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

Thursday, December 14, 2023 at 7 p.m.
Microsoft Teams (Virtual)

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

Matthew Newton-Reid (Chair)
Michael Steele (Vice-Chair)
Peter Cuddy
Aina DeViet
Skylar Franke
Tino Kasi
Michael McGuire
Selomon Menghsha
Howard Shears
Michelle Smibert
Dr. Alexander Summers (Medical Officer of Health, ex-officio member)
Emily Williams (Chief Executive Officer, ex-officio member)

SECRETARY

Emily Williams

TREASURER

Emily Williams

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: November 9, 2023 – Special Board of Health meeting
November 16, 2023 – Board of Health meeting

Receive: November 16, 2023 – Governance Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1			**X**	Summary of Strategic Prioritization and Restructuring of the Middlesex-London Health Unit (Report No. 80-23)	Appendix A	To provide an overview of the strategic prioritization process for 2024, and the consequent restructuring of the Middlesex-London Health Unit. Leads: Dr. Alexander Summers, Medical Officer of Health and Emily Williams, Chief Executive Officer
2		**X**	**X**	2024 Middlesex-London Health Unit Budget (Report No. 81-23)	Appendix A	To seek Board of Health approval on the 2024 Middlesex-London Health Unit budget. Leads: Emily Williams, Chief Executive Officer and Dr. Alexander Summers, Medical Officer of Health Presenting: David Jansseune, Assistant Director, Finance
3		**X**	**X**	2024 Ontario Budget Consultation - Submission (Report No. 82-23)	Appendix A	To seek direction on a submission to the 2024 Ontario Budget Consultation. Leads: Emily Williams, Chief Executive Officer and Dr. Alexander Summers, Medical Officer of Health
4		**X**	**X**	Canada Life Benefits – 2024 Renewal Rates (Report No. 83-23)		To seek Board of Health approval on renewing with the current benefits provider, Canada Life. Lead: Emily Williams, Chief Executive Officer Presenting: David Jansseune, Assistant Director, Finance and Cynthia Bos, Manager, Human Resources

5			**X**	Signed School Board and Public Health Partnership Declaration (Report No. 84-23)	Appendix A Appendix B	To provide an update on partnerships between public health, the Thames Valley District School Board and the London District Catholic School Board. Lead: Dr. Alexander Summers, Medical Officer of Health Presenting: Anita Cramp, Manager, Secondary School Team
6		**X**	**X**	Change to Committee Meeting Cadence (Report No. 85-23)	Appendix A Appendix B	To provide direction on changing Board of Health committee meeting cadences for 2024 and to approve the 2024 Board of Health meeting schedule. Lead: Emily Williams, Chief Executive Officer/Secretary/Treasurer
7			**X**	Current Public Health Issues (Verbal)		To provide an update on current public health issues in the Middlesex-London region. Lead: Dr. Alexander Summers, Medical Officer of Health
Correspondence						
8		**X**	**X**	December Correspondence		To endorse the following item: a) Ontario Dental Association (ODA), Ontario Dental Hygienists' Association (ODHA), and Ontario Association of Public Health Dentistry (OAPHD) re: *Considerations for Aligning Federal and Provincial Dental Programs to Improve Oral Health* To receive the following item for information: b) Middlesex-London Board of Health External Landscape for December 2023

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, January 18, 2024 (inaugural).

CLOSED SESSION

The Middlesex-London Board of Health will move into a closed 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 (SPECIAL)
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, November 9, 2023 at 1 p.m.
Microsoft Teams (Virtual)

MEMBERS PRESENT:	Matthew Newton-Reid (Chair) Michael Steele (Vice-Chair) Selomon Menghsha (exited 1:59 p.m. and returned at 2:15 p.m.) Skylar Franke Michelle Smibert Tino Kasi (exited at 1:04 p.m.) Michael McGuire Howard Shears Aina DeViet (entered at 2:16 p.m.) Emily Williams, Chief Executive Officer (ex-officio) Dr. Alexander Summers, Medical Officer of Health (ex-officio)
REGRETS:	Peter Cuddy
OTHERS PRESENT:	Stephanie Egelton, Executive Assistant to the Board of Health (recorder) Sarah Maaten, Director, Public Health Foundations Mary Lou Albanese, Director, Environmental Health and Infectious Disease Jennifer Proulx, Acting Director, Healthy Start and Chief Nursing Officer Dr. Joanne Kearon, Associate Medical Officer of Health Cynthia Bos, Manager, Human Resources David Jansseune, Assistant Director, Finance

Chair Matthew Newton-Reid called the meeting to order at **1 p.m.**

Chair Newton-Reid welcomed new provincially appointed member to the Board of Health, Howard Shears.

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **M. Steele, seconded by S. Franke,** *that the **AGENDA** of the November 9, 2023 Special Board of Health meeting be approved.*

Carried

CLOSED SESSION

At **1:01 p.m.,** it was moved by **M. Smibert, seconded by S. Franke,** *that the Board of Health will move into a closed session to consider matters regarding labour relations or employee negotiations, personal matters about an identifiable individual, including Board employees, 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 **2:27 p.m.,** it was moved by **S. Franke, seconded by A. DeViet,** *that the Board of Health return to public session from closed session.*

Carried

ADJOURNMENT

At **2:28 p.m.,** it was moved by **S. Menghsha, seconded by H. Shears,** *that the meeting be adjourned.*

Carried

MATTHEW NEWTON-REID
Chair

EMILY WILLIAMS
Secretary

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, November 16, 2023 at 7 p.m.
MLHU Board Room – CitiPlaza
355 Wellington Street
London, ON

MEMBERS PRESENT:	Matthew Newton-Reid (Chair) Michael Steele (Vice-Chair) Selomon Menghsha Skylar Franke Michelle Smibert Aina DeViet Peter Cuddy Michael McGuire Howard Shears Emily Williams, Chief Executive Officer (ex-officio) Dr. Alexander Summers, Medical Officer of Health (ex-officio)
REGRETS:	Tino Kasi
OTHERS PRESENT:	Stephanie Egelton, Executive Assistant to the Board of Health (recorder) Sarah Maaten, Director, Public Health Foundations Mary Lou Albanese, Director, Environmental Health and Infectious Disease Jennifer Proulx, Acting Director, Healthy Start and Chief Nursing Officer Dr. Joanne Kearon, Associate Medical Officer of Health Cynthia Bos, Manager, Human Resources Lindsay Croswell, Community Health Nursing Specialist David Jansseune, Assistant Director, Finance Rhonda Brittan, Manager, Healthy Beginnings Visiting and Group Programs Jody Shepherd, Associate Manager, Healthy Families Home Visiting Julie Goverde, Acting Manager, Community Health Promotion Isabel Resendes, Manager, Healthy Families Home Visiting Alison Locker, Manager, Population, Health, Assessment and Surveillance Alex Tyml, Online Communications Coordinator, Communications Abha Solanki, End User Support Analyst, Information Technology Marc Resendes, Acting Manager, Strategy, Planning and Performance Morgan Lobzun, Communications Coordinator Emily Van Kesteren, Acting Manager, Communications

Chair Matthew Newton-Reid called the meeting to order at **7 p.m.**

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **P. Cuddy, seconded by M. Steele,** *that the **AGENDA** of the November 16, 2023 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **A. DeViet, seconded by M. Smibert,** *that the **MINUTES** of the October 19, 2023 Board of Health meeting be approved.*

Carried

NEW BUSINESS

Governance Committee Summary from November 16 (Verbal)

Governance Committee Chair, Michelle Smibert provided a verbal update on items heard at the November 16, 2023 Governance Committee meeting.

It was moved by **M. Smibert, seconded by P. Cuddy,** *that the Board of Health receive Report No. 12-23GC re: "2023 Board of Health Self-Assessment Results" for information.*

Carried

It was moved by **M. Smibert, seconded by M. Steele,** *that the Board of Health:*

1) *Receive Report No. 13-23GC re: "Governance Policy Review" for information; and*
2) *Approve the governance policies as amended.*

Carried

It was moved by **M. Smibert, seconded by P. Cuddy,** *that the Board of Health:*

1) *Receive Report No. 14-23GC re: "MLHU Q3 2023 Risk Register" for information; and*
2) *Approve the Q3 2023 Risk Register.*

Carried

It was moved by **M. Smibert, seconded by S. Franke,** *that the Board of Health receive Report No. 15-23GC, re: "2023-24 Provisional Plan Q3 Status Update" for information.*

Carried

Monitoring Food Affordability and Implications for Public Policy and Action (2023) (Report No. 69-23)

Dr. Alexander Summers, Medical Officer of Health provided background information on the updated report (from April, Report No. 25-23) titled Monitoring Food Affordability and Implications for Public Policy and Action. This is a report noting the 2023 information on food affordability within the region, which has become an increasing challenge for many in the community. Dr. Summers added that monitoring food affordability is a part of a public health unit's legislative responsibility. Dr. Summers thanked Kim Loupos, Public Health Dietitian for her work on this report and introduced Julie Goverde, Acting Manager, Community Health Promotion to present this report.

J. Goverde noted that the report which the Board received in April contained food affordability and cost of living data from 2022, and the report in front of the Board contained the recently received data for 2023. To monitor food affordability, public health Dietitians use a hybrid model of in-store and online data collection. In May 2023, the estimated local monthly cost to feed a family of four was $1,124, an increase from $1,084 in May 2022. Local monthly food and average rental costs are compared to a variety of household and income scenarios, including households receiving social assistance, minimum wage earners, and median incomes. The scenarios include food and rent only and are not inclusive of other needs such as utilities or personal care. Households with low incomes spend up to 47% of their after-tax income on food, whereas households with adequate incomes (based on a family of 4) only spend approximately 12% of their after-tax income. The scenarios highlight that incomes and social assistance rates have not kept pace with the increased cost of living. 1 in 6 families in Middlesex-London are considered food insecure, even

though over half of these families have paid employment. Food insecurity continues to cause a wide range of physical and mental health challenges.

J. Goverde added that the infographic highlighting food affordability provided as Appendix B will be posted to the Health Unit website but noted it has not been updated since 2019. One of the informational items on the infographic (data provided by Canada Mortgage and Housing Corporation) that is no longer accurate is the rental pricing for the Middlesex-London community, as these prices have increased. In 2024, the Health Unit is going to continue to collect data and monitor the food system through additional upstream data work.

Dr. Summers emphasized that access to nutritious food continues to be a challenge for many in the region and across the province. The disparity between the cost of food and the monthly income required to provide food for a family is also of great concern. Dr. Summers added that this work is important surveillance work to highlight the concerns and health impact risks for the population.

Chair Newton-Reid noted that social assistance rates do not appeared to have increased in this time of inflation and inquired if the government had responded to the correspondence sent by the Board in April 2023. It was confirmed that no response was received.

It was moved by **S. Menghsha, seconded by M. Steele,** *that the Board of Health:*

1) *Receive Report No. 69-23 re: "Monitoring Food Affordability and Implications for Public Policy and Action (2023)" for information; and*
2) *Forward Report No. 69-23 re: "Monitoring Food Affordability and Implications for Public Policy and Action (2023)" to Ontario Boards of Health, the City of London, Middlesex County, and appropriate community agencies.*

Carried

MLHU Ontario Living Wage Network Certification (Report No. 70-23)

Cynthia Bos, Manager, Human Resources presented an informational report on the Health Unit's Living Wage Network certification. It was noted that this report was in response to the following motion from the April 2023 Board of Health meeting:

> It was moved by **S. Franke, seconded by S. Menghsha**, *that the Board of Health direct staff to investigate seeking a living wage certification through the Ontario Living Wage Network for the Middlesex-London Health Unit*.

C. Bos noted that Human Resources was notified on October 16 that the Health Unit was being recertified as a living wage employer. There were adjustments made to the student "Test Shopper" role in order to ensure these individuals were meeting living wage standards – this was an increase from minimum wage and had a budget impact of only $600 annually. The Ontario Living Wage Network will be working with the Health Unit for an announcement of the recertification.

Board Member Skylar Franke thanked the Health Unit for recertifying as a living wage employer and would like more government agencies to strive to be a living wage employer.

It was moved by **S. Franke, seconded by M. Smibert,** *that the Board of Health receive Report No. 70-23 re: "MLHU Ontario Living Wage Network Certification" for information.*

Carried

2023 Q3 Financial Update and Factual Certificate (Report No. 71-23)

David Jansseune, Assistant Director, Finance presented the 2023 Q3 Financial Update and Factual Certificate for the quarter ending September 30. D. Jansseune reminded the Board that this set of financial information is not consolidated to keep the MLHU and MLHU2 budgeting companies separate.

January to September expenses were approximately $338,000 favourable, however, did not fully offset the gap due to not enough vacancies. The forecast indicates that the unfavourable expenses will be offset with the additional 1% prorated Ministry of Health funding, and the Health Unit pausing on the $100,000 transfer to the Funding Stabilization Reserve (which will be reviewed in December if there is a surplus). It was noted that expenses were very close to budget and approximately $150,000 unfavourable over twelve (12) months.

D. Jansseune commented on the funding information for the Health Unit's 100% funded programs. There are four (4) in MLHU and four (4) in MLHU2. COVID-19 expenditures are at approximately $4.9 million, and the Health Unit has unfortunately not received any funding and are paying these expenses from the cash balance. The forecast for COVID-19 expenses is approximately $7 million to year end. D. Jansseune added that the Ontario Seniors' Dental Care Program costs are at approximately $3.7 million, with an expected small surplus because of the Strathroy clinic not being operational until midway through the operating year.

Cashflow remains positive and the Health Unit has not utilized the line of credit yet this year. The balance is declining due to using cash to pay for COVID-19 expenses but is projected to still have a small positive balance in Q4.

Chair Newton-Reid inquired if the Health Unit would be receiving the estimated $7 million in COVID-19 funding. E. Williams noted that the Province of Ontario (Ministry of Health) have indicated that funding will be received this year (using Q3 results for funding amount decisions), however the timing is unknown.

It was moved by **P. Cuddy, seconded by S. Franke,** *that the Board of Health receive Report No. 71-23 re: "2023 Q3 Financial Update and Factual Certificate" for information.*

Carried

Nurse-Family Partnership Annual Report (Report No. 72-23)

Jennifer Proulx, Acting Director, Healthy Start and Chief Nursing Officer introduced Lindsay Croswell, Community Health Nursing Specialist to provide the Board of Health with the Nurse-Family Partnership Annual Report.

L. Croswell provided a brief introduction to the Nurse-Family Partnership (NFP) program. NFP is an evidence-based intensive two and a half year (2.5) home visiting program delivered by Public Health Nurses. The most effective outcomes were found to be in those pregnant or parenting for the first time who are experiencing multiple social and economic disadvantages. The program is grounded in theory and focuses on Nurses building a trusting, therapeutic relationship with their clients in order to effect behaviour change.

Research outcomes of this program included:

- Improved Pregnancy Outcomes (reduction in smoking and preterm births)
- Improved Maternal Life course (economic self-sufficiency, reduced mortality, academic achievement)
- Improvement in Child Health and Development (improved behavioural and cognitive development, significant reduction in use of substances in teen years)
- Improved parenting (reduction in government-verified reports of child abuse and neglect by 48%, 56% reduction in Emergency Department visits for injuries and ingestions)

The Nurse-Family Partnership is an internationally licensed program located currently in eight (8) countries and has been in Canada since 2008. In 2019, the Middlesex-London Health Unit became the single license holder for Ontario. As license holder, part of the Health Unit's license agreement requires the submission of an annual report to the international team that includes program data indicators showing adherence to program fidelity, program outcomes, and client demographics.

Intake data for 2022 notes that:

- 364 clients participated in the program, ranging from 12-26 years old
- 3595 home visits were completed
- 50% reported an annual income of less than $25,000
- 40% reported tobacco or nicotine use
- 38% reported alcohol use
- 47% reported cannabis use
- 60% reported concerns with their mental health
- 59% reported current or recent experience with intimate partner violence

L. Croswell noted that the lifetime graduate rate in Ontario (for the program) is 44%. Attrition data breaks down the reasons clients left the program in 2022, including how many graduated. The program has seen several clients discharged earlier than the official graduation date because they have returned to school or the workforce and no longer have time for visits. While these discharges are part of the "addressable" attrition rate, these clients are leaving the program as a result of succeeding in identified program goals.

Attrition data for 2022 notes that:

- 84 participants graduated in 2022
- 72 discharges considered "unaddressable"
- 36 discharges considered "addressable"
- 4 that transferred to another NFP site

The Health Unit has been successful in beginning expansion in Ontario to four (4) additional health units who are partnering in implementation (of the program) and one (1) additional health unit beginning implementation in early 2024. Moving into the expansion phase of international replication was made possible because the British Columbia primary research findings were published in July of this year. The Health Unit has increased collaborative work with British Columbia over the last few years, especially in the delivery of virtual education for the Nurse-Family Partnership teams. Most recently, the Health Unit has collaborated on developing educator guidance for the curriculum which is vital to sustainability planning. Finally, the Health Unit has been able to grow data reporting capacity with each year and were able to add indicators for child protection involvement, depression and anxiety scores, longer-term breastfeeding, father/non-birthing parent involvement, and a breakdown of referral sources.

Dr. Summers thanked L. Croswell for her presentation and noted that the Nurse-Family Partnership goes hand in hand with other home visiting programs. Dr. Summers concluded that more data analysis will be completed to determine if more clients are able to access this program, as it prevents future negative health impacts across the lifespan.

Board Member Aina DeViet noted that this program was very innovative and has international presence. A. DeViet inquired if data is shared internationally to other countries that are part of the Nurse-Family Partnership (NFP). L. Croswell explained that within the structure of the NFP, there are multiple sub committees such as global clinical advisory, education, data collection, and research/analysis with many opportunities for sharing information and best practices. For example, there was recently a visit to London by an NFP international consultant from Scotland to share data and experience.

