor, she works with decisions made 50 to 60 years ago that do not necessarily improve health. For

example, communities were built without sidewalks or purpose-built for cars, and that trying to "backtrack" is difficult. She hopes that Middlesex County takes the recommendations of the Health Unit and prevent decisions made by the city that now are trying to be changed.

It was moved by **Ms. Hamou, seconded by Ms. Cassidy**, *that the Board of Health receive Report No. 32-22, re: "County of Middlesex Official Plan Review Submission" for information.*

Carried

Verbal Funding Update

Mr. David Jansseune, Assistant Director, Finance provided this update and shared a PowerPoint slide.

Highlights of this verbal update included:

- Base funding:
  - The Health Unit's provincial budget is around $20 million and a 1% increase was budgeted. This 1% increase has been approved, which was $198,065.
  - The Ontario Seniors Dental Care funding was increased from $1,861,400 to $2,191,500 which is about a 18% increase. These funds will be helpful for opening up additional dental operations, specifically in Strathroy.
- Projects/Initiatives:
  - The School Focused Nurses Initiative was extended to December 2022 from July 31, 2022, for $1,642,700.
  - The Temporary Retention Incentive for qualified nurses was funded at $793,400 which allows for qualified nurses to receive a maximum of $5000, split evenly between the spring and the fall.
  - On May 2, 2022 the Health Unit received the funding letter from the province, confirming 50% of its requested funding for COVID-19 case and contact management and vaccine clinics with plans to review the funding requirements as the year progressed. This is similar to the process in 2021.
  - COVID-19 recovery funding, budgeted at around $1.6 million and 18 FTE, was not approved.
  - Funding for the Electronic Medical Records special project, at 2 FTE, was not approved.
- Capital:
  - Capital for the Strathroy Dental project was approved with incremental funding of $350,100 to bring the total to $1,050,100. This funding can only be used for capital expenses and not operating.

Ms. DeViet inquired, with respect to the capital budgeting increase, is it allocated or going into a reserved fund. Mr. Jansseune indicated that the money is earmarked specifically for expanding the senior dental operations in Strathroy to better serve the County of Middlesex.

Dr. Summers provided some history for the seniors dental program which was announced in 2018-2019 and resulted in a significant expansion in the dental services provided by the Health Unit. When the program was announced, funding was announced to build out the services; however, it did not include sufficient capital to build enough operatories; this has resulted in a substantial wait list in Middlesex-London. These additional funds are required to increase capacity to meet the demands of the program. An increase in operational costs are also necessary as the initial funding did not correspond with the breadth of the eligibility for the program. Even with these funding announcements, there is a way to go in order to fulfill the requirements of this mandatory program.

It was moved by **Mr. Steele, seconded by Ms. DeViet,** *that the Board of Health receive the "Verbal Funding Update" for information.*

Verbal COVID-19 Disease Spread and Vaccine Campaign Update

Dr. Summers presented this verbal update and shared some PowerPoint slides.

Highlights of this report include:

- The Health Unit continues to see a notable ongoing and sustained decrease in COVID-19 cases. Daily case numbers are only gathered from those who are eligible for testing, which is only a subsection of the population. This means that the absolute number of cases is an underestimation; however, the trend of declining cases is real.
- Globally as well as provincially, the sixth wave is declining.
- The 14-day trend across all health units in Ontario, MLHU is third lowest in the province and showing ongoing decline. Much of the province is in a similar space except for some parts of Northern Ontario which have had significant incidence case rates, but which are also seeing a decline.
- From April 1, 2022 onwards, the sixth wave has peaked in inpatient admissions, but ICU admissions have barely changed. This highlights the positive impact of the booster dose coverage of the COVID-19 vaccine which has severely reduced the risk of severe outcomes, ICU admissions, and death.
- Operationally, the Health Unit continues to modify its operations in anticipation of increase COVID-19 cases in the fall.
- Vaccine coverage will be critical to continue decoupling severity from incidence of COVID-19. The vaccine infrastructure is in place for school catch-up clinics while also getting prepared for large increases in booster dose eligibility in the fall when there will be increased urgency for vaccination.
- The plan for the summer is to prepare, hold the pandemic steady, and support people to get vaccinated in their own time and in their own way.
- The Health Unit continues to acutely recommend masking in indoor environments and will continue to review this recommendation month by month. Potentially, masks will be more optional during the summer but will probably resume their importance in the fall.

Mr. Steele inquired if there are any new variants of concern on the horizon. Dr. Summers replied that while a few variants have been on the radar, not of them have yet to demonstrate immune escape or increased transmission which would indicate their ability to out-compete the Omicron B.A.2 subvariant.

Ms. Cassidy asked if every wave in the COVID-19 pandemic was caused by a different variant. Dr. Summers replied that waves one through four were each caused largely by a new variant as well as changes in restrictions, but wave five and six were both driven by the Omicron variant, partially due to the subvariant but also due to the easing of restrictions. The success story was the wave caused by the Delta variant which was blunted due to the vaccination effort.

Ms. Cassidy inquired if there is a shift in focus to, or greater emphasis on, therapeutics, especially for high-risk individuals. Dr. Summers responded that the provincial infrastructure to prescribe and access therapeutics like Paxlovid has been rapidly built and exists. The impact of therapeutics at the population level is likely marginal and instead would have impact on preventing severe outcomes among those for whom vaccination either was not effective or was not utilized. At this point there is not a full understanding on the impact therapeutics have made on the decoupling of the severity from the incidence. He believes the vaccination coverage and immunity from previous exposure are the biggest contributors to that decoupling. Going into the next year, the infrastructure to distribute therapeutics will be essential; however, relying on post-infection therapeutics in order to limit the impact of infectious disease is always the last resort and nothing substitutes for vaccination.

It was moved by **Ms. Cassidy, seconded by Mr. Steele,** *that the Board of Health receive the Verbal update re: "COVID-19 Disease Spread and Vaccine Campaign" for information.*

Carried

Medical Officer of Health Activity Report for April (Report No. 33-22)

It was moved by **Mr. Brennan, seconded by Ms. DeViet,** *that the Board of Health receive Report No. 33-22 re: "Medical Officer of Health Activity Report for April" for information.*

Carried

Chief Executive Officer Activity Report for April (Report No. 34-22)

It was moved by **Ms. Cassidy, seconded by Ms. Hamou,** *that the Board of Health receive Report No. 34-22 re: "Chief Executive Officer Activity Report for April" for information.*

Carried

CORRESPONDENCE

It was moved by **Ms. Cassidy, seconded by Ms. Hamou,** *that the Board of Health receive item a) for information.*

Carried

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, June 16 at 7:00 p.m.

CONFIDENTIAL

At **8:33 p.m.,** it was moved by **Ms. DeViet, seconded by Mr. Steele,** *that the Board of Health will move in-camera to approve previous confidential Board of Health minutes and to consider matters regarding labour relations or employee negotiations and personal matters about identifiable individuals, including municipal or local board employees.*

Carried

At **9:19 p.m.,** it was moved by **Ms. Hamou, seconded by Ms. DeViet,** *that the Board of Health return to public session from closed session.*

Carried

ADJOURNMENT

At **9:19 p.m**., it was moved by **Ms. Cassidy, seconded by Ms. Hamou,** *that the meeting be adjourned.*

Carried

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MATT REID **EMILY WILLIAMS**
Chair **Secretary**

PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
Microsoft Teams
Thursday, June 2, 2022 at 9 a.m.

MEMBERS PRESENT: Mr. Mike Steele (Chair)
Mr. Matt Reid
Ms. Kelly Elliott
Ms. Maureen Cassidy
Mr. Selomon Menghsha

OTHERS PRESENT: Ms. Stephanie Egelton, Senior Executive Assistant to the Medical Officer of Health (Recorder)
Dr. Alexander Summers, Medical Officer of Health
Ms. Emily Williams, Chief Executive Officer
Mr. David Jansseune, Assistant Director, Finance
Mr. Pat Harford, Manager, Information Technology
Ms. Carolynne Gabriel, Communications Coordinator and Executive Assistant to the Board of Health
Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Diseases
Ms. Mariam Hamou, Board Member

At **9:01 a.m.,** Chair Mike Steele called the meeting to order.

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. Maureen Cassidy, seconded by Mr. Matt Reid,** *that the **AGENDA** for the June 2, 2022 Finance & Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **Mr. Reid, seconded by Ms. Cassidy,** *that the **MINUTES** of the April 7, 2022 Finance & Facilities Committee meeting be approved.*

Carried

CONFIDENTIAL

At **9:01 a.m.,** it was moved by **Mr. Reid, seconded by Ms. Cassidy,** *that the Finance & Facilities Committee move into a confidential session to consider matters regarding litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board and to receive advice that is subject to solicitor-client privilege, including communications necessary for that purpose.*

Carried

At **9:11 a.m.,** it was moved by **Ms. Cassidy, seconded by Mr. Reid,** *that the Finance & Facilities Committee rise and return to public session from closed session.*

Carried

NEW BUSINESS

Information Technology Services - Asset Management Update (Report No. 11-22FFC)

Ms. Emily Williams, Chief Executive Officer, introduced Mr. Pat Harford, Manager, Information Technology for the report on MLHU's Asset Management Update.

In March 2020, staff were asked to work remotely, and removed various pieces of equipment from their desks to support their work at home. During the pandemic, MLHU implemented a new Asset Management System to track all Information Technology Services (ITS) Assets including, but not limited to, monitors, laptops, cellular devices and tablets. This also included an acknowledgement form that staff sign and provide back to MLHU's ITS team, which is also kept in the individual's employee file.

It was further noted that:

- MLHU staff are 96% in compliance with the acknowledgement of property forms, with all new hires and existing staff being aware and part of this acknowledgment.
- There are 20 staff currently not in compliance, and IT is working with them to coordinate assets which they have in their possession.
- No equipment has been disposed of, per the current work with Greentech Recycling (Report No. 23-21FFC).
- MLHU is tracking pieces of equipment that are valued at over $100.
- IT is continuing to track and identify equipment that employees are using.

It was moved by **Ms. Cassidy, seconded by Ms. Kelly Elliott**, *that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 11-22FFC, re: Information Technology Services - Asset Management for information.*

Carried

Q1 Financial Update and Factual Certificate (Report No. 12-22FFC)

Ms. Williams introduced Mr. David Jansseune, Assistant Director, Finance for the report on MLHU's Q1 Financial Update and Factual Certificate.

Mr. Jansseune noted before the Committee reviewed this report that it uses a new reporting style that the Board will be seeing going forward with quarterly financial updates.

Highlights from the Q1 Financial Update included:

- The four (4) elements of financial reporting are: revenue, Q1 variances, forecasting, and cashflow.
- To date, MLHU has not received any COVID-19 funding for the current year which has caused a large unfavorable variance on revenue, but this will correct itself upon receipt of Ministry funding.
- Expenses overall are favorable by $2.1 million, which can be used to offset the current $1.6 million gapping budget.
- General ledger accounts can be forecasted now.
- Currently, the Ministry of Health owes MLHU $2,011,414 and MLHU owes the Ministry $220,853.
- There is confidence that MLHU will not need to utilize the increase the limit on the existing line of credit to manage expenses in 2022.
- Per Schedule A, all funds from the Ministry are finalized, with the exception of COVID-19 extraordinary funds, which are in draft ($5,313,000 for COVID-19 program and $8,266,900 for COVID-19 vaccine).
- Schedule B does not include MLHU Company 2 because of the type of work completed in Q1. It will be included in Q2's update.

