

**AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, January 19, 2023
7:00 p.m.
MLHU Board Room – CitiPlaza
355 Wellington Street, London ON

MISSION - MIDDLESEX-LONDON HEALTH UNIT

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

MEMBERS OF THE BOARD OF HEALTH

Mr. Peter Cuddy
Ms. Aina DeViet
Ms. Skylar Franke
Ms. Tino Kasi
Mr. Mike McGuire
Mr. Selomon Menghsha
Ms. Michelle Smibert
Mr. Mike Steele
Mr. Matt Reid
Dr. Alexander Summers (Medical Officer of Health, ex-officio member)
Ms. Emily Williams (Chief Executive Officer, ex-officio member)

SECRETARY

To be determined

TREASURER

To be determined

ACKNOWLEDGEMENT OF INDIGENOUS PERSONS AND LANDS

MEETING PROCEDURES

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: December 15, 2022– Board of Health meeting

Receive: November 10, 2022 – Governance Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Meeting Procedures						
1		X		Election of 2023 Board of Health Executive and Other Procedures (Report No. 01-23)	Appendix A Appendix B	To fulfill election/appointment of Chair/Vice Chair, secretary, treasurer and approve 2023 Board of Health meeting dates as amended. Lead: Ms. Emily Williams, Outgoing Secretary and Treasurer
2		X		Amendment to Committee Terms of Reference (Report No. 02-23)	Appendix A Appendix B Appendix C	To amend the Terms of Reference for the Finance and Facilities, Governance and Performance Appraisal Committees. Lead: Ms. Emily Williams, Chief Executive Officer
3		X		Appointment of 2023 Board of Health Committees (Report No. 03-23)		To appoint members to the Finance and Facilities, Governance and Performance Appraisal Committees. Lead: Ms. Emily Williams, Chief Executive Officer
Reports and Agenda Items						
4		X	X	2021 Annual Report and Attestation (Report No. 04-23)	Appendix A	To provide an update (for approval) to the Board on the 2021 Annual Report and Attestation to the Province of Ontario. Leads: Ms. Emily Williams, Chief Executive Officer and Dr. Alexander Summers, Medical Officer of Health
5			X	Compliance with the <i>Immunization of Student Pupils Act</i> in Middlesex-London (Report No. 05-23)		To provide an update on the Health Unit's work for the <i>Immunization of Student Pupils Act</i> vaccination catch-up.

						Leads: Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Disease and Ms. Tracey Gordon, Manager, Vaccine Preventable Disease
6		X	X	Canada Life Benefits – Renewal Rates (Report No. 06-23)		To review and approve the Canada Life Benefits Renewal rates. Leads: Ms. Emily Williams, Chief Executive Officer and Mr. Dave Jansseune, Assistant Director, Finance
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 (Report No. 07-23)		To provide an update on external and internal meetings attended by the Medical Officer of Health since the November 2022 Board of Health meeting. Lead: Dr. Alexander Summers, Medical Officer of Health
9			X	Chief Executive Officer Activity Report for December (Report No. 08-23)		To provide an update on external and internal meetings attended by the Chief Executive Officer since the last Board of Health meeting. Lead: Ms. Emily Williams, Chief Executive Officer
Correspondence						
10			X	January 2022 Correspondence		To receive correspondence item a) for information.

OTHER BUSINESS

The next meetings of the Middlesex-London Board of Health are:

- Tuesday, January 24, 2023 at 6 p.m. (Special Meeting)
- Thursday, February 16, 2023 at 7 p.m.

CONFIDENTIAL

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

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

ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, December 15, 2022, 6:00 p.m.
MLHU Board Room – CitiPlaza
355 Wellington Street, London ON

MEMBERS PRESENT: Mr. Matt Reid (Chair)
Mr. Selomon Menghsha
Ms. Aina DeViet
Mr. Michael Steele
Ms. Tino Kasi
Ms. Skylar Franke
Ms. Michelle Smibert
Mr. Peter Cuddy
Mr. Mike McGuire

OTHERS PRESENT: Ms. Carolynne Gabriel, Executive Assistant to the Board of Health and Communications Coordinator (Recorder; attended virtually)
Ms. Stephanie Egelton, Executive Assistant to the Medical Officer of Health/Associate Medical Officer of Health
Ms. Emily Williams, Chief Executive Officer/Director, Health Organization
Ms. Maureen MacCormick, Director, Healthy Living
Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Disease
Ms. Jennifer Proulx, Acting Director, Healthy Start
Ms. Sarah Maaten, Acting Director, Office of the Medical Officer of Health
Mr. Warren Dallin, Manager, Procurements and Operations
Ms. Cynthia Bos, Manager, Human Resources
Mr. Dan Flaherty, Manager, Communications
Mr. Alex Tymb, Online Communications Coordinator
Mr. Parthiv Panchal, Information Technology, End User Support Analyst

Chair Matt Reid called the meeting to order at **6:01 p.m.**

DISCLOSURE OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Mr. Peter Cuddy, seconded by Ms. Aina DeViet, that the AGENDA for the December 15, 2022 Board of Health meeting be approved.**

Carried

APPROVAL OF MINUTES

It was moved by **Mr. Michael Steele, seconded by Ms. Tino Kasi**, that the Board of Health approve the *MINUTES* of the November 10, 2022 Board of Health meeting.

Carried

REPORTS AND AGENDA ITEMS

Recognition of Departing and Incoming Board of Health Members (Verbal)

Chair Reid provided remarks of recognition for Mr. John Brennan, who has departed the Board of Health due to the end of his term, welcomed back Ms. Aina DeViet who has been re-appointed to the Board of Health as a County Representative, and welcomed in-coming Board of Health members: Skylar Franke and Peter Cuddy (City Representatives) and Michelle Smibert and Mike McGuire (County Representatives).

It was moved by **Mr. Steele, seconded by Ms. Skylar Franke**, that the Board of Health receive the Verbal report re: "Recognition of Departing and Incoming Board of Health Members" for information.

Carried

Information Technology Managed Service Provider (Report No. 69-22)

This report was introduced by Ms. Emily Williams, Chief Executive Officer.

Highlights include:

- Following a Request for Proposal in 2017, Stronghold was awarded the contract to be MLHU's Information Technology (IT) Managed Service Provider.
- Over the course of the contract, Stronghold have met the needs of MLHU, including: enhancing cyber security protection, which has allowed the Health Unit to get cyber insurance; transitioning to the Microsoft 365 platform, which enabled the Health Unit to transition to remote work during the pandemic; and implementing the virtualization of MLHU's server infrastructure.
- Stronghold provided an extension to the existing contract with inflationary increases limited to two percent per year.
- MLHU has extended the current contract for an additional three years at the value of \$41,159.50 per month, excluding COVID-19 related IT costs.

It was moved by **Mr. Steele, seconded by Mr. Cuddy** that the Board of Health receive Report No. 69-22, re: "Information Technology Managed Service Providers" for information.

Carried

MLHU Strathroy Dental Clinic – Contract Award for Dental Supply Purchases (Report No. 70-22)

This report was introduced by Ms. Maureen MacCormick, Director, Healthy Living who introduced Mr. Warren Dallin, Manager, Procurement and Operations.

Highlights included:

- A request for proposal was issued October 31, 2022, for equipment anticipated to be required for the start-up of the dental clinic in Strathroy. Equipment was to be compatible and interchangeable with those used in the dental clinic in Citi Plaza.
- Three quotes were received.
- Henry Schein submitted the lowest acceptable bid at \$124,600 plus HST.

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

1. *Receive Report No. 70-22, re: “MLHU Strathroy Dental Clinic – Contract Award for Dental Supply Purchases” for information; and,*
2. *Approve entering into a contractual agreement with Henry Schein Canada, Inc. for the purchase of necessary dental clinic supplies for the upcoming build of the Strathroy Dental Clinic.*

Carried

MLHU Strathroy Dental Clinic – Contract Award for Purchase and Installation of Dental Equipment (Report No. 71-22)

This report was introduced by Ms. MacCormick who indicated the report is regarding equipment required in dental operatories beyond the equipment directly used for dental hygiene work, for example compressed gas to run dental chairs and dental cabinets. Ms. MacCormick then introduced Ms. Dallin to further present the report.

Highlights of this report included:

- A request for proposal (RFP) was issued on November 9, 2022, through the public e-procurement site Biddingo. At the closure of the RFP two bids were received.
- The bids were assessed by an evaluation committee of eight team members, including representatives from senior leadership, management, and front-line staff, who met on December 7, 2022.
- Henry Schein Canada, Inc. scored the highest in the evaluation and met the budgetary costing requirements.
- Based on the proposal, the supply, delivery, and installation of dental equipment for operation of the Strathroy Dental clinic is anticipated to cost around \$313,300 plus HST.
-

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

1. *Receive Report No. 71-22, re: “MLHU Strathroy Dental Clinic – Contract Award for Purchase and Installation of Dental Equipment” for information; and,*
2. *Approve entering into a contract with Henry Schein Canada, Inc. for supply, delivery, and installation of dental equipment.*

Carried

MLHU Strathroy Dental Clinic – Contract Award for Design and Build (Report No. 72-22)

This report was introduced by Ms. MacCormick who introduced Mr. Dallin.

Highlights of this report include:

- A request for proposal (RFP) for the design and build for the Strathroy dental clinic was issued on November 4, 2022, through the public e-procurement site Biddingo. At the closure of the RFP three bids were received.
- The bids were assessed by an evaluation committee of eight team members, including representatives from senior leadership, management, and front-line staff, who met on December 7, 2022.
- CCS Engineering & Construction Inc scored the highest in the evaluation and met the budgetary costing requirements.
- Based on the proposal, the design and build of the Strathroy Dental Clinic is anticipated to cost around \$438,300 plus HST.

Ms. DeViet commented she has had correspondence from County constituents regarding the need for increased dental services in the County. The reports on the dental clinic in Strathroy are welcome news.

Mr. Steele indicated that, combining the proposal amounts, the project is under budget. Ms. Franke inquired if the surplus funds could be re-allocated. Ms. MacCormick indicated that the budget was created to allow for potential increased costs due to variability in construction costs. If there are unspent funds at the end of the project, the team may approach the province and request to use the funds to open another operatory in Citi Plaza. Chair Reid added the dental program is 100 per cent funded by the provincial government and any savings would need to be approved by the province. The funds would not be able to be allocated to another program.

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

1. *Receive Report No. 72-22, re: “MLHU Strathroy Dental Clinic – Contract Award for Design and Build” for information; and,*
2. *Approve entering into a contractual agreement with CCS Engineering & Construction Inc. for the design and build of the Strathroy Dental Clinic.*

Carried

Chief Executive Officer Activity Report for November (Report No. 73-22)

It was moved by **Ms. Franke, seconded by Ms. Kasi**, *that the Board of Health receive Report No. 73-22, re: “Chief Executive Officer Activity Report for November,” for information.*

Carried

CORRESPONDENCE

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

Carried

OTHER BUSINESS

The draft schedule for the meetings of the Board of Health and its committees for 2023 was presented.

Ms. Franke inquired when members can express their interest in which committee to join. Chair Reid indicated that appointments to committees occur at the inaugural meeting in January, following the appointment for the Chair and Vice Chair.

Additional information was provided regarding the time at which committee meetings occur and the membership requirements contained in the terms of reference for committees.

It was moved by **Ms. Kasi, seconded by Mr. Selomon Menghsha**, *that the Board of Health approve the schedule for the meetings of the Board of Health and its committees for 2023.*

CONFIDENTIAL

At **6:23 p.m.**, it was moved by **Ms. Kasi, seconded by Mr. Cuddy**, *that the Board of Health will move in-camera to approve previous confidential Board of Health and Committee minutes, to consider matters regarding personal matters about an identifiable individual, including municipal or local board employees, and labour relations or employee negotiations.*

Carried

At **6:41 p.m.**, it was moved by **Mr. Mike McGuire, seconded by Mr. Menghsha**, *that the Board of Health return to public session from closed session.*

Carried

ADJOURNMENT

At **6:41 p.m.**, it was moved by **Ms. Kasi**, seconded by **Ms. DeViet**, *that the meeting be adjourned.*

Carried

MATT REID
Chair

EMILY WILLIAMS
Secretary

DRAFT



**PUBLIC MINUTES
GOVERNANCE COMMITTEE**
MLHU Board Room – Citi Plaza
Thursday, November 10, 2022 6:00 p.m.

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

REGRETS: Ms. Tino Kasi

OTHERS PRESENT: Ms. Carolynne Gabriel, Executive Assistant to the Board of Health (Recorder)
Dr. Alexander Summers, Medical Officer of Health
Ms. Emily Williams, Chief Executive Officer
Ms. Sarah Maaten, Acting Director, Office of the Medical Officer of Health
Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Disease
Ms. Maureen MacCormick, Director, Healthy Living
Ms. Kendra Ramer, Manager, Privacy, Risk and Governance
Mr. Michael Kadour, Consultant

At **6:02 p.m.**, Chair Aina DeViet called the meeting to order.

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Mr. Matt Reid**, seconded by **Ms. Kelly Elliott**, that the **AGENDA** for the November 10, 2022 Governance Committee meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **Mr. Michael Steele**, seconded by **Mr. Reid**, that the **MINUTES** of the September 15, 2022 Governance Committee meeting be approved.

Carried

Chair DeViet called upon Dr. Alexander Summers, Medical Officer of Health who introduced Ms. Sarah Maaten in her role as Acting Director, Officer of the Medical Officer of Health.

NEW BUSINESS

2021-22 Provisional Plan Update (Report No. 13-22GC)

This report was introduced by Ms. Emily Williams, CEO who identified that the main reasons for postponing the work on the strategic plan are:

- The Province will potentially be reviewing and revising the Ontario Public Health Standards (OPHS) in 2023.
- The Health Unit does not have clarity on the direction the Province will take with regards to COVID-19 and recovery work.
- The financial situation of the Health Unit is uncertain, pending the Provincial funding announcement anticipated in early 2023.
- Many other Ontario health units are also pausing or extending their strategic plans.

Ms. Williams introduced Ms. Kendra Ramer, Manager, Privacy, Risk, and Project Management. Ms. Ramer highlighted that the report proposes conducting a current state analysis which would include consultation with the Board of Health, the Senior Leadership Team (SLT), and MLHU staff and management to update the objectives in the current Provisional Plan. The objectives in the current Provisional Plan are framed within the context and environment of its time and some objectives will need to be reframed to remain relevant. The main activity in developing the new Strategic Plan will take place in 2023, with planning and development of the 2025-2029 strategic plan to occur in 2024. The work will be led by the Program Planning and Evaluation Team with support from the Project Management Office.

It was moved by **Ms. Elliott, seconded by Mr. Reid**, *that the Governance Committee recommend to the Board of Health to:*

- 1) *Receive Report No. 13-22GC, re: “2021-22 Provisional Plan Update” for information; and*
- 2) *Approve the extension of the 2021-22 Provisional Plan to the end of 2024 following a current state analysis with a plan to develop a 2025-2029 Strategic Plan in 2024.*

Carried

MLHU Q3 2022 Risk Register (Report No. 14-22GC)

This report was introduced by Ms. Williams who introduced Ms. Ramer.

