

**AGENDA  
MIDDLESEX-LONDON BOARD OF HEALTH**

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

**MISSION - MIDDLESEX-LONDON HEALTH UNIT**

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

**MEMBERS OF THE BOARD OF HEALTH**

Ms. Maureen Cassidy  
Ms. Aina DeViet  
Mr. John Brennan  
Ms. Kelly Elliott  
Ms. Mariam Hamou  
Mr. Matt Reid  
Mr. Mike Steele  
Ms. Tino Kasi  
Mr. Selomon Menghsha  
Dr. Alexander Summers (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: September 15, 2022 – Board of Health meeting

Receive: September 15, 2022 – Governance Committee meeting  
September 28, 2022 – Performance Appraisal Committee meeting  
October 6, 2022 – Finance and Facilities Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
<b>Reports and Agenda Items</b>						
1	X		X	Finance & Facilities Committee Meeting – October 6, 2022 (Report No. 57-22)	<a href="#">October 6, 2022 Agenda</a>	To provide an update from the October 6, 2022 Finance and Facilities Committee meeting.  Lead: Chair Michael Steele
2	X		X	Performance Appraisal Committee Meeting – September 28, 2022 (Verbal)	<a href="#">September 28, 2022 Agenda</a>	To provide an update from the September 28, 2022 Performance Appraisal Committee meeting.  Lead: Chair Maureen Cassidy
3			X	Baby-Friendly Initiative Update (Report No. 58-22)		To provide an update about the Baby-Friendly Initiative in MLHU.  Lead: Ms. Jennifer Proulx, Acting Director, Healthy Start, Ms. Ronda Manning, Manager, Early Years Community Health Promotion and Ms. Laura Dueck, Public Health Nurse
4			X	Healthy Relationships Plus Program (Report No. 59-22)		To provide information about the implementation of the Healthy Relationships Plus Program in select elementary schools.  Leads: Ms. Maureen MacCormick, Director, Healthy Living and Mr. Darrell Jutzi, Manager, Child Health

5			X	2021-2022 Influenza Season in Middlesex-London and 2022-2023 Influenza Vaccine Distribution  (Report No. 60-22)	Appendix A	To provide a summary of the 2021-2022 influenza season in Middlesex-London and an update on 2022-2023 influenza vaccine distribution.  Leads: Ms. Mary Lou Albanese, Director, Environmental Health and Mr. Jordan Banninga, Manager, Infectious Disease Control
6			X	Middlesex-London Health Unit Leadership Development Program Update  (Report No. 61-22)		To provide an update about the development and implementation of the Leadership Development Program at MLHU.  Leads: Ms. Emily Williams, CEO, Ms. Cynthia Bos, Manager, Human Resources, and Ms. Deneen Langis, Human Resources Coordinator
7	X		X	Current Public Health Issues Update  (Verbal)		To provide an update on current public health issues in the Middlesex-London region.  Lead: Dr. Alexander Summers, Medical Officer of Health
8			X	Medical Officer of Health Activity Report for September  (Report No. 62-22)		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 September  (Report No. 63-22)		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		X	X	October 2022 Correspondence	Receive items a) and b)

## OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, November 10 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, September 15, 2022, 7:00 p.m.  
Microsoft Teams

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- MEMBERS PRESENT:** Mr. Matt Reid (Chair)  
Ms. Kelly Elliott (Vice-Chair)  
Ms. Mariam Hamou  
Ms. Maureen Cassidy  
Ms. Aina DeViet  
Mr. Selomon Menghsha
- REGRETS:** Ms. Tino Kasi  
Mr. Michael Steele  
Mr. John Brennan
- OTHERS PRESENT:** Ms. Carolynne Gabriel, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)  
Dr. Alexander Summers, Medical Officer of Health  
Dr. Karalyn Dueck, Acting Associate Medical Officer of Health  
Ms. Emily Williams, Chief Executive Officer  
Ms. Maureen MacCormick, Director, Healthy Living  
Ms. Heather Lokko, Chief Nursing Officer  
Ms. Jennifer Proulx, Acting Director, Healthy Start  
Ms. Kendra Ramer, Manager, Privacy, Risk and Project Management  
Dr. Damilola Toki, Acting Manager, Healthy Beginning Visiting and Group Programs  
Ms. Lindo Stobo, Manager, Chronic Disease Prevention and Tobacco Control  
Ms. Anita Cramp, Manager, Young Adult  
Mr. Dan Flaherty, Manager, Communications  
Mr. Alex Tyml, Online Communications Coordinator  
Mr. Parthiv Panchal, Information Technology, End User Support Analyst

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

**DISCLOSURE OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

Ms. Maureen Cassidy requested a walk-on report be added to the agenda to discuss the Chief Executive Officer Performance Appraisal Form.

It was moved by **Ms. Aina DeViet, seconded by Ms. Kelly Elliott, that the AGENDA for the September 15, 2022 Board of Health meeting be approved, as amended.**

Carried

Chair Reid provided an update that the Ministry of Health has officially appointed Dr. Alexander Summers as Medical Officer of Health for the Middlesex-London Health Unit.

### **APPROVAL OF MINUTES**

It was moved by **Ms. Mariam Hamou, seconded by Ms. Cassidy**, that the Board of Health approve the **MINUTES** of the July 14, 2022 Board of Health meeting.

Carried

It was moved by **Ms. DeViet, seconded by Ms. Cassidy**, that the Board of Health receive the:

- 1) **MINUTES** of the July 7, 2022 Performance Appraisal Committee meeting;
- 2) **MINUTES** of the August 4, 2022 Finance and Facilities Committee meeting; and
- 3) **MINUTES** of the August 5, 2022 Performance Appraisal Committee meeting.

Carried

### **REPORTS AND AGENDA ITEMS**

#### **Finance & Facilities Committee Meeting – August 4, 2022 (Report No. 49-22)**

This report was introduced by Ms. Elliott. The Finance and Facilities Committee met on August 4, 2022. One report was brought forward regarding the 2022 Q2 Financial Update and Factual Certificate.

It was moved by **Ms. Elliott, seconded by Ms. Hamou**, that the Board of Health receive Report No. 14-22FFC re: “2022 Q2 Financial Update and Factual Certificate” for information.

Carried

#### **Governance Committee Meeting – September 15, 2022 (Verbal Update)**

This report was introduced by Ms. DeViet, Chair of the Governance Committee.

The Governance Committee met on September 15, 2022 immediately preceding the Board of Health meeting. One report was brought forward from Ms. Emily Williams, Chief Executive Officer and Ms. Kendra Ramer, Manager, Privacy, Risk, and Project Management providing an update on the 2021-22 Provisional Plan.

One goal associated with a project was identified as having problems which have surfaced due to the prioritization of resources to other projects; however, these problems are considered manageable.

It was moved by **Ms. DeViet, seconded by Ms. Cassidy**, that the Board of Health receive Report No. 12-22GC, re: “2021-22 Provisional Plan Progress Update” for information.

Carried

#### **MLHU’s Smart Start for Babies (SSFB) Program: Implementation Update (Report No. 50-22)**

This report was introduced by Ms. Jennifer Proulx, Acting Director, Healthy Start who introduced Dr. Damilola Toki, Acting Manager, Healthy Beginning Visiting and Group Programs.

Dr. Toki shared a PowerPoint presentation. Highlights of this report included:

- Smart Start for Babies (SSFB) is a Canada Prenatal Nutrition Program designed for pregnant individuals who are at risk for poor birth outcomes due to multiple factors.
- SSFB provides access to healthy foods, prenatal and nutrition education, life skills development, and referrals to available community supports and resources.

- The program is funded by the Public Health Agency of Canada (PHAC) with a current annual level of \$152,430 with in-kind staffing support from MLHU. In-kind space and personnel support is also received from several community partners.
- Between March 2020 to September 2021, the SSFB program was suspended as part of MLHU's COVID-19 pandemic response and staff redeployment.
- Between September 2021 and April 2022, there was a gradual resumption of SSFB programming with a focus on program planning, consultation with partners and the development of a new hybrid model.
- Between May 2022 and September 2022, there were incremental increases in programming and the number of sites, including South London Neighbourhood Resource Centre (English and Arabic Speaking sessions), Family Centre Carling Thames, and Family Centre Argyle.
- The SSFB autumn 2022 schedule consists of Family Centre Carling Thames, Thursday, 1:30-3:00p.m.; South London Neighbourhood Resource Centre, Tuesday, 1:00-2:30p.m.; South London Neighbourhood Resource Centre Arabic Speaking Class, Thursday, 1:00-3:00p.m.; and Family Centre Argyle, Tuesday, 6:00-7:30p.m.
- Next steps between September 2022 to January 2023 include a further expansion and exploration of new partners and locations, with a focus on the resumption of youth programming, Middlesex County residents, and residents in the Limberlost community.

Mr. Selomon Menghsha noted there is a focus on Arabic speaking clients and inquired if support for other languages is available. It was indicated that there is a plan to provide classes for Spanish speakers in the coming weeks. Dr. Alexander Summers, Medical Officer of Health added that the initial focus on Arabic speakers was based upon local demographic data which shows that Arabic is the second most common language spoken in the Middlesex-London region. Additionally, there is a policy and procedures in place to ensure services can be delivered in all languages.

Mr. Menghsha inquired if the timing of the classes being on Tuesdays and Thursdays, primarily in the middle of the day caused any accessibility issues for individuals who may work during the day. Dr. Toki indicated that prior to resuming services, consultations were held with community partners to determine the most appropriate times for clients. Additionally, the majority of the clients are currently "stay at home moms" and so the mid-day times are tailored to the demography of the clients. With the new hybrid model, classes are also available in the evenings.