- MLHU is seeing financial favourability in salary and wages, typical to 2021 levels.
- There are many staff vacancies and overtime is elevated, but currently expenses are favourable at $2.1 million.
- It is predicted that on June 15, MLHU will receive approximately $13 million in COVID-19 extraordinary funding from the Province.
- Health units are now able to use surplus mandatory program funds for COVID-19 recovery projects, which was not the case previously.
- Recruitment and health human resources continue to be a challenge, specifically for the nursing profession and public health inspectors.

It was moved by **Ms. Cassidy, seconded by Mr. Reid,** *that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 12-22FFC, re: Q1 Financial Update and Factual Certificate for information.*

Carried

OTHER BUSINESS

The next meeting of the Finance and Facilities Committee will be held on Thursday, July 7, 2022 at 9 a.m.

ADJOURNMENT

At **9:40 a.m.,** it was moved by **Mr. Reid, seconded by Ms. Cassidy,** *that the meeting be adjourned.*

Carried

MICHAEL STEELE
Chair

EMILY WILLIAMS
Secretary

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 36-22

TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer

DATE: 2022 June 16

FINANCE & FACILITIES COMMITTEE MEETING – June 2, 2022

The Finance & Facilities Committee (FFC) met at 9 a.m. on Thursday, June 2, 2022.

Reports	Recommendations for Information and Board of Health Consideration
Information Technology Services - Asset Management Update **(Report No. 11-22FFC)**	It was moved by **Ms. Maureen Cassidy, seconded by Ms. Kelly Elliott**, *that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 11-22FFC, re: Information Technology Services - Asset Management for information.* Carried
Q1 Financial Update and Factual Certificate **(Report No. 12-22FFC)**	It was moved by **Ms. Maureen Cassidy, seconded by Mr. Matt Reid,** *that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 12-22FFC, re: Q1 Financial Update and Factual Certificate for information.* Carried

This report was prepared by the Chief Executive Officer.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 37-22

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2022 June16

MIDDLESEX-LONDON HEALTH UNIT BE WELL PROGRAM UPDATE

Recommendation

It is recommended that the Board of Health receive Report No. 37-22 re: "Middlesex-London Health Unit (MLHU) Be Well Program Update" for information.

Key Points

- The Be Well Program, supported by the Be Well Committee which launched in 2016, provides tools and opportunities for employees to benefit from initiatives that promote the well-being of all employees at MLHU.
- The Be Well Program promotes strategies for meeting the Psychological Standard and is a key activity in the Employee Engagement and Learning component of the MLHU 2021-22 provisional plan.
- The Be Well Program is supported by an external party, Employee Wellness Solutions Network (EWSN) and offers monthly programming to MLHU employees in a variety of mediums, including in person, virtual and asynchronous participation.

Background

To accomplish MLHU's mission of promoting and protecting the health of the community, it is essential to promote and protect the health of employees. With Board of Health approved funding in 2016, MLHU launched the Be Well Program for all employees. A Be Well internal committee, with representatives from different roles and from all divisions, was formed in April 2016 and continues to promote and sustain the development of a culture of health and wellbeing among MLHU employees.

Be Well Initiatives

The Be Well Committee works together with Employee Wellness Solutions Network (EWSN), the Joint Occupational Health and Safety Committee (JOHSC), and other workplace parties and uses the four Pillars of Wellness[1] as guideposts for delivering programs and events in a comprehensive approach to employee wellbeing. The events, resources, training, and programs provided to staff in 2021-2022 are outlined in Appendix A.

The pandemic did not deter the Be Well Committee from providing important wellness information and activities to MLHU employees. The Committee was able to pivot to a virtual environment, one which will continue as the Health Unit moves to a hybrid workforce where employees work both in the office and remotely.

[1] World Health Organization's (WHO) 4 Pillars of Wellness are: Physical Work Environment, Workplace Culture and Wellness, Personal Health Resources, and Enterprise Community Involvement.

Employee Engagement

Each month staff are asked to complete a monthly participation survey which provides an opportunity for them to report in which wellness activities they participated during the previous month. It also provides an opportunity to gauge employee interest and feedback for future wellness programming and initiatives. This feedback is used in the development of weekly 'wellness Wednesday' content which is sent out via a Microsoft Outlook meeting invitation and is intended for employees to schedule time to participate in the week's wellness activity. Examples of "wellness Wednesday" content include stretch breaks, meditation, nutrition tips, and mindfulness.

Testimonials from staff over the past year have been shared with the Be Well Committee and demonstrate the impact that Be Well has had on employees. Several testimonials received include:

"I do not know how I would have coped some days, if not for the access to the wonderful resources and cheerleading provided through Be Well!"

"Thank you to Be Well for this gratitude journey and for my positive relationships with my colleagues. I am lucky to work at MLHU and have a BeWell team that has positive impact in my life – thank you for your hard, creative, informative, resourceful, and fun work."

Next Steps

According to the data on drugs, extended health care, short-term disability, long-term disability, and employee assistance plans for organizations of similar size and industry in 2016, the top four most common modifiable conditions by therapeutic category are: musculoskeletal, mental health, cardiovascular, and Type 2 diabetes. Supports to assist with these modifiable conditions are provided through tailored programming, such as offering ergonomic reviews and resources, wellness workshops (e.g. nutrition or mental health sessions), training and the promotion of physical activities through various instructor-led exercise series.

According to the aggregate Personal Wellness Assessment (PWA) Corporate Trend Report from EWSN for the period of January 4, 2021 – May 31, 2021, which included 69 respondents, the categories "My Health Overview" and "My Readiness to Make Changes" were indicated as "needs attention", highlighting areas for action or intervention to support the employees' health and wellbeing. Of the respondents, 68% indicated good job satisfaction results and 87% indicated they felt MLHU supports and encourages a healthy workplace.

Respondents of the PWA indicated that yoga/mediation, stress management and mental health were their top interests for health improvement opportunities. This feedback drives the programming for Be Well and is considered when planning initiatives and events for the next calendar year.

Utilization of the Employee and Family Assistance Program (EFAP) through Homewood Health was 33.71% from April 2021 to March 2022, which exceeds the contracted average 20% utilization rate. Employees used a variety of supports including counselling, proactive programming from the LifeSmart offering and e-courses through Homewood Health's web portal, homeweb.ca. The high utilization rate speaks to the regular promotion of these services to employees and is positive in that employees and their families are getting the support they need during challenging times in their lives. MLHU also offered several group counselling debrief sessions for employees and leaders this year to support them in acknowledging the impacts of the pandemic over the past few years.

The Be Well Committee continues to consider employee feedback to develop engaging and interesting content for employees to support them to be well in life, at work and at play.

This report was prepared by the Healthy Organization Division.

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

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

Reference:

World Health Organization & Burton, Joan. (2010). WHO healthy workplace framework and model: background and supporting literature and practices. World Health Organization. https://apps.who.int/iris/handle/10665/113144

2021-2022 Be Well Highlights and Initiatives

Physical Work Environment

- Annual Safety and Health Week in May
- Inclusion of weekly safety updates at virtual townhall (2020-2022)
- Launch of online ergonomics training for all employees (2021)

Workplace Culture and Wellness

- Monthly Be Well Highlights newsletter
- Weekly updates and exercises (e.g. gratitude, meditation, stretching) at Virtual Townhall
- Launch of the Employee Wellness Solutions Network (EWSN) Membership Portal (2021)
- Launch of a Personal Wellness Assessment (2021)
- 4-Part Mind Over Mood Workshop, including guided meditation (2021)
- 10 virtual 4-week exercise series during lunch for staff (2021-2022)
- 3 family wellness webinars (2021-2022)
- 3 team virtual wellness challenges (2021-2022)
- Monthly virtual coffee breaks with themes & activities (e.g. trivia, escape rooms, scavenger hunts) (2021-2022)
- 2 social (in person) events planned (2022)
- Launch of the Fitness for All on demand exercise video platform (2022)
- Promotion of the alPHa Fitness Challenge (2022)

Personal Health Resources

- Virtual Health Fair (2021)
- Promotion of increase in group benefits coverage for mental health services (2021)
- Regular promotion of Homewood Health programming (2020-2022)
- 8 wellness workshops provided by EWSN and Homewood Health (2021-2022)
- Personal Wellness Assessment and annual trends reporting (2021-2022)
- Virtual support/debrief groups with Homewood Health clinicians (2021 – 2022)
- Planned Health Fair (in person) (Fall 2022)
- Future launch of the Pathfinder feature on Homewood Health's portal Homeweb.ca (2022)

Enterprise Community Involvement

- Quarterly blood donation clinics
- Red Scarf Project – knitting and donating scarves for HIV/AIDS awareness
- Annual EWSN Kid's Wellness Bursary

EMPLOYEE WELLNESS SOLUTIONS NETWORK

live work play Be Well

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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 38-22

TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer
Dr. Alexander Summers, Medical Officer of Health

DATE: 2022 June 16

JOY IN WORK UPDATE

Recommendation

It is recommended that the Board of Health receive Report No. 38-22, re: "Joy in Work Update" for information.

Key Points

- MLHU staff and leaders have expressed feelings of stress, fatigue, and burnout during the COVID-19 pandemic and the SLT and Board of Health declared this an organizational priority.
- The Institute for Healthcare Improvement (IHI) framework for improving 'Joy In Work' has been utilized to engage the Management Leadership Team (MLT) in defining action items to improve Joy In Work for leaders at MLHU.
- An implementation plan has been developed to ensure work associated with the action items does not further strain organizational capacity and exacerbate stress and/or burnout.
- Roll out of the Joy In Work framework to staff is planned for September 2022.

Background

In 2017, the Institute for Healthcare Improvement (IHI) released a white paper entitled, "IHI Framework for Improving Joy in Work", citing incredibly high burnout rates found in studies of healthcare professionals (Perla et. al., 2017). According to IHI, burnout in health and healthcare professionals has serious organizational impacts because it leads to lower levels of staff engagement, which has subsequent negative effects on client experience, quality, and safety. The framework includes the drivers found to improve Joy In Work, as well as a high-level methodology for engaging staff in the discussions (see Appendix A).

Burnout at MLHU

Staff and leaders at the Middlesex-London Health Unit (MLHU), who provide critical public health services to the London and Middlesex communities, have expressed feelings of stress, fatigue, and burnout during the COVID-19 pandemic, with some sharing that they were experiencing these feelings pre-pandemic. Leadership turnover has increased at MLHU as well, with leaders citing heavy workload, struggles with work-life balance, and stress as contributing factors to their decision to leave the organization when asked in exit interviews. Given the noted effects burnout has on staff engagement and the subsequent effect on clients, the Senior Leadership Team (SLT) and the Board of Health (BOH) determined that the mental health and well-being of staff is of paramount importance. This was officially declared as a strategic priority in the 2021/2022 MLHU Provisional Strategic Plan this way: *Support staff to deliver public health services while addressing staff well-being and mental health.* This included strategic initiatives to support and further define the work:

• Provide regular communications to staff on health and safety topics of concern (e.g., COVID-19 exposure, psychological safety in the workplace) through email, team meetings, and virtual Town Halls.

• Develop strategies to mitigate or address staff stress and/or burnout, including offering a variety of EFAP benefits including those that address mental health and well-being.
• Execute a plan to value and recognize staff contributions in all MLHU programs, including opportunities to enhance staff connectedness and belonging.

Staff and Leader Feedback

Prior to the finalization of the Provisional Strategic Plan, work on this prominent issue had already begun in anticipation of recovery from the COVID-19 pandemic. Staff were surveyed and a total of fifty-four (54) recommendations related to organizational and individual wellness, and sustaining positive organizational changes, were identified. The BOH has been provided updates on this work and these recommendations were used to inform the Provisional Strategic Plan priorities. Additionally, members of the MLHU Leadership Team (MLT) were guided through an intentional debriefing by a third-party consultant using the Joy In Work framework as a conversation guide. During the COVID-19 Omicron wave and subsequent staff redeployment to support the third dose booster campaign, a manager in the organization leveraged their training as a psychotherapist and engaged staff in 'All Feelings Welcome' sessions to get a sense of the state of staff emotions. Finally, structured and formal debriefing sessions were offered to leaders via the Employee and Family Assistance Plan provider, Homewood Health. All this feedback served as a platform to engage leaders at MLHU in the Joy In Work framework.