Board Member Howard Shears inquired how clients are referred to the NFP program at the Health Unit. L. Croswell explained that clients are screened in collaboration with the Healthy Babies, Healthy Children program and those that meet the NFP criteria are referred to the program.

It was moved by **A. DeViet, seconded by S. Franke,** *that the Board of Health receive Report No. 72-23 re: "Nurse-Family Partnership Annual Report" for information.*

Carried

Healthy Start Home Visiting (Report No. 73-23)

J. Proulx introduced Rhonda Brittan, Manager, Healthy Beginnings Visiting and Group Programs and Isabel Resendes, Manager, Healthy Families Home Visiting to provide an update on home visiting programs.

I. Resendes provided background information on home visiting at the Middlesex-London Heath Unit. Early childhood experiences can influence a child's entire life trajectory. Adverse Childhood Experiences (ACEs) and chronic stressors such as poverty, abuse and neglect can have effects beyond the child and family. Home visiting is a public health intervention and critical strategy within an upstream population health approach that aims to optimize newborn and child healthy growth and development and reduce health inequities. I. Resendes noted that the Health Unit's Healthy Start division delivers two home visiting programs, which significantly support the achievement of requirements under the Ontario Public Health Standards (OPHS) Healthy Growth and Development Standard. These programs are Healthy Babies Healthy Children and the Nurse-Family Partnership.

The Healthy Babies Healthy Children is a mandatory provincial program funded by the Ministry of Children, Community and Social Services and provides screening, assessment, and support to families from the prenatal period through the early childhood period. From January 1, 2023, to September 30, 2023, the Healthy Families Home Visiting Team supported 322 eligible families in the program with 1947 completed home visits.

R. Brittan provided information on the Nurse-Family Partnership, noting that L. Croswell provided in depth information as well during this Board meeting. The Nurse-Family Partnership is a targeted and intensive home visiting program for young, first-time parents from early pregnancy (up to the end of 28 weeks gestation) until the child's second birthday. Program goals include improving prenatal health outcomes, children's subsequent health and development, and parents' attainment of future goals. Nurse-Family Partnership Public Health Nurses have supported 43 families with 378 home visits from January 1 to September 30, 2023.

R. Brittan highlighted the community needs within these programs and added that some of these needs have also been highlighted in the previous board report at this meeting regarding food affordability. From 2016-2022, there has been a 7.6% increase in the number of infants born in Middlesex-London. In 2022, screening data showed Middlesex-London had the highest rates in the province of families identifying risk factors such as concerns about money, need for newcomer support, and lack of a primary care provider. 2022 Nurse-Family Partnership data showed a high prevalence of smoking/vaping, alcohol and cannabis use, 85% of clients reported concerns with mental health, and almost half reported exposure to intimate partner violence in the past 12 months.

Both the Healthy Babies Healthy Children and Nurse-Family Partnership programs will continue to deliver home visiting interventions to families with the highest need in order to achieve optimal child outcomes and continue data collection to assess program fidelity and impact.

Chair Newton-Reid inquired on how screening is conducted for the home visiting programs. I. Resendes explained that screening is conducted for approximately 70% of the babies born in the Middlesex-London region, and eligibility is determined when 2 or more risk factors are met. Generally, the program would be

offered to clients if criteria is met and if they chose to be involved. Approximately 60% of screened clients have qualified for the home visiting programs.

Chair Newton-Reid further inquired if the Health Unit has had to turn away individuals from the program. I. Resendes noted that in 2020, there was a waitlist for home visiting programs, so teams needed to review screening data and target clients who needed support the most.

Dr. Summers noted that funding for the Healthy Babies Healthy Children program has had no increases to funding in 12 years. As a result, there is a scarcity of resources and only 70% of infants are screened. J. Proulx noted that there has been consideration of different ways of delivering programs (virtual) but there is evidence that demonstrates that home visiting achieves positive outcomes.

Board Member Howard Shears inquired on the fiscal sustainability of the home visiting programs. Dr. Summers noted that the Health Unit can only reflect on 25 years of the funding patterns provided by the Ministry of Children, Community and Social Services and noted that additional funds will be needed to continue current rates of programming. Emily Williams, Chief Executive Officer noted that over the summer, the Health Unit met with the Minister of Children, Community and Social Services as funding has been stagnant for 12 years and the actual funding needed to keep up with the demand for the program would be over $3 million. Chair Newton-Reid added that the meeting with the Minister was good and there was interest from the Minister regarding the program, as the Health Unit has not received increases and the people who need the program most are not able to access due to capacity. E. Williams noted that additional funding for Healthy Babies Healthy Children was submitted as a business case to the City of London's Assessment Growth Fund due to growth in birth numbers in the region.

It was moved by **P. Cuddy, seconded by H. Shears,** *that the Board of Health receive Report No. 73-23 re: "Healthy Start Home Visiting" for information.*

Carried

Intimate Partner Violence (Report No. 74-23)

J. Proulx and Alison Locker, Manager, Population Health, Assessment and Surveillance presented a report on intimate partner violence (IPV) in Middlesex-London.

J. Proulx provided an overview on intimate partner violence (IPV), noting that IPV refers to a pattern of behaviours that are aimed at establishing control by one person over another, and perpetrated by someone who is, or was, involved in an intimate or dating relationship. Behaviours may include physical injury or violence, emotional or psychological abuse, sexual harassment or violence, economic abuse, progressive social isolation, stalking, deprivation, intimidation and threats. Intimate partner violence can happen in many forms of relationships, including within a marriage, common-law or dating relationship, regardless of the gender and sexual orientation of the partners at any time during a relationship, and even after it has ended. IPV can occur whether partners live together or are sexually intimate with one another.

IPV is associated with significant health consequences, including physical health symptoms, mental health symptoms, reproductive health symptoms, and death.

A. Locker provided statistics and data regarding IPV, starting with the evidence of the burden of domestic IPV. Statistics Canada reported that between 2017 and 2021, the rate of police-reported IPV was higher for female victims compared to males, regardless of age category, ranging from 6.5 to 7.0 times greater among victims 12-24 years of age, to 3.3 times greater among victims 25-64 years of age, and 1.5 to 1.7 times higher among victims 65+ years of age. The highest rates were reported among female victims 12-24 years of age, at 773 to 805 victims per 100,000 females, which is a very high rate. For female victims 25-64 years of age, rates were also high, at 541 to 654 per 100,000 females. A. Locker noted that the data being presented are only cases of IPV that were reported to police, noting that many are not reported.

A. Locker provided the data for Middlesex-London regarding IPV, noting that since 2012, the number of emergency department visits due to domestic violence among Middlesex-London residents was relatively low, between 46 and 95, depending on the year. In the most recent five years of data, rates of emergency department visits were higher among females (20 to 33 per 100,000 females), and the local rate among females was three to ten times higher than the rate among males, depending on the year. Further, rates were highest among those 0-19 and 20-44 years of age, and rates overall are comparable to Ontario.

J. Proulx provided an overview of the interventions which the Health Unit is using to assist in preventing IPV. Primary preventions include home visiting programs such as Healthy Babies Healthy Children and Nurse-Family Partnership. Secondary prevention includes case finding and selective screening, and appropriate response to disclosures of IPV in client facing services. A tertiary prevention intervention is work being conducted in the Intervention for Health Enhancement and Living (iHEAL) which is a research health promotion program being funded by Western University and the Public Health Agency of Canada that supports women who are in the process of leaving an abusive partner.

It was moved by **S. Franke, seconded by M. Smibert,** *that the Board of Health receive Report No. 74-23 re: "Intimate Partner Violence" for information.*

Carried

Current Public Health Issues (Verbal)

This report was presented by Dr. Summers who provided a verbal update on current public health issues in the region.

Respiratory Season
COVID-19 infection rates are high but flatlining in the region, and public health is continuing to highlight the importance of vaccination. Dr. Summers thanked the community for continuing to support vaccination efforts.

The Western Fair mass vaccination clinic continues to vaccinate many people. The uptake is not as large as during the initial vaccination campaign, but still making an impact. The Western Fair vaccination clinic will be closing in December, as it was funded through COVID-19 funding and this clinic is not part of the Health Unit's operational plan for 2024. Fortunately, the Health Unit is working with other partners such as pharmacies and physicians. The Health Unit continues to support long term care homes and hospitals to protect the most vulnerable. The Influenza virus is circulating in the community but has not peaked yet. Typical patterns with Influenza include a wave later in the winter.

2024 Budget Impacts on Public Health Partners
With lack of funding for public health, some of the surrounding health units are making changes to their operations in order to be financially sustainable. An example is a recent announcement from Huron-Perth Public Health, with this health unit having to lay off 10% of their workforce.

MLHU in the News
There continues to be news regarding the Health Unit. Currently, vaccination has been in the news and questions regarding the uptake of both the COVID-19 and Influenza vaccinations. There will be more data available later in the year.

Health and Homelessness
The homelessness crisis continues in the community. The Health Unit is part of the Health and Homelessness work with the City of London and other partners, with the role of providing strategic guidance on health impacts for those without shelter or stable housing.

Board Member S. Franke inquired if there are vaccination clinics outside of the Western Fair.

Dr. Summers noted that for non-COVID or Influenza vaccines, in-school vaccination is provided for grade 7 students. There are also mobile clinics, and clinics at Health Unit offices in Strathroy and CitiPlaza. Public health is trying to fill the gap for those without access to primary care and meet people where they are at.

S. Franke followed up to inquire if there has been a cost analysis of public health delivering vaccines vs. other agencies such as pharmacies. Dr. Summers noted that there has been no formal evaluation regarding a cost analysis on vaccine delivery, but noted that the Province of Ontario is planning to evaluate in the coming year.

Board Member A. DeViet noted that there are residents in rural Ontario who are experiencing accessibility issues with receiving a vaccine, as there is limited availability in pharmacies within the County. Dr. Summers noted that public health provides primary care, long term care and hospitals with vaccines – not pharmacies. Public health does not have a line of sight on vaccine delivery to pharmacies, as this is managed by the Province. There are considerations of partnering with organizations such as the Middlesex County Library Services to provide vaccination to residents who cannot access a vaccine at a pharmacy or if they cannot get to an urban centre.

Chair Newton-Reid noted that it appeared that the approval of the new COVID-19 vaccine was approved later than it should have been, and in the midst of influenza season. Chair Newton-Reid inquired if Dr. Summers could comment on the timing, noting that this is not the local public health units' fault. Dr. Summers noted that there is now more understanding on the seasonality trends of illnesses – respiratory season begins generally in October. COVID-19 does not seem to have a specific season, and this is still being studied. There is complexity to analyzing strains of the virus in order to make an effective vaccine, and it is generally preferred to try and deliver the COVID-19 and Influenza vaccines in the same timeframe. If COVID-19 continues to appear earlier in the season as more data is collected, the vaccine will need to be available earlier.

It was moved by **M. McGuire, seconded by P. Cuddy,** *that the Board of Health receive the verbal report re: "Current Public Health Issues" for information.*

Carried

Medical Officer of Health Activity Report for October (Report No. 75-23)

Dr. Summers presented his activity report for October. There was no discussion on this report.

It was moved by **P. Cuddy, seconded by M. Smibert,** *that the Board of Health receive Report No. 75-23 re: "Medical Officer of Health Activity Report for October" for information.*

Carried

Chief Executive Officer Activity Report for October (Report No. 76-23)

Emily Williams, Chief Executive Officer presented her activity report for October. There was no discussion on this report.

It was moved by **S. Menghsha, seconded by S. Franke,** *that the Board of Health receive Report No. 76-23 re: "Chief Executive Officer Activity Report for October" for information.*

Carried

CORRESPONDENCE

It was moved by **M. McGuire, seconded by S. Franke,** *that the Board of Health receive the following items for information:*

a) *Public Health Sudbury & Districts re: Calls for expansion of outdoor air quality monitoring stations and the Air Quality Health Index across Northern Ontario*

b) *Niagara Region Public Health re: Bill 103 Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023*
c) *Middlesex-London Board of Health External Landscape for November 2023*

Carried

It was moved by **M. Smibert, seconded by M. McGuire,** *that the Board of Health endorse the following items:*

d) *Public Health Sudbury & Districts re: Public Health Strengthening and Chronic Disease Prevention*
e) *Public Health Sudbury & Districts re: Support for a Funded Healthy School Food Program in Budget 2024 (Federal)*

Carried

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is on Thursday, December 14 at 7 p.m.

CLOSED SESSION

At **8:11 p.m.,** it was moved by **P. Cuddy, seconded by S. Franke,** *that the Board of Health will move into a closed session to consider matters regarding labour relations or employee negotiations, personal matters about an identifiable individual, including Board employees, litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board, and to approve previous confidential Board of Health minutes.*

Carried

At **9:16 p.m.,** it was moved by **S. Menghsha, seconded by S. Franke,** *that the Board of Health return to public session from closed session.*

Carried

ADJOURNMENT

At **9:16 p.m.,** it was moved by **M. Steele, seconded by H. Shears,** *that the meeting be adjourned.*

Carried

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MATTHEW NEWTON-REID **EMILY WILLIAMS**
Chair **Secretary**

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

Thursday, November 16, 2023 at 6 p.m.
MLHU Board Room – CitiPlaza
355 Wellington Street
London, ON

MEMBERS PRESENT:	Michelle Smibert (Chair) Matthew Newton-Reid Michael Steele Aina DeViet Emily Williams, Chief Executive Officer (ex-officio) Dr. Alexander Summers, Medical Officer of Health (ex-officio)
REGRETS:	Tino Kasi
OTHERS PRESENT:	Stephanie Egelton, Executive Assistant to the Board of Health (recorder) Sarah Maaten, Director, Public Health Foundations Marc Resendes, Acting Manager, Strategy, Planning and Performance Dr. Joanne Kearon, Associate Medical Officer of Health Howard Shears, Board Member

At **6 p.m.,** Committee Chair Michelle Smibert called the meeting to order.

Chair Michelle Smibert welcomed new Board Member, Howard Shears for attending the Governance Committee.

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **M. Steele, seconded by A. DeViet,** *that the **AGENDA** for the November 16, 2023 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **M. Newton-Reid, seconded by A. DeViet,** *that the **MINUTES** of the September 21, 2023 Governance Committee meeting be approved.*

Carried

NEW BUSINESS

2023 Board of Health Member Self-Assessment Summary (Report No. 12-23GC)

Emily Williams, Chief Executive Officer provided the Committee with a summary of the 2023 Board of Health Member Self-Assessment. It was noted there was a good response rate to the survey that was sent to all members of the Board of Health, which will assist in providing strategic direction. The Board noted that updated policies influenced good governance, and there were a few opportunities such as enhanced education for Board Members, and improved visibility of key partners to the Board (such as potentially having delegations of community partners attend the Board of Health in the new year).

Committee Member/Board Chair Matt Newton-Reid noted that he was provided with feedback from the survey in his role as Chair, and that he appreciated the feedback that was provided.

It was moved by **M. Steele, seconded by A. DeViet,** *that the Governance Committee recommend to the Board of Health receive Report No. 12-23GC re: "2023 Board of Health Self-Assessment Results" for information.*

Carried

Governance Policy Review – Final Review of 2023 (Report No. 13-23GC)

E. Williams provided information on the final Governance Policy Review of 2023.

There were three (3) policies included as Appendix B that have been reviewed by the Governance Committee and prepared for approval by the Board of Health:

- G-280 Board Size and Composition
- G-300 Board of Health Self-Assessment
- G-350 Nominations and Appointments to the Board of Health

E. Williams noted that Committee members provided feedback on Governance Policy G-280 Board Size and Composition, inquiring if the term of a Board Chair could be increased to four (4) years. Staff suggested to leave the term of Board Chair to one (1) year, with consecutive terms for the individual to be at the Board's discretion each year. E. Williams added that there are members of the Board of Health who do not have a traditional municipal term of four (4) years on an appointed Board, such as the Board's provincially appointed members.

Committee Member/Board Chair M. Newton-Reid noted that a 1-year term for Chair and Vice-Chair is standard with committees and boards and is supportive for this wording in the policy to remain.

It was moved by **M. Newton-Reid, seconded by M. Steele,** *that the Governance Committee recommend to the Board of Health to:*

1) *Receive Report No. 13-23GC re: "Governance Policy Review" for information; and*
2) *Approve the governance policies as amended in Appendix B.*

Carried

Quarterly Risk Register Update – Q3 2023 (Report No. 14-23GC)

E. Williams provided an update on the Q3 Risk Registry. It was noted that there are ten (10) risks for Q3: five (5) classified as minor risk, four (4) classified as moderate risk, and one (1) classified as significant risk. There is also a new risk for Q3 in the technology category. This new risk is regarding the lack of multi-factor authentication for Ceridian Dayforce, the organization's Human Resources Information System (HRIS). The Information Technology team is exploring options with the vendor to introduce MFA and mitigate this risk. The residual risk listed is regarding ongoing discussion of voluntary mergers of local public health units at the provincial level.

It was moved by **M. Newton-Reid, seconded by A. DeViet,** *that the Governance Committee recommend to the Board of Health to:*
1) Receive Report No. 14-23GC re: "MLHU Q3 2023 Risk Register" for information; and
2) Approve the Q3 2023 Risk Register (Appendix A).

Carried

2023-24 Provisional Plan Q3 Status Update (Report No. 15-23GC)

Sarah Maaten, Director, Public Health Foundations noted that the Committee is seeing the first report of the new Provisional Plan and the new concise reporting format. S. Maaten introduced Marc Resendes, Acting Manager, Strategy, Planning and Performance to go further into detail on the Q3 Provisional Plan status update.