Highlights of this report included:

- The Risk Register up to the end of September (Q3) includes 16 high risks, five medium risks, and two low risks.
- Of the 16 high risks, two remain at significant residual risk: non-full-time staff joining OMERS and the return of Public Health Modernization as a result of the Provincial election.
- One technology risk was removed due to being successfully mitigated through decommissioning and removing end-of-life servers.
- Five new risks were added in Q3: two related to privacy, which have already been brought to the Board, one related to legal compliance involving a class action suit, and two categorized as financial involving non-full-time staff joining OMERS and the potential for claw back of funds from 100% funded programs.
- Two high risks transitioned from minor residual risk in Q2 to moderate residual risk in Q3: the Medical Officer of Health continuing to operate with limited back-up coverage due to the recent departing of the Acting Associate Medical Officer of Health, and the risk for turnover of municipal councilors on the Board of Health.
- The Q3 Risk Register was included in the Standard Activity Report submitted annually to the Ministry.

Chair DeViet inquired what actions can be taken to mitigate the risk of turnover on the Board of Health due to the municipal election, as significant turnover on the Board may impact its ability to move forward at the pace required to manage the COVID-19 response and financial decisions. Ms. Williams indicated that both herself and Dr. Summers are engaged in lobbying efforts to advocate for continuity on the Board of Health with the City and County.

It was moved by **Mr. Steele, seconded by Ms. Elliott**, that the Governance Committee recommend to the Board of Health to:

- 1) Receive Report No. 14-22GC, re: "MLHU Q3 2022 Risk Register" for information; and,
- 2) Approve the Q3 2022 Risk Register (Appendix A).

Carried

OTHER BUSINESS

The next meeting of the Governance Committee is to be determined.

ADJOURNMENT

At **6:15 p.m.**, it was moved by **Mr. Reid, seconded by Ms. Elliott**, that the meeting be adjourned.

Carried

AINA DEVIET
Chair

EMILY WILLIAMS
Secretary



TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer

DATE: 2023 January 19

ELECTION OF 2023 BOARD OF HEALTH EXECUTIVE AND OTHER PROCEDURES

Recommendation

It is recommended that the Board of Health:

1. *Appoint a Chair for the 2023 term;*
2. *Appoint a Vice-Chair for the 2023 term;*
3. *Appoint a Secretary for the Board of Health for 2023 term;*
4. *Appoint a Treasurer for the Board of Health for the 2023 term;*
5. *Approve 2023 Board of Health meeting dates as amended.*

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 2022 Board of Health Executive is:
 - Mr. Matt Reid – Chair
 - Ms. Kelly Elliott – Vice-Chair
 - Ms. Emily Williams – Secretary
 - Ms. Emily Williams - Treasurer
- Amended meeting dates for the 2023 Board of Health schedule must be approved, which includes proposed changes to the meeting schedule for the Performance Appraisal Committee.

Board Membership Update

The Board of Health consists of the following Members:

1. **Five provincial appointees:** Ms. Tino Kasi, Mr. Michael Steele, and Mr. Selomon Menghsha (currently there are two vacancies)
2. **Three City of London appointees:** Mr. Matt Reid, Mr. Peter Cuddy, and Ms. Skylar Franke
3. **Three Middlesex County appointees:** Ms. Aina DeViet, Ms. Michelle Smibert, and Mr. 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 2022 was Mr. Matt 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 2022 was Ms. Kelly Elliott, a former County of Middlesex 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 2022 was Ms. 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 2022 was Ms. Emily Williams, Chief Executive Officer.

The outgoing 2022 Board of Health Executive is:

- Mr. Matt Reid – Chair
- Ms. Kelly Elliott – Vice-Chair
- Ms. Emily Williams – Secretary
- Ms. Emily Williams - Treasurer

2023 Draft Meeting Dates

The 2022 meeting dates were previously approved by the Board of Health at the Thursday, December 15, 2022 meeting. It is noted there are proposed amendments to the dates of the Performance Appraisal Committee. The draft meeting dates are affixed to this report as [Appendix B](#).

This report was prepared by the Chief Executive Officer.

A handwritten signature in black ink that reads "EWilliams". The signature is written in a cursive, flowing style.

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



Middlesex-London Board of Health Member Listing

First Name	Last Name	Appointed By	First Appointed	Term Expires on
Matt	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
Mike	McGuire	County of Middlesex	December 13, 2022	November 14, 2026
Aina	DeViet	County of Middlesex	December 18, 2018	November 14, 2026
Tino	Kasi	Province of Ontario	November 2, 2016	December 31, 2023
Michael	Steele	Province of Ontario	December 10, 2020	December 9, 2023
Selomon	Menghsha	Province of Ontario	September 16, 2021	September 15, 2023

2023 Board of Health and Committee Meeting Dates		
Materials Due Date	Date of Meeting	Type of Meeting
Thursday, January 5	Thursday, January 19	Inaugural meeting
Thursday, January 19	Thursday, February 2	Finance and Facilities Committee
Thursday, February 2	Thursday, February 16	Governance Committee (6 p.m.)
Thursday, February 2	Thursday, February 16	Board of Health Meeting
Thursday, February 16	Thursday, March 2	Finance and Facilities Committee
Thursday, March 2	Thursday, March 16	Performance Appraisal Committee (6 p.m.)
Thursday, March 2	Thursday, March 16	Board of Health Meeting
Thursday, March 23	Thursday, April 6	Finance and Facilities Committee
Thursday, April 6	Thursday, April 20	Governance Committee (6 p.m.)
Thursday, April 6	Thursday, April 20	Board of Health Meeting
Thursday, April 20	Thursday, May 4	Finance and Facilities Committee
Thursday, May 4	Thursday, May 18	Performance Appraisal Committee (6 p.m.)
Thursday, May 4	Thursday, May 18	Board of Health Meeting
Thursday, May 18	Thursday, June 1	Finance and Facilities Committee
Thursday, June 1	Thursday, June 15	Governance Committee (6 p.m.)
Thursday, June 1	Thursday, June 15	Board of Health Meeting
Thursday, June 22	Thursday, July 6	Finance and Facilities Committee
Thursday, July 6	Thursday, July 20	Performance Appraisal Committee (6 p.m.)
Thursday, July 6	Thursday, July 20	Board of Health Meeting
Thursday, July 20	Thursday, August 3	Finance and Facilities Committee (<i>*if required</i>)
Thursday, August 3	Thursday, August 17	Board of Health Meeting (<i>*if required</i>)
Thursday, August 24	Thursday, September 7	Finance and Facilities Committee
Thursday, September 7	Thursday, September 21	Governance Committee (6 p.m.)
Thursday, September 7	Thursday, September 21	Board of Health Meeting
Thursday, September 21	Thursday, October 5	Finance and Facilities Committee
Thursday, October 5	Thursday, October 19	Performance Appraisal Committee (6 p.m.)
Thursday, October 5	Thursday, October 19	Board of Health Meeting
Thursday, October 19	Thursday, November 2	Finance and Facilities Committee
Thursday, November 2	Thursday, November 16	Governance Committee (6 p.m.)
Thursday, November 2	Thursday, November 16	Board of Health Meeting
Thursday, November 23	Thursday, December 7	Finance and Facilities Committee
Thursday, November 30	Thursday, December 14	Performance Appraisal Committee (6 p.m.)
Thursday, November 30	Thursday, December 14	Board of Health Meeting



TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer

DATE: 2023 January 19

AMENDMENTS TO BOARD COMMITTEE TERMS OF REFERENCE

Recommendations

It is recommended that the Board of Health:

- 1. Approve the Terms of Reference for the Finance & Facilities Committee as amended in [Appendix A](#);*
- 2. Approve the Terms of Reference for the Governance Committee as amended in [Appendix B](#); and,*
- 3. Approve the Terms of Reference for the MOH and CEO Performance Appraisal Committee as amended in [Appendix C](#).*

Key Points

- Amendments are required for the Terms of Reference for the Finance and Facilities, Governance and Performance Appraisal Committees. Updates include changes to minimum membership, review periods and staff support.
- Due to two vacancies on the Board for provincial appointments, changes are proposed in the Terms of Reference for the Finance and Facilities and Governance Committees to create equity among membership between provincial appointees, County of Middlesex appointees and City of London appointees.

Background

Finance and Facilities and Governance Committees

As of 2023, there are two vacancies for provincially appointed board members to the Middlesex-London Board of Health. As a result of these vacancies, the three provincial appointees have had to take on more committee work due to the provisions of the standing committees' respective Terms of Reference.

As of January 12, 2023, the Public Appointments Secretariat of Ontario has not notified the Chair of any additional provincially appointed board members.

MOH and CEO Performance Appraisal Committee

Currently, a comprehensive 360 review of the MOH and CEO occurs on an annual basis, requiring the support of an external consultant, and the solicitation of feedback from large numbers of internal and external stakeholders. There are proposed changes to the annual reporting calendar.

Proposed Amendments to the Board Committees

Finance and Facilities and Governance Committees

The proposed amendments to the Finance and Facilities ([Appendix A](#)) and Governance ([Appendix B](#)) Committees' Terms of Reference include:

- The change of membership requirements to require at minimum one provincially appointed board member (previously two).

“The members will include the Chair and Vice-Chair of the Board of Health and in total, the membership will contain at least one Middlesex County Board member, one City of London Board member and ~~two~~ one provincial Board members”.

- The addition of language surrounding review periods of a Terms of Reference.

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

Medical Officer of Health and Chief Executive Officer Performance Appraisal Committee

In 2022, the Medical Officer of Health (MOH) and Chief Executive Officer (CEO) Performance Appraisal Committee was deemed a standing committee by the Board of Health. The proposed amendments to the MOH and CEO Performance Appraisal Committee’s Terms of Reference ([Appendix C](#)) include:

- The addition of language surrounding review periods of the Terms of Reference.

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

- The reporting calendar:

2023 Performance Appraisal Reporting Calendar	
<p>Q1 (Jan 1 to Mar 31) Meeting: March</p> <ul style="list-style-type: none"> • Approve Reporting Calendar • Initiate Terms of Reference Review (every two years) • Confirm Performance Appraisal process, supporting documents required and timelines for the year • Chair of the Board to conduct meetings with Board Members 	<p>Q2 (Apr 1 to Jun 30) Meetings: May and July</p> <ul style="list-style-type: none"> • Initiate the Performance Appraisal Process • Select Consultant to facilitate Performance Appraisal process • Complete Performance Appraisal for MOH and CEO.
<p>Q3 (Jul 1 to Sep 30) Meeting: October</p> <ul style="list-style-type: none"> • Debrief with Consultant • Chair of the Board to conduct meetings with direct reports of MOH and CEO • Review Performance Appraisal Reports • Report Performance Appraisal Reports to the Board of Health 	<p>Q4 (Oct 1 to Dec 31) Meeting: December</p> <ul style="list-style-type: none"> • Chair of the Board to conduct meetings with Board Members

<ul style="list-style-type: none">• <i>Report Performance Appraisal Reports to MOH and CEO</i>	
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This report was prepared by the Chief Executive Officer.



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

FINANCE & FACILITIES COMMITTEE – TERMS OF REFERENCE

PURPOSE

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

REPORTING RELATIONSHIP

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

MEMBERSHIP

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

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

Staff support includes:

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

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

CHAIR

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

TERM OF OFFICE

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



DUTIES

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

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

FREQUENCY OF MEETINGS

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

AGENDA & MINUTES

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

BYLAWS:

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

REVIEW

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

GOVERNANCE COMMITTEE – TERMS OF REFERENCE

PURPOSE

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

REPORTING RELATIONSHIP

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

MEMBERSHIP

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

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

Staff support includes:

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

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

CHAIR

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

TERM OF OFFICE

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

DUTIES

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

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

FREQUENCY OF MEETINGS

The Governance Committee will meet five (5) times per year or at the call of the Chair of the Committee.

AGENDA & MINUTES

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

BYLAWS:

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

REVIEW

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

PERFORMANCE APPRAISAL COMMITTEE – TERMS OF REFERENCE

PURPOSE

The Performance Appraisal Committee serves to evaluate the Health Unit's 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 contribute to the achievement of the strategic goals.

REPORTING RELATIONSHIP

The Performance Appraisal Committee reports to the Board of Health of the Middlesex-London Health Unit. The Chair of the Performance Appraisal Committee will make reports to the Board of Health following each of the meetings of the Performance Appraisal Committee.

MEMBERSHIP

The membership of the Performance Appraisal Committee will consist of the members of the Governance Committee and other Board of Health members as may be deemed appropriate.

Staff support includes:

- Executive Assistant (EA) to the Board of Health and/or EA to the MOH.

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

CHAIR

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

TERM OF OFFICE

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

DUTIES

The Performance Appraisal Committee will conduct an assessment and report to the Board of Health on the following areas of focus:

1. Program Excellence – This area focuses on how the MOH and the CEO have influenced the impact the health unit has on: population health measures; the use of health status data; evidence-informed program decision making; delivery of mandated and locally needed public health services as measured by the accountability indicators.
2. Client and Community Impact – This area reflects on the MOH's and CEO's representation of the health unit in the community.
3. Employee Engagement and Learning – This area reflects on how the MOH and the CEO have influenced the health unit's organizational capacity, climate and culture and the contribution made to enabling engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning.
4. Governance – This area reflects on how the MOH and CEO have influenced 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 area also reflects on the MOH's and CEO's responsibility for actions, decisions and policies that impact the health unit's ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Standards (OPHS), other funder requirements and direction provided by the Board of Health.

FREQUENCY OF MEETINGS

The Performance Appraisal Committee will meet three (3) times per year or at the call of the Chair of the Committee.

AGENDA & MINUTES

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

BYLAWS

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

REVIEW

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

2023 Performance Appraisal Reporting Calendar	
<p style="text-align: center;">Q1 (Jan 1 to Mar 31) Meeting: March</p> <ul style="list-style-type: none"> • Approve Reporting Calendar • Initiate Terms of Reference Review (every two years) • Confirm Performance Appraisal process, supporting documents required and timelines for the year • Chair of the Board to conduct meetings with Board Members 	<p style="text-align: center;">Q2 (Apr 1 to Jun 30) Meetings: May and July</p> <ul style="list-style-type: none"> • Initiate the Performance Appraisal Process • Select Consultant to facilitate Performance Appraisal process • Complete Performance Appraisal for MOH and CEO.
<p style="text-align: center;">Q3 (Jul 1 to Sep 30) Meeting: October</p> <ul style="list-style-type: none"> • Debrief with Consultant • Chair of the Board to conduct meetings with direct reports • Review Performance Appraisal Reports • Report Performance Appraisal Reports to the Board of Health • Report Performance Appraisal Reports to MOH and CEO 	<p style="text-align: center;">Q4 (Oct 1 to Dec 31) Meeting: December</p> <ul style="list-style-type: none"> • Chair of the Board to conduct meetings with Board Members

Medical Officer of Health and Chief Executive Officer Performance Appraisals

The Medical Officer of Health and Chief Executive Officer (MOH and CEO) performance appraisals will be conducted annually with a report coming to the Board of Health on the results. (Refer to Policy G-050 MOH and CEO Performance Appraisals.)