Finding Joy In Work

The SLT determined that the first cohort to engage in the Joy In Work framework would be the MLT because leaders have significant influence over their direct reports' levels of engagement. Multiple sessions were held with MLT members to clarify and theme the feedback described above to align with the domains of the framework, ultimately resulting in a comprehensive list of action items that would improve Joy In Work for leaders at MLHU. Directors worked with their respective divisions to further define the best approach for engagement of leaders in each of the action items, as well as clarify realistic timing for implementation to ensure the associated work does not further strain organizational capacity and exacerbate stress and/or burnout. The result is an implementation timetable spanning the next twelve (12) months, with some action items being implemented immediately (see Appendix B).

Next Steps

Each action item that is implemented will be evaluated in line with the recommendations within the IHI white paper (some formally, most informally via real-time feedback at monthly MLT meetings and via Divisional reviews). Roll out of the Joy In Work framework to staff is planned for September 2022, beginning with education and training for leaders to ensure they feel prepared to engage their teams in the exercise undertaken with MLT. Improving Joy In Work for leaders and staff will remain a key priority for the SLT at MLHU.

This report was prepared by the Chief Executive Officer.

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

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

Reference:

Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. (2017). IHI Framework for Improving Joy in Work. IHI White Paper. *Cambridge, Massachusetts*: Institute for Healthcare Improvement.

Joy In Work Framework, Institute for Healthcare Improvement (IHI)

The Framework:

Each of the domains in the framework act as drivers in improving Joy In Work, with Daily Improvement and Real-Time Measurement relating to the implementation methodology. Employees are engaged in identifying what makes a good day at work and what impedes them from having a good day at work. This feedback is then refined to define Action Items for implementation which is subject to Daily Improvement and Real-Time Measurement to determine whether the interventions are having a positive impact.

Driver	Factors

Psychological & Physical Safety:
Foster a culture of psychological safety, equity, and fairness; Build a physically safe work environment to enable staff to provide quality care.
	• Psychological Safety
	  • Experience respect, acceptance and freedom from fear
	  • The system is set up to be fair, just, and equitable
	  • Engage staff in ways to enable trust, vulnerability, authenticity, and community
	• Physical Safety
	  • Environment is free from harm
	  • Reduce risk of injury or threat of violence

Meaning & Purpose: Foster culture where clients, people and relationships are at the centre of the work; Creating a shared purpose and assuring a line of sight to the organization's mission, vision and values.	• Do people find meaning in their work? • Do they feel connected to a purpose that is larger than themselves in service to the community? • Do they feel that the work they do makes a difference? • Is daily work connected to what called these individuals to the work? • Is there a line of sight for each person from the daily work to the mission and goals of the organization? • Is a constancy of purpose evident in the words and actions of leaders?
Choice & Autonomy: Optimize team composition and ensure adequate staffing; Design workflows for efficiency; Distribute leadership.	• Comprehensible: the job makes sense; people know what they are doing and how it fits in the broader picture • Manageable: the workload fits into the time resources available to the individual • Controllable: people have a say on when work is done and how much they complete • Flexibility: in the way work is done, and where the work is done • Time: is sufficient to accomplish work in a day; no need to bring work home

Driver	Factors
Recognition & Rewards: Move away from traditional approaches that have limited effectiveness; Recognition, camaraderie, and celebration of team accomplishments provides validation.	• Leaders understand daily work • Leaders regularly provide meaningful recognition of colleagues' contribution to purpose • Leaders celebrate outcomes
Participative Management: Engage before acting: involve others early to explain 'why' work/change is needed; Inform: keep individuals informed of changes that may impact them; Listen: encourage colleagues to share; listen to individuals at all levels.	• Leaders create space to listen and understand • Leaders involve colleagues in providing input into decisions • Decision-making involves clear communication and consensus building
Camaraderie & Teamwork: Productive teams; Shared understanding; Trusting relationships.	• Do people feel they have mutual support and companionship? • Do people feel part of a team, working toward something meaningful? • Do people have a friend or someone who cares about them at work who they can ask for advice? • Do people trust leadership? • Do leaders regularly practice transparent communication? • Do team members regularly express appreciation for each other's work?
Wellness & Resilience: The organization demonstrates that it values health and wellness of all employees.	• Cultivates personal resilience and stress management • Utilize practices to amplify gratitude • Understanding and appreciation for work/life balance and the whole person and their family • Provides mental health supports

Reference:

Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. (2017). IHI Framework for Improving Joy in Work. IHI White Paper. *Cambridge, Massachusetts*: Institute for Healthcare Improvement.

Joy In Work – MLT Action Items

3rd May 2022

Domain	Action Items	Timing (Short, Mid, Long Term)	Lead SLT/Program	Engagement Strategy
Psychological & Physical Safety	Provide re-orientation to Citi-Plaza.	Short term	Emily/RTO Committee	MLT
	Make the physical environment at Citi-Plaza more 'warm and welcoming' (art/plants/ team boards etc.)	Short term	Emily/RTO Committee	Working Group
	Update the Code of Conduct to include Chat and email etiquette.	Mid term	Emily/HR/Consultation with MLT & Staff	Divisional Review & MLT
	Resume 360-degree feedback as part of PA process.	Mid term	Emily/HR	MLT
	Address lack of professionalism or disrespectful behaviour concerns through established mechanisms to hear and address complaints.	Short term	All leaders/HR	Divisional Review & Cascade to Staff from all Leaders
Meaning & Purpose	Each program/team will define interventions and determine key performance indicators to monitor progress as part of the PPE planning process refresh.	Long term	Alex/PPE	Divisional Review & MLT
	Create a leadership competency framework and associated development plan.	Short term	Emily/HR	MLT
	A Performance Appraisal tool for leaders will be developed and will align to the leadership competency framework.	Mid term	Emily/HR	Working group & MLT
	The staff performance appraisal tools will be	Long term	Emily/HR/CNO	Working group & MLT

	redesigned to be more streamlined and role specific.			
	Invite teams to 'share their stories' in entertaining ways at Town Hall. Ensure the template provided includes the connection to the mission and vision.	Short term	Emily/Communications	Directors to work with their teams, and Communications to support the creative piece
Choice & Autonomy	Ensure clear role descriptions for each level of leadership; include scenarios for education purposes.	Short term	Emily/HR	MLT
	Develop an onboarding process for new leaders that includes a manual, shadowing opportunities and mentorship.	Mid term	Emily/HR/Alex/PPE Team	Working Group
	Implement a leadership on-call system to reduce requirement for leader availability after hours.	Completed. In evaluation phase.	Emily/On-call Working Group	Working Group in place
	Adopt Hybrid Work model on ongoing basis.	In progress	SLT/RTO Committee	Divisional review
	Introduce first-line leaders to assist with workload.	In-progress (evaluation – Jan to June)	SLT/HR	Divisional review
Recognition & Rewards	Determine a process to track leader OT.	Short term	Emily/Finance/HR	MLT
	Complete leader compensation market analysis.	Short term	Emily/HR	Divisional review
	SLT will conduct meetings with each manager to review frequency of 1:1 and leadership team meetings and adjust accordingly.	Short term	SLT	Divisional review
	SLT will ensure development-related conversations happen with all leaders; MLHU will offer leader-only coaching and	Mid term	Emily/HR	Divisional/MLT

	development opportunities.			
Participative Management	Ensure clarity for leaders on what messages can be shared with staff in all emails from SLT and at MLT.	Short term	SLT/MLT Planning Committee	MLT
	Every MLT meeting will include a dynamic portion of the agenda to ensure engagement of MLT on a topic of strategic significance to MLHU.	Short term	Emily/MLT Planning Committee	MLT, through breakout sessions
	Implement a decision-making framework at all levels of the organization.	Long term	Emily/Alex/Governance	Working group & MLT
	Edit or create common agency-wide 'process/procedure' documents, starting with 5 high-yield areas.	Short term	Emily/Alex/MLT/ Process owners	MLT – engagement on top 5 processes (eg. Standardized interview process including number of panelists, interview questions)
Camaraderie & Teamwork	Schedule, plan and execute two MLT-only social events; 1 before July 1st and 1 in December.	Short/Mid term	SLT/EA/AA group	Working group – have a manager division rep
	Schedule, plan and execute two all staff social events; 1 before July 1st and 1 in November.	Short/Mid term	SLT/EA/AA/Be Well	Divisional – have a BeWell division rep as part of their assignment
	Continue resiliency exercises at MLT meetings. Ensure 'serious' questions as well as 'fun' ones.	Short term	Emily/MLT planning Committee	MLT
	Develop cross-divisional mentorship/leadership support program.	Long Term	SLT/HR/CNO	Working Group
Wellness & Resilience	Offer leadership coaching circles, covering a range of specific topics.	Mid term	Emily/HR	Working Group
	SLT will conduct meetings with all leaders to review OT	Mid Term	SLT	Divisional Review

	and discuss ways to reduce it.			
	Mandate no meetings to be scheduled between 12 and 1pm.	Short term	Alex/Emily	MLT
	Develop vacation coverage guidelines to ensure managers can take meaningful time off.	Mid term	Emily/MLT	Working Group (leverage on call working group)
	Create a 'leader permissions' document.	Short term	Emily/Alex	MLT

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 39-22

TO: Chair and Members of the Board of Health

FROM: Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2022 June 16

IMPLEMENTATION OF THE EARLY YEARS OUTREACH (EYO) INITIATIVE

Recommendation

It is recommended that the Board of Health receive Report No. 39-22, re: "Implementation of the Early Years Outreach (EYO) Initiative)" for information.

Key Points

- Early life experiences play an important role in healthy child development and the trajectory of a person's life course. Supporting early years professionals not only contributes to the well-being of children in their care, but also to the future health and well-being of the entire community.
- The COVID-19 pandemic provided an opportunity to implement the Early Years Outreach (EYO) initiative, resulting in strengthened early years sector relationships particularly within the childcare sector.
- Planning is underway to expand and refine the goals of the EYO initiative to include: realigning and enhancing supports through outreach to an expanding early years sector; and supporting MLHU programs and other sectors within London and Middlesex County to consider implications of their work on the lives of children and their families.

Background

Within the Ontario Public Health Standards (2021), healthy growth and development is identified as a key determinant of health, with early life experiences influencing an individual's school success, economic participation later in life, and their overall physical and mental well-being. There are children in the Middlesex-London region who are exposed to adverse events in their early years such as persistent poverty and unstable relationships. Adverse experiences can impair children's brain architecture and biological systems, resulting in chronic mental and physical diseases as children transition to adulthood. This imposes significant societal costs with a reduction in the productivity of the workforce and increased incidence of disability, warranting additional medical and social services. Decades of research supports that upstream interventions focused on critical periods in the prenatal and early years are more cost effective and produce more favorable long-term outcomes than remediation later in life.

An internal Healthy Start Growth and Development Review was completed in 2020, resulting in ample evidence that stable and supportive environments for children to live and grow promote healthy development and an ability to adapt to the challenges of everyday life. The review suggested that health promotion interventions focused on augmenting the protective factors that enhance healthy growth and development in early childhood can change the trajectory of children's lives.