M. Resendes explained that the status report for the Provisional Plan will be categorized into red, yellow and green status labels for strategic initiatives, along with the tactics and activities associated with each initiative. The majority of the strategic initiatives are progressing as planned (green).

Dr. Alexander Summers, Medical Officer of Health added that the 2023-2024 Provisional Plan reflects an opportunity for the Health Unit to strengthen foundations of the agency with S. Maaten and M. Resendes' leadership. Dr. Summers added that some initiatives may be on the backburner with restructuring, but this is appropriate and expected.

Committee Member/Board Chair M. Newton-Reid noted that there are 11 out of 15 initiatives that are on track and inquired if there are concerns regarding the 4 "grey" labeled items. M. Newton-Reid further recognized appreciation that there are no initiatives labeled as "yellow" or "red".

S. Maaten noted that the grey label is signifying sequencing of a strategic initiative for the rest of the year of when the initiative can start. The Joy in Work initiative is paused because of the current restructuring climate. E. Williams added that the Joy in Work initiative is part of the recovery strategy with the expansion of the framework beyond the leadership team to the staff level.

It was moved by **M. Newton-Reid, seconded by M. Steele,** *that the Governance Committee recommend to the Board of Health to receive Report No. 15-23GC, re: "2023-24 Provisional Plan Q3 Status Update" for information.*

Carried

ADJOURNMENT

At **6:13 p.m.,** it was moved by **M. Steele, seconded by M. Newton-Reid,** *that the meeting be adjourned.*

Carried

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MICHELLE SMIBERT **EMILY WILLIAMS**
Committee Chair **Secretary**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 80-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 December 14

SUMMARY OF STRATEGIC PRIORITIZATION AND RESTRUCTURING OF THE MIDDLESEX-LONDON HEALTH UNIT

Recommendation

It is recommended that the Board of Health receive Report No. 80-23 re: "Summary of Strategic Prioritization and Restructuring of the Middlesex-London Health Unit" for information.

Key Points

- The Middlesex-London Health Unit was facing significant budget pressures in 2024.
- The agency identified strategic areas for disinvestments in order to balance the budget for 2024.
- Given the magnitude of the disinvestments and the approved priorities of the agency, the agency was restructured, effective January 1, 2024 (Appendix A).
- The labour relations and financial impacts of the restructuring are described in Report No. 81-23.

Background

The Middlesex-London Health Unit (MLHU) was facing significant budget pressures in 2024 and would no longer be able to sustain its current or historic levels of service. A process to strategically review the agency's programs and interventions was presented to and approved by the Board of Health in September 2023 as Report. No. 54-23.

Using the principles for prioritization and knowledge of the work of the agency, the Medical Officer of Health (MOH) and Chief Executive Officer (CEO) developed a proposal outlining programs and topics, settings, and interventions for investment or disinvestment. This was approved by the Board of Health in October 2023. In summary:

- **Highlighted investments**
  - Minor investments in vaccine preventable disease to ensure ongoing ability to maintain compliance with the *Immunization of School Pupils Act (ISPA)*, as well as to support moderate vaccine administration (including COVID-19) to prioritized populations with minimal access to other health care sources.
  - Minor investments in infectious disease control to ensure readiness and responsiveness to emerging threats.
  - Minor strengthening of presence with health sector partners, notably the Middlesex-London Ontario Health Team.
- **Highlighted disinvestments**
  - Significant reductions in comprehensive school health nursing, with a shift to supporting boards and 'families' of schools. Immunization and dental programming will continue.
  - Significant reduction in public health nursing capacity in healthy public policy development and community mobilization, with a shift to prioritized issues and partners at the municipal level.

- Reduced and scoped social marketing work, particularly public awareness campaigns, with the exception of regional and sustained initiatives. Initiatives will be determined through the annual prioritization efforts of the agency.

Given the magnitude of the disinvestments and the approved priorities of the agency, the MLHU undertook layoffs of both leadership and staff. This has also resulted in a restructuring of the agency, effective January 1, 2024 (Appendix A), specifically around the interventions of the MLHU. The detailed labour relations and financial impacts are outlined in Report 81-23.

Next Steps

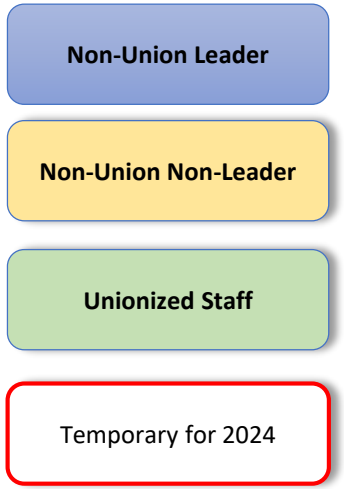
The effectiveness of the new structure will be evaluated through the organizational performance management system throughout 2024 and 2025. All teams will assess their model of service delivery, ensuring that the allocated resources are appropriate given the priorities of the agency.

This report was prepared by the Medical Officer of Health and Chief Executive Officer

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

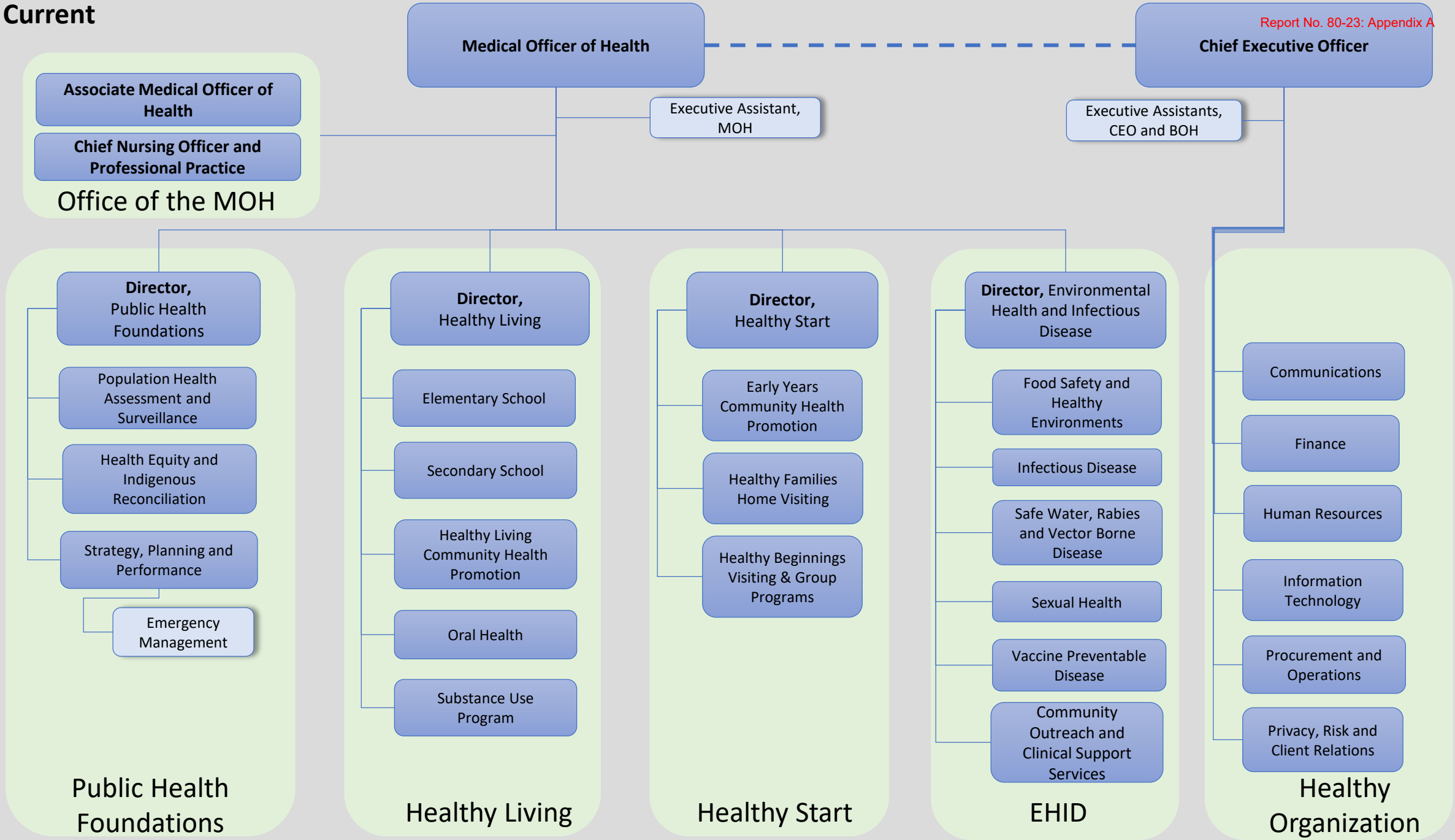
Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

Legend and Notes

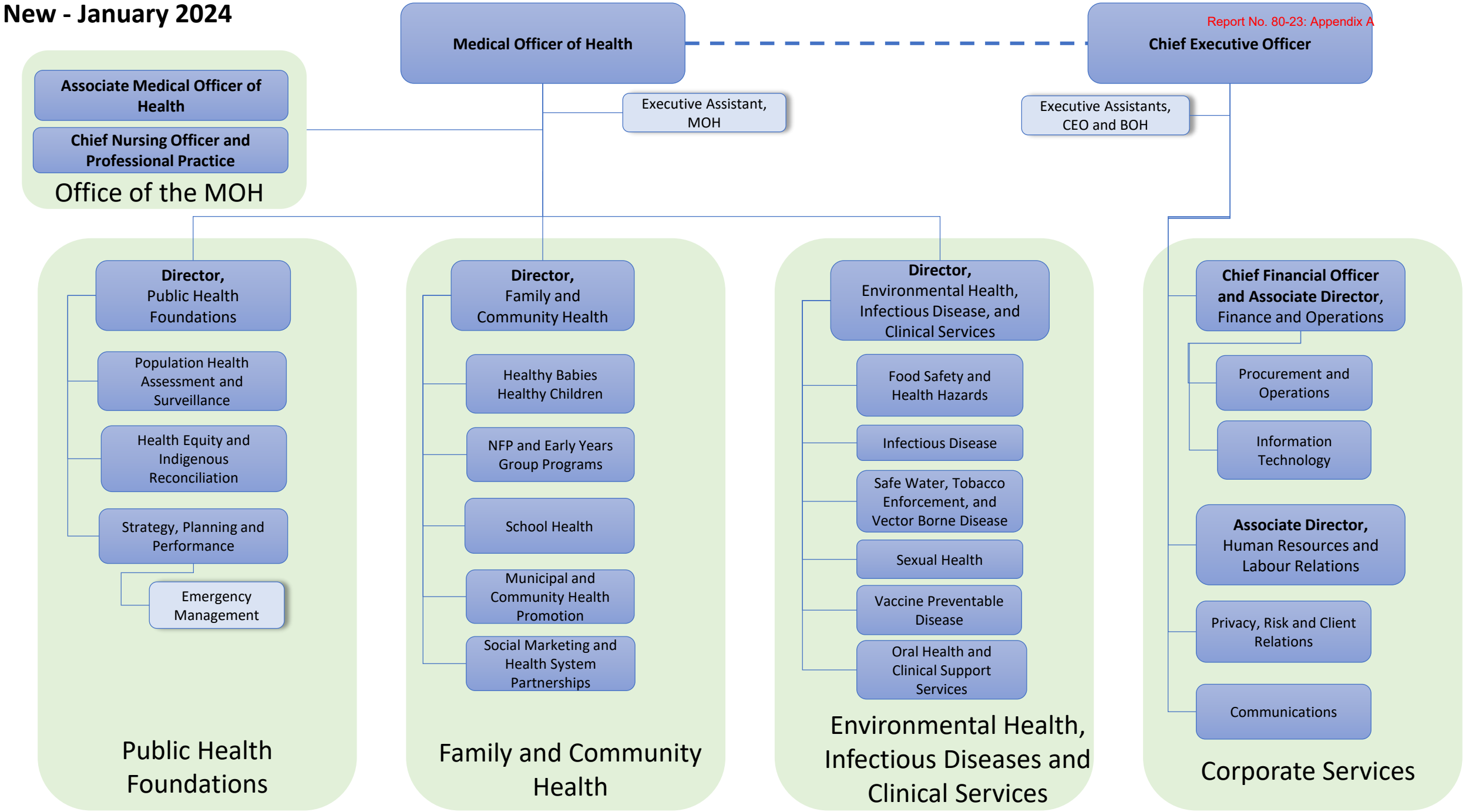


- Similar positions may be broken out within teams to account for different funding sources.

Current


Medical Officer of Health
Chief Executive Officer
Associate Medical Officer of Health
Chief Nursing Officer and Professional Practice
Office of the MOH
Executive Assistant, MOH
Executive Assistants, CEO and BOH
Director, Public Health Foundations
Population Health Assessment and Surveillance
Health Equity and Indigenous Reconciliation
Strategy, Planning and Performance
Emergency Management
Public Health Foundations
Director, Healthy Living
Elementary School
Secondary School
Healthy Living Community Health Promotion
Oral Health
Substance Use Program
Healthy Living
Director, Healthy Start
Early Years Community Health Promotion
Healthy Families Home Visiting
Healthy Beginnings Visiting & Group Programs
Healthy Start
Director, Environmental Health and Infectious Disease
Food Safety and Healthy Environments
Infectious Disease
Safe Water, Rabies and Vector Borne Disease
Sexual Health
Vaccine Preventable Disease
Community Outreach and Clinical Support Services
EHID
Communications
Finance
Human Resources
Information Technology
Procurement and Operations
Privacy, Risk and Client Relations
Healthy Organization

New - January 2024



Assigned Leaders - January 2024

Medical Officer of Health
(Dr. Alex Summers)

Chief Executive Officer
(Emily Williams)

Executive Assistant, MOH

Executive Assistants, CEO and BOH

Associate Medical Officer of Health
(Dr. Joanne Kearon)

Chief Nursing Officer and Professional Practice
(Jennifer Proulx - Acting)

Office of the MOH

Director,
Public Health Foundations
(Sarah Maaten)

- Population Health Assessment and Surveillance (Alison Locker)
- Health Equity and Indigenous Reconciliation (Christian Daboud)
- Strategy, Planning and Performance (Marc Resendes – Acting)
  - Emergency Management

Public Health Foundations

Director,
Family and Community Health
(Jennifer Proulx - Acting)

- Healthy Babies Healthy Children (Isabel Resendes)
- NFP and Early Years Group Programs (Rhonda Brittan)
- School Health (Anita Cramp)
- Municipal and Community Health Promotion (Darrell Jutzi)
- Social Marketing and Health System Partnerships (Linda Stobo)

Family and Community Health

Director,
Environmental Health, Infectious Disease, and Clinical Services
(Mary Lou Albanese)

- Food Safety and Health Hazards (David Pavletic)
- Infectious Disease (Jordan Banninga)
- Safe Water, Tobacco Enforcement, and VBD (Andrew Powell)
- Sexual Health (Shaya Dhinsa)
- Vaccine Preventable Disease (Tracey Gordon)
- Oral Health and Clinical Support Services (Donna Kosmack)

Environmental Health, Infectious Diseases and Clinical Services

Chief Financial Officer and Associate Director,
Finance
(David Jansseune)

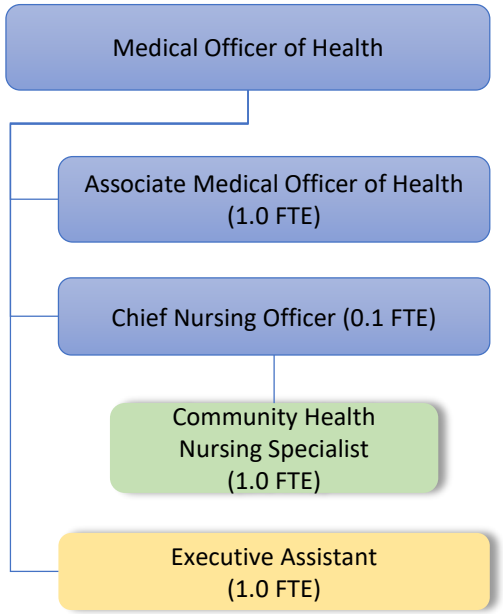
- Procurement and Operations (Warren Dallin)
- Information Technology (Pat Harford)

Associate Director, Human Resources and Labour Relations
(Cynthia Bos)