Ms. DeViet requested additional information on the planned approach for focusing on Middlesex County residents, who the community partners might be, and how many of the six classes proposed for expanding the services will occur in Middlesex County. Ms. Proulx indicated that SSFB services have been offered out of the Strathroy office and other potential partners in the County could be local libraries. In the past, there have been challenges with insufficient registrants in the County and instead of providing SSFB classes in the County, services have been provided directly in the client's home through Home Visiting. When MLHU receives a referral, the team develop creative solutions to provide the service.

It was moved by **Ms. DeViet, seconded by Ms. Hamou**, that the Board of Health receive Report No. 50-22, re: "MLHU's Smart Start for Babies (SSFB) Program: Implementation Update" for information.

Carried

### **Feedback on Proposed Tobacco Product Labelling Requirements Under the Tobacco and Vaping Products Act (Report No. 51-22)**

This report was introduced by Ms. Maureen MacCormick, Director, Healthy Living who introduced Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control.

Highlights of this report included:

- Canada has a history of being a global leader in pictorial health warnings on tobacco products. Canada was the first country to require the graphic picture warnings on cigarette packages in 2001. Since then, more than 100 countries and territories have adopted similar legislations.
- The proposed amendments, which were opened to public consultations by the Federal Government, would: extend labelling requirements to all tobacco products, including small cigars with a filter (cigarillos) or other forms of tobacco product like pipe tobacco or loose tobacco; implement periodic rotation of messages; and require warnings to be on each individual cigarette so that those who do not see the packaging will see the warning.
- The industry probably sees this legislative change differently than those in public health, so it is important to work collaboratively with public health partners to ensure the health benefits of these changes were communicated through this public consultation process.
- To comply with the deadlines for the consultation, this response has already been submitted but the team wanted to provide the report to the Board of Health for information.

It was moved by **Ms. Cassidy, seconded by Ms. Hamou**, *that the Board of Health receive Report No. 51-22, re: "Feedback on Proposed Tobacco Product Labelling Requirements Under the Tobacco and Vaping Products Act" for information.*

Carried

### **Supporting Students' Development of a Positive Relationship with Food in Schools (Report No. 52-22)**

This report was introduced by Ms. MacCormick who introduced Ms. Anita Cramp, Manager, Young Adult Team.

Highlights of this report include:

- Evidence indicates that traditional healthy eating messages and practices implemented in schools, such as framing certain foods as good or bad/healthy or unhealthy, and tracking foods and calories, can cause harm by potentially triggering disordered eating behaviours, adversely impacting diet, and promoting a dieting culture.
- Recently, there has been a rise in eating disorders in young adults.
- Implementing a neutral strategy for teaching food and nutrition has students learning about nutrients, tasting different foods, and reflecting on foods and individual eating habits. This approach promotes eating competence and a positive relationship with food, as well as supports food acceptance over time.
- Registered dietitians on the Child Health and Young Adult teams are leading a shift to a neutral food education approach which is culturally sensitive, developmentally appropriate, protective against disordered eating, and promotes overall health and wellbeing. This is a very significant change in the approach to teaching about food and nutrition.
- Next steps include: reviewing and updating internal nutrition resources and messages to ensure alignment with this approach, and discontinuing the use of programs and resources which do not align; enhancing the promotion of existing internal programming and resources that align with this approach, including food literacy programming; developing new resources to support educators and staff as appropriate; developing and facilitating training for MLHU staff working in schools on this approach, and orientating new staff; working closely with school partners to increase awareness about the evidence linking traditional healthy eating educational approaches to eating disorders / disordered eating; promoting the discontinuation by school boards and school partners of curriculum, programs and resources that do not align with this approach; exploring external training opportunities for educators and community stakeholders; fulfilling a leadership role in advocating to school staff, community partners, public health professionals, and relevant provincial organizations on this approach; and sharing this approach with other health units for consideration to ensure consistent messaging.



Chair Reid requested comment on the possibility of changing food and nutrition curricula which is set by the Province. Ms. Cramp indicated that changing provincially-set curricula is challenging. Sometimes it is not the content of the curricula which is misaligned with the neutral approach, but rather how the curriculum is taught and the language which is used; for example, the curriculum might direct learning about food patterns, but this is taught through having students download an app and track their food and calories.

Ms. Cassidy inquired if Ms. Cramp is aware of changes to curricula to focus on learning about how food is grown and where it comes from. Ms. Cramp indicated this is becoming more common, for example seeing more grow towers in schools and school gardens. Ms. Cassidy inquired if there is a potential role for community organizations to assist with school gardens and greenhouses, for example, a partnership with the London Food Bank where the students learn about growing the food, and some of the food is then donated to the Food Bank. Ms. Cramp indicated that the program is always open to community partnerships and is interested in ways partnerships can strengthen initiatives. She added that recently food literacy has been included in the Science and Technology curriculum up to grade nine, which expands food and nutrition education beyond its traditional place in the physical education curriculum.

Ms. MacCormick commented that Ms. Kim Loupos, a dietitian with MLHU, is on the Board of Directors of the London Food Bank and provides a connection between the organizations. MLHU is also very involved with the London Food Policy Council.

It was moved by **Ms. Elliott, seconded by Ms. Cassidy**, *that the Board of Health receive Report No. 52-22, re: "Supporting Students' Development of a Positive Relationship with Food in Schools" for information.*

Carried

### **Infection Prevention and Control (IPAC) Hub Update and 2022-23 Funding Agreement (Report No. 53-22)**

This report was introduced by Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Diseases.

Highlights of this report include:

- Ontario Health identified that organizations in Ontario would be local lead IPAC hubs. In the Southwest region Southwestern Public Health is the lead and through them MLHU has received funding to help support initiatives which include in-person inspections in high-risk settings (Long-term care homes, retirement homes, congregate settings, shelters, and group homes).
- The aim is to support these settings through COVID-19 and other respiratory illnesses. It can be hard for these settings to do a lot of IPAC work, so for MLHU to be able to support these settings is looked upon positively by these settings.
- IPAC in community settings is a fundamental component of public health work, but the Health Unit does not always have the funding to do it to the scope desired. This funding has come in an indirect way. The amounts are not added to the Health Unit's base funding, but rather come from the Ministry of Health, through to Ontario Health, and then distributed to identified IPAC Hubs. In other areas of the province these Hubs are hospitals or other health units. The program is currently being evaluated at the provincial level.

It was moved by **Ms. Hamou, seconded by Ms. DeViet**, *that the Board of Health receive Report No. 53-22 re: "Infection Prevention and Control (IPAC) Hub Update and 2022-23 Funding Agreement," for information.*

Carried

### **Current Public Health Issues (Verbal Update)**

This verbal report was provided by Dr. Summers, who shared a PowerPoint presentation.

Highlights of this report included:

- An update on Monkeypox in London and Middlesex County. To date, 15 cases have been identified in the region and nearly 1000 vaccines have been delivered. Locally and provincially, the outbreak is waning.
- An update on the COVID-19 pandemic including local case counts, cases by reported date, percent positivity rates, and vaccine coverage data as of September 14.
- An update that the mass COVID-19 vaccination clinic at the Western Fair District Agriplex will be moving to a new location in the Western Fair District's main building on the north side of Florence St. The last day of clinic operations at the Agriplex will be Thursday, September 29<sup>th</sup> and the clinic will reopen in its new location on Monday, October 3.

Ms. Cassidy inquired how many COVID-19-related deaths have occurred in the region since the beginning of the pandemic and how the current mortality rate compares with earlier waves. Dr. Summers indicated that the number of COVID-19-related deaths in 2022 will be higher than seen in 2021 and 2020. The prevalence and incidence of COVID-19 in 2022 is dramatically more than seen prior to the arrival of the Omicron variant, so even with the success of the COVID-19 vaccines, due to the prevalence, the number of deaths will be higher than in previous years. The individuals who are dying with or because of COVID-19 lately are severely vulnerable due to age or health conditions. This is different than during earlier waves when there was limited or no vaccine protection and when some deaths were occurring in people in their 40s and 50s. If dramatic actions had not been taken in 2020 and 2021 to protect a vulnerable, vaccine-naïve population, the mortality rate due to COVID-19 earlier in the pandemic would have been considerably higher. Going forward there will continue to be mortality due to COVID-19. Continued steps should be taken to prevent mortality, including IPAC in high-risk settings, vaccinations, masking, and staying home when ill.

Ms. DeViet requested comment on the recent changes to self-isolation recommendations. Dr. Summers commented that the recent change in self-isolation guidance highlights a change in strategy and a change in risk tolerance societally. With the most recent guidance for self-isolation, if an individual has COVID-19 but they are feeling better and do not have a fever, they can stop isolating; however, they are still at risk of transmitting COVID-19 for several days afterwards. The risk of transmission has not changed, but the tolerance to that risk has changed. The general guidance for the general public is: if you feel unwell due to a respiratory illness, stay home. You can leave when you have been feeling better for 24 hours and do not have a fever, but you are encouraged to wear a mask and avoid high-risk settings. It is not advised that individuals should test for COVID-19 if they have respiratory symptoms because it does not change the actions to be taken.

It was moved by **Ms. Hamou, seconded by Ms. Cassidy**, *that the Board of Health receive the Verbal update re: "Current Public Health Issues" for information.*

Carried

### **Medical Officer of Health Activity Report for July and August (Report No. 54-22)**

It was moved by **Ms. DeViet, seconded by Mr. Selomon Menghsha**, *that the Board of Health receive Report No. 54-22 re: "Medical Officer of Health Activity Report for June" for information.*

Carried

**Chief Executive Officer Activity Report for July and August (Report No. 55-22)**

It was moved by **Ms. Cassidy, seconded by Ms. Elliott**, *that the Board of Health receive Report No. 55-22 re: "Chief Executive Officer Activity Report for June" for information.*

Carried

**Performance Appraisal Tool (Walk-on Report)**

This verbal report was introduced by Ms. Cassidy, Chair, Performance Appraisal Committee. Ms. Cassidy provided an update as to the work undertaken by the Performance Appraisal Committee to date and the next steps in the Performance Appraisal process. She also indicated that the CEO Performance Appraisal Tool approved by the Board of Health this year is different than the one used in 2021, and recommended that the CEO Performance Appraisal Tool from 2021 be used in this year's Performance Appraisal process as well.

