

**AGENDA  
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, February 15, 2024 at 7 p.m.  
Microsoft Teams

**MISSION - MIDDLESEX-LONDON HEALTH UNIT**

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

**MEMBERS OF THE BOARD OF HEALTH**

Matthew Newton-Reid  
Michael Steele  
Peter Cuddy  
Aina DeViet  
Skylar Franke  
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: January 18, 2024 – Board of Health meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
<b>Reports and Agenda Items</b>						
1		X	X	Finance and Facilities Committee Meeting Summary (Verbal Report)	<a href="#">February 15, 2024 Agenda</a>	To provide an update from the February 15, 2024 Finance and Facilities Committee meeting.  Lead: Incoming 2024 Finance and Facilities Committee Chair
2			X	2023-25 Provisional Plan Q4 2023 Status Update (Report No. 11-24)	<a href="#">Appendix A</a>	To provide an update on activities during Q4 2023 of the Middlesex-London Health Unit Provisional Plan.  Lead: Sarah Maaten, Director, Public Health Foundations  Presenting: Marc Resendes, Acting Manager, Strategy, Planning and Performance
3			X	Middlesex-London Health Unit Approach to Climate Change Action (Report No. 12-24)		To provide information on the Middlesex-London Health Unit's approach to climate change action work.  Lead: Dr. Joanne Kearon, Associate Medical Officer of Health
4			X	2024 Middlesex-London Health Unit Labour Relations Impacts of Budget (Report No. 13-24)		To provide information on the labour relations impacts of the recent restructuring.  Lead: Cynthia Bos, Associate Director, Human Resources and Labour Relations
5			X	Q4 Financial Update, Borrowing Update and Factual Certificate (Report No. 14-24)	<a href="#">Appendix A</a>	To provide an update on financial activities during Q4 of 2023.  Lead: David Jansseune, Associate Director, Finance/Chief Financial Officer

6			X	Current Public Health Issues (Verbal Report)		To provide an update on current public health issues in the Middlesex-London region.  Lead: Dr. Alexander Summers, Medical Officer of Health
<b>Correspondence</b>						
7			X	February Correspondence		To receive items a) through c) for information: a) Middlesex-London Board of Health External Landscape for February b) City of London re: <i>Municipal Compliance Annual Report</i> c) Public Health Sudbury & Districts re: <i>Household Food Insecurity</i>  Outgoing Correspondence from January 18, 2024 Board of Health meeting: - Letter of Support - Association of Supervisors of Public Health Inspectors re: <i>One-Time Funding Opportunities to Support PHI Practicum Positions</i>

## OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, March 21, 2024 at 7 p.m. in person.

## CLOSED SESSION

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

- (a) the security of the property of the municipality or local board;
- (b) personal matters about an identifiable individual, including municipal or local board employees;
- (c) a proposed or pending acquisition or disposition of land by the municipality or local board;
- (d) labour relations or employee negotiations;
- (e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
- (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- (g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;

- (h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
- (i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
- (j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or
- (k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board.

## **ADJOURNMENT**



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

Thursday, January 18, 2024, 7 p.m.  
MLHU Board Room – Citi Plaza  
355 Wellington St. London, ON, N6A 3L7

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**MEMBERS PRESENT:** Matthew Newton-Reid (Board Chair Appoint)  
Michael Steele (Vice-Chair Appoint) (attended virtually) (exited the meeting at 7:22 p.m.)  
Selomon Menghsha  
Skylar Franke  
Michelle Smibert  
Aina DeViet  
Peter Cuddy  
Michael McGuire (attended virtually)  
Howard Shears  
Emily Williams, Chief Executive Officer (ex-officio) (Secretary and Treasurer Appoint)  
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

**OTHERS PRESENT:** Stephanie Egelton, Executive Assistant to the Board of Health (recorder)  
Sarah Maaten, Director, Public Health Foundations  
Jennifer Proulx, Acting Director, Family and Community Health and Chief Nursing Officer  
Dr. Joanne Kearon, Associate Medical Officer of Health  
Mary Lou Albanese, Director, Environmental Health, Infectious Disease and Clinical Services  
Cynthia Bos, Associate Director, Human Resources and Labour Relations (attended virtually)  
Janet Roukema, Human Resources Specialist, Diversity and Inclusion  
David Jansseune, Chief Financial Officer  
Ryan Fawcett, Manager, Privacy, Risk and Client Relations  
Alex Tyml, Online Communications Coordinator  
Parthiv Panchal, End User Support Analyst, Information Technology  
Morgan Lobzun, Communications Coordinator  
Emily Van Kesteren, Acting Manager, Communications  
Christian Daboud, Manager, Health Equity and Indigenous Reconciliation  
Crystal George, Indigenous Wellness Team Coordinator, Biigajiisakaan: Indigenous Pathways to Mental Wellness  
Tino Kasi, Former Board of Health Member  
Linda Kasi-Weir, Community Member  
Alice Cooper, Community Member  
Arthur Weir, Community Member

Outgoing Secretary and Treasurer Emily Williams called the meeting to order at **7 p.m.**

E. Williams welcomed everyone to the inaugural meeting of the Board of Health. E. Williams introduced and called upon Crystal George, Indigenous Wellness Team Coordinator, Biigajiisakaan, Pathways to Mental Wellness to provide a reflection.

Dr. Alexander Summers, Medical Officer of Health presented a gift to C. George and thanked her on behalf of the Board for her reflection.

## **MEETING PROCEDURES**

### **Election of 2024 Board of Health Executive and Other Procedures (Report No. 01-24)**

Outgoing Secretary and Treasurer Williams introduced election and appointment procedures for the positions of Chair, Vice Chair, Secretary and Treasurer to the 2024 Board of Health.

E. Williams opened the floor to nominations for the position of Chair of the Board of Health for 2024.

It was moved by **P. Cuddy, seconded by M. Steele**, *that Matthew Newton-Reid be nominated for Chair of the Board of Health for 2024.*

Carried

Matthew Newton-Reid accepted the nomination.

E. Williams invited further nominations. Hearing none, it was moved by **M. Steele, seconded by P. Cuddy**, *that Matthew Newton-Reid be appointed as Chair of the Board of Health for 2024.*

Carried

M. Newton-Reid took over as Board Chair presiding over the meeting.

Chair Newton-Reid opened the floor to nominations for the position of Vice-Chair of the Board of Health for 2024.

It was moved by **M. Steele, seconded by Skylar Franke**, *that Michael Steele be nominated for Vice-Chair of the Board of Health for 2024.*

Carried

Michael Steele accepted the nomination.

Chair Newton-Reid invited further nominations. Hearing none, it was moved by **M. McGuire, seconded by S. Menghsha**, *that Michael Steele be appointed as Vice-Chair of the Board of Health for 2024.*

Carried

Chair Newton-Reid opened the floor to nominations for the position of Secretary of the Board of Health for 2024.

It was moved by **A. DeViet, seconded by M. Smibert**, *that Emily Williams be nominated as Secretary of the Board of Health for 2024.*

Carried

Emily Williams accepted the nomination.

Chair Newton-Reid invited further nominations. Hearing none, it was moved by **A. DeViet, seconded by M. Smibert**, *that Emily Williams be appointed as Secretary of the Board of Health for 2024.*

Carried

Chair Newton-Reid opened the floor to nominations for the position of Treasurer of the Board of Health for 2024.

It was moved by **A. DeViet, seconded by M. Smibert**, *that Emily Williams be nominated as Treasurer of the Board of Health for 2024.*

Carried

E. Williams accepted the nomination.

Chair Newton-Reid invited further nominations. Hearing none, it was moved by **A. DeViet, seconded by M. Smibert**, *that Emily Williams be appointed as Treasurer of the Board of Health for 2024.*

Carried

### **Appointment of 2024 Board of Health Committees (Report No. 02-24)**

Chair Newton-Reid noted that Governance Policy G-290 requires that the Board must decide at the first meeting of each year as to whether it wishes to establish Standing Committees or have all matters dealt with directly by the Board.

Chair Newton-Reid noted that the Board would appoint the Committees after membership interest was established.

Chair Newton-Reid invited interested members to be on the Finance and Facilities Committee. It was noted that the Chair and Vice-Chair of the Board of Health sit on the Committee automatically.

Selomon Menghsha, Howard Shears and Michael McGuire declared interest to be on the Finance and Facilities Committee.

Chair Newton-Reid invited interested members to be on the Governance Committee. It was noted that the Chair and Vice-Chair of the Board of Health sit on the Committee automatically.

Michelle Smibert and Selomon Menghsha declared interest to be on the Governance Committee. Chair Newton-Reid noted that more members could be added to the Committee if needed throughout the year.

Chair Newton-Reid invited interested members to be on the Performance Appraisal Committee. It was noted that members of the Governance Committee automatically sat on this Committee. No further interest was declared for membership on the Performance Appraisal Committee.

It was moved by **A. DeViet, seconded by P. Cuddy**, *that Matthew Newton-Reid, Michael Steele, Selomon Menghsha, Howard Shears and Michael McGuire be appointed to the Finance & Facilities Committee for 2024.*

Carried

It was moved by **A. DeViet, seconded by P. Cuddy**, *that Matthew Newton-Reid, Michael Steele, Michelle Smibert and Selomon Menghsha be appointed to the Governance Committee for 2024.*

Carried

It was moved by **A. DeViet, seconded by P. Cuddy**, *that Matthew Newton-Reid, Michael Steele, Michelle Smibert and Selomon Menghsha be appointed to the Performance Appraisal Committee for 2024.*

Carried

Chair Newton-Reid highlighted that the draft 2024 Board of Health and Committee Reporting Calendar is a combined calendar for all Board and Committee business and was presented for approval.

It was moved by **M. Smibert, seconded by S. Menghsha**, *that the Board of Health approve the 2024 Board of Health and Committee Reporting Calendar.*

Carried

### **DISCLOSURE OF CONFLICT OF INTEREST**

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

### **APPROVAL OF AGENDA**

Chair Newton-Reid noted that there was an additional report regarding the 2024 Federal Budget Consultation – Submission as Report No. 09-24 for consideration to be added to the agenda.

It was moved by **S. Franke, seconded by A. DeViet**, *that the AGENDA for the January 18, 2024 Board of Health meeting be approved as amended.*

Carried

### **APPROVAL OF MINUTES**

It was moved by **P. Cuddy, seconded by H. Shears**, *that the MINUTES of the December 14, 2023 Board of Health meeting be approved.*

Carried

### **NEW BUSINESS**

#### **MLHU Employment Systems Review: Project Status Update (Report No. 03-24)**

Cynthia Bos, Associate Director, Human Resources and Labour Relations introduced Janet Roukema, Human Resources Specialist, Diversity and Inclusion to provide a high-level overview and status update of the Middlesex-London Health Unit's Employment Systems Review.

J. Roukema reviewed the timeline of the Employment Systems Review:

- March 2021: The Employment Systems Review yielded 88 recommendations for the Health Unit
- May 2021: The Board of Health approved the implementation of the review
- November 2021: Work began on the prioritization of the work, and the towards implementation of the work
- October 2023: 93% of recommendations were completed
- December 2023: 97% of recommendations were completed, ahead of the original target for implementation of organizational recommendations of April 2024
- April 2024: Anticipated project close out

Additionally, the Board was provided with updates in March 2022, March 2023 and July 2023 on the progress of the Employment Systems Review.

The 88 recommendations were split into categories: Policy and Document Reviews, Recruitment and Selection Processes and Practices, Office Spaces and Employee Perspectives.

J. Roukema noted that the priorities of the project were the following: accessibility work, accommodation work, equity recommendations and recruitment policies and processes. In addition to successful review of recruitment policies and procedures, other milestones included the relaunch of the Equity, Diversity and Inclusion Advisory Committee, bias-free training for leaders, approval of employment equity targets, LGBTQ2+ training for staff, guidance for gender transition, and mental health training for leaders.

J. Roukema noted that 85 out of 88 (97%) recommendations have been addressed and some will require ongoing monitoring and updating. One recommendation (medical notes) was declined as in certain situations, medical notes are not always necessary. Regarding gender inclusive washrooms, there are currently gender-neutral washrooms on the first floor of CitiPlaza, but the review recommended installing



single use gender inclusive bathrooms on the second floor at Citi Plaza. The Health Unit have not done this to date due to budget and structural constraints.

Next steps for the project include: continued auditing, a future workplace census, ongoing communication, checking in with the Equity, Diversity and Inclusion Advisory Committee for taking the pulse of organizational changes, education on gender neutral washrooms, anti-oppression training, and ongoing training for bias-free hiring and managing diversity on teams.

It was moved by **P. Cuddy**, seconded by **S. Franke**, that the Board of Health receive Report No. 03-24 re: "MLHU Employment Systems Review: Project Status Update" for information.

Carried

### **2023-24 Provisional Plan Update – Extension (Report No. 04-24)**

Sarah Maaten, Director, Public Health Foundations provided an update on the 2023-24 Middlesex-London Health Unit Provisional Plan, and a request to the Board of Health for an extension of the priorities within the plan.

S. Maaten explained to the Board that the Health Unit is requesting approval from the Board to extend the current Provisional Plan to the end of 2025 (to become the 2023-25 Provisional Plan) and that strategic planning be shifted to 2025 to create a 2026-2030 Strategic Plan for the Health Unit.

The Health Unit has undergone a significant organizational restructure due to budget shortfalls. This has impacted staff and the organizational climate, as well as service delivery changes. The priorities of the 2023-24 Provisional Plan will support these changes and continued work to stabilize the organization through to the end of 2025. In addition, there is uncertainty around changes to the Ontario Public Health Standards, with changes expected in early 2025. Other health units have delayed strategic planning for this reason.

Board Member Howard Shears inquired if the extension to the end of 2025 was long enough for the Health Unit. S. Maaten stated that the extension fits the current needs of the Health Unit but noted that if the mandate of the Ontario Public Health Standards is unclear, then a further extension may be needed.

Dr. Summers added that the Ontario Public Health Standards Review has commenced, and results are anticipated in January 2025. The result of the review will assist in clear understanding of the program standards required by the Health Unit, as well as the status of any voluntary mergers, which will help the agency engage in a robust strategic planning process. Dr. Summers also noted that provincial timelines are subject to change.

It was moved by **A. DeViet**, seconded by **H. Shears**, that the Board of Health:

- 1) Receive Report No. 04-24, re: "2023-24 Provisional Plan Update - Extension" for information; and
- 2) Approve the extension of the 2023-24 Provisional Plan to the end of 2025.

Carried

### **Submission to Inform the Second Legislative Review of the Tobacco and Vaping Products Act (Report No. 05-24)**

Jennifer Proulx, Acting Director, Family and Community Health and Chief Nursing Officer provided an overview of the second informative submission of the Middlesex-London Health Unit to the federal government on the *Tobacco and Vaping Products Act*.

J. Proulx provided highlights of the submission, which was provided to Health Canada in November 2023. In 2018, Canada enacted the *Tobacco and Vaping Products Act* to create a new legal framework to regulate both tobacco and vaping products. In April 2022, the Health Unit submitted feedback in response to Health

Canada's public consultation to fulfill the mandated legislative review of the Tobacco and Vaping Products Act. On September 7, 2023, Health Canada launched a public consultation seeking feedback to inform the second legislative review of the Tobacco and Vaping Products Act, with an emphasis on tobacco-related provisions. The Middlesex-London Health Unit, on behalf of the Southwest Tobacco Control Area Network, submitted feedback to Health Canada on November 10, 2023 providing evidence-informed measures to reduce the health harms associated with commercial tobacco use for consideration.

The submission (which was included as Appendix A in the report) included the following recommendations for Health Canada to consider:

- Implementation of a “smoke-free generation” policy which prohibits the sale of commercial tobacco products to anyone born after 2008 and lowers the level of nicotine in cigarettes to non-addictive levels;
- Implementation of vaping policies to decrease appeal to youth such as increased taxation and bans on all flavors including mint and menthol;
- Increase funding for smoking cessation interventions such as fully funded pharmacological cessation aids like nicotine replacement therapy;
- Address inducements to tobacco use including controls on tobacco and vaping depictions on-screen, closer monitoring of online sales of tobacco and vapor products, and increased tobacco and vapour product manufacturers' reporting requirements on sales data, research, and product development;
- Engaging with Indigenous populations, supporting a community-centered and community-directed approach to explore the impact of intergenerational trauma intertwined with a culture of accepting commercial tobacco use; and
- Enhancing compliance with and enforcement for commercial tobacco control.