Reporting Calendar

The reporting calendar ensures the Committee’s requirements to assist and advise the Board of Health on matters outlined in the Committee Terms of Reference.

Terms of Reference

The Performance Appraisal Committee Terms of Reference set out the parameters for how authority is delegated to the Committee and how the Committee is accountable to the Board of Health. It is incumbent upon the Performance Appraisal Committee to review the Terms of Reference every two years to ensure that components (purpose, reporting relationship, membership, chair, term of office, duties, frequency of meetings, agenda and minutes, by-laws and review) are still relevant to the needs of the committee. (Refer to Policy G-290 Standing and Ad Hoc Committees).



TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer

DATE: 2023 January 19

APPOINTMENT OF 2023 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; and*
- 3. Appoint members to the Performance Appraisal Committee.*

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.
- Per Report No. 02-23, there are proposed changes to membership requirements for the Finance and Facilities and Governance Committees to 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.
- Meeting dates for the 2023 Board of Health schedule are in draft, with proposed changes to the meeting dates and times for the Performance Appraisal Committee.

Board Membership Update

The Board of Health consists of the following Members:

- Five provincial appointees:** Ms. Tino Kasi, Mr. Michael Steele, and Mr. Selomon Menghsha (currently there are two vacancies)
- Three City of London appointees:** Mr. Matt Reid, Mr. Peter Cuddy and Ms. Skylar Franke
- Three Middlesex County appointees:** Ms. Aina DeViet, Ms. Michelle Smibert and Mr. 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.).*

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.

Per Report No. 02-23, there are proposed changes to membership requirements for the Finance and Facilities and Governance Committees to 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.

A draft Terms of Reference has been submitted for the Board of Health's review and approval as [Appendix A within Report No. 02-23](#). Proposed changes include:

- The change of membership requirements to require at minimum one provincially appointed board member (previously two).
- The addition of language surrounding review periods of a Terms of Reference.

It is recommended that the Finance & Facilities Committee review its Terms of Reference to ensure that all components (purpose, reporting relationship, membership, appointment of chair, term of office, duties, frequency of meetings, agendas and minutes, by-laws and review) remain relevant to the needs of the organization.

2. Governance Committee

The Governance Committee serves the Board of Health in an advisory and monitoring role in relation to the administration and risk management of matters related to Board membership and recruitment, Board self-evaluation, governance policy and strategy development.

A draft Terms of Reference has been submitted for the Board of Health's review and approval as [Appendix B within Report No. 02-23](#). Proposed changes include:

- The change of membership requirements to require at minimum one provincially appointed board member (previously two).
- The addition of language surrounding review periods of a Terms of Reference.

It is recommended that the Governance Committee review its Terms of Reference to ensure that all components (purpose, reporting relationship, membership, appointment of chair, term of office, duties, frequency of meetings, agendas and minutes, by-laws and review) remain relevant to the needs of the organization.

3. Performance Appraisal Committee

The Performance Appraisal Committee serves to evaluate the health unit's 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 contribute to the achievement of the strategic goals.

A draft Terms of Reference has been submitted for the Board of Health's review and approval as [Appendix C within Report No. 02-23](#). Proposed changes include:

- The addition of language surrounding review periods of a Terms of Reference.
- The reporting calendar.

It is recommended that the Performance Appraisal Committee review its Terms of Reference to ensure that all components (purpose, reporting relationship, membership, appointment of chair, term of office, duties, frequency of meetings, agendas and minutes, by-laws and review) remain relevant to the needs of the organization.

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.

This report was prepared by the Chief Executive Officer.



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



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 04-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 January 19

2021 ANNUAL REPORT AND ATTESTATION

Recommendation

It is recommended that the Board of Health approve the 2021 Annual Report and Attestation as noted in Report No. 04-23 re: “2021 Annual Report and Attestation”.

Key Points

- The Ontario Ministry of Health requires public health units to submit an Annual Report and Attestation.
- Staff at the Middlesex London Health Unit (MLHU) have completed the ministry required template for the 2021 Annual Report and Attestation for submission in early 2023.
- Due to COVID-19 pandemic, the 2021 report also includes program indicators for 2019 and 2020.
- The Board of Health must complete a certificate of attestation to demonstrate compliance with the organization requirements outlined in the Ontario Public Health Standards.

Background

The Annual Report and Attestation is a funding and accountability reporting tool that Boards of Health are required to submit annually as per the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, and the Public Health Funding and Accountability Agreement. Due to the response to COVID-19 at the local level, prior year Annual Reports for 2019 and 2020 were deferred. Given Boards of Health have already submitted year-end financial information through the Annual Reconciliation Reporting process for these years, the ministry will not be requiring the completion of financial data related to the 2019 and 2020 Annual Report; however, boards of health will be required to complete 2019 and 2020 reporting on program outcome indicators as part of the 2021 Annual Report (Appendix A).

2021 Annual Report

As per the Accountability Agreement, the ministry typically requires the Annual Report to be completed, and submitted, by the end of April of the subsequent year. However, given the demands of the pandemic, the due date for the 2021 Annual Report was extended to January 2023.

The 2021 Annual Report and Attestation was completed by the MLHU leaders to reflect the work completed during a pandemic year. The program indicators are included for 2019-2021, however there are some indicators that are not being provided because further development and renewal work is required. This work is planned for 2023. The attestation indicates that most requirements were met even though resources were redeployed to assist with the pandemic; for each requirement that was not met or fully met mitigation strategies are identified.

The financial-related information is not included in the current report due to formatting errors contained in the template provided; these are expected to be adjusted by the Ministry in the coming days. The information

reported is an exact duplicate of the Board-approved, audited financial statements from 2021, which do not need to be re-approved by the Board.

Conclusion

The Annual Report for 2021 reflects the significant demands of the COVID-19 pandemic on the capacity of the Health Unit to meet all components of the Ontario Public Health Standards through the crisis. Recovery strategies are underway in 2023, including the ongoing development of relevant indicators of the Health Unit's work.

Next Steps

The Annual Report and Attestation ([Appendix A](#)) will be submitted to the Ministry pending Board approval.

This report was prepared by Program Planning and Evaluation team, Office of the Medical Officer of Health Division.



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



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



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 05-23

TO: Chair and Members of the Board of Health

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

DATE: 19 January 2023

COMPLIANCE WITH THE *IMMUNIZATION OF STUDENT PUPILS ACT* IN MIDDLESEX-LONDON

Recommendation

It is recommended that Report No. 05-23 re: Compliance with the Immunization of Student Pupils Act in Middlesex-London be received for information.

Key Points

- The *Ontario Immunization of Student Pupils Act* requires all students in elementary and secondary school to be immunized against nine vaccine preventable diseases or provide a valid exemption. Students who are not in compliance with the *ISPA* are suspended from school.
- The COVID-19 pandemic has resulted in lower *ISPA* compliance and immunization coverage amongst school-aged children. The MLHU has made substantial efforts to improve vaccination coverage in the region, but there remains a significant gap between pre-pandemic and current vaccination coverage for school-aged children.
- In order to mitigate the risk of outbreaks of vaccine preventable diseases in the region, the MLHU is proceeding with the suspension process. The MLHU will continue to take steps to mitigate and limit the number of students that are suspended.

Background

The *Immunization of Student Pupils Act* (*ISPA*) requires students attending elementary and secondary school to have proof of up to date immunization against nine vaccine preventable diseases or provide a valid exemption. The specific diseases include diphtheria, tetanus, polio, measles, mumps, rubella, meningococcal disease, pertussis and varicella (for children born in 2010 or after). Students who are not in compliance with the *ISPA* are suspended from school.

Prior to the pandemic, the MLHU annually reviewed immunization records of students to ensure compliance with *ISPA*. A school-based vaccination program was offered to 12-year-old students to ensure compliance for three publicly funded vaccines including meningococcal disease, hepatitis B and Human Papillomavirus (HPV). However, due to the COVID-19 response in 2020/21 and 2021/22, the frequent closures of schools prevented the VPD team from providing regular school vaccination clinics. Concurrently, primary health care access was restricted, limiting students' opportunities to be vaccinated. Lastly, the capacity of Health Unit staff to assess *ISPA* compliance was limited due to redeployments.

To assess the impact of the pandemic-associated factors on *ISPA* compliance and immunization coverage, a comprehensive review and analysis of the vaccination database was completed by the Population Health Assessment and Surveillance Team (PHAST) in the fall of 2022. This analysis determined that the COVID-

19 pandemic has resulted in lower ISPA compliance and immunization coverage amongst school-aged children, specifically:

- Compared to 2018/19 school year, ISPA compliance among 7-year-old students decreased by approximately 2% to 49% throughout the 2019/20, 2020/21, 2021/22 school years, depending on the disease. Immunization coverage among this cohort decreased by approximately 5% to 48% during the same period.
- Compared to 2018/19 school year, ISPA compliance among 17-year old students decreased by approximately 1% to 45% between the 2019/20 and 2021/22 school years, depending on the disease. Immunization coverage also decreased significantly throughout COVID-19 impacted school years, by approximately 1% to 44%.
- For both 7 and 17-year-old students, coverage in the 2021/22 school year was below levels from pre-pandemic school year, as well as national vaccination coverage goals for these age cohorts.

To address this gap, MLHU undertook a campaign to review the immunization records of all children in Middlesex-London from junior kindergarten to Grade 12. Records were assessed to determine if the child was up to date for all vaccines outlined in the ISPA, as well as those offered through school-based programs. Notification letters were mailed to families of students who were overdue for vaccines or for whom immunization records were unavailable. Families were given the opportunity to submit paper records directly to MLHU for entry into the record system or were provided direction and guidance to submit records electronically. To support the availability of vaccines, MLHU offered student-focused clinics for families to ‘catch-up’ on over-due vaccines. Through this process, over 42,000 letters were sent to families, resulting in the submission of nearly 15,500 immunization records. Approximately 4,000 students were vaccinated (7,735 vaccines administered) at MLHU-operated community ‘catch-up’ clinics. At this time, most students who are still not in compliance with the ISPA will have received two notification letters and have had opportunities to address the outstanding concern.

These efforts have improved vaccination coverage in the region, but there remains a significant gap between pre-pandemic and current vaccination coverage for school-aged children. The impact of the screening and immunization efforts was most obvious in the ISPA compliance and coverage estimates for the 7-year-old cohort, as well as the 12-year-old cohort coverage for school-based vaccinations. Compared to the 2020/21 school year, increase in compliance and coverage were observed in the 2021/22 school year for nearly all diseases in these age groups. In contrast, ISPA compliance and coverage consistently decreased across all school years among 17-year old students, despite enhanced screening and immunization opportunities offered in the 2021/22 school year.

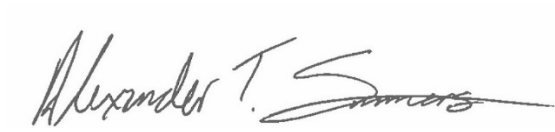
Next Steps

To further address the gap in ISPA compliance and improve vaccination coverage, the MLHU is proceeding with implementing the suspension process starting in January 2023 and proceeding monthly through June 2023. The MLHU will continue to take steps to mitigate and limit the number of students that are suspended. Suspension letters will be mailed to families one month ahead of the date of suspension to provide enough time to submit an updated record, receive the outstanding vaccine, or submit an exemption request. Additional Health Unit staff will be available to support the submission of records or exemption requests, and supplemental MLHU-operated community ‘catch-up’ clinics will be available.

Suspensions will unfold over 6 cohorts, including both elementary and secondary students, from January to June 2023. The MLHU is working closely with partnering school boards, and consideration has been given to the timing of exams, particularly for secondary school students.

The objective of this work is to ensure that the risk of vaccine preventable diseases remains low in the Middlesex-London region.

This report was prepared by the Vaccine Preventable Disease team within the Environmental Health and Infectious Disease Division.

Handwritten signature of Alexander T. Summers in black ink.

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

Handwritten signature of Emily Williams in black ink.

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



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 06-23

TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer

DATE: 2023 January 19

CANADA LIFE BENEFITS – RENEWAL RATES

Recommendation

It is recommended that the Board of Health approve the renewal of the group insurance rates administered by Canada Life as described in Report No. 06-23 re: “Canada Life Benefits – Renewal Rates”.

Key Points

- Group benefits at the MLHU are administered by Canada Life as established in an annual contract from January to December. Coverage was extended to January 31, 2023 to allow time to present to the Board of Health for approval of a renewal.
- Staff reviewed contract details with AON Hewitt on December 5, 2022.
- The benefits are administered under two separate policies:
 1. The first policy covers Life, accidental death and dismemberment (AD&D), and long-term disability (LTD) which is premium based.
 2. The second policy covers extended health care (health, drug, vision) and dental which is ASO (administrative services only) based.
- The overall change to the annual premium is an increase of 7.2% or \$116,200 annually. For comparison, 2022 was a 7.3% increase which amounted to \$101,685.

Background

Since 2013, the Middlesex London Health Unit (MLHU) has been insured by Canada Life, formerly Great West Life, to provide benefits to staff. The MLHU has partnered with AON Hewitt (Aon), a consulting firm, to assist with negotiations with benefit providers. Premium rates were guaranteed and remained constant from 2019 to 2021 but are subject to review/increases beginning 2022 and thereafter. The proposed rates for 2023 are now on par with what was charged during 2018. (*Life is +3.1% higher; AD&D is 0.0%; LTD is -2.2% lower than 2018 rates*).

Proposed Rate Summary

The following table is a summary to illustrate the annual increase of 7.2% or \$116,200. (*current total \$1,612,200 to negotiated total \$1,728,400 = \$116,200 increase or 7.2%*).

Please note that Canada Life’s proposal was an increase to \$1,818,500 or 12.8%. Aon successfully negotiated a lesser increase from \$1,818,500 to \$1,728,400.

Benefit	Current	Canada Life's Proposition	% Change	Aon Negotiated Position	% Change
Basic Life Insurance	\$129,500	\$148,700	14.8%	\$144,900	11.9%
Basic Accidental Death & Dismemberment	\$13,900	\$14,900	7.2%	\$13,900	0.0%
Long-Term Disability	\$147,900	\$159,600	7.9%	\$154,400	4.4%
GMA/Virtual Health Care	\$5,800	\$6,200	6.9%	\$6,200	6.9%
Extended Health Care (Budgeted Rates)	\$836,400	\$924,200	10.5%	\$853,200	2.0%
Dental Care (Budgeted Rates)	\$478,700	\$564,900	18.0%	\$555,800	16.1%
Total (excluding Sales Tax)	\$1,612,200	\$1,818,500	12.8%	\$1,728,400	7.2%

Analysis:

Life (premium based): The proposed increase is driven by the difference in the MLHU's current billed rate vs Canada Life's manual rate. The manual rate is 12.8% higher than the current billed rate.

- 2018 rate \$0.255;
- 2022 rate \$0.235;
- Proposed 2023 rate \$0.263 (+3.1% higher from the 2018 rate)

AD&D (premium based): The rate is based on the carrier's manual rate and therefore negotiated no increase. The current rate is \$0.030/\$1000 per month which is competitive. Rates are typically between \$0.03 to \$0.05.