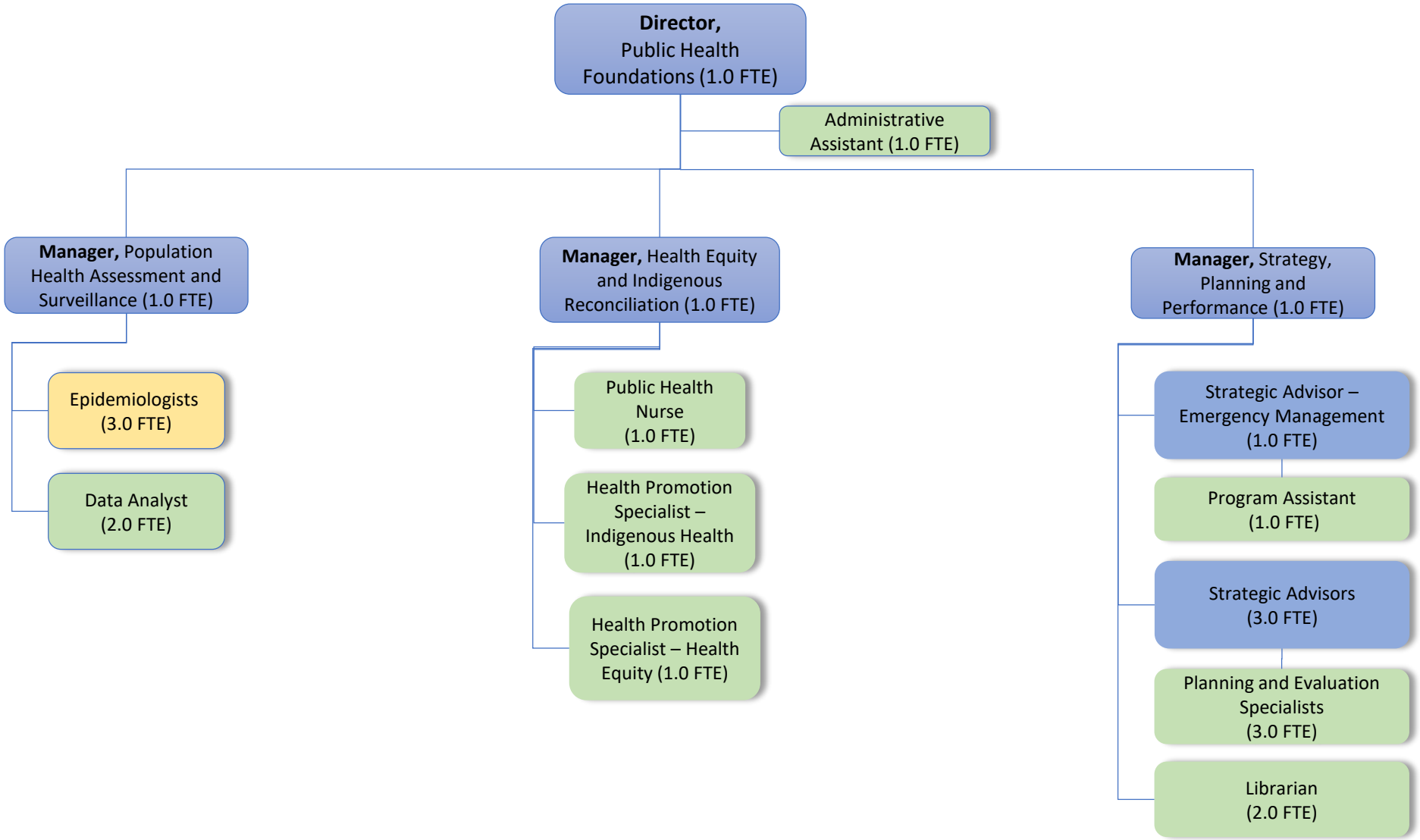
- Privacy, Risk and Client Relations (Ryan Fawcett)
- Communications (Emily Van Kesteren – Acting)

Corporate Services

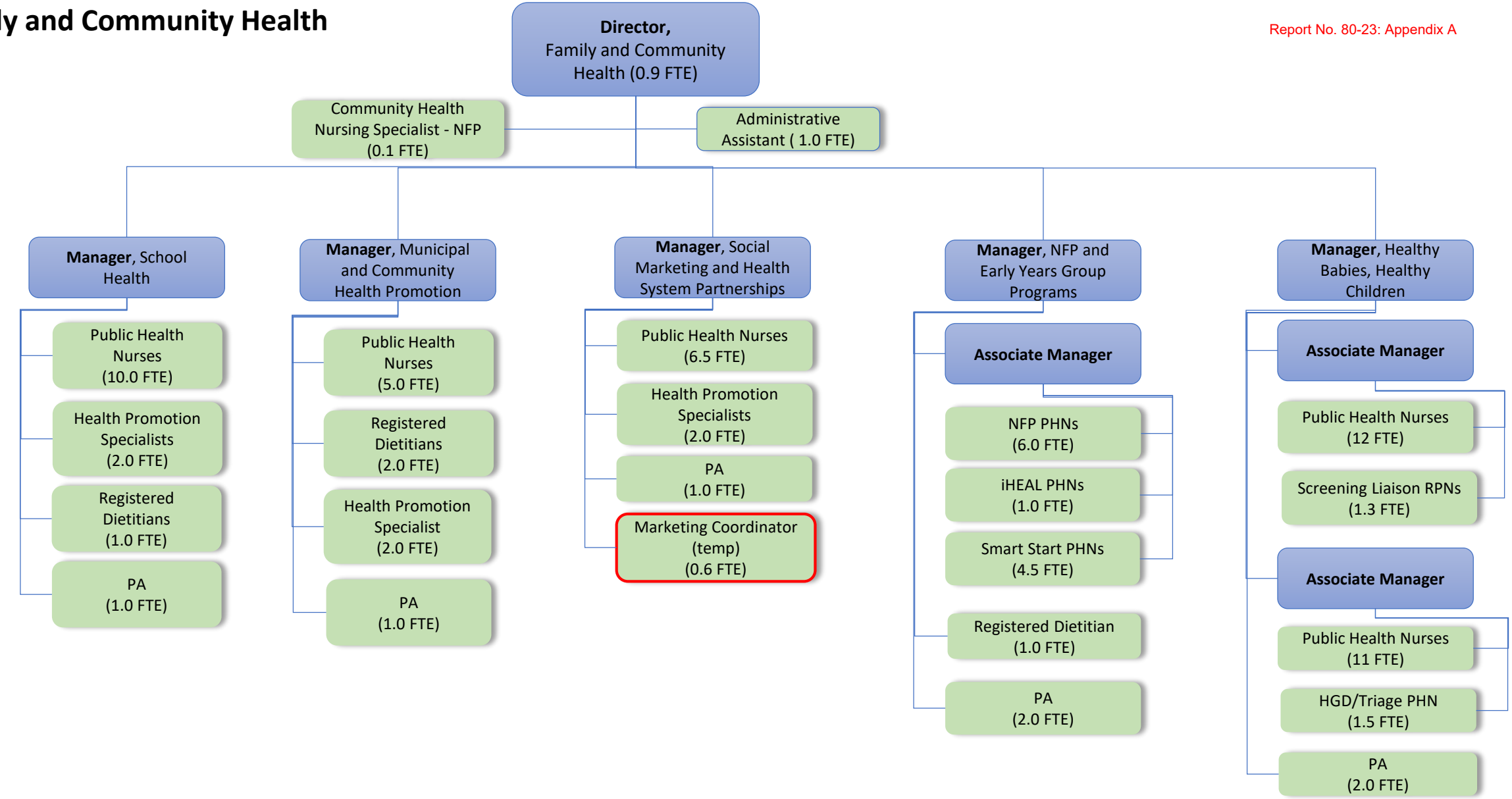
Office of the Medical Officer of Health



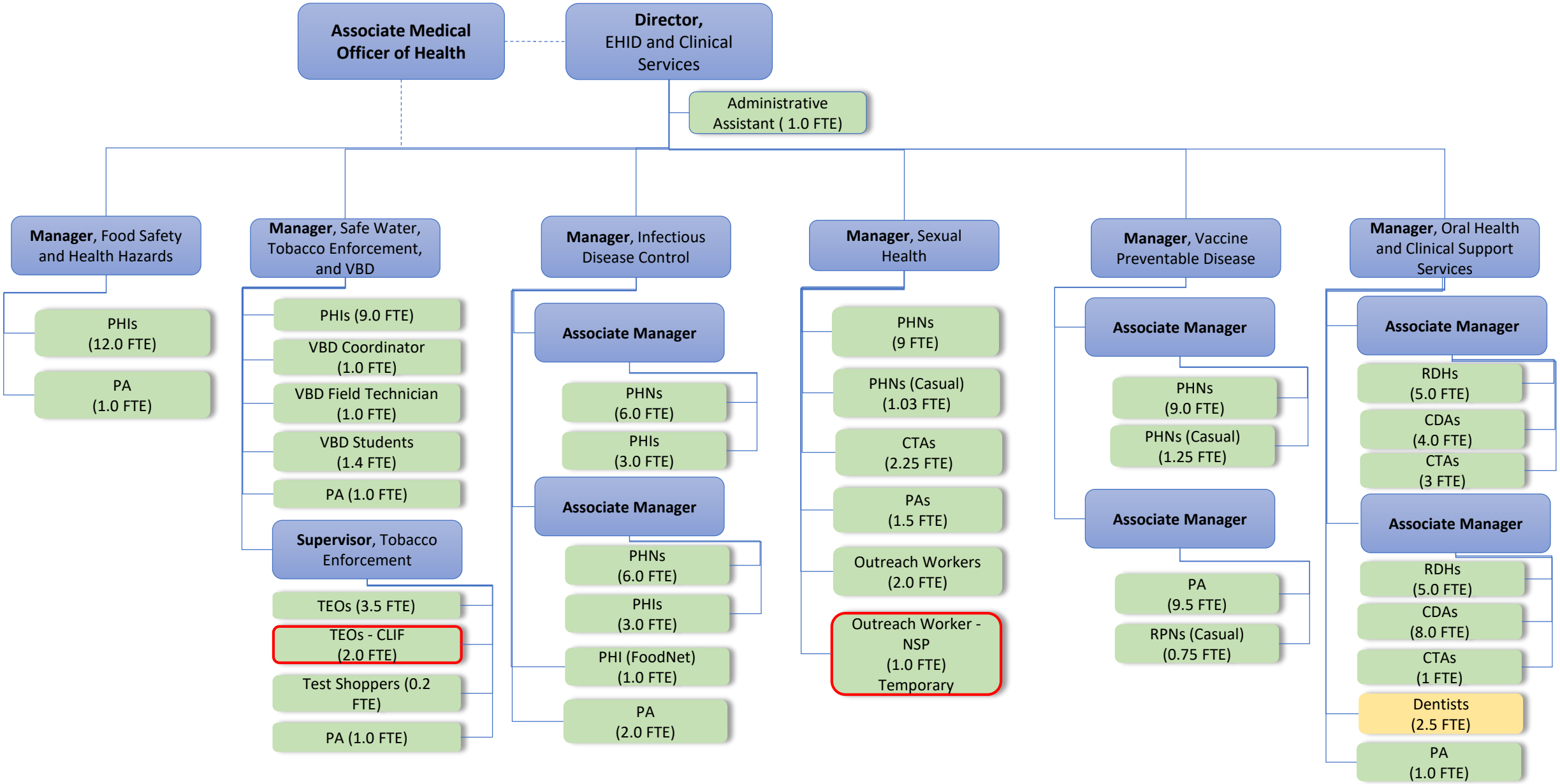
Public Health Foundations



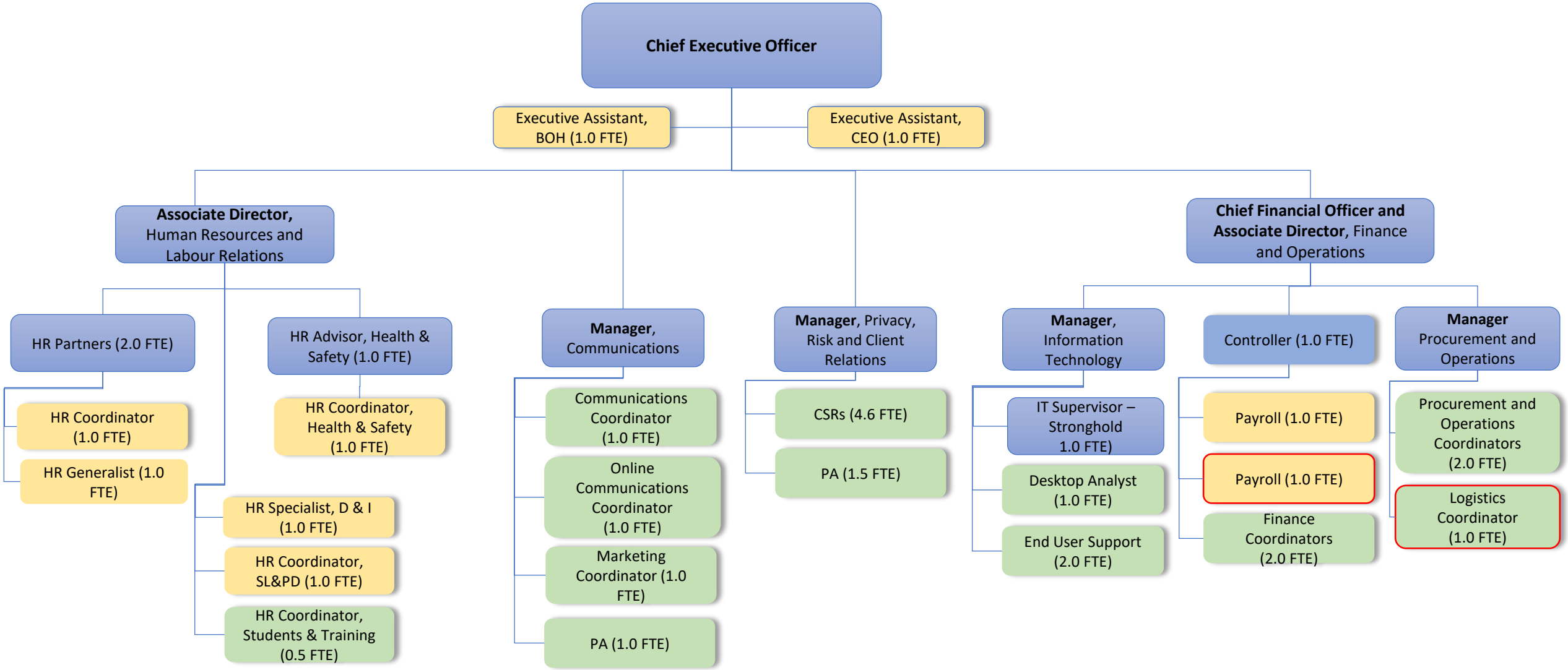
Family and Community Health



Environmental Health, Infectious Disease, and Clinical Services



Corporate Services



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 81-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 December 14

2024 MIDDLESEX-LONDON HEALTH UNIT BUDGET

Recommendations

It is recommended that the Board of Health:

1) ***Receive Report No. 81-23 re: "2024 Middlesex-London Health Unit Budget" for information; and***
2) ***Approve the 2024 Budget as outlined in Appendix A.***

Key Points

- The MLHU was facing a significant budget shortfall in 2024 and organizational restructuring was required.
- The changes to staff positions are outlined in this report, and employee layoffs were mitigated by offering incentivized retirements, reduction of vacant positions, and extending employment by transferring staff to contract/temporary roles.
- Given current understanding of funding levels in 2025 (1% provincial funding), a shortfall is anticipated again in that year. Several temporary roles were included in the 2024 budget that will be removed in 2025 to mitigate further disruption to staff.

Background

As noted in Report No. 54-23, the Middlesex-London Health Unit is facing significant budget pressures in 2024 and will no longer be able to sustain its current or historic levels of service. Pressures include the need to absorb inflationary pressures (negotiated salary increases and corporate inflation, $698,900); the need to incorporate staffing costs associated with the ongoing work of COVID-19 (Infectious Disease Control and Vaccine work, $1,054,570); and the need to reduce the organizational gapping budget to an attainable level ($548,764).

Funding increases include an overall 1% increase in provincial cost-shared base funding, a 3% increase from both municipalities (City of London and County of Middlesex), and an increase in Infection Prevention and Control Hub funding ($172K), for an overall increase of $978K in cost-shared base funding compared to 2023.

Other programs that receive 100% discreet funding from other sources (e.g. Public Health Ontario, Public Health Agency of Canada, Ministry of Children, Community, and Social Services, City of London Cannabis Legalization Implementation Funding and the Ontario Seniors Dental Care Program) are not included in this report because these programs are fully balanced, with no surplus and no deficit, and any surplus generated is returned to the funder.

2024 Cost-shared Base Budget

Report No. 80-23 outlines the organizational restructuring that has been undertaken as a result of the budget shortfall.

Disinvestments include the following positions, represented by Full Time Equivalents (FTE):

- 17.5 FTE Registered Nurses (RN);
- 2.0 FTE Registered Dietitians (RD);
- 1.5 FTE Health Promoters;
- 0.5 FTE Program Assistant (PA);
- 1.0 Director; and
- 3.0 Managers.

Some investments were made to support the restructuring, to ensure that newly formed and existing teams had the right combination of skill sets to do the prioritized interventions.

Investments include the following positions by FTE:

- 4.5 FTE RNs;
- 0.75 FTE Registered Practical Nurses (RPN);
- 1.0 FTE Administrative Assistant;
- 1.0 Data Analyst;
- 3.0 Health Promotion Specialists;
- 3.0 Associate Managers; and
- 5.0 Program Assistants.

Temporary positions were also included in the budget for 2024, in recognition of a further funding shortfall anticipated in 2025, and to minimize disruption at that time.

Temporary investments in the cost-shared base budget for 2024 include the following positions:

- 1.0 FTE Payroll & Benefits Administrator;
- 1.0 FTE Logistics Coordinator;
- 1.0 FTE Outreach Worker; and
- 0.6 FTE Marketing Coordinator.

Summary: Net reductions (after accounting for investments) in the workforce at the MLHU include a loss of 13.0 FTE of RN positions, 2.0 RD positions, 1.5 Health Promoter positions, and 1 Director position. Other disinvestments were offset by investments of positions with lower salary bands, for example 3 Manager role reductions were offset by 3 Associate Manager investments. These changes represent an overall savings of approximately $2.16M. This amount, combined with the increased funding of $978K has ensured a balanced 2024 cost-shared base budget.

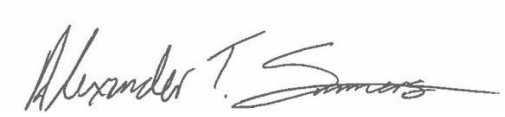
Several strategies were taken to minimize the people-level impacts of the restructuring, including Voluntary Retirement Incentives, reducing already vacant positions, and extending employment by transferring staff to contract/temporary roles. This will result in less than 7 total lay offs of front-line staff after all displacement (‘bumping’) rounds have been completed.