Board Member H. Shears inquired on more details regarding the “smoke free generation”. Dr. Summers noted that the “smoke free generation” is a climbing age of prohibition (for tobacco sales) for those born in 2008 or later. These individuals would not be able to purchase tobacco even at the age of majority.. This would result in more regulation and further restricting of accessibility to tobacco products.

It was moved by **S. Franke, seconded by P. Cuddy**, *that the Board of Health receive Report No. 05-24 re: “Submission to Inform the Second Legislative Review of the Tobacco and Vaping Products Act” for information.*

Carried

### **Board Report and Correspondence Policy (Report No. 06-24)**

E. Williams presented the proposed amendments to Policy G-490 Board Reports, including the recommendation to rename the policy ‘Board of Health Reports and Correspondence Policy’.

E. Williams noted that the amendments to the policy ensure modernization, and provide more standardized and strategically relevant information for the Board. The policy was also amended to ensure reliable and relevant information for the Board to fulfil its governance function across all domains. These amendments also include criteria of what items are appropriate to bring to the Board, and updated templates for reports.

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

- 1) *Receive Report No. 06-23 re: “Board of Health Reports and Correspondence Policy” for information;*
- 2) *Approve the name change of G-490 - Board of Health Reports Policy (Appendix B) to G-490 - Board of Health Reports and Correspondence Policy (Appendix A); and*
- 3) *Amend G-490 - Board of Health Reports and Correspondence Policy and appendices (Appendix A).*

Carried

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

Dr. Summers provided a verbal update on current public health issues within the region.

Dr. Summers' update included the following:

#### Respiratory Season Update

The Middlesex-London region remains in a high-risk period for respiratory illnesses. With respect to COVID-19, there is a continued high-rate but it has been stable for the past month and there are some early indications of a decline. COVID-19 is not yet behaving like a typical fall and winter respiratory virus, as it continues to circulate in the summer. With respect to Influenza, Influenza A is the most prevalent now, with limited Influenza B. Vaccine effectiveness for influenza is typically unknown until after the season. Vaccination for flu and COVID are available and the Health Unit continues to encourage the community to get vaccinated but noting that only 16% of individuals over 12 have received a COVID-19 vaccination over the past 6 months.

#### iGAS

There has been an increase of iGAS (Invasive Group A Streptococcal Disease) in Middlesex-London. Group A Streptococcus (GAS) is caused by bacteria and spread person-to-person through bodily fluids (nose, throat, wound) or respiratory droplets, with typically no symptoms or mild illness. Invasive Group A Streptococcal Disease occurs when bacteria enter the blood or deep tissue and can cause life-threatening illness.

In 2023, 100 iGAS cases were reported to the Health Unit, exceeding annual average of previous 5 years of 65 cases. In 2023, there were 12 fatal cases in Middlesex-London. There have been no pediatric fatalities in the region. The region has higher iGAS rates than the provincial average, and there is no clear reason for the increase in cases. It is noted that underhoused and those who use injection drugs are highly affected, but iGAS can impact all members of the community. When the Health Unit is made aware of a confirmed case, case and contact management is conducted, and close contacts may be presented with chemoprophylaxis to prevent further spread.

#### Standing Committee on Finance and Economic Affairs

The Health Unit was selected to appear before the Standing Committee on Finance and Economic Affairs Pre-Budget Consultations in London on January 17. E. Williams and Dr. Summers attended to provide the Committee with information on public health pressures and needs. There was positive feedback from all political party affiliation on the Committee, and many questions were directed at the Health Unit.

#### MLHU in the News

Dr. Summers highlighted that the Health Unit has been in the news for a confirmed measles case over Christmas, three (3) cold weather alerts and respiratory season.

Chair Newton-Reid requested for Dr. Summers to explain why the Health Unit puts out cold and hot weather alerts. Dr. Summers explained that extreme temperatures have health implications, and this will worsen with advancing climate change. Public health has the responsibility to provide the health impacts of extreme weather events and communicating these events to the public. It was noted that the Health Unit works with municipal partners to provide a robust municipal and local response to support facilities such as cooling and warming centres.

It was moved by **S. Franke**, seconded by **M. Smibert**, that the Board of Health receive the verbal report re: *Current Public Health Issues for information.*

Carried

### **Medical Officer of Health Activity Report for November and December 2023 (Report No. 07-24)**

Dr. Summers presented the Medical Officer of Health activity report for November and December. There was no discussion on this report.

It was moved by **H. Shears, seconded by P. Cuddy**, *that the Board of Health receive Report No. 07-24 re: "Medical Officer of Health Activity Report for November and December 2023" for information.*

Carried

### **Chief Executive Officer Activity Report for November and December 2023 (Report No. 08-24)**

E. Williams presented the Chief Executive Officer activity report for December. There was no discussion on this report.

It was moved by **A. DeViet, seconded by S. Franke**, *that the Board of Health receive Report No. 08-24 re: "Chief Executive Officer Activity Report for November and December 2023" for information.*

Carried

### **2024 Federal Budget Consultation – Submission (Report No. 09-24)**

Chair Newton-Reid noted that Report No. 09-24 was added to the agenda earlier.

E. Williams noted that the online portal for the 2024 Federal Budget has been opened and is providing individuals and organizations the opportunity to provide submissions regarding budgetary priorities. The Federal Government has the overall responsibility for immigration and refugee matters, and the region has seen many newcomers to the area. Between 2016 and 2021, the number of recent immigrants or newcomers to Middlesex-London increased by nearly 70%, from 11,595 in 2016 to 19,685 in 2021 (increase of 8,090). The submission would focus on funding associated with newcomers in the community. In addition, the Health Unit has arranged for a meeting with Member of Parliament (London North Centre) Peter Fragiskatos and is waiting on a response for a meeting with Member of Parliament (London West) Arielle Kayabaga.

Dr. Summers explained that the increase in newcomers has seen an increased demand for services within the Vaccine Preventable Disease, Infectious Disease Control, and Healthy Babies Healthy Children teams.

For vaccine, a high proportion of individuals newly arrived in Canada may be susceptible to vaccine preventable diseases because of a lack of effective immunization programs in their country of origin. Immunization of persons new to Canada is often challenging because: immunization records may not exist; records may be difficult to interpret because of language barriers; and immunization schedules and vaccines may differ from those used in Canada.

For infectious disease control, newcomers are required to complete an Immigration Medical Examination (IME). If there are any abnormalities associated with the IME chest x-ray, public health staff on the team will review the examination and conduct a medical history interview and symptom assessment. The increase in newcomers to London has had an impact on the volumes of suspected and active tuberculosis (TB) cases, requiring follow up by public health, with the number of active TB cases more than tripling since 2016, up from 8 per year to 23 by 2021. Each case requires very intensive investigation, requiring approximately 50 hours of staff time. The number of new referrals to the Health Unit has increased by 28% over the same five years, from 76 in 2016 to 273 in 2022.

For healthy babies home visiting, a screening tool is used which considers certain risk factors for less-than-optimal development. The screening tool includes a question on whether infants and families need newcomer support. Infants and families need newcomer support if the mother is new to Canada, less than 5 years living in Canada, who lacks social supports, or is experiencing social isolation. The percent of infants screened with families in need of newcomer support has been significantly higher for Middlesex-London compared to Ontario, with only 70% of newborns being screened.

Overall, the priorities highlighted in the draft submission are:

- The need for additional nursing and program assistant resources for the Vaccine Preventable Disease team;
- The need for additional nursing resources for the Infectious Disease Control team; and
- The need for additional nursing resources for the Healthy Babies Healthy Children home visiting team.

Board Member Skylar Franke inquired on how much financial contribution the federal government provides the Health Unit. E. Williams noted that the exact number could be provided after the meeting, but funding that the Health Unit receives is from Public Health Agency of Canada for Smart Start for Babies and FoodNet programs.

Board Member Selomon Menghsha inquired why the Health Unit was only screening 70% of infants in hospitals. Dr. Summers explained that this was a resource issue and regrettably, if the Health Unit did screen 100%, then the agency would be challenged to keep up with the increase in volumes that would need services. This challenge was articulated to the provincial government as well.

Chair Newton-Reid requested that the submission should include more contextual numbers such as dollar amounts and full-time equivalent numbers for further impact, and the submission would be amended.

It was moved by **S. Franke, seconded by A. DeViet**, *that the Board of Health:*

- 1) *Receive Report No. 09-24 re: "2024 Federal Budget Consultation - Submission" for information; and*
- 2) *Approve the attached response (Appendix A) as amended.*

Carried

## **CORRESPONDENCE**

It was moved by **S. Franke, seconded by M. Smibert**, *that the Board of Health receive items a) through e) for information:*

- a) *Middlesex-London Board of Health External Landscape for January*
- b) *Association of Municipalities of Ontario re: Public Health Mergers*
- c) *MPP Peggy Sattler re: MLHU Funding*
- d) *Peterborough Public Health Unit re: Public Health Strengthening*
- e) *Timiskaming Health Unit re: Public Health Strengthening and Chronic Disease Prevention*

Carried

It was moved by **P. Cuddy, seconded by H. Shears**, *that the Board of Health endorse item f) Association of Supervisors of Public Health Inspectors re: One-Time Funding Opportunities to Support PHI Practicum Positions.*

Carried

**OTHER BUSINESS**

The next meeting of the Middlesex-London Board of Health is on Thursday, February 15, 2024 at 7 p.m.

**CONFIDENTIAL**

At **8:10 p.m.**, it was moved by **A. DeViet, seconded by M. Smibert**, *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 municipal or local board employees, litigation or potential litigation, including matters before administrative tribunals, advice that is subject to solicitor-client privilege, including communications necessary for that purpose affecting the municipality or local board and to approve previous confidential Board of Health minutes.*

Carried

At **8:46 p.m.**, it was moved by **S. Franke, seconded by S. Menghsha**, *that the Board of Health return to public session from closed session.*

Carried

**ADJOURNMENT**

At 8:46 p.m., it was moved by **H. Shears, seconded by S. Franke**, *that the meeting be adjourned.*

Carried

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**MATTHEW NEWTON-REID**  
Chair

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**EMILY WILLIAMS**  
Secretary

**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 11-24**

**TO:** Chair and Members of the Board of Health  
**FROM:** Dr. Alexander Summers, Medical Officer of Health  
Emily Williams, Chief Executive Officer  
**DATE:** 2024 February 15

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**2023-25 PROVISIONAL PLAN 2023 Q4 STATUS UPDATE**

**Recommendation**

*It is recommended that the Board of Health receive Report No. 11-24 re: “2023-25 Provisional Plan 2023 Q4 Status Update” for information.*

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**Report Highlights**

- In Q2 2023, the Board of Health approved the 2023-24 Provisional Plan, which has now been extended to the end of 2025.
- Progress has been made on many initiatives within the first six-month period of the 23-25 Provisional Plan, with 11 of the 14 initiatives underway.

**Background**

The Health Unit continues to ensure that the priority areas, goals, and directions identified on the Provisional Plan are prioritized and balanced with the ongoing demands of the organization. On May 18, 2023, the Board of Health approved the 2023-24 Provisional Plan available on the health unit [website](#). It has since been extended to the end of 2025 (now called the 2023-25 Provisional Plan) per [Report No. 04-24](#).

**Provisional Plan Status Update**

This Q4 status update reflects the second time for the Strategy, Planning and Performance (SPP) team to report on the 2023-25 Provisional Plan with a revised reporting process. Over the October to December 2023 timeframe, the Health Unit has executed key deliverables associated with several strategic initiatives. A Q4 Provisional Plan Status Report has been included as [Appendix A](#).

All 14 strategic initiatives are proceeding as planned, with 11 of the 14 initiatives underway. Three of the fourteen initiatives have not yet started but will be initiated in 2024 as planned. These include the following:

- Catalog and track MLHU relationships with key local and regional partners, including the assigned MLHU leads / key liaisons for those relationships,

- Develop and implement an evidence-based framework to effectively engage with partners, and
- Integrate public health foundational principles and practices into staff orientation and ongoing training curriculum.

One tactic among six within the organizational quality management system initiative has not been initiated: development of a template for programmatic operational plans. This is planned to be initiated late in 2024.

There is only one tactic regarding the implementation of the Joy in Work framework where issues have been identified. Given the implementation of the new organizational structure and labour relations impacts; the Joy in Work framework was de-prioritized by the Human Resource team due to capacity and organizational climate. This is anticipated to be back on track in Q1 2024.

No risks were identified within the tactics in Q4.

### Next Steps

Work will continue to be initiated on the now 2023-25 Provisional Plan initiatives. Documents have been updated to reflect the extension of the Provisional Plan to the end of 2025, alongside informal communication about this decision to key community partners.

Planning discussions will be starting in the fall of 2024 to develop the approach for the 2026-2030 Strategic Plan that will begin the development phase in 2025.

This report was written by the Strategy, Planning and Performance team.



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



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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The good governance and management practices as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically the Provisional Plan holds the MLHU accountable to coordinated implementation of both the plans.**



# MLHU 2023-25 Provisional Plan Status Report to Board of Health

Q4 2023 (October-December)

Priority Area	Goal "Where we want to be"	Direction "The path we're taking to get there"	Initiative "How we plan to move forward along that path"
Client and Community Confidence	We have strong relationships with our partners and are trusted by our community.	Facilitate meaningful and trusting relationships with prioritized equity-deserving groups, specifically the Black community and Indigenous communities.	Work towards an honest and authentic relationship with First Nations and Indigenous-led organizations through the ongoing implementation of the Taking Action for Reconciliation Plan (TAFR), including commitment to clarifying the role of the MLHU in supporting the health of Indigenous people and communities
			Reinforce commitment to upholding the needs of equity-deserving groups through continuous implementation of equity-based plans, including the Employment Systems Review (ESR) and Anti-Black Racism Plan (ABRP)
			Prioritize equity, diversity, and inclusion training for staff to facilitate cultural humility, competency and safety when engaging with equity-deserving groups
		Develop and adopt a partner engagement framework	Catalog and track MLHU relationships with key local and regional partners, including the assigned MLHU leads / key liaisons for those relationships
		Develop and implement an evidence-based framework to effectively engage with partners	
Program Excellence	Our public health programs are effective, grounded in evidence and equity	Define what we do and do it well	Document MLHU programs and interventions, and refine these descriptions
			Identify measurable indicators for programs and interventions to effectively monitor and maximize outcomes
			Enhance the systematic collection of sociodemographic, and race-based data to inform planning, implementation and evaluation of programs and strengthen population health assessment and surveillance which can be used to identify health inequities
			In collaboration with health system partners, including Indigenous leaders and service providers, develop robust organizational emergency management and business continuity plans that facilitate effective and timely response and surge capacity in the event of a public health emergency, while maintaining essential public health services
Employee Engagement and Learning	Our staff and leaders have the skills and capacity to do their jobs well, and their wellbeing is supported	Develop and implement strategies to support staff mental health and wellbeing, including addressing systemic factors contributing to burn out	Continue to implement the Joy in Work framework and prioritize wellness activities and supports
		Develop and implement comprehensive training, learning and development, and professional development opportunities for staff and leaders	Integrate public health foundational principles and practices into staff orientation and ongoing training curriculum
			Implement a leadership development program, including a process for identifying potential leaders
Organizational Excellence	We make effective decisions, and we do what we say we are going to do	Clarify who makes decisions and how those decisions are made	Develop an organizational governance framework to facilitate transparency and efficiency in decision-making
		Develop and initiate an organizational quality management system	Develop and adopt a management operating system manual that describes our equity-informed management and quality operating systems, including an operational planning and performance process to enable the monitoring of program and indicators

Status Legend	Definition
Complete	Have completed the tactics for the direction
As Planned - Not yet started	As planned, no tactics have begun yet for this direction
As Planned - Proceeding	Tactic(s) are underway for this direction and work is happening as planned
Delayed - Proceeding with Caution	Tactic(s) are underway and more than one have hit delays
Major Obstacles, On Hold or Abandoned	Tactic(s) have issues or are unable to continue

**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 12-24**

**TO:** Chair and Members of the Board of Health  
**FROM:** Dr. Alexander Summers, Medical Officer of Health  
Emily Williams, Chief Executive Officer  
**DATE:** 2024 February 15

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**MIDDLESEX-LONDON HEALTH UNIT APPROACH TO CLIMATE CHANGE ACTION**

**Recommendation**

*It is recommended that the Board of Health receive Report No. 12-24 re: "Middlesex-London Health Unit Approach to Climate Change Action" for information.*

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**Report Highlights**

- Climate change is already having impacts on human health in Middlesex-London, and these impacts are expected to increase over time.
- The MLHU addresses climate change, including through both adaptation and mitigation activities, in the work of many teams across the organization and utilizing a wide variety of interventions
- In the next 1-2 years, the MLHU will focus on advancing work on surveillance of climate change impacts on human health and communicating risks to the public and decision-makers.