Long-Term Disability (premium based): The proposed increase is again driven by the difference in the MLHU's current billed rate vs Canada Life's manual rate. The manual rate is 24.2% higher than the current billed rate.

- 2018 rate \$2.890
- 2022 rate \$2.706
- Proposed 2023 rate \$2.825 (-2.2% lower than the 2018 rate).

With Life and Long-Term Disability rates less than the carrier's manual rates, the MLHU should expect Canada Life to continue to increase rates for 2024.

Health Care (ASO based): Canada Life reviewed 12 months of experience and suggested a combined 10.5% increase. Aon reviewed 24 months of experience and proposed a combined 2.0% increase. These increases are only estimates, as the Health Unit pays all claims.

Dental Care (ASO based): Canada Life reviewed 12 months of experience and suggested an 18.0% increase. Aon reviewed 24 months of experience and proposed a 16.1% increase. These increases are also only estimates, as the Health Unit pays all claims.

ASO Based:

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

ASO Fees	Current	Canada Life's Proposition	% Change	Aon Negotiated Position	% Change
General Administration	\$35,900	\$44,100	22.8%	\$43,000	19.8%
Claims Administration	\$31,300	\$44,800	43.1%	\$38,400	22.7%
Risk	\$2,100	\$2,300	9.5%	\$2,300	9.5%
Profit	\$18,700	\$18,700	0.0%	\$18,700	0.0%
Pooling charge	\$106,400	\$106,400	0.0%	\$106,400	0.0%
ASO Total (excluding Sales Tax)	\$194,400	\$216,300	11.3%	\$208,800	7.4%

The fees related to administering benefits will increase from \$194,400 to \$208,800 and are included in the budgeted rates.

Conclusion

The Health Unit's contract with Canada Life to provide group insurance has been extended to January 31, 2023. Renewal for the remaining of 2023 is awaiting Board approval. Based on the number of employees and benefits selected, the premium increase for 2023 is estimated to be \$116,200.

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

A handwritten signature in black ink that reads "E. Williams". The signature is written in a cursive, flowing style.

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



Renewal Effective January 1, 2023

Middlesex-London Health Unit

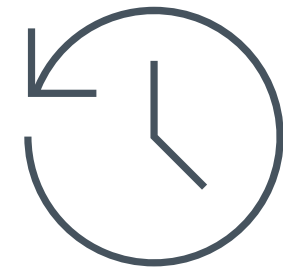
December 5, 2022



Agenda Discussion



Executive Summary



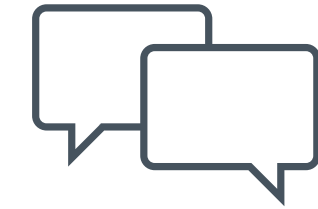
History and Context



Renewal Analysis



Next Steps



Other Items

- Market Trends
- Legislative Updates
- Appendices

1

Executive Summary



Executive Summary

Renewal Results effective January 1, 2023

Insured benefits and ASO budgeted premiums	Adjustment Applicable on January 1, 2023
Total adjustment initially proposed by Canada Life	+12.8% (+\$206,300 annually)
Total adjustment negotiated by Aon	+7.2% (+\$116,200 annually)
Basic Life Insurance	12.0%
Basic Accidental Death & Dismemberment	0.0%
Long-Term Disability	4.4%
GMA/Virtual Health Care	6.5%
Extended Health Care (budgeted premiums)	2.0%
Dental Care (budgeted premiums)	16.1%
ASO Fees	7.4%

The hourly fee for At-Work Services will increase from \$166/hour to \$173/hour

The ASO float will remain at \$67,000

Executive Summary

Summary of Insured Rates

- The following table illustrates the insured rates for the period May 1, 2018 through January 1, 2023

Benefit	Basis	01-May-18	01-Jan-19	01-Jan-20	01-Jan-21	01-Jan-22	01-Jan-23	Negotiated January 1, 2023 Rates Compared to Pre-Limited Marketing 2019
Basic Life	Per \$1,000	\$0.255	\$0.220	\$0.220	\$0.220	\$0.235	\$0.263	+3.1%
Accidental Death & Dismemberment	Per \$1,000	\$0.030	\$0.030	\$0.030	\$0.030	\$0.030	\$0.030	+0.0%
Long-Term Disability	Per \$100	\$2.890	\$2.460	\$2.460	\$2.460	\$2.706	\$2.825	-2.2%

Executive Summary

Cost Sharing

Class/Policy Number	Benefits Covered	Funding Arrangement	Cost Sharing (MLHU/Employee)
Class 1 - ONA Local 36			
165855	Basic Life / AD&D	Insured	100%/0%
58469	Health & Dental	ASO	100%/0%
Class 2 (Under Age 65) & 12 (Over Age 65) - Full Time Members of CUPE Local 101			
165855	Basic Life / AD&D	Insured	100%/0%
165855	LTD	Insured	0%/100%
58469	Health & Dental	ASO	100%/0%
Class 3 - Part-Time Members of CUPE Local 101			
165855	Basic Life / AD&D	Insured	100%/0%
165855	LTD	Insured	0%/100%
Class 4 (Under Age 65) & 5 (Over Age 65) - Non-Union Members			
165855	Basic Life	Insured	100%/0%
165855	LTD	Insured	0%/100%
58469	Health & Dental	ASO	100%/0%
Class 6 - Early Retirees Non-Union Retired PRIOR to April 1, 2004			
165855	Basic Life	Insured	100%/0% - until age 65
58469	Health & Dental	ASO	100%/0% - until age 65
Class 7 - Early Retirees Non-Union Retired ON OR AFTER April 1, 2004			
165855	Basic Life / AD&D	Insured	100%/0% - until age 65
58469	Health & Dental	ASO	100%/0% - until age 65

Executive Summary

Cost Sharing

Class/Policy Number	Benefits Covered	Funding Arrangement	Cost Sharing (MLHU/Employee)
Class 8 - Early Retirees ONA Retired PRIOR to April 1, 2004			
165855	Basic Life	Insured	100%/0% - until age 65
58469	Health & Dental	ASO	100%/0% - until age 65
Class 9 - Early Retirees ONA Retired ON OR AFTER April 1, 2004			
165855	Basic Life / AD&D	Insured	100%/0% - until age 65
58469	Health & Dental	ASO	<p>If Retired after October 1, 2006:</p> <ul style="list-style-type: none"> - With less than 10 years of service, 100% employee paid (optional) - With more than 10 years of service, employer pays premium applicable at date of retirement, employee pays future increases <p>Otherwise, 100%/0% - until age 65</p>
Class 10 - Early Retirees Full-Time CUPE Retired ON OR AFTER December 1, 2003			
165855	Basic Life / AD&D	Insured	100%/0% - until age 65
58469	Health & Dental	ASO	<p>If Retired after October 1, 2006:</p> <ul style="list-style-type: none"> - With less than 10 years of service, 100% employee paid (optional) - With more than 10 years of service, 100% employer paid <p>Otherwise, 100%/0% - until age 65</p>
Class 11 - Early Retirees Part-Time CUPE Retired ON OR AFTER December 1, 2003			
165855	Basic Life / AD&D	Insured	100%/0% - until age 65

Executive Summary

Considerations

ONA Long-Term Disability information is not included in this report, as this group is insured and managed with another provider/broker

Decisions and Recommendations

Rates and Expenses: Recommendation to accept the negotiated rates and expenses effective January 1, 2023

Pooling level: Recommendation to maintain the current level at \$25,000 per individual and 1st dollar out-of-country

Commission level: The current commission level is 3% of premiums/deposits. Estimated commissions based on January 1, 2023 Renewal premiums/deposits is \$52,000. Recommendation to maintain the current commission level

2

History and Context



History and Context

Financial Arrangements

Benefits	Insurer	Underwriting	Rating basis
Basic Life Insurance	Canada Life	Fully Insured, Non-Refund	Rating based on insurer's manual rate
Basic Accidental Death & Dismemberment (AD&D)	Canada Life	Fully Insured, Non-Refund	Rating based on insurer's manual rate
Long-Term Disability	Canada Life	Fully Insured, Non-Refund	Rating based on insurer's manual rate
Health Care	Canada Life	Administrative Services Only (Billed in Advance/Budgeted)	Experience rated - based on one year of experience All out-of-country emergency from first dollar, and in-Canada EHC claims in excess of \$25,000 are pooled
Dental Care	Canada Life	Administrative Services Only (Billed in Advance/Budgeted)	Experience rated - based on one year of experience

3

Renewal Analysis



Annual Insured Premiums, ASO Deposits and ASO Fees

Effective January 1, 2023

Benefit	Current	Canada Life's Proposition	% Change	Aon Negotiated Position	% Change
Basic Life Insurance	\$129,500	\$148,700	14.8%	\$144,900	11.9%
Basic Accidental Death & Dismemberment	\$13,900	\$14,900	7.2%	\$13,900	0.0%
Long-Term Disability	\$147,900	\$159,600	7.9%	\$154,400	4.4%
GMA/Virtual Health Care	\$5,800	\$6,200	6.9%	\$6,200	6.9%
Extended Health Care (Budgeted Rates)	\$836,400	\$924,200	10.5%	\$853,200	2.0%
Dental Care (Budgeted Rates)	\$478,700	\$564,900	18.0%	\$555,800	16.1%
Total (excluding Sales Tax)	\$1,612,200	\$1,818,500	12.8%	\$1,728,400	7.2%
ASO Fees	Current	Canada Life's Proposition	% Change	Aon Negotiated Position	% Change
General Administration	\$35,900	\$44,100	22.8%	\$43,000	19.8%
Claims Administration	\$31,300	\$44,800	43.1%	\$38,400	22.7%
Risk	\$2,100	\$2,300	9.5%	\$2,300	9.5%
Profit	\$18,700	\$18,700	0.0%	\$18,700	0.0%
Pooling charge	\$106,400	\$106,400	0.0%	\$106,400	0.0%
ASO Total (excluding Sales Tax)	\$194,400	\$216,300	11.3%	\$208,800	7.4%

ASO Fees are based on claims during the period September 2021 to August 2022 projected with Aon trend (6% Health, 5% Dental) and negotiated EHC and Dental budgeted premium based on current headcount. Totals may vary slightly due to rounded

Aon's negotiations achieved estimated annual cost savings of \$90,100 to the Insured premiums and ASO deposits. ASO fees are incorporated into the Budgeted Rates.

- The detailed rate summary is included in Appendix A

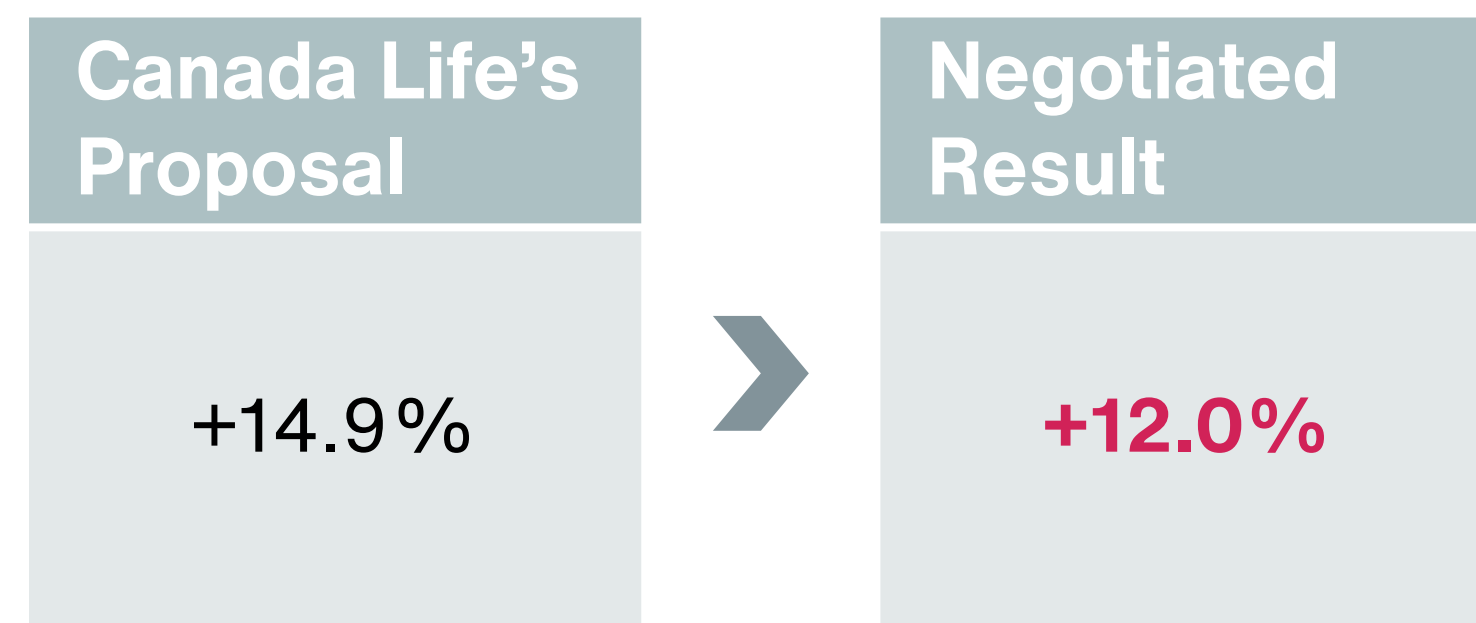
Renewal Analysis

Basic Life Insurance

Context

- Since MLHU's experience is not largely credible, the Life rate is based on the carrier's manual rate and may be impacted by demographic change (average age weighted by volume), industry & occupation, interest & mortality

Renewal Results



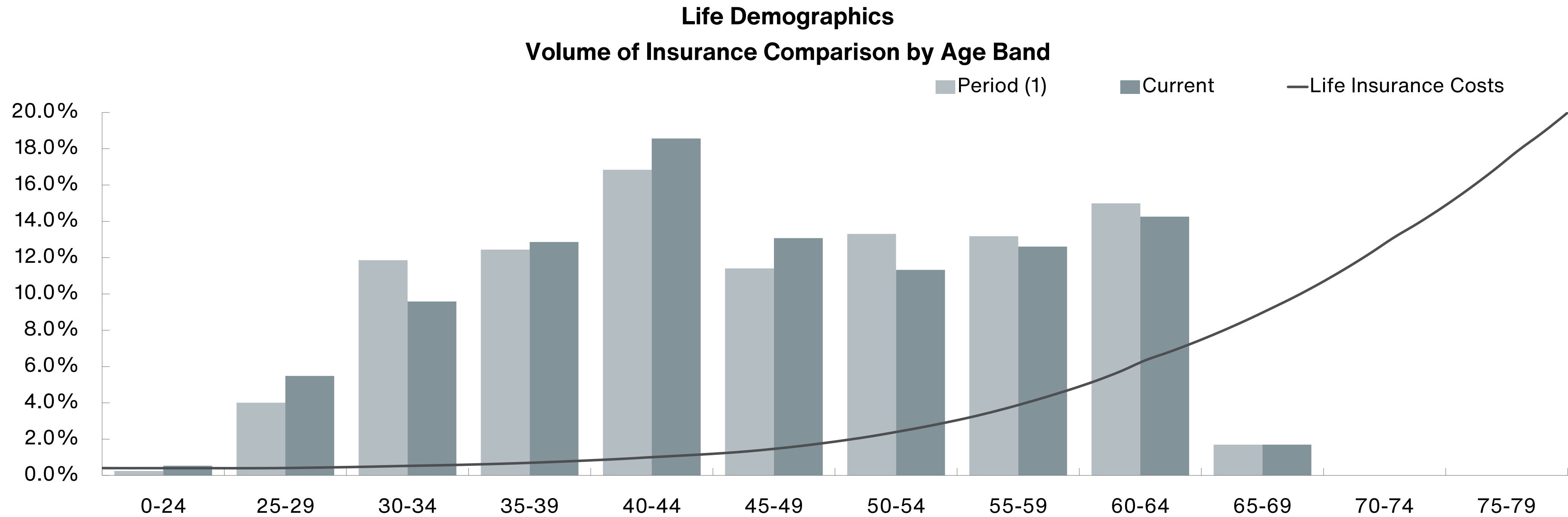
Comments

- During the last 60-month period (September 2017 – August 2022), there were no claims and no open Life Waiver claims as of August 31, 2022
- The proposed increase is driven by the difference in MLHU's current billed rate and Canada Life's manual rate
- The manual rate is 12.8% higher than the current billed rate
- Aon's analysis showed a decrease could be warranted largely based on the change in MLHU's demographics. Had the experience been fully credible, we would have expected a decrease in rate
- Aon calculated a demographic adjustment of -0.9%