Prior to the creation of the Early Years Outreach (EYO) initiative, public health nurses were actively involved in collective impact work with many early years sector community partners. During the COVID-19 pandemic, MLHU identified a need to provide additional support to the childcare sector, which created an opportunity to enhance the relationship with this group of early years professionals. This led to the implementation of the EYO initiative in early 2021, where a streamlined process was created to coordinate and prioritize the provision of information and support.

Implementation Update

The EYO initiative began with two public health nurses and shortly thereafter a third public health nurse was added when repatriated back from the COVID-19 Team. Attention was focused on childcare centres by providing consistent COVID-19 information and updates. The provincial COVID-19 guidelines for childcare centres were integrated into documents with guidance more related to the school setting; however, because childcare centres are typically independent organizations who primarily care for and educate a much younger population (birth to school entry), centres required additional supports to interpret and implement provincial guidelines. The EYO initiative was instrumental in providing timely and individualized support for each unique organization to remain open as an essential service provider. With the resulting appreciation of public health support, an enthusiastic invitation was issued to participate at more collaborative tables within the early years sector, namely the Licensed Child Care Network (LCCN), the LCCN Advocacy subgroup, and the Middlesex Children's Services Network (MCSN) Recruitment and Retention work group.

As part of the streamlined process, three main strategies were implemented:

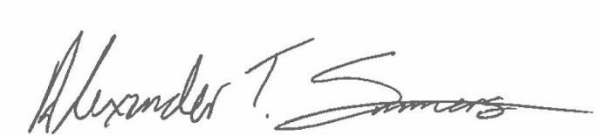
1. Creation of a dedicated EarlyYearsOutreach@mlhu.on.ca email as a one-stop vehicle for early years sector community partners to ask public health questions. In 2021, over 550 COVID-19-related email consultations were completed, including an increased number during the summer camp period. Approximately 100 other public health-related issues such as immunization, other infectious diseases, child development, and nutrition were attended.
2. An MLHU EYO e-Newsletter was established. Early years professionals can enrol to receive the e-Newsletter which provides public health information on a variety of topics. The e-Newsletters started with 152 contacts in March 2021 and increased to 206 contacts by the end of December 2021. The e-Newsletters were sent monthly with additional *ad hoc* e-News updates to provide timely COVID-19 information as needed. This resulted in 29 e-Newsletters and e-News updates in 2021 for a total of 4,625 emails. A future goal is to increase collaboration with other MLHU programs to develop content for the e-Newsletters when there is information to share that is relevant to the early years sector.
3. Prioritization of the www.healthunit.com/childcare-educators landing page on the Health Unit website to ensure the availability of up-to-date MLHU information and resources for childcare educators. The webpage also provides access to sign-up for the e-Newsletter, view past e-Newsletter issues, and find links to past EYO webinars, including a well-received webinar provided by Dr. Summers regarding COVID-19 guidance specific for childcare centres. This webpage received over 2,900 page views in 2021, compared to 1,200 page views in 2020.

Next Steps

With the recent restructure of the Healthy Start Division, the EYO initiative is now provided by the newly formed Early Years Community Health Promotion (EYCHP) Team. Program planning is focused on a comprehensive health promotion approach to support healthy child growth and development.

The goals of the EYO initiative were to realign and enhance supports through outreach to an expanding early years sector; and support MLHU programs and other sectors within London and Middlesex County to consider implications of their work on the lives of children and their families. The EYO initiative will continue to create opportunities to influence positive childhood experiences and supportive environments to attain optimal growth and development of children.

This report was submitted by the Healthy Start Division.



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

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 40-22

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2022 June 16

FOODNET CANADA ONTARIO SENTINEL SITE UPDATE AND MEMORANDUM OF AGREEMENT

Recommendation

It is recommended that the Board of Health receive Report No. 40-22, re: "FoodNet Canada Ontario Sentinel Site Update and Memorandum of Agreement" for information.

Key Points

- Since 2014, the Health Unit has participated in the Public Health Agency of Canada's FoodNet program as the sentinel site for Ontario. This partnership has been mutually beneficial for the Health Unit, provincial public health stakeholders, and the Public Health Agency of Canada.
- FoodNet Canada is a multi-partner sentinel surveillance program for food- and water-borne illnesses. Surveillance results have generated evidence that changed federal food regulations.
- The FoodNet Canada Memorandum of Agreement has been renewed for another two-year term (2022 – 2024), with associated federal funding in an amount up to $289,655.

Background

The Middlesex-London Health Unit (MLHU) has been the Ontario sentinel site for the Public Health Agency of Canada's (PHAC) FoodNet Canada (FNC) program since 2014. Currently there are a total of four sentinel sites across Canada, located in British Columbia, Alberta, Ontario, and Quebec.

FNC is a multi-partner, enhanced surveillance program for food- and water-borne illnesses with the purpose of determining what foods and other sources are making Canadians ill. FNC is the PHAC surveillance program with the ability to examine trends in enteric illness and to assess risk over time to determine public health impact. FNC considers enteric illnesses from a unique perspective which integrates enhanced follow-up of human cases of selected enteric diseases, testing of retail food products of interest, sampling of manure from local farms and collection of surface water for infectious agents that can cause illnesses.

MLHU is responsible for carrying out three of FNC's program components: enhanced follow-up of human cases reported among Middlesex-London residents, purchase of retail food items, and collection of water from the Thames River. The food and water samples are tested for infectious pathogens. Participation in the FNC program has been a great success and one that continues to be mutually beneficial for MLHU, its provincial public health partners, and PHAC. Health Unit staff collaborate with an expanded network of local, provincial, and federal public health partners, enhancing knowledge and practice through access to evidence-based research and knowledge exchange activities. MLHU continues to be recognized as a provincial leader in infectious disease surveillance.

Access to FNC's enhanced surveillance data, including expanded laboratory analysis, has allowed the Health Unit the opportunity to better understand the nature and causes of food-borne illnesses in the Middlesex-London region, and was used in the investigation of local *Salmonella* outbreaks in 2018, 2020 and 2021.

Food Safety Success

In recent years, Canadian outbreaks of *Salmonella* infection have been linked to the consumption of frozen breaded chicken products (nuggets and strips). FNC data, collected through enhanced case follow-up and ongoing retail product sampling, have provided compelling evidence regarding the possible burden of illness associated with these products. After FNC presented this evidence, the Canadian Food Inspection Agency (CFIA) announced new industry standards whereby instances of *Salmonella* must be below detectable limits in all frozen breaded chicken products. FNC's ongoing surveillance activities will be used to assess the effectiveness of this new food safety policy.

2022 – 2024 Memorandum of Agreement

PHAC is pleased with MLHU's ongoing success as the program's Ontario sentinel site and has offered to extend funding until March 31, 2024. PHAC funding to MLHU includes a 1.0 FTE Site Coordinator and a 0.2 FTE Retail Sampler to conduct weekly food sampling across the Middlesex-London region. Funding is also provided for office expenses, administration, and staff training, as outlined in the Memorandum of Agreement (see Appendix A). Total federal funding for the entire program is $289,655.

Next Steps

In serving as the FNC Ontario sentinel site, MLHU will continue to collect high-quality data and make an important contribution to reducing the burden of food- and water-borne illnesses at the local, provincial, and federal levels.

This report was prepared by the Environmental Health and Infectious Diseases Division.

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

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

C. MEMORANDUM OF AGREEMENT SUMMARY

C1. THE PUBLIC HEALTH AGENCY OF CANADA AUTHORITY

Steven Sternthal
Director General
Centre for Food-Borne, Environmental & Zoonotic Infectious Disease
Infectious Disease Prevention and Control
130 Colonnade, AL: 6502A
Ottawa, Ontario, K2E 1B6
Telephone: 613-948-6883
Fax: Fax #
E-mail: steven.sternthal@phac-aspc.gc.ca

Memorandum of Agreement (MOA) - Services

between

Her Majesty the Queen in Right of Canada (referred to herein as "Canada"), as represented by the Minister of Health, acting through the Public Health Agency of Canada (referred to herein as the "Minister")

and

Middlesex - London Health Unit
355 Wellington St, Suite 110
London, ON N6A 3N7

(referred to herein as the "Provider of Services")

for
The Performance of the Work described in Annex A – Statement of Work

THIS MOA DOES NOT CONTAIN A SECURITY REQUIREMENT

C2. TITLE
Activities for the operation of PHAC FDASD's FoodNet Canada Sentinel Site in Ontario - Middlesex-London Health Unit

C3. MOA PERIOD
Start date: April 1, 2022 End date: March 31, 2024

C4. MOA NUMBER	C5. FINANCIAL CODE	C6. MAMD REFERENCE
4500439206	250801-54819-TG04	Click here to enter text.

C7. MOA DOCUMENTS AND PRIORITY OF DOCUMENTS

1. This MOA Summary (Section C)
2. Security Requirements (Annex B), if applicable.
3. General Conditions (Section I)
4. Intellectual Property (Section II)
5. MOA Statement of Work (Annex A).

If there is a discrepancy or inconsistency between the wording of any documents that appear on the list, the wording of the document that first appears on the list above shall prevail.

C8. MOA VALUE
Subject to the terms and conditions of this MOA and in consideration for performance of the Work, Canada will pay the Provider of Services an all-inclusive amount (incl. GST/HST) not to exceed $289,655.20, all amounts in Canadian dollars, as follows:

Labour Category	Firm Price
Site Coordinator	$216,813.24
Retail Sampler	$35,841.96
Click here to enter text.	$0.00
Amount for GST / HST applicable to the above	$0.00
Cost Reimbursable Elements	**Limitation of Expenditure**
Miscellaneous expenses *reimbursed based at actual cost*	up to $22,000.00 including GST/HST
Travel and living expenses *reimbursed in accordance to GC10*	up to $15,000.00 including GST/HST

C9. INVOICES
One (1) copy of each invoice is to be sent at the address below showing::

a. the Contract title, number and financial code;
b. the date;
c. a description of the Work performed;
d. timesheets (if payment is based on hourly/per diem rates);
e. evidence of actual cost (Cost Reimbursable Elements);
f. the amount of any tax (including GST/HST).

All invoices are to be sent to:
P2P.East.Invoices-Factures.Est@hc-sc.gc.ca

C10. GOVERNING LAWS
This MOA shall be governed and construed by the laws in force in Ontario, Canada.

C11. ENQUIRIES
All enquiries and other communications related to this MOA are to be directed ONLY to the Public Health Agency of Canada Authority.

C12. INTELLECTUAL PROPERTY
The Provider of Services Will Own Intellectual Property Rights as per Section II.

C13. SIGNATURES
This MOA has been executed on behalf of the Parties by their duly authorized representatives:

AUTHORIZED REPRESENTATIVE OF THE PROVIDER OF SERVICES

E Williams

_____ May 30, 2022
Signature **Date**
Emily Williams
Chief Executive Officer

PUBLIC HEALTH AGENCY OF CANADA AUTHORITY:

_____ _____
Signature **Date**
Name
Name of Position
Name of Division

SECTION I - GENERAL CONDITIONS

GC1. Definitions

1.1. In this Memorandum of Agreement, unless the context otherwise requires,

1.1.1. "Provider of Services" means the party agreeing to provide services by entering into this MOA with Public Health Agency of Canada (PHAC).

1.1.2. "Memorandum of Agreement" or "MOA" means this written agreement between PHAC and the Provider of Services, these general conditions, any supplemental general conditions specified in this written agreement and every other document specified or referred to in any of them as forming part of this Memorandum of Agreement, all of which may be amended by written agreement of the Parties, from time to time.

1.1.3. "Public Health Agency of Canada Authority" means the person designated as such in this MOA, or by notice to the Provider of Services to act as the representative of PHAC in the management of this MOA.