**Background**

Climate change can impact human health in a wide variety of ways, including exposure injuries to extreme temperatures, injuries related to extreme weather, vector-borne diseases, respiratory disease related to poorer air quality, water-borne illness, food insecurity, and mental health impacts. While everyone is at risk, there are some who are at greater risk to these health impacts such as children, older adults, those with pre-existing health conditions and those who are already socially and economically disadvantaged.

Climate change impacts can also vary by region. In 2014, the MLHU supported an assessment of the Middlesex-London region to determine possible vulnerabilities from climate change and provide recommendations for adaptation. On December 18, 2014, the MLHU Board of Health endorsed Report 074-14, directing staff to follow through on recommendations outlined in the 2014 Assessment of Vulnerability to the Health Impacts of Climate Change in Middlesex-London, including:

1. Development of a climate change and health action plan;
2. Education and outreach related to the impacts of climate change;
3. Evaluating adaptations to determine effectiveness of efforts to reduce risks of climate change;
4. Continued surveillance and monitoring of climate sensitive diseases;
5. Developing a greater understanding of how urban and rural vulnerabilities may differ in the Middlesex-London Region; and
6. Development of policies and programs that address multiple risks to help deal with uncertainties of a changing climate and work towards adaptation and mitigation.

While the report was originally prepared by the MLHU in collaboration with the Public Health Agency of Canada, the recommendations extended beyond the work of the MLHU alone.

In the context of these previous commitments, a fulsome review of the mandate and role of local public health agencies within the Ontario Public Health Standards (OPHS) was recently conducted to identify gaps and opportunities for further action. Within the OPHS, direction is given to local public health agencies to engage in climate change action, within the Healthy Environments and Climate Change Guidelines, 2018. Reference to climate change and its health impacts is also linked to many other protocols and guidelines within the OPHS.

### **The MLHU Approach to Climate Change Action**

Given the wide variety of health impacts that climate change can have, climate change action is spread across the MLHU. Multiple teams are involved in climate change work, directly and indirectly, within the following programs:

- Health Hazards;
- Healthy Environments and Climate Change;
- Active Transportation and Built Environment;
- Ultraviolet Radiation and Sun Safety;
- Vector-Borne Diseases;
- Food Safety;
- Drinking Water;
- Recreational Water;
- Food Systems and Nutrition;
- Mental Health.

The work within these programs addresses both climate change mitigation and adaptation. Within these programs, the interventions utilized to address climate change include: surveillance, communication and social marketing, education and skill building, health public policy development, community mobilization and partnerships, inspections, investigations, vector control, and case, contact and outbreak management.

Since the 2014 vulnerability assessment, progress has been made on the recommendations, both internally to the MLHU and in collaboration with partners. On April 23, 2019, the City of London declared a climate emergency. Over the last 5 years, the MLHU has actively given input into subsequent plans and reports developed by the City of London, including the 2022 [Climate Emergency Action Plan](#). Internally, the MLHU has taken a particularly active role in moving the work of #2, 4, and 6 forward, with continued efforts in these areas being prioritized for the next year. The MLHU will continue to explore the ability to fulfill recommendations #1, 3, and 5 in future years, which will require ongoing close collaboration with community partners.

**Next Steps**

The MLHU will continue addressing the health impacts of climate change, particularly looking in the next 1-2 years to advance work in population health assessment and surveillance and communication of these health risks.

This report was written by the Associate Medical Officer of Health.



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



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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Healthy Environments and Climate Change Guideline as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
  - Goal: Program Excellence - Our public health programs are effective, grounded in evidence and equity
    - Objective: Define what we do and do it well

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically several recommendations under the Assess and Report section of the ABRP, and the Research section of the TARP.**

**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 13-24**

**TO:** Chair and Members of the Board of Health  
**FROM:** Emily Williams, Chief Executive Officer  
Dr. Alexander Summers, Medical Officer of Health  
**DATE:** 2024 February 15

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**MIDDLESEX-LONDON HEALTH UNIT LABOUR RELATIONS IMPACTS  
OF 2024 BUDGET**

**Recommendation**

*It is recommended that the Board of Health receive Report No. 13-24 re: "2024 Middlesex-London Health Unit Labour Relations Impacts of Budget" for information.*

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**Report Highlights**

- 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.

**Background**

As noted in [Report No. 54-23](#), the Middlesex-London Health Unit was facing significant budget pressures in 2024 and needed to undergo strategic prioritization of work and organizational restructuring as a result. The restructuring included both investments and disinvestments of positions at MLHU. Components of the organizational restructuring directly influenced the labour relations strategy for the health unit, particularly with the merging of several teams. The majority of impacts were related to Registered Nurse (RN) positions, which required integrating seniority lists of merging teams to determine which individuals would be impacted. Respective Collective Agreement language was followed for unionized employees.

**Labour Relations Impacts**

CUPE (Canadian Union of Public Employees) Staff: The two Registered Dietitian positions that were disinvested were vacant. The full-time Health Promoter position that was disinvested resulted in internal bumping into another CUPE position and some domino bumping impacts, but no further job loss. The disinvestment of the part-time Health Promoter position resulted in a lay-off.

ONA (Ontario Nurses Association) Staff: The net disinvestment of 13 Full Time Equivalent (FTE) RN positions has resulted in minimal job loss due to mitigation strategies such as offering Voluntary Retirement Incentives, reducing already vacant positions, extending employment by transferring staff to temporary roles, and deferring layoffs for staff who are on leave. The Human Resources (HR) team conducted three rounds of layoff/displacement meetings in alignment with the ONA CA, with impacted nurses from November 2023 to January 2024. This resulted in significant movement across the organization, with approximately 17 nurses displacing onto a new team effective January 1, 2024.

Following the third round of layoff meetings in January, only 2 nurses had been laid off from the organization, with one of them being recalled back to work within 2 weeks. With a nurse currently on layoff, any nurse vacancies are subject to recall and will not be posted until there are no nurses on the recall list.

As a result of temporary leaves within the organization, there are an additional 7 nurses who have been notified of their displacement and deferred layoff from the organization at a later date in 2024 or 2025. The timing of these deferred layoffs is dependent on nurses returning from leaves of absence. Any permanent or temporary vacancies would have an impact on whether or not the deferred layoffs move forward.

Non-Union Staff: Given that non-union positions do not have displacement or recall rights, the disinvestments of a Director and 3 Manager positions resulted in the job loss of one Director and two Managers, as there was a Manager vacancy available.

### **Change Management**

The HR team engaged an external consultant to work with newly merged teams to assist them with transitioning through the changes and shifting focus to the new future state. This was well-received by both staff and leaders that participated.

### **Next Steps**

The Human Resources team worked collaboratively with union partners in dealing with these labour relations matters. Employee feedback through the union was that the transparent, responsive process and kindness demonstrated in labour relations meetings, helped them to feel supported in a challenging situation. Human Resources continues to meet with ONA weekly to discuss labour relations matters and ensure timely updates and advance notice of upcoming layoffs to continue to work collaboratively in supporting impacted employees through this process.

This report was written by the Associate Director, Human Resources and Labour Relations.



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



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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The fiduciary requirements as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendation #43 (Governance and Leadership, Anti-Black Racism Plan).**

**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 14-24**

**TO:** Chair and Members of the Board of Health  
**FROM:** Emily Williams, Chief Executive Officer  
Dr. Alexander Summers, Medical Officer of Health  
**DATE:** 2024 February 15

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**2023 Q4 FINANCIAL UPDATE, BORROWING UPDATE AND  
FACTUAL CERTIFICATE**

**Recommendation**

*It is recommended that the Board of Health receive Report No. 14-24 re: “2023 Q4 Financial Update, Borrowing Update and Factual Certificate” for information.*

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**Report Highlights**

- This comprehensive report covers key financial elements to assist with strategic decision making.
- It includes an Executive Summary and commentary on key segments of the Health Unit including:
  - Shared Funded Programs
  - 100% Funded Programs
  - Cashflow, which also includes a Financial Borrowing update
  - The following schedules are also provided:
    - Financial Overview
    - MLHU 100% Funded Programs
    - MLHU2 100% Funded Programs
    - Department Expenses
    - Department Funding
    - Budgeted Cashflow Schedule
    - Factual Certificate

**Background**

The reporting focuses on key segments of the Health Unit and less on transactional review. This information is intended to inform and assist with strategic decision making.

**Financial Highlights**

Please review the attached report ([Appendix A](#)) with the financial update and factual certificate.



This report was written by the Chief Financial Officer/Associate Director, Finance and Operations.



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



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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The fiduciary requirements as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendation #43 (Governance and Leadership, Anti-Black Racism Plan) and recommendation #5 (Governance, Taking Action for Reconciliation).**

# ***Middlesex-London Health Unit***

## ***Financial Update***

***Ending December 31, 2023***

***Draft – Non-Audited***

***These are Non-Consolidated Results***

***MLHU – fiscal Jan-Dec: Q4 Results from January to December 2023***

***MLHU2 – fiscal Apr-Mar: Q3 Results from April to December 2023***

## Table of Contents

<b>Executive Summary .....</b>	<b>3</b>
<b>MLHU – Shared Funded Programs .....</b>	<b>4</b>
<b>MLHU – 100% Funded Programs .....</b>	<b>5</b>
<b>MLHU2 – 100% Funded Programs .....</b>	<b>6</b>
<b>Cashflow Projections .....</b>	<b>7</b>
<b>Schedule A – Financial Overview .....</b>	<b>8</b>
<b>Schedule A.1 – MLHU 100% Funded Programs .....</b>	<b>9</b>
<b>Schedule A.2 – MLHU2 100% Funded Programs .....</b>	<b>10</b>
<b>Schedule A.3 – MLHU Department Expenses .....</b>	<b>11</b>
<b>Schedule A.4 – MLHU Department Funding .....</b>	<b>12</b>
<b>Schedule B – Budgeted Cashflow Schedule .....</b>	<b>13</b>
<b>Schedule C – Factual Certificate .....</b>	<b>14</b>

## Executive Summary

This financial package represents the draft financial results of the Middlesex-London Health Unit ending December 31<sup>st</sup> of 2023. These draft numbers may be impacted by additional year-end adjusting entries but are intended to provide a close approximation of the year's results. Also, these numbers are representative of the Ministry's Q4 SAR (Standards Assessment Review) submission for Shared Funded Programs and the Ontario Seniors Dental Care Program (OSDCP). The included commentary and schedules will highlight key financial elements within the Health Unit.

**MLHU – Shared Funded Programs:** These programs operate from January to December and are funded from Ministry, Municipal and internal revenue. They represent nearly \$31 million, or 62% of the overall budget. These programs plus OSDCP make up the Ministry's "base budget" for SAR reporting.

Funding was fully spent as Shared Funded Programs delivered flat results, no surplus and no deficit. Unlike previous years, none of these funds were used to support COVID-19 operations during 2023. There were no drawdowns from Reserves; however, contributions to Reserves amounted to \$208k.

**MLHU 100% Funded Programs:** These programs also operate from January to December but have their own discreet funding. They represent nearly \$16 million, or 32% of the overall budget and include COVID-19, School Focused Nurses Initiative (SFNI), OSDCP and Funding for Cannabis Legalization (CLIF).

COVID-19 actual expenditures totalled \$6.4 million with no funding provided as at year end; however, funding has been approved (*on January 31, 2024*) and cashflow is expected in February 2024.

OSDCP summary includes operating funds of \$3,167k against \$3,028k expenditures and Strathroy capital funds of \$1,050k against \$1,050k expenditures.

Both SFNI and CLIF's funding offset expenditures with no concerns.

**MLHU2 100% Funded Programs:** These programs operate from April to March and also have their own discreet funding. They represent nearly \$3 million, or the remaining 6% of the budget and include Smart Start for Babies, Best Beginnings, Shared Library Services and FoodNet Canada.

Financially, there are no concerns with these programs and expenses are as expected for the third quarter ending December.

**Cashflow:** The year began with \$4.2 million and ended December with \$1.5 million, earning \$162k non-budgeted interest. The line of credit was not utilized during the year. 2023 COVID-19 funding will be received during February 2024 in the amount of \$6.4 million which will greatly improve the current cash position.

On behalf of the Finance Team within the Corporate Services Division,



Dave Jansseune, CPA, CMA  
Chief Financial Officer



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

## MLHU – Shared Funded Programs

These programs operate from January to December and use shared funding from the Ministry, Municipalities and some internally generated revenue. They represent nearly \$31 million, or 62% of the overall budget.

**Grants, User Fees & Other Income:** Funding exceeded budget by \$605k due to the Ministry's pro-rated 1% increase (\$150k), IPAC's (Infection Prevention and Control) increased funding (\$172k) & recoveries booked for the iHeal/Nurse Family Partnership programs (\$216k). In previous years, the recoveries were booked against the expense – this was changed in 2023 to increase transparency.

**Salaries, Overtime and Benefits:** Total favourability to budget was \$791k; equivalent to approximately 8 vacancies throughout the year. Ideally, this favourability would offset the budgeted gap of \$1,539k. As the organization restructures and reduces staffing, it becomes more important to reduce the gap (2024 budgeted gap is \$941k).

**General Expenses:** Expenditures totalled \$6,146k vs budget of \$6,484k generating a \$338k fav variance.

Interest Expense \$251k fav: \$162k interest earned. Also, the accelerated payment on the variable bank loan was cancelled due to the forecasted shortage of available cash.

Program Supplies \$161k fav: reduced oral contraceptives, advertising and project work while increased spending in printing and laundry services.

Occupancy Costs \$96k unf: Increased janitorial, realty taxes and insurance costs.

The other areas of General Expense include Other Program Costs \$79k unf; Board Expenses \$17k unf; Professional Services \$45k fav; Furniture & Equipment \$38k fav; Travel \$25k fav; and Staff Development at \$10k fav.

**Gap:** This refers to a budgeted reduction, or override, of expenses to generate a balanced budget and is opposite to budgeted contingency. The gap would be covered through unintended vacancies, the vacant time taken to fill a position, or differences in pay steps of staff leaving vs staff coming to the Health Unit. The gap is covered through favourable variances.

**Transfer to/(from) Reserve:** There is a net \$208k transfer to Reserves for 2023.

Transfer from Reserve: Budgeted \$86,868 from the Employment Cost Reserve. This was not completed as 2023 was already in a balanced financial position.

Transfer to Reserve:

Budgeted \$100,000 to the Funding Stabilization Reserve. This was completed.

Non-budgeted \$107,935 to the Technology & Infrastructure Reserve. This was completed with Board approval.

## MLHU – 100% Funded Programs

These four programs operate from January to December and have their own discreet funding. They represent nearly \$16 million, or 32% of the overall budget.

**COVID-19 (both Clinics and Case & Contract Management):** These programs had an estimated budget of \$10.7 million & are funded from the Ministry of Health. Discreet funding ended as of December 2023.

Expenditures: Total \$6,384k. The Clinics spent \$4,297k vs a budget of \$6,197k. Case & Contact Management spent \$2,088k vs a budget of \$4,458k.

Funding: The Health Unit funded COVID-19 operations throughout the year. As of December, no funding had been received. On January 31, 2024 the Ministry approved funding for \$6,399k which will cover all of the 2023 expenses. Cashflow is expected in February 2024. The Health Unit will need to return the unused portion of funding \$15k (*\$6,399k funded vs \$6,384k spent*).

Shared Funded Programs will not contribute any funds to COVID-19 operations for 2023 (as there was no surplus from Shared Funded Programs).

**School Focused Nurses Initiative (SFNI):** This program was budgeted at \$1.4 million and is funded from the Ministry of Health with funding that ended as of June 2023.