It was moved by **Ms. Cassidy, seconded by Ms. DeViet**, *that the Board of Health adopt the 2021 Performance Appraisal Tool for use in the 2022 Performance Appraisal Process of the Chief Executive Officer.*

Carried

**CORRESPONDENCE**

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

Carried

**OTHER BUSINESS**

The next meeting of the Middlesex-London Board of Health is Thursday, October 20 at 7:00 p.m.

**CONFIDENTIAL**

At **8:12 p.m.**, it was moved by **Ms. Hamou, seconded by Ms. Elliott**, *that the Board of Health will move in-camera to approve previous confidential Board of Health and Committee minutes, to consider matters regarding personal matters about an identifiable individual, including municipal or local board employees, labour relations or employee negotiations, litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board and advice that is subject to solicitor-client privilege, including communications necessary for that purpose.*

Carried

At **8:55 p.m.**, it was moved by **Ms. Elliott, seconded by Ms. DeViet**, *that the Board of Health return to public session from closed session.*

Carried

**ADJOURNMENT**

At **8:55 p.m.**, it was moved by **Ms. Cassidy, seconded by Ms. Elliott**, *that the meeting be adjourned.*

Carried

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**MATT REID**  
Chair

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**EMILY WILLIAMS**  
Secretary



**PUBLIC MINUTES  
GOVERNANCE COMMITTEE**

Microsoft Teams  
Thursday, September 15, 2022 6:00 p.m.

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**MEMBERS PRESENT:** Ms. Aina DeViet (Chair)  
Mr. Matt Reid  
Ms. Kelly Elliott  
Mr. Michael Steele

**REGRETS:** Ms. Tino Kasi

**OTHERS PRESENT:** Ms. Carolynne Gabriel, Executive Assistant to the Board of Health (Recorder)  
Dr. Alexander Summers, Medical Officer of Health  
Ms. Emily Williams, Chief Executive Officer  
Ms. Karalyn Dueck, Acting Associate Medical Officer of Health  
Ms. Kendra Ramer, Manager, Privacy, Risk and Governance

At **6:01 p.m.**, Chair Aina DeViet called the meeting to order.

**DISCLOSURES OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by **Ms. Kelly Elliott, seconded by Mr. Matt Reid**, that the **AGENDA** for the September 15, 2022 Governance Committee meeting be approved.

Carried

**APPROVAL OF MINUTES**

It was moved by **Mr. Reid, seconded by Ms. Elliott**, that the **MINUTES** of the June 16, 2022 Governance Committee meeting be approved.

Carried

**NEW BUSINESS**

**2021-22 Provisional Plan Progress Update (Report No. 12-22GC)**

This report was introduced by Ms. Emily Williams, CEO who introduced Ms. Kendra Ramer, Manager, Privacy, Risk, and Project Management.

Highlights of this report include:

- Throughout Q2, the Health Unit has executed on key deliverables associated with seven strategic projects identified in the Provisional Plan and currently being implemented.
- Only one goal currently being implemented has been flagged as having had problems arise: Implementing prioritized recommendations from the Diversity and Inclusion Assessment and

Anti-Black Racism Report. The problems identified are due to capacity and resources, as resources have been prioritized for other projects.

- The risks associated with this goal are considered manageable through appropriate mitigation strategies.
- Not highlighted in this report, but listed in the Provisional Plan (Appendix A), is the goal “Continue to develop and implement a Client Experience tool to be utilized by teams and programs.” A number of planning activities are underway for this goal; however, they are not reflected in this report as they have not yet reached the execution stage.
- Phase 3 progress will be reported upon within Q3. One goal slated for Phase 3 is to start planning the process for the development of a long-term strategic plan for MLHU.

It was moved by **Mr. Michael Steele, seconded by Ms. Elliott** that the Governance Committee recommend to the Board of Health to receive Report No. 12-22GC, re: “2021-22 Provisional Plan Progress Update” for information.

Carried

### **OTHER BUSINESS**

The next meeting of the Governance Committee will be held on Thursday, November 10, 2022 at 6:00 p.m.

### **ADJOURNMENT**

At **6:09 p.m.**, it was moved by **Ms. Elliott, seconded by Mr. Steele**, that the meeting be adjourned.

Carried

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**AINA DEVIET**  
Chair

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**EMILY WILLIAMS**  
Secretary



**PUBLIC SESSION – MINUTES  
PERFORMANCE APPRAISAL COMMITTEE**

Wednesday, September 28, 2022, 9:30 a.m.  
Microsoft Teams

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**MEMBERS PRESENT:** Ms. Maureen Cassidy (Chair)  
Mr. Matt Reid  
Ms. Mariam Hamou  
Ms. Aina DeViet  
Mr. Michael Steele

**REGRETS:** Ms. Kelly Elliott  
Ms. Tino Kasi

**OTHERS PRESENT:** Ms. Carolynne Gabriel, Executive Assistant to the Board of Health  
and Communications Coordinator (Recorder)  
Mr. Marc Lacoursiere, President, The Achievement Centre

Chair Maureen Cassidy called the meeting to order at **9:39a.m.**

**DISCLOSURE OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by **Ms. Mariam Hamou, seconded by Mr. Michael Steele**, *that the AGENDA for the September 28, 2022 Performance Appraisal Committee meeting be approved.*

Carried

**APPROVAL OF MINUTES**

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

- *the minutes of the July 7, 2022 Performance Appraisal Committee meeting be approved; and*
- *the minutes of the August 5, 2022 Performance Appraisal Committee meeting be approved.*

Carried

**CONFIDENTIAL**

At **9:40 a.m.** it was moved by **Ms. Hamou, seconded by Mr. Matt Reid**, *that the Performance Appraisal Committee move in-camera to consider matters regarding personal matters about an identifiable individual, including municipal or local board employees.*

Carried

At **11:25 a.m.** it was moved by **Ms. Hamou, seconded by Mr. Reid**, *that the Performance Appraisal Committee rise and return to public session.*

Carried

**ADJOURNMENT**

At **11:25 a.m.**, it was moved by **Ms. DeViet**, seconded by **Mr. Reid**, *that the meeting be adjourned.*

Carried

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**MAUREEN CASSIDY**  
Chair, Performance Appraisal Committee

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**EMILY WILLIAMS**  
Secretary

DRAFT



**PUBLIC MINUTES  
FINANCE & FACILITIES COMMITTEE**  
Microsoft Teams  
Thursday, October 6 at 9 a.m.

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

**REGRETS:** Ms. Kelly Elliott

**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  
Ms. Carolynne Gabriel, Communications Coordinator and Executive Assistant to the Board of Health  
Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Disease

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 October 6, 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 August 4, 2022 Finance & Facilities Committee meeting be approved.

Carried

**NEW BUSINESS**

**MLHU2 Financial Statements – Fiscal 2022 from April 1, 2021 to March 31, 2022 (Report No. 15-22FFC)**

Ms. Emily Williams, Chief Executive Officer introduced the report on the MLHU2 Financial Statements. Ms. Williams explained that this is the “second company” of the Health Unit financially.

Mr. David Jansseune, Assistant Director, Finance provided an overview of the MLHU2 Financial Statements (April 1, 2021-March 31, 2022).



Highlights of these financial statements included:

- The five programs in these financial statements are 100% funded by the Province..
- The goal for these programs is to use as many funds provided as possible to conduct work within these programs.
- MLHU budgeted \$2,827,920 on expenditures for these programs but spent \$2,714,219 .
- Note 3 indicates financial liabilities, with currently \$35,676 listed as liabilities with permission to carry over. This is listed as a liability because if these funded programs (Blind-low vision, Preschool speech and language, Infant hearing, Healthy Babies Healthy Children, Shared Library Services and Smart Start for Babies) ended today, we would be required to pay back these funds to their funders. There was an approximate \$6000 deficit for Shared Library Services in 2022.
- In Note 4, it is noted that the HIV/HEP C Program ended in March 2022 and will not appear on future financial statements.

It was moved by **Mr. Reid, seconded by Mr. Selomon Menghsha**, *that the Finance & Facilities Committee make a recommendation to the Board of Health to approve the audited Financial Statements of Middlesex-London Health Unit for programs ended March 31, 2022.*

Carried

### **Proposed 2023 Budget Planning Process (Report No. 16-22FFC)**

Ms. Williams provided the committee a proposal for the 2023 Budget Planning Process.

Ms. Williams noted that the 2023 budget process is being adjusted at MLHU. This is due to continued uncertainty regarding COVID-19 requirements, lack of visibility to 2023 base funding, significant inflationary pressures, and because adjustments at the margin as in past years using Program-Based Marginal Analysis (PBMA) are no longer effective. The new processes needed for planning for MLHU include two new frameworks and zero-based budgeting.

MLHU is going to budget based on the following assumptions:

- Funding will be flat to 2022 levels, with MLHU covering all inflationary pressures and with Ministry funding information to be available in January 2023.
- Mitigation funding will be continued for 2023.
- COVID-19 remains separate “extraordinary expense” with funding confirmed for 2023 on September 29, 2022.

Ms. Williams noted as many organizations are experiencing, MLHU is experiencing significant inflationary pressures. This includes \$596,000 for salary/benefits/step-increases and \$300,000 for corporate expenses, totaling approximately \$896,000.

