

**AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, January 18, 2024 at 7 p.m.
MLHU Board Room – CitiPlaza
355 Wellington Street, London ON

MISSION - MIDDLESEX-LONDON HEALTH UNIT

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

MEMBERS OF THE BOARD OF HEALTH

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

To be determined for 2024

TREASURER

To be determined for 2024

REFLECTION ON PUBLIC HEALTH FROM INDIGENOUS PARTNERS

- Crystal George, Indigenous Wellness Team Coordinator, Biigajiisakaan: Indigenous Pathways to Mental Wellness
- Sherrie Nicholas, Social Worker, Atlohsa Family Healing Services

MEETING PROCEDURES

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: December 14, 2023 – Board of Health meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Meeting Procedures						
1		X	X	Election of 2024 Board of Health Executive (Report No. 01-24)	Appendix A	To fulfill election/appointment of Chair/Vice Chair, Secretary, Treasurer and approve the 2024 Board of Health reporting calendar. Lead: Emily Williams, Outgoing Secretary and Treasurer
2		X	X	Appointment of 2024 Board of Health Committees (Report No. 02-24)	Appendix A	To appoint members to the Finance and Facilities, Governance and Performance Appraisal Committees. Lead(s): Secretary and Treasurer
Reports and Agenda Items						
3			X	MLHU Employment Systems Review: Project Status Update (Report No. 03-24)	Appendix A	To provide an update on the Middlesex-London Health Unit Employment Systems Review. Lead: Cynthia Bos, Associate Director, Human Resources and Labour Relations Presenting: Janet Roukema, Human Resources Specialist, Diversity and Inclusion
4		X	X	2023-24 Provisional Plan Update – Extension (Report No. 04-24)		To seek Board of Health approval to extend the Middlesex-London Health Unit Provisional Plan. Lead: Sarah Maaten, Director, Public Health Foundations Presenting: Marc Resendes, Acting Manager, Strategy, Planning and Performance

5			X	Submission to Inform the Second Legislative Review of the Tobacco and Vaping Products Act (Report No. 05-24)	Appendix A	To provide an update on the Health Unit's submission from November 2023 regarding changes to the Tobacco and Vapour Products Act. Lead: Jennifer Proulx, Acting Director, Family and Community Health/Chief Nursing Officer Presenting: Linda Stobo, Manager, Social Marketing and Health System Partnerships
6		X	X	Board of Health Reports and Correspondence Policy (Report No. 06-24)	Appendix A Appendix B	To seek approval for amendments to the Board Report and Correspondence Policy. Leads: Emily Williams, Chief Executive Officer and Dr. Alexander Summers, Medical Officer of Health
7			X	Current Public Health Issues (Verbal Update)		To provide an update on current public health issues in the Middlesex-London region. Lead: Dr. Alexander Summers, Medical Officer of Health
8			X	Medical Officer of Health Activity Report for November and December 2023 (Report No. 07-24)		To provide an update on external and internal meetings attended by the Medical Officer of Health since the last Board of Health meetings. Lead: Dr. Alexander Summers, Medical Officer of Health
9			X	Chief Executive Officer Activity Report for November and December 2023 (Report No. 08-24)		To provide an update on external and internal meetings attended by the Chief Executive Officer since the last Board of Health meetings. Lead: Emily Williams, Chief Executive Officer

Correspondence					
10			X	January Correspondence	<p>To receive items a) through e) for information:</p> <ul style="list-style-type: none"> a) Middlesex-London Board of Health External Landscape for January b) Association of Municipalities of Ontario re: <i>Public Health Mergers</i> c) MPP Peggy Sattler re: <i>MLHU Funding</i> d) Peterborough Public Health Unit re: <i>Public Health Strengthening</i> e) Timiskaming Health Unit re: <i>Public Health Strengthening and Chronic Disease Prevention</i> <p>To endorse item f):</p> <ul style="list-style-type: none"> f) 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, February 15, 2024 at 7 p.m.

CLOSED SESSION

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

- (a) the security of the property of the municipality or local board;
- (b) personal matters about an identifiable individual, including municipal or local board employees;
- (c) a proposed or pending acquisition or disposition of land by the municipality or local board;
- (d) labour relations or employee negotiations;
- (e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
- (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- (g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;
- (h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
- (i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;

- (j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or
- (k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board.

ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

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

MEMBERS PRESENT: Matthew Newton-Reid (Chair)
Michael Steele (Vice-Chair)
Selomon Menghsha
Skylar Franke
Michelle Smibert
Aina DeViet
Peter Cuddy (entered at 7:31 p.m.)
Michael McGuire
Howard Shears
Emily Williams, Chief Executive Officer (ex-officio)
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

REGRETS: Tino Kasi

OTHERS PRESENT: Stephanie Egelton, Executive Assistant to the Board of Health (recorder)
Sarah Maaten, Director, Public Health Foundations
Jennifer Proulx, Acting Director, Healthy Start and Chief Nursing Officer
Dr. Joanne Kearon, Associate Medical Officer of Health
Cynthia Bos, Manager, Human Resources
David Jansseune, Assistant Director, Finance
Anita Cramp, Manager, Secondary School Team
Angela Armstrong, Program Assistant, Communications
Abha Solanki, End User Support Analyst, Information Technology
Morgan Lobzun, Communications Coordinator
Emily Van Kesteren, Acting Manager, Communications
Ryan Fawcett, Manager, Privacy, Risk and Client Relations

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

DISCLOSURES OF CONFLICT OF INTEREST

Chair Newton-Reid inquired if there were any disclosures of conflicts of interest.

At **7:01 p.m.**, it was noted that Board Member Skylar Franke declared a conflict of interest related to Report No. 84-23. This declaration was made due to her partner being employed by the Thames Valley District School Board.

No other conflicts were declared.

APPROVAL OF AGENDA

It was moved by **M. Steele**, seconded by **A. DeViet**, that the *AGENDA* of the December 14, 2023 Board of Health meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **M. McGuire, seconded by S. Menghsha**, that the *MINUTES* of the November 9, 2023 Special Board of Health meeting be approved.

Carried

It was moved by **A. DeViet, seconded by M. Steele**, that the *MINUTES* of the November 16, 2023 Board of Health meeting be approved.

Carried

It was moved by **M. Smibert, seconded by S. Menghsha**, that the *MINUTES* of the November 16, 2023 Governance Committee meeting be received.

Carried

NEW BUSINESS

Summary of Strategic Prioritization and Restructuring of the Middlesex-London Health Unit (Report No. 80-23)

Dr. Alexander Summers, Medical Officer of Health provided a summary and overview of the Middlesex-London Health Unit's strategic prioritization work and new organizational structure effective January 1, 2024.

Dr. Summers noted that this report was in companion to the next report on the Health Unit's 2024 budget. It was noted that in September, the Board approved the process that the Health Unit needed to undertake to reprioritize its work to decrease the budget shortfall that the Health Unit would experience for 2024.

Dr. Summers highlighted the investments and disinvestments that were made:

- Minor investments in vaccine preventable disease to ensure ongoing ability to maintain compliance with the Immunization of School Pupils Act (ISPA), as well as to support moderate vaccine administration (including COVID-19) to prioritized populations with minimal access to other health care sources. It was noted that that the COVID-19 Extraordinary Expense funding will be ending in 2024, and the Western Fair Vaccination Clinic will be closing as a result over the weekend of December 16.
- Minor investments in infectious disease control to ensure readiness and responsiveness to emerging threats.
- Minor strengthening of presence with health sector partners, notably the Middlesex-London Ontario Health Team.
- Significant reductions in comprehensive school health nursing, with a shift to supporting boards and 'families' of schools. Immunization and oral health programming in schools will continue.
- Significant reduction in public health nursing capacity in healthy public policy development and community mobilization, with a shift to prioritized issues and partners at the municipal level. It was noted that registered dietitian capacity has been reduced.
- Reduced and scoped social marketing work, particularly public awareness campaigns, with the exception of regional and sustained initiatives. Initiatives will be determined through the annual prioritization efforts of the agency.

Dr. Summers noted that labour and financial impacts of the final investments and disinvestments would be spoken to in the following report regarding the 2024 budget.

It was moved by **S. Franke, seconded by S. Menghsha**, that the Board of Health receive Report No. 80-23 re: "Summary of Strategic Prioritization and Restructuring of the Middlesex-London Health Unit" for information.

Carried

2024 Middlesex-London Health Unit Budget (Report No. 81-23)

Emily Williams, Chief Executive Officer reminded the Board of the labour relations impacts with reprioritization and restructuring of the Health Unit.

Position Changes

- Net reductions of 13.0 FTE (Full Time Equivalent) Registered Nurses, 2.0 FTE Registered Dietitians, 1.5 FTE Health Promoters and 1.0 FTE Director
- Other changes offset by investments of positions with lower salary bands such as reduction of 3.0 FTE Manager roles offset by addition of 3.0 Associate Manager roles.
- Investments in temporary positions for 2024 (3.6 FTE) in anticipation of a continued shortfall in 2025 funding to minimize further disruption. It was noted that the Province has committed to a 1% increase to funding for 2025.

People Impacts

- Voluntary Retirement Incentive Program (VRIP) was offered to reduce layoffs (6 positions)
- Reduction of already vacant positions (4 positions)
- Total layoffs anticipated at maximum 7 front-line staff; attempts to will extend employment by placing into temporary contract roles (such as permanent staff on leaves) will be utilized as well

David Jansseune, Assistant Director, Finance provided an overview of the 2024 budget.

Program Delivery

The Health Unit's budget operates using two (2) companies (MLHU from January-December and MLHU2 from April to March). There are five (5) divisions, 38 departments (47 programs), and 288 FTE staffing at the base level. Funding and expenditures are tracked across 1,111 active accounts. This budget will need to be re-created into a program budget for the Ministry of Health called the Annual Service Plan.

Budgeting Procedures

Salaries & Wages includes zero-based budgeting of staff resources to match the new organizational structure, including contractually obligated wage and step increases.

Benefits include 2024 rates with Canada Life incorporated into the Budget, pending approval from the Board.

General Expenses include a thorough review with 7 years of trending data.

Extraordinary Expenses are COVID-19 expenses absorbed into Vaccine Preventable Disease and Infectious Disease Control budget. This funding will no longer be available in 2024 from the Province but includes a \$1.3 million pressure absorbed in the 2024 budget planning process.

Budgeted Gap is calculated to generate a balance budget (no deficit and no surplus). The Health Unit's 2024 budget includes a reduction in the the gap from \$1.5 million to \$1 million.

Funding Sources

Ontario Ministry of Health = 66% of funding

City of London = 20% of funding

Ministry of Children, Community and Social Services = 6.5% of funding

Middlesex County = 4% of funding

Miscellaneous Revenue, including IPAC = 2.5% of funding

Public Health Agency of Canada = 0.7% of funding

Public Health Ontario = 0.3% of funding

The percentage of funding is based on total funding envelope of \$38.4 million. The Ministry of Health and Municipal funding ratio is 71% / 29% for programs in the cost-shared budget. In 2023, the funding envelope was \$50 million, which included funding for COVID-19 and School Focused Nurses Initiative.

100% Funded Programs – 2024

Funders for these programs include the Ministry of Health, the City of London, the Public Health Agency of Canada, Public Health Ontario and the Ministry of Children, Community and Social Services.

COVID-19 = \$0 (decrease of \$10,655,019 from 2023)

School Focused Nurses Initiative = \$0 (decrease of \$1,415,572 from 2023)

Ontario Seniors' Dental Care Program = \$3,491,500 (decrease of \$201,648 from 2023)

City of London Cannabis Legalization Fund = \$208,984 (increase of \$20,090 from 2023)

Smart Start for Babies = \$152,430 (increase of \$1,681 from 2023)

Best Beginnings/Healthy Babies Healthy Children = \$2,483,313 (increase of \$34,947 from 2023)

Library Shared Services = \$108,414 (increase of \$3,400 from 2023)

FoodNet Canada = \$111,040 (decrease of \$7,939 from 2023)

Total = \$6,555,681 (decrease of \$12,220,060 from 2023)

Shared Funding Programs

Shared funding programs are funded by the Ministry of Health, City of London, County of Middlesex and some internally generated revenue. This funding can be redistributed if needed and surplus is returned to funders. This section of funding includes grants, user fees and other income, salaries and wages, benefits and general expenses.

Grants, User Fees and Other Income = \$31,853,279

- There will be a 2% funding increase in the 2024 budget, accounting for a 1% increase in 2023 and a 1% increase in 2024 from the Ministry of Health
- The Needle Exchange Program and Public Health Inspector Practicum Program are funded \$39,000
- The City of London and Middlesex County will be contributing an additional 3% in funding
- Infection Prevention and Control (IPAC) funding increased \$171,732 from 2023
- \$80,000 in interest on bank accounts was earned
- There is a targeted 1% internal revenue increase

Salaries, Wages and Overtime = \$20,955,463

- Cost of living increases are at a contractual 2%
- COVID-19 funding has been discontinued (related staffing costs are \$846,722 and 11 FTE)
- Temporary contract positions for mitigation in 2025 (\$245,701 and 3.6 FTE)
- \$1,269,701 and 16.3 FTE in savings from the restructuring, impacted to shared funding only

Benefits = \$5,523,838

- Integration of staffing for COVID-19 related work benefit costs at \$188,016
- Benefits for temporary contract positions for mitigation in 2025 are \$55,682
- \$135,551 are the benefits-related savings from the restructuring

It was noted that there are increases in legislative benefits (CPP, EI, EHT and SWIB) of \$98,000 and are being proposed to be offset by the decrease in benefits provided costs (\$92,000 reduction).