Total expenditures for this program were \$771k vs approved funding at \$1.1 million. The Health Unit submitted \$1.4 million as an annual budget but was unsure if this would be reduced by 50% to align with the June 30<sup>th</sup> funding end date (and the reason for the actual spend at approx. half of the budget).

**OSDCP - Operating:** This program was budgeted at \$3.7 million and is also funded from the Ministry of Health. Approved funding was prorated to \$3,167k and announced August 29<sup>th</sup>. The program spent \$3,028k resulting in a surplus of \$139k which will be returned to the Ministry.

**OSDCP – Capital:** Capital funding was approved at \$1,050k for expanding the operatories in Strathroy. The project was very successful and on budget with the office opening mid-year to clients. This funding was fully used with no surplus and no deficit.

**City of London Cannabis Legalization:** This program was budgeted at \$0.2 million and is funded from the City of London. Unused funds will be carried to 2024.

## MLHU2 – 100% Funded Programs

These four programs operate from April to March and have their own discreet funding. They represent nearly \$3 million, or the remaining 6% of the overall budget. Please note these financials for MLHU2 represent only nine months, or the third quarter results from April to December 2023.

**Smart Start for Babies:** This program was budgeted at \$152k and is funded from Public Health Canada.

Total expenditures at December 31<sup>st</sup> were \$119k vs budget \$113k. General expenses remain underspent offset with higher than budgeted salaries and wages. This spending trend is expected to remain till year end.

**Best Beginnings:** This program was budgeted at \$2,483k and is funded from the Ministry of Children, Community and Social Services.

Total expenditures at December 31<sup>st</sup> were \$1,862k vs budget \$1,816k. This program is spending to budget and is expected to finish the year as such.

**Shared Library Services:** This program was budgeted at \$108k and is funded from Public Health Ontario.

Total expenditures at December 31<sup>st</sup> were \$69k vs budget \$79k. This program is on track to meet budget with increased spending during Q4 for journal subscriptions.

**FoodNet Canada:** This program was budgeted at \$116k and is also funded from Public Health Canada.

Total expenditures at December 31<sup>st</sup> were \$73k vs budget \$85k. This program is also on track to meet budget with increased spending during Q4 for program resources.

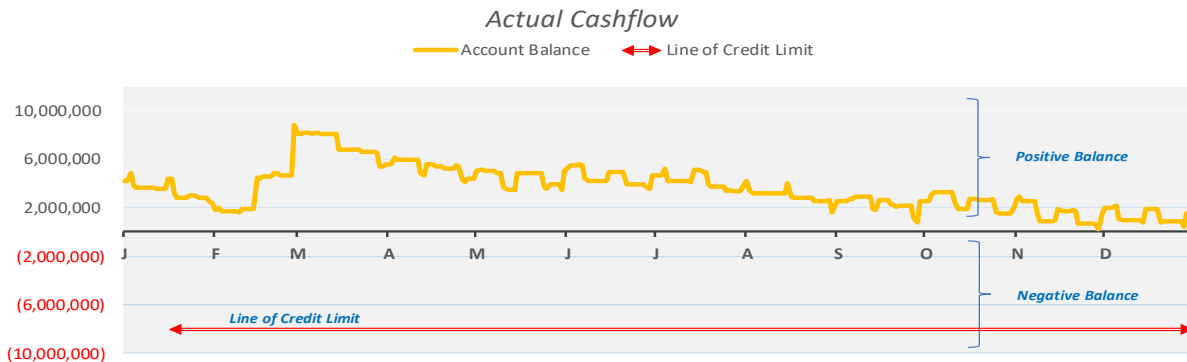
### Why is the forecast all balanced?

These programs are funded (or reimbursed) based on audited expenses. Funding will equal expenses when the process is completed to ensure there is no surplus and/or no deficit.

MLHU2 has its own set of financial statements that are used to establish reimbursement from funders.

## Cashflow Projections

**Bank balances:** January 1<sup>st</sup> was \$4,223,858 positive and December 31<sup>st</sup> was \$1,472,767 positive. The line of credit was not utilized during 2023.



### Financial Borrowing Update as at December 31, 2023

Total available line of credit: \$8 million with no draw.

Outstanding bank loans:

Fixed \$3,050,000 owing \$2,674,523.

Variable \$1,150,000 owing \$473,276. Surplus from 2022 provided two lump sum payments during Q4, which were approved by the Municipalities and the Board; total \$504,224.

### Significant Cash Events during 2023 (excluding "regular" funding & disbursements)

**January:** 2022 program clawbacks for School Focused Nurses Initiative \$215k and OSDCP \$747k.

#### February:

- 2022 COVID-19 funding for \$6.7 million (of which \$2.4 million was clawed back in March).
- An additional 2022 clawback for School Focused Nurses Initiative \$278k.
- CLIF funding received \$294,540.

#### March

- 2023 funding for School Focused Nurses Initiative \$494k (offsets two previous clawbacks).
- 2022 COVID-19 funding clawback \$2.4 million.

*No other significant cash events from April to September.*

#### October

- \$80,676. The County of Middlesex's share of the 2022 surplus that was directed to pay down the variable bank loan - approved by the County and Board of Health.

#### November

- \$423,548. The City of London's share of the 2022 surplus that was directed to pay down the variable bank loan – approved by the City and Board of Health.



# Schedule A – Financial Overview

Financial Information ending December 31, 2023

(revenue)/expenses	Jan-Dec (12 mths)			2023 Q3 Forecast
	Actual	Budget	fav/(unf)	
<b>MLHU (Programs funded January to December, 2023)</b>				
<b>Shared Funded Programs</b>				
<b>Grants, User Fees &amp; Other Income</b>	<b>(31,480,170)</b>	<b>(30,875,065)</b>	<b>605,105</b>	<b>(31,108,170)</b>
Salaries & Wages	19,843,495	20,612,743	769,248	19,555,531
Salaries & Wages Overtime	0	20,288	20,288	57,365
Benefits	5,282,792	5,284,439	1,647	5,285,812
General Expenses	6,145,947	6,483,778	337,831	6,120,637
Gap	0	(1,539,315)	(1,539,315)	0
<b>Total Expenses</b>	<b>31,272,235</b>	<b>30,861,933</b>	<b>(410,302)</b>	<b>31,019,346</b>
Transfer to/(from) Reserves	207,935	13,132	(194,803)	(86,868)
<b>Shared Funded Programs: (Surplus) / Deficit</b>	<b>(0)</b>	<b>0</b>	<b>0</b>	<b>(175,692)</b>
<b>100% Funded Programs</b>				
<b>Grants, User Fees &amp; Other Income</b>	<b>(5,098,571)</b>	<b>(15,952,633)</b>	<b>(10,854,062)</b>	<b>(11,398,960)</b>
Salaries & Wages	6,057,537	8,384,811	2,327,274	6,508,109
Salaries & Wages Overtime	254,152	1,206,092	951,940	320,834
Benefits	1,185,472	1,790,232	604,760	1,250,725
General Expenses	3,846,927	4,571,498	724,571	2,823,388
<b>Total Expenses</b>	<b>11,344,088</b>	<b>15,952,633</b>	<b>4,608,545</b>	<b>10,903,056</b>
<b>100% Funded Programs: (Surplus) / Deficit</b>	<b>6,245,517</b>	<b>0</b>	<b>(6,245,517)</b>	<b>(495,904)</b>
<b>Total MLHU, Shared &amp; 100% Funded Programs</b>				
<b>Grants, User Fees &amp; Other Income</b>	<b>(36,578,741)</b>	<b>(46,827,698)</b>	<b>(10,248,957)</b>	<b>(42,507,130)</b>
Salaries & Wages	25,901,032	28,997,554	3,096,522	26,063,640
Salaries & Wages Overtime	254,152	1,226,380	972,228	378,199
Benefits	6,468,264	7,074,671	606,407	6,536,537
General Expenses	9,992,874	11,055,276	1,062,402	8,944,025
Gap	0	(1,539,315)	(1,539,315)	0
<b>Total Expenses</b>	<b>42,616,322</b>	<b>46,814,566</b>	<b>4,198,244</b>	<b>41,922,401</b>
Transfer to/(from) Reserves	207,935	13,132	(194,803)	(86,868)
<b>MLHU Total: (Surplus) / Deficit</b>	<b>6,245,517</b>	<b>0</b>	<b>(6,245,517)</b>	<b>(671,596)</b>

(revenue)/expenses	Apr-Dec (9 mths)			Annual - April to March		
	Actual	Budget	fav/(unf)	Fcst	Budget	fav/(unf)
<b>MLHU2 (Programs funded April 2023 to March, 2024)</b>						
<b>100% Funded Programs</b>						
<b>Grants, User Fees &amp; Other Income</b>	<b>(1,941,703)</b>	<b>(2,144,657)</b>	<b>(202,954)</b>	<b>(2,859,543)</b>	<b>(2,859,543)</b>	<b>0</b>
Salaries & Wages	1,596,719	1,551,322	(45,397)	2,168,259	2,122,862	(45,397)
Salaries & Wages Overtime	2,430	0	(2,430)	2,430	0	(2,430)
Benefits	400,288	387,640	(12,648)	497,006	530,454	33,449
General Expenses	124,276	154,670	30,394	191,849	206,227	14,378
<b>Total Expenses</b>	<b>2,123,712</b>	<b>2,093,632</b>	<b>(30,080)</b>	<b>2,859,543</b>	<b>2,859,543</b>	<b>1</b>
<b>MLHU2 Total: (Surplus) / Deficit</b>	<b>182,009</b>	<b>(51,025)</b>	<b>(233,034)</b>	<b>(1)</b>	<b>0</b>	<b>1</b>

## Schedule A.1 – MLHU 100% Funded Programs

Financial Information ending December 31, 2023

<i>(revenue)/expenses</i>	Jan-Dec (12 mths)			2023 Q3 Forecast
	Actual	Budget	fav/(unf)	
<b>1. COVID-19 (816, 818): Grants, User Fees &amp; Other Income</b>	<b>0</b>	<b>(10,655,019)</b>	<b>(10,655,019)</b>	<b>(7,008,138)</b>
Salaries & Wages	4,279,487	5,608,724	1,329,237	4,663,354
Salaries & Wages Overtime	242,001	1,206,092	964,091	310,588
Benefits	756,691	1,172,012	415,321	820,207
General Expenses	1,106,091	2,668,191	1,562,100	1,213,988
<b>Total Expenses</b>	<b>6,384,270</b>	<b>10,655,019</b>	<b>4,270,749</b>	<b>7,008,137</b>
<b>COVID-19: (Surplus) / Deficit</b>	<b>6,384,270</b>	<b>(0)</b>	<b>(6,384,270)</b>	<b>(1)</b>
<b>2. SFNI (819): Grants, User Fees &amp; Other Income</b>	<b>(771,283)</b>	<b>(1,415,572)</b>	<b>(644,289)</b>	<b>(1,100,000)</b>
Salaries & Wages	656,363	1,175,011	518,648	666,244
Salaries & Wages Overtime	7,915	0	(7,915)	7,915
Benefits	107,005	240,561	133,556	108,071
General Expenses	0	0	0	0
<b>Total Expenses</b>	<b>771,283</b>	<b>1,415,572</b>	<b>644,289</b>	<b>782,230</b>
<b>School Focused Nurses Initiative: (Surplus) / Deficit</b>	<b>(0)</b>	<b>0</b>	<b>0</b>	<b>(317,770)</b>
<b>3. Seniors Dental (172): Grants, User Fees &amp; Other Income</b>	<b>(4,216,600)</b>	<b>(3,693,148)</b>	<b>523,452</b>	<b>(3,166,500)</b>
Salaries & Wages	1,046,596	1,479,833	433,236	1,099,425
Salaries & Wages Overtime	4,190	0	(4,190)	2,259
Benefits	309,298	353,614	44,316	308,698
General Expenses	2,717,762	1,859,702	(858,060)	1,577,984
<b>Total Expenses</b>	<b>4,077,847</b>	<b>3,693,148</b>	<b>(384,698)</b>	<b>2,988,366</b>
<b>Seniors Dental: (Surplus) / Deficit</b>	<b>(138,753)</b>	<b>0</b>	<b>138,754</b>	<b>(178,134)</b>
<b>4. CLIF (128): Grants, User Fees &amp; Other Income</b>	<b>(110,688)</b>	<b>(188,894)</b>	<b>(78,206)</b>	<b>(124,322)</b>
Salaries & Wages	75,091	121,243	46,152	79,086
Salaries & Wages Overtime	46	0	(46)	71
Benefits	12,478	24,045	11,568	13,749
General Expenses	23,074	43,605	20,531	31,416
<b>Total Expenses</b>	<b>110,688</b>	<b>188,894</b>	<b>78,206</b>	<b>124,322</b>
<b>City of London Cannabis Legalization: (Surplus) / Deficit</b>	<b>0</b>	<b>(0)</b>	<b>(0)</b>	<b>0</b>
<b>MLHU 100% Funded Programs Consolidated:</b>				
<b>Grants, User Fees &amp; Other Income</b>	<b>(5,098,571)</b>	<b>(15,952,633)</b>	<b>(10,854,062)</b>	<b>(11,398,960)</b>
Salaries & Wages	6,057,537	8,384,811	2,327,274	6,508,109
Salaries & Wages Overtime	254,152	1,206,092	951,940	320,834
Benefits	1,185,472	1,790,232	604,760	1,250,725
General Expenses	3,846,927	4,571,498	724,571	2,823,388
<b>Total Expenses</b>	<b>11,344,088</b>	<b>15,952,633</b>	<b>4,608,545</b>	<b>10,903,056</b>
<b>MLHU 100% Funded Programs: (Surplus) / Deficit</b>	<b>6,245,517</b>	<b>0</b>	<b>(6,245,517)</b>	<b>(495,904)</b>