Next Steps

The Board of Health is required to approve the 2024 Budget, presented as Appendix A.

This report was prepared by the Chief Executive Officer and Medical Officer of Health.

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



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

Middlesex London Health Unit

Consolidated Budget *(Jan-Dec 2024)*

(revenue)/expenses	Budgets 2023	2024	Incr/(Decr)
Shared Funded Programs			
Grants, User Fees & Other Income	**(30,875,065)**	**(31,853,278)**	**978,213**
Salaries & Wages	20,612,743	20,943,175	330,432
Salaries & Wages Overtime	20,288	12,288	(8,000)
Benefits	5,284,439	5,523,838	239,399
General Expenses	6,483,778	6,364,529	(119,249)
Transfer to/(from) Reserves	13,132	0	(13,132)
Total Expenses	**32,414,380**	**32,843,830**	**429,450**
Gap	(1,539,315)	(990,551)	(548,764)
Shared Funding Programs: (Surplus) / Deficit	**(0)**	**0**	**(1)**
100% Funded Programs *(Schedule A)*			
Grants, User Fees & Other Income	**(15,952,633)**	**(3,700,484)**	**(12,252,149)**
Salaries & Wages	8,384,811	1,674,173	(6,710,638)
Salaries & Wages Overtime	1,206,092	0	(1,206,092)
Benefits	1,790,232	447,223	(1,343,009)
General Expenses	4,571,498	1,579,088	(2,992,410)
Total Expenses	**15,952,633**	**3,700,484**	**(12,252,149)**
100% Funded Programs: (Surplus) / Deficit	**0**	**0**	**0**
100% Funded Programs - MLHU2 *(restated January to December)* *(Schedule B)*			
Grants, User Fees & Other Income	**(2,876,053)**	**(2,842,977)**	**(33,076)**
Salaries & Wages	2,098,290	2,103,491	5,201
Salaries & Wages Overtime	0	0	0
Benefits	526,922	525,275	(1,647)
General Expenses	197,896	226,431	28,535
Total Expenses	**2,823,109**	**2,855,197**	**32,088**
100% Funded Programs: (Surplus) / Deficit	**(52,944)**	**12,220**	**(65,164)**
Total Health Unit, Consolidated			
Grants, User Fees & Other Income	**(49,703,751)**	**(38,396,739)**	**(11,307,011)**
Salaries & Wages	31,095,844	24,720,839	(6,375,006)
Salaries & Wages Overtime	1,226,380	12,288	(1,214,092)
Benefits	7,601,593	6,496,336	(1,105,258)
General Expenses	11,253,172	8,170,048	(3,083,124)
Transfers to/(from) Reserves	13,132	0	(13,132)
Total Expenses	**51,190,122**	**39,399,510**	**(11,790,611)**
Gap	(1,539,315)	(990,551)	(548,764)
Total Health Unit - MLHU: (Surplus) / Deficit	**(52,944)**	**12,220**	**(65,164)**

Middlesex London Health Unit

100% Funded Programs - MLHU *(Jan-Dec 2024)*

Schedule A

(revenue)/expenses	Budgets 2023	2024	Incr/(Decr)
1. COVID-19 *(816, 818)*: Grants, User Fees & Other Income	**(10,655,019)**	**0**	**(10,655,019)**
Salaries & Wages	5,608,724	0	(5,608,724)
Salaries & Wages Overtime *Discontinued for 2024*	1,206,092	0	(1,206,092)
Benefits	1,172,012	0	(1,172,012)
General Expenses	2,668,191	0	(2,668,191)
Total Expenses	**10,655,019**	**0**	**(10,655,019)**
COVID-19: (Surplus) / Deficit	**(0)**	**0**	**(0)**
2. SFNI *(819)*: Grants, User Fees & Other Income	**(1,415,572)**	**0**	**(1,415,572)**
Salaries & Wages	1,175,011	0	(1,175,011)
Salaries & Wages Overtime *Discontinued for 2024*	0	0	0
Benefits	240,561	0	(240,561)
General Expenses	0	0	0
Total Expenses	**1,415,572**	**0**	**(1,415,572)**
School Focused Nurses Initiative: (Surplus) / Deficit	**0**	**0**	**0**
3. Seniors Dental *(172)*: Grants, User Fees & Other Income	**(3,693,148)**	**(3,491,500)**	**(201,648)**
Salaries & Wages	1,479,833	1,542,440	62,607
Salaries & Wages Overtime	0	0	0
Benefits	353,614	409,972	56,358
General Expenses	1,859,702	1,539,088	(320,614)
Total Expenses	**3,693,148**	**3,491,500**	**(201,648)**
Seniors Dental: (Surplus) / Deficit	**0**	**0**	**0**
4. CLIF *(128)*: Grants, User Fees & Other Income	**(188,894)**	**(208,984)**	**20,090**
Salaries & Wages	121,243	131,733	10,490
Salaries & Wages Overtime	0	0	0
Benefits	24,045	37,251	13,206
General Expenses	43,605	40,000	(3,605)
Total Expenses	**188,894**	**208,984**	**20,090**
City of London Cannabis Legalization: (Surplus) / Deficit	**(0)**	**0**	**(0)**
MLHU 100% Funded Programs Consolidated:			
Grants, User Fees & Other Income	**(15,952,633)**	**(3,700,484)**	**(12,252,149)**
Salaries & Wages	8,384,811	1,674,173	(6,710,638)
Salaries & Wages Overtime	1,206,092	0	(1,206,092)
Benefits	1,790,232	447,223	(1,343,009)
General Expenses	4,571,498	1,579,088	(2,992,410)
Total Expenses	**15,952,633**	**3,700,484**	**(12,252,149)**
MLHU 100% Funded Programs: (Surplus) / Deficit	**0**	**0**	**0**

Middlesex London Health Unit

100% Funded Programs - MLHU2 *(Restated from Jan to Dec 2024)*

Schedule B

(revenue)/expenses	Budgets 2023	2024	Incr/(Decr)
1. Smart Start for Babies *(145)*: Grants, User Fees & Other Income	**(152,430)**	**(152,430)**	**0**
Salaries & Wages	50,844	45,068	(5,776)
Salaries & Wages Overtime	0	0	0
Benefits	9,366	9,467	100
General Expenses	90,539	97,896	7,357
Total Expenses	**150,749**	**152,430**	**1,681**
Smart Start for Babies: (Surplus) / Deficit	**(1,681)**	**0**	**(1,681)**
2. Best Beginnings *(150)*: Grants, User Fees & Other Income	**(2,495,533)**	**(2,471,093)**	**(24,440)**
Salaries & Wages	1,888,980	1,898,158	9,178
Salaries & Wages Overtime	0	0	0
Benefits	482,372	479,455	(2,917)
General Expenses	77,014	105,700	28,687
Total Expenses	**2,448,366**	**2,483,313**	**34,947**
Best Beginnings: (Surplus) / Deficit	**(47,167)**	**12,220**	**(59,387)**
3. Library Shared Services *(206)*: Grants, User Fees & Other Income	**(106,745)**	**(108,414)**	**1,669**
Salaries & Wages	72,655	75,074	2,419
Salaries & Wages Overtime	0	0	0
Benefits	16,823	17,580	757
General Expenses	15,536	15,760	224
Total Expenses	**105,014**	**108,414**	**3,399**
Library Shared Services: (Surplus) / Deficit	**(1,730)**	**(0)**	**(1,730)**
4. FoodNet Canada Program *(233)*: Grants, User Fees & Other Income	**(121,345)**	**(111,040)**	**(10,305)**
Salaries & Wages	85,811	85,191	(620)
Salaries & Wages Overtime	0	0	0
Benefits	18,361	18,774	413
General Expenses	14,807	7,075	(7,732)
Total Expenses	**118,979**	**111,040**	**(7,939)**
FoodNet Canada Program: (Surplus) / Deficit	**(2,366)**	**(0)**	**(2,365)**
MLHU2 100% Funded Programs Consolidated:			
Grants, User Fees & Other Income	**(2,876,053)**	**(2,842,977)**	**(33,076)**
Salaries & Wages	2,098,290	2,103,491	5,201
Salaries & Wages Overtime	0	0	0
Benefits	526,922	525,275	(1,647)
General Expenses	197,896	226,431	28,535
Total Expenses	**2,823,109**	**2,855,197**	**32,088**
MLHU2 100% Funded Programs: (Surplus) / Deficit	**(52,944)**	**12,220**	**(65,164)**

MLHU - Division/Department *Expenses* 2024 Budget

Excludes departments 120 and 126.

	Bud 2020	Bud 2021	Bud 2022	Bud 2023	Bud 2024
Office of the Medical Officer of Health					
801, Office of the Medical Officer of Health	484,130	508,590	518,173	626,643	473,722
840, Associate Medical Officer of Health	332,008	357,413	366,570	288,204	286,447
852, Chief Nursing Officer	286,662	335,468	521,371	291,901	149,912
Office of the Medical Officer of Health Total	1,102,800	1,201,471	1,406,114	1,206,748	910,081
Public Health Foundations					
808, Emergency Mgmt & Strategic Advisor	133,818	135,530	134,917	4,750	188,620
839, Population Health Assessment & Surveillance	549,380	603,071	616,675	603,768	700,414
841, Stratey, Planning & Performance	679,381	674,485	689,014	1,009,017	787,514
842, Library Services	103,121	104,379	106,406	18,620	106,312
854, Health Equity & Indigenous Reconciliation	502,655	399,495	453,100	642,587	475,570
855, Office of the Director PHF	0	0	0	0	246,943
Public Health Foundations Total	1,968,355	1,916,960	2,000,113	2,278,742	2,505,373
Environmental Health, Infectious Disease & Clinical Services					
128, City of London Funding for Cannabis Legalization	166,846	290,451	415,798	188,894	208,984
172, Senior Dental Health	2,455,451	1,671,528	1,861,400	3,693,148	3,491,500
811, Vaccine Preventable Disease	1,666,948	1,642,828	1,635,262	1,676,417	2,375,807
812, Sexual Health	2,205,358	2,801,026	2,793,289	2,486,903	2,788,850
814, Infectious Disease Control	1,614,532	1,646,592	1,674,197	1,636,798	2,575,509
820, Office of the Director EHIDCS	253,111	270,673	261,715	238,024	298,121
826, Food Safety & Health Hazards	1,379,371	1,718,483	1,744,556	1,657,793	1,516,799
827, Safe Water, Tobacco Enforcement & Vector-Borne Disease	998,394	746,775	757,435	957,099	2,129,293
830, Oral Health & Clinical Support Services	986,797	1,010,243	1,032,418	827,958	1,117,156
Environmental Health, Infectious Disease & Clinical Services Total	11,726,808	11,798,599	12,176,070	13,363,035	16,502,019
Family & Community Health					
740, NFP & Early Years Group Programs	0	0	1,687,613	1,788,610	1,820,536
750, Healthy Babies Healthy Children			883,893	563,260	1,070,940
833, School Health	0	0	0	1,601,436	1,765,271
836, Social Marketing & Health Systems Partnerships	0	0	0	1,296,609	1,411,809
838, Municipal & Community Health Promotion	0	0	0	0	1,255,676
850, Office of the Director FCH	212,473	215,306	218,155	213,375	368,924
Family & Community Health Total	212,473	215,306	2,789,662	5,463,289	7,693,157
Corporate Services					
800, Corporate Admin	1,695,601	1,755,886	1,513,534	1,868,631	2,430,601
802, Communications	440,186	445,587	455,578	635,226	538,704
805, Finance	376,539	378,369	387,174	510,947	661,878
806, Human Resources	718,985	753,499	863,841	1,018,212	1,083,727
807, Information Technology	1,208,932	1,314,725	1,722,128	1,568,230	1,588,645
809, Privacy, Risk & Client Relations	276,792	283,660	449,909	251,165	640,369
845, Office of the Chief Executive Officer	366,239	363,368	368,222	485,532	611,760
846, Procurement & Operations	187,821	193,968	198,508	298,309	387,450
Corporate Services Total	5,271,095	5,489,062	5,958,893	6,636,252	7,943,134
Inactive Departments	12,040,294	40,211,804	37,922,487	17,879,632	0
Grand Total	32,321,825	60,833,202	62,253,340	46,827,698	35,553,763

MLHU - Division/Department *Revenue* 2024 Budget

Excludes departments 120 and 126.

	Bud 2022	Bud 2023	Bud 2024
Office of the Medical Officer of Health			
801, Office of the Medical Officer of Health	(42,900)	(42,900)	(53,000)
840, Associate Medical Officer of Health	(52,900)	(52,900)	(42,900)
Office of the Medical Officer of Health Total	(95,800)	(95,800)	(95,900)
Environmental Health, Infectious Disease & Clinical Services			
128, City of London Funding for Cannabis Legalization	(415,798)	(188,894)	(208,984)
172, Senior Dental Health	(1,861,400)	(3,693,148)	(3,491,500)
811, Vaccine Preventable Disease	(113,440)	(98,440)	(99,424)
812, Sexual Health	(331,000)	(270,000)	(297,400)
814, Infectious Disease Control	(292,986)	(270,068)	(441,800)
827, Safe Water, Tobacco Enforcement & Vector-Borne Disease	0	0	(20,000)
830, Oral Health & Clinical Support Services	(500)	(1,200)	(1,212)
Environmental Health, Infectious Disease & Clinical Services Total	(3,015,124)	(4,521,750)	(4,560,320)
Corporate Services			
800, Corporate Admin	(30,146,522)	(30,139,557)	(30,897,542)
807, Information Technology	(200,000)	0	0
Corporate Services Total	(30,346,522)	(30,139,557)	(30,897,542)
Inactive Departments	(28,795,894)	(12,070,591)	0
Grand Total	(62,253,340)	(46,827,698)	(35,553,762)

MLHU2 - Division/Department *Expenses* 2024/2025 Budget

	Budget - Jan to Dec		Budget - Apr to Mar	
	2023	2024	2024	2025
Public Health Foundations				
206, Library Shared Services	**105,014**	**108,414**	**108,006**	**108,550**
Salaries & Wages	72,655	75,074	74,331	75,322
Benefits	16,823	17,580	17,287	17,677
General Expenses	15,536	15,760	16,388	15,551
Public Health Foundations Total	**105,014**	**108,414**	**108,006**	**108,550**
Environmental Health, Infectious Disease & Clinical Services				
233, FoodNet Canada Program	**118,979**	**111,040**	**115,794**	**109,455**
Salaries & Wages	85,811	85,191	84,347	85,472
Benefits	18,361	18,774	16,697	19,466
General Expenses	14,807	7,075	14,750	4,517
Environmental Health, Infectious Disease & Clinical Services Total	**118,979**	**111,040**	**115,794**	**109,455**
Family & Community Health				
145, SSFB (Smart Start for Babies)	**150,749**	**152,430**	**152,430**	**152,430**
Salaries & Wages	50,844	45,068	43,633	45,546
Benefits	9,366	9,467	9,760	9,369
General Expenses	90,539	97,896	99,037	97,515
150, Best Beginnings (HBHC)	**2,448,366**	**2,483,313**	**2,483,313**	**2,483,313**
Salaries & Wages	1,888,980	1,898,158	1,920,551	1,890,694
Benefits	482,372	479,455	486,710	477,036
General Expenses	77,014	105,700	76,052	115,583
Family & Community Health Total	**2,599,115**	**2,635,743**	**2,635,743**	**2,635,743**
Grand Total	**2,823,109**	**2,855,197**	**2,859,543**	**2,853,748**

MLHU2 - Division/Department *Revenue* 2024/2025 Budget

	Budget - Jan to Dec		Budget - Apr to Mar	
	2023	2024	2024	2025
Public Health Foundations				
206, Library Shared Services	**(106,745)**	**(108,414)**	**(108,006)**	**(108,550)**
Grants, User Fees & Other Income	(106,745)	(108,414)	(108,006)	(108,550)
Public Health Foundations Total	**(106,745)**	**(108,414)**	**(108,006)**	**(108,550)**
Environmental Health, Infectious Disease & Clinical Services				
233, FoodNet Canada Program	**(121,345)**	**(111,040)**	**(115,794)**	**(109,455)**
Grants, User Fees & Other Income	(121,345)	(111,040)	(115,794)	(109,455)
Environmental Health, Infectious Disease & Clinical Services Total	**(121,345)**	**(111,040)**	**(115,794)**	**(109,455)**
Family & Community Health				
145, SSFB (Smart Start for Babies)	**(152,430)**	**(152,430)**	**(152,430)**	**(152,430)**
Grants, User Fees & Other Income	(152,430)	(152,430)	(152,430)	(152,430)
150, Best Beginnings (HBHC)	**(2,495,533)**	**(2,471,093)**	**(2,483,313)**	**(2,483,313)**
Grants, User Fees & Other Income	(2,495,533)	(2,471,093)	(2,483,313)	(2,483,313)
Family & Community Health Total	**(2,647,963)**	**(2,623,523)**	**(2,635,743)**	**(2,635,743)**
Grand Total	**(2,876,053)**	**(2,842,977)**	**(2,859,543)**	**(2,853,748)**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 82-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 December 14

2024 ONTARIO BUDGET CONSULTATION - SUBMISSION

Recommendations

It is recommended that the Board of Health:

1) ***Receive Report No. 82-23 re: "2024 Ontario Budget Consultation - Submission" for information; and***
2) ***Approve the attached response as Appendix A.***

Key Points

- The online portal for the 2024 Ontario Budget has been opened and is providing individuals and organizations the opportunity to provide submissions regarding budgetary priorities.
- With the funding challenges facing local public health agencies, this is an opportunity for the Board of Health to provide their own submission, advocating for sufficient base funding.
- Appendix A is the draft response to be provided to the Ontario Ministry of Finance by the January 31, 2024 deadline.