Renewal Analysis

Basic Life Insurance

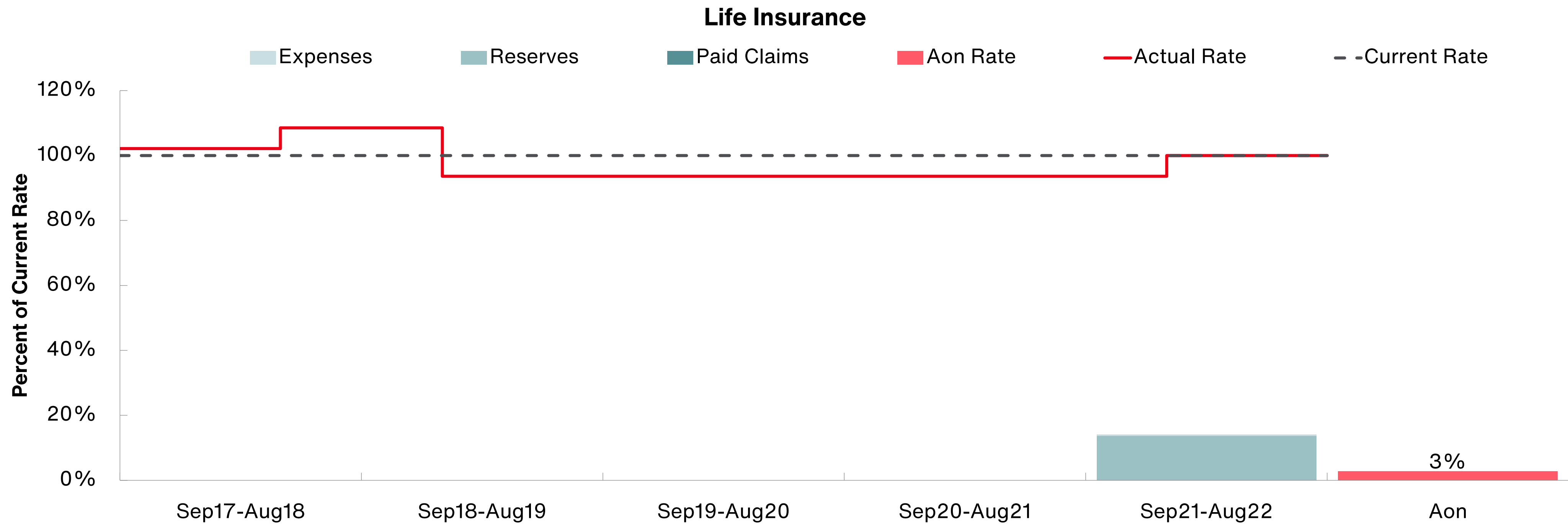
Basic Life Insurance Volume by Age Band Compared to Life Insurance Cost



	Previous Year	Current Year
Number of Lives	300	317
Average Age	47.3	46.9
% Female / % Male	82.4% / 17.6%	82% / 18%

Renewal Analysis

Basic Life Insurance



Comments

- Aon’s analysis placed 15.0% credibility on the experience results above, with the remaining 85.0% applied to the demographic change

Renewal Analysis

Accidental Death & Dismemberment Insurance

Accidental Death & Dismemberment Insurance (AD&D)

Context

- AD&D rate is based on the carrier's manual rate

Renewal Results

- Canada Life's Proposal: **+6.7%**
- Negotiated Result: **No Change**

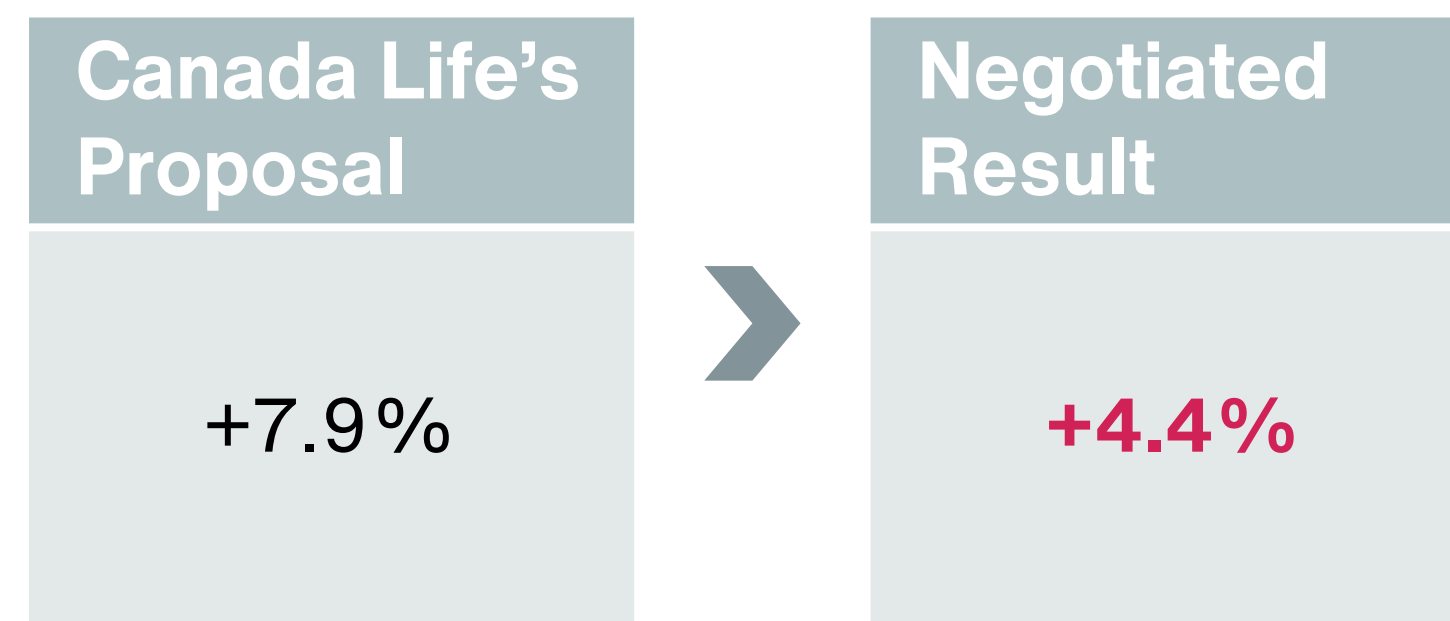
Renewal Analysis

Long-Term Disability

Context

- Since MLHU's experience is not largely credible, the LTD rate is based on the carrier's manual rate and may be impacted by demographic change (average age weighted by volume), industry & occupation, interest and incidence rates

Renewal Results



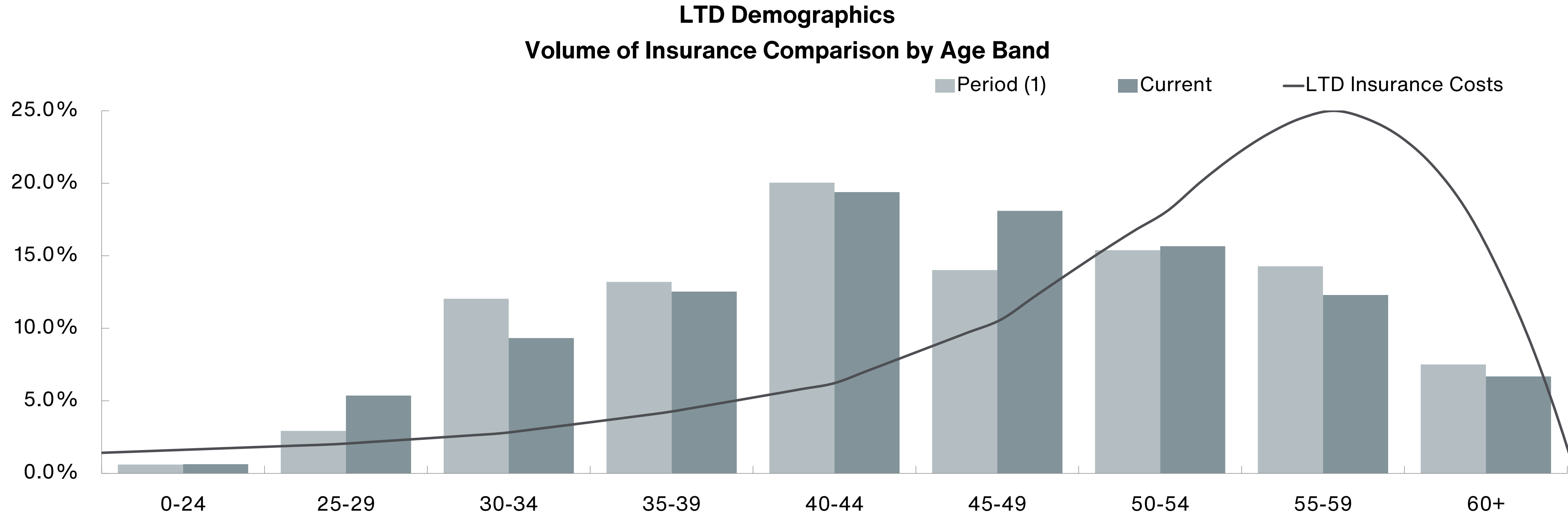
Comments

- During the last 12-month period, there was 1 disabled employee receiving payments during the period totalling \$1,600
- Since last years renewal, there was one claimant that has been terminated resulting in no current Disabled Life reserves
- The proposed increase is driven by the difference in MLHU's current billed rate and Canada Life's manual rate
- The manual rate is 24.2% higher than the current billed rate
- Aon's analysis showed a decrease could be warranted largely based on the change in MLHU's demographics. Had the experience been fully credible, we would have expected a decrease in rate
- Aon calculated a demographic adjustment of -0.7%

Renewal Analysis

Long-Term Disability

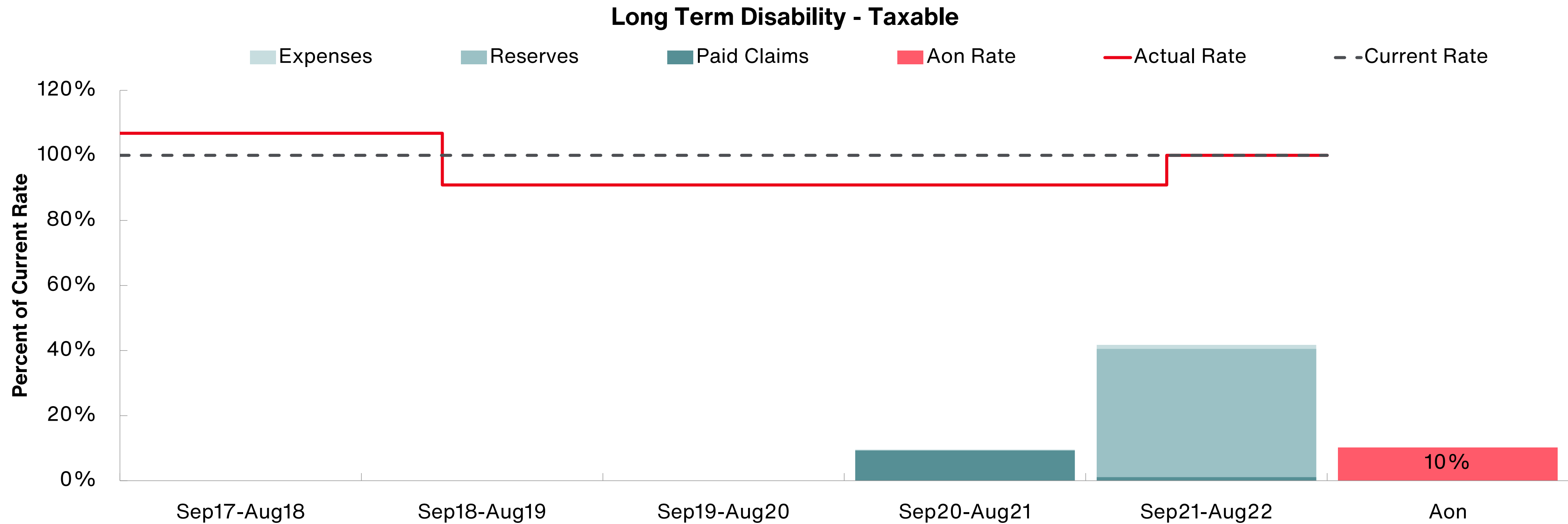
LTD Volume by Age Band Compared to LTD Cost



	Last Year	Current Year
Number of Lives	157	160
Average Age	46.0	45.7
% Female / % Male	78.7% / 21.3%	76.5% / 23.5%

Renewal Analysis

Long-Term Disability



Comments

- Aon’s analysis placed 10.7% credibility on the experience results above, with the remaining 89.3% applied to the demographic change

Renewal Analysis

Extended Health Care and Dental Care

Context

- Benefits are underwritten on an ASO basis
- Budget ASO rates are determined based on MLHU's own claims experience
 - Canada Life used 12-months of experience (August 2021 – July 2022) in their analysis
 - Aon used 24-months of experience (September 2020 – August 2022) in their analysis
 - The experience is adjusted and trended with expected market trend (increase in utilization and costs)
 - Canada Life applied a trend rate of 18.8% on Health, 16.6% on Drugs and Vision and 16.2% on Dental
 - Aon used a trend rate of 6.0% for Extended Health Care and 5.0% for Dental, which is supported by benchmarking studies
- ASO expenses are built into the budgeted rates. Aon benchmarks the expenses against our national block