## Schedule A.2 – MLHU2 100% Funded Programs

Financial Information ending December 31, 2023

- actual funding is accrued/deferred to match expenses in mid-year reporting - (revenue)/expenses	Apr-Dec (9 mths)			Annual - April to March		
	Actual	Budget	fav/(unf)	Fcst	Budget	fav/(unf)
<b>1. Smart Start for Babies (145): Grants, User Fees &amp; Other Income</b>	<b>0</b>	<b>(114,323)</b>	<b>(114,323)</b>	<b>(152,430)</b>	<b>(152,430)</b>	<b>0</b>
Salaries & Wages	45,017	31,886	(13,131)	56,764	43,633	(13,131)
Salaries & Wages Overtime	0	0	0	0	0	0
Benefits	13,248	7,132	(6,116)	15,876	9,760	(6,116)
General Expenses	60,584	74,278	13,694	79,790	99,037	19,247
<b>Total Expenses</b>	<b>118,849</b>	<b>113,296</b>	<b>(5,553)</b>	<b>152,430</b>	<b>152,430</b>	<b>0</b>
<b>Smart Start for Babies: (Surplus) / Deficit</b>	<b>118,849</b>	<b>(1,027)</b>	<b>(119,875)</b>	<b>(0)</b>	<b>0</b>	<b>0</b>
<b>2. Best Beginnings (150): Grants, User Fees &amp; Other Income</b>	<b>(1,862,487)</b>	<b>(1,862,485)</b>	<b>2</b>	<b>(2,483,313)</b>	<b>(2,483,313)</b>	<b>0</b>
Salaries & Wages	1,440,002	1,403,479	(36,522)	1,957,073	1,920,551	(36,522)
Salaries & Wages Overtime	2,430	0	(2,430)	2,430	0	(2,430)
Benefits	360,733	355,673	(5,060)	445,673	486,710	41,037
General Expenses	59,124	57,039	(2,085)	78,137	76,052	(2,085)
<b>Total Expenses</b>	<b>1,862,288</b>	<b>1,816,191</b>	<b>(46,097)</b>	<b>2,483,313</b>	<b>2,483,313</b>	<b>0</b>
<b>Best Beginnings: (Surplus) / Deficit</b>	<b>(199)</b>	<b>(46,293)</b>	<b>(46,094)</b>	<b>(0)</b>	<b>0</b>	<b>0</b>
<b>3. Library Shared Services (206): Grants, User Fees &amp; Other Income</b>	<b>(55,476)</b>	<b>(81,005)</b>	<b>(25,529)</b>	<b>(108,006)</b>	<b>(108,006)</b>	<b>0</b>
Salaries & Wages	55,748	54,319	(1,429)	75,760	74,331	(1,429)
Salaries & Wages Overtime	0	0	0	0	0	0
Benefits	12,859	12,633	(225)	17,513	17,287	(225)
General Expenses	770	12,291	11,521	14,733	16,388	1,655
<b>Total Expenses</b>	<b>69,377</b>	<b>79,243</b>	<b>9,866</b>	<b>108,006</b>	<b>108,006</b>	<b>0</b>
<b>Library Shared Services: (Surplus) / Deficit</b>	<b>13,901</b>	<b>(1,762)</b>	<b>(15,663)</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>
<b>4. FoodNet Canada (233): Grants, User Fees &amp; Other Income</b>	<b>(23,741)</b>	<b>(86,846)</b>	<b>(63,105)</b>	<b>(115,794)</b>	<b>(115,794)</b>	<b>0</b>
Salaries & Wages	55,952	61,638	5,686	78,661	84,347	5,686
Salaries & Wages Overtime	0	0	0	0	0	0
Benefits	13,448	12,202	(1,247)	17,944	16,697	(1,247)
General Expenses	3,799	11,063	7,264	19,189	14,750	(4,439)
<b>Total Expenses</b>	<b>73,199</b>	<b>84,903</b>	<b>11,703</b>	<b>115,794</b>	<b>115,794</b>	<b>0</b>
<b>FoodNet Canada Program: (Surplus) / Deficit</b>	<b>49,459</b>	<b>(1,943)</b>	<b>(51,402)</b>	<b>(0)</b>	<b>0</b>	<b>0</b>
<b>MLHU2 100% Funded Programs Consolidated:</b>						
<b>Grants, User Fees &amp; Other Income</b>	<b>(1,941,703)</b>	<b>(2,144,657)</b>	<b>(202,954)</b>	<b>(2,859,543)</b>	<b>(2,859,543)</b>	<b>0</b>
Salaries & Wages	1,596,719	1,551,322	(45,397)	2,168,259	2,122,862	(45,397)
Salaries & Wages Overtime	2,430	0	(2,430)	2,430	0	(2,430)
Benefits	400,288	387,640	(12,648)	497,006	530,454	33,449
General Expenses	124,276	154,670	30,394	191,849	206,227	14,378
<b>Total Expenses</b>	<b>2,123,712</b>	<b>2,093,632</b>	<b>(30,080)</b>	<b>2,859,543</b>	<b>2,859,543</b>	<b>1</b>
<b>MLHU2 100% Funded Programs: (Surplus) / Deficit</b>	<b>182,009</b>	<b>(51,025)</b>	<b>(233,034)</b>	<b>(1)</b>	<b>0</b>	<b>1</b>

Please Note – MLHU2 information is from April 2023 to December 2023

## Schedule A.3 – MLHU Department Expenses

Financial Information ending December 31, 2023

<i>Excludes departments 120 &amp; 126</i>	Jan-Dec (12 mths)			2023 Q3 Forecast
	Actual	Budget	fav/(unf)	
<b>Office of the Medical Officer of Health</b>				
801, Office of the Medical Officer of Health	618,797	626,643	7,845	632,740
808, Emergency Management	1,004	4,750	3,746	1,929
840, Office of the AMOH and Director of Foundational Standard	139,927	288,204	148,277	130,514
852, Health Equity/SDOH and Nursing Practice Lead	249,606	291,901	42,295	209,580
<b>Office of the Medical Officer of Health Total</b>	<b>1,009,334</b>	<b>1,211,498</b>	<b>202,164</b>	<b>974,763</b>
<b>Environmental Health &amp; Infectious Diseases</b>				
124, Enhanced Safe Water Initiative	2,283	10,000	7,717	2,500
811, Vaccine Preventable Disease	1,767,623	1,676,417	(91,206)	1,741,168
812, Sexual Health	2,377,660	2,486,903	109,243	2,396,783
814, Infectious Disease	1,713,603	1,636,798	(76,805)	1,743,857
820, Office of the Director of Environmental Health and Infectious Diseases	228,873	238,024	9,151	228,352
823, Vector Borne Disease	450,059	469,987	19,928	484,252
826, Food Safety & Healthy Environments	1,586,644	1,657,793	71,149	1,649,897
827, Safe Water, Rabies & Vector Borne Disease	1,108,489	957,099	(151,390)	1,051,312
835, Community Outreach & Clinical Support Services	1,279,899	1,088,012	(191,888)	1,173,104
<b>Environmental Health &amp; Infectious Diseases Total</b>	<b>10,515,134</b>	<b>10,221,034</b>	<b>(294,100)</b>	<b>10,471,225</b>
<b>Covid-19</b>				
816, Immunization Covid Clinics	4,296,696	6,196,950	1,900,254	4,271,949
818, Covid-19	2,087,574	4,458,069	2,370,495	2,736,189
<b>Covid-19 Total</b>	<b>6,384,270</b>	<b>10,655,019</b>	<b>4,270,749</b>	<b>7,008,137</b>
<b>Healthy Living</b>				
128, City of London Funding for Cannabis Legalization	110,688	188,894	78,206	124,322
132, SFO - Tobacco Control Area Network (TCAN)	158,646	167,853	9,207	138,844
172, Senior Dental Program	4,077,847	3,693,148	(384,698)	2,988,366
819, SFNI	771,283	1,415,572	644,289	782,230
830, Dental Prevention	696,939	827,958	131,019	765,557
833, Elementary School Team	1,480,871	1,601,436	120,565	1,525,192
834, Secondary School Team	1,026,107	1,046,882	20,775	1,023,666
836, Substance Use Team	1,222,815	1,296,609	73,794	1,238,209
837, Community Health Promotion	1,384,820	1,591,954	207,134	1,472,225
847, Office of the Director of Healthy Living	173,536	237,649	64,113	179,706
<b>Healthy Living Total</b>	<b>11,103,552</b>	<b>12,067,955</b>	<b>964,404</b>	<b>10,238,316</b>
<b>Healthy Start</b>				
740, Healthy Beginnings Visiting & Group Programs	1,589,827	1,788,610	198,782	1,552,605
750, Healthy Families Home Visiting	463,080	563,260	100,180	406,682
760, Early Years Community Health Promotion	1,122,725	1,194,754	72,029	1,143,081
850, Office of the Director of Healthy Start	274,971	213,375	(61,597)	264,297
<b>Healthy Start Total</b>	<b>3,450,604</b>	<b>3,759,998</b>	<b>309,394</b>	<b>3,366,666</b>
<b>Public Health Foundations</b>				
839, Population Health Assessment & Surveillance	634,146	603,768	(30,378)	620,612
841, Program Planning & Evaluation	688,181	1,009,017	320,836	695,892
842, Library Services	63,093	18,620	(44,473)	34,135
854, Health Equity	428,190	642,587	214,397	458,595
855, Office of the Director	177,193	0	(177,193)	157,229
<b>Public Health Foundations Total</b>	<b>1,990,803</b>	<b>2,273,992</b>	<b>283,189</b>	<b>1,966,462</b>
<b>Healthy Organization</b>				
800, Corporate Admin	3,578,261	1,855,499	(1,722,762)	3,424,513
802, Communications	652,772	635,226	(17,546)	626,351
805, Finance	543,050	510,947	(32,103)	539,927
806, Human Resources	988,302	1,018,212	29,910	989,844
807, Information Technology	1,513,630	1,568,230	54,600	1,430,740
809, Strategy, Risk & Privacy	132,064	251,165	119,100	150,224
815, Healthcare Provider Outreach	136	1,950	1,815	623
845, Office of the Director of Corporate Services	472,087	485,532	13,445	451,912
846, Procurement & Operations	282,323	298,309	15,987	282,696
<b>Healthy Organization Total</b>	<b>8,162,625</b>	<b>6,625,070</b>	<b>(1,537,555)</b>	<b>7,896,831</b>
<b>Grand Total</b>	<b>42,616,322</b>	<b>46,814,566</b>	<b>4,198,244</b>	<b>41,922,401</b>

## Schedule A.4 – MLHU Department Funding

Financial Information ending December 31, 2023

	Jan-Dec (12 mths)			2023 Q3 Forecast
	Actual	Budget	fav/(unf)	
<i>Excludes departments 120 &amp; 126</i>				
<b>Office of the Medical Officer of Health</b>				
801, Office of the Medical Officer of Health	(52,338)	(42,900)	9,438	(42,900)
840, Office of the AMOH and Director of Foundational Standard	(33,462)	(52,900)	(19,438)	(45,400)
852, Health Equity/SDOH and Nursing Practice Lead	(128,658)	0	128,658	0
<b>Office of the Medical Officer of Health Total</b>	<b>(214,458)</b>	<b>(95,800)</b>	<b>118,658</b>	<b>(88,300)</b>
<b>Environmental Health &amp; Infectious Diseases</b>				
811, Vaccine Preventable Disease	(186,112)	(98,440)	87,672	(91,735)
812, Sexual Health	(250,779)	(270,000)	(19,221)	(279,972)
814, Infectious Disease	(441,800)	(270,068)	171,732	(270,283)
826, Food Safety & Healthy Environments	(75)	0	75	(75)
827, Safe Water, Rabies & Vector Borne Disease	(20,000)	0	20,000	(20,000)
<b>Environmental Health &amp; Infectious Diseases Total</b>	<b>(898,765)</b>	<b>(638,508)</b>	<b>260,257</b>	<b>(662,065)</b>
<b>Covid-19</b>				
816, Immunization Covid Clinics	0	(6,196,950)	(6,196,950)	(4,271,949)
818, Covid-19	0	(4,458,069)	(4,458,069)	(2,736,189)
<b>Covid-19 Total</b>	<b>0</b>	<b>(10,655,019)</b>	<b>(10,655,019)</b>	<b>(7,008,138)</b>
<b>Healthy Living</b>				
128, City of London Funding for Cannabis Legalization	(110,688)	(188,894)	(78,206)	(124,322)
172, Senior Dental Program	(4,216,600)	(3,693,148)	523,452	(3,166,500)
819, SFNI	(771,283)	(1,415,572)	(644,289)	(1,100,000)
830, Dental Prevention	0	(1,200)	(1,200)	0
837, Community Health Promotion	(18,577)	0	18,577	(61,142)
<b>Healthy Living Total</b>	<b>(5,117,148)</b>	<b>(5,298,814)</b>	<b>(181,666)</b>	<b>(4,451,964)</b>
<b>Healthy Start</b>				
740, Healthy Beginnings Visiting & Group Programs	(87,493)	0	87,493	0
760, Early Years Community Health Promotion	(1,672)	0	1,672	(1,257)
<b>Healthy Start Total</b>	<b>(89,165)</b>	<b>0</b>	<b>89,165</b>	<b>(1,257)</b>
<b>Healthy Organization</b>				
800, Corporate Admin	(30,258,990)	(30,139,557)	119,433	(30,295,356)
809, Strategy, Risk & Privacy	(215)	0	215	(50)
<b>Healthy Organization Total</b>	<b>(30,259,205)</b>	<b>(30,139,557)</b>	<b>119,648</b>	<b>(30,295,406)</b>
<b>Grand Total</b>	<b>(36,578,741)</b>	<b>(46,827,698)</b>	<b>(10,248,957)</b>	<b>(42,507,130)</b>

## Schedule B – Budgeted Cashflow Schedule

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Budget
Opening Cash Balance	4,223,858	4,453,085	4,682,312	3,536,181	3,765,409	3,994,636	4,223,863	4,453,090	4,682,317	3,536,186	3,765,413	3,994,640	4,223,858	
Cash Receipts	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,230	49,850,751	
Cash Disbursements	(3,925,002)	(3,925,002)	(5,300,360)	(3,925,002)	(3,925,002)	(3,925,002)	(3,925,002)	(3,925,002)	(5,300,360)	(3,925,002)	(3,925,002)	(3,925,012)	(49,850,751)	
<b>Ending Cash Balance</b>	<b>4,453,085</b>	<b>4,682,312</b>	<b>3,536,181</b>	<b>3,765,409</b>	<b>3,994,636</b>	<b>4,223,863</b>	<b>4,453,090</b>	<b>4,682,317</b>	<b>3,536,186</b>	<b>3,765,413</b>	<b>3,994,640</b>	<b>4,223,858</b>	<b>4,223,858</b>	
<b>Receipts:</b>														
MOH Mandatory Programs	1,667,050	1,667,050	1,667,050	1,667,050	1,667,050	1,667,050	1,667,050	1,667,050	1,667,050	1,667,050	1,667,050	1,667,054	20,004,600	20,004,600
MOH Mitigation Funding	113,442	113,442	113,442	113,442	113,442	113,442	113,442	113,442	113,442	113,442	113,442	113,438	1,361,300	1,361,300
MOH Other Funding	14,775	14,775	14,775	14,775	14,775	14,775	14,775	14,775	14,775	14,775	14,775	14,775	177,300	177,300
Grant Income IPAC	22,506	22,506	22,506	22,506	22,506	22,506	22,506	22,506	22,506	22,506	22,506	22,506	270,068	270,068
City of London	612,067	612,067	612,067	612,067	612,067	612,067	612,067	612,067	612,067	612,067	612,067	612,067	7,344,798	7,344,798
County of Middlesex	117,072	117,072	117,072	117,072	117,072	117,072	117,072	117,072	117,072	117,072	117,072	117,072	1,404,859	1,404,859
Other Revenue (from Operations)	26,012	26,012	26,012	26,012	26,012	26,012	26,012	26,012	26,012	26,012	26,012	26,012	312,140	312,140
100% Covid (816/818)	887,918	887,918	887,918	887,918	887,918	887,918	887,918	887,918	887,918	887,918	887,918	887,918	10,655,019	10,655,019
100% SFNI (819)	117,964	117,964	117,964	117,964	117,964	117,964	117,964	117,964	117,964	117,964	117,964	117,964	1,415,572	1,415,572
100% Senior Dental Care Pgrm (172)	307,762	307,762	307,762	307,762	307,762	307,762	307,762	307,762	307,762	307,762	307,762	307,762	3,693,148	3,693,148
100% CLIF (128)	15,741	15,741	15,741	15,741	15,741	15,741	15,741	15,741	15,741	15,741	15,741	15,741	188,894	188,894
Banker - Harvest Bucks/Feed the Hungry	12,250	12,250	12,250	12,250	12,250	12,250	12,250	12,250	12,250	12,250	12,250	12,250	147,000	147,000
<b>Sub-Total - MLHU</b>	<b>3,914,558</b>	<b>3,914,558</b>	<b>3,914,558</b>	<b>3,914,558</b>	<b>3,914,558</b>	<b>3,914,558</b>	<b>3,914,558</b>	<b>3,914,558</b>	<b>3,914,558</b>	<b>3,914,558</b>	<b>3,914,558</b>	<b>3,914,558</b>	<b>46,974,698</b>	<b>46,974,698</b>
100% - Public Health of Canada	22,815	22,815	22,815	22,815	22,815	22,815	22,815	22,815	22,815	22,815	22,815	22,810	273,775	273,775
100% - Public Health of Ontario	8,895	8,895	8,895	8,895	8,895	8,895	8,895	8,895	8,895	8,895	8,895	8,900	106,745	106,745
100% - MCCSS	207,961	207,961	207,961	207,961	207,961	207,961	207,961	207,961	207,961	207,961	207,961	207,962	2,495,533	2,495,533
<b>Sub-Total - MLHU2 (Jan-Dec)</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,672</b>	<b>2,876,053</b>	<b>2,876,053</b>
<b>Total Cash Receipts</b>	<b>4,154,229</b>	<b>4,154,229</b>	<b>4,154,229</b>	<b>4,154,229</b>	<b>4,154,229</b>	<b>4,154,229</b>	<b>4,154,229</b>	<b>4,154,229</b>	<b>4,154,229</b>	<b>4,154,229</b>	<b>4,154,229</b>	<b>4,154,230</b>	<b>49,850,751</b>	<b>49,850,751</b>
<b>Cash Disbursements:</b>														
Salaries and Wages	1,587,156	1,587,156	2,380,734	1,587,156	1,587,156	1,587,156	1,587,156	1,587,156	2,380,734	1,587,156	1,587,156	1,587,159	20,633,031	20,633,031
Benefits	406,495	406,495	609,743	406,495	406,495	406,495	406,495	406,495	609,743	406,495	406,495	406,498	5,284,439	5,284,439
General Expenses	541,409	541,409	541,409	541,409	541,409	541,409	541,409	541,409	541,409	541,409	541,409	541,411	6,496,910	6,496,910
MLHU 100% Funded Programs	1,268,680	1,268,680	1,706,416	1,268,680	1,268,680	1,268,680	1,268,680	1,268,680	1,706,416	1,268,680	1,268,680	1,268,681	16,099,633	16,099,633
GAP	(118,409)	(118,409)	(177,613)	(118,409)	(118,409)	(118,409)	(118,409)	(118,409)	(177,613)	(118,409)	(118,409)	(118,409)	(1,539,315)	(1,539,315)
<b>Sub-Total - MLHU</b>	<b>3,685,331</b>	<b>3,685,331</b>	<b>5,060,689</b>	<b>3,685,331</b>	<b>3,685,331</b>	<b>3,685,331</b>	<b>3,685,331</b>	<b>3,685,331</b>	<b>5,060,689</b>	<b>3,685,331</b>	<b>3,685,331</b>	<b>3,685,340</b>	<b>46,974,698</b>	<b>46,974,698</b>
<b>Sub-Total - MLHU2</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,671</b>	<b>239,672</b>	<b>2,876,053</b>	<b>2,876,053</b>
Ministry (Clawbacks)/Prior Yr Funding													0	
HST (Payable)/Receivable													0	
Changes in Working Capital													0	
<b>Total Cash Disbursements</b>	<b>3,925,002</b>	<b>3,925,002</b>	<b>5,300,360</b>	<b>3,925,002</b>	<b>3,925,002</b>	<b>3,925,002</b>	<b>3,925,002</b>	<b>3,925,002</b>	<b>5,300,360</b>	<b>3,925,002</b>	<b>3,925,002</b>	<b>3,925,012</b>	<b>49,850,751</b>	<b>49,850,751</b>