It was noted that Senior Leadership has supported a plan to reduce gapping to 2021 levels, with an additional pressure of approximately \$336,000. Further, Senior Leadership has supported an additional plan to increase payment of variable portion of the bank loan (related to the fit-up of CitiPlaza office location).

This plan includes:

- Budgeting \$200,000 for 2023 (currently \$75,000 annually).
- Evaluation will occur in Q4:
  - This will be added to the gapping budget line; not the overall target.
  - Determine amount to pay based on surplus/shortfall – it is noted that the additional payments will only be made if there is a surplus.
  - Must be budgeted for Ministry of Health to allow for repayment.

Ms. Williams summarized that the organizational target for inflationary pressures is \$896,000 and for reduction in gapping/adding bank loan payment is \$336,000 with the total target being \$1,200,000.

Ms. Williams highlighted the proposed budget planning process for 2023 includes zero-based budgeting of general expenses and using the frameworks of the Public Health Program Pyramid and Critical Business Infrastructure (depending on which program is being evaluated).

Highlights of zero-based budgeting include:

- The exclusion of COVID-19 funds.
- Keeping 100% funded programs at 2022 levels.
- Finance providing allocations based on 4-year history of actuals.
- Senior Leadership providing rationale for any increase to SLT for approval.

Dr. Alex Summers, Medical Officer of Health provided an overview of the Public Health Program Pyramid (noted in Appendix A):

- The pyramid is split into different levels.
- Legacy (disinvested) work has been moved into different sectors or is deemed no longer impactful. MLHU does not have much of this programming remaining.
- Aspirational (reviewed) work is optional work that could fit into a community need, but not under the core understanding of public health work.
- Essential (maintained) is programming aligned under the Ontario Public Health Standards or legislated under the *Health Protection and Promotion Act* and considered a part of organizational strategy and effective interventions of programs for their work.
- Critical (preserved) are mandatory programs aligned under the Ontario Public Health Standards or legislated under the *Health Protection and Promotion Act* and include critical business infrastructure and work throughout a crisis. These include services that were run throughout the pandemic.

Ms. Williams provided an overview of the Critical Business Infrastructure framework:

- Cross-organizational service that impacts all staff, supports all divisions equally and provides consultative/problem-solving services to other parts of the organization.
- Supports legislated requirements.
- Provides business continuity/critical infrastructure that includes support to emergency response and ensures the protection of the organization's assets.
- Supports external stakeholders, to provide information and support stakeholder relations.

Next steps include Board of Health approval, staff engagement, notifying union partners, presenting at Staff Town Hall and divisional follow up.

The Board noted that funding could be requested from the local municipalities to address shortfalls. Dr. Summers noted that municipal partners could be asked to provide additional funding under the *Health Protection and Promotion Act*. Municipalities have been filling shortfall for delivery of important public health programs and the gap has been filled in other jurisdictions.

Ms. Williams noted that for cost effective strategies corporately and for the future, MLHU has been conducting equipment refresh cycles and looking at reestablishing certain reserve funds. Ms. Williams further noted that MLHU has embedded risk rating criteria from the historical PBMA process into these budgeting frameworks to leverage the strengths of that process.

It was moved by **Ms. Cassidy, seconded by Mr. Menghsha**, that the Finance & Facilities Committee make a recommendation to the Board of Health to:

- 1) Approve the revised budget planning process for 2023 outlined herein;
- 2) Approve the modified zero-base budgeting approach to General Expenses; and

3) Receive the Public Health Program Pyramid and Critical Business Infrastructure frameworks outlined in Appendix A and Appendix B to Report No 16-22FFC for information.

Carried

**CONFIDENTIAL**

At **9:40 a.m.**, it was moved by **Ms. Cassidy, seconded by Mr. Reid**, that the Finance and Facilities Committee will move in camera to consider matters regarding personal matters about an identifiable individual, including municipal or local board employees, matters regarding labour relations or employee negotiations, and advice that is subject to solicitor-client privilege, including communications necessary for that purpose.

Carried

At **9:57 a.m.**, it was moved by **Mr. Reid, seconded by Ms. Cassidy**, that the Finance and Facilities Committee rise and return to public session from closed session.

Carried

**OTHER BUSINESS**

The next Finance and Facilities Committee meeting will be held November 3 at 9 a.m.

**ADJOURNMENT**

At **9:58 a.m.**, it was moved by **Ms. Cassidy, seconded by Mr. Reid**, that the meeting be adjourned.

Carried

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**MICHAEL STEELE**  
Chair

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**EMILY WILLIAMS**  
Secretary



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 57-22

TO: Chair and Members of the Board of Health  
FROM: Emily Williams, Chief Executive Officer  
DATE: 2022 October 20

**FINANCE & FACILITIES COMMITTEE MEETING – October 6, 2022**

The Finance & Facilities Committee (FFC) met at 9 a.m. on Thursday, October 6, 2022.

Reports	Recommendations for Information and Board of Health Consideration
<p><b>MLHU2 Financial Statements – Fiscal 2022 from April 1, 2021 to March 31, 2022</b></p> <p><b>(Report No. 15-22FFC)</b></p>	<p>It was moved by <b>Mr. Matt Reid, seconded by Mr. Selomon Menghsha</b>, that the Finance &amp; Facilities Committee make a recommendation to the Board of Health to approve the audited Financial Statements of Middlesex-London Health Unit for programs ended March 31, 2022.</p> <p style="text-align: right;">Carried</p>
<p><b>Proposed 2023 Budget Planning Process</b></p> <p><b>(Report No. 16-22FFC)</b></p>	<p>It was moved by <b>Ms. Maureen Cassidy, seconded by Mr. Selomon Menghsha</b>, that the Finance &amp; Facilities Committee make a recommendation to the Board of Health to:</p> <ol style="list-style-type: none"><li>1) Approve the revised budget planning process for 2023 outlined herein;</li><li>2) Approve the modified zero-base budgeting approach to General Expenses; and</li><li>3) Receive the Public Health Program Pyramid and Critical Business Infrastructure frameworks outlined in Appendix A and Appendix B to Report No 16-22FFC for information.</li></ol> <p style="text-align: right;">Carried</p>

This report was prepared by the Chief Executive Officer.

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

TO: Chair and Members of the Board of Health

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

DATE: 2022 October 20

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### **Baby-Friendly Initiative Update**

#### **Recommendation**

*It is recommended that the Board of Health receive Report No. 58-22, re: “Baby-Friendly Initiative Update,” for information.*

#### **Key Points**

- The Baby-Friendly Initiative (BFI) is a global evidence-based strategy that promotes, protects, and supports the initiation and continuation of breastfeeding.
- The Middlesex-London Health Unit (MLHU) was formally designated as Baby-Friendly in November 2015. At that time, all Ontario Health Units were required to work towards achievement of Baby-Friendly designation; however, BFI is no longer an accountability indicator. MLHU was due to begin the re-designation process in fall 2020, but currently does not plan to seek re-designation.
- MLHU is committed to maintaining the infant feeding best practices that are at the core of the Baby-Friendly Initiative, and the revised Baby-Friendly Policy supports the implementation of these infant feeding best practices. The policy is reviewed annually.

#### **Background**

Breastfeeding improves the health and development of infants and children, and provides health, social, and economic advantages to women, families, and society in general. Current recommendations from the World Health Organization advise exclusive breastfeeding for the first six months, with continued breastfeeding up to two years and beyond. The Baby-Friendly Initiative (BFI) is a global evidence-based strategy that promotes, protects, and supports the initiation and continuation of breastfeeding.

Previously, the Ministry of Health (MOH) selected Baby-Friendly designation as an Accountability Agreement Performance Indicator for all public health units in Ontario. The MLHU began the implementation process in November 2011 and followed clearly defined steps laid out by both the Ministry and the Breastfeeding Committee for Canada (BCC), which is the national designation authority. Over the course of four years, the Health Unit worked through the implementation and designation process. In November 2015, the Health Unit was formally designated a Baby-Friendly organization. This designation was in place for five years and in 2020 MLHU was required to begin the re-designation process. A decision was made at that time to not seek re-designation due to various factors, including the removal of BFI as an accountability indicator and competing public health priorities.

## Current Situational Update

As part of the Healthy Start restructuring post-pandemic, there has been a commitment to ensure ongoing support to maintaining Baby-Friendly best practices within the organization. Additionally, there is a focus on providing outreach to community healthcare providers to support education and skill building around Baby-Friendly best practices, as outlined in the Ten Steps to Successful Breastfeeding (Breastfeeding Committee of Canada).

After a period of planning, progress has been made towards the following activities:

- Launching a Baby-Friendly Best Practices Committee within the Healthy Start Division to act as advisory, liaison, and workgroup to support infant feeding best practices within MLHU.
- Revising the Baby-Friendly Policy to align with the updated BFI Implementation Guideline document (Breastfeeding Committee for Canada, 2021), which includes the Ten Steps. There are also plans to review related organizational policies and Healthy Start Division Guidelines.
- Promoting Canadian Breastfeeding Week awareness activities from October 1 – 7 internally and externally, including promotion of key messages through social media, website, and newsletter articles.
- Implementing the *Baby-Friendly 20-Hour Course Practice Workshops for Healthcare Providers*. These workshops supplement a provincial breastfeeding e-learning course and consist of a full day, hands-on, interactive learning session focused on Baby-Friendly best practices. Along with Healthy Start Division Public Health Nurses (PHNs), there is currently a strong collaboration with both London Health Science Centre (LHSC) and Strathroy Middlesex General Hospital to ensure newer prenatal/postpartum nurses at each of these organizations attend one of the workshops being offered this fall. At the current time, three workshops are scheduled for October and November, with plans to offer them ongoing into 2023 with a broader reach to community healthcare professionals.
- Continuing maintenance of the Middlesex-London Infant Feeding Surveillance System which collects survey data from consenting participants on infant feeding practices within the region. The goal is to analyze infant feeding practice indicators to inform programming within the Division.