Renewal Results – ASO Expenses

	Current (%)	Current (\$)	Proposed by Canada Life (%)	Proposed by Canada Life (\$)	Effective January 1, 2023 (%)	Effective January 1, 2023 (\$)
General Administration ¹	2.55%	\$35,900	3.13%	\$44,100	3.05%	\$43,000
Claims Administration ²						
Extended Health Care	3.95%	\$8,400	5.43%	\$11,600	4.23%	\$9,000
Drugs	2.40%	\$11,400	3.46%	\$16,500	2.96%	\$14,100
Dental Care	2.45%	\$11,500	3.56%	\$16,700	3.26%	\$15,300
Risk ¹	0.15%	\$2,100	0.16%	\$2,300	0.16%	\$2,300
Profit ¹	1.33%	\$18,700	1.33%	\$18,700	1.33%	\$18,700
Pooling ²	17.97%	\$106,400	17.97%	\$106,400	17.97%	\$106,400
ASO Float Amount		\$67,000		\$67,000		\$67,000
Total (excluding ASO Float)		\$194,400		\$216,300		\$208,800

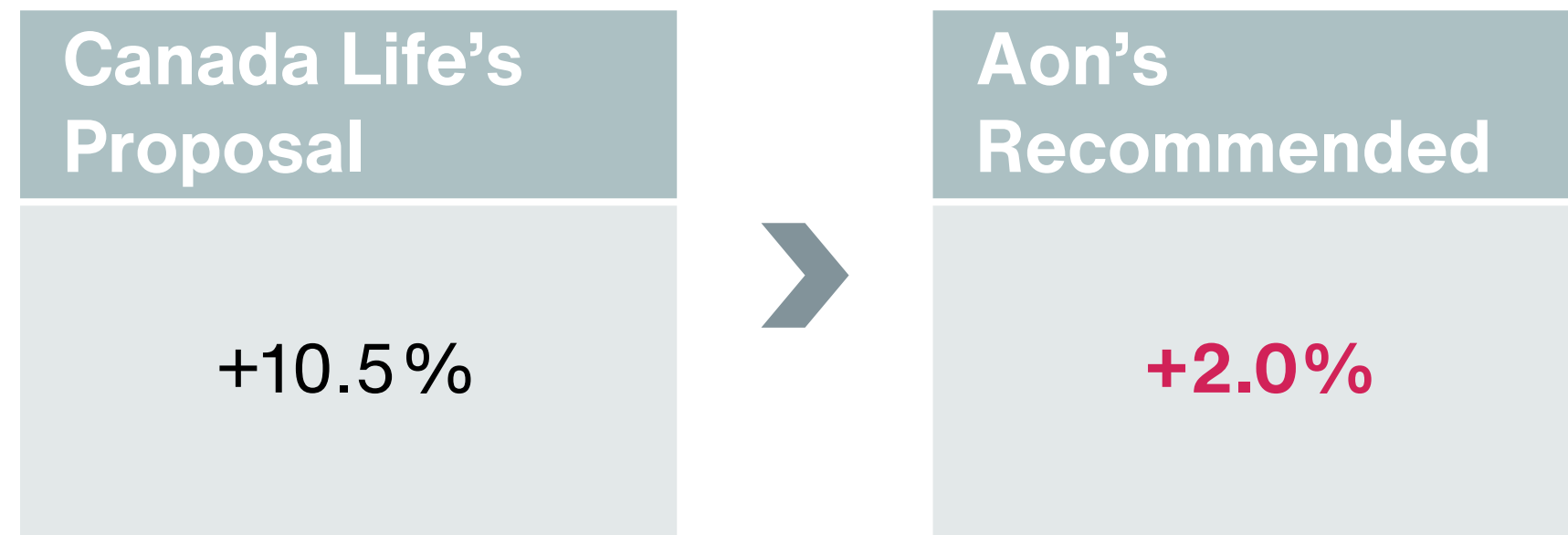
1. Fees are applied as a % of budgeted premiums

2. Fees are applied as a % of paid claims less pooled claims

Renewal Analysis

Extended Health Care

Renewal Results



Comments

- Canada Life's analysis is based on the most recent 12-month period
- Aon utilizes 24-months of experience, with 75% weight to the most recent period
- Aon's trend factor is more conservative and is representative of our block experience

Renewal Analysis

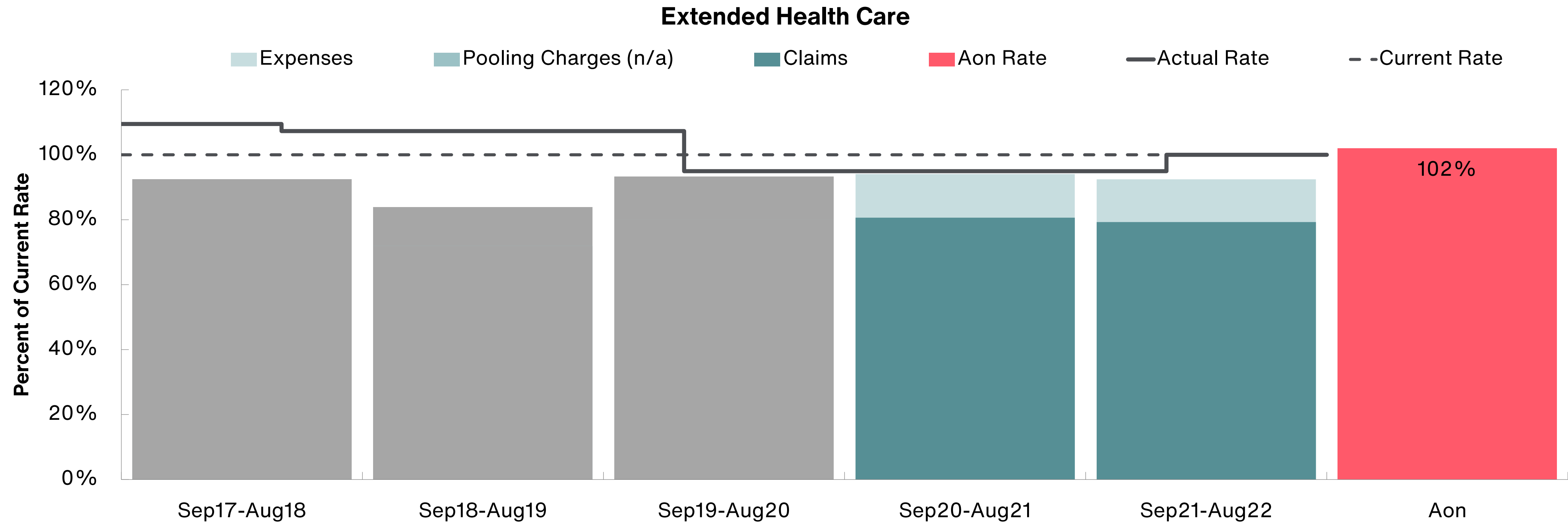
Extended Health Care

Pooling

- Pooling arrangement: All in-country claims over \$25,000 per individual and all out-of-country claims from first dollar are removed from the Extended Health Care experience
- In the most recent 12-month period, there were no pooled claims
- Canada Life is proposing to maintain the current pooling charge at 17.97%
- MLHU's pooling charge falls within the range of Aon's comparator block

Renewal Analysis

Extended Health Care

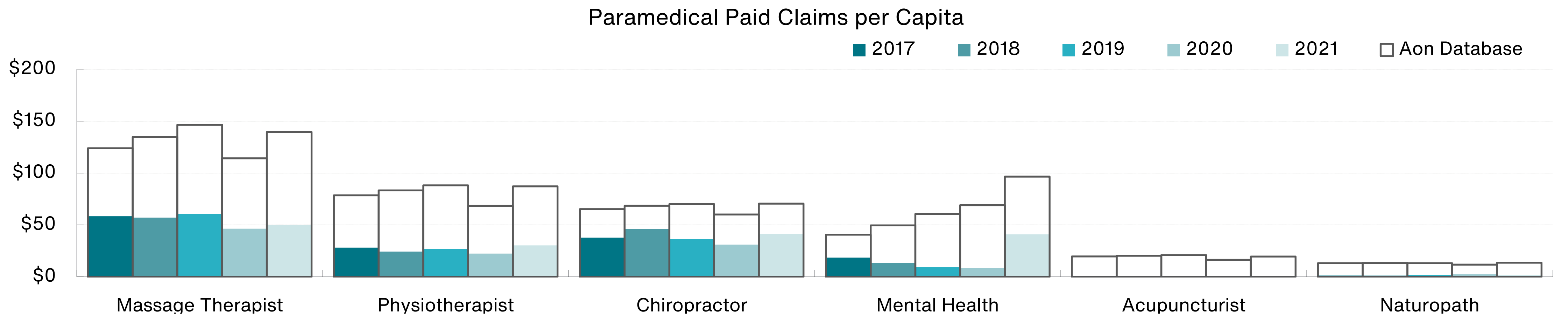
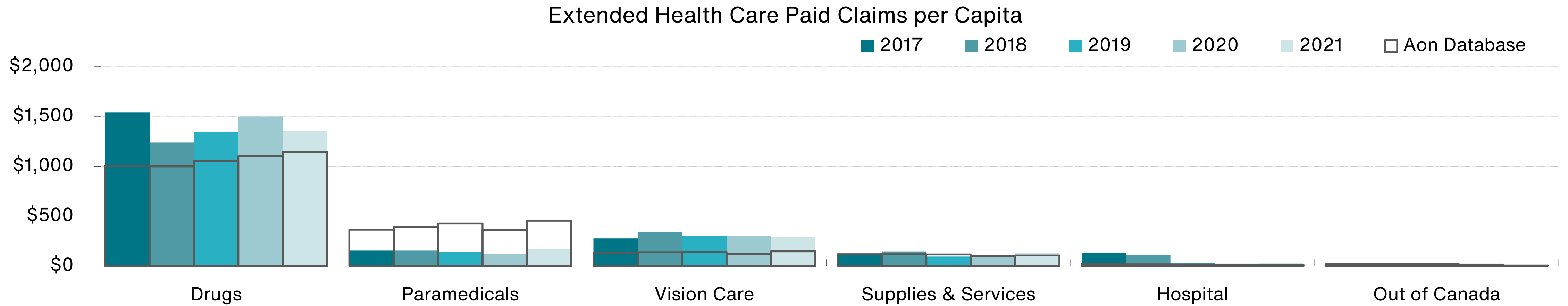


Note: Extended Health Care claims are net of Pooling charges

Renewal Analysis

Extended Health Care

Extended Health Care Paid Claims per Capita by Service Type



Renewal Analysis

Extended Health Care

Top 10 Drugs by Amount Paid

January 1, 2022 to October 31, 2022 (10 months)

Rank	Drug Name (DIN)	Therapeutic category	Number of DINS	Paid Claims	% of Total Paid Claims
1	STELARA 90MG/ML INJECTION	Skin Disorders/Acne	5	\$18,373	4.8%
2	REMICADE 100MG INJECTION	Rheumatoid Arthritis	7	\$17,919	4.7%
3	XOLAIR 150MG/VIAL INJECTION	Asthma	11	\$15,851	4.2%
4	STELARA 45/0.5ML INJECTION	Skin Disorders/Acne	4	\$14,699	3.9%
5	OTEZLA 30MG TABLET	Anti Inflammatory/Analgesics	3	\$12,710	3.3%
6	VICTOZA MULTIDOSE PEN INJECTOR	Diabetes Treatment and Supplies	6	\$6,002	1.6%
7	SAXENDA 6MG/ML INJECTION	Weight Control	18	\$5,837	1.5%
8	OZEMPIC 1.34MG/ML INJECTION	Diabetes Treatment and Supplies	9	\$5,246	1.4%
9	FREESTYLE LIBRE SENSOR	Diabetes Treatment and Supplies	13	\$5,197	1.4%
10	OZEMPIC 1.34MG/ML INJECTION	Diabetes Treatment and Supplies	19	\$5,167	1.4%
Total				\$107,001	28%
Total for All Drugs				\$380,326	100%

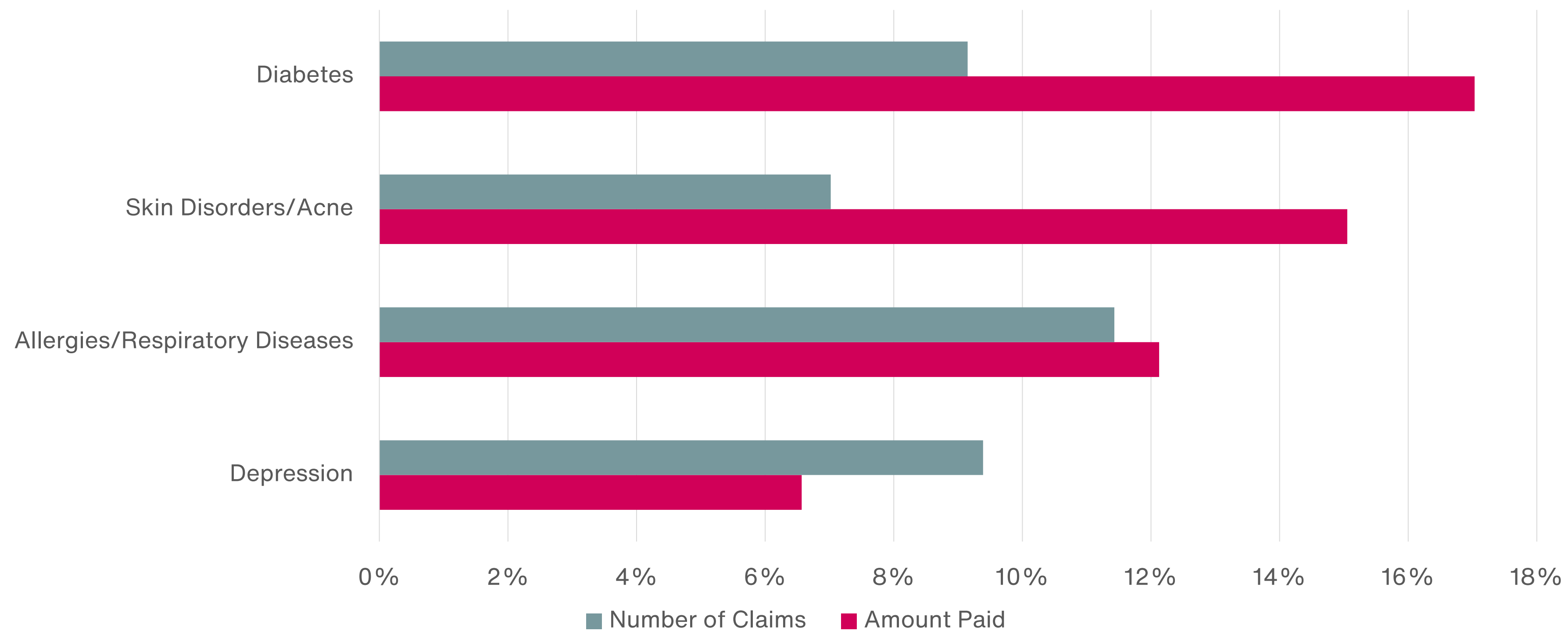
*Note: Canada Life's reporting is based on calendar year, which differs from their analysis period

Renewal Analysis

Extended Health Care

Drugs Claims by Condition – Proportion of Total Drug Claims

January 1, 2022 to October 31, 2022 (10 months)