## Schedule C – Factual Certificate

**To: Members of the Board of Health, Middlesex-London Health Unit**

The undersigned hereby certify that, to the best of their knowledge, information and belief after due inquiry, as at December 31, 2023:

1. The Middlesex-London Health Unit is compliant, as required by law, with all statutes and regulations relating to the withholding and/or payment of governmental remittances, including, without limiting the generality of the foregoing, the following:
  - All payroll deductions at source, including Employment Insurance, Canada Pension Plan and Income Tax
  - Ontario Employer Health Tax
  - And Federal Harmonized Sales Tax (HST).Further, staff believe that all necessary policies and procedures are in place to ensure that all future payments of such amounts will be made in a timely manner.
2. The Middlesex-London Health Unit has remitted to the Ontario Municipal Employees Retirement System (OMERS) all funds deducted from employees along with all employer contributions for these purposes.
3. The Middlesex-London Health Unit is compliant with all applicable Health and Safety legislation.
4. The Middlesex-London Health Unit is compliant with applicable Pay Equity legislation.
5. The Middlesex-London Health Unit has not substantially changed any of its accounting policies or principles since December 8, 2016.
6. The Middlesex-London Health Unit reconciles its bank accounts regularly and no unexpected activity has been found.
7. The Middlesex-London Health Unit has filed all information requests within appropriate deadlines.
8. The Middlesex-London Health Unit is compliant with the requirements of the Charities Act, and the return for 2022 was filed on June 22, 2023 (annual returns are due by June 30<sup>th</sup> the following year).
9. The Middlesex-London Health Unit was named in a complaint to the Human Rights Tribunal of Ontario (HRTO) by a former student which was dismissed; this matter is now closed. MLHU has also been named in a second complaint to the HRTO by the same individual. This application is in respect to the recruitment of three management positions from 2017 and 2018 for which they were not selected for an interview. After significant delay related to COVID-19, the HRTO conducted a written hearing on November 28th, 2023 and the MLHU is awaiting the outcome.

10. The Middlesex-London Health Unit is fulfilling its obligations by providing services in accordance with our funding agreements, the Health Protection & Promotion Act, the Ontario Public Health Standards, and as reported to the Board of Health through reports including but not limited to:

- Quarterly Financial Updates
- Annual Audited Financial Statements
- Annual Reporting on the Accountability Indicators
- Annual Service Plans
- and Information Summary Reports.

Dated at London, Ontario this 15<sup>th</sup> day of February 2024.

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Dr. Alex Summers  
Medical Officer of Health

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Ms. Emily Williams  
Chief Executive Officer



## Middlesex-London Board of Health External Landscape Review – February 2024

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

#### Committee explores merging Kingston-area public health units

The Tri-Board Merge Committee, formed in late 2023, is made up of representatives from KFL&A Public Health, Hastings Prince Edward Public Health and Leeds, Grenville and Lanark District Health Unit to explore a business case for merging the three health units. Dr. Piotr Oglaza, Medical Officer of Health/Chief Executive Officer for KFL&A Public Health noted that the draft business case from the Committee will be presented to the respective Boards of Health by March 27.

To read the full article, please [visit the Kingston Whig Standard 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. The Tri-Board Merge Committee will provide a recommendation for a business case to merge three health units and the respective Boards of Health will decide on proceeding.

### National, Provincial and Local Public Health Advocacy



#### Association of Local Public Health Agencies Winter Symposium

On February 16, the Board Chair, Vice-Chair, Chief Executive Officer and Associate Medical Officer of Health will be attending the Association of Local Public Health Agencies (ALPHA) Winter Symposium.

Topics of discussion include:

- The new ALPHA Strategic Plan
- Lessons Learned from Prior Mergers
- Population and Health Indicators Interactive Dashboard
- Not-for-Profit Corporations Act, 2010 (ONCA) Update
- Update from Public Health Ontario
- Update from the Chief Medical Officer of Health
- Public Health and the Political Landscape

To learn more, please [visit ALPHA's website](#).

#### Impact to MLHU Board of Health

ALPHA provides many resources, networking and advocacy opportunities for board of health members in the province.

### Sault city council opposes merger of Sudbury and Algoma public health units

On January 29, the City of Sault Ste. Marie [moved a motion](#) to oppose the potential merger of the Sudbury & Districts and Algoma public health units.

Sally Hagman, Chair, Algoma Public Health sent correspondence to the City of Sault Ste. Marie to advise of potential merger plans. The City previously opposed the modernization discussions from the provincial government in 2019 to have public health units in Northern Ontario merged. Council had concerns of the importance of public health, especially in Northern Ontario where resources and accessibility are already limited.



## SAULT STE. MARIE

To read the full article, please [visit the Sudbury Star 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 unit wishing to begin a voluntary merger process. Merger decisions are a governance level decision of a Board of Health; however some municipal partners are not supportive due to the concerns of public health services being compromised. It is crucial for Boards of Health and municipal partners to continue conversations on the importance of local public health.



HOUSE OF COMMONS  
CHAMBRE DES COMMUNES  
CANADA

### Federal Government Standing Committee on Health – Study on Opioid Epidemic and Toxic Drug Crisis in Canada

On February 1, the Federal Standing Committee on Health (HESA) [met to discuss the Opioid Epidemic and Toxic Drug Crisis in Canada](#). The epidemic continues to be a serious concern in communities across Canada, with all aspects of the health care system (including public health) being involved. This study of the Standing Committee hears evidence briefs on the epidemic, and calls experts to discuss the epidemic and what the federal government could do to alleviate pressures.

Witnesses at this committee meeting included:

- Canadian Institutes of Health Research
  - Dr. Samuel Weiss, Scientific Director, Institute of Neurosciences, Mental Health and Addiction
- Department of Health (Health Canada)
  - Dr. Stephen Lucas, Deputy Minister
  - Eric Costen, Associate Deputy Minister
  - Jennifer Saxe, Associate Assistant Deputy Minister, Controlled Substances and Cannabis Branch
- Public Health Agency of Canada
  - Dr. Theresa Tam, Chief Public Health Officer of Canada
  - Nancy Hamzawi, Executive Vice-President

#### Impact to MLHU Board of Health

The Board has supported the Middlesex-London Health Unit in working with community partners and advocating for support regarding the opioid drug crisis in the region. The Board has most recently heard impacts of this epidemic previously in [Report 58-23](#).

## Pricey groceries, low wages and a new battleground for public-health officials

At the January 25 Southwestern Board of Health meeting, the Board of Health [heard a report regarding food insecurity](#) in Elgin and Oxford counties. One in five households in Oxford and Elgin counties and St. Thomas experienced food insecurity in 2021-2022. For Middlesex County, this number is one in six households. Food insecurity can have negative health effects to an individuals' health and wellbeing.



To read the full article, please [visit the London Free Press website](#).

### Impact to MLHU Board of Health

Southwestern Public Health is a neighbouring public health unit to the Middlesex-London region, and faces similar challenges with members of the community struggling with food insecurity. Middlesex-London has reported to the Board through [Report 69-23](#) on local food insecurity.

## Canada 400,000 seniors approved for dental care program as applications set to open for more Canadians

On February 1, Service Canada will begin sending letters for eligible seniors between 72-76, inviting them to apply for the [Canadian Dental Care Plan](#), which provides dental coverage for Canadians without dental insurance if their family income is less than \$90,000. In January, those aged 77 to 86 were invited to apply, and in March, seniors aged 70 to 71 will be able to apply. The program is set to begin in May 2024.

### Impact to MLHU Board of Health

The Board of Health has supported regular oral health as having a positive health impact to members of the community. The Health Unit has been the successful recipient of the Ontario Seniors' Dental Care Program, to support low income seniors with oral health support. With the new federal program, some seniors may be able to access care who are on the waitlist for services. It is as yet unknown how the Federal dental program will impact the Health Unit's dental services.

## Standing Committee on Finance and Economic Affairs – Transcript

As noted during the January 18, 2024 Current Public Health Issues update by Dr. Alex Summers, Medical Officer of Health, the Middlesex-London Health Unit was invited to participate in the Provincial Pre-Budget (2024) Consultation in London.



Legislative  
Assembly  
of Ontario

The full transcript of the meeting has been [posted for the public](#).

### Impact to MLHU Board of Health

The Board of Health has supported health unit staff in engaging in stakeholder consultations, in order for public health to be identified as an important investment for members of the community.

## Report to Community and Protective Services Committee

**To:** Chair and Members  
Community and Protective Services Committee

**From:** Scott Mathers, MPA P.Eng.,  
Deputy City Manager, Planning and Economic  
Development

**Subject:** Municipal Compliance Annual Report

**Date:** January 29, 2024

## Recommendation

That, on the recommendation of the Deputy City Manager, Planning and Economic Development the following actions be taken related to the Municipal Compliance Report:

- a) the following report on the Municipal Compliance Annual Report, **BE RECEIVED** for information.

## Executive Summary

This report provides an annual activity summary of Municipal Compliance Services resulting from all the important work of Municipal Law Enforcement Officers (MLEO), administrative staff, policy researchers, internal and external compliance partners and tendered contractors in keeping our community enjoyable and safe. 2023 was the first full year in which staff could totally focus on community requests for service generally unrelated to the COVID pandemic. The numerous cross collaborative teams remain committed to continuous improvement and maintaining an open dialogue with the community on important compliance matters.

## Linkage to the Corporate Strategic Plan

This report reflects the Well-Run City strategy of continuing to deliver municipal services that meet the needs of a growing and changing community.

## Discussion

### Service Overview

The goal of Municipal Compliance Services is to achieve compliance with Council's by-laws and applicable Provincial legislation. This is achieved by employing the most efficient and effective means, independent of political or other external influences.

Investigations of alleged or potential by-law infractions are initiated: in response to public concerns or complaints; through referrals from partner agencies including but not limited to: London Police Service, London Fire Department, Alcohol & Gaming Commission of Ontario, Middlesex London Health Unit; proactively by MLEOs; and through proactive community enforcement blitzes.

Municipal Compliance Services partners with many of the above noted agencies where they lead operational plans related to events such as St. Patrick's Day, Homecoming and Frosh week; targeted enforcement of specified premises; public protests and specified criminal investigations.

Municipal Compliance Services investigates and enforces most by-laws enacted by City Council in an effort to maintain community standards and public safety. MLEOs respond to concerns or complaints from the community, conduct impartial investigations and undertake a variety of measures to ensure bylaw compliance. Where by-law violations

are identified, either in response to a complaint or proactively, there is a strong initial focus on education and voluntary compliance. Where compliance is not achieved, or where repeated complaints are deemed valid, MLEO's have a number of tools available to ensure compliance.

Depending on the type of alleged or confirmed violation being investigated and/or acted on, a MLEO may take compliance actions based on their evaluation of the situation and discretion including, but not limited to:

- a) Verbal Warnings
- b) Notice of Violation
- c) Administrative Monetary Penalties (AMP)
- d) Orders or Work Orders
- e) Inspection Fees
- f) Remedial Work, including work by tendered contractors
- g) Commencing a proceeding under Parts I, II, or III of the Provincial Offences Act
- h) Referral to the City Solicitor for applicable relief by way of action, or application, in the Superior Court of Justice

In order to provide dedicated compliance services, Municipal Compliance Services is comprised of three specialized sections: Parking Services; Community By-laws and Animal Welfare Services; and Licensing, Policy and Special Operations.

### ***Activities at a Glance***



### **Partnered Solutions**

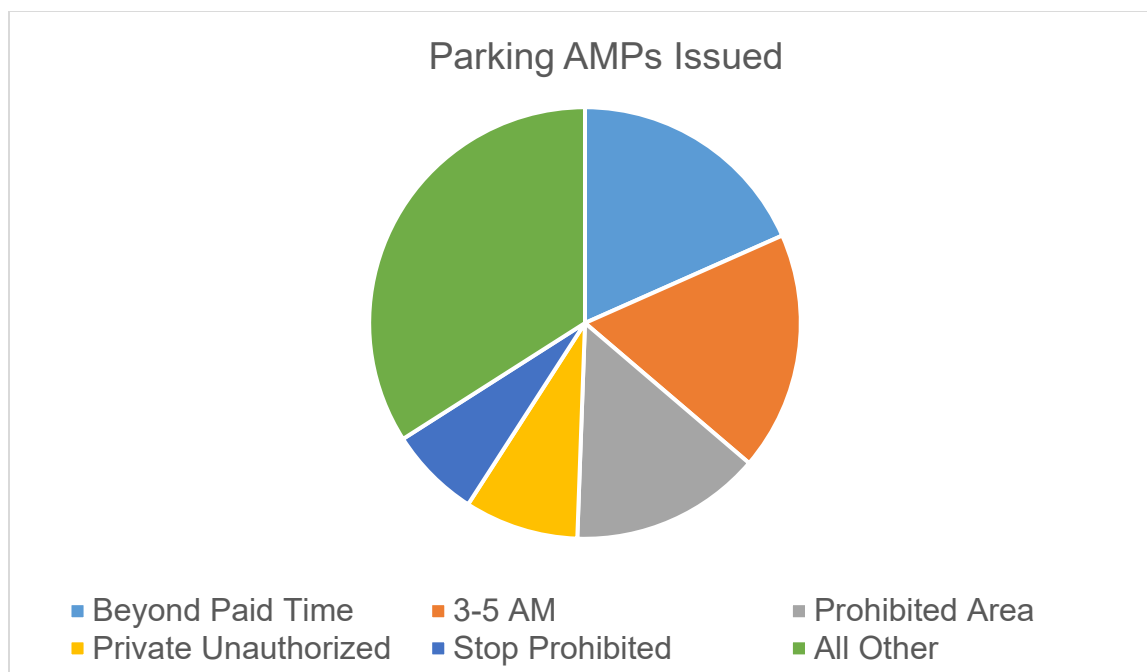
In an effort to engage in open communications with partner agencies to explore solutions to community issues and discuss emerging trends, Municipal Compliance together with Corporate Security and Emergency Management meets with the following agencies monthly:

- London Police Service
- London Fire Prevention
- Middlesex London Health Unit
- Alcohol and Gaming Commission
- Ministry of Labour, Immigration, Training and Skills Development
- Outreach Organizations

## **Parking Services**

The primary role of Parking Services is to ensure that London's traffic and parking by-laws are enforced. The general principles which support parking regulations focus on public safety, efficient transportation infrastructure, parking requirements of first responders and accessible parking needs. In Q1 2021, at the direction of Council, parking enforcement services were transferred from a tendered contracted service to a City led service delivered by City staff. In 2023, Parking MLEOs issued 63,229 Administrative Monetary Penalties (AMP) totaling over \$4M.