General Expenses = a reduction of \$119,249 from 2023, totaling \$6,364,529

- A budgeted \$100,000 for accelerated payment of the variable bank loan
- Occupancy costs increases for insurance and leases (insurance \$34,000, Citi Plaza \$56,000 and Strathroy \$18,000)
- Cell phone increase of \$11,000

- Professional services, development and travel increased for trending costs

The total consolidated budget for the Health Unit is \$34,408,959.

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

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

Carried

2024 Ontario Budget Consultation – Board of Health Submission (Report No. 82-23)

E. Williams noted that the online portal for the 2024 Ontario Budget has been opened and is providing individuals and organizations the opportunity to provide submissions regarding budgetary priorities. This report is a timely discussion for the Board of Health as the Board can submit a letter of advocacy for sufficient base funding for public health. A draft response to the consultation has been provided to the Board and outlines specific program areas where sustained base funding is needed.

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

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

Carried

Canada Life Benefits – 2024 Renewal Rates (Report No. 83-23)

D. Jansseune provided an overview on the 2024 Canada Life Benefits Renewal Rates.

The Health Unit has been insured by Canada Life, formerly Great West Life, to provide benefits to staff since 2013 and partnered with AON Hewitt to assist with negotiations with benefit providers. Premium rates were guaranteed and remained constant from 2019 to 2021 but were subject to review beginning 2022. Canada Life’s proposal was an increase to \$1,978,076 or 11.3%. AON Hewitt successfully negotiated a lesser amount, and a decrease to the previous rates. Benefits will be tendered during the spring of 2024 to ensure value for money is maximized and rates remain competitive.

The Health Unit’s contract with Canada Life to provide group insurance will be renewed from January 1 to December 31, 2024. Based on the number of employees and benefits selected, the premium decrease for 2024 is estimated to be \$54,039 (3%).

Board Member Howard Shears noted that the Canada Life had received the contract for benefits for employees working with the federal government, and there were reported concerns from insured individuals not receiving their benefits on time. H. Shears inquired if the Health Unit’s employees had reported any concerns. E. Williams noted that there have been no concerns reported.

It was moved by **H. Shears, seconded by S. Franke**, *that the Board of Health approve the renewal of the group insurance rates administered by Canada Life as described in Report No. 83-23 re: “Canada Life Benefits – 2024 Renewal Rates”.*

Carried

Signed School Board and Public Health Partnership Declaration (Report No. 84-23)

Chair Newton-Reid reminded that Board Member Skylar Franke declared a conflict of interest related to Report No. 84-23 due to her partner being employed by the Thames Valley District School Board. Board Member S. Franke excused herself from discussion and voting on this matter.

Anita Cramp, Manager, Secondary School Team provided an update on the partnership declarations between public health and the local school boards (Thames Valley District School Board and London District Catholic School Board).

A. Cramp noted that the Health Unit's ongoing collaboration with local school boards holds immense significance and the recently signed partnership declarations are formal expressions of the commitment to working together. A partnership declaration is a formal agreement to acknowledge the shared commitment between public health and school boards to positively impact the health and wellbeing of children and youth in schools. Declarations are collaboratively developed through dialogue and outline the overarching process and expectations for the partnership. The specific declarations being discussed outline shared objectives, strategies for joint efforts (including assessing the need for public health services and resources in schools), communication strategies, processes for engaging in collaborative initiatives, and a mutual commitment to data and information sharing.

A. Cramp concluded that the signing of these declarations serves as testament that rapport with local school boards is deeply valued, and that both parties are dedicated to fostering continued collaboration. With the restructuring, there will be a new School Health team formed in 2024, and the Health Unit continues to be committed to working closely with school board partners to improve the health and wellbeing of youth.

Chair Newton-Reid added that public health nurses in schools are vital and the continued collaboration and positive working relationships are very much valued.

It was moved by **M. Smibert**, seconded by **A. DeViet**, *that the Board of Health receive Report No. 84-23 re: "Signed School Board and Public Health Partnership Declaration" for information.*

Carried

Changes to Committee Meeting Cadence (Report No. 85-23)

E. Williams in her capacity as Secretary and Treasurer of the Board of Health presented a proposal to the Board regarding changes to meeting cadences and the draft 2024 Board of Health and Committee meeting schedule.

E. Williams noted that it is the discretion of the Board of Health to establish standing committees under Governance Policy G-280 – Board Size and Composition and under Board of Health By-Law No. 3. It is proposed that the cadence of the standing committee meetings is changed for 2024. Reasons for reducing the frequency of standing committee meetings include providing more Board Member experience with financial and governance matters, less financial and opportunity costs, improved public awareness, and prevention of quorum issues.

A draft updated Terms of Reference for the Finance and Facilities and Governance Committees were affixed to the report, with minor housekeeping changes such as title changes, meeting frequency adjustments and amendments to the scope of committees. A draft 2024 meeting schedule was also provided to the Board, noting that Finance and Facilities Committee meetings would occur quarterly, 1 month after quarter closure, and Governance Committee meetings would occur biannually, with a focus on policy review. E. Williams concluded that there is also a proposal to have all Committee meetings begin at 6 p.m. before the 7 p.m. Board meetings.

Board Member Aina DeViet noted that streamlining was a good idea and if needed, an opportunity to call a meeting was available. A. DeViet inquired on how policy review logistics would work with the proposed biannual meetings. E. Williams noted that policies would continue to be split up for review by subject matter area (as started in early 2023) for Committee review and would be provided to the Committee earlier due to the amount of policies.

Chair Newton-Reid added that he had met with E. Williams to review this proposal and was supportive of these changes.

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

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

Carried

Current Public Health Issues (Verbal)

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

Highlights included the topics of:

Respiratory Season Update

- The Western Fair COVID-19 Vaccination Clinic will be closing on December 16. The clinic opened in December 2020 in Western Fair District Agriplex and moved to Western Fair District Main Building in October 2022
- Between opening and the end of November 2023, there were 518 clinic days and 235,407 doses of COVID-19 vaccine given to the community
- Middlesex-London is currently in a high-risk category for respiratory illnesses (COVID-19 and influenza)
- COVID-19 laboratory confirmed cases have increased, along with outbreaks, with indicators similar to the overall provincial data
- Influenza laboratory confirmed cases have decreased, with a low positivity rate
- Rhinovirus, pneumonia, RSV and parainfluenza are also active in the region

2024 Budget Impacts on Public Health

- Windsor Essex County Health Unit's (WECHU) safe consumption site has been put on hold
- The WEHU is also facing a funding shortfall and will be providing layoff notices to approximately two dozen staff

Substance Use in the News

- Two well-known physicians specializing in treatment of addiction in Middlesex-London (Dr. Andrea Sereda and Dr. Sharon Koivu) have been the center of media attention with providing opposite views on the safe supply debate
- People will be able to buy beer, cider, wine and ready to drink alcohol at convenience stores and big box stores. Public health has concerns with this for a number of reasons:
 - Research confirms that increased alcohol availability leads to increased alcohol consumption and alcohol-related health and social harms.
 - Some communities are disproportionately affected by policies that increase alcohol access in their neighbourhoods.

- Where government retail monopolies have been dismantled and partial or full privatization have been introduced, increases in alcohol consumption and harms have been observed.
- Alcohol consumption is estimated to contribute to 154 or 4.1% of all deaths, 842 or 2.4% of hospitalizations and 6,968 or 3.8% of emergency department visits in an average year, amongst those older than 15 years of age in Middlesex-London.
- Alcohol has been classified as a type 1 carcinogen by the International Agency for Research on Cancer since 1988 and has been causally related to 7 types of cancer.
- Alcohol cost Ontario taxpayers \$7.109 billion in direct and indirect costs.

Life Expectancy Decreasing

- Statistics Canada has reported that life expectancy has decreased for a third year in a row, which is unprecedented in the last many decades
- Leading causes of death in 2022:
 - Cancer and Heart Disease (41.8% of deaths)
 - COVID-19, unintentional injuries, cerebrovascular disease (stroke), chronic lower respiratory diseases, diabetes mellitus, influenza & pneumonia, Alzheimer's disease, & chronic liver disease and cirrhosis (26.4% of deaths)

MLHU in the News

- COVID-19 outbreaks continuing in long term care
- The Health Unit's Western Fair Vaccination Clinic closing
- Rise in COVID-19 cases
- NDP proposes plan to launch free contraception program for Ontario residents
- iHEAL: New app marks Canada 1st in helping women cope with partner violence
- MLHU's budget impacts

Chair Newton-Reid asked why media coverage and public discourse regarding the increase of COVID-19 cases had been limited. Dr. Summers noted that one reason was likely the relative decline in morbidity and mortality. Severity was reduced because a majority of the population had some level of immunity from previous vaccination or infection. As a result, the health care system had not been overwhelmed this fall as a result of COVID-19, and therefore, less attention had been given to the rising cases.

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

Carried

CORRESPONDENCE

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

- a) Ontario Dental Association (ODA), Ontario Dental Hygienists' Association (ODHA), and Ontario Association of Public Health Dentistry (OAPHD) re: Considerations for Aligning Federal and Provincial Dental Programs to Improve Oral Health

Carried

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

- b) Middlesex-London Board of Health External Landscape for December 2023

Carried

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is on Thursday, January 18, 2024 at 7 p.m.

CLOSED SESSION

At **8 p.m.**, it was moved by **S. Franke, seconded by M. McGuire**, *that the Board of Health will move into a closed session to consider matters regarding labour relations or employee negotiations, personal matters about identifiable individuals, including Board employees, advice that is subject to solicitor-client privilege, including communications necessary for that purpose, 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 and to approve previous confidential Board of Health minutes.*

Carried

At **8:28 p.m.**, it was moved by **S. Franke, seconded by P. Cuddy**, *that the Board of Health return to public session from closed session.*

Carried

ADJOURNMENT

At **8:29 p.m.**, it was moved by **P. Cuddy, seconded by M. Smibert**, *that the meeting be adjourned.*

Carried

MATTHEW NEWTON-REID
Chair

EMILY WILLIAMS
Secretary



TO: Chair and Members of the Board of Health

FROM: Emily Williams, Secretary and Treasurer

DATE: 2024 January 18

ELECTION OF 2024 BOARD OF HEALTH EXECUTIVE

Recommendation

It is recommended that the Board of Health:

- 1) Appoint a Chair for the 2024 term;*
- 2) Appoint a Vice-Chair for the 2024 term;*
- 3) Appoint a Secretary for the Board of Health for 2024 term; and*
- 4) Appoint a Treasurer for the Board of Health for the 2024 term.*

Key Points

- Per Board of Health By-law No. 3, Section 18.0 notes that the Board must elect by majority vote a Chair, Vice-Chair, Secretary and Treasurer.
- The outgoing 2023 Board of Health Executive is:
 - Matt Newton-Reid – Chair
 - Mike Steele – Vice-Chair
 - Emily Williams – Secretary
 - Emily Williams – Treasurer

Board Membership Update

The Board of Health consists of the following Members:

1. **Five provincial appointees (two vacancies):** Mike Steele, Selomon Menghsha and Howard Shears
2. **Three City of London appointees:** Matt Newton-Reid, Peter Cuddy and Skylar Franke
3. **Three Middlesex County appointees:** Aina DeViet, Michelle Smibert and Mike McGuire

The appointment list of the current Board of Health membership can be found in [Appendix A](#).

Procedures for the First Meeting of the Year

Board of Health By-law No. 3 regulates the proceedings of the Board. Section 18.0 of this By-law addresses Elections and the Appointment of Committees.

- 18.1 *At the first meeting of each calendar year the Board shall elect by a majority vote a Chair, Vice-Chair, Secretary, and Treasurer for that year.*
- 18.2 *The Chair of the Board shall be selected by the voting members to serve for a term of one year. The Chair may be nominated to serve for a consecutive term.*
- 18.3 *The Vice-Chair, Secretary, and Treasurer shall be elected for a one-year term.*
- 18.4 *The Secretary and Treasurer are separate roles that may be performed by any member (appointed and/or ex-officio) of the Board of Health with the requisite skill set. This will be determined on an annual basis in accordance with the appropriate by-law procedure.*

- 18.5 *At the first meeting of each calendar year, the Board shall appoint the representative or representatives required to be appointed annually at the first meeting by the Board to other Boards, bodies, or commissions where appropriate.*
- 18.6 *The Board may appoint committees from time to time to consider such matters as specified by the Board (e.g., Finance and Facilities, Governance, Medical Officer of Health and Chief Executive Officer Performance Review etc.).*

Election of Executive Officers

Chair: As per the current By-law No. 3, Section 18.2, as stated above, the Chair is selected by the voting members to serve for a term of one year. The Chair may be nominated to serve for a consecutive term. The Chair for 2023 was Matt Newton-Reid, a City of London appointee.

Vice-Chair: By-law No. 3, Section 18.3 stipulates that the Vice-Chair is elected for a one-year term. The Vice-Chair for 2023 was Mike Steele, a provincial appointee.

Secretary: By-law No. 3, Section 18.3 stipulates that the Secretary is elected for a one-year term. By-law No. 3, Section 18.4 states that the Secretary role may be performed by any member (appointed and/or ex-officio) of the Board with the requisite skill set. The Secretary for 2023 was Emily Williams, Chief Executive Officer.

Treasurer: By-law No. 3, Section 18.3 stipulates that the Treasurer is elected for a one-year term. By-law No. 3, Section 18.4 states that the Treasurer role may be performed by any member (appointed and/or ex-officio) of the Board with the requisite skill set. The Treasurer for 2023 was Emily Williams, Chief Executive Officer.

This report was prepared by the Secretary and Treasurer.