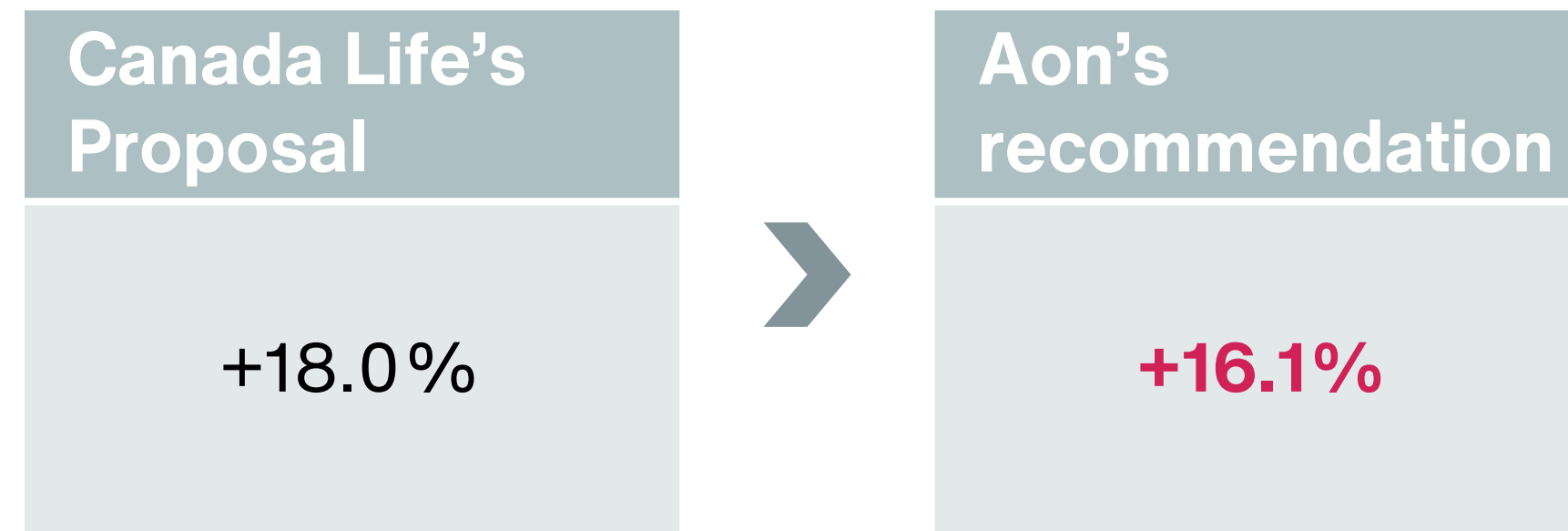


*Note: Canada Life’s reporting is based on calendar year, which differs from their analysis period

Renewal Analysis

Dental Care

Renewal Results

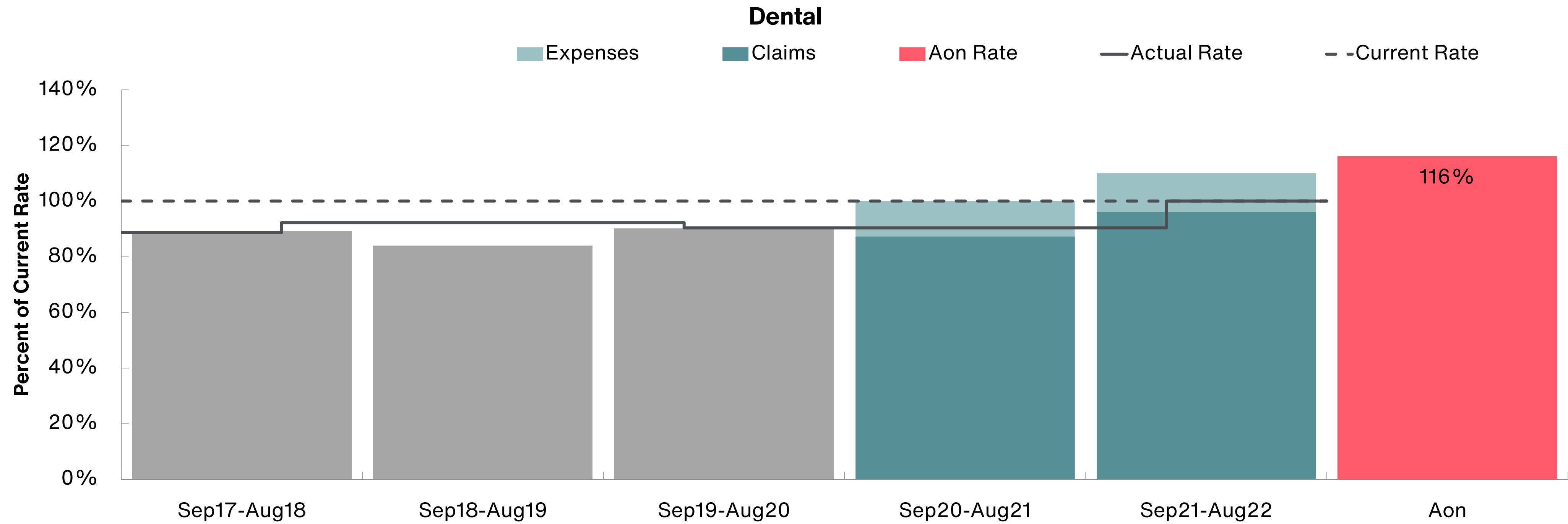


Comments

- Canada Life's analysis is based on the most recent 12-month period
- Aon utilizes 24-months of experience, with 75% weight to the most recent period
- Aon's trend factor is more conservative and is representative of our block experience

Renewal Analysis

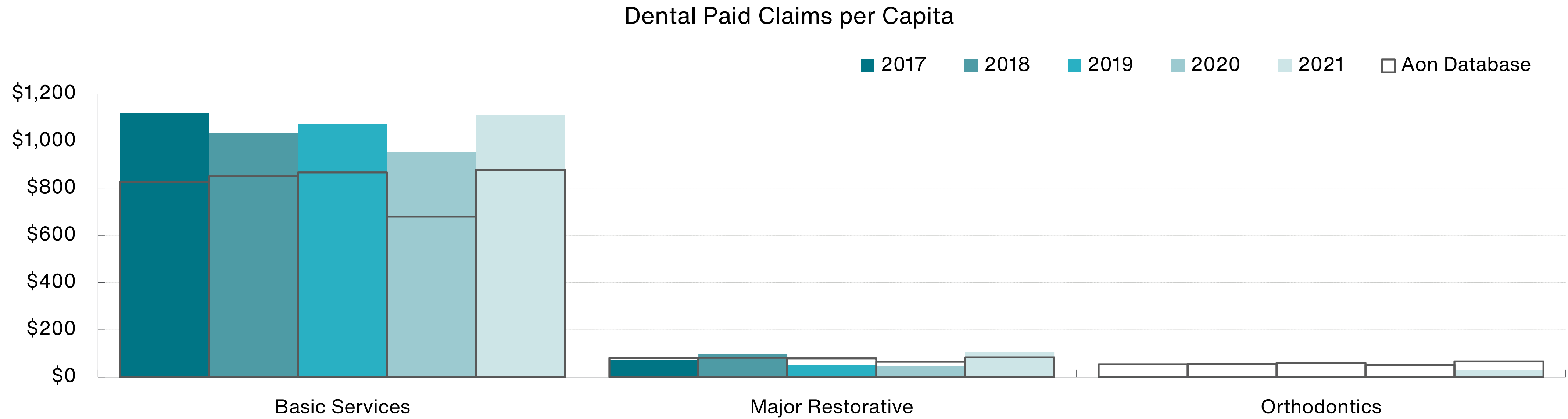
Dental Care



Renewal Analysis

Dental Care

Dental Care Paid Claims per Capita by Service Type



4

Next Steps



Next Steps



5

Other Items



Market Trends

Evolving Health Care Landscape

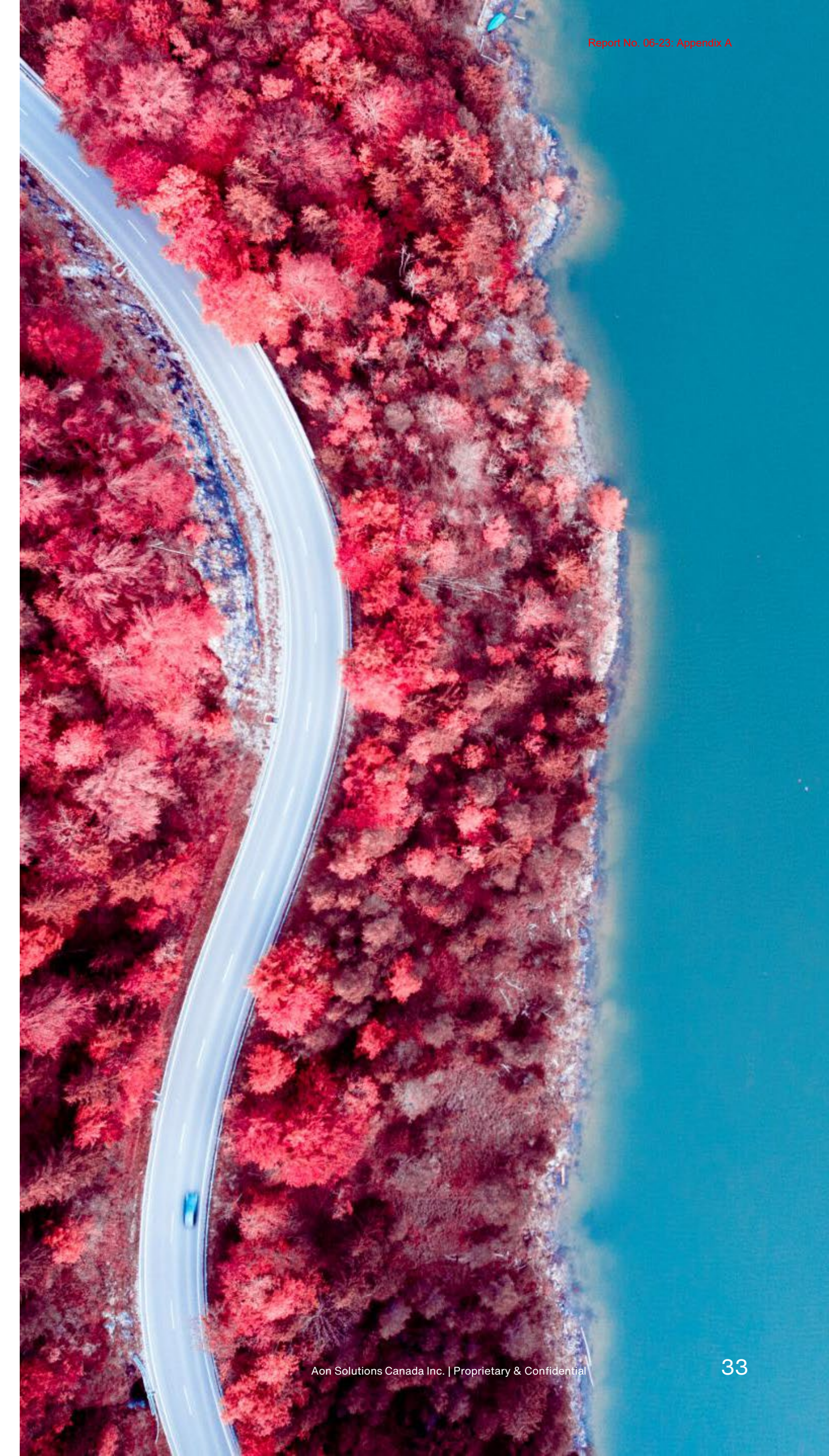
- Government transition to biosimilar policy
- Drug pipeline includes very expensive therapies (e.g. gene therapy, cancer treatments)
- National Pharmacare, including a national list of essential medications and a federal rare disease strategy
- Universal dental coverage care

Future sustainability of benefits programs

- Cost containment measures, including price listing agreements with pharmaceutical drug manufacturers
- Transition to biosimilar drug treatments with private payers
- Virtual or mail order pharmacy network with reduced dispensing fees

Employee engagement and retention

- Increased flexibility and plan design changes to address diversity and inclusion
- Enhanced service offering for employees such as virtual healthcare, virtual EFAP, mental health support



Inkblot Access

The fastest and easiest way to start supporting the mental health needs of your team.

Access to virtual counselling: cost of sessions reimbursed through paramedical plan/HSA, with a rate of \$90/hour. Option for employer to purchase counseling hours for employees before they use their benefits.

- ✓ **Custom landing page for your organization**
- ✓ **Online mental health training**
- ✓ **Proprietary matching technology**
- ✓ **Best-in-class counsellor network**
- ✓ **Custom implementation plan and awareness campaigns**
- ✓ **Customized evidence-based reporting**
- ✓ **Highest level security and confidentiality**
- ✚ **Employers subsidizes cost of initial sessions (optional add on)**
- ✚ **ICBT (optional add on)**
- ✚ **Calm app (optional add on)**

Aon exclusive pricing

\$0.30 PEPM
no minimum group size

add ons:

- sponsored hours - \$90/hour (*only billed for hours used*)
- iCBT: under 500 lives \$0.45 PEPM
over 500 lives \$0.35 PEPM
- Calm app: \$1.00 PEPM

To learn more, or see a demo please reach out to your Aon representative.

Inkblot EAP

Stand by your team when they need it most, with an EAP designed to offer true engagement.

Digital first EAP that provides effective, comprehensive and long term support.

- ✓ 5 hours of individual counselling
- ✓ 5 hours of couples counselling
- ✓ 5 hours of health coaching
- ✓ 5 hours of career coaching
- ✓ 5 hours of life coaching
- ✓ Legal and financial consultations (as needed)
- ✓ 24/7/365 crisis support line
- ✓ iCBT (self led)
- ✓ Full trauma capabilities (*additional cost*)

Plus, all features including: customized landing page, promotional materials, online mental health training, customized implementation plan, dedicated account manager, quarterly reporting

+ Calm app (*optional add on*)

Aon exclusive pricing

1-500 lives: \$3.95 PEPM

501-1000 lives: \$3.50 PEPM

1001+ lives: custom quote

add on:

- Calm app: \$1.00 PEPM

To learn more, or see a demo please reach out to your Aon representative.

Inkblot Access vs. EAP

<h2>Access</h2> <p><i>Use case: organization currently has a traditional EAP but is looking for additional mental health support. Inkblot Access is the perfect complement</i></p>	<h2>EAP</h2> <p><i>Use case: for organizations who do not currently have an EAP in place, or are looking to replace it</i></p>
Virtual counseling only	5 hours of sponsored counseling (individual plus couples)
Sessions are reimbursed through paramedicals/HSA	Worklife services: financial, legal, health coaching, life coaching, career coaching
+ ability for employer to sponsor a set number of counselling sessions before they use their extended benefits	24/7 crisis hotline
	Counseling can be delivered in person

Recent Legislative Changes

National

Federal Budget 2022 – Group Benefits Highlights

Federal Budget 2022 was tabled on April 7, 2022. Issues of interest to group benefits plan sponsors are highlighted below.