Background

The online portal for the 2024 Ontario Budget has been opened and is providing individuals and organizations the opportunity to provide submissions regarding budgetary priorities. Submissions can be received via a survey or a written submission by January 31, 2024, to the Honourable Peter Bethlenfalvy, Minister of Finance.

Proposed Budgetary Items to Highlights

In the draft response to the 2024 Budget Consultation, the following critical priorities are suggested to be highlighted:

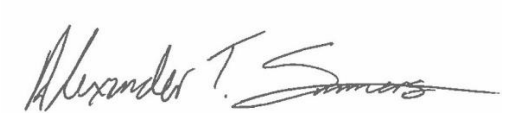
- Consistent and sustained funding for the MLHU to conduct work under the *Ontario Public Health Standards* that reflects both inflation and population growth in the Middlesex-London region;
- Increased funding for staff working in Vaccine Preventable Diseases to address exponential growth in newcomers to the region, who are frequently unattached to primary care providers;
- Increased funding for Tobacco Enforcement Officers to address massive expansion in cannabis retailers;
- Increased funding for the mandatory Healthy Babies Healthy Children home visiting program, through the Ministry of Children, Community and Social Services, which has been stagnant since 2012;
- Increased funding to support increased demand for the Ontario Seniors Dental Care Program.

Next Steps

Appendix A contains a draft response to be provided to the Ministry of Finance by the January 31, 2024 deadline.

This report was prepared by the Chief Executive Officer and Medical Officer of Health.

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



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

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

December 14, 2023

The Honourable Peter Bethlenfalvy
Minister of Finance
c/o Budget Secretariat
Frost Building North, 3rd Floor
95 Grosvenor Street
Toronto, Ontario M7A 1Z1

Re: 2024 Ontario Budget Submission

Dear Minister Bethlenfalvy,

Local public health agencies across Ontario are experiencing serious fiscal challenges, including the Middlesex London Health Unit (MLHU). This year, the MLHU had to make the difficult decision to restructure the organization to continue operating within the funding available. This resulted in the loss of front line and management positions, including nursing, dietitian, and health promoter roles that were directly serving the Middlesex-London community. It is noted that restoration of the $47 million (previous Mitigation funding) and an increase of 1% to the base funding in each of the next three years is a positive step, however, it is insufficient for our Health Unit to be able to continue certain mandated services under the *Ontario Public Health Standards*.

The Board of Health would like to highlight the following for your consideration when building the 2024 Budget:

- The need for consistent and sustained funding for the MLHU to conduct work under the *Ontario Public Health Standards* that reflects both inflation and population growth in the Middlesex-London region;
- The need for increased funding for staff working in Vaccine Preventable Diseases to address exponential growth in Newcomers to the region, who are frequently unattached to primary care providers;
- The need for increased funding for Tobacco Enforcement Officers to address massive expansion in Cannabis retailers;
- The need for increased funding for the mandatory Healthy Babies Healthy Children home visiting program, through the Ministry of Children, Community and Social Services, which has been stagnant since 2012; and
- The need for increased funding to support increased demand for the Ontario Seniors Dental Care Program.

On behalf of the Middlesex-London Board of Health, thank you for providing an opportunity for organizations to provide a submission to the Ontario Government in building the 2024 Budget.

Sincerely,

Matt Newton-Reid Board Chair	Dr. Alex Summers MD, MPH, CCFP, FRCPC Medical Officer of Health	Emily Williams BScN, RN, MBA, CHE Secretary and Treasurer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 83-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 December 14

CANADA LIFE BENEFITS – 2024 RENEWAL RATES

Recommendation

It is recommended that the Board of Health approve the renewal of the group insurance rates administered by Canada Life as described in Report No. 83-23 re: "Canada Life Benefits – 2024 Renewal Rates".

Key Points

- The group benefits with Canada Life is an annual contract from January to December.
- Staff reviewed draft details with AON Hewitt on November 8, 2023.
- The benefits are administered under two separate policies:
  - The first policy covers Life, AD&D, and LTD which is premium based.
  - The second policy covers Extended Health Care (health, drug, vision) and Dental which is ASO based *(ASO = Administrative Services Only)*.
- The overall change to the annual premium is a decrease of 3.0% or $54,039 annually. For comparison, 2023 was a 7.2% increase which amounted to $116,200 annually.

Background

Since 2013, the Middlesex London Health Unit (MLHU) has been insured by Canada Life, formerly Great West Life, to provide benefits to staff. The MLHU has partnered with AON Hewitt (Aon), a consulting firm, to assist with negotiations with benefit providers. Premium rates were guaranteed and remained constant from 2019 to 2021 but are subject to review/increases beginning 2022 and thereafter.

This business will be tendered during the spring of 2024 to ensure value for money is maximized and rates remain competitive.

Proposed Rate Summary

The following table is a summary to illustrate the annual decrease of 3.0% or $54,039.
(current total $1,776,863 to negotiated total $1,722,825 = $54,039 decrease or 3.0%, +/- rounding)

Please note that Canada Life's proposal was an increase to $1,978,076 or 11.3%. Aon successfully negotiated a lesser amount, and a decrease to the previous rates.

Benefit	Current	Canada Life Proposal	% Change	Aon Negotiated	% Change
Life Insurance	148,209	161,170	8.7%	152,154	2.7%
Accidental Death & Dismemberment	13,972	13,972	0.0%	13,972	0.0%
Long-Term Disability	165,741	181,993	9.8%	175,011	5.6%
Extended Health Care					
Single	52,389	62,028	18.4%	49,928	-4.7%
Family	822,129	973,137	18.4%	783,486	-4.7%
Dental Care					
Single	41,156	41,982	2.0%	39,262	-4.6%
Family	527,109	537,636	2.0%	502,854	-4.6%
GMA/Virtual Health Care					
Single	1,010	1,010	0.0%	1,010	0.0%
Family	5,148	5,148	0.0%	5,148	0.0%
Total	**1,776,863**	**1,978,076**	**11.3%**	**1,722,825**	**-3.0%**

Analysis:

Life *(premium based)***:** The proposed increase is driven by the difference in the MLHU's current billed rate vs Canada Life's manual rate.
2018 rate $0.255; 2023 rate $0.263; proposed 2024 rate $0.270 (+5.9% higher from the 2018 rate).

AD&D *(premium based)***:** The rate is based on the carrier's manual rate and therefore negotiated no increase. This rate is rarely revised following the implementation of a plan.

Long-Term Disability *(premium based)***:** The proposed increase is again driven by the difference in the MLHU's current billed rate vs Canada Life's manual rate.
2018 rate $2.890; 2023 rate $2.825; proposed 2024 rate $2.983 (+5.6% higher than the 2018 rate).

Health Care *(ASO based)***:** Claims paid for the 12 months ended July 2023 amounted to $693,136. Of these claims, 67.3% are claims for drugs; 15.7% are for vision and the remaining 17.0% are for paramedical/other/hospital.

Dental Care *(ASO based)***:** Claims paid for the 12 months ended July 2023 amounted to $441,086. Of these claims, 32.8% are claims for periodontics & endodontics; 27.6% are for minor surgery & restorations; 27.1% are for diagnostic & preventive and the remaining 12.5% are for major surgery/orthodontics.

ASO Based:

ASO Expenses or Administrative Services Only: *Calculated on deposit rates that are set based on claims activity for the previous 12 months, expected claims for the following year and the administrative fees incurred under the plan.*

There are no rate changes on these administrative services from 2023 to 2024. The fees are calculated as a percent of claims ranging from 2.96% to 4.23%, with profit calculated at 1.33% of claims.

Conclusion

The Health Unit's contract with Canada Life to provide group insurance will be renewed from January 1st to December 31st of 2024. Based on the number of employees and benefits selected, the premium decrease for 2024 is estimated to be $54,039.

This report was prepared by Finance Team, Healthy Organization Division.

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

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 84-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 December 14

SIGNED SCHOOL BOARD AND PUBLIC HEALTH PARTNERSHIP DECLARATION

Recommendation

It is recommended that the Board of Health receive Report No. 84-23 re: "Signed School Board and Public Health Partnership Declaration" for information.

Key Points

- The Council of Ontario Directors of Education and the Council of Ontario Medical Officers of Health (CODE-COMOH) Committee recommended that all schools' boards and health units establish and maintain a written partnership agreement to support a mutually beneficial working relationship between the local school boards(s), and public health units.
- The Middlesex London Health Unit (MLHU), Southwestern Public Health (SWPH), Thames Valley District School Board (TVDSB), and London District Catholic School Board (LDCSB) have recently developed and signed Partnership Declarations (Appendix A).
- The school health team will maintain their collaborative efforts with local school boards, enhance existing partnerships, and actively participate in joint projects, initiatives, and programs at the board level.

Background

It is widely acknowledged that there is a strong reciprocal link between academic success and physical and emotional well-being (ASCD, 2012). Consequently, the education system places significant importance on the well-being of students, urging a comprehensive integration of well-being into its core mission, going beyond their educational role (Colao, Piscitelli, Pulimeno, et al., 2020).

To achieve both academic performance and student well-being, school boards have partnered with various community organizations and agencies. Historically, public health is one of the agencies that partner with school boards to promote optimal health among children and youth.

Public Health in our local Schools. The synergy between public health units, school boards and schools rely on strong partnerships, as this is key to supporting the development of interventions that cross education and health. As a result of the MLHU's recent strategic prioritization and new organizational structure, the Elementary and School Teams have merged into one School Health Team. A pivotal aspect of the restructuring involves a stronger presence and engagement with local school boards. Collaborating closely with these boards will enable a coordinated approach to address health-related challenges and implement initiatives that positively impact all school communities. The restructuring of MLHU's school health team underscores the necessity of delineating roles and responsibilities within the partnership between public health units and school boards.

CODE-COMOH recommends the creation of Partnership Declarations. CODE-COMOH (Council of the Directors of Education - Council of the Medical Officers of Health), is a committee that was formed as a result of many emerging programs that required joint communication and work between Education and Health and the need to establish a relationship at the highest level between public health agencies and boards of education. This group has recommended that all schools' boards and health units establish and maintain a written partnership agreement to support a mutually beneficial working relationship.

The establishment of partnership declarations would solidify the reciprocal partnership objectives between the Ministry of Health and the Ministry of Education and foster collaborative efforts to support the development of healthy school environments as well as the ability to share data more effectively. Further, a guideline was developed to aid in the creation of partnership declarations. The guideline was a high-level overview, intended to be a communication tool to explain the purpose of the partnership and identify specific content sections such as purpose, goals, approaches, and expectations. Despite the CODE-COMOH recommendation, an environmental scan conducted in 2022 across 32 out of 34 public health units revealed that, prior to COVID-19, only 60% of regions had established partnership declarations with at least one of their collaborating school boards. Furthermore, it was noted that the COVID-19 pandemic hindered the creation and renewal of these partnership declarations.

Status Update

During the 2022-2023 school year, Middlesex London Health Unit (MLHU), Southwestern Public Health (SWPH), Thames Valley District School Board (TVDSB), and London District Catholic School Board (LDCSB) initiated the review and development of Partnership Declarations. By the spring of 2023, a Partnership Declaration was successfully updated and signed between TVDSB, SWPH, and MLHU. Additionally, the Partnership Declaration between LDCSB, SWPH, and MLHU was also finalized and signed this fall. Please see Appendix A for copies of the signed Partnership Declarations.

Next Steps

- The School Health Team will maintain their collaborative efforts with local school boards, enhance existing partnerships, and actively participate in joint projects, initiatives, and programs at the board level.
- The School Health Team plans to revisit and update partnership declarations every two years to ensure they align with shared goals and priorities. Additionally, the school health team will engage in ongoing discussions to identify opportunities for enhancement.
- The School Health Team has been actively developing data sharing agreements, and the goal is to finalize these agreements by the end of 2023. Currently, the Health Unit has a signed data sharing agreement with London District Catholic School Board and are working closely with the Thames Valley District School Board. These agreements will define the pertinent data and information crucial for collaborative efforts, and establish procedures for consistent data sharing, with provisions to adapt as needs evolve.
- The School Health Team also plans to initiate the process of establishing Partnership Declarations and data sharing agreements with the French School Boards and the public health units whose jurisdictions overlap.

For a full reference list, please see Appendix B.

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

London District Catholic School Board
Southwestern Public Health
Middlesex-London Health Unit

Partnership Declaration

Sept 2023

The link between health and education is well documented. School Boards and Public Health Units (PHUs) are both required by the Ontario Ministry of Education and the Ontario Public Health Standards (2018) to collaborate, support, and promote the health and education of children and youth. in collaboration with parents, students, educators and administrators, counsellors, social workers, and community partners across the province.

Purpose

The purpose of this declaration is to acknowledge the shared commitment, between the London District Catholic School Board (LDCSB) and the local health units including Middlesex-London Health Unit and Southwestern Health Unit (referred to as PHUs) to partnering and working together to ***positively impact learning potential by*** improving the ***health and well-being of children and youth in schools.*** This partnership declaration establishes strategic directions for collaboration and achievement of mutual goals.

Goals

The goals of this partnership are to:

I. Enhance collaboration by identifying shared student well-being priorities.

II. Collaboratively identify evidence-based resources that align with the Catholic World View and promote these resources to schools and teachers to enhance the effectiveness of student well-being strategies.

III. Use local community and school board data and evidence to inform equitable allocation of PHU services and resources in schools while working towards greater consistency among services and resources provided by PHUs to LDCSB.

IV. Draw on the areas of expertise of all partners to ensure students receive the best programs and services to support their health and well-being.

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Approach

The planning and implementation of collaborative health and well-being initiatives will follow best practice guidelines using multi-pronged strategies consistent with the ***Foundations for a Healthy School Framework***. This Ministry of Education framework emphasizes the integration of school policies, programs, initiatives and curriculum into school and school board planning and implementation processes and include the following five interconnected areas which include:

- Curriculum, teaching and learning
- School and classroom leadership
- Student engagement
- Supportive social and physical environments achieved through plans, policies, programs, and actions
- Home, school, and community partnerships

Considering these five interconnected areas when planning school initiatives will help schools, school boards, parents, and community partners to work together to develop a comprehensive approach to student health and well-being. By following this approach, schools can be a model for healthy living.

Expectations/Terms of Collaboration

1. Jointly assess the need for public health services and resources in schools

PHUs and LDCSB commit to examining school and community level data together to help inform PHU resource allocation to increase consistency and the equitable allocation of services and resources.

I. LDCSB Superintendents, Principals, Coordinators, Learning Facilitators, Research and Evaluation Officer, Consultants, Managers and Supervisors and PHU Program Managers will work together to identify data and create a process to inform public health resource allocation using evidence.

II. Staff will meet once every year in Spring to review the data and inform resource allocation for the next school year.

2. Enhance Communication

PHUs and LDCSB commit to enhancing communication at the board and school levels to improve the delivery of programs and services.

I. LDCSB staff and PHU Program Managers commit to meeting quarterly during the school year. The purpose of these meetings is to review roles and responsibilities, prioritized well-being topics, resources, communication needs, and any arising school health-related needs.

II. PHUs will commit to attending LDCSB principal meetings yearly to convey general health information plus specific information on immunization and oral clinic.

III. PHUs commit to efficiently and effectively communicating immunization and oral health clinic dates in late summer/early fall and work closely with schools to determine the best dates for schools to be able to accommodate optimal attendance and space needs. PHUs commit to working with board staff (e.g., Curriculum Coordinator (Religious and Family Life Education and Faith Formation) and the Bishop to align time and messaging of HPV immunization letters.

IV. LDCSB staff and PHU commit to creating a communication plan that consolidates PHU information. This communication strategy will be maintained by PH and disseminated by LDCSB staff on a routine basis (e.g., every 3 months).

V. LDCSB staff and PHU managers commit to providing lists of key organizational staff and clarify who to contact for various needs.

3. Engage in Collaborative Initiatives

PHUs and LDCSB commit to engaging in the joint planning of health-related school priorities at the system and school levels. Collaborative planning will result in clarification of roles and responsibilities, the adoption of common school-level initiatives; greater efficiency (e.g., reducing duplication); and enhanced program and service effectiveness to improve the health and, the well-being of children and youth in schools.

I. LDCSB staff and PHU Program Managers will commit to collaboratively setting wellbeing priorities. These priorities will be identified in Board and School Improvement plans under Achievement and Well-being.

II. LDCSB staff and PHU Program Managers will commit to providing a common set of Catholic World View aligned resources to help schools action identified wellbeing priorities. These common resources will be evidence-based and align with the Ministry of Educations Foundations for a Healthy School and the Mission and Vision of the LDCSB.

III. LDCSB staff and PHU Program Managers will collaboratively discuss PH resource allocation in schools by examining available data once a year to help determine the allocation of PH resources for the upcoming school year. The allocation of PHU programs and services will be communicated to schools collaboratively from the board and PHU.

IV. LDCSB staff and PHU staff commit to identifying grants relating to the well-being priorities and collaborate on grant submissions.

V. LDCSB and PHUs will create and review the list of all potential collaborative initiatives and assign representation on an annual basis.

4. Commit to sharing Data and Information

PHUs and LDCSB commit to identifying shareable data, information relating to strategic priorities, new policies and/or procedures, inspections, programs, and services, and a process for how to share the data.

I. LDCSB Research and Evaluation Officer will work with PHU Program Managers and Epidemiologists to create a data sharing agreement and a conduct privacy impact assessment that will identify shareable data, the level at which data can be shared (e.g., school, family of schools), and the process for extracting and transferring data.