1.1.4. "Parties" means PHAC and the Provider of Services, both of which are signatories to this MOA.

GC2. Entire Agreement

2.1. This MOA constitutes the entire agreement between the Parties with respect to the provision of the services described in Annex A ("the Work") and supersedes all previous negotiations, communications and other agreements relating to it, unless they are incorporated by reference herein.

GC3. Time of the Essence

3.1. Time is of the essence in the provision of the services described in Annex A.

3.2. Any delay by the Provider of Services in performing the Provider of Services' obligations under this MOA which is caused by an event beyond the control of the Provider of Services, and which could not have been avoided by the Provider of Services without incurring unreasonable cost through the use of work-around plans including alternative sources or other means, constitutes an excusable delay.

3.3. The Provider of Services shall give notice to PHAC immediately after the occurrence of the event that causes the excusable delay. The notice shall state the cause and circumstances of the delay and indicate the portion of the Work affected by the delay. When requested to do so by the Public Health Agency of Canada Authority, the Provider of Services shall deliver a description, in a form satisfactory to PHAC, of work-around plans including alternative sources and any other means that the Provider of Services will utilize to overcome the delay and endeavour to prevent any further delay. Upon approval in writing by PHAC of the work-around plans, the Provider of Services shall implement the work-around plans and use all reasonable means to recover any time lost as a result of the excusable delay.

GC4. Indemnification

4.1. The Provider of Services shall indemnify and save harmless PHAC and PHAC's servants and agents from and against all claims, losses, damages, costs, expenses, actions and other proceedings, made, sustained, brought, prosecuted, threatened to be brought or prosecuted, in any manner based upon, occasioned by or attributable to any injury to or death of a person or damage to or loss of property arising from any wilful or negligent act, omission or delay on the part of the Provider of Service, or the Providers of Services' employees, agents, in performing the Work or as a result of the Work.

4.2. The Provider of Services shall indemnify PHAC and PHAC's servants and agents from all costs, charges and expenses whatsoever that PHAC sustains or incurs in all claims, actions, suits and proceedings for the use of the invention claimed in a patent, or infringement or alleged infringement of any patent or any registered industrial design or any copyright or other intellectual property right resulting from the performance of the Provider of Services' obligations under this MOA, and in respect of the use of or disposal by PHAC of anything furnished pursuant to this MOA.

4.3. The Provider of Services' liability to indemnify or reimburse PHAC under this MOA shall not affect or prejudice PHAC from exercising any other rights under law.

4.4. The Provider of Services agrees that PHAC shall not be liable for, and agrees to protect and indemnify PHAC with respect to, any injury or damage (including death) to the Provider of Services or to the person of any officer, servant or agent of the Provider of Services or for the loss of or damage to the property of the Provider of Services or its officers, servants or agents in any manner based upon, occasioned by, or in any way attributable to the performance of the said work unless the injury, loss or damage is caused by the negligence of an officer, servant or agent of PHAC while acting within the scope of his or her employment.

GC5. Termination or Suspension for Convenience

5.1. PHAC may, by giving notice to the Provider of Services, terminate or suspend the Work with respect to all or any part or parts of the Work not completed.

5.2. All work completed by the Provider of Services to the satisfaction of PHAC before the giving of notice shall be paid for by PHAC in accordance with the provisions of this MOA and, for all work not completed before the giving of notice, PHAC shall pay the Provider of Services' costs as determined under the provisions of this MOA and, in addition, an amount representing a fair and reasonable fee in respect of the Work not completed.

5.3. In addition to the amount which the Provider of Services shall be paid, the Provider of Services shall be reimbursed for their cost of, and incidental to, the cancellation of obligations incurred by the Provider of Services pursuant to the notice and obligations incurred by the Provider of Services or to which the Provider of Services is subject with respect to the Work.

5.4. Payment and reimbursement under these provisions shall be made only to the extent that it is established to the satisfaction of PHAC that the costs and expenses were actually incurred by the Provider of Services and that the same are fair and reasonable and are properly attributable to the termination or suspension of the Work or the part of the Work terminated.

5.5. The Provider of Services shall not be entitled to be reimbursed any amount which, taken together with any amounts paid or becoming due to the Provider of Services under this MOA, exceeds the MOA price applicable to the Work or the particular part of the Work.

GC6. Termination Due to Default

6.1. PHAC may, by notice to the Provider of Services, terminate the whole or any part of the Work if the Provider of Services fails to perform any of the Provider of Services obligations under this MOA, or, in PHAC's view, so fails to make

progress as to endanger performance of this MOA in accordance with its terms.

6.2. In the event that PHAC terminates the Work in whole or in part under this section, PHAC may arrange, upon such terms and conditions and in such manner as PHAC deems appropriate, for the Work to be completed that was so terminated, and the Provider of Services shall be liable to PHAC for any excess costs relating to the completion of the Work.

6.3. Upon termination of the Work under this section, PHAC may require the Provider of Services to deliver and transfer title to PHAC, in the manner and to the extent directed by PHAC, any finished work which has not been delivered and accepted prior to such termination and any materials or work-in-process which the Provider of Services has specifically acquired or produced for the fulfilment of this MOA. PHAC shall pay the Provider of Services for all finished work delivered pursuant to the direction and accepted by PHAC, the cost to the Provider of Services of the finished work plus the proportionate part of any fee fixed by this MOA and shall pay or reimburse the Provider of Services the fair and reasonable cost to the Provider of Services of all materials or work-in-process delivered pursuant to the direction. PHAC may withhold from the amounts due to the Provider of Services the sums that PHAC determines to be necessary to protect PHAC against excess costs for the completion of the Work.

6.4. The Provider of Services shall not be entitled to be reimbursed any amount which, taken together with any amounts paid or becoming due to the Provider of Services under this MOA, exceeds the MOA price applicable to the Work or the particular part of the Work.

6.5. If, after PHAC issues a notice of termination under this section, it is determined by PHAC that the default of the Provider of Services is due to causes beyond the control of the Provider of Services, the notice of termination shall be deemed to have been issued pursuant to Section GC5 and the rights and obligations of the parties shall be governed by Section GC5.

6.6. All work completed by the Provider of Services to the satisfaction of both Parties, before the giving of the notice, shall be paid for by PHAC in accordance with the provisions of this MOA and, for all work not completed before the giving of notice, PHAC shall withhold an amount reasonably estimated as being required to have the Work completed by another Provider of Services.

GC7. Amendments

7.1. The Parties agree that this MOA shall not be altered or amended without the written mutual consent of both the Public Health Agency of Canada Authority and the Provider of Services.

GC8. Security and Protection of Work

8.1. The Provider of Services shall keep confidential all information provided to the Provider of Services by or on behalf of PHAC in connection with the Work, acquired by the Provider of Services in the course of performing the Work or created by the Provider of Services as part of the Work. The Provider of Services shall not disclose the information to any person without the written permission of Public Health Agency of Canada Authority, except that the Provider of Services may disclose to a sub-Provider of Services, authorized in accordance with this MOA, information necessary to the performance of the subcontract. This section does not apply to any information that:

8.1.1. is publicly available from a source other than the Provider of Services ; or

8.1.2. is or becomes known to the Provider of Services from a source other than PHAC, except any source that is known to the Provider of Services to be under an obligation to PHAC not to disclose the information.

8.2. Upon request, the Provider of Services shall return to the Public Health Agency of Canada Authority all information provided to the Provider of Services by or on behalf of PHAC or acquired by the Provider of Services in connection with the Work and any copies of the information, in any form whatsoever.

8.3. The Parties shall comply with applicable laws pertaining to privacy and confidentiality in dealing with information and records related to this MOA.

GC9. Accounts and Audits

9.1. The Provider of Services shall keep proper accounts and records of the cost to the Provider of Services of the Work and all expenditures or commitments made by the Provider of Services.

GC10. Travel and Living Expenses

10.1. Travel and Living expenses incurred by the Provider of Services are entirely subject to the content of the current National Joint Council Travel Directive (http://www.njc-cnm.gc.ca/directive/travel-voyage/index-eng.php) and the Treasury Board Secretariat Special Travel Authorities, Section 7, "Persons on contract" (http://www.tbs-sct.gc.ca/pubs_pol/hrpubs/TBM_113/STA_e.asp).

10.2. Travel and Living expenses are considered to be part of the total cost of the MOA. Expenses which exceed the Directive will not be paid. Prior authorization for projected Travel and Living expenses is required.

SECTION II – INTELLECTUAL PROPERTY

IP1. Provider of Services to Own Intellectual Property Rights

1.0 Interpretation

In the MOA,

1.1 "Background Information" means all Intellectual Property that is not Foreground Information that is incorporated into the Work or necessary for the performance of the Work and that is proprietary to or the confidential information of the Provider of Services, its subcontractors or any other third party;

1.2 "Firmware" means any computer program stored in integrated circuits, read-only memory or other similar devices within the hardware or other equipment;

1.3 "Foreground Information" means all Intellectual Property first conceived, developed, produced or reduced to practice as part of the Work under the MOA;

1.4 "Intellectual Property" means any information or knowledge of an industrial, scientific, technical, commercial, literary, dramatic, artistic or otherwise creative nature relating to the Work, whether oral or recorded in any form or medium and whether or not subject to copyright; this includes but is not limited to any inventions, designs, methods, processes, techniques, know-how, show-how, models, prototypes, patterns, samples, schematics, experimental or test data, reports, drawings, plans, specifications, photographs, manuals and any other documents, Software and Firmware;

1.5 "Intellectual Property Right" means any intellectual property right recognized by law, including any intellectual property right protected by legislation such as patents, copyright, industrial design, integrated circuit topography, and plant breeders' rights, or subject to protection under the as trade secrets and confidential information;

1.6 "Software" means any computer program whether in source or object code (including Firmware), any computer program documentation recorded in any form or upon any medium, and any computer database, and includes modifications to any of the foregoing.

2.0 Records and Disclosure of Foreground Information

2.1 During and after the performance of the MOA, the Provider of Services must keep detailed records of the Foreground Information, including details of its creation, ownership and about any sale or transfer of any right in the Foreground Information. The Provider of Services must report and fully disclose to the Minister all Foreground Information as required by the MOA. If the MOA does not specifically state when and how the Provider of Services must do so, the Provider of Services must provide this information when requested by the Minister or a representative of the Minister, whether before or after completion of the MOA.

2.2 The Provider of Services must, in each disclosure under this section, indicate the names of all subcontractors at any tier, if any, who contributed to the development of the Intellectual Property Rights in the Foreground Information.

2.3 Before and after final payment to the Provider of Services, the Provider of Services must provide the Minister with access to all records and supporting data that the Minister considers pertinent to the identification of Foreground Information.

2.4 For any Intellectual Property that was developed or created in relation to the Work, the Minister will be entitled to assume that it was developed or created by Canada, if the Provider of Services' records do not list that Intellectual Property or do not indicate that it was created by the Provider of Services, or by someone on behalf of the Provider of Services, other than Canada.

3.0 Provider of Services to Own Intellectual Property Rights in Foreground Information

3.1 All Intellectual Property Rights in the Foreground Information belong to the Provider of Services as soon as they come into existence.

3.2 Despite the Provider of Services' ownership of all the Intellectual Property Rights in the Foreground Information, Canada has unrestricted ownership rights in any prototype, model, custom or customized system or equipment that is a deliverable under the MOA, including manuals and other operating and maintenance documents. This includes the right to make them available for public use, whether for a fee or otherwise, sell them or otherwise transfer ownership in them.

3.3 Any personal information, as defined in the *Privacy Act*, R.S. 1985, c. P-21, collected by the Provider of Services in the execution of the Work under the MOA becomes the property of Canada immediately upon collection and must be used only for the performance of the Work. The Provider of Services has no right in any such personal information.