The top five violations are depicted in the chart below.



## **Accessible Parking**

Accessible parking spots are available on public and private parking areas for vehicles operated by or carrying a person with physical disabilities. An accessible parking permit issued by Service Ontario must be displayed on the dash of the subject vehicle. Parking Services provide official accessible parking signs with guidelines to businesses and multi-unit residential properties. Annually and where staffing resources permit, an accessible parking blitz is undertaken during the pre-holiday shopping season in December. A two-day blitz was undertaken in December 2023 resulting in 72 AMPs issued.

Parking Services is also pleased to offer limited free parking to any veteran displaying an official veterans license plate (Poppy Plate) on their vehicle.

## **Honk Mobile App**

Parking Services has an established partnership with Honk Mobile to provide for mobile parking payments (cell phone app) at on street and municipal parking lot locations. The Honk app was highly utilized during the COVID pandemic in an effort to provide for free parking in selective downtown locations. As per Council direction, free parking via the Honk app will be discontinued in early 2024. Paid parking continues to be provided at 22 municipally operated parking lots.

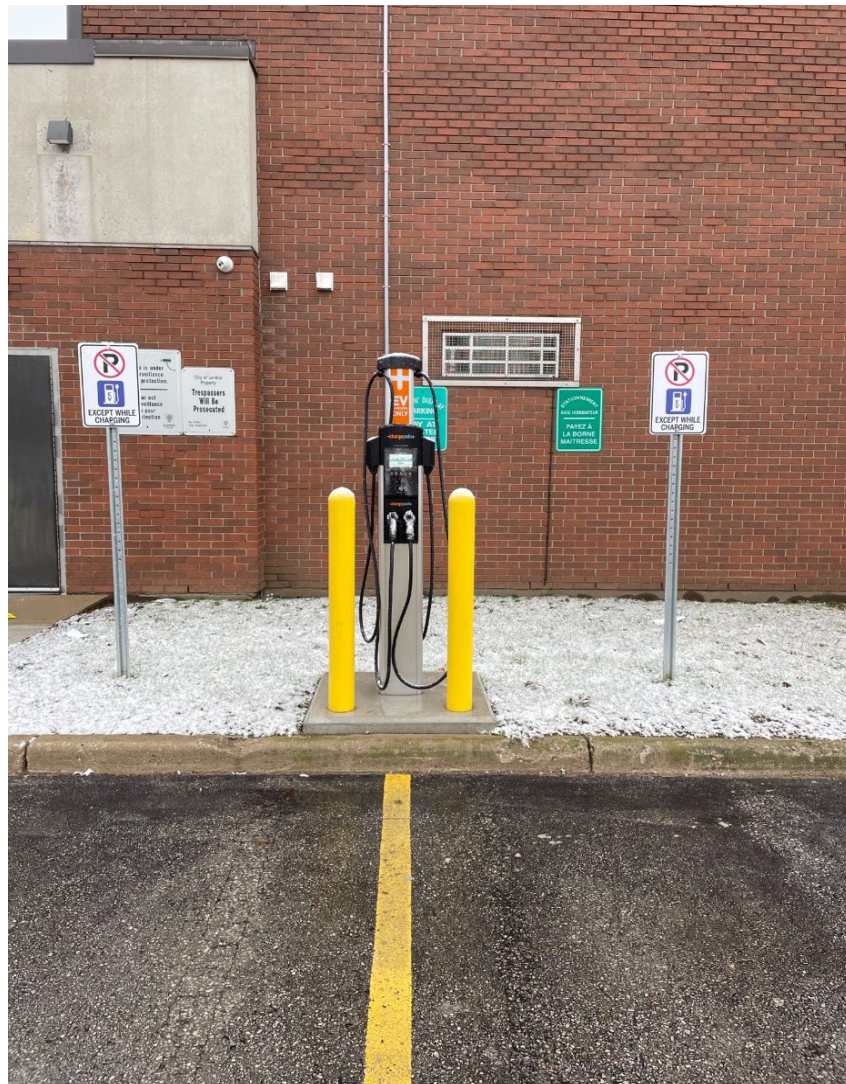
## **Private Parking Enforcement Program**

Another parking service provided to address unauthorized parking on private properties is the Private Parking Enforcement Program. This program has been offered for several years and is a deterrent for private property trespassing specifically at commercial and multiple unit residential properties which are located near high demand parking premises

such as hospitals, educational facilities and entertainment facilities. Unauthorized parked vehicles are issued an AMP. There were 28 new properties enrolled in this program in 2023 for a total of 396 properties. A total 6,044 AMPs were issued at 217 properties totaling \$320K.

### Climate Change and Parking

In an effort to address parking violations related to Climate Change initiatives, numerous AMPs were issued where vehicles were stopped/parked in dedicated bus routes or bike lanes. Additionally, AMPs were also issued where non-electric vehicles were parked at designated electric vehicle charging stations.



*Designated Charging Station*

### Automated Licence Plate Recognition

Parking Services currently utilizes mobile technologies to issue AMPs in the field to address parking violations. Staff are exploring technology options which will include vehicles outfitted with an Automatic Licence Plate Recognition system (ALPR) for parking enforcement. The ALPR vehicle will utilize cameras and GPS to determine the location and the length of time a vehicle has been parked on the street for time-based parking offences. It will also be used in municipally operated parking lots to determine if vehicles are parked without authorization.



*Automated Licence Plate Recognition Vehicle*

### **Occupant Noise Enforcement**

In an effort to relieve London Police Service (LPS) from attending most occupant noise calls for service, in Q1 2023 a specialized noise-parking unit was created to address occupant noise calls. A protocol was developed whereby all noise complaints were received and triaged by LPS and where no criminal or unsafe conditions were determined, MLEO's were dispatched.

Initially, for the purposes of officer safety, evening hour complaints were attended by officers in pairs; daytime complaints were attended by single officers. As a result of identified safety concerns, specifically in multi-unit residential settings, in Q2 2023 and moving forward, all noise occurrences are now attended in pairs. In 2023, MLEO's responded to 2,184 occupant complaints resulting in 226 warnings and 57 penalties totaling \$11K. From a cost and efficiency perspective the largest benefit of this unit is that noise and parking calls for service have offsetting daily peaks and valleys. When noise complaints peak in the evenings, parking requests are low; when parking enforcement demands are high such as for morning school zones, noise complaints are low. MLEO's in the community by-laws units continue to address non occupant noise calls related to issues such as barking dogs and mechanical noise.

Where noise issues are associated with entertainment premises related to loud music (live or DJ), MLEOs partner with the City's Music Office to suggest sound dampening solutions. In some situations, the timing of the live acts as well as speaker location are simple solutions to address noise issues.

### **Administrative Monetary Penalties (AMP)**

The Municipal Act permits municipalities to implement a system of Administrative Monetary Penalties (AMP). This legislative process is an alternative method of issuing Provincial Offences Act (POA) tickets for by-law matters. The AMP system of enforcement transfers by-law disputes from the courtroom to the municipality through the use of screening officers and independent hearing officers who are able to modify (reduce), cancel, or affirm penalties. AMPs can be served on a vehicle (parking violations) or by mail, email or fax (parking and other by-law offences). London has been using the AMPs system since 2019; additional By-laws are added to the AMPs schedule regularly.

In 2023, 3,209 non parking related AMPs were issued for a total of \$1.2 M in penalty fees. These AMPs were in response to tree, licensing (rental, short term rental, towing), property standards, waste management and other violations.



In 2023, there were 4,726 screenings processed by City screening officers. These do not include screenings where the appellant agreed to pay the penalty fee on the day of the scheduled screening. Over 10,000 screening requests are received annually. Staff also processed 274 hearing request disclosures. For most of the hearings, staff led the evidence before a Hearings Officer (an independent City appointee).

As part of a continuous improvement project, staff are exploring a streamlined process of administrative hearings in an effort to reduce staff resources required for parking related matters.

## **Animal Welfare Services**

### **London Animal Care Centre**

For the protection of residents and visitors to London as well as other companion animals Animal Services are offered via a tendered contract as well as internal services. The animal shelter known as the London Animal Care Centre (LACC) is designed to receive stray animals primarily from Animal Services Officers as well as the general public. Licensing services for companion animals are also offered at LACC. The center also adopts out available dogs, cats and other small animals. In addition, the City of London's cat adoption center known as the Catty Shack is operated by LACC as a bundled service with a specific focus on adopting cats.

Animal Services Officers enforce several animal related by-laws. In 2023, LACC handled 21,230 calls for service and an additional 1,821 after hours emergency calls. This is an essential service to the public; each of these calls are addressed with professionalism and a desire to reach long-term compliance through education first. Where compliance is not achieved or for repeat offences, enforcement actions are taken. This resulted in the issuance of 1,402 AMPs for animal related violations such as unlicensed animals and off leash animals. In addition, Animal Services Officers investigated 357 dog bite occurrences. It is important to note that there has been a pronounced increase in bite investigations which occurred in and around homeless encampments.

In 2023 there were 47,151 companion animals licensed. This totals \$1.2M in licensing fees. These fees contribute to cost containment of Animal Welfare Services offered to the community. A large success to the increase in licensing fees is attributed to proactive educational compliance projects undertaken during the summer months. The start of the 2024 licensing season (November / December 2023) has seen the largest number of licence renewals during that period in the over 40 years that LACC has been providing animal welfare services to the City.

A key performance indicator of community animal shelters is the live release rate. This statistic measures the number of animals returned to their prospective owners and adopted out in relation to the number of animals euthanized particularly related to shelter capacity. The metric accepted as the industry standard to achieve a no kill community is to achieve a 90% live release rate. In 2023, LACC achieved a 94% live release rate; this is the highest rate accomplished over the past five years. LACC has met the threshold for a no kill community by obtaining a live release rate of 90% or higher since Council adopted this metric in 2014.



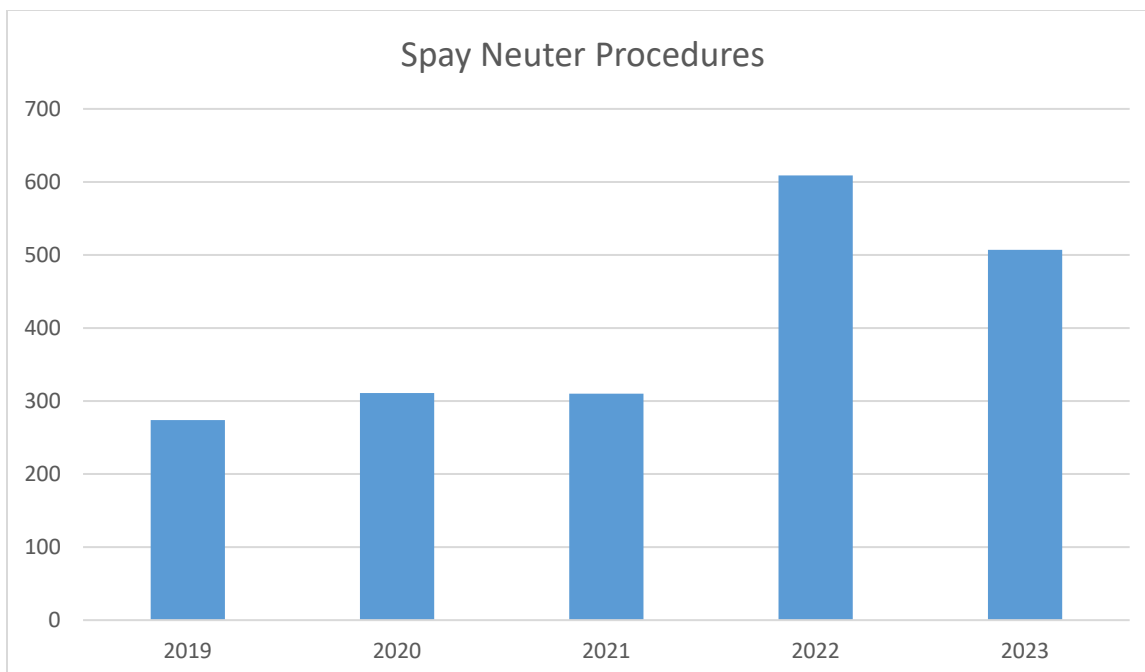
*One of many adopted companion animals*



*Catty Shack*

### **London Animal Shelter Services**

Municipal Compliance Services also operates the London Animal Shelter Services (LASS) facility. This animal clinic provides veterinary services to LACC as well as numerous services to locally certified animal rescue organizations. The facility also provides a subsidized (Low Income Program) spay neuter program intended to ease the financial burden some Londoner's face when considering spaying or neutering their pet. The facility also operates a Trap Neuter Return program in an effort to manage feral cats in the community. Spaying or neutering helps reduce pet overpopulation by eliminating unwanted litters, reducing the burden of homeless animals in the community and animal shelters. A total of 1,662 surgeries were performed at LASS in 2023. The following chart depicts the volume of spay/neuter surgeries performed as per the Low Income Program and Trap-Neuter-Return programs.



*Typical surgery at LASS*

## **Community Compliance**

### **Community By-laws**

Teams of MLEO's in several community by-law units enforce the majority of By-laws passed by Council under Provincial legislation such as The Municipal Act, Building Code Act and Planning Act. These By-laws relate to matters regarding building maintenance, property maintenance, business licensing, land use, noise, signage and public nuisances. Mobile licensing issues related to vehicles for hire (taxis, private vehicles) and towing services (under Provincial oversight beginning in 2024) are also addressed. Issues such as public property encroachments and other impacts on public property are also enforced. The main principles supporting these by-laws focus on public safety, nuisance control and consumer protection. A total of 10,473 complaints were addressed in 2023 in

response to community requests and proactively. A total of 903 contractor actions were undertaken in response to continued non-compliance or repeat offences.

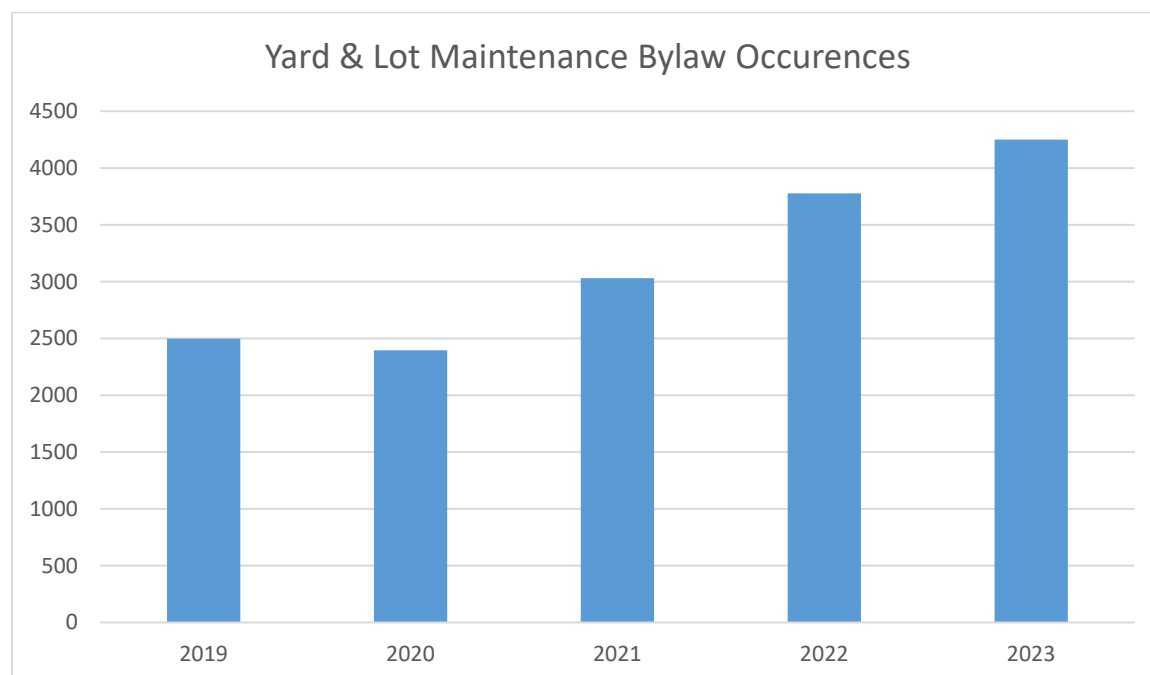
### Yard and Lot Maintenance

Historically, the most active complaint relates to the Yard and Lot Maintenance By-law. This by-law addresses unkept exterior property issues such as long grass and weeds, derelict vehicles, graffiti, litter and debris and uncontained refuse. Complaints are generally received from neighbours, real estate agents and the general public. The vast majority of complaint occurrences are in response to community concerns. However, in mid 2022, MLEO's initiated a compliance protocol to address high visibility violations proactively. In 2023 a total of 4,250 complaints were registered (130 of these were addressed as High Visibility Proactive).