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



Middlesex-London Board of Health Member Listing

First Name	Last Name	Appointed By	First Appointed	Term Expires on
Matthew	Newton-Reid	City of London	December 1, 2018	November 14, 2026
Skylar	Franke	City of London	November 22, 2022	November 14, 2026
Peter	Cuddy	City of London	November 22, 2022	November 14, 2026
Michelle	Smibert	County of Middlesex	December 13, 2022	November 14, 2026
Michael	McGuire	County of Middlesex	December 13, 2022	November 14, 2026
Aina	DeViet	County of Middlesex	December 18, 2018	November 14, 2026
Michael	Steele	Province of Ontario	December 10, 2020	December 9, 2026
Selomon	Menghsha	Province of Ontario	September 16, 2021	September 15, 2026
Howard	Shears	Province of Ontario	October 26, 2023	October 25, 2024



TO: Chair and Members of the Board of Health

FROM: Emily Williams, Secretary and Treasurer

DATE: 2024 January 18

APPOINTMENT OF 2024 BOARD OF HEALTH COMMITTEES

Recommendation

It is recommended that the Board of Health:

- 1) *Appoint members to the Finance and Facilities Committee;*
- 2) *Appoint members to the Governance Committee;*
- 3) *Appoint members to the Performance Appraisal Committee; and*
- 4) *Approve the 2024 Board of Health and Committee Reporting Calendar ([Appendix A](#)).*

Key Points

- Per Board of Health By-law No. 3, Section 18.0 notes that the Board may strike and appoint committees for such matters defined by the Board. Currently, there are three committees:
 - Finance and Facilities;
 - Governance; and
 - Performance Appraisal.
- The Finance and Facilities and Governance Committees' membership must have at least:
 - One (1) provincial appointed member;
 - One (1) City of London appointed member;
 - One (1) County of Middlesex appointed member;
 - Chair of the Board; and
 - Vice Chair of the Board.
- A draft reporting calendar as [Appendix A](#) has also been affixed for the Board's consideration, with the changes reflected from the cadence and meeting frequency approvals from the December 14, 2023 Board of Health meeting ([Report No. 85-23](#)).
- At the December 14, 2023 Board of Health meeting, the Board approved amending the Terms of Reference to reflect changes to meeting cadences and start times for the Finance and Facilities and Governance Committee ([Report No. 85-23](#)):
 - Finance and Facilities will meet at 6 p.m. quarterly before the scheduled 7 p.m. Board of Health meeting.
 - Governance will meet at 6 p.m. biannually before the scheduled 7 p.m. Board of Health meeting.

Board Membership Update

The Board of Health consists of the following Members:

1. **Five provincial appointees (two vacancies):** Mike Steele, Selomon Menghsha and Howard Shears
2. **Three City of London appointees:** Matt Newton-Reid, Peter Cuddy and Skylar Franke
3. **Three Middlesex County appointees:** Aina DeViet, Michelle Smibert and Mike McGuire

Procedures for the First Meeting of the Year

Board of Health By-law No. 3 regulates the proceedings of the Board. Section 18.0 of this By-law addresses Elections and the Appointment of Committees.

18.6 The Board may appoint committees from time to time to consider such matters as specified by the Board (e.g., Finance and Facilities, Governance, Medical Officer of Health and Chief Executive Officer Performance Review etc.).

A draft reporting calendar as [Appendix A](#) has also been affixed for the Board's consideration, with the changes reflected from the cadence and meeting frequency approvals from the December 14, 2023 Board of Health meeting ([Report No. 85-23](#)).

Establishment of Standing Committees

Under Section 2.1(b) of Board of Health Policy G-280 (Board Size and Composition), the Board determines whether it wishes to establish one or more standing committees at its first meeting of the year. The Board of Health has three standing committees: Finance and Facilities, Governance and MOH and CEO Performance Appraisal.

The Finance and Facilities and Governance Committees' membership must have at least:

- One (1) provincial appointed member;
- One (1) City of London appointed member;
- One (1) County of Middlesex appointed member;
- Chair of the Board; and
- Vice Chair of the Board.

1. Finance & Facilities Committee

The Finance & Facilities Committee serves the Board of Health in an advisory and monitoring role in relation to the administration and risk management of the organization's finances and facilities.

The Finance and Facilities Terms of Reference were amended by the Board at the December 14, 2023 meeting. Finance and Facilities will meet at 6 p.m. quarterly before the scheduled 7 p.m. Board of Health meeting.

2. Governance Committee

The Governance Committee serves the Board of Health in an advisory and monitoring role in relation to the performance evaluation of the MOH and CEO, and Governance policy and by-law development and review.

The Governance Committee Terms of Reference were amended by the Board at the December 14, 2023 meeting. Governance will meet at 6 p.m. biannually before the scheduled 7 p.m. Board of Health meeting.

3. Performance Appraisal Committee

The Performance Appraisal Committee serves to evaluate the performance of the Medical Officer of Health (MOH) and Chief Executive Officer (CEO). The committee's role is to assist and advise the Board of Health on how the MOH and CEO's performance reflects the health unit's values, vision, mission, mandate, and policies, and contributes to the achievement of the strategic goals.

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

The first meeting of the Performance Appraisal Committee will be in Q2, at the call of the Chair.

This report was prepared by the Secretary and Treasurer.

A handwritten signature in black ink that reads "EWilliams". The signature is written in a cursive style with a large, prominent initial "E".

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

2024 Middlesex-London Board of Health Reporting Calendar

<u>Q1 2024: January 1 – March 31</u>	<u>Q2 2024: April 1 – June 30</u>
<p>Meetings: January, February, March</p> <p>Finance</p> <ul style="list-style-type: none"> • Review Terms of Reference • Public Sector Salary Disclosure • Review and Recommend Board of Health Remuneration • Q4 Financial Update, Financial Borrowing and Factual Certificate Update <p>Risk</p> <ul style="list-style-type: none"> • Review Insurance Coverage • Annual Privacy Program Update • Q4 Risk Registry <p>Governance</p> <ul style="list-style-type: none"> • Annual Declarations – Confidentiality and Conflict of Interest • Q4 Provisional Strategic Plan and Performance Update • Board of Health Orientation • Activity Reports – CEO, MOH, Board Chair <p>Public Health Program Standards</p> <ul style="list-style-type: none"> • As required 	<p>Meetings: April, May, June</p> <p>Finance</p> <ul style="list-style-type: none"> • Q1 Financial Update, Financial Borrowing and Factual Certificate Update • Review and Recommend – Audited Financial Statements for MLHU • Recommend Budget Parameters, Planning Assumptions and Municipal Funding Targets • Review Funding and Service Level Agreements • Review and Recommend Budget Process • Visa and Accounts Payable Update <p>Risk</p> <ul style="list-style-type: none"> • Occupational Health and Safety Program Update • Q1 Risk Registry <p>Governance</p> <ul style="list-style-type: none"> • Review Governance By-laws and Policies • Initiate Board of Health Self-Assessment (every 2 years, next in 2025) • Review Governance Policies and By-Laws • Q1 Provisional Strategic Plan and Performance Update • Annual Service Plan • Annual Report and Attestation • Activity Reports – CEO, MOH, Board Chair <p>Public Health Program Standards</p> <ul style="list-style-type: none"> • Nurse Family Partnership Annual Report <p>MOH/CEO Performance Appraisal</p> <ul style="list-style-type: none"> • Initiate Terms of Reference Review (every two years in 2025) • Confirm Performance Appraisal process, supporting documents required and timelines for the year • Chair of the Board to conduct meetings with Board Members • Select Consultant to facilitate Performance Appraisal process via external and internal survey

<u>Q3 2024: July 1 – September 30</u>	<u>Q4 2024: October 1 – December 31</u>
<p>Meetings: July and September</p> <p>Finance</p> <ul style="list-style-type: none"> • Q2 Financial Update, Financial Borrowing and Factual Certificate Update • Review and Recommend Audited Financial Statements for April 1 to March 31 Programs • Review Multi-Year Budget <p>Risk</p> <ul style="list-style-type: none"> • Q2 Risk Registry <p>Governance</p> <ul style="list-style-type: none"> • Report on Public Health Funding and Accountability Agreement Indicators • Q2 Provisional Strategic Plan and Performance Update • Report on Board of Health Self-Assessment (every 2 years, next in 2025) • Review Governance By-laws and Policies • Activity Reports – CEO, MOH, Board Chair <p>Public Health Program Standards</p> <ul style="list-style-type: none"> • Q2 Management Operating System (MOS) Update <p>MOH/CEO Performance Appraisal</p> <ul style="list-style-type: none"> • Debrief with Consultant • Chair of the Board to conduct open office hours with direct reports • Review Performance Appraisal Reports 	<p>Meetings: October, November, December</p> <p>Finance</p> <ul style="list-style-type: none"> • Q3 Financial Update, Financial Borrowing and Factual Certificate Update • Review and Recommend Final Board of Health Budget • Review Employee Benefits Coverage <p>Risk</p> <ul style="list-style-type: none"> • Q3 Risk Registry <p>Governance</p> <ul style="list-style-type: none"> • Q3 Provisional Strategic Plan and Performance Update • Board of Health Orientation Planning • Activity Reports – CEO, MOH, Board Chair <p>Public Health Program Standards</p> <ul style="list-style-type: none"> • Q3 MOS Update • 2024-2025 Respiratory Season Update • Immunization of School Pupils Act Compliance Report • Monitoring Food Affordability <p>MOH/CEO Performance Appraisal</p> <ul style="list-style-type: none"> • Report Performance Appraisal Reports to the Board of Health • Report Performance Appraisal Reports to MOH and CEO



TO: Chair and Members of the Board of Health

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

DATE: 2024 January 18

MLHU EMPLOYMENT SYSTEMS REVIEW: PROJECT STATUS UPDATE

Recommendation

It is recommended that the Board of Health receive Report No. 03-24 re: “MLHU Employment Systems Review: Project Status Update” for information.

Key Points

- The Employment Systems Review was a third-party assessment of all Human Resources policies and procedures. Of 88 recommendations made, 98% are now complete.
- Anti-Discrimination and Anti-Harassment Policy update and training was released to all staff in September 2023, which supports an (Equity, Diversity, and Inclusion) EDI Anonymous Reporting mechanism.
- In addition to addressing incomplete recommendations, future efforts will focus on audit, review, compliance, and monitoring of implemented recommendations.
- The ESR Recommendation Status Summary is attached as [Appendix A](#).

Background

Turner Consulting Group Inc. delivered the Employment System Review (ESR) as part of the Diversity and Inclusion Assessment in March 2021. In May 2021 the Board of Health committed to the systemic, coordinated, comprehensive and sustained implementation of the ESR. In March 2022, the ESR implementation priorities were presented and approved by the Board of Health. December 2023 was established as the target date for implementation of the organizational recommendations and April 2024 was established as the target date for the project close-out.

Key Project Milestones

In June 2022, the final report from the Accessibility of Ontarians with Disability Act (AODA) audit was submitted to MLHU. This report indicated that MLHU space in Citi Plaza in London and in the Shops on Sydenham in Strathroy passed both Public Space Design (PSD) and Ontario Building Code (OBC).

The new Employment Equity Policy was released to all staff in June of 2022 and was followed by the establishment, approval and communication of Employment Equity targets in May of 2023. This policy commits MLHU to an equitable and diverse workforce, and the accompanying targets provide a means by which to measure the impact of efforts taken to achieve this commitment.

In July of 2022 the new Accommodation Policy and Procedures were released, which included all staff training and specific leadership training on the Duty to Accommodate. It details MLHU’s obligations

under the Ontario Human Rights Code to ensure full and equal participation and respect for individual dignity and needs.

In October of 2022 the Equity, Diversity, and Inclusion (EDI) Committee was relaunched with updated terms of reference that specified the purpose, functions, and membership. The EDI committee continues to be active and an important source of support and advice on implementation of EDI initiatives.

In December of 2022, leaders were provided with training on bias free hiring which provided important groundwork for the updated Recruitment Policy and Procedures that were released in June of 2023. This policy release was the outcome of a thorough review and update of the many elements of MLHU's recruitment and hiring-decision making process.

In June 2023, all staff were assigned a new learning module; LGBTQ2+ Diversity and Inclusion Training for Workplaces. This training was launched in collaboration with the Health Equity and Reconciliation Team and connected to their presentations at Town Hall about Pride Week.

In September 2023, the updated Anti-Harassment and Anti-Discrimination Policy and Procedures was released to all staff. Staff were assigned a newly developed and MLHU specific training module and another external module, Respect in the Workplace. This training and the LGBTQ2+ training also fulfill the ESR recommendations around employee education on EDI issues.

Finally, in December 2023, a Transgender Transitioning at Work guideline was released as an appendix to the Accommodation Policy, and a Mental Health Education training program developed by Canadian Mental Health Association was delivered to all remaining leaders. The ESR recommendation for mental health education is also fulfilled by the ongoing provision of support to all staff through the Homewood Health Employee and Family Assistance Plan, the Cyno platform, and other Be Well initiatives.

Current Status of ESR Recommendations

[Appendix A](#) indicates the status of the 88 ESR recommendations. Of the 85 completed recommendations, 29 will require ongoing monitoring or follow-up. For example, recommendations around recruitment processes require auditing to ensure that the processes put in place are being followed, that the appropriate documentation is filed, and engagement with leaders to improve recruitment processes and selection outcomes. In addition, all the policies and procedures additions and updates recommended by the ESR will be reviewed regularly.

Three recommendations are in progress. For recommendation 84, anti-oppressive training and support, an interactive online training program is currently being piloted by HR and HEART and is scheduled to be delivered in 2024.