## Next Steps

As a period of post-pandemic recovery continues, there is a need to focus efforts in two areas with regards to baby-friendly strategies. The first would be to focus inwards as an organization, working to review and align MLHU's policies and practices with the updated Baby-Friendly Guidelines and best practices, and renew internal knowledge about how and why we support breastfeeding as a public health priority. The second area would be ensuring the local community has a consistent, evidence-informed approach to infant feeding, with a focus on breastfeeding best practices. This can be accomplished through enhanced collaboration and education that builds healthcare provider capacity to protect, promote, and support breastfeeding.

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



TO: Chair and Members of the Board of Health

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

DATE: 2022 October 20

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## HEALTHY RELATIONSHIPS PLUS PROGRAM

### **Recommendation**

*It is recommended that the Board of Health receive Report No. 59-22, re: “Healthy Relationships Plus Program,” for information.*

### **Key Points**

- The Child Health Team takes a proportionate universalism approach to servicing elementary schools by providing a more intense level of support to the school communities that need it most.
- Many health compromising behaviours emerge during adolescence, increasing the need for a focus on mental health, substance use prevention, and healthy relationships at the elementary school level.
- The Healthy Relationships Plus program is an evidence-informed strategy developed through Western University’s Centre for School Mental Health. Through well-established partnerships with Southwestern Public Health, Western University, and local school boards, the Child Health Team will implement and support an evaluation of this program in priority elementary schools.

### **Background**

The Child Health Team (CHT) and the Young Adult Team (YAT) collectively make up the MLHU School Health Team, supporting elementary and secondary schools, respectively. The CHT implements a proportionate universalism approach to working with schools. This means the team prioritizes engagement and provision of programs and services with school communities at risk for increased health inequities and negative health outcomes by delivering a more intense level of service in the school communities with the greatest needs. Using the Ministry of Education’s Education Opportunities Index (EOI), schools have been categorized as Priority or Universal. Priority schools are those with a higher EOI score, which combines factors such as low-income household, single parent status and a low-level of parental education; all of which are factors that, at higher proportions, increase risk for poor health outcomes both in childhood and throughout the life course.

Public Health Nurses (PHNs) assigned to priority schools have approximately seven schools each and provide intensive programs and services such as frequent school visits, comprehensive school health assessments and plans, class/small group facilitation and training, and engage with students, families, and school staff. PHNs assigned to universal schools provide support through a centralized model which includes offering high-level planning and consultation with school administration and staff. Additionally, universal school PHNs provide communication support for all schools; participate in community partnership committees; engage in local policy development and community-level assessment; and support service evaluation and Continuous Quality Improvement with school health programs and services.

Early adolescence (grades 6-8) is an important developmental period and peer and dating relationships become very important influences on youths. It is a time when many mental health challenges and health compromising behaviours emerge. Many adolescents experience anxiety and depression at a clinical level, and many others at a subclinical level that can interfere with functioning (Lapshina, Crooks, & Kerry, 2018). These symptoms are associated with mental health challenges and other negative outcomes in adulthood (Crooks, C., 2017). Therefore, there is an increasing need for mental health, substance use prevention, and healthy relationships support at the elementary school level as these schools are ideal settings for universal prevention programming for early adolescents.

Through ongoing collaboration with Southwestern Public Health (SWPH), the Thames Valley District School Board and the London District Catholic School Board around mental health and well-being promotion, partnerships have improved, and priorities have aligned. This alignment has been instrumental in bringing the Healthy Relationship Plus (HRP) program to priority elementary schools in Middlesex-London.

### **Healthy Relationships Plus Program Description**

The HRP program is an evidence-informed small groups program designed to promote healthy relationships, increase positive mental health, target unhealthy substance use, and promote skills and protective factors in preventing gender-based and peer violence. It is based on the same core principles of skill-building and awareness as well-established classroom-based programs known collectively as the Fourth R, which are currently taught in more than 4,500 schools across North America, including schools in the Middlesex-London region.

The HRP program is a universal, competency enhancement program focusing on prevention, rather than treatment. This means that it is appropriate for all youth (aged 12-18 years), including those who have never been involved in violent or unhealthy relationships. Involving all adolescents in education about safety and risk, rather than just those who in whom concerns are identified, builds resilience for future difficulties. Rather than focusing solely on negative behaviors to avoid, the program takes a social and emotional learning approach by developing the capacities youth require to be well-adjusted and succeed in school (Crooks, et al., 2015). The HRP program consists of 14 one-hour sessions, and all students will receive a certificate upon completion of the program.

The HRP program, which was developed and evaluated by Western University, has already been implemented by the YAT in select secondary schools, using an enhanced version of the program. The HRP-Enhanced Program was adapted from the original HRP to better meet the needs of high-risk youth. The 16-session HRP-Enhanced Program includes a harm reduction approach and trauma-informed adaptations (Western University, Centre for School Mental Health, 2019).

### **Next Steps**

The CHT is working with Western University, Thames Valley District School Board, London District Catholic School Board, and Southwestern Public Health to implement and evaluate a universal delivery model of the Healthy Relationships Plus Program in priority elementary schools in the Middlesex-London region. To achieve this, the following next steps will occur:

- Ensure all CHT PHNs are trained in the HRP program by mid-October.
- Work with local school boards to select the schools that will receive the program during the 2022-23 school year. The goal is to deliver the program in at least 20 classrooms throughout the year, or as capacity allows.
- CHT PHNs to work with the Grade 7 and/or 8 educators at selected schools to deliver the program during class time.
- In collaboration with Western University and the school boards, support an evaluation plan that will include feedback from school administrators, educators, and students. Continue to work with



Western University on a more formal data collection plan to contribute to mid- and long-term program outcomes and sustainability of the initiative.

- School Health PHNs and Managers to share program implementation and evaluation plan, successes, and challenges with national partners of the program, as well as other health units across the province.
- School Health Team to explore opportunities with the French School Boards to deliver the HRP program in their priority schools for the 2023-24 school year.

This report was prepared by the School Health Team, Healthy Living Division.



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



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

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- Crooks, C. (2017). *The Healthy Relationships Plus Program: National implementation study* [Knowledge Summary]. Western University, Centre for School Mental Health.  
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- Western University, Centre for School Mental Health. (2019). *Healthy Relationships Plus Program feedback report: London District Catholic School Board*.



TO: Chair and Members of the Board of Health

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

DATE: 2022 October 20

**2021-2022 INFLUENZA SEASON IN MIDDLESEX-LONDON AND 2022-2023  
INFLUENZA VACCINE DISTRIBUTION**

**Recommendation**

*It is recommended that the Board of Health receive Report No. 60-22, re: “2021-2022 Influenza Season in Middlesex-London and 2022-2023 Influenza Vaccine Distribution,” for information.*

**Key Points**

- The 2021-2022 influenza season was remarkable in that the number of reported cases and outbreaks was much lower compared to recent, pre-pandemic seasons. There were only 53 laboratory-confirmed cases, 22 hospitalizations, no deaths and one confirmed influenza outbreak in facilities.
- Influenza A (H3) was prominent during the 2021-2022 influenza season, with no cases of influenza B reported throughout the season.
- Distribution of influenza vaccine for the 2022-2023 season has begun. The Health Unit is working closely with community partners to ensure influenza vaccine is available throughout the community.

**Overview**

This report provides the final analysis of the 2021-2022 influenza season, which was atypical compared to previous pre-pandemic seasons. Following the 2020-2021 season when there were no influenza cases or outbreaks reported, the 2021-2022 season was the second least burdensome season in recent years (Table 1). Only a total of 53 laboratory-confirmed cases of influenza were reported to the Health Unit during the 2021-2022 season, and no deaths were reported. As with every influenza season, more people were likely infected with influenza but did not have laboratory testing performed and so were not reported to the Health Unit, since influenza testing is prioritized to specific high-risk groups and settings. A graph showing when laboratory-confirmed cases occurred is provided in [Appendix A](#) (Figures 1 and 2).

**Table 1: Influenza Cases, Middlesex-London, 2017-2018 through 2021-2022 Influenza Seasons**

	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Laboratory-confirmed Cases	870	518	347	0	53
Hospitalizations	464	260	158	0	22
Deaths	44	20	12	0	0
Outbreaks	71	39	11	0	1

Throughout the 2021-2022 season, Middlesex-London cases ranged in age from 7 weeks to 90 years old. One-third (34%, 18/53) of reported cases were among children and youth ages 5 to 19 years, followed by adults 20 to 64 years of age (30%, 16/53). Children under the age of 5 years (17%, 9/53) and those 65 years of age and over (19%, 10/53) accounted for the remainder of cases. Just less than one-half (42%, 22/53) of laboratory-confirmed cases were hospitalized, with the majority reported among those ages five to 19 years (41%, 9/22).

## Influenza Outbreaks

Remarkably, there was only one influenza outbreak declared in a long-term care home in the Middlesex-London region during the 2021-2022 season. This home experienced both an influenza A and a COVID-19 outbreak at the same time. The influenza A outbreak was declared later in the season, in April 2022, with a total of five influenza cases confirmed.

Since the 2020-2021 season, influenza immunization coverage rates for staff at long-term care homes and hospitals in Ontario have been reported electronically directly to the Ministry of Health, rather than to public health units. In the 2021-2022 season, the number of facilities that reported staff influenza immunization coverage was lower compared to previous seasons, and therefore coverage from the current season should be interpreted with caution. For the 2021-2022 season, the Ontario median influenza immunization coverage rate for staff in long-term care homes was 68.4%, and was 46.8% for hospital staff. Both these values were lower than estimates from the 2020-2021 season (86.0% and 62.7%, respectively).