Beginning in January 2024, a fee of \$50 will be charged for each Work Order issued under this by-law. Based on the number of Orders issued in 2023, fees totaling \$ 212 K are anticipated to be collected. These fees offset the cost of Municipal Compliance Services.

In Q1 2024, a housekeeping review of the By-law will be presented to CPSC.

The following chart depicts the calls for service related to Yard and Lot Maintenance By-law complaints.





*Property Maintenance Violation*

## **Property Standards**

Another common complaint pertains to interior and exterior building maintenance. Generally, exterior building maintenance concerns such as wall and roof maintenance are received from neighbours; interior complaints are received from tenants. The vast majority of property standards occurrences are in response to complaints however a proactive multi-unit compliance initiative (discussed below) has attributed to an increase in property standards files in 2023; a total of 922 complaints were actioned in 2023 in comparison to 521 in 2022. A recent complaint process review has expanded the opportunities for tenants to initiate complaints via Service London by phone, email or the Service London Portal.

Beginning in January 2024, a fee of \$75 will be charged for each Property Standards Order issued. Based on the number of Orders issued in 2023, fees totaling \$69 K are anticipated to be collected. These fees offset the cost of Municipal Compliance Services.

## **Zoning**

The Zoning By-law provides for land use regulations implementing the City's Official Plan. Common complaints pertain to illegal land uses, widened driveways, building setbacks, oversized vehicles other zoning related matters. Zoning files are more complex in nature (legal non-conforming) and require additional research which at times extends the compliance time frames. While MLEO's enforce Zoning By-law regulations, interpretations of the regulations are made by the Zoning Office. There were 797 zoning complaints investigated in 2023.

## **Licensing**

For the purposes of consumer protection, public safety and nuisance control, the City licenses a number of premises including restaurants and food shops, personal care services, auto related services, second hand stores and salvage yards, fast cash banks, adult entertainment services, vehicles for hire, rental premises and short term rental accommodations. In 2023, 1,884 licensing related complaints were investigated. Most of the complaints pertained to rental units as well as short term rentals.

## Short Term Accommodations

In 2022, Council approved an amendment to the Business Licensing By-law to address short term accommodations (Airbnb, Vrbo etc.). In 2023, Municipal Compliance engaged a host compliance tech platform to identify the location of short-term rentals. This third-party tech firm searches numerous host platforms to identify locations of rental accommodations. Previously, when it was not possible to identify the address of the rental premises until a booking was made, MLEOs would book a stay to collect evidence. This current process is far more efficient and cost effective.

In 2023, 317 applications were received to license short term rental premises. Only rental accommodations in principal residences are permitted. Of the 317 applications received, 224 were issued licenses, 67 are under review, 7 were refused and 19 were cancelled. A total of 115 AMPs were issued at \$500 each.

Municipal Compliance Services will be mapping the locations of 2024 licensed premises on City Map.

## Pool Fences

For the purposes of public safety, specifically the safety of children, complaints regarding fencing around pools on private property are given a priority response. In addition to complaints, MLEO's inspect all pool fence permits to ensure compliance with the pool fence regulations. In 2023, 282 complaints and permit inspections were addressed.

## Specialized Compliance

For the purpose of addressing Council's by-laws which require a specialized skill set or departmental administrative knowledge, Municipal Compliance Services have provided compliance guidance and AMP issuance training to a number of internal departments and partner agencies to efficiently and effectively address community by-law matters.

The following partnerships have been implemented:

- London Police Service – Public nuisance issues
- London Animal Care Centre – Animal related matters
- Environment and Infrastructure Services – Waste management, forestry issues

There are also some regulations contained in municipal by-laws which are not addressed by any City staff as they are regarded as civil matters between property owners (drainage, location of fences).

## Streets By-law and Public Property Compliance

A dedicated MLEO is responsible for addressing violations of the Streets By-law as well as other matters which negatively impact public property. This includes the use of public sidewalks (obstructions) encroachments onto City property (parks and storm water management ponds) and other public nuisance related matters. In 2023, a total of 879 complaints were actioned.

## MLEO Training

In an effort to provide ongoing training on enforcement processes, officer safety and emerging trends, MLEOs attended the following training sessions specific to their duties:

- Municipal Law Enforcement Officer Association – Basic training
- Ontario Association of Property Standards Officers – Level 1 training
- Crime Prevention Through Environmental Design – Property safety audits
- STEP Training – 3 Levels – Officer safety, de-escalation techniques
- Canine Foundations – Animal behavior and defensive tactics/protective equipment

## **Licensing, Policy and Special Operations**

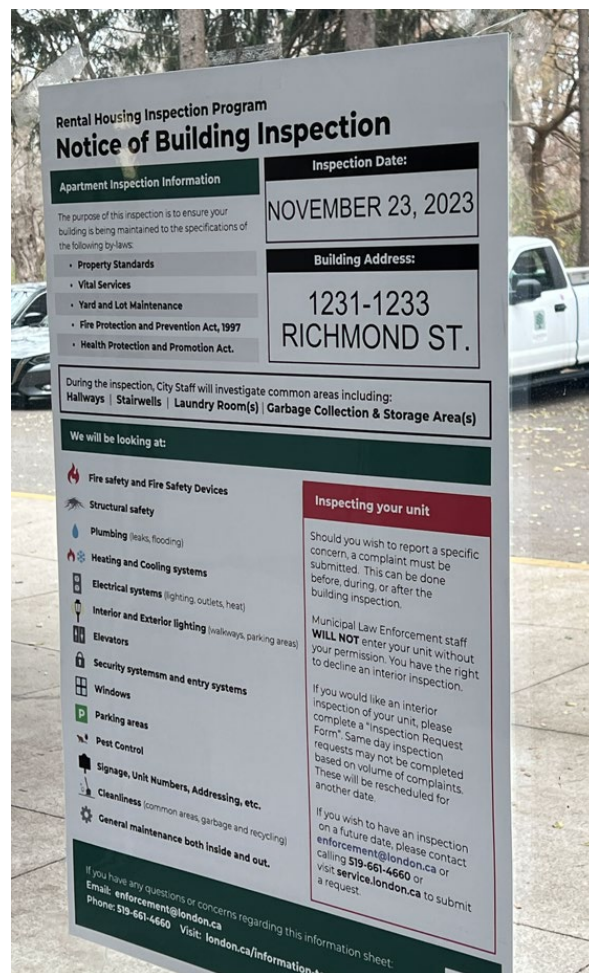
In Q4 2023, a mini reorganization in Planning and Economic Development Services realigned Licensing Administration with Municipal Compliance Services. This allows for more efficient and effective communications and data flow between the administration and compliance duties related to licensing.

This unit within Municipal Compliance is also responsible for policy review including preparing committee reports on by-law housekeeping matters, addressing emerging by-law matters, coordinating special compliance projects, maintaining a database of vacant buildings and managing the process of Council approved demolitions.



*City Initiated Demolition*

In 2023, this unit focused on undertaking a number of proactive compliance initiatives regarding living conditions in multi-unit residential buildings. This initiative was implemented in response to issues raised at the Tenant Landlord Task Force – a working group of tenant / landlord associations and staff. In 2023, six compliance blitzes were undertaken involving 25 apartment buildings totaling 2,600 units. Prior to the site visits, the landlord and all tenants are notified of the inspection date. Dependent on the volume of inspection requests, MLEOs are invited into individual units to discuss property standards concerns. Building common areas are proactively inspected. As a result of the six blitzes, a total of 210 property standards Orders were proactively initiated. At one property, 41 Orders were proactively issued. Additionally, 46 Vital Service By-law violations were identified; all have been resolved.



*Recent notice of proactive apartment compliance blitz*

This unit also proactively addresses property maintenance issues in the Core as part of the Downtown Action Plan. In 2023, 255 Orders were issued addressing graffiti, debris, and unkept properties. This resulted in 24 property clean ups undertaken by City contractors at the expense of the property owner; this does not include BIA graffiti removal or CIR clean ups.

This unit also works very closely with staff employed under the Clean Slate Program. This program was created with initial funding and support from several City Service Areas including Municipal Compliance, Social and Health Development, Core Area & Urban Regeneration and Waste Management. The Clean Slate Program provides employment experiences and skills training opportunities for youth who are currently experiencing homelessness and/or with recent lived experience of being homeless to support them re-entering the workforce. The youth hired through this project are tasked with picking up loose litter from private property in the Core Area.

In Q3 2024, Municipal Compliance staff in partnership with Fire Prevention will report out to CPSC on continuous improvement initiatives to address vacant buildings.

### **Community Involvement**

Municipal Compliance staff believe in giving back to the community in which they live, play and work. Through that community spirit, they have raised funds for a variety of organizations and volunteered their valued time to assist with local charitable associations. These are just a few examples:

- United Way stair climb
- London Food Bank – Volunteering to collect food donations
- Home Instead – In home senior care – Purchasing Christmas gifts
- Cat Adoption Day – Catty Shack – Offering local animal organizations the opportunity to promote all they do in the community





*Parking Services staff volunteering at a Food Bank event*

## **Financial Considerations**

As part of the Multi Year Budget, additional staffing to support increased demands for veterinary services has been highlighted in Business Case #P-24 – Animal Welfare Services. The current staff complement is one Veterinarian and one Veterinary Technician. In 2023, a part time veterinarian was hired due to workload demands. The continuing increase in demand for service requires a team of two veterinarians and two veterinary technicians.

Also, as part of the Multi Year Budget, additional staffing to support increased proactive enforcement has been highlighted in Business Case #P-25 - Proactive Municipal Compliance. This business case recommends additional new MLEO and customer service positions over a four-year period to enhance the City's proactive enforcement program.

## **Conclusion**

This report provides an annual activity summary of Municipal Compliance Services resulting from the partnered work of Municipal Law Enforcement Officers, administrative staff, policy researchers, internal and external compliance partners and tendered contractors. The principles supporting the compliance initiatives of Council's by-laws focus on addressing public nuisances, consumer protection and public health and safety. There is a strong focus in the Strategic Plan on proactive compliance initiatives. In that regard, two business cases have been submitted as part of the Multi Year Budget which are fully supported by fee increases approved by Council in Q4 2023. The numerous cross collaborative Municipal Compliance teams remain committed to continuous improvement through new and amended by-law amendments as well as process modifications.

**Prepared and Submitted by:** Orest Katolyk, MPL, MLEO (C)  
Director, Municipal Compliance

**Recommended by:** Scott Mathers, MPA, P.Eng  
Deputy City Manager, Planning and Economic  
Development



January 24, 2024

VIA ELECTRONIC MAIL

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

Dear Recipient:

**Re: Household Food Insecurity**

At its meeting on January 18, 2024, the Board of Health carried the following resolution #06-24:

*WHEREAS food security is a chronic and worsening health issue as documented by annual local data on food affordability and as recognized by multiple Association of Local Public Health Agencies (ALPHA) resolutions: [A05-18](#) (Adequate Nutrition for Ontario Works and Ontario Disability Support Program), [A18-02](#) (Minimum Wage that is a Living Wage), [A15-04](#) (Basic Income Guarantee), and [A23-05](#) (Monitoring Food Affordability in Ontario and the Inadequacy of Social Assistance Rates)*

*THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts call on the provincial government to incorporate local food affordability findings in determining adequacy of social assistance rates to reflect the current costs of living and to index Ontario Works rates to inflation going forward; and*

*THAT in the context of the Public Health Strengthening roles and responsibilities deliberations, the Board of Health urge all health system partners to remain committed to population health assessment and surveillance as it relates to monitoring food environments and, specifically, to monitoring food affordability; and share this motion broadly with local and provincial stakeholders.*

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**phsd.ca**



Letter  
Re: Household Food Insecurity  
January 24, 2024  
Page 2

Household food insecurity is one of the strongest predictors of poor health, making it a serious public health issue (PROOF, 2023). Individuals who are food insecure are at higher risk of diet-related diseases like diabetes and are at higher risk for a wide range of chronic conditions such as depression and anxiety disorders, arthritis, and chronic pain. Household food insecurity leaves an indelible mark on children's health and well-being (PROOF, 2023). The experience of food insecurity in childhood is associated with mental health concerns throughout childhood and into early adulthood (PROOF, 2023). In Ontario, the healthcare costs of individuals who are the most food insecure can be more than double that of individuals who are food secure (PROOF, 2023, Tarasuk et al., 2015).

Thank you for your attention to this important issue – the solutions for which will not only help many Ontarians in need but also protect the sustainability of our critical health and social services resources.

Sincerely,



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

cc: Honourable Michael Parsa, Minister of Children, Community and Social Services  
Honourable Peter Bthlenfalvy, Ministry of Finance  
Honourable Paul Calandra, Minister of Municipal Affairs and Housing  
Honourable Sylvia Jones, Deputy Premier and Minister of Health  
France Gélinas, Member of Provincial Parliament, Nickel Belt  
Jamie West, Member of Provincial Parliament, Sudbury  
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin  
Dr. Kieran Moore, Chief Medical Officer of Health  
Jacqueline Edwards and Jennifer Babin-Fenske, Co-chairs, Greater Sudbury Food Policy Council  
Richard Lathwell, Local Food Manitoulin  
Colleen Hill, Executive Director, Manitoulin Family Resources  
All Ontario Boards of Health  
Association of Local Public Health Agencies

Letter

Re: Household Food Insecurity

January 24, 2024

Page 2

PROOF (2023). What are the implications of food insecurity for health and health care? Identifying Policy Options to Reduce Household Food Insecurity in Canada. Retrieved from:

<https://proof.utoronto.ca/food-insecurity/what-are-the-implications-of-food-insecurity-for-health-andhealth-care/>

Tarasuk, V., Cheng, J., de Oliveira, C., Dachner, N., Gundersen, C., Kurdyak, P. (2015). Association between household food insecurity and annual healthcare costs. Canadian Medical Association Journal. 1 87 (14) E429-E436. DOI: <https://doi.org/10.1503/cmaj.150234>

February 5, 2024

Stacey Laforest  
Chair, Association of Supervisors of Public Health Inspectors  
c/o Health Protection Division  
Public Health Sudbury & Districts  
1300 Paris Street  
Sudbury, ON P3E 3A3

**Re: One-Time Funding Opportunities to Support PHI Practicum Positions**

Dear Ms. Laforest,

At the January 18, 2024 meeting, under Correspondence item [f](#), the Middlesex-London Board of Health moved to endorse the following item:

**Date:** December 22, 2023

**Topic:** One-Time Funding Opportunities to Support PHI Practicum Positions

**From:** Stacey Laforest, Chair, Association of Supervisors of Public Health Inspectors

**To:** Brent Feeny, Director, Accountability and Liaison Branch

The Middlesex-London Board of Health acknowledges that health human resources in all sectors of the health industry are scarce, especially those requiring specialized training such as Public Health Inspectors (PHI). The Middlesex-London Board of Health further recognizes the importance of PHI practicums as part of ensuring both their certification from the Canadian Institute of Public Health Inspectors, and the viability of this important pipeline for PHI talent in local public health agencies. Ongoing provincial funding support for those PHI practicums is therefore vital.

Please advise how we can further support your advocacy.

Sincerely,



Matthew Newton-Reid  
Board Chair  
Middlesex-London Health Unit



Dr. Alexander Summers MD, MPH, CCFP, FRCPC  
Medical Officer of Health  
Middlesex-London Health Unit



Emily Williams BScN, RN, MBA, CHE  
Chief Executive Officer  
Middlesex-London Health Unit

CC: David Pavletic, Manager, Food Safety and Health Hazards  
Andrew Powell, Manager, Safe Water, Tobacco Enforcement and Vector Borne Disease