3.4 If the Work under the MOA involves the preparation of a database or other compilation using information or data supplied by Canada or any personal information referred to above, the Intellectual Property Rights in the database or compilation containing such information will belong to Canada. The Provider of Services' Intellectual Property rights in the Foreground Information are restricted to those capable of being exploited without the use of the information or data supplied by Canada or the personal information. Unless the MOA otherwise expressly provides, the Provider of Services shall deliver to Canada all such information, data or personal information, together with every copy, draft, working paper and note thereof that contains such information, data, or personal information, upon the completion or termination of the MOA or at such earlier time as the Minister may require.

4.0 Licenses to Intellectual Property Rights in Foreground and Background Information

4.1 As Canada has contributed to the cost of developing the Foreground Information, the Provider of Services hereby grants to Canada a non-exclusive, perpetual, irrevocable, world-wide, fully-paid and royalty-free license to exercise the Intellectual Property Rights in the Foreground Information for Canada's activities. Subject to any exception described in the MOA, this license allows Canada to do anything that it would be able to do if it were the owner of the Foreground Information, other than exploit it commercially in competition with the Provider of Services and transfer or assign ownership of it. The Provider of Services also hereby grants to Canada a license to use the Background Information to the extent that it is reasonably necessary for Canada to exercise fully all its rights in the deliverables and in the Foreground Information. These licenses cannot be restricted in any way by the Provider of Services providing any form of notice to the contrary, including the wording on any shrink-wrap license or any other kind of packaging, attached to any deliverable.

4.2 For greater certainty, Canada's licenses include, but are not limited to:

a. the right to disclose the Foreground and Background Information to third parties bidding on or negotiating

contracts with Canada and to sublicense or otherwise authorize the use of that information by any contractor engaged by Canada solely for the purpose of carrying out such contracts. Canada will require these third parties and contractors not to use or disclose that information except as may be necessary to bid on, negotiate or carry out those contracts;

b. the right to disclose the Foreground and Background Information to other governments for information purposes;

c. the right to reproduce, modify, improve, develop or translate the Foreground and Background Information or have it done by a person hired by Canada. Canada, or a person designated by Canada, will own the Intellectual Property Rights associated with the reproduction, modification, improvement, development or translation;

d. without restricting the scope of any license or other right in the Background Information that Canada may otherwise hold, the right, in relation to any custom-designed or custom-manufactured part of the Work, to exercise such of the Intellectual Property Rights in the Background Information as may be required for the following purposes:

   i. for the use, operation, maintenance, repair or overhaul of the custom-designed or custom-manufactured parts of the Work;

   ii. in the manufacturing of spare parts for maintenance, repair or overhaul of any custom-designed or custom-manufactured part of the Work by Canada if those parts are not available on reasonable commercial terms to enable timely maintenance, repair or overhaul;

e. for Software that is custom designed for Canada, the right to use any source code the Provider of Services must deliver to Canada under the MOA and to reproduce, use, modify, improve or translate the Software.

4.3 The Provider of Services agrees to make the Background Information, including in the case of Software, the source code promptly available to Canada for any purpose mentioned above. The license does not apply to any Software that is subject to detailed license conditions that are set out elsewhere in the MOA. Furthermore, in the case of commercial off-the-shelf software, the Provider of Services' obligation to make the source code promptly available to Canada applies only to source code that is within the control of or can be obtained by the Provider of Services or any subcontractor.

4.4 Where the Intellectual Property Rights in any Foreground Information are or will be owned by a subcontractor at any tier, the Provider of Services shall either obtain a license from that subcontractor that permits compliance with subsections IP 4.1 and IP 4.2 or arrange for the subcontractor to convey directly to Canada the same rights by execution of the form provided for that purpose by the Minister, in which case the Provider of Services shall deliver that form to the Minister, duly completed and executed by the subcontractor, no later than the time of disclosure to Canada of that Foreground Information.

4.5 The Provider of Services represents and warrants that it has the right to grant to Canada the licenses and any other rights to use the Foreground and Background Information. If the Intellectual Property Rights in any Foreground or Background Information are or will be owned by a subcontractor or any other third party, the Provider of Services must have or obtain promptly a license from that subcontractor or third party to grant promptly any required license directly to Canada.

4.6 Any information supplied by Canada to the Provider of Services for the performance of the Work remains the property of Canada. The Provider of Services must use Canada's information only to perform the MOA. If the Provider of Services wants to use any information owned by Canada for the commercial exploitation or further development of any of the Foreground Information, the Provider of Services must obtain a license from the Minister. In its request for a license to the Minister, the Provider of Services must explain why the license is required and how the Provider of Services intends to use the information. If the Minister agrees to grant a license, its terms will be negotiated between the Provider of Services and the Minister and may include the payment of a compensation to Canada.

5.0 Transfer or License of Provider of Services' Rights

5.1 During the MOA, the Provider of Services must not sell, transfer, assign or license the Foreground Information without first obtaining the Health Canada Authority's written permission.

5.2 After the MOA, the Provider of Services is not required to obtain Canada's permission to transfer ownership in the Foreground Information but any transfer must be subject to all Canada's rights to use the Foreground Information. Furthermore, after the MOA, if the Provider of Services grants a license or any other right (other than a transfer of ownership) to a third party to use the Foreground Information, the Provider of Services is not required to notify Canada, but the license or right granted must not affect Canada's rights in any way. If the Provider of Services at any time transfers ownership or grants rights in the Foreground Information that interfere in any way with Canada's rights to use the Foreground Information, the Provider of Services must, if requested by Canada, immediately take all steps necessary to restore Canada's rights. If the Provider of Services is not successful in doing so, within the time reasonably required by Canada, the Provider of Services must immediately reimburse Canada for all costs Canada incurs to do so itself.

5.3 The Provider of Services shall promptly notify Canada of the name, address and other pertinent information in regard to any transferee (including the conditions of the transfer), assignee or licensee referred to in this subsection and shall ensure that such party is required to do the same with regard to any subsequent transferee, assignee or licensee.

5.4 If Canada terminates the MOA in whole or in part for default, or if the Provider of Services fails to disclose any Foreground Information in accordance with section IP 2.1, the Minister may, by giving notice to the Provider of Services, require the Provider of Services to convey to Canada all the Intellectual Property Rights in the Foreground Information or, in the case of a notice based on failure to disclose, all of the Intellectual Property Rights in the Foreground Information not disclosed, including the rights owned by subcontractors. In the case of Intellectual Property Rights in the Foreground Information that have been sold or assigned to a third party, the Provider of Services must pay to Canada on demand, at Canada's discretion, the fair market value of the Intellectual Property Rights in the Foreground Information or an amount equal to the payment received by the Provider of Services from the sale or assignment of the Intellectual Property Rights in the Foreground Information.

5.5 In the event of the issuance of a notice by the Minister, the Provider of Services must, at its own expense and without delay, execute such documents relating to ownership of the Intellectual Property Rights as the Minister may require. The Provider of Services must, at Canada's expense, provide all reasonable assistance in the preparation of applications and in the prosecution of any applications for any registration of

any Intellectual Property Rights in any jurisdiction, including the assistance of the inventor in the case of an invention.

5.6 If the Provider of Services uses the Foreground Information to develop any new product or any improvement in any existing product, the Provider of Services agrees that, if Canada wishes to purchase such new or improved product, the Provider of Services must sell them to Canada at a discount off the lowest price for which it has sold those products to other customers, to recognize Canada's financial contribution to the development of those products.

6.0 Waiver of Moral Rights

6.1 If requested by Canada, during and after the MOA, the Provider of Services must provide a written permanent waiver of moral rights, as defined in the Copyright Act, R.S. 1985, c. C-42, from every author that contributes to any Foreground Information subject to copyright protection that is a deliverable to Canada under the MOA. If the Provider of Services is an author of the Foreground Information, the Provider of Services permanently waives the Provider of Services' moral rights in that Foreground Information.

ANNEX A – MOA STATEMENT OF WORK

S1. INTRODUCTION

This Service Agreement ("Agreement") covers the operation of the Public Health Agency of Canada (PHAC), Food-borne Disease and Antimicrobial Resistance Surveillance Division (FDASD)'s enhanced integrated surveillance system for foodborne and waterborne infectious gastroenteritis, including provincial microbiological expertise, according to the FoodNet Canada business plan. FoodNet Canada provides a unique and flexible surveillance platform for the collection of epidemiological and laboratory data on cases of enteric illness in sentinel communities. Active sampling of potential exposures (food animals, food and water) is then linked with the disease information, to determine the actual level of risk from pathogens to the human population. This approach highlights food or water safety issues when they emerge, and provides a mechanism to measure the effectiveness of interventions/programs aimed at reducing risk, as well as providing information to policy makers to support activities to reduce the burden of enteric disease in Canada through sentinel site surveillance. The program involves systematic and integrated data collection, analysis, interpretation and communication of results; standardized microbiological and epidemiological methods; and timely and effective reporting and communication. In addition to FoodNet Canada, other programs within FDASD are the Canadian Integrated Program for Antimicrobial Resistance Surveillance (CIPARS), the National Enteric Surveillance Program (NESP), Enhanced National Listeriosis Surveillance Program, and Burden of Enteric Illness Studies. These FDASD surveillance programs are interconnected with integrated activities, and their combined information is used to inform enteric disease within Canada.

S2. TITLE

Activities for the operation of PHAC FDASD's FoodNet Canada Sentinel Site in Ontario – Middlesex-London Health Unit

S3. OBJECTIVES

This Service Agreement ("Agreement") is between PHAC's FDASD and the Middlesex-London Health Unit and covers the operation of PHAC FDASD's enhanced integrated surveillance system for foodborne and waterborne infectious gastroenteritis in the FoodNet Canada Ontario Sentinel Site, located in Middlesex-London, Ontario. This Agreement also includes the provision of data to PHAC's Centre for Food-borne, Environmental and Zoonotic Infectious Diseases (CFEZID), including the Outbreak Management Division (OMD), as well as that National Microbiology Laboratory (NML) for the routine purposes of surveillance activities and outbreak detection, assessment, and/or response.

The Agreement supports the three main objectives of the FoodNet Canada surveillance system:
1. To detect changes in trends in human enteric disease and in levels of pathogen exposure from food, animal and water sources in a defined population; and determine significant risk factors for enteric illness;
2. To conduct source attribution (determine the proportion of human cases due to exposure via food, animals and water); and
3. To provide practical preventive information to prioritize risks, compare interventions, measure effectiveness of food and water safety activities and inform policy.

The Agreement has the following main work objectives which are to:

- provide funding for an employee and outline their duties as they relate to the work and management of FoodNet Canada activities in the site; and
- provide funding for retail sampling and describe the associated activities.

S4. BACKGROUND

FoodNet Canada is a multi-partner sentinel site surveillance system facilitated by PHAC that identifies enteric pathogens in foods and environmental sources causing enteric illness in the Canadian population. The program brings together enhanced epidemiological and microbiological surveillance to identify risks and to help direct food

and water safety action plans and programming as well as public health interventions. Specifically, its core objectives are to: determine what food and other sources are making Canadians ill (source attribution); determine significant risk factors for enteric illness; accurately track disease rates and risks over time; and provide practical prevention information.

FoodNet Canada has two main databases: the human component (data on all human cases) and the nonhuman component, which includes data on retail foods (meats, produce or other), on-farm (farm animal manure) and water (untreated water). The objective of the human component is to: produce baseline data through enhanced passive surveillance, identify and analyse risk factors, and inform burden of enteric illness estimates and source attribution work. Each case of enteric disease in the sentinel site is followed up using a standardized FoodNet Canada case questionnaire and by conducting additional microbiological and molecular characterization of the pathogen implicated in the infection.