## Timing of the Season and Strain Typing

The influenza season typically occurs from October to April each year, although there is variability year over year. In the 2021-2022 season, there was increased influenza activity later than usually expected, from late March 2022 through the end of May 2022. The first confirmed influenza case was reported on December 2, 2021 with onset of symptoms in late November 2021 ([Appendix A](#), Figure 1). Influenza activity extended even later than usual this season to July 2022, with the last case reported July 13, 2022. Of the 53 laboratory-confirmed cases in Middlesex-London, all were influenza A; this is another unique feature of this season, in that no influenza B cases were reported locally. Of the influenza A samples that were sub-typed (21%, 11/53), all were typed as H3.

## Influenza Immunization for the 2022-2023 season

Distribution of influenza vaccine for the 2022-2023 season has begun. Quadrivalent Influenza Vaccine (QIV), which offers protection against two strains of A and two strains of B, will be available to everyone aged six months and over. Additionally, a High-Dose Quadrivalent Vaccine (HD-QIV) and an Adjuvanted Trivalent Vaccine (TIV-adj), which offer enhanced protection, will be available for those aged 65 years and over. The Health Unit is working closely with community partners to ensure that vaccine is available for the unhoused/underhoused populations and promoting receipt of influenza vaccine at health care provider offices and pharmacies. Influenza vaccine will also be offered during regularly scheduled Health Unit Immunization Clinics for those who cannot access vaccine in the community, including those less than five years of age without a healthcare provider or Ontario Health Insurance Program (OHIP) coverage.

## Conclusion

The 2021-2022 influenza season was unique in several ways. The number of reported confirmed cases, hospitalizations, and deaths reported were much lower compared to pre-pandemic seasons and followed a COVID-19-influenced season in 2020-2021 when no influenza cases or outbreaks were reported. Cases were reported from December 2021 to July 2022, with increased activity occurring in late March through late May. Only influenza A was detected among local cases. The Health Unit continues to encourage yearly influenza vaccination to reduce the risk of influenza infection in the community for the 2022-2023 season.

This report was prepared by the Environmental Health and Infectious Disease Division and the Office of the Medical Officer of Health.

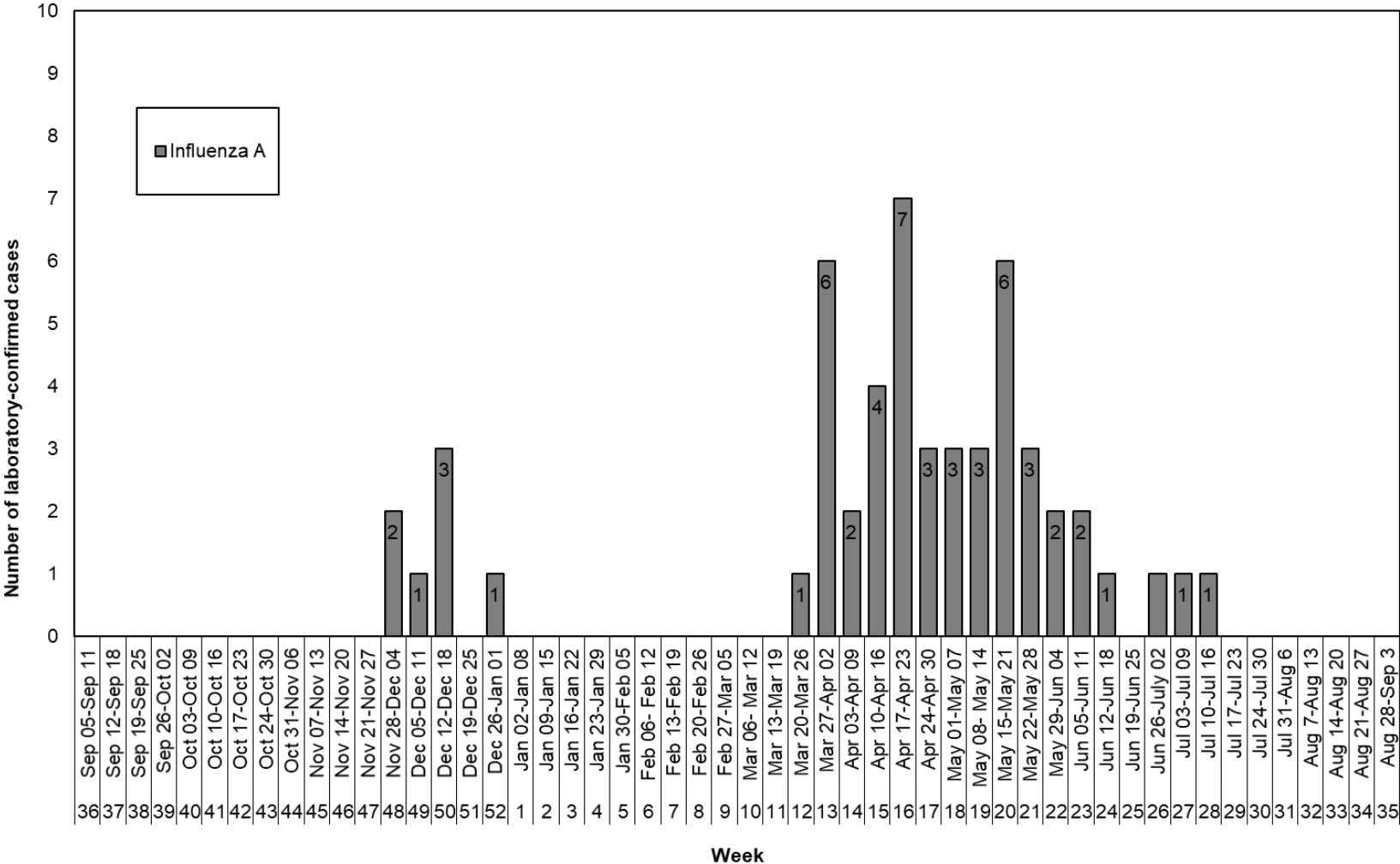


Alexander Summers, MD, MPH, CCFP, FRCPC  
Medical Officer of Health



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

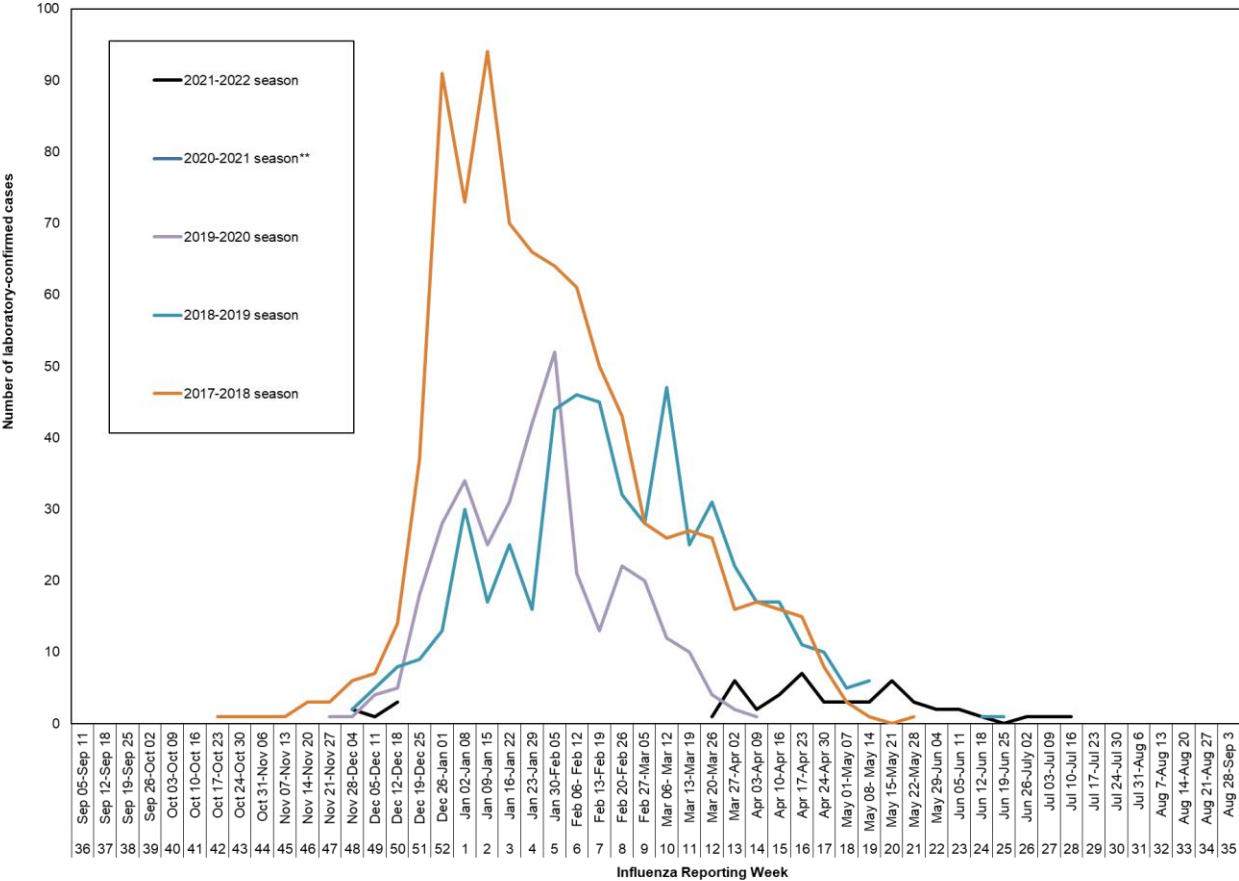
Figure 1: Laboratory-confirmed influenza cases by influenza date\*, Middlesex-London, 2021-2022 influenza season (n=53)



Date source: MLHU internal influenza tracking database, extracted September 12, 2022

\* Influenza date is the earliest among symptom onset date, specimen collection date, specimen reported date, and case reported date.