The remaining outstanding recommendations, #73 and #74 are both related to Gender Inclusive washrooms. The ESR recommended the provision of single stall gender inclusive washrooms on the second floor of the Citi Plaza and also the provision of employee education on gender inclusive washrooms. Due to structural and budget constraints, the recommendation to create those washrooms on the second floor of Citi Plaza is on hold. Since employees have access to these facilities on the first floor of Citi Plaza, MLHU remains in compliance with the AODA. Education related to the gender-inclusive washrooms will be developed in 2024.

Next Steps

The recommendations made by the AODA consultant that relate to the public areas in Citi Plaza are being addressed in cooperation with City of London partners as another tenant of Citi Plaza. Meetings with the landlord, MLHU, and the City of London have been initiated and further meetings are scheduled in the upcoming months.

The outstanding recommendations outlined above are in process or will be scheduled to be addressed in 2024, before the project close-out deadline.

The Human Resource (HR) Specialist, Equity and Diversity, will begin the process of auditing the updated and new recruitment processes. In addition, leaders will be consulted on the effectiveness of the new processes, and provided support from senior leadership and HR through ongoing training on bias free hiring and managing diversity on their teams.

The EDI Advisory Committee will continue to meet with the goal of providing insight into the perceived impacts of the ESR project, and to identify other gaps and opportunities towards the goal of the ESR: creating an equity-oriented and inclusive workplace at the MLHU.

The groundwork of the ESR began in 2020 and the accompanying Workplace Census (WC) survey was conducted in April of 2021. The final recommendation of the ESR was to repeat the ESR in 5 years and the recommendation of the WC was that it be repeated in 4 to 5 years. The ESR Steering Committee has recommended that both be repeated in 2025. The WC should be repeated using the same 13 questions so that valid comparisons to the original survey results can be made and so that progress towards our Employment Equity Targets can be evaluated. The 2020 ESR included a review of all employment policies, procedures and processes, as well as one on one interviews, focus groups, and an online questionnaire with staff. It is suggested that the scope of the next ESR be narrowed to focus on a selection of the policies that underwent major revisions, and on staff focus groups and the online questionnaire only. Request for Proposals for these initiatives will need to be initiated in late 2024.

This report was prepared by the Human Resources Team, Corporate Services Division.



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



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

Appendix A – Recommendation Status Summary

ESR Recommendation Status Summary			
Status	Total	ESR #	Description
In Progress	3	73	Gender inclusive washrooms
		74	Education on gender inclusive washrooms
		84	Anti-oppressive training and support for leadership
Complete	29		Ongoing follow-up required
	13		Policy reviews follow-up
	43		No further follow-up
Total	88		



TO: Chair and Members of the Board of Health

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

DATE: 2024 January 18

2023-24 PROVISIONAL PLAN UPDATE - EXTENSION

Recommendation

It is recommended 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.*

Key Points

- In Q2 2023, the Board of Health approved the 2023-24 Provisional Plan.
- The 2023-24 Provisional Plan was intended to be executed to Q4 2024 while the agency simultaneously undertook the process to develop a full strategic plan for 2024 and beyond.
- Considering many factors, including the recent organizational restructuring, the pending review of the Ontario Public Health Standards (OPHS), and the ongoing relevance of the Provisional Plan, staff recommend extending the 2023-24 Provisional Plan to December 2025.
- It is recommended that planning for the development of a 2026-2030 Strategic Plan commence in 2025.

Background

On May 18, 2023, the Board of Health approved the [current 2023-24 Provisional Plan](#). The 2023-24 Provisional Plan is also available on the Health Unit [website](#) in English and French. This Plan was endorsed and communicated to staff earlier in 2023 to help shape team-level activities. The Health Unit continues to ensure that the priority areas, goals and directions identified on the 2023-24 Provisional Plan are prioritized and balanced with the ongoing demands of the organization.

Rationale and Request for Extension

The Health Unit recommends that the 2023-24 Provisional Plan be extended 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.

The Health Unit has undergone a significant organizational restructure to respond to the reality of the budget shortfall. This change will result in impacts to staff and the organizational climate, as well as service delivery to the community and partners. The Health Unit will need to focus on reorienting the work of local public health in its new structure. 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. Additionally, it will be difficult to engage in the meaningful and comprehensive consultation that is required for the development of a new Strategic Plan in this climate.

Uncertainty remains about revisions to the Ontario Public Health Standards (OPHS). Changes to these Standards is expected to be released in early 2025. The Health Unit will want to ensure that the 5-year

Strategic Plan and its priorities are established in line with evolving expectations about the role of public health. For this reason, other local public health units have delayed their comprehensive strategic planning processes.


Next Steps

Work will continue on the 2023/2024 Provisional Plan initiatives, with quarterly progress reporting to the Board of Health. Planning discussions will begin later this year to develop the strategic planning approach for the 2026-2030 Strategic Plan.

This report was prepared by the Acting Manager, Strategy, Planning and Performance.



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



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

TO: Chair and Members of the Board of Health

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

DATE: 2024 January 18

SUBMISSION TO INFORM THE SECOND LEGISLATIVE REVIEW OF THE TOBACCO AND VAPING PRODUCTS ACT

Recommendation

It is recommended 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.

Key Points

- In 2018, Canada enacted the *Tobacco and Vaping Products Act (TVPA)* to create a new legal framework to regulate both tobacco and vaping products.
- In April 2022, the Middlesex-London Health Unit prepared and submitted [feedback](#) in response to Health Canada’s public consultation to fulfill the mandated 3-year legislative review of the *Tobacco and Vaping Products Act*, with a particular emphasis on the *Act*’s ability to address youth vaping.
- 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, attached as [Appendix A](#), providing evidence-informed measures to reduce the health harms associated with commercial tobacco use for consideration.

Background

Canada has a rich history of initiatives aimed at controlling the use, sale, and promotion of commercial tobacco. Despite a decline in commercial tobacco product use, tobacco addiction remains a significant public health concern, causing more than 46,000 deaths annually due to related illnesses ([Canadian Centre on Substance Use and Addiction, 2023](#)). In 2018, Canada’s Tobacco Strategy was unveiled, including the implementation of new measures to regulate both tobacco and vaping products under the *Tobacco and Vaping Products Act (TVPA)*. The federal tobacco strategy sets an ambitious goal of reducing tobacco use prevalence to below 5 percent by 2035, mitigating the considerable health burdens and costs associated with its use. Due to limitations in the available scientific evidence used to inform government vaping policy, the rapid exponential growth of the vapour product and nicotine delivery device marketplace, and concerning trends regarding youth initiation, the *TVPA* includes, as a legal requirement, a legislative review of its provisions three years after coming into force, and every two years thereafter.

Between March 16 and April 27, 2022, the *TVPA* underwent its first legislative review, with an emphasis on the *Act*’s ability to address youth vaping. Staff from the Middlesex-London Health Unit prepared feedback for Board of Health endorsement and [submission to Health Canada](#), proposing recommendations for strengthened policy measures and improved public health messaging about the potential health harms associated with vapour product use.

The Second Legislative Review – Tobacco Provisions

The second legislative review of the *TVPA* was launched in the fall of 2023, with a [public consultation](#) period of September 7 to November 17. The second legislative review had a concentration on tobacco-related provisions. Specifically, the assessment of the *TVPA* is intended to assess progress toward achieving the *TVPA*'s objectives related to commercial tobacco products, and to assess the adequacy of the federal legislation to address tobacco use in Canada.

The *TVPA* is designed to fulfill four specific objectives concerning commercial tobacco products in Canada:

1. To safeguard young individuals and others from inducements to use commercial tobacco and subsequent dependence;
2. To shield the health of young persons by restricting access to tobacco products;
3. To prevent the public from being deceived or misled regarding the health hazards associated with commercial tobacco product use; and
4. To boost public awareness of these hazards.

This legislative review, alongside the results of the first assessment pertaining to the *Act*'s ability to address vaping, will collectively establish a foundational assessment of the *TVPA*'s effectiveness.

Collaborative Action to Provide Public Health Unit Feedback

On November 10, 2023, the Middlesex-London Health Unit, on behalf of the Southwest Tobacco Control Area Network (SWTCAN), submitted feedback to the Controlled Substances and Cannabis Branch of Health Canada in response to the call for feedback. The submission, attached as [Appendix A](#), provides an endorsement of evidence-informed recommendations prepared by public health unit staff from Simcoe Muskoka District Health Unit and the Central East Tobacco Control Area Network. In summary, the submission proposes the following recommendations for consideration:

- 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.
- Enhancing compliance with and enforcement for commercial tobacco control.

Next Steps

The Middlesex-London Health Unit, as the anchor agency for the Southwest Tobacco Control Area Network (SWTCAN), will continue to work to address the ongoing health risks of nicotine and commercial tobacco through comprehensive and collaborative health promotion interventions.

This report was prepared by the Family and Community Health Division.



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



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

November 10th, 2023

Manager, Legislative Review
Office of Policy and Strategic Planning
Tobacco Control Directorate
Controlled Substances and Cannabis Branch, Health Canada
150 Tunney's Pasture Driveway
Ottawa, ON K1A 0K9
Email: legislativereviewtpa.revisionlegislativeltpv@hc-sc.gc.ca

Re: Submission to inform the second legislative review of the *Tobacco and Vaping Products Act (TVPA)*

To Whom it May Concern,

On behalf of the Middlesex-London Health Unit and Ontario's Southwest Tobacco Control Area Network (SWTCAN), please accept the following feedback attached as an Appendix to this letter. The SWTCAN represents seven Ontario public health units, including Public Health Grey Bruce, Huron Perth Public Health, Southwestern Public Health, Chatham-Kent Public Health, Lambton Public Health, Windsor-Essex County Health Unit, and the Middlesex-London Health Unit. The SWTCAN endorses the recommendations proposed by Ontario's Central East Tobacco Control Area Network (CETCAN), and request that this feedback be used to inform revisions to the *Tobacco and Vaping Products Act (TVPA)*.

The SWTCAN appreciates the opportunity to provide feedback on the *TVPA* and supports the implementation of policy levers that further protect Canadians from the harms associated with commercial tobacco product use:

- Implementation of a policy similar to New Zealand's "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.
- Addressing inducements to tobacco use such as smoke and vape-free movies, closer monitoring and enforcement of online sales and advertising of tobacco and vapor products, and increased reporting requirements imposed on tobacco companies regarding sales data, research, and development.
- Engaging with Indigenous populations, taking a community-centered approach to explore the impact of intergenerational trauma intertwined with a culture of accepting commercial tobacco use.
- Enhancing compliance and enforcement support, including dedicated efforts to curb illegal online sales and promotion.

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Commercial tobacco remains one of the most addictive substances in the world. Within Canada alone, there are nearly 3.2 million commercial tobacco product users, and of that population, 264,000 of those people are 15-24 years of age (Health Canada, 2020). Between 2015 and 2017, the smoking prevalence rate for people aged 20 years and older in Middlesex-London was approximately 18 percent. Annually, it is estimated that smoking is attributable to roughly 600 deaths per year in the Middlesex-London region (Ontario Health and Public Health Ontario, 2023).

The Middlesex-London Health Unit and the SWTCAN remain committed to prevent youth initiation of commercial tobacco and vapor product use, to protect people from exposure to second-hand smoke and vapor, and to encourage people to quit. We look forward to working with our partners at the local, provincial, and federal levels to help support the implementation of programs and policies to reduce the burden of health harms related to commercial tobacco product use.

Sincerely,

A handwritten signature in black ink that reads 'Alexander T. Summers'.

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

References

Health Canada. (2020). *Canadian Tobacco and Nicotine Survey (CTNS): Summary of results for 2020*. Government of Canada. <https://www.canada.ca/en/health-canada/services/canadian-tobacco-nicotine-survey/2020-summary.html>

Ontario Health and Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2023). *Burden of health conditions attributable to smoking and alcohol by public health unit in Ontario*. King's Printer for Ontario. https://www.publichealthontario.ca/-/media/Documents/B/2023/burden-health-smoking-alcohol-report.pdf?rev=2bbb255245404a3599a1e11e0f34709c&sc_lang=en

October 27, 2023

Manager, Legislative Review
Office of Policy and Strategic Planning
Tobacco Control Directorate
Controlled Substances and Cannabis Branch, Health Canada
150 Tunney's Pasture Driveway
Ottawa, ON K1A 0K9
Email: legislativereviewtpva.revisionlegislativelpv@hc-sc.gc.ca

To Whom it May Concern,

Re: Consultations to inform the second legislative review of the *Tobacco and Vaping Products Act* (TVPA).

On behalf of the Simcoe Muskoka District Health Unit and Ontario's Central East Tobacco Control Area Network (CETCAN) please accept the following feedback to the TVPA in addressing commercial tobacco¹ use in Canada. The CETCAN represents six Ontario public health units (Durham Region Health Department; Haliburton, Kawartha, Pine Ridge District Health Unit; Peel Public Health; Peterborough Public Health; Simcoe Muskoka District Health Unit and York Region Public Health) and is committed to reducing the health impacts of tobacco and nicotine use on Canadians. As such, we appreciate the opportunity to lend support and provide feedback on the TVPA.

Canada's Tobacco Landscape

While much progress has been made in de-normalizing cigarette smoking and protecting the population from the harms of tobacco use through policy efforts, the CETCAN recommends that additional policy levers be considered to further protect Canadians from the harms of tobacco.

Smoke-Free Generation Policy

Much like Canada, New Zealand has the goal of a less than 5% smoking rate amongst its population. To this end, they have implemented their Smoke-Free Generation policy which includes the following tenets that we call on the Federal Government to consider implementing:

1. Limiting the amount of nicotine in cigarettes to non-addictive levels.
2. Reducing the number of retailers allowed to sell cigarettes.
3. A ban on anyone born after 2008 from purchasing cigarettes ([Health New Zealand, 2023](#)).