The non-human component consists of sampling and surveillance in three sub-components: retail food, farm and water. The objective of the retail food sampling is to identify pathogen levels on raw meat (e.g. chicken) and produce (e.g. bagged leafy greens) available to the consumer at the grocery store level for large and medium chain stores as well as independently owned butcher and market shops. The farm surveillance component objective is to determine the level of contamination on-farm through the active surveillance of fresh fecal material and stored manure sampled on participating producer farms within each site. Finally, the objective of the water surveillance component is to understand the dynamics of pathogen levels in the environment and the transmission of enteric pathogens from both specific and non-specific sources within local watersheds and water sources.

This MOA will cover the work related to the human component and the retail sampling in the Ontario sentinel site. For the human component, the MOA will cover the cost of 1 FTE in the sentinel site to support continuous surveillance activities for FoodNet Canada. It will also cover the funding of work related to retail sampling, which consists of the site providing staff to perform the sampling throughout the year for the sentinel site.

S5. SCOPE

RESPONSIBILITIES OF THE MIDDLESEX-LONDON HEALTH UNIT

1. The responsibilities of the site coordinator suggest an investment of salary and support for 1 FTE with extensive public health training and managerial (project/person) experience as appropriate. Any episodic surveillance activities, such as intervention, case-control studies or cohort follow-up studies will be additional to the roles described herein, and will be accompanied by extensive involvement by PHAC's FDASD.

2. Provide 1 (one) FTE employee with the following skill set to be the site coordinator and liaison between PHAC's FDASD and the Middlesex-London Health Unit during this agreement:

- knowledge of enteric diseases including current issues in foodborne and waterborne infectious diseases,
- experience with Infectious Diseases Program at the local and provincial level
- knowledge of planning and evaluation,
- detailed knowledge and experience managing a database,
- experience managing people and/or projects,
- excellent communication and interpersonal skills,
- ability to work collaboratively and with flexibility in an innovative, complex environment.

The roles and responsibilities of the site coordinator revolve around performing year-round surveillance activities to support FoodNet Canada's objectives. In particular, the responsibilities focus on relationship building within the Middlesex-London Health Unit and the sentinel site community, coordination of the various components of the surveillance system at the health unit level, and follow-up on the laboratory submission/tracking of information related to the submission of specimen samples and analytical results. Data management activities, compiling surveillance reports, as well as reporting on the progress of this work, will be critical to success.

The specific roles, responsibilities and tasks of the site coordinator include:

2.1 Communication

- Communicate with PHAC's FoodNet Canada team at monthly operation meetings, quarterly steering committee meetings, site coordinator meetings, annual site visits and as required (e.g., if other initiatives undertaken in collaboration with FoodNet Canada).
- Plan with and update the Middlesex-London Health Unit management and other public health staff as required.
- Communicate with Public Health Ontario, Public Health Ontario Laboratories Toronto regarding laboratory data as required to meet established timelines (i.e., every two months).

2.2 Enhanced Investigations of Reported Cases

- Ensure use and completion of standardized questionnaire by local public health staff.
- Ensure data quality by reviewing and cleaning case interview data prior to being sent to PHAC's FDASD according to the data management standard operating procedure (SOP) provided by PHAC's FDASD and calendar for data extract submission.
- Review data management SOP and calendar for data extract submission annually.
- Participate in annual and ongoing review and enhancement of the standardized questionnaire.

2.3 IT/Database Management

- Ensure data quality for processes involved with data collection, data entry, data storage, and data transfer. Many of these activities are outlined in the data management SOP. These activities include, but are not limited to: developing and maintaining data cleaning processes (identification of missing values, follow-up to finalize missing values, duplicate record identification and removal), and processes to ensure all relevant laboratory data are incorporated into the data extracts sent to PHAC's FDASD.
- Ensure bi-monthly transmission of data to PHAC's FDASD, and as required.
- Ensure database updates are made based on questionnaire revisions.

2.4 Relationship Building/Liaison

- Within the Middlesex-London Health Unit.
- Within the community (physicians, institutions, infection control, etc.) as required.
- With provincial government as required.
- With FoodNet Canada's other sentinel sites across Canada and PHAC.

2.5 Enhancing Outbreak Investigations

- Ensure transfer of summary outbreak information to PHAC's FDASD on an annual basis.

2.6 Laboratory Coordination

- Work with the Provincial Laboratory for coordination/communication with private and hospital laboratories.
- Coordinate with the Provincial Laboratory to receive sub-typing information on a regular basis.
- Coordinate with the Provincial Laboratory to link laboratory and epidemiological information to meet established timelines for data submission to PHAC's FDASD (i.e., every two months).

2.7 Training

- As appropriate and availability permitting participate in training related to FoodNet Canada activities.
- Support PHAC's FDASD in providing training to other the Middlesex-London Health Unit personnel and other FoodNet Canada sites as required and agreed upon by the Middlesex-London Health Unit management.

2.8 Administration

- Participate in meetings to provide updates on activities and identify any issues/gaps.
- Assist in the provision of information to address information requests, briefing notes and other documentation regarding the FoodNet Canada sentinel site and related activities.
- Annually provide PHAC's FDASD population estimates, by age group and gender, for the sentinel site boundaries for the purpose of calculating disease incidence rates.
- Work with the Provincial laboratory to provide the Provincial Laboratory numbers to PHAC's FDASD according to established timelines for data submission (i.e., every two months) to allow for further laboratory analyses (e.g. Whole Genome Sequencing).
- Coordinate with PHAC's FDASD if activities or deadlines are being, or are anticipated to be, affected by unforeseen situations beyond the control of the site.
- Other tasks related to meeting FoodNet Canada's objectives, as required.

2.9 Communication Products

- Contribute to the review of FoodNet Canada communications, annual reports, email updates, feedback, information for website, presentations, etc., as required.

2.10 Analysis

- Assist with writing of reports and interpretation of data.
- Assist with journal articles.

2.11 Targeted Initiatives

- Work with PHAC's FDASD to address specific issues and knowledge gaps related to FoodNet Canada objectives.
- Liaise with students and others, as required.

2.12 Surge Capacity

- Work with the Middlesex-London Health Unit management to provide assistance with regular duties at the Health Unit as prioritized and appropriate; and in particular when short term surge capacity is required.

3. Allow for the use and enhancement of the following tools and the provision of training on these tools for the Middlesex-London Health Unit staff and managers:

- enhanced, standardized questionnaire for reported cases of infectious enteric disease,
- standardized operating procedures for the investigation of reported cases of infectious enteric disease,
- analytical methods and standardized operating procedures for the analysis of data from sporadic cases and other data from syndromic and alert surveillance systems to detect potential outbreaks,
- standardized operating procedures to follow up the information transfer related to the lab results coming back to the Middlesex-London Health Unit, and
- procedures to extract the required de-identified data and to securely transfer them to PHAC's FDASD.

4. Every two months provide to PHAC's FDASD de-identified[1] data on reported cases of infectious enteric disease.

5. Retail Sampling

- Provide PHAC's FDASD with a census of the retail grocery stores in the sentinel site.
- Provide staffing to perform retail sampling (1 day per week), throughout the year.
- The Site Coordinator will supervise activities of the retail sampler.

Retail sampler activities:

- Perform weekly retail sampling at retail stores as per the FoodNet Canada retail sampling manual and annual FoodNet Canada retail sampling schedule.

- Prepare all submission forms and paperwork associated with sample submissions as per the annual FoodNet Canada retail sampling manual.
- Prepare and ship retail food samples and temperature data loggers to the testing laboratories as per FoodNet Canada sampling manual.
- Provide PHAC's FDASD with the weekly sample information in the specified electronic format.
- Provide PHAC's FDASD with a digital electronic photograph of the front and back of each retail packages as per FoodNet Canada retail sampling manual.

6. Allow for PHAC FDASD's review of the Middlesex-London Health Unit procedures with regards to the agreed upon data cycle, from training and collection to data transfer.

7. For the purposes of this Agreement, the retail sampling area will include the following area: the Middlesex-London Health Unit.

8. The Middlesex-London Health Unit will ensure the provision of required office equipment (desk, chair, telephone) and computer equipment for the site coordinator and retail sampler. PHAC will not provide the Middlesex-London Health Unit any computers or any proprietary computer software, documents, or any symbols, designs, and images that, if used, may infringe on third party Intellectual Property rights.

9. If ever the Middlesex-London Health Unit is no longer a sentinel site under PHAC's FoodNet Canada surveillance system the data collected throughout the duration of this agreement will remain available to the FoodNet Canada Surveillance System for 10 years after the end of the agreement to enable reporting, such as ongoing trend analysis.

[1] De-identified data on cases of infectious disease include all lab results related to the case, age and gender of the patient, time of onset or related dates, and other data related to risk factors for foodborne and waterborne diseases (broadly: sources of food, outside house eating, source of drinking water, contact with recreational water, contact with animals, and travelling during the incubation period). De-identified data excludes the patient's name, home address, name and address of place of work or school, home and work phone numbers and fax, email address, and personal health record beyond the current enteric illness.

S6. MILESTONES

To ensure timely execution of the responsibilities of the Provider of Services, the following milestones are outlined:

Sentinel Site Coordinator Activities:

Monthly:

- Participate and communicate any issues with PHAC's FoodNet Canada team at monthly operation meetings.

Every Two Months:

- Coordinate with the Provincial Laboratory to provide relevant laboratory data and Provincial
- Laboratory numbers to PHAC's FDASD, as well as link laboratory and epidemiological information to meet established timelines for data submission to PHAC's FDASD (i.e., every two months).
- Ensure transmission of de-identified case data to PHAC's FDASD to meet established timelines for data submission (i.e., every two months).

Quarterly:

- Participate and communicate with PHAC's FoodNet Canada team at quarterly steering committee meetings.

Annually:

- Review data management SOP and calendar for data extract submission annually.
- Participate in annual and ongoing review and enhancement of the standardized questionnaire.
- Ensure transfer of summary outbreak information to PHAC's FDASD on an annual basis.

Other:

- Participate and communicate with PHAC's FoodNet Canada team at site coordinator meetings.

Retail Sampling:
Weekly:

- Perform weekly retail sampling including preparing and shipping samples to laboratories.
- Provide PHAC's FDASD with the weekly sample information in the specified electronic format, as well as a digital electronic photograph of the front and back of retail package.

Annually:

- Provide PHAC's FDASD with a census of the retail grocery stores in the sentinel site.

S7. RESPONSIBILITIES OF PUBLIC HEALTH AGENCY OF CANADA

1. Provide guidance and support for the effective governance and management of the activities related to the FoodNet Canada sentinel site in the Middlesex-London Health Unit, in partnership with the site coordinator and the Middlesex-London Health Unit management.

2. Help coordinate communication between laboratories (public health, private, hospital) within the Middlesex-London Health Unit.

3. Provide tools (standardized operating procedures) and data management and FNC questionnaire training to the Middlesex-London Health Unit site coordinator and staff as required.

4. Provide assistance during outbreak investigations (at the request of the Middlesex-London Health Unit).

5. PHAC's FDASD will provide general program support (e.g. sampling questions, supplies, issues with samples) for the retail sampling program, as well as detailed training for the retail sampler.

6. Annually assess training needs for the Middlesex-London Health Unit personnel related to the functioning of the enhanced enteric disease surveillance system and provide training accordingly.

7. PHAC's FDASD will provide the opportunity to the Middlesex-London Health Unit to review and provide feedback for annual reports and scientific journals at least one month in advance of publishing/submitting to journals and at least 2 weeks in advance for data analyzed/summarized by PHAC (e.g. summary reports, presentations) that include case data from the Middlesex-London Health Unit to be shared external to CFEZID/NML.