Figure 2. Laboratory-confirmed influenza cases by influenza date\*, Middlesex-London, 2017-2018 to 2021-2022 influenza seasons



Date source: MLHU internal influenza tracking database, extracted September 12, 2022

\* Influenza date is the earliest among symptom onset date, specimen collection date, specimen reported date, and case reported date.

\*\* No local influenza cases reported in the 2020-2021 season



TO: Chair and Members of the Board of Health

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

DATE: 2022 October 20

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## MIDDLESEX-LONDON HEALTH UNIT LEADERSHIP DEVELOPMENT PROGRAM UPDATE

### ***Recommendation***

*It is recommended that the Board of Health receive Report No. 61-22, re: “Middlesex-London Health Unit (MLHU) Leadership Development Program,” for information.*

### **Key Points**

- The Leadership Development Program, supported by the Senior Leadership Team, provides professional learning and development opportunities for leaders to increase their leadership knowledge and skills which affect performance and productivity.
- The recommendations for the Leadership Development Program are the result of the Leading MLHU framework, originally developed in 2015 from surveys, academic literature review, and environmental scans.
- The Leadership Development Program assesses and aligns programs and learning opportunities with leadership domains and core competencies of public health.

### **Background**

“People Reaching Their Potential” is not only MLHU’s vision for ensuring the health of the community, but also includes MLHU employees and ensuring they have an opportunity to grow and develop. In 2022, the Health Unit Senior Leadership Team (SLT) added “kindness” as the cornerstone to everything done at MLHU. This includes providing additional learning opportunities for leaders that promote self-reflection, respect, and inclusion.

In 2015, the Leading MLHU framework was developed from an internal survey of leaders, academic literature review, and environmental scans. Focusing on the outcomes identified, the goal was to use the Leading MLHU framework to enhance the Leadership Development Program.

Between March 2020 and January 2022, MLHU responded to the pandemic and increased leadership support. The Non-Union Leadership Team increased from approximately 40 to 70 leaders across the organization. Many of these leaders were front-line staff who demonstrated leadership potential but did not have any leadership training and had to learn many leadership skills on the job.

### **Leadership Development Program**

The Leading MLHU framework was used to build and refine the leadership development curriculum, develop assessment tools and strategies to measure success, and identify new gaps in knowledge, skills and attitudes that are affecting performance or productivity.

The learning and development opportunities outlined in the Leadership Development Program align with the public health core competencies, leadership competencies, and diversity and inclusion initiatives. The main domains of the program include:

1. Leadership;
2. Effective Management;
3. Strategic Awareness;
4. Critical Thinking and Problem Solving;
5. Leading Change;
6. High Performance Teams; and
7. Foundational Public Health Knowledge.

These competencies will be developed/enhanced through the following program offerings:

- Myers-Briggs Type Indicator (MBTI) assessment;
- Vital Learning: Crucial Conversations and Crucial Accountability;
- Managing in a Unionized Environment; and
- LEADS learning series (for experienced leaders).

The academic literature from the Leading MLHU report in 2015 highlighted the need for both leadership and management skills. The articles reviewed helped inform and build the Leading MLHU framework.

Themes from the academic literature review noted:

- Leadership as an essential component for organizational performance.
- Management is different from, and is a precursor to, leadership.

This remains MLHU's philosophy when staff are promoted internally or hired externally into a manager or leadership role, but there is a need to consider developing future leaders with leadership skills prior to becoming a manager. The Health Unit also has staff that, while they do not have direct reports, still have considerable influence and lead projects and/or committees. These employees need to understand both transactional (managerial skills) and transformational leadership skills.

## Next Steps

Learning opportunities will continue to be delivered through a variety of methods including in-class, online, blended, and one-on-one coaching. There will be a mix of programs offered internally through an MLHU trained facilitator, as well as external offerings through partner agencies. The Leadership Development Program will continue to be evaluated and strengthened through its delivery methods and course work considering balancing learning time with program duties, and aligning with current challenges, strategies, values, and the vision of the organization.

Leaders will be identified and enrolled in the Leadership Development Program according to their level of experience. The program is a progressive learning strategy allowing leaders to complete specific requirements within a timeline; leaders will advance to the next level of learning when the previous learning requirements are completed.

Employees who have demonstrated the ability to lead or have expressed an interest in developing leadership skills may be enrolled in the Future Leaders courses to increase their knowledge and skills.

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



TO: Chair and Members of the Board of Health

FROM: Alexander Summers, Medical Officer of Health

DATE: 2022 October 20

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## MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR SEPTEMBER

### ***Recommendation***

***It is recommended that the Board of Health receive Report No. 62-22, re: “Medical Officer of Health Activity Report for September” for information.***

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The following report presents activities of the Medical Officer of Health (MOH) for the period of September 2 – October 6, 2022.

On September 14, Dr. Summers appointment as the Medical Officer of Health for the Middlesex-London Health was formally confirmed by the Minister of Health.

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 participates in a wide range of external and internal meetings, along with liaising with community partners, and municipal and provincial stakeholders.

The Medical Officer of Health, along with other team members, continues to host a weekly Middlesex-London Health Unit (MLHU) Staff Town Hall (Friday) and presents on many topics, including COVID-19.

The Medical Officer of Health also participated in the following:

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

**September 6** Attended Ministry of Health COVID-19 Public Health coordination call.

**September 12** Interviews with Travis Dolynny (CBC London), Jennifer Bieman (London Free Press), Bryan Bicknell (CTV London) and Mike Stubbs (AM980) on the bi-valent COVID-19 vaccine.  
Worked evening Sexually Transmitted Infection (STI) Clinic at Citi Plaza.

**September 13** Participated in City of London’s Emergency Operations Centre (control group) meeting. Met with Michael Sherar, President & Chief Executive Officer of Public Health Ontario for an introductory meeting.

**September 16** Participated in drum awakening ceremony with partners from Chippewas of the Thames First Nation.

**September 19** Attended meeting with acute care partners on COVID-19 matters.  
Attended meeting with the City of London regarding strategic planning.



**September 24** Provided greetings at the Salvation Army CanStruction event to bring awareness on food insecurity in the community.

**September 26** Interview with Devon Peacock (AM980), George Ring (The X) and Gary Ennett (CBC London) on the bi-valent COVID-19 vaccine.  
Participated in drum awakening ceremony with partners from Munsee-Delaware First Nation.  
Worked evening Sexually Transmitted Infection (STI) Clinic at Citi Plaza.

**September 27** Attended meet and greet with City of London Senior Leadership at Citi Plaza.

**October 1** Interview with Jennifer Bieman (London Free Press) on COVID-19 matters.

**October 3** Worked evening Sexually Transmitted Infection (STI) Clinic at Citi Plaza.

**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:*

**September 6** Supervision of medical resident during their public health rotation at the Schulich School of Medicine and Dentistry.

**September 7** Presented on COVID-19 matters at the Citywide Family Medicine Grand Rounds.  
Lectured on public health in infectious disease at the Infectious Disease Academic Half Day at the Schulich School of Medicine and Dentistry.

**September 12** Met with union partners (CUPE and ONA) for quarterly leadership touchbase.  
Supervision of medical students during their public health rotation at the Schulich School of Medicine and Dentistry.

**September 13** Attended MLHU Leadership Team meeting.

**September 14** Attended Office of the Medical Officer of Health (OMOH) Management meeting.

**September 21** Participated in Schulich School of Medicine and Dentistry's Dr. Ian McWhinney Lecture Series on Public Health.

**September 28** Attended OMOH Leadership meeting.

**October 3** Attended OMOH Division meeting.

**October 5** Lectured at Schulich School of Medicine and Dentistry's Master of Public Health program on leadership lessons learned from the COVID-19 pandemic.

**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:*

**September 8** Attended Board of Health Agenda Review and Executive meeting.

**September 15** Attended Governance Committee meeting.  
Attended Board of Health meeting.

**September 20** Attended COMOHO (Council of Medical Officers of Health) executive meeting.

**September 21** Attended COMOHO Section meeting.

**September 29** Attended Association of Local Public Health Agencies (ALPHA) Board meeting.

**October 5** Attended COMOHO Section meeting.

**October 6** 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



TO: Chair and Members of the Board of Health  
FROM: Emily Williams, Chief Executive Officer  
DATE: 2022 October 20

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## CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR SEPTEMBER

### **Recommendation**

*It is recommended that the Board of Health receive Report No. 63-22, re: “Chief Executive Officer Activity Report for September” for information.*

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The following report highlights activities of the Chief Executive Officer for the period of September 2, 2022 – October 6, 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, C3 (COVID Collaborative Committee) meetings and bi-weekly R3 meetings.

As part of the MLHU on-call leadership system, the CEO provided on-call coverage from

- September 12 to September 18.
- October 3 to October 9.

The CEO also attended the following meetings:

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

**September 16** The CEO attended the Community Health Status key stakeholder meeting.

**October 3** The CEO attended the Community Health Status key stakeholder meeting.

**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:*

**September 8** The CEO, with the HR manager, attended the Environmental Health and Infectious Diseases Leadership team meeting to provide education about Performance Management.

The CEO met with ONA union leadership to present the College of Nurses of Ontario Three Factor Framework.

**September 12** The CEO met with the ONA union leadership for their quarterly check in meeting.

The CEO met with the CUPE union leadership for their quarterly check in meeting.

The CEO met with the Healthy Organization leadership team to discuss the 2023 Budget.

As part of the Strathroy Seniors Dental Project, the CEO met with the Strathroy Dental Steering Committee.

**September 13** The CEO attended the September MLT meeting.

As part of MLHU's market analysis review related to non-union compensation, the CEO met with the HR manager to discuss the review.