¹ References to tobacco refer to commercial tobacco products and not traditional and/or sacred tobacco used for ceremonial purposes by First Nation, Metis, and Inuit communities.

We call on the Federal Government to implement a similar smoke-free generation policy to phase out tobacco use to protect youth from the harmful effects of smoking.

Strengthening Vaping Policies to Prevent Youth from Smoking

Research has demonstrated that youth who vape may go on to smoke cigarettes ([Hair et al., 2021](#)). In Ontario approximately 5% of youth smoke cigarettes while 23% have vaped in the last year ([Ontario Student Drug Use and Health Survey, 2021](#)). Youth obtain vapes from friends (social supply) but also directly through retailers ([Braak et al., 2020](#)). Flavoured vapes appeal to youth as they are visually attractive and palatable ([Chaffee et al., 2023](#)). Some vape products are priced to make them financially accessible to youth ([Physicians for a Smoke-Free Canada, 2023](#)). Nicotine levels in a single e-liquid cartridge are, by law in Canada, not to exceed 20 mg/mL which is the equivalent of one pack of cigarettes ([Government of Canada, 2021](#)). With high levels of nicotine found in vapes, youth can become addicted quickly. This addiction may lead to smoking cigarettes ([Hair et al., 2021](#)). We call on the Federal Government to implement the following policies to make it more difficult and less appealing for youth to vape:

1. Increase taxation on vaping products to make the cost of vaping products less accessible to youth.
2. Ban all flavoured vaping products including mint and menthol because youth consider the flavour of vaping products to be the most important factor when trying e-cigarettes and initiation is more likely to occur with fruit, sweet and menthol flavoured products ([Zare et al., 2018](#)). Additionally, when non-traditional flavours are restricted and mint and menthol remain on the market, young people shift their purchasing and consumption to preferences toward mint and menthol flavour ([Diaz et al., 2020](#)).
3. Implement plain and standardized packaging requirements on e-cigarettes to bring them into alignment with the 2019 federal Tobacco Products Appearance, Packaging and Labelling Regulations that standardized the appearance of tobacco packages and products to make them less appealing, particularly to youth and young adults ([Government of Canada, 2023](#)).
4. Make access to vaping products by prescription only so that their primary use is as a cessation aid for those who want to quit smoking similar to the policy Australia has implemented ([Australian Government Department of Health and Aged Care, n.d.](#)).

Increased Funding for Smoking Cessation Interventions

Access to cost-free smoking cessation services across Canada are comprised of a patchwork of programs that can be difficult to access. They often do not provide a combination of cost-free pharmacotherapy plus counselling which, when combined, have been shown to increase the odds of quitting over either intervention alone ([Hartmann-Boyce, Chepkin, Ye, Bullen & Lancaster, 2018](#)). Additionally, because tobacco use is a chronic, relapsing disorder, these interventions should be fully funded as much as the individual requires it, as many times as they need it, for as long as required ([Selby & Zawertailo, 2022](#)). The cost of smoking cessation aids such as nicotine replacement therapy and counselling can be prohibitive to individuals, particularly those most disproportionately affected by tobacco use. We call on the Federal Government to implement the following intervention to increase access to smoking cessation supports:

- Fully fund pharmacological cessation aids such as nicotine replacement therapy, varenicline and bupropion without limitations so that individuals may access these medications cost-free as many times as they need them for as long as they require them to obtain and sustain abstinence from tobacco.

Addressing Inducements to Tobacco Use

Current federal tobacco control legislation encompassed by the TVPA has made it less likely for youth to be exposed to tobacco-related advertisements including plain packaging legislation that came into effect in 2019. However, further interventions should be considered.

Smoke and Vape-Free Movies

The behaviour of smoking and vaping in movies is still a topic that could be addressed. Research in North America examining the prevalence of smoking in movies and its impact on youth smoking indicates a causal relationship. The US National Cancer Institute reviewed this evidence in 2008 summarizing: “The total weight of evidence from cross-sectional, longitudinal and experimental studies indicates a causal relationship between exposure to smoking in movies and youth smoking initiation” (NCI, 2008). The film rating system is no longer an approach that is effective in preventing youth from seeing smoking and vaping in films and other media content. Online content is accessible 24/7 with no restrictions imposed by criteria such as film ratings. For this reason, collaboration with the content creators needs to take place with consideration of removing all portrayals of smoking and vaping as a behaviour, even in films that depict time periods where smoking was prevalent. We call on the Federal Government to enact legislation that would provide enhancement to the advertising and promotion in media sections of the TVPA that define advertising with a broader reach and includes smoking and vaping in movies and television series that are streamed and/or available on television.

Online Sales of Tobacco and Vaping Products

Closer monitoring of online sales, advertising and retail sales for both tobacco and vaping products is required. There are a number of tobacco and vaping retailers who sell products exclusively online and conduct online sales as an extension of their brick-and-mortar retail locations. Ensuring that youth do not access this online content is as important as restricting promotion at a retail store. For these reasons the CETCAN calls on the Federal Government to enact stricter policies around the online sale of tobacco and vaping products combined with consistent enforcement to address the online sales medium. Additionally, online platforms that sell tobacco and vaping products could be made to have a mandatory health warning about the harms of tobacco and vaping on their website (PHO, 2023).

Monitoring the Tobacco Market

Increased Reporting Requirements

We applaud the Federal Government for the current Tobacco Reporting Regulations (TRR) reporting requirements imposed on tobacco companies regarding sales data, research and development ([Health Canada, 2023](#)). We call for the TRR to impose the same reporting requirements for those products not currently part of this mandate including waterpipe, chew tobacco, gutka, heated tobacco products (i.e., “heat not burn”) and tobacco blunt wraps. Additionally, many vaping companies have been purchased by tobacco companies resulting in profits from the sale of vaping products. We therefore call on the Federal Government to also impose the same sales data, research and development reporting requirements for vaping products. Reported data on vaping product sales should include information on vaping products by brand sold in Canada and for export. Further reportable data should include information on ingredients of vaping substances by brand sold in Canada. The data collected should be closely audited for accuracy. This would be especially important for accountability in data concerning products manufactured for export with over 20 mg/mL of nicotine content, which still seems to be making its way into retail stores for illegal sale as well as online availability.

Restricting Youth Access to Tobacco Products

Policy efforts to restrict youth access to tobacco products has been instrumental in decreasing tobacco use rates over the last 20 years. Additional policy options remain available to further protect youth from the harms of tobacco.

Raising the Legal Age to Purchase Tobacco and Vaping Products

In the absence of implementing a smoke-free generation policy, at minimum, the age for purchasing tobacco and vaping products should be unified across the country as being at least 19 years of age. However, serious consideration should be given to increasing the age of purchase to 21 years of age. Research has demonstrated that raising the age to 21 could reduce the smoking initiation rate among youth, decrease cases of lung cancer and prevent premature death ([Oyston, 2017](#)). The effects of nicotine are known to harm the developing brain and more easily lead to addiction in younger people ([Goriounova & Mansvelder, 2012](#)). Increased age restrictions for purchasing tobacco and vaping products could result in fewer life-long smokers.

Retail Density

Tobacco products are still available in commonly accessed retail locations such as grocery stores and convenience stores. We call on the Federal Government to further decrease the number of locations where tobacco products can be legally sold by restricting sales to specialty tobacco shops. This would align the sale of commercial tobacco products with the retail model for cannabis products which must be sold within their own dedicated specialty shop. This serves to limit visibility and access to youth to retail locations they do not commonly access. Furthermore, we call on the Federal Government to close the vending machine loopholes within the TVPA to make tobacco products less accessible.

National Health Promotion Campaign

Research demonstrates that tobacco-related mass media campaigns can be effective in influencing adult and youth tobacco use ([Durkin, Brennan & Wakefield, 2022](#)). We applaud the Federal Government on their current smoking cessation mass media campaign aimed at encouraging people who smoke to quit. Due to the risk of youth vaping leading to tobacco use, we call on the Federal Government to implement a national vaping mass media campaign to educate the public about the risks and harms of vaping for non-smokers and youth, as well as the laws around the sale and supply of vaping products to minors as vaping mass media campaigns would likely have a similar effect ([Hair et al., 2023](#)).

Rescind the Duty-Free Shop Exemption

Currently tobacco products cannot be handled before purchase except for duty-free shops ([Health Canada, 2023](#)). We call on the Federal Government to rescind this exemption and align duty-free shops with all other retail outlets that sell tobacco products.

Taxation and Pricing

Increasing taxation on vaping products as well as further taxation on tobacco products will continue to have a significant effect on protecting youth from using tobacco and vaping products ([Ontario Tobacco Research Unit, 2012](#)). An additional option may include mandating tobacco companies to sell smaller packages of tobacco products. This would prevent youth from accessing larger quantities of tobacco at one time.

Enhancing Awareness and Preventing Canadians from being Deceived or Misled

Health Messaging

To augment the measures imposed in 1989 by Health Canada, the TVPA has included strong language towards prohibiting the retail sale of tobacco products by including health warnings and health information messaging. The recently updated health messaging on cigarette packages is effective, including health warnings on individual cigarettes which is a good way to remind people who smoke each time they remove cigarettes from a pack of how it affects their health. This also conveys the message to individuals who may be occasional smokers and obtain individual cigarettes from social sources. Cigarettes as a consumer product now provide a great deal of health messaging on the packaging and when combined with a plain packaging appearance, provides a uniform presentation that delivers health messages without bold colours for promotion or brand recognition. To build on the success of health messaging on individual cigarettes, maximizing health messaging on individual cigar product packaging would ensure cigar smokers are also fully aware of the potential health hazards of smoking, especially considering many full-size cigar products are purchased individually and not in a box.

The current measures are all commendable steps on the part of the Government of Canada towards mitigating initiation and continuance of smoking. In 2018, 15.8% of Canadians 12+ smoked cigarettes with the smoking rates falling 1-2% annually to a rate of 11.8% in 2021 ([Statistics Canada, 2018](#); [Statistics Canada, 2022](#)). Evidence suggests youth vaping is now on the rise and surpassing tobacco smoking rates from 2021 with 13% of youth 15-19 years of age and 17% of youth 20-24 years of age, compared to 4% of adults 25 years and older, reporting vaping ([Health Canada, 2023](#)). It is imperative the same health warnings and negative health effects captured in the TVPA and associated regulations are applied to vaping products.

The enhancement to product packaging and labelling included in the Tobacco Products Appearance, Packaging and Labelling Regulations that came into force on August 1, 2023, is another positive addition to reduce the influence of commercial tobacco product marketing. Our recommendation would be to shorten the transition period for tobacco manufacturers to comply with the Regulation from July 31, 2026, to January 1, 2025, to expedite the benefits of the enhanced health messaging to the public.

Although national surveys conducted by Health Canada ([CTADS, 2017](#); [CTADS, 2021-2022](#)) indicate a number of Canadians have awareness of the harms associated with smoking cigarettes, the use of vaping products is perceived as harmless ([Kelsh, et al., 2023](#)). Prompt attention should be paid towards researching and communicating the associated harms of inhaling vapour from vaping products due to the high number of youth vaping ([Health Canada, 2023](#)).

Product Standards and Promotion

Current standards and promotion restrictions are effective in preventing the public from being misled across a broad spectrum of mediums. However, further is required in limiting social media influence. Websites for tobacco retailers often present their products in appealing ways and pro-tobacco groups often use social media content to effectively circumvent promotional restrictions. To add to this concern, young people can often access this content with little or no restrictions to what young people see (PHO, 2023).

It is important the TVPA prohibits false inferences regarding information that could skew perceptions of reduced harms related to commercial tobacco products in social media. It would be timely, given the increase in e-cigarette use by youth, to prohibit the use of the term “e-juice” in the promotion of vaping liquids and similarly with commercial tobacco products, integrate plain packaging for e-cigarettes and e-liquids.

Compliance, Enforcement and Regulated Parties

Enhancing Compliance Support

Compliance and enforcement are integral components of commercial tobacco control in Canada. The TVPA holds a broad number of very important restrictions that are essential to achieving tobacco control goals like a 5% smoking rate by 2035 ([CTS, 2023](#)). Uniform and comprehensive enforcement of these laws at the federal and provincial levels is essential. Health Canada reporting high non-compliance rates from a relatively low number of retail inspections is a strong indicator that there is more work to be done in the arena of frontline inspection. The discussion paper accompanying this legislative review mentions Health Canada Inspectors conducted 2000 retail inspections in 2022/23 which is significant, but it should be noted that there are thousands more tobacco retailers than that number who sell these products in the Greater Toronto Area alone. This indicates a much stronger commitment is needed, translating to many more inspectors being available, to inspect a higher number of retailers and address non-compliance issues with all aspects of the TVPA. In addition, dedicated efforts to address non-compliance with online sales and promotion of tobacco products is the new and emerging arena that will require more attention to slow the rate of new tobacco (and vaping product) consumers becoming lifelong customers.

Divert Funding

Challenges with requiring tobacco manufactures to cover tobacco control costs will include long and drawn-out court proceedings, companies using bankruptcy laws to lengthen the process, and difficult negotiations to obtain meaningful and substantial remuneration. Opportunities will include being able to divert more funding to tobacco control both at the federal level to tackle emerging issues, while also allowing for transfer payments to the provinces for additional tobacco control efforts and public health initiatives that will move the needle towards the 2035 goals of a 5% smoking rate Canada-wide ([CTS, 2023](#)).

FCTC Article 5.3

It would be helpful to have more details on what Canada has initiated thus far to respond to the WHO FCTC commitments laid out in Article 5.3.