II. PHU Program Managers will consult Board staff (e.g., Research and Evaluation Officer, Healthy Schools Superintendent) to ensure effective and efficient ways to transfer information.

Signatures

Vincent Romeo
Director of Education
London District School Board

Cynthia St. John
CEO
Southwestern Public Health

Alex Summers, MD
Medical Officer of Health
Middlesex-London Health Unit

Ninh Tran, MD
Medical Officer of Health
Southwestern Public Health

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Thames Valley Healthy Schools
PARTNERSHIP DECLARATION

Declaration Statement

Thames Valley District School Board (TVDSB) and the local health units including Middlesex-London Health Unit and Southwestern Public Health commit to partnering and working together to ***positively impact learning potential by improving the health and well-being of children and youth in schools.***

Purpose

The purpose of this declaration is to demonstrate the shared commitment, between the Thames Valley District School Board (TVDSB) and the local health units including Middlesex-London Health Unit and Southwestern Public Health (referred to as PHUs) to partnering and working together to ***positively impact learning potential by*** improving the ***health and well-being of children and youth in schools.*** This partnership declaration establishes strategic directions for collaboration and achievement of mutual goals.

Goals

I. Enhance collaboration by identifying shared strategic priorities, goals, mandates, and values and measurable strategies to achieve them
II. Use local community and school board data and evidence to inform decision-making regarding equitable allocation of public health unit (PHU) resource and program distribution in schools while working towards greater consistency among services and resources provided by PHUs to TVDSB
III. Outline strategies for shared decision-making regarding resource and program distribution provided by PHUs to TVDSB.
IV. Maximize the efficient use of staffing resources and enhance program and service effectiveness relating to student health and well-being.
V. Draw on the areas of expertise of all partners to ensure students receive the best programs and services to support their health and well-being.

Approach

The planning and implementation of collaborative health and well-being initiatives will follow best practice documents/guidelines using multi-pronged strategies consistent with the *Foundations for a Healthy School Framework* (2014). This Ministry of Education framework emphasizes the integration of school policies, programs, initiatives and curriculum into school and school board planning and implementation by including the following five interconnected areas:

- Curriculum, teaching and learning
- School and classroom leadership
- Student engagement
- Supportive social and physical environments
- Home, school and community partnerships

These five interconnected areas will be considered when planning school initiatives to develop a comprehensive approach to student health and well-being. By following this approach, schools can be a model for healthy living. In addition, TVDSB and PHUs will, during the planning and implementation of collaborative health and well-being initiatives, adhere to the terms and conditions outlined in the Program Access Agreement.

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Expectations

Collaborative planning: PHUs and TVDSB commit to engaging in joint planning activities at the system and school levels. Collaborative planning will result in the adoption of common philosophies, greater efficiency, and enhanced program and service effectiveness to improve the health and, well-being of children and youth in schools.

i. TVDSB Superintendents, System Principals, Mangers and Supervisors and PHU Program Directors and Managers will commit to sharing strategic plans and priorities on an annual basis to inform the annual revisions to the PHU's program access agreements.
ii. TVDSB Program Access Committee and PHU Program Managers commit to reviewing, collaboratively updating and signing the Program Access Agreement annually.
iii. TVDSB and PHUs will create and review the list of collaborative planning tables and assign representation on an annual basis.

Develop a plan for sharing data: PHUs and TVDSB commit to identifying shareable data and a process for how to share the data.

i. TVDSB Research and Assessment Staff and PHU Program Managers and Epidemiologists will work together to create a data sharing agreement that will identify shareable data, the level at which data can be shared and the process for extracting and transferring data.

Jointly assess the need for public health services and resources in schools: PHUs and TVDSB commit to examining school and community level data together to help inform PHU resource allocation to increase consistency and the equitable allocation of services and resources.

i. TVDSB System Principals, Coordinators, Research and Assessment Associates, Mangers and Supervisors and PHU Program Managers will work together to identify data and create a process to inform PHU resource allocation using evidence.

ii. TVDSB System Principals, Coordinators, Mangers and Supervisors Research and Assessment Associates and PHU Program Managers will meet every Spring to review the data and discuss resource allocation for the next school year.
iii. PHU staff will ensure programs and services delivered to schools align with the terms and conditions of the Program Access Agreement.

Collaborative information sharing: TVDSB and PHUs commit to developing a process for sharing information relating to strategic priorities, new policies and/or procedures, inspections, programs and services.

i. The Tri County Committee agree to meeting quarterly to discuss matters relating to student and school health, as well as review the Partnership Declaration Annually.
ii. PHU Program Managers will consult delegated Board staff to ensure effective, secured, and efficient ways to transfer information.

Resource Review: TVDSB and PHUs commit to working together to share relevant health-related resources (e.g., Health and Physical Education Curriculum resources, policies relating to matters of health).

i. TVDSB System Principals, Coordinators, Research and Assessment Associates, Mangers and Supervisors will work together to share relevant resources.
ii. TVDSB and PHUs will establish effective methods for sharing curriculum or health related resources (e.g., intranet, department heads meetings).
iii. TVDSB school staff and PHU staff will work together to identify system-level plans to efficiently and effectively share resources.

Mark Fisher, Director of Education Thames Valley District School Board	Alex Summers, MD Medical Officer of Health Middlesex-London Health Unit	Ninh Tran, MD Medical Officer of Health Southwestern Public Health	Cynthia St. John, CEO Southwestern Public Health

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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 85-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 December 14

CHANGE TO COMMITTEE MEETING CADENCE

Recommendations

It is recommended that the Board of Health:

1) ***Receive Report No. 85-23 re: "Change to Committee Meeting Cadence" for information;***
2) ***Amend the Terms of Reference for the Finance and Facilities and Governance Committees (Appendix A); and***
3) ***Approve the 2024 Board of Health meeting schedule (Appendix B).***

Key Points

- It is the decision of the Board of Health to establish standing committees under Governance Policy G-280 – Board Size and Composition and under Board of Health By-Law No. 3.
- It is proposed that the cadence of the standing committee meetings is changed for 2024. Reasons for reducing the frequency of standing committee meetings include Director experience, less financial and opportunity costs, improved public awareness, and prevention of quorum issues.
- A draft updated Terms of Reference for the Finance and Facilities and Governance Committees are affixed as Appendix A.
- A draft meeting schedule for 2024 is affixed as Appendix B.
- A draft reporting calendar will be provided to the Board of Health in January 2024 for consideration.

Background

The Board of Health has the discretion to establish any standing committees under Governance Policy G-280 – Board Size and Composition, Governance Policy G-290 – Standing and Ad Hoc Committees and under Board of Health By-Law No. 3 if they desire.

The Board of Health has three (3) standing committees: Finance & Facilities, Governance, and Performance Appraisal.

In 2023, the Committees met the following times:

- Finance and Facilities – 5 times
- Governance – 4 times
- Performance Appraisal – 4 times

Proposed Changes to the Board Committees

It is being proposed to change the cadence of the Finance and Facilities and Governance Committees to the following:

- Finance and Facilities: Quarterly at 6 p.m. before the regular Board of Health meeting, with a focus on quarterly financial results and budget planning
- Governance: Bi-annually in the Spring and the Fall for governance policy reviews, at 6 p.m. before the regular Board of Health meeting

The rationale for making these changes includes:

Experience with different aspects of public health governance
The current composition of the Middlesex-London Board of Health are newer to municipal politics, and specifically to public health. It would be beneficial for the Board to have experience with governance and financial matters directly, instead of solely through the reports from a committee. By having governance and financial items come to the regular Board of Health meetings, there is more exposure to these topics and less reliance on fellow Board Members on certain committees for expertise.

Less costs associated with meetings
There are Board Members required to attend multiple committee meetings, which requires more funds to be spent on meetings. The same information from the committee meetings is shared with the Board of Health, therefore duplicating costs for meeting attendance.

Opportunity costs
Committees report to the Board of Health in some cases with identical information that was shared in the Committee, therefore some Board Members on the committees are hearing the same information twice.

More public awareness on governance and financial information
Committee meetings are open to the public but not live streamed unless requested. This is an opportunity to have the public understand more of the governance and fiduciary aspects of a Board of Health as opposed to just the widely known activities (such as public health programming).

Quorum
The Board has struggled with quorum on many occasions in 2022-23 with quorum for committee meetings due to their time and lesser priority over a Board of Health meeting. With reduced frequency of Committee meetings, there is less likely for lack of quorum to prevent a meeting from occurring.

The Performance Appraisal Committee would continue to be a standing committee, with activity commencing at the call of the Chair annually.

Next Steps

If the Board carries a resolution to amend the cadence for Committee meetings, this procedure will be reflected at the Inaugural Meeting of the Board of Health.

A draft updated Terms of Reference for the Finance and Facilities and Governance Committees are affixed as Appendix A. A draft meeting schedule for the Board's consideration is affixed as Appendix B.

A draft reporting calendar for 2024 will be provided for the Board's consideration at the Inaugural Board of Health meeting.

This report was prepared by the Secretary and Treasurer of the Board of Health.

Emily Williams BScN, RN, MBA, CHE
Secretary and Treasurer

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FINANCE & FACILITIES COMMITTEE – TERMS OF REFERENCE

PURPOSE

The Finance & Facilities Committee serves to provide an advisory and monitoring role. The Committee's role is to assist and advise the Board of Health, the Chief Executive Officer (CEO), and the Associate Director of Finance/Chief Financial Officer in the administration and risk management of matters related to the finances and facilities of the organization.

REPORTING RELATIONSHIP

The Finance & Facilities Committee is a committee reporting to the Board of Health of the Middlesex-London Health Unit (MLHU). The Chair of the Finance & Facilities Committee, with the assistance of the CEO and the Associate Director of Finance/Chief Financial Officer will make reports to the Board of Health as a whole following each of the meetings of the Finance & Facilities Committee.

MEMBERSHIP

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

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

Staff support includes:

- Chief Executive Officer;
- Associate Director of Finance/Chief Financial Officer; and
- Executive Assistant (EA) to the Board of Health and/or the EA to the CEO.

Other Board of Health members can attend the Finance & Facilities Committee but are unable to vote.

CHAIR

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

TERM OF OFFICE

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

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DUTIES

The Finance & Facilities Committee will seek the assistance of and consult with the CEO and the Assistant Director of Finance for the purposes of making recommendations to the Board of Health on the following matters:

1. Financial statements and analyses,
2. Annual cost-shared and 100% funded program budgets,
3. Annual financial statements and auditor's report,
4. Insurance carried by MLHU,
5. Physical assets and facilities,
6. Service level agreements,
7. Funding agreements,
8. Finance-related governance policies, and
9. Financial risks faced by the organization and the appropriateness of related controls to minimize their potential impact.

FREQUENCY OF MEETINGS

The Finance & Facilities Committee will meet quarterly in advance of the Board of Health meetings. A meeting can be cancelled at the call of the Chair of the Committee if the meeting is deemed to be not required.

AGENDA & MINUTES

1. The Chair of the Committee, with input from the CEO and the Assistant Director of Finance, will prepare agendas for regular meetings of the Committee.
2. Additional items may be added at the meeting if necessary.
3. The recorder is the EA to the Board of Health or the EA to the CEO.
4. Agenda and minutes will be made available at least five (5) days prior to meetings.
5. Agenda and meeting minutes are provided to all Board of Health members.

BYLAWS:

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

REVIEW

The Terms of Reference will be reviewed every two (2) years or when an amendment is deemed necessary by the Committee or Board of Health.

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GOVERNANCE COMMITTEE – TERMS OF REFERENCE

PURPOSE

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

REPORTING RELATIONSHIP

The Governance Committee reports to the Board of Health of the Middlesex-London Health Unit. The Chair of the Governance Committee, with the assistance of MOH and CEO, will make reports to the Board of Health following each of the meetings of the Governance Committee.

MEMBERSHIP

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

The Secretary and Treasurer will be ex-officio non-voting members.

Staff support includes:

- Chief Executive Officer;
- Manager, Strategy, Risk and Privacy; and
- Executive Assistant (EA) to the Board of Health and/or EA to the MOH.

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

CHAIR

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

TERM OF OFFICE

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

DUTIES

The Governance Committee will seek the assistance of and consult with the MOH and CEO for the purposes of making recommendations to the Board of Health on the following matters:

1. ~~Board member succession planning and recruitment;~~

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~~2. Orientation and continuing education of Board members;~~
~~3. Assessment and enhancement of Board and Board committee performance;~~
~~4. Performance indicators that are reported to the Board;~~
~~5. Compliance with the Board of Health Code of Conduct;~~
6. Performance evaluation of the MOH and CEO;
7. Governance policy and by-law development and review;
~~8. Compliance with the Ontario Public Health Standards;~~
~~9. Strategic planning;~~
~~10. Privacy program;~~
~~11. Risk management;~~
~~12. Human resources strategy and workforce planning; and~~
~~13. Occupational health and safety.~~

FREQUENCY OF MEETINGS

The Governance Committee will meet twice per year or at the call of the Chair of the Committee.

AGENDA & MINUTES

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

BYLAWS:

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

REVIEW

The Terms of Reference will be reviewed every two (2) years or when an amendment is deemed necessary by the Committee or Board of Health.

2024 Middlesex-London Board of Health Meetings			
Type of Meeting	**Materials Due Date**	**Date of Meeting**	**Type of Meeting**
Regular Board	Thursday, January 4	Thursday, January 18 at 7 p.m.	In-Person
Finance and Facilities	Thursday, February 1	Thursday, February 15 at 6 p.m.	Virtual
Regular Board	Thursday, February 1	Thursday, February 15 at 7 p.m.	Virtual
Regular Board	Thursday, March 7	Thursday, March 21 at 7 p.m.	In-Person
Governance	Thursday, April 4	Thursday, April 18 at 6 p.m.	Virtual
Regular Board	Thursday, April 4	Thursday, April 18 at 7 p.m.	Virtual
Finance and Facilities	Thursday, May 2	Thursday, May 16 at 6 p.m.	In-Person
Regular Board	Thursday, May 2	Thursday, May 16 at 7 p.m.	In-Person
Regular Board	Thursday, June 6	Thursday, June 20 at 7 p.m.	Virtual
Regular Board	Thursday, July 4	Thursday, July 18 at 7 p.m.	Virtual
Finance and Facilities	Thursday, September 5	Thursday, September 19 at 6 p.m.	In-Person
Regular Board	Thursday, September 5	Thursday, September 19 at 7 p.m.	In-Person
Governance	Thursday, October 3	Thursday, October 17 at 6 p.m.	Virtual
Regular Board	Thursday, October 3	Thursday, October 17 at 7 p.m.	Virtual
Regular Board	Thursday, November 7	Thursday, November 21 at 7 p.m.	In-Person
Finance and Facilities	Thursday, November 28	Thursday, December 12 at 6 p.m.	Virtual
Regular Board	Thursday, November 28	Thursday, December 12 at 7 p.m.	Virtual

Considerations for Aligning Federal and Provincial Dental Programs to Improve Oral Health

November 2023

Executive Summary

As the Canadian Dental Care Plan (CDCP) is designed to provide coverage for one-third of uninsured low-income Canadians, we will only improve access to oral health care if the CDCP complements strong provincial oral health services including public dental programs and existing third-party insurance. This will entail addressing the need and opportunity to align all public dental programs available to Ontarians.

The Ontario Dental Association (ODA), Ontario Dental Hygienists' Association (ODHA), and Ontario Association of Public Health Dentistry (OAPHD) came together around the common purpose of aligning public dental programs to improve the oral and overall health of Ontarians with a focus on increasing equity, improving access, and promoting sustainability.

To achieve this alignment and address existing gaps and challenges in oral health care, the ODA, ODHA, and OAPHD propose the following considerations for the Ontario Ministry of Health:

1. Streamline the coordination and administration of all public dental programs to ensure simple and accessible processes for both patients and providers.
2. Build the capacity of the health and social system to improve oral health access and increase health equity.
3. Safeguard and sustain the capacity of oral health care through a mixed-model system.
4. Promote provider participation by ensuring oral health professionals receive fair and equitable payments for oral health services across public programs.
5. Include a strong communication strategy and knowledge translation plan to enhance public and provider understanding and navigation of federal and provincial dental programs.
6. Foster relationships across levels, sectors, and communities to strengthen collaborative health care that includes oral health.
7. Continue to invest in Public Health to provide upstream health and oral health services to all Ontarians.
8. Administer an effective oral health data framework and evaluation plan that measures and reports on process, quality of care, and outcomes.

The considerations also include recommendations for provincial oral health stakeholders.

Oral Health is Health

Good oral health is a vital component of one's overall health and quality of life. Yet oral health has traditionally been disconnected from the health system despite its impact on health. Oral health issues can cause pain and infection, are associated with chronic health issues, and can have physical, social, and psychological consequences. Further, oral health outcomes are influenced by overall health disparities.

Ontarians need strong public dental programs and oral health care to improve health. We currently spend only $4.99 per person on public dental services, far below the national average of $15.53.[1] The Canadian Dental Care Plan (CDCP) is a major step forward in providing access to care to uninsured Canadians. However, it is imperative that the provincial government continue to invest in and align public dental programs to ensure vulnerable populations do not fall through any gaps. Expanding oral health care access removes significant pressures on other parts of the health system and more effectively and efficiently uses Ontario's oral health human resources.

The Ontario Dental Association (ODA), Ontario Dental Hygienists' Association (ODHA), and Ontario Association of Public Health Dentistry (OAPHD) have collectively drafted considerations for both the Ontario Ministry of Health and provincial oral health stakeholders to use when planning for this alignment.

Purpose and Principles of Public Dental Programs

Firstly, a clear purpose that includes foundational principles for oral health care can guide successful implementation of public dental programs (provincial and federal). The ODA, ODHA, and OAPHD believe the overarching **purpose** of public dental programs is to improve the oral and overall health of Ontarians with a focus on increasing equity, improving access, and promoting sustainability.