8. PHAC's FDASD will share case-level data with CFEZID, including the OMD and the NML for routine purposes of surveillance activities and outbreak detection, assessment, and/or response.

9. PHAC will provide the opportunity to review and approve the use of case-level data (e.g. line list data) shared by the Middlesex-London Health Unit for data requests by persons/groups external to CFEZID/NML for the purposes of research projects and/or other public health activities.

10. PHAC's Centre for Food-borne, Environmental and Zoonotic Infectious Diseases will provide financial support for the site coordinator position, and expenses related to travel and training; and salary for the retail sampler and costs associated with the retail sampling program. See detailed budget in Annex B.

11. Working with the Middlesex-London Health Unit, PHAC's FDASD will plan quarterly steering committee meetings according to the FoodNet Canada Ontario Site Steering Committee Terms of Reference.

12. Any notice of termination of the Work outlined in the Memorandum of Agreement will be provided by PHAC to the Middlesex-London Health Unit at a minimum of three months prior to the date of termination.

S8. PROVIDER OF SERVICES RESPONSIBILITY

In addition to the Scope outlined in Section S-5, the Middlesex-London Health Unit shall:

- meet all tasks, deliverables and milestones as identified;
- keep all documents and proprietary information confidential;
- conduct and maintain all documentation in a secure area;
- provide to PHAC at any time during the course of the MOA Period a minimum three months' notice of intent to terminate the Work outlined in this agreement. The Middlesex-London Health Unit shall be reimbursed by PHAC for the work completed up to the termination date in accordance with Part GC5 of Section I "General Conditions". The Middlesex-London Health Unit shall not be liable for any costs incurred by PHAC to perform further Work by PHAC or an alternate Provider of Services after the termination date.

S9. WORK SITE / LOCATION OF WORK
Within the Middlesex-London Health Unit

S10. LANGUAGE PROFIENCY
English

S11. MEMORANDUM OF AGREEMENT CONTACT

The Public Health Agency of Canada Authority designated as primary contact is:

Carolee Carson
Acting Director
Foodborne Disease and Antimicrobial Resistance Surveillance Division
Centre for Food-borne, Environmental and Zoonotic Infectious Diseases
Infectious Diseases Programs Branch, Public Health Agency of Canada
370 Speedvale Ave W, Unit 120
Guelph, ON N1H 7M7
Telephone:
E-mail: carolee.carson@canada.ca

S12. MEMORANDUM OF AGREEMENT CONTACT FOR THE PROVIDER OF SERVICES

The representative designated as primary contact for the Provider of Services:

Emily Williams
Chief Executive Officer
Middlesex-London Health Unit
355 Wellington Street, Suite 110
London, ON N6A 3N7
E-mail: Emily.Williams@mlhu.on.ca

SECURITY REQUIREMENTS
The Provider of Services, the Middlesex-London Health Unit, shall keep all documents and proprietary information confidential; and conduct and maintain all documents.

Unscreened contractors must be escorted:

1. Unscreened contractors must be escorted by an employee or Commissionaire at all times when visiting Government of Canada facilities.

2. Information which is to be used in the development of the contracted product, as reference material or otherwise made available to the contractor must be unclassified material and considered to be releasable to the public by Health Canada/Public Health Agency of Canada and/or The Government of Canada.

3. No Protected or Classified information is to be made available to the contractor, used in the production of the contracted product, or produced as a result of this contract.

ANNEX B – BASIS OF PAYMENT

The amount will be invoiced quarterly at the end of each quarter of the fiscal year (four invoices) for the duration of this agreement and by March 15th in the last quarter.

Middlesex-London Health Unit provides to the Administrative Assistant, Centre for Food-borne, Environmental and Zoonotic Infectious Diseases Public Health Agency of Canada an original and one (1) copy of the invoice.

1. MEMORANDUM OF AGREEMENT PERIOD:

April 01, 2022 – March 31, 2024;

1.2 Pricing Tables:

FoodNet Canada Site Coordinator (Middlesex-London Health Unit) includes: the salary and benefits for the FoodNet Canada site coordinator in the Middlesex-London Health Unit and expenses related to training. Training may include travel e.g. airfare and accommodation costs to attend professional development at an annual conference, enhanced epidemiological and laboratory capacity at the Public Health Agency of Canada; or other specified training according to the MOA Statement of Work.

FoodNet Canada Middlesex-London Health Unit retail sampling includes: wages and benefits for the retail sampler in Middlesex-London Health Unit, and weekly reimbursable costs related to retail food sample purchase and travel.

2. Site Coordinator:

No.	Description	Site Coordinator Rate for April 1, 2022 - March 31, 2023	Site Coordinator Rate for April 1, 2023 - March 31, 2024
1	Salary and Benefits*	$104,858.04	$106,955.20
2	Training	$2,500	$2,500
Total Yearly Cost:		**$107,358.04**	**$109,455.20**

*Constant benefit rate of 25.39%

3. Retail Sampler:

No.	Description	Retail sampler rate for April 1, 2022 - March 31, 2023	Retail sampler rate for April 1, 2023 - March 31, 2024
1	Total Salary (Hourly wage - $57.61)	$17,743.88	$18,098.08
2	Retail Sample Purchase	$10,000	$10,000
3	Travel (mileage)	$7,500	$7,500
4	Supplies	$1,000	$1,000
Total Yearly Cost:		**$36,243.88**	**$36,598.08**

*Based on 7 hrs/day for 44 weeks in a year = 308 hrs.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 41-22

TO: Chair and Members of the Board of Health

FROM: Alexander Summers, Medical Officer of Health

DATE: 2022 June 16

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR MAY

Recommendation

It is recommended that the Board of Health receive Report No. 41-22, re: "Medical Officer of Health Activity Report for May" for information.

The following report presents activities of the Medical Officer of Health (MOH) for the period of May 6, 2022 – June 2, 2022. As of June 2, the formal Minister of Health's appointment of Dr. Alexander Summers as Medical Officer of Health is pending.

The Medical Officer of Health provides oversight of all public health programs at the Middlesex-London Health Unit, and co-chairs the Senior Leadership Team. The Medical Officer of Health extensively participates in external and internal pandemic-related meetings, along with liaising with community partners, and municipal and provincial stakeholders.

The Medical Officer of Heath, 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 Medical Officer of Health also attended the following meetings:

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

May 6 Interview with Jane Sims (London Free Press) on fourth doses of COVID-19 vaccine.

May 9 Participated in Council of Medical Officers of Health (COMOH) Working Group on Infection Prevention and Control (IPAC) Hub.
Attended meeting with Regional HIV/AIDS Connection (RHAC) on the needle syringe program.

May 10 Attended City of London Emergency Control Group meeting.

May 11 Received an award from the London Health Sciences (LHSC) Department of Family Medicine for recognition to a Family Physician.

May 12 Participated in Middlesex Municipal Day in Thorndale hosted by the Municipality of Thames Centre.

May 16 Met with Councillor John Fyfe-Millar on COVID-19 and community matters.
Attended Southwest Medical Officers of Health meeting, hosted by Lambton Public Health Unit.

May 19 Met with Dr. Liz Urbantke (Ministry of Health) on infectious disease concerns and opioid use.
Interview with Mike Stubbs (980 CFPL) on the arrival of monkeypox in Canada.

May 25 Lectured students at Schulich School of Medicine and Dentistry (Western University) on "Fundamentals of Immunization".
Interview with Andrew Graham (980 CFPL) on the lifting on states of emergency.

May 26 Attended Schulich School of Medicine and Dentistry's Department of Epidemiology and Biostatistics Retreat.
Participated in Temporary Overdose Prevention Site (446 York St) Community Liaison meeting.

May 27 Toured Schulich School of Medicine and Dentistry's new Department of Epidemiology and Biostatistics office.

May 30 Participated in roundtable discussion with the Chief Executive Officer for the City of London's Strategic Plan.

May 31 Attended Ministry of Health COVID-19 Public Health Coordination call.

Employee Engagement and Learning – *These meeting(s) reflect on how the 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:*

May 3 Attended Health Unit Clinic Physicians' meeting

May 4 Participated in employee workshop on "Crucial Conversations".

May 10 Attended MLHU Leadership Team meeting.

May 11 Participated in employee workshop on "Crucial Conversations".

May 13 Attended Office of the Medical Officer of Health (OMOH) division management meeting.

May 31 Attended Population Health, Assessment and Surveillance (PHAS) team meeting.

Governance – *This meeting(s) reflect on how the 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 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:*

May 9 Attended Board of Health Agenda Review and Executive meeting with the Chief Executive Officer.

May 19 Attended Board of Health meeting.

June 2 Attended Finance and Facilities Committee meeting.

This report was prepared by the Medical Officer of Health.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 42-22

TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer

DATE: 2022 June 16

CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR MAY

Recommendation

It is recommended that the Board of Health receive Report No. 42-22, re: "Chief Executive Officer Activity Report for May" for information.

The following report highlights activities of the Chief Executive Officer for the period of May 6, 2022- June 2, 2022.

Standing meetings include weekly Healthy Organization leadership team meetings, SLT (Senior Leadership Team) meetings, MLT (MLHU Leadership Team) meetings, Virtual Staff Town Hall meetings and C3 (COVID Collaborative Committee) meetings.

The Chief Executive Officer was on vacation from May 23 to May 27. 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:*

May 30 The CEO, with the MOH attended the City of London Strategic Plan meeting to discuss the Community Profile on behalf of MLHU.

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:*

May 6 The CEO, with the MOH, met with Legacy Executive Search Partners to discuss the Associate Medical Officer of Health (AMOH) recruitment.

May 10 As part of the Employment Systems Review (ESR) recommendations, the CEO met with the ESR Project Steering Committee.

May 11 The CEO participated in day one of CUPE union negotiations.

May 13 As part of the Provisional Strategic Plan, the CEO attended a meeting to review the Leadership Development Framework.

The CEO met with legal counsel to discuss a confidential union labour relations matter.

May 17 The CEO participated in day two of CUPE union negotiations.

May 18 The CEO participated in day three of CUPE union negotiations.

May 19 The CEO participated in day four of CUPE union negotiations.

May 20 The CEO attended a meeting to discuss MLHU's Hours of Work Policy in order to advance organizational legislative compliance with The Right to Disconnect Bill 27, Working for Workers Act, 2021.

May 30 As part of the Employment Systems Review (ESR) recommendations, the CEO attended a meeting to discuss the current state of gender-neutral washrooms for the health unit.

The CEO, with the MOH met with Legacy Executive Search Partners to discuss the ongoing recruitment for the position of the Associate Medical Officer of Health (AMOH).

June 1 As part of the Employment Systems Review (ESR) recommendations, the CEO met with the ESR Project Steering Committee.

June 2 The CEO attended a meeting to discuss MLHU's Employment Equity Policy.

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.*

May 18 As part of the CEO's McCormick Care Board membership, the CEO attended and chaired the McCormick Care Quality Committee meeting.

May 31 As part of the CEO's Certified Health Executive (CHE) designation, the CEO attended the Canadian College of Health Leaders (CCHL) CHE commencement ceremony.

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:*

May 9 The CEO attended the MLHU Board of Health April Agenda Review and Executive meeting with the Board Chair and Vice-Chair.

May 19 The CEO attended the Board of Health meeting.

May 31 The CEO attended the Finance and Facilities Committee Agenda Review meeting.

The CEO met with Board Chair as part of their monthly update.

June 1 The CEO met with MLHU's IT service provider, Stronghold IT Services, to discuss updates.

June 2 The CEO attended the Finance and Facilities Committee Meeting.

This report was prepared by the Chief Executive Officer.

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