Engaging with Indigenous Peoples

Community-Focused Approach

There is a need to explore directly with the Indigenous population, the impact of intergenerational trauma intertwined with a culture of acceptance of cigarette use, to determine the elements necessary to reduce tobacco use within their communities. The research article by [Wright and Dell \(2020\)](#) revealed various factors that promoted youth resiliency towards smoking between First Nations Communities. Determining priorities and approaches for tobacco prevention and cessation programming for these communities would be most impactful if they directly involve local representatives from the communities to lead advocacy, planning, implementation and enforcement efforts.

Provincial Taxation

The highest smoking rates of any population group in Canada are Indigenous, Inuit peoples ([APS, 2017](#)). Indigenous populations living on reserves report higher rates of daily cigarette use than those living off reserves ([APS, 2017](#)). There is a noted contradiction between the use of taxation, which has a positive impact on reducing tobacco use ([Physicians for a Smoke-Free Canada, 2023](#)) and the availability of lower cost cigarettes on reserves that are exempt from provincial taxes. Exploring mechanisms to increase the cost of cigarettes distributed on reserves could lead to the same positive impact in reducing tobacco use for Indigenous populations.

Counselling

There are a number of culturally sensitive resources that have been developed to benefit the First Nations, Inuit and Metis communities such as the CAMH <https://www.nicotinedependenceclinic.com/en/teach/practitioner-resources/teach-tool2> and the Canadian Cancer Society <https://www.smokershelpline.ca/talktobacco/home> which are promoted locally by PHUs within Indigenous groups.

Indigenous Peoples are able to access free nicotine replacement therapy (NRT) which is an effective quit aid and a positive component towards supporting an individual to quit smoking tobacco products. The use of NRT as a quit aid is more effective when combined with a counselling component ([Hartmann-Boyce et al. 2019](#)). Therefore, establishing trained peer leaders to provide counselling at no cost, combined with the NRT, would be most advantageous.

Embracing Indigenous leaders and positive role models from within their communities to become involved in addressing the health issues surrounding tobacco use by supporting and promoting a smoke-free lifestyle, could be an important strategy to reduce tobacco use in Indigenous communities.

Conclusion

Simcoe Muskoka District Health Unit and the Central East Tobacco Control Area Network thank you for the opportunity to comment and commend the Federal Government's actions towards addressing tobacco use in Canada. Despite significant progress in tobacco control, the health and economic burdens of tobacco-related disease in Canada remain unconscionably high. Moreover, vaping, waterpipe smoking, and cannabis smoking have added further complexity to the smoking and nicotine control landscape that risks undoing the tremendous progress that has been made. Continued advancements in tobacco control action in a coordinated and comprehensive manner is needed to save lives, protect young minds, reduce health inequities, and save money.

Sincerely,

ORIGINAL Signed by:

Steven Rebellato, PhD

Vice-President, Environmental Health Department

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BOARD OF HEALTH REPORTS AND CORRESPONDENCE

PURPOSE

To ensure that reports and correspondence presented to the Board of Health are standardized, consistent and strategically relevant; this includes reports and correspondence that inform the strategic direction of the agency, align with the Middlesex-London Health Unit's Strategic Plan, and fulfill relevant legislative requirements, including those set out for Boards of Health pursuant to the *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7 and the *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability*.

POLICY

Reports and correspondence items that are presented to the Board of Health will strategically guide and support the Board's mandate to govern and regulate the activities of the Middlesex-London Health Unit. Relevant equity focused perspectives will be highlighted for the Board in the presented reports.

All Board reports must be prepared, submitted for approval and distributed in accordance with the procedure and template in this policy.

Criteria for reports and correspondence that will be considered for addition to the Board of Health agenda are outlined in Appendix A.

The procedure for the submission of reports and correspondence to the Board of Health meeting agenda is outlined in Appendix B.

A template for Board of Health or Committee reports is outlined in Appendix C.

APPENDICES

Appendix A – Board of Health Report and Correspondence Criteria

Appendix B – Board of Health Report and Correspondence Process

Appendix C – Board Report Template

APPLICABLE LEGISLATION AND STANDARDS

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

Municipal Act, 2001, S.O. 2001, c. 25

Public Sector Salary Disclosure Act, 1996, S.O. 1996, c. 1, Sched. A

Broader Public Sector Accountability Act, 2010, S.O. 2010, c. 25

Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56

Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A

Health Protection and Promotion Act, R.S.O. 1990, c. H.7.

BOARD OF HEALTH REPORT AND CORRESPONDENCE CRITERIA

Under the Public Health Accountability Framework within the Ontario Public Health Standards, boards of health are required to demonstrate accountability to the Ministry of Health across the following domains:

- Delivery of Programs and Services;
- Fiduciary Requirements;
- Good Governance and Management Practices; and
- Public Health Practice.

To ensure that the Board is equipped with relevant and reliable information to fulfil its governance function across all domains, reports and correspondence received by the Board of Health must meet at least one of the following criteria:

- Provide strategic information relevant to the governance of the Middlesex-London Health Unit,
- Reflect activities related to the Strategic Plan of the Middlesex-London Health Unit;
- Provide information pertaining to the Board's duty to superintend, provide or ensure the provision of the health programs and services required by the *Healthy Protection and Promotion Act* R.S.O. 1990, c. H.7. and its regulations;
- Provide information pertaining to emerging risks or external pressures; and/or
- Fulfill relevant legislative requirements.

In addition, and as outlined in Board Report Template (Appendix C), reports and correspondence received by the Board of Health must highlight the relevant:

- Public health standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#);
- Provincial or federal legislation; and/or
- Component of the most recent Strategic Plan of the Middlesex-London Health Unit.

All reports and correspondence received by the Board of Health must be reviewed for content that aligns with the Middlesex-London Health Unit's goals under the [Anti-Black Racism Plan and Taking Action for Reconciliation: An Organizational Plan](#). Reports and correspondence should note any relevant insights or references.

PROCEDURE – SUBMISSION OF REPORTS AN CORRESPONDENCE TO THE BOARD OF HEALTH MEETING AGENDA

Approval of Agenda

The agenda for the meetings of the Middlesex-London Health Unit's Board of Health and Committees is approved by the Secretary and Chair of the Board of Health, in consultation with the Chief Executive Officer and the Medical Officer of Health.

Preparation of Reports and Agenda

Reports to the Board of Health and Committees are initiated and prepared by the appropriate Middlesex-London Health Unit (MLHU) staff. Preparation of the agenda is the responsibility of the Secretary, with delegation to the Executive Assistant to the Board of Health.

Correspondence to the Board of Health

All correspondence will be cataloged by the Executive Assistant to the Board of Health and approved for inclusion on the agenda by the Secretary and Chair of the Board of Health, in consultation with the Chief Executive Officer and the Medical Officer of Health.

Format of Reports

All Board reports should be formatted consistent with the template (Appendix C) and follow the most current version of the American Psychological Association (APA) Style Guide. Additional formatting details can be found in the MLHU Corporate Graphic Standards Manual.

Reports will be numbered sequentially from January 1 to December 31 with a two-digit reference to the year the report appeared before the Board. The Executive Assistant to the Board of Health maintains a register of Board reports by report number, meeting date, subject matter and author(s).

Closed Session (Confidential) Reports

Reports will be received by the Board of Health in closed session if they align with Section 239(2) of the *Municipal Act*, 2001, S.O. 2001, c. 25.

Submission Procedure

Ten (10) working days prior to the Board or Committee meeting, an electronic version of the draft report and the relevant appendices must be submitted to the Executive Assistant to the Board of Health for review by the Chief Executive Officer and Medical Officer of Health. The Executive Assistant to the Board of Health will provide an updated schedule of Board meeting dates and report submission deadlines to all employees.

Major revisions to the draft reports by the Chief Executive Officer and Medical Officer of Health will be discussed with the author(s)/appropriate manager or director. If time permits, the author is responsible for completing major revisions and resubmitting the report.

The final version of the report must be approved and signed by the Chief Executive Officer and Medical Officer of Health, as appropriate.

Late Submissions

Reports and correspondence items are due in completion to the Executive Assistant to the Board of Health for Chief Executive Officer and Medical Officer of Health ten (10) working days prior to the relevant Board or Committee meeting. Items received after this deadline may not be

included in the agenda, and inclusion is at the discretion of the Secretary and Chair of the Board of Health, in consultation with Chief Executive Officer and the Medical Officer of Health.

Distribution

An agenda package including all reports and correspondence will be distributed to Board members no later than five (5) days prior to a scheduled meeting, by the Executive Assistant to the Board. If a Special Meeting of the Board is called, materials will be distributed to the Board as soon as they are available.

Relevant staff will also be provided with an agenda package. Agenda packages, excluding closed session reports, will be made available to the media by the Executive Assistant to the Board prior to the scheduled Board meeting.



MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. XX-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 **Month Day**

REPORT TITLE (ARIAL 12 BOLD UPPERCASE)

Recommendation

Example:

It is recommended that the Board of Health receive Report No. XX-24 re: "Report" for information.

Report Highlights

- Insert
- Top
- 4 Points
- With appendices

Background [Arial 11 Bold]

[Arial 11]

Other Headings if needed [Arial 11 Bold]

[Arial 11]

Next Steps [Arial 11 Bold]

[Arial 11]

Keep report content no more than 2 pages and use appendices where possible.

This report was written by the **Manager**, _____.

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 XXXXXX, Appendix A:

- The **note item** standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The _____ Act (**note the piece of provincial or federal legislation**).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - **Note the goal or direction**

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: An Organizational Plan](#), specifically recommendation



TO: Chair and Members of the Board of Health

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

DATE: 2024 January 18

BOARD OF HEALTH REPORTS AND CORRESPONDENCE POLICY

Recommendation

It is recommended that the Board of Health:

- 1) *Receive Report No. 06-23 re: “Board of Health Reports and Correspondence Policy” for information;*
- 2) *Amend G-490 - Board Report and Correspondence Policy and appendices ([Appendix A](#); and*
- 3) *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](#));*

Key Points

- The Middlesex-London Board of Health is the governing body of the Middlesex-London Health Unit (MLHU) and is accountable for the strategic direction of the agency.
- To ensure that the Board is equipped with relevant and reliable information to fulfil its governance function, reports and correspondence must be standardized, consistent and strategically relevant.
- To ensure this requirement, modifications have been made to the previous Governance Policy G-490 - Board of Health Reports Policy and are captured in the new G-490 - Board of Health Reports and Correspondence Policy.

Background

The Governance Policy G-490 – Board of Health Reports was introduced in 1994, with bi-annual Governance Committee reviews starting in 2017 ([Appendix B](#)). The policy provides guidance on the process for the standardized development of reports for the Board. It did not, however, provide clarity on the nature of the content that would be relevant for the Board to fulfill its governance function.

Under the Public Health Accountability Framework within the Ontario Public Health Standards, boards of health are required to demonstrate accountability to the Ministry of Health across the following domains:

- Delivery of Programs and Services;
- Fiduciary Requirements;
- Good Governance and Management Practices; and
- Public Health Practice.

To ensure that the Board is equipped with relevant and reliable information to fulfil its governance function across all domains, the G-490 – Board of Health Reports policy has been updated and modified. It is now called the G-490 – Board of Health Reports and Correspondence policy, and it includes criteria and updated templates to ensure that reports and correspondence are standardized, consistent and strategically relevant.

The updated draft policy and appendices with the process, criteria and template for Board of Health reports is affixed as [Appendix A](#).

Next Steps

It is recommended that the Governance Committee recommend to the Board of Health to approve the updated Governance Policy G-490 - Board of Health Reports and Correspondence Policy.

Upon approval, the Chief Executive Officer and the Medical Officer of Health will provide further information to staff to implement the new policy to the organization.

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



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



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

BOARD OF HEALTH REPORTS

PURPOSE

To ensure reports to the Board of Health (Board) are prepared and processed in a standardized format.

POLICY

All Board reports must be prepared, submitted for approval and distributed in accordance with the procedure in this policy.

PROCEDURE

1. General

- 1.1. Board reports are initiated and prepared by the appropriate Middlesex-London Health Unit (MLHU) employees.
- 1.2. Preparation of the agenda is the responsibility of the Secretary in order to maintain a coordinated Board meeting agenda and to handle the inclusion of urgent issues.

2. Format

- 2.1. The Board report template (Appendix A) must be used to prepare Board reports. Formatting will follow the most current version of the American Psychological Association (APA) Style Guide. References will be kept, but not generally noted in the report. Additional formatting details are in the MLHU Corporate Identity and Graphic Standards Manual.

3. Submission Protocol

- 3.1. After the agenda has been set, reports will be numbered sequentially from January 1 to December 31 with a two-digit reference to the year the report appeared before the Board. The Executive Assistant (EA) to the Board maintains a register of Board reports by report number, meeting date, subject matter and author(s).
- 3.2. Draft reports are to be reviewed by the manager and director before proceeding to the next step in the submission protocol.
- 3.3. Ten working days prior to the Board meeting, an electronic version of the draft report and the relevant appendices must be submitted to the EA to the Board for review by the

MOH and CEO. The EA to the Board will provide an updated schedule of Board meeting dates and report submission deadlines to all employees.

- 3.4. The draft electronic version of the report is sent as an email attachment to the EA to the Board who will maintain computer files of the Board reports in order to expedite minor revisions and to provide centralized management of the reports.
- 3.5. Major revisions to the draft reports by the MOH or the CEO will be discussed with the author(s)/appropriate manager or director. If time permits, the author is responsible for completing major revisions and resubmitting the report.
- 3.6. The final version of the report must be approved and signed by the MOH or the CEO as appropriate.