Building on the core truth that oral health is an essential part of overall health, ODA, ODHA and OAPHD agreed on **foundational principles** for oral health care:

- Recognizing the interconnectedness of oral health with the broader health system, with other health professional teams, and across disease prevention and treatment services.
- Promoting access and choice across the oral health sector (private and public).
- Matching patient needs with the appropriate care provider and delivery model for increased utilization.
- Providing person-centred care that is grounded in dignity and respect.

[1] National Health Expenditure Database, Canada Institute for Health Information and Statistics Canada

- Meeting the needs and improving the health outcomes of vulnerable populations through targeted health investments and supports.

Goals for Public Dental Program Alignment

The ODA, ODHA, and OAPHD identified five **overarching goals** that need to be met for successfully aligning public dental programs:

- Improve program integration and seamless service delivery by leveraging federal and provincial dental programs in a mixed-model system.
- Increase integration of health equity into existing and future dental programs by identifying and mitigating barriers to accessing care for hard-to-reach populations.
- Improve access to care by increasing public dental program capacity through optimized patient and provider experiences.
- Ensure program sustainability by ensuring that existing access to care among insured patients is maintained through a strong third-party insurance system.
- Increase surveillance capacity of the oral health sector by incorporating an oral health data framework and program evaluation plan.

Below are **proposed considerations** the group believes will help achieve these goals and address the issues and gaps in oral health care in Ontario.

Proposed Considerations

1. **Streamline the coordination and administration of all public dental programs to ensure simple and accessible processes for both patients and providers.**

Recommendations for the Ontario Ministry of Health:

- Provide clear and timely directions on the coordination and administration of public dental programs, given that they will be running simultaneously.
- Identify and address the inconsistencies (e.g. application criteria, services rendered, delivery model) between publicly funded dental programs, and adjust provincial programs accordingly to allow seamless service administration and delivery.
- Remove barriers to patient utilization by:
    - streamlining the application process regardless of the program with multiple ways and platforms for patients to apply, submit and receive oral health benefits and services (e.g. patients with no computer, fixed address, or documentation);
    - supporting navigation through a no wrong door approach;

  - ensuring programs are culturally responsive and meet diverse patient needs;
  - addressing financial barriers to patients; and
  - addressing travel and geographic barriers (e.g. travel grants).
- Remove barriers to provider participation in public dental programs by:
  - streamlining reimbursement processes;
  - expanding who can deliver services and the locations for service delivery; and
  - ensuring the government maintains responsibility for the administration and coordination of all public dental programs and does not download administrative tasks to providers.

Rationale:

- The current publicly funded dental programs (federal and provincial) have inconsistencies and restrictive regulations and policies that hinder program alignment and create confusion among the public and providers.
- Restrictive criteria such as who can deliver services and the physical location of service delivery limits provider participation and creates unnecessary barriers to access.
- Aligning federal and provincial programs with simple, low-barrier administrative processes that are culturally sensitive and span all aspects of care (e.g. registration, utilization) promotes access and enhances patient and provider experience.

2. Build the capacity of the health and social system to improve oral health access and increase health equity.

Recommendations for the Ontario Ministry of Health:

- Monitor, connect, and leverage existing oral health infrastructure and capacity in communities when planning public dental programs.
- Explore policies, initiatives, and incentives to ensure that the availability and distribution of oral care providers promotes access for all Ontarians, with a focus on rural and remote areas. This can include re-instating and targeting training programs for oral health roles that support remote communities, funding community-based oral health navigator roles, and providing travel grants for patients. Some initiatives may require collaboration with other Ministries (e.g. the Ministry of Colleges and Universities).

Recommendations for other stakeholders:

- Public Health: Incorporate existing community-based oral health infrastructure and human resources in planning and implementation at the local level.

- Provincial associations and Public Health: Promote a common understanding of and value in health equity by enhancing the knowledge, skills, and attitudes of providers and front-line staff to work with vulnerable populations. This includes providing education and training on stigma, bias, and trauma-informed care; enhancing understanding of the unique needs and challenges faced; and developing skills to build relationships over time.
- Post-secondary institutions: Incorporate health equity into all oral health professional training programs to strengthen the role of the oral health sector in addressing equity. Enhance the knowledge, skills, and attitudes of providers to work with diverse populations including patients who are medically and socially complex.
- Post-secondary institutions: Incorporate oral health training in other health professional programs to strengthen the oral health capacity of the health sector (e.g. base oral health knowledge, making referrals).

Rationale

- Communities have existing infrastructure and human resources that can be better connected and leveraged to support public dental programs.
- Improving oral health care access requires identifying and mitigating barriers spanning geography, infrastructure, and human resources.
- The availability and distribution of provider roles (e.g. dentists, dental hygienists, dental assistants, denturists, specialists) needs to meet the demand of expanded program access, especially in rural and remote areas of Ontario. Availability and distribution are impacted by the supply of human resources (e.g. lack of training programs in remote areas) and portability (e.g. restrictive policies that limit provider movement).
- Oral health facilities and equipment in communities can be made available to more oral health providers (e.g. general anesthetic suites for medically and socially complex patients).
- The role of Public Health and local stakeholders is dependent on the community context for how to best address unique needs and to expand access using existing infrastructure and human resources.
- Meeting the needs of complex and vulnerable patients requires building the health equity capacity of the oral health sector. Public Health Units and Community Health Centres have expertise in these areas, which can be shared and built on.
- Enhancing oral health knowledge amongst other health care providers can improve patients' access to care.

3. Safeguard and sustain the capacity of oral health care through a mixed-model system.

Recommendations for the Ontario Ministry of Health:

- Fund a mixed-model approach to ensure that access to oral health providers and models of care align with the needs of patients.
- Include targeted interventions for medically and socially complex patients, with considerations for the appropriate provider, equipment, and location.
- Monitor and, if necessary, mitigate threats to the sustainability of public dental programs and oral health services as the CDCP is rolled-out.

Rationale

- A mixed-model system refers to the range of funding models (e.g. private and public), service delivery (e.g. private offices, community clinics, mobile units, hospitals), and care teams (e.g. who provides services). A mixed-model approach provides options to better meet the diverse needs of Ontarians.
- A properly funded program must consider and address the needs of complex patients, including the potential need for oral health services in hospital.
- Potential unintended consequences of implementing the CDCP may over time impact the quality and coverage of current private insurance (e.g. de-insurance) and/or public programs (e.g. dismantling of programs). Access to quality oral health services for all Ontarians needs to be monitored and protected.

4. Promote provider participation by ensuring oral health professionals receive fair and equitable payments for oral health services across public programs.

Recommendations for the Ontario Ministry of Health:

- Address policy and regulatory barriers to provider involvement and leverage federal and provincial programs to ensure oral health services for uninsured Ontarians are properly funded and providers are paid fairly and equitably for the services provided.

Rationale

- Properly funded programs with fair and equitable compensation for providers is an incentive for involvement. Increasing provider involvement supports patient access and choice by increasing service availability, program sustainability, and ultimately improving health outcomes.

- Currently, provincial dental programs have policy and regulatory barriers such as restrictions on billing and procedure codes that disincentivize provider involvement, limiting numbers offering public oral health services.
- Provincial dental programs have not incorporated adjustments for inflation since 2009 and funding does not cover the costs of delivering care.

5. Include a strong communication strategy and knowledge translation plan to enhance public and provider understanding and navigation of federal and provincial dental programs.

Recommendations for the Ontario Ministry of Health:

- Target communication and support to the public for better understanding of public dental programs, covering application, access and receiving care. This includes information on administrative processes (e.g. eligibility, application, renewal, transitions) and service availability (e.g. coverage, delays in care, dealing with urgent issues).
- Communication and support should be culturally appropriate and integrate a no wrong door approach.
- Provide resources with patient information that can be distributed by oral health providers.
- Target communication and support to providers to promote participation in public dental programs. This can include a guidance document and open lines of communication (e.g. to receive feedback and provide timely responses to issues raised).

Rationale

- Communication and knowledge translation with targeted information and support for patients and providers increases understanding of and engagement in the program roll-out (e.g. knowing what services are covered, ensuring access to the right services, navigating the processes).
- The support and guidance needs are different for patients and for providers and must consider factors such as language, culture, and health literacy.
- A no wrong door approach can support patients' understanding and navigation of public dental programs.

6. Foster relationships across levels, sectors, and communities to strengthen collaborative health care that includes oral health.

Recommendations for the Ontario Ministry of Health:

- Foster connections across health stakeholders (e.g. connecting oral health and the broader health system) as well as beyond health (e.g. connecting oral health and social services).

Recommendations for provincial oral health stakeholders:

- At the provincial level, collaborate and maintain good relationships across provincial associations and other key stakeholders.
- At the community level, provide support to members to build and strengthen trusting and collaborative relationships among oral health providers, Public Health Units, community leaders (e.g. newcomer associations), and community members.

Rationale:

- Collaboration with stakeholders across and beyond the oral health sector is important to increase integration of oral health as part of health and wellbeing.
- Strong relationships between Public Health and oral health providers can improve access to support and resources, such as building capacity to work with vulnerable populations.
- Strong relationships between oral health providers and hospitals can improve integration and capacity for complex patients on public dental programs.
- Positive interactions and ongoing relationships between providers and patients through person-centred care can foster positive patient experience. Patient-centred care is grounded in dignity and respect, and ensures patient perspectives, backgrounds and situations are taken into account as providers and patients are active and collaborative partners in health care.

7. Continue to invest in Public Health to provide upstream health and oral health services to all Ontarians.

Recommendations for the Ontario Ministry of Health:

- Continue investing in provincial public dental programs for patients who do not qualify for CDCP, have urgent dental needs (based on financial hardship) and benefit from existing public dental infrastructure.
- Continue and enhance investments in upstream Public Health programs and services and leverage Public Health Units to plan and implement programs

based on the local context. This can include protecting community water fluoridation, implementing health promotion interventions, expanding screening programs, and increasing prevention services.

Rationale:

- Continued provincial investments in public dental programs are essential to ensure vulnerable groups do not fall through the gaps with the federal plan.
- Multi-faceted approaches to oral health are more cost-effective in improving overall population health. This means balancing treatment needs (routine and urgent) with upstream investments in health promotion and disease prevention, including primary and secondary prevention.
- Health promotion and disease prevention can include (but are not limited to): community water fluoridation, screening programs (e.g. expanding to daycares, additional grades in schools, congregate settings, long-term care), prevention services (e.g. providing dental sealants and fluoride varnish to vulnerable groups in non-traditional settings), navigation support to vulnerable groups, and access to comprehensive wrap-around services and support.

8. Administer an effective oral health data framework and evaluation plan that measures and reports on process, quality of care, and outcomes.

Recommendations for the Ontario Ministry of Health:

- Design a data framework and evaluation plan with input from key stakeholders (e.g. academics, professional associations, Public Health) during planning to ensure the evaluation plan is implemented at program outset.
- Collect meaningful and appropriate data on process (e.g. patient experience), quality of care (e.g. consistency across the province), and outcomes (e.g. health status) that align with identified program goals and can be disaggregated for the local level and with equity considerations.
- Develop feedback mechanisms as part of continuous quality improvement with regular and transparent reporting. This includes processes for providing feedback and responding to issues, and the ability to revise the programs as data is collected (ongoing) during implementation.
- Establish an external evaluation committee to ensure accountability and transparency.
- Share data with key stakeholders in a timely manner to promote local utilization that informs program changes and targeted approaches (e.g. data can be disaggregated to the local level and by social determinants).

Rationale:

- Ongoing and transparent data collection and monitoring can be used to inform and improve public dental programs toward identified goals (e.g. improved access and health outcomes).
- Plans are more effective when developed during program planning and implemented at program outset.
- Data is more useful when based on meaningful indicators that measure process, quality of care, and outcomes. For example, the number of patients accessing care (utilization rates) is more meaningful than the number of patients registering for the program; health status and issues are more meaningful than procedure codes.
- The planning and roll-out of the CDCP is an opportunity to address the oral health data gap in Ontario through improved data surveillance that can inform broader health system goals (e.g. oral health status, health system costs, chronic disease rates).

Conclusion

The CDCP is a welcome and needed opportunity to expand access to care for all Ontarians. Provincial government investments in oral health are imperative to safeguard and sustain public dental programs and oral health services as the CDCP is rolled out. Expanding oral health care access removes significant pressures on other parts of the health system, including physician and emergency department visits, and more effectively and efficiently uses Ontario's oral health human resources.

To ensure that the overarching purpose of oral health care is achieved especially amongst vulnerable groups, there are existing challenges and gaps that need to be addressed when aligning the CDCP with provincial programs. The ODA, ODHA, and OAPHD worked collectively on identifying considerations to support this and are available to collaborate further with the Ontario Ministry of Health and other provincial oral health stakeholders to continue with program alignment at the provincial and local level.

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

Middlesex-London Board of Health
External Landscape Review – December 2023

The purpose of this briefing note is to inform MLHU Board of Health members about what is happening in the world of public health and impacts to the work of the MLHU and Board. This includes governance and legislative changes, news from other local public units, external reports on important public health matters, learning opportunities and MLHU events. **Please note that items listed on this correspondence are to inform Board members and are not necessarily an endorsement.**

Local Public Health News

Algoma PUBLIC HEALTH Santé publique Algoma

Algoma Public Health votes for study on merger with Public Health Sudbury and Districts

On November 22, the Board of Health for Algoma Public Health (APH) voted in favour of engaging a company with Public Health Sudbury and Districts (PHSD) to explore the feasibility of a merger.

Medical Officer of Health for Algoma, Dr. Jennifer Loo noted that "if the province were to mandate a merger, the feasibility study would at least prepare the two health units for what that would look like."

To learn more, visit the Algoma Public Health website.

Impact to MLHU Board of Health
On August 22, 2023, the Ontario Ministry of Health (through Minister Sylvia Jones) announced their plan to invest in a stronger public health sector. One of the avenues was to provide financial incentives to public health units wishing to begin a voluntary merger process. Boards of Health will need to determine if a merger with another health unit is beneficial to serving the community further. As of this date, 2 health units (Porcupine and Timiskaming) have announced a merger.

National, Provincial and Local Public Health Advocacy

Public Health Ontario Challenged by Lack of Clear Roles, Consultation on Key Decisions and Co-ordination on Priority Research Projects

Office of the Auditor General of Ontario

On December 6, the Ministry of the Auditor General (Ontario) released its Annual Report and value-for-money audits. One of these audits included Public Health Ontario.

The following findings in summary were found:

- Public Health Ontario Not Leveraged to Achieve Full Capacity and Potential
- Public Health Ontario Laboratory Not Operating Efficiently
- Poor Procurement Governance Due to Weak Policies and Lack of Enforcement
- Efforts to Collect Better Data on Performance Indicators Need Improvement

To learn more, the full audit of Public Health Ontario on the Office of the Auditor General's website.

Impact to MLHU Board of Health
One of the conclusions from the audit is that "Public Health Ontario does not yet sufficiently collaborate with the Ministry of Health and local public health units to clearly define and ascertain the agency's role in areas such as undertaking public health research, disseminating knowledge, and delivering public health laboratory services." The Board of Health if desired may advocate for more collaboration and funding to support the important work of public health.

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

Ontario

2024 Budget Consultations

The Province is seeking ideas from workers, families, business owners and communities on the 2024 Budget.

To learn more, visit the Ontario 2024 Budget website.

Impact to MLHU Board of Health
The Board of Health has made decisions on restructuring in order to be able to continue vital public health programming while conducting intervention-based work. Providing feedback to the Province on the budget is important for providing impacts of the lack of sufficient public health funding.

2023 Fall Symposium – Association of Local Public Health Agencies (alPHa)

On November 24, the Board Chair, Vice-Chair, Chief Executive Officer, Medical Officer of Health and Associate Medical Officer of Health attended the 2024 Fall Symposium, hosted by alPHa and the Eastern Ontario Health Unit.

Topics that were discussed included:

- Reflections from Southwestern Public Health's Merger
- alPHa Strategic Plan Session
- Not-for-Profit Corporations Act, 2010 (ONCA) Update
- Public Health Ontario Update

To learn more, visit the Association of Local Public Health Agencies' website.

Impact to MLHU Board of Health
alPHa provides many resources, networking and advocacy opportunities for board members in the province. It is critical for Board Members to engage with advocacy partners, especially during this time of fiscal challenge.

MLHU News

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

MLHU Set to Close Western Fair District COVID-19 Mass Vaccination Clinic on December 16, 2023

After three years of operation at the Western Fair District, the Middlesex-London Health Unit's (MLHU) mass vaccination clinic will be permanently closing on December 16, 2023. The clinic first opened in partnership with London Health Sciences Centre (LHSC) at the Western Fair District Agriplex in December 2020 and relocated to the Western Fair District's main building in October 2022, operating for a total of 518 clinic days between the two locations, and provided 235,407 doses of COVID-19 vaccine.

Where and how to book an appointment after December 16:

1. Pharmacies: Please contact the pharmacy directly to confirm about vaccine availability and to book an appointment. For a list of participating pharmacies, visit: https://covid-19.ontario.ca/vaccine-locations
2. Healthcare Provider: Check with your Healthcare Provider about vaccine availability and book directly with their office.

Please visit the Health Unit's webpage on COVID-19 to learn more.

Impact to MLHU Board of Health
The Board of Health thanks all who worked and attended the Western Fair Vaccination Clinic and assisted in vaccine delivery or had a vaccine. The Board of Health notes that the Western Fair Vaccination Clinic has not been built into the 2024 budget, as this was funded by the COVID-19 funding through the Province of Ontario, which has been discontinued.