**September 15** As part of the planning for MLHU's leadership development program, the CEO met with HR team members to discuss the program plan.

The CEO met with the HR manager and Health and Safety Advisor to discuss MLHU's Strathroy Office.

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

**September 21** The CEO met with the Health Equity manager to discuss the Ontario Health Team Equity Table.

**September 22** The CEO met with the Senior Leadership Team (SLT) to discuss the 2023 budget planning process.

**September 23** The CEO met with the Senior Leadership Team (SLT) to discuss the 2023 budget planning process.

**October 3** As part of the planning for MLHU's leadership development program, the CEO met with Ahria Consulting to discuss a leadership development proposal.

As part of the planning for MLHU's leadership development program, the CEO met with The Achievement Centre to discuss a leadership development proposal.

As part of MLHU's on-call leadership system, the CEO met with the on-call working group committee.

**October 4** The CEO, along with the MOH, met with the CUPE union leadership.

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

**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.*

**September 8** As part of the CEO's McCormick Care Board membership, the CEO attended the McCormick Care Executive Committee meeting.

**September 16** As part of the Performance Appraisal committee and the CEO Performance Appraisal process, the CEO met with 360 review Consultant to discuss the results of the review.

- September 19** The CEO attended the first day of the Association of Ontario Public Health Business Administrators conference.
- September 20** The CEO attended the second day of the Association of Ontario Public Health Business Administrators conference.
- September 21** As part of the CEO's McCormick Care Board membership, the CEO attended and chaired the Quality Committee meeting.
- September 29** As part of the CEO's McCormick Care Board membership, the CEO attended the Board of Directors meeting.

**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:*

- September 8** The CEO attended the MLHU Board of Health September Agenda Review and Executive meeting with the Board Chair and Vice-Chair.
- September 14** The CEO, with the MOH, met with members of the Program Planning and Evaluation and Project Management Office to discuss the Strategic Planning Policy/Process Revisions.
- September 15** The CEO attended the Governance Committee meeting.
- The CEO attended the Board of Health meeting.
- October 5** The CEO met with Board Chair as part of their monthly update.
- The CEO met with the Privacy, Risk and Project Management manager to discuss the Policy Development Review and Approval Policy.
- October 6** The CEO attended the Finance and Facilities Committee meeting.
- The CEO attended the monthly Ministry of Health Public Health Funding meeting.
- The CEO met with MLHU's IT service provider, Stronghold IT Services, to discuss updates.
- The CEO, with the MOH, met with members of the Program Planning and Evaluation and Strategic Planning team to discuss the Strategic Planning Policy/Process Revisions.

This report was prepared by the Chief Executive Officer.



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

## **CORRESPONDENCE – October 2022**

a) **Date:** September 22, 2022

**Topic:** Board of Health Motion re Saving Lives Through Lifejacket and Personal Floatation Device Legislation

**From:** Public Health Sudbury & Districts

**To:** The Hon. Doug Ford, Premier of Ontario

***Background:***

At its September 15, 2022 meeting, the Board of Health for Public Health Sudbury & Districts passed a resolution to “strongly advocate for legislation requiring all individuals to wear a personal floatation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment.”

***Recommendation: Receive.***

b) **Date:** October 7, 2022

**Topic:** THU Letter of Support – Healthy Babies Healthy Children Funding

**From:** Timiskaming Health Unit

**To:** The Hon. Sylvia Jones, Minister of Health and Deputy Premier

***Background:***

At its September 7, 2022 regular meeting, the Timiskaming Board of Health passed a motion to support correspondence from Public Health Sudbury & Districts in response to Healthy Babies Healthy Children Funding. The correspondence from Public Health Sudbury & Districts was endorsed by the Middlesex-London Board of Health at the July 14, 2022 Board of Health meeting.

***Recommendation: Receive.***



**Public Health**  
**Santé publique**  
SUDBURY & DISTRICTS

September 22, 2022

*VIA ELECTRONIC MAIL*

The Honourable Doug Ford  
Premier of Ontario  
Legislative Building  
Queen's Park  
Toronto ON M7A 1A1

Dear Premier Ford:

**Re: Saving Lives Through Lifejacket and Personal Flotation Device Legislation**

At its meeting on September 15, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution # 25-22:

*WHEREAS over the 10-year period 2012 – 2021, 2147 Ontarians had emergency visits that resulted from a drowning or submersion injury related to watercraft and 208 Ontarians died because of a drowning or submersion injury related to watercraft over the last 10 years of complete data (2006-2015); locally during the same periods 65 Sudbury & districts residents had emergency visits that resulted from a drowning or submersion injury related to watercraft and 8 died because of a drowning or submersion injury related to watercraft; and*

*WHEREAS the Ontario Public Health Standards require boards of health to be aware of and use data to influence and inform the development of local healthy public policy for preventing injuries; and*

*WHEREAS although there is federal legislation requiring that lifejackets or personal flotation devices (PFD) be on board vessels, there is no legislation requiring that individuals wear a lifejacket or PFD while on a pleasure boat; and*

*WHEREAS legislation requiring the wearing of lifejackets and PFDs has been demonstrated in other jurisdictions to save lives;*

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Letter to Premier of Ontario

Re: Saving Lives Through Lifejacket and Personal Flotation Device Legislation

September 22, 2022

*THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly advocate for legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment;*

*AND FURTHER THAT a copy of this motion be submitted to the Premier of Ontario, the Minister of Health, Minister of Transportation, local members of Provincial Parliament, the Chief Medical Officer of Health, the Association of Local Public Health Agencies (ALPHA), and all Ontario Boards of Health.*

The Board of Health is pleased to lend its voice to the many others who are calling for this common sense solution to saving lives. We would respectfully request the Government of Ontario to enact legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment.

Thank you for your attention on this important issue.

Sincerely,



René Lapierre. Chair  
Board of Health

cc: All Ontario Boards of Health  
Association of Local Public Health Agencies  
Honourable C. Mulroney, Minister of Transportation  
Honourable S. Jones, Minister of Health  
Jamie West, Member of Provincial Parliament, Sudbury  
France Gélinas, Member of Provincial Parliament, Nickel Belt  
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin  
Viviane Lapointe, Member of Parliament, Sudbury  
Marc Serré, Member of Parliament, Nickel Belt  
Carol Hugues, Member of Parliament, Algoma-Manitoulin-Kapuskasing





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[www.timiskaminghu.com](http://www.timiskaminghu.com)

October 7, 2022

Hon. Merrilee Fullerton  
Ministry of Children, Community and Social Services  
56 Wellesley Street W, 14<sup>th</sup> Floor  
Toronto, ON M74 1E9  
MinisterMCCSS@ontario.ca

Dear Hon. Minister Fullerton:

**Re: Funding for the Healthy Babies, Health Children (HBHC) Program**

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At its meeting on September 7, 2022, the Board of Health for Timiskaming Health Unit considered correspondence from Public Health Sudbury and Districts (PHSD) regarding the above noted matter. We are in full support of PHSD's call to action and share their concern and the concern of other local public health agencies regarding the HBHC program funding.

Motion No: 2022-33R

Moved by: Nina Wallace                      Seconded by: Jesse Foley

*"THAT the Timiskaming Board of Health endorse the letter from Public Health Sudbury & District (PHSD) regarding Healthy Babies Healthy Children Funding, respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life, and that this be communicated in writing to the Ontario Minister of Children, Community and Social Services with copies to Chief Medical Officer of Health, Ministry of Health, Local MPPs, Executive Director, Association of Local Public Health Agencies, Chair, Governing Council of Provincial Council for Maternal and Child Health, Executive Director of Provincial Council for Maternal and Child Health.*

Sincerely,

Carman Kidd  
Board of Health Chair

Enclosure

cc:     Dr. Kieran Moore, Ontario Chief Medical Officer of Health  
        Honourable, John Vanthof MPP for Timiskaming-Cochrane  
        Sanober Diaz, Executive Director of Provincial Council for Maternal and Child Health  
        Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provinc. Council for Maternal and Child Health  
        Loretta Ryan, Executive Director Association of Local Public Health Agencies



**Public Health  
Santé publique**  
SUDBURY & DISTRICTS

June 21, 2022

VIA ELECTRONIC MAIL

Ministry of Children, Community and Social Services  
Government of Ontario  
438 University Avenue, 7th Floor  
Toronto, ON M5G 2K8

Dear Honourable Minister:

### Re: Healthy Babies Healthy Children Funding

The Board of Health for Public Health Sudbury & Districts remains wholly committed to the critical Healthy Babies Healthy Children program, however, has longstanding and increasing concerns about the Board's ability to meet clients' growing needs with current program funding. Please be advised that at its meeting on June 16, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #19-22:

*THAT the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.*

The Board of Health recognizes that the Healthy Babies Healthy Children (HBHC) program provides a critical prevention/early intervention program and is designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services. Since 1997 the province has committed to resourcing the Healthy Babies Healthy Children program at 100%. Unfortunately, the HBHC budget has not been increased since 2015, resulting in significant erosion in capacity due to fixed cost increases such as collective agreement commitments and steps on salary grids, travel and accommodation costs, and operational and administrative costs.

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This has been further compounded by the increased intensity of need in our communities pre-dating but further exacerbated by the COVID-19 pandemic.

The HBHC program has made every effort to mitigate the effects of the funding shortfalls over the years and to protect programming. The program, however, is not sustainable and significant service reductions will be required without increased to base funding.

It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Sudbury/Manitoulin District. To this effect, we are submitting a revised 2022/23 HBHC program budget based on current needs and requesting consideration by the Ministry staff.

The Board of Health for Public Health Sudbury & Districts is respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

Thank you for your attention to this important public health issue.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC  
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
Ontario Boards of Health  
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for  
Maternal and Child Health  
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child  
Health