4. Distribution

- 4.1. Board reports will be incorporated into a complete agenda package for distribution to Board members by the EA to the Board. The EA to the Board will build the Board agenda on the MLHU website and upload reports, appendices and the complete agenda package. A link to the complete agenda package on the MLHU website is emailed to Board members no later than five days prior to the scheduled Board meeting, unless a Special Meeting of the Board is called, at which time, materials will be distributed to the Boards as soon as they are available.
- 4.2. Prior to the Board meeting, the EA to the Board will distribute Board meeting packages, including in-camera reports where appropriate, to the MOH, CEO, Associate MOH (AMOH), and brief the Manager, Communications, as needed.
- 4.3. The EA to the Board will send an electronic copy of the final Board Report to each of the director(s)/manager(s) who submitted them.

Board packages, excluding in-camera reports, will be made available to the media by the EA to the Board prior to the scheduled Board meeting. The EA to the Board will also provide the Online Communications Coordinator with a copy of the Board agenda package (excluding in-camera reports) to be posted to the MLHU website.

APPENDICES

G-490 App A Board of Health Report Template

RELATED POLICIES

G-270 Roles and Responsibilities of the Board of Health



TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health

DATE: 2024 January 18

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR NOVEMBER AND DECEMBER 2023

Recommendation

It is recommended that the Board of Health receive Report No. 07-24 re: “Medical Officer of Health Activity Report for November and December 2023” for information.

The following report highlights activities of the Medical Officer of Health for the period of November 3, 2023 – January 4, 2024.

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

The Medical Officer of Health, along with other team members, continues to host a weekly Middlesex-London Health Unit (MLHU) Staff Town Hall.

The Medical Officer of Health also participated in the following meetings:

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

November 3 Met with City of London Councillor Jerry Pribil.

November 8 Spoke on a panel at a policy roundtable event at Huron College regarding system transformation through London’s health and homelessness response.

Participated in a call with Dr. Mehdi Aloosh, Medical Officer of Health, Windsor-Essex County Health Unit.

November 10 Attended the Council of Medical Officers of Health (COMOH) Executive meeting.

Attended the monthly Public Health Leadership Table meeting, facilitated by the Office of the Chief Medical Officer of Health.

November 14 Participated in a call with Vince Romeo, Director of Education, London District Catholic School Board.

November 15 Participated in a call with Mark Fisher, Director of Education, Thames Valley District School Board.

- November 16** Attended a Strategy and Accountability Table meeting as part of the Healthy and Homelessness Whole of Community Response.
- November 20** Participated in a call with Dr. Karalyn Dueck, Medical Officer of Health, Lambton Public Health.
- Participated in the monthly Southwest Medical Officer of Health/Associate Medical Officer of Health meeting.
- November 21** Participated in the Public Health Sector Coordination Table meeting arranged by the Ministry of Health.
- Participated in a call with Dr. Ninh Tran, Medical Officer of Health, Southwestern Public Health.
- November 23** Participated in the alPHa Board meeting.
- Participated in the Royal College External Review of Western University's Infectious Disease Residency Program.
- Met with Lynne Livingstone, Manager, City of London.
- November 24** Attended the COMOHO Section meeting as part of the alPHa Fall Symposium.
- Participated in a call with Dr. Natalie Bocking, Medical Officer of Health, Haliburton, Kawartha, Pine Ridge District Health Unit.
- November 30** Attended a Strategy and Accountability Table meeting as part of the Healthy and Homelessness Whole of Community Response.
- December 1** Presented the Topic of the Week to the Public Health and Preventive Medicine Residency Program at the University of Toronto.
- December 4** Participated in a lecture for undergraduate medical students at Western University.
- Participated in Middlesex County Emergency Management Program Committee meeting.
- Participated in a call with Dr. Ian Arra, Medical Officer of Health and CEO of Grey Bruce Public Health.
- December 5** Participated in a lecture for undergraduate medical students at Western University.
- December 7** Hosted Andrew Lockie, CEO, YMCA of Southwestern Ontario for a meeting and tour of MLHU London offices.
- Participated with the Urban Public Health Network in a roundtable panel organized by Health Canada.
- December 8** Attended the COMOHO Executive meeting.
- Attended the Urban Public Health Network strategic planning subcommittee meeting.

December 14 With Emily Williams, CEO, held media interviews with CBC London, CTV London and the London Free Press regarding budgetary and public health matters.

December 15 Interview with Devon Peacock, Global News 980 CFPL, regarding COVID-19 cases and the holidays.

December 18 Interview with More Than Circumstances.

Participated in the monthly Southwest Medical Officer of Health/Associate Medical Officer of Health meeting.

December 21 Attended the Middlesex-London Ontario Health Team Coordinating Council meeting.

Employee Engagement and Learning – *These meeting(s) reflect on how the MOH influences the Health Unit's organizational capacity, climate and culture and the contributions made to enable engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning:*

November 6-7 With Emily Williams, CEO, facilitated meetings with leaders regarding organizational restructuring.

November 10 With Emily Williams, CEO, and Cynthia Bos, Manager, Human Resources, attended a meeting with representatives of the Ontario Nurses Association (ONA).

With Emily Williams, CEO, and Cynthia Bos, Manager, Human Resources, attended a meeting with representatives of the Canadian Union of Public Employees (CUPE).

November 13-16 With Emily Williams, CEO, facilitated meetings with teams and individuals impacted by the organizational restructuring in advance of the new structure being announced to all staff.

November 13 With Emily Williams, CEO, and Cynthia Bos, Manager, Human Resources, attended a meeting with representatives of the Ontario Nurses Association (ONA).

November 14 Attended the monthly Management Leadership Team meeting.

November 20 With Emily Williams, CEO, facilitated a meeting with Brandon Tingley, Supervisor, Substance Use Program team to discuss daily program operations.

Attended a meeting to discussion communications planning regarding vaccination clinics.

November 22 With Emily Williams, CEO, facilitated a meeting with Melissa Thompson, Associate Manager, Vaccine Preventable Diseases team to discuss daily program operations.

November 23 Attended the MOS Steering Committee meeting.

November 29 Facilitated a meeting to discuss 2024 planning for the Municipal and Community Health Promotion team.

December 1 Facilitated and participated in MLHU's Staff Day.

- December 4** With Emily Williams, CEO, facilitated a meeting with Donna Kosmack, Manager, Oral Health team to discuss daily program operations.
- With Emily Williams, CEO and Cynthia Bos, Manager, Human Resources, participated in the quarterly meeting with the Ontario Nurses' Association.
- December 5** Facilitated a meeting to discuss 2024 planning for the Social Marketing and Health Systems Partnership team.
- December 7** Facilitated a meeting to discuss 2024 planning for the School Health team.
- December 8** With Emily Williams, CEO, facilitated a meeting with Jordan Banninga, Manager, Infectious Disease Control team to discuss daily program operations.
- December 14** With Emily Williams, CEO, hosted open office hours for staff to ask questions related to the organizational restructuring and 2024 budgetary impacts.
- Attended the Western Fair mass vaccination clinic closure event.
- December 18** Facilitated a meeting to discuss healthy public policy work within the new organizational structure.
- December 19** Facilitated a meeting to discuss communications and social marketing work within the new organizational structure.
- With Emily Williams, CEO, facilitated a meeting with Christian Daboud, Manager, Health Equity and Indigenous Reconciliation team to discuss daily program operations.

Personal Development – *These meeting(s) reflect on how the MOH develops their leadership, skills and growth to define their vision and goals for the Health Unit.*

- November 24** Attended the alPHa Fall Symposium.
- November 27** Participated in the Fostering Well-Being Through Leadership workshop.
- December 5** Participated in a Public Health Ontario Rounds on tuberculosis contact investigation.

Governance – *This meeting(s) reflect on how the MOH influences the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the HU's mission and vision. This also reflects on the MOH's responsibility for actions, decision and policies that impact the HUs ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health:*

- November 9** Attended the monthly Board of Health agenda review and Executive meeting with the Chair and Vice-Chair of the Board of Health, Chief Executive Officer and Executive Assistant to the Board of Health.
- Attended a Special Meeting of the Board of Health.
- November 16** Attended the November Governance Committee meeting.

Attended the November Board of Health meeting.

November 17 With Emily Williams, CEO, and Board Chair Matthew Newton-Reid, attended a meeting with MPP Rob Flack.

November 18 With Emily Williams, CEO, attended the Warden's Banquet.

November 21 Attended the monthly one-on-one meeting with the Board Chair.

November 28 Attended the inaugural County of Middlesex Council meeting.

December 5 Attended the monthly Board of Health agenda review and Executive meeting with the Chair of the Board of Health, Chief Executive Officer and Executive Assistant to the Board of Health.

December 14 Attended the December Board of Health meeting.

December 20 Attended the monthly one-on-one meeting with the Board Chair.

This report was prepared by the Medical Officer of Health.

A handwritten signature in black ink that reads "Alexander T. Summers". The signature is written in a cursive style with a long horizontal flourish at the end.

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



TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer

DATE: 2024 January 18

**CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR
NOVEMBER AND DECEMBER 2023**

Recommendation

It is recommended that the Board of Health receive Report No. 08-24, re: “Chief Executive Officer Activity Report for November and December 2023” for information.

The following report highlights activities of the Chief Executive Officer (CEO) for the period of November 4, 2023 – January 4, 2024.

Standing meetings include weekly Healthy Organization leadership team meetings, SLT (Senior Leadership Team) meetings, MLT (MLHU Leadership Team) meetings, Virtual Staff Town Hall meetings, bi-weekly R3 meetings, and weekly check ins with the Healthy Organization managers and the MOH. The Chief Executive Officer took vacation from November 27-30 and January 2-5.

It was also noted that throughout November, the Chief Executive Officer and Medical Officer of Health met with impacted individuals and teams regarding the 2024 restructuring.

The Chief Executive Officer also attended the following meetings:

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

November 15 Wore purple to work in solidarity with those who have lost their lives to domestic violence (Shine the Light campaign).

November 17 With the Board of Health Chair and the Medical Officer of Health, met with MPP Rob Flack to advocate for sustained public health funding.

November 18 With the Medical Officer of Health, attended the 2023 Warden of Middlesex County Banquet.

November 24 Attended the alpha Fall Symposium and Board of Health Section Meeting.

December 11 With the Manager, Information Technology, met with partners from Stronghold IT.

December 14 With the Medical Officer of Health, held media interviews with CBC London, CTV London and the London Free Press regarding budgetary and public health matters.

Employee Engagement and Learning – *These meeting(s) reflect on how the Chief Executive Officer influences the Health Unit’s organizational capacity, climate and culture and the contributions made to enable engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning:*

- November 10** Met with union partners (Canadian Union of Public Employees and Ontario Nurses Association).
- November 16** Held open office hours with the Medical Officer of Health for staff to ask questions related to the organization restructuring and 2024 budgetary impacts.
- November 20** With the Medical Officer of Health, facilitated a meeting with Brandon Tingley, Supervisor, Substance Use Program team to discuss daily program operations.
- Met with the chair of the Management Operating System (MOS) Steering Committee for a discussion related to the MOS.
- November 22** With the Medical Officer of Health, facilitated a meeting with Melissa Thompson, Associate Manager, Vaccine Preventable Diseases team to discuss daily program operations.
- November 23** Attended the MOS Steering Committee Meeting.
- December 4** With the Medical Officer of Health, facilitated a meeting with Donna Kosmack, Manager, Oral health to discuss daily program operations.
- December 6** Participated in Fostering Well-Being through Leadership training at MLHU.
- December 7** Participated in a webinar hosted by Upton Consulting regarding diversity, equity and inclusion.
- December 8** With the Medical Officer of Health, facilitated a meeting with Jordan Banninga, Manager, Infectious Disease Control team to discuss daily program operations.
- December 14** Held open office hours with the Medical Officer of Health for staff to ask questions related to the organization restructuring and 2024 budgetary impacts.
- December 19** With the Medical Officer of Health, facilitated a meeting with Christian Daboud, Manager, Health Equity, and Indigenous Reconciliation to discuss daily program operations.

Governance – *This meeting(s) reflect on how the Chief Executive Officer influences the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the Health Unit’s mission and vision. This also reflects on the Chief Executive Officer’s responsibility for actions, decision and policies that impact the Health Unit’s ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health:*

- November 8** With the Assistant Director, Finance and Managers of Human Resources and Procurement and Operations met with AON Hewitt to discuss benefit renewal proposals.
- November 9** Attended Board of Health agenda review and Executive meeting.

Attended Special Board of Health meeting.

November 16 Attended Governance Committee meeting.

Attended Board of Health meeting.

November 20 Met with the Board of Health Chair for a monthly one-on-one meeting.

November 21 Attended a meeting for the Citi Plaza Dental Operatories.

December 4 With the Assistant Director, Finance, met with Board Member Howard Shears for an introduction to the MLHU budget.

With the Board of Health Chair and Executive Assistant to the Board of Health, met to discuss committee structure for 2024.

December 5 Attended Board of Health agenda review and Executive meeting.

December 7 Attended meeting with Ministry of Health partners to discuss public health funding.

December 12 Attended webinar hosted by Ministry of Health on Strengthening Public Health.

December 13 Attended webinar hosted by the Association of Municipalities of Ontario on Strengthening Public Health.

December 14 Attended Board of Health meeting.

December 21 Attended a meeting for the Citi Plaza Dental Operatories.

This report was prepared by the Chief Executive Officer.



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

Middlesex-London Board of Health External Landscape Review – January 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

New Medical Officer of Health and Chief Executive Officer appointed for Public Health Sudbury & Districts

The Board of Health for Public Health Sudbury & Districts is pleased to announce the appointment of Dr. Mustafa Hirji as its next Medical Officer of Health (MOH) and Chief Executive Officer (CEO), succeeding Dr. Penny Sutcliffe as of March 18, 2024.



**Public Health
Santé publique**
SUDBURY & DISTRICTS

Dr. Hirji joins Public Health following more than eight years at Niagara Region Public Health where he served as Associate Medical Officer of Health including almost five and a half years Acting as the Medical Officer of Health and Commissioner of Public Health and Emergency Services. During his tenure in Niagara, Dr. Hirji led the community's response to the pandemic, increased focus on health equity, and strengthened the organization's capabilities in communications and data analytics.

To view the full media release, please visit [Public Health Sudbury & Districts' website](#).

Impact to MLHU Board of Health

The Board supports collaboration and connection with other public health units in the province and encourages MLHU's Medical Officer of Health to work with other Medical Officers of Health as necessary for advocacy and idea sharing.

**Public
Health
Ontario**

**Santé
publique
Ontario**

Infectious Disease Trends in Ontario

The updated Infectious Disease Trends database for Ontario was updated on December 18, 2023 for data up to 2022. The Infectious Disease Trends in Ontario interactive tool provides 10 years of analyzed data on diseases of public health significance in Ontario. Data are collected by the public health units primarily from clinicians, laboratories and hospitals and then analyzed by PHO.

To learn more, visit the [Public Health Ontario website](#).

Impact to MLHU Board of Health

The Board of Health has made decisions on restructuring in order to be able to continue vital public health programming while conducting intervention-based work. Data such as the infectious disease trends of Ontario may assist in planning and policy.

National, Provincial and Local Public Health Advocacy

Federal 2024 Budget Consultation

The Federal Government is seeking submissions on the 2024 Budget by February 9, 2024.

To learn more, visit the [2024 Budget website](https://lets-talk-budget24.ca).



Impact to MLHU Board of Health

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

Office of the President

Sent via e-mail: sylvia.jones@ontario.ca

December 11, 2023

The Honourable Sylvia Jones
Minister of Health
College Park, 5th Floor
777 Bay Street
Toronto, Ontario M7A 2J3

Dear Minister Jones:

On behalf of the Association of Municipalities of Ontario, I am writing to provide our early feedback on the voluntary merger process. AMO is supportive of voluntary mergers with incentives, as requested through the modernization consultation process in 2020. AMO appreciates the engagement with your Ministry officials and the ongoing opportunity to provide advice and work together towards success.

AMO's Board has considered the matter and has re-affirmed our recognition of the need for action and investment to enhance public health service delivery and population health outcomes. There are, however, many questions about the government's intentions and concerns about the merger process from our municipal members.

In discussion with yourself and your officials, we believe that the process outlined by the government is consistent with the principles listed below. A confirmation of your commitment to these principles could address uncertainties, dispel concerns and help to support the success of the process:

1. Mergers will be truly voluntary, rather than directed, and make sense for the communities served.
2. Mergers will be supported by adequate resources and incentives that fully cover the actual transition costs of mergers, including the merger of different unionized labour forces, technology systems, and support for Indigenous engagement and participation.
3. Additional municipal costs will not be incurred during the merger process or result in more municipal investments to cover increased operational and capital costs for local public health agencies after mergers.
4. Mergers are not a provincial cost savings exercise, but rather will allow local public health agencies to reinvest any savings from administrative efficiencies into front-line services.

5. Existing service levels will be maintained, so that areas do not lose services and become underserved.
6. The minimum population threshold of 500,000 residents will be treated as an aspirational target to move closer to, with a focus on outcome improvements, rather than an absolute requirement.
7. As 'one size does not fit all', factors beyond population size will be considered, especially in rural and northern areas, if significant population health outcome improvements reasonably are likely to result. Factors will include, but not be limited to, considerations of geography and populations served.
8. Implementation plans and timelines are not expected be 'one size fits all' and will reflect the individual needs and circumstances of communities and current local public health boards.
9. Implementation will be a complex and lengthy process. Municipalities are not expected to have all of the answers by March 31, 2024. This step will be the beginning of a conversation with the province regarding what makes sense for each local public health agency.
10. Mechanisms will be put in place that ensure appropriate representation across all municipalities within a public health agency service area, consistent with the 'say for pay' principle.
11. Mechanisms will be put in place to ensure appropriate Indigenous representation, determined locally in consultation with First Nations communities, Inuit, Metis, and Indigenous People living within municipal boundaries.
12. The administrative burden, including reporting requirements, for local public health agencies will not increase.

There is an opportunity for proactive communications to clarify these matters and address concerns with municipal associations and councils, beyond the elected officials on Boards of Health. Municipalities welcomed open and frank discussion with ministry officials at the AMO Health Transformation Task Force. We are pleased to be collaborating with Ministry staff and the Association of Local Public Health Agencies to deliver a webinar to support this engagement. The concurrent session at the ROMA conference in January will be another good opportunity. AMO will be pleased to share your response to this letter with our membership to continue to address ongoing questions and concerns. We look forward to ongoing collaboration with your officials to identify additional opportunities for municipal engagement.

AMO, alpha, and the Province working together will help achieve a stronger public health system. We trust that our feedback is helpful and will be duly considered. AMO staff are available to answer any questions of clarification and provide advice regarding communications to the municipal sector.

Sincerely,



Colin Best
President
Association of Municipalities of Ontario

cc: Paul Calandra, Minister of Municipal Affairs and Housing
Martha Greenberg, Deputy Minister, Ministry of Municipal Affairs and Housing
Dr. Catherine Zahn, Deputy Minister, Ministry of Health
Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health
Elizabeth Walker, Executive Lead, Office of the Medical Officer of Health, Ministry of Health
Dr. Charles Gardner, President, Association of Local Public Health Agencies
Loretta Ryan, Executive Director, Association of Local Public Health Agencies



PEGGY SATTLER

MPP London West
Députée provinciale de London-Ouest

Hon. Sylvia Jones
Minister of Health
College Park 5th Floor, 777 Bay St.
Toronto, ON M7A 2J3

December 21, 2023

Dear Minister Jones,

The Middlesex-London Health Unit (MLHU) recently announced that they will be forced to lay off staff and cut programs because of a significant 2024 budget shortfall of \$2.6 to \$2.8 million, caused by the ongoing pressures of inflation and population growth without the necessary increase in provincial funding.

As you will recall, MLHU made your ministry, and other government Ministers and MPPs, aware of this projected shortfall months ago, urging the province to increase its investment in public health to avoid cuts to vital services and programs. It is unfortunate that this plea was ignored. Your government's failure to address the financial pressures facing health units not only means the loss of critical services for our community, but also compromises MLHU's ability to meet Ontario Public Health Standards. Among the program areas identified for disinvestment, MLHU will cut about half of the nurses currently providing comprehensive school health programming, reduce capacity to support local municipalities in healthy public policy development, decrease involvement in local task forces, coalitions and agencies that benefit from their expertise, and cut spending on public health education and awareness campaigns. This will negatively affect the overall health of the Middlesex-London community and have a particular detrimental impact on those who are vulnerable, including seniors, children, new parents, newcomers, and members of racialized communities.

Minister, these layoffs and program reductions are a direct and predictable result of your government's effective cuts to health unit funding – by refusing to adjust for inflation and population growth – and repeated attempts to download public health costs to cash-strapped municipalities. At a time when Londoners experience growing difficulty accessing the healthcare they need, MLHU's programs and services are more important than ever. We cannot look away from our responsibility to protect public health.

My community is counting on you to make every investment necessary to restore MLHU staff and programming and support the uninterrupted continuation of MLHU's important work. Further, as your government prepares for the 2024 Ontario Budget, I urgently appeal to you to ensure sufficient and stable funding to maintain the public health services that are essential to protect population health, now and in the future.

I look forward to your timely response and swift action.

Sincerely,

Peggy Sattler, MPP
London West

cc. MPP France Gélinas, Ontario NDP Health Critic
Matt Newton-Reid, Chair, Board of Health, Middlesex-London Health Unit
Dr. Alex Summers, Chief Medical Officer of Health, Middlesex-London Health Unit

COMMUNITY OFFICE

101-240 Commissioners Road West
London, ON N6J 1Y1

📞 519-657-3120 • 📧 PSattler-CO@ndp.on.ca

QUEEN'S PARK

Room 467, Main Legislative Building
Toronto, ON M7A 1A5

📞 1-416-325-6908 • 📧 PSattler-QP@ndp.on.ca

January 5, 2024

The Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

The Honourable Sylvia Jones
Deputy Minister / Minister of Health
sylvia.jones@ontario.ca

The Honourable Michael Tibollo
Associate Minister of Mental Health and Addictions
michael.tibollo@ontario.ca

Dear Premier Ford and Ministers Jones and Tibollo,

RE: Public Health Strengthening

At its meeting on December 13th meeting, the Board of Health for Peterborough Public Health received a presentation on the importance of investment in health promotion strategies and a diversified skilled workforce to deliver impactful local public health activities.

The Health Promotion Ontario's [White Paper on the Value of Local Health Promotion in Ontario, 2023](#), stated the value of local health promotion delivered by local public health agencies and how it is an effective strategy in addressing Ontario's Health Care crisis. It recommends strong and sustained investment in local health promotion by public health units to ensure that health promotion is prioritized on an ongoing basis. The Chief Public Health Officer of Canada's report: [The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada, 2023](#) also underscored the importance of health promotion strategies for ensuring resilience and preparedness in the face of pandemics and emergencies.

Public health strategies are only impactful if there is appropriately resourced, skilled and diversified workforce to deliver them. The Ontario Chief Medical Officer of Health's 2022 report [Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics](#) outlines the importance of funding an adequate and skilled, adaptable and resilient public health workforce that is cross trained in core public health work and has the surge capacity to meet the current and future needs of Ontario.

There are opportunities for system improvements as part of the review of Board of Health roles and responsibilities announced under the government's Public Health Strengthening initiative. The Board of Health respectfully urges the Provincial Government to ensure local Public Health Units are supported to invest in coordinated action to promote health and reduce the burden of chronic diseases, substance use and injuries and increase health equity. This includes both maintaining the current breadth and scope of health promotion work outlined by the Ontario Public Health Standards and a continued investment of a skilled and diversified public health workforce.

We also respectfully request that the Chief Medical Officer of Health ensure proactive engagement in the sector-driven review of the Ontario Public Health Standards.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Local MPPs
Ontario Boards of Health
Association of Local Public Health Agencies.



Branch Offices:

January 8, 2024

VIA ELECTRONIC MAIL

The Honourable Doug Ford
Premier of Ontario

The Honourable Sylvia Jones
Minister of Health

The Honourable Michael Tibollo
Associate Minister of Mental Health and Addictions

Dear Premier Ford and Provincial Ministers Jones and Tibollo:

Re: Public Health Strengthening and Chronic Disease Prevention

On December 6, 2023, at a regular meeting of the Board for the Timiskaming Health Unit, the Board received the [briefing note](#) and the following motion was passed:

Motion (#63R-2023):

BE IT RESOLVED THAT the Timiskaming Board of Health endorse Public Health Sudbury and District's [Motion #60-23](#) "Public Health Strengthening and Chronic Disease Prevention" (Appendix A) and send a letter indicating this endorsement to Premier Ford and Ministers Jones and Tibollo.

The Timiskaming Health Unit fully supports the above recommendations. Thank you for your consideration.

Sincerely,

Stacy Wight, Board of Health Chair

c: Ontario Boards of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies

December 22, 2023

Brent Feeney
Director, Accountability and Liaison Branch
Office of the Chief Medical Officer of Health
Public Health Ministry of Health

Dear Brent Feeney:

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

On behalf of the Association of Supervisors of Public Health Inspectors of Ontario (ASPPIO), I am writing to encourage the Ministry of Health to continue to provide opportunities for public health units to apply for one-time Ministry of Health funding in 2024 to support hosting public health inspector (PHI) practicum positions. It is our understanding that the 2024 Annual Service plan template does not include opportunity for one-time funding requests, other than to support voluntary merger proposals. We further understand that there may be opportunities to request one-time funding in year once the Ministry of Health budgets are established for 2024-2025. Though opportunities for one-time funding are always welcome, opportunities for funding later in the year pose a significant concern from a PHI practicum position perspective as many public health units initiate the hiring process early in the calendar year. Should opportunities for one-time funding not be available, or be offered later in the year, this could negatively impact the number of practicum positions offered by public health units and ultimately the number of candidates eligible to sit the CIPHI Board of Certification Exam.

ASPPIO's White Paper [Highlighting the Vital Role of Public Health Inspectors Within a Responsive and Effective Public Health Workforce](#), highlights the urgent need to invest in the PHI workforce at every stage of the professional pipeline. Successful completion of a practicum is a mandatory requirement for candidates to be granted a Certificate in Public Health Inspection (Canada), by the Canadian Institute of Public Health Inspectors. Many public health units see candidates return for employment post-certification, including those in rural and northern areas of the province experiencing PHI recruitment and retention challenges. Ministry of Health funded practicum positions are an excellent investment in the public health system, and support both the candidate and the hosting public health unit. Provincial funding is an essential support for public health units in offering paid practicum positions, which ultimately supports additional newly certified PHIs entering the workforce to carryout critical programming under the Ontario Public Health Standards and public health legislation.

ASPHIO urgently requests that the Ministry of Health consider providing opportunities for public health units to apply for one-time funding to support PHI practicum positions during this phase of the Annual Service Plan submission. I would welcome the opportunity to further discuss this matter and can be reached at chair@asphio.ca.

Sincerely,



Stacey Laforest
ASPHIO Chair

cc: Dr. Kieran Moore, Chief Medical Officer of Health
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health
Carrie Warring, Director, Health Protection, Policy and Partnerships Branch
Ali Sunderji, Manager, Environmental Health Policy and Programs Unit
Association of Local Public Health Agencies
John Cannan, CIPHI Ontario Branch President
Ken Diplock, CIPHI Ontario Branch President Elect
Gary Tam, CIPHI Board of Certification Chair