Employment Insurance (EI) Sickness Benefits

- Proposed increase from 15 to 26 weeks which was first announced in Budget 2021
- Amending legislation was passed in 2021 but is not yet in force.
- Budget 2022 pledged to bring the change into effect in summer 2022.

Medical Expense Tax Credit (METC) – Surrogacy and Other Expenses

- Proposed METC expansion to include medical expenses related to a surrogate mother or a sperm, ova, or embryo donor, that are incurred in Canada for 2022 and subsequent taxation years, to be claimed under the METC.
- Includes costs that have been reimbursed to a surrogate for in vitro fertilization expenses and fees paid to fertility clinics and donor banks in Canada in order to obtain donor sperm and ova.

Impact

- Though no detail is available at this time, employers currently participating in the EI premium reduction program may need to adjust corresponding disability benefit plans to align with new EI sickness benefit parameters.
- Although costs related to the use of reproductive technologies are already eligible expenses for the purposes of the medical expense tax credit (METC), they are not available to those who need to pay the medical expenses of others in order to become a parent. Allowing these costs as eligible METC expenses is relevant for plan sponsors who could begin to allow for related expense coverage in their benefits plans, including their health care spending accounts. Some carriers have developed standard offers that reflect these changes.

Recent Legislative Changes

National

Federal Budget 2022 – Group Benefits Highlights (continued)

Federal Budget 2022 was tabled on April 7, 2022. Issues of interest to group benefits plan sponsors are highlighted below.

National Dental Care

- Dental care coverage for all Canadians would be provided under a national plan starting with 12-year-olds in 2022, expanding to under 18-year-olds, seniors, and persons living with a disability in 2023, and full implementation by 2025.
- Restricted to families with an income of less than \$90,000 annually.
- Co-pay for family income between \$70,000 and \$90,000.
- No co-pay for those with family income under \$70,000.

National Pharmacare

Continued progress towards a universal national pharmacare program including:

- A pledge to table a Canada pharmacare bill and working to have it passed by the end of 2023, and
- Tasking the Canadian Drug Agency to develop a national formulary of essential medicines and bulk purchasing plan.

Impact

- The federal government introduced the Canada Dental Benefit to provide an interim benefit that offers an income-tested and capped direct payment in relation to dental services received by children 12 years of age and under who are dependents of the taxpayer applying for the benefit.
- Details on the proposed national pharmacare plan are limited. A national plan is likely to have a notable impact on private drugs plans, the extent of which will depend on details released as the program takes shape. For now, there are more questions than answers, but employers will want to prepare for a strategic review of their drug benefit offer in the not-so-distant future.

Recent Legislative Changes

National

Canada Dental Benefit

An interim solution

- Dental services for children 12 and under
- Paid to eligible parent or guardian in respect of each qualified dependent
- Qualified dependent cannot be in receipt of any governmental dental plan or participate in or have access to a dental care insurance plan
- Application can be made in advance of services or retroactively.
- Administered by CRA
- Cash payment
- Effective December 1, 2022 covering expenses retroactive to October 1, 2022

Definitions

- *Dental care services* means the services that a dentist, denturist or dental hygienist is lawfully entitled to provide, including oral surgery and diagnostic, preventative, restorative, endodontic, periodontal, prosthodontic and orthodontic services.
- *Dental services plan* means a contract of insurance in respect of dental care services or a dental care insurance plan obtained on the basis of employment or purchased privately.

Two Benefit Periods

- December 1, 2022 to June 30, 2023
- July 1, 2023 to June 30, 2024

Amount of Benefit

Separate applications for each benefit period can be made – no more than two payments for each eligible dependent (shared custody parents can split the payments, i.e., 4 @ 50%)

- **\$650**, if an applicant's adjusted income is less than \$70,000 for the base taxation year
- **\$390**, if an applicant's adjusted income is equal to or greater than \$70,000 but less than \$80,000
- **\$260**, if an applicant's adjusted income is equal to or greater than \$80,000 but less than \$90,000

Impact

- The Canada Dental Benefit is an income-dependent direct payment to applicants that is administered by CRA. Eligibility is restricted. Those who, via an employer sponsored dental plan, have insured dental coverage or access to insured dental coverage, are not eligible. As such, there is no direct impact on privately sponsored dental plans, i.e., no direct interaction or integration issues. This restriction appears to capture those who have “access” to an insured dental plan, but have opted out of employer coverage. It is unlikely that an HCSA would constitute “access” to an employer sponsored dental plan.
- It remains to be seen how rigorously CRA will administer the benefit. The application process may be simplified to enable payment for those who need it, with more rigorous eligibility screening coming later. Processes are in place for recovering overpayments or erroneous amounts.

Recent Legislative Changes

National

EI Modernization Consultations

The EI program is undergoing a review to ensure it is fair, more flexible and more responsive to the needs of current and future workers. On [September 28, 2022, the *What We Heard* report](#) was released, which summarizes the key takeaways from the second and final phase of the EI modernization consultations.

Phase 1 consultations ran from August 5, 2021, to February 17, 2022, and focused on gathering input from interested Canadians and stakeholders on the changing nature of work, access to EI, simplifying EI, self-employed and gig workers, life events, seasonal work and the Premium Reduction Program.

Phase 2 consultations ran from April 29 to July 29, 2022. Building on the information gathered during the first phase, Phase 2 focused on gathering input on the adequacy of EI benefits and the financing of the program. It also took a deeper dive into areas discussed in Phase 1 that required additional examination. This included supports for self-employed workers, workers in seasonal industries and the Premium Reduction Program.

Points of convergence among employers, workers, and other groups participating in the consultations:

- Calls for increased flexibility in amounts EI claimants can earn while receiving EI benefits (Working While on Claim rules).
- Calls for an improved Premium Reduction Program that it is simpler, more flexible and modernized with a digital application process.
- Calls for active employment benefits and support measures to enable the return to work

Impact

- While the report makes no immediate recommendations, the modernization of the EI system is important in the context of current labour shortages and challenging economic circumstances for workers and employers.
- Modernization of the Premium Reduction Program (PRP) is of interest as more employers seek to reduce payroll costs. The PRP allows an employer with a qualifying short-term disability plan to pay reduced EI contributions.

Recent Legislative Changes

National

National Day for Truth and Reconciliation

- Bill C-5, [*An Act to amend the Bills of Exchange Act, the Interpretation Act and the Canada Labour Code \(National Day for Truth and Reconciliation\)*](#), was granted royal assent on June 3, 2021, and came into effect on August 3, 2021.
- Bill C-5 amended the Canada Labour Code to add a new paid holiday, namely, National Day for Truth and Reconciliation, which is observed on September 30 (beginning in 2021).
- The new paid holiday is granted under the Canada Labour Code and only applies to federally regulated employers (e.g., banks, transportation, telecommunications, etc.).
- As of July 2022, Prince Edward Island, Nunavut, and Northwest Territories are the only other jurisdiction to enshrine the day as a statutory holiday under employment standards laws.

Impact

- Workplaces falling under the regulatory authority of provincial or territorial employment standards are not impacted by this Canada Labour Code enactment.
- Employers with unionized workforces should review collective agreement language to determine whether obligations exist under their agreements.
- Some provincially regulated organizations (primarily provincial civil service, schools, other public sector organizations and less frequently, private sector employers) choose to voluntarily observe the day with a paid day off. Others organized special events to honour the day.

Recent Legislative Changes

National

Ten Days Paid Medical Leave (sick days) for Federally Regulated Workers

- Bill C-3, *An Act to amend the Criminal Code and the Canada Labour Code* was granted Royal Assent December 17, 2021. It adds, among other things an entitlement to up to 10 days of paid medical leave per year. Subsequent amendments were Provisions of Bill C-3 related to Medical Leave will come into force in the future on a day to be fixed order of the Governor in Council.
- Currently, the Canada Labour Code (CLC) allows for up to 17 weeks of unpaid Medical Leave related to the personal illness of the worker (16 weeks where the leave is related to quarantine).
- Changes introduced by Bill C-3 would allow for 10 days of paid Medical leave. Additional Medical Leave days would be unpaid.
- Accrual rules are prescribed. In brief, employees with 30 days continuous service will have access to 3 paid medical leave days after which they may begin to accrue additional days (1 per month of service) up to a maximum of 10 days in total.
- Carryover is allowable; however, the number of days carried over reduces the entitlement in the following year (i.e., there is a 10 paid sick day cap irrespective of carryover).
- Paid medical leave sick days could be taken in more than one period, but each period of leave would be of not less than one day's duration.
- Employers are permitted to request a medical certificate for medical leaves of absence with pay that are five days or longer.
- The new sick leave entitlement is granted under the Canada Labour Code and only applies to federally regulated employers (e.g., banks, transportation, telecommunications, etc.) that have 100 or more employees on the day the provisions come into force.

Impact

- When Bill C-3 Medical Leave changes come into effect:
- Federally regulated employers who do not currently provide paid sick/medical leave days will need to implement new programs.
- Federally regulated employers who provide fewer than 10 days of sick/medical leave annually will need to adjust their offer accordingly to address new minimum requirements.
- A review of current policy documentation may be warranted to clarify that existing paid sick benefits are not in addition to the 10-day minimum entitlement.
- Employers whose flex or PTO policies currently include sick days, may need to revisit program parameters to ensure that at least ten days are allocated to the new statutory requirement in order to avoid having to pay additional sick days if sick time is needed and flex or PTO entitlements have been exhausted for other reasons.
- Employers not currently participating in the Employment Insurance Premium Reduction Program may wish to investigate whether introducing a formal disability program that leads to an EI premium reduction could offset budget increases related to mandatory sick days.

Recent Legislative Changes

National

COVID-19 Vaccinations

- The COVID-19 vaccination rollout in Canada is strictly controlled by the public sector.
- All provinces continue to provide unpaid leave of absence entitlements for illness or quarantine related to COVID-19.
- Some provinces have made legislative changes that enable workers to take paid time off work in order to be vaccinated against COVID-19.

Mandatory Paid Time-off for COVID-19 Vaccination	<p>Alberta</p> <ul style="list-style-type: none"> • 3 consecutive hours of paid leave to receive a COVID-19 vaccination • Employer is prohibited from requesting proof of vaccination such as a medical certificate or record of immunization. • Effective April 21, 2021 until repealed 	<p>Ontario</p> <ul style="list-style-type: none"> • Workers taking an Infectious Diseases Emergency Leave (IDEL) are entitled to 3 days paid IDEL, with the remainder of IDEL time being unpaid. Reasons for taking IDEL include vaccination, and side effects of vaccination, among other things. • Time must be paid up to a maximum of \$200/day, but employers may be eligible to apply for a reimbursement under the Worker Income Protection Benefit • Effective April 19, 2021 – March 31, 2023.
	<p>British Columbia</p> <ul style="list-style-type: none"> • Up to 3 hours paid leave in order to receive a COVID-19 vaccination. • Employer may request proof of vaccination, but not in the form of a physician or nurse practitioner note. • Effective April 21, 2021 until repealed 	<p>Saskatchewan</p> <ul style="list-style-type: none"> • 3 consecutive hours during work hours of paid leave in order to receive a COVID-19 vaccination • Effective March 18, 2021 until repealed
Voluntary Paid Time- off for Vaccination	<p>Prince Edward Island has a voluntary program whereby an employer can grant paid time off for COVID-19 related illness or vaccination and be reimbursed for wages paid up to a maximum amount per day for a fixed number of days. This would include time off for vaccination. The reimbursement program is in place until December 31, 2022 or when budget is exhausted. Similar programs operated in Manitoba and Nova Scotia but closed on March 31, 2022 and May 7, 2022, respectively.</p> <p>Unpaid time off for vaccination would generally be available in other provinces or in addition to the specific provisions outlined above for Alberta, BC, Ontario and Saskatchewan under existing COVID-19 leave entitlements.</p>	

Recent Legislative Changes

National

Leaves of Absence

- An expanded range of LOAs (e.g., extended parental and compassionate care) is now prevalent under the employment standards in all provinces and territories and under the Canada Labour Code for federally regulated industries.
- Most jurisdictions now provide, among other things:
 - Significantly longer periods of job-protected parental leave.
 - Job-protection for employees who are the victim or domestic or sexual violence.
 - Extended leaves for serious illness or longer bereavement periods where the deceased is a minor child.
 - In some jurisdictions, length of service requirements for eligibility have been shortened or eliminated entirely.

COVID-19: Several jurisdictions have introduced new LOAs related to COVID-19. Eligibility is based on prescribed reasons stated in relevant employment standards legislation and is generally tied to the period during which there is a declared state of emergency or a specific public health directive(s) in place.

Impact

- All employers should review existing LOA policies or consider drafting a policy where one does not exist, to account for new or modified provisions for existing LOAs.
- Collective bargaining agreements, if any, may need to be reviewed to ensure language is current.
- Some jurisdictions mandate the continuation of benefits during LOA, others do not. Where no requirement exists, employers should evaluate workforce strategy to determine whether they wish to consider extending benefits to employees on leave.
- Employers should be aware that legislative provisions related to the COVID-19 pandemic that provided income support and exceptional rights for employees whose jobs were affected by the pandemic may be winding down. Employer policy and practice should be reviewed to ensure that current legislative obligations are observed.

Recent Legislative Changes

Ontario

Portable Benefits Advisory Panel Appointed

- The Ontario government has appointed a Portable Benefits Advisory Panel tasked with providing advice on expanding benefits like health, dental and vision care to workers who do not typically have access to employer sponsored benefits plans.
- The panel will recommend the design and implementation of a new government-sponsored plan that would cover workers described as “precarious”; e.g., workers participating in the “gig economy” or industries such as retail, and hospitality.
- They will submit a final report to the government in Summer 2023 with recommendations on how to best administer and implement the new benefits plan.

Impact

- Depending on the design and implementation recommendations, the Ontario government will determine whether and how it will move forward with a government-sponsored benefits plan for precarious workers. When the time comes, employers in effected industries will want to review their existing plan design in the context of any proposed changes.

Recent Legislative Changes

Ontario

Expanded Coverage for Continuous Glucose Monitors and Related Supplies

- Starting March 14, 2022, eligible Ontarians with type 1 diabetes can receive Assistive Devices Program (ADP) funding for a continuous glucose monitor and the related supplies.
- Eligible individuals include those with type 1 diabetes who are at risk of severe hypoglycemia or who are unable to recognize, or communicate about, symptoms of hypoglycemia.
- Previously, continuous glucose monitors were available to Ontarians who manage their Type 1 and Type 2 diabetes with insulin, have valid prescription, and are eligible for the Ontario Drug Benefit program (introduced on November 26, 2021).
- The ADP program helps people with long-term physical disabilities pay for customized equipment and specialized supplies. This includes some devices and supplies used by Ontarians with type 1 and type 2 diabetes, such as insulin pumps, blood glucose meters, and needles and syringes for seniors.
- To qualify for an ADP-funded real-time continuous glucose monitor, a patient must first be assessed by the health care team from an ADP-registered Diabetes Education Program. These specialized multi-disciplinary teams provide diabetes education, treatment, and follow-up resources to individuals with diabetes.

Impact

- This coverage is available only to those who qualify for ADP coverage in Ontario. As such, the impact on plan sponsors is likely minimal.

Recent Legislative Changes

Ontario

Worker Income Protection Benefit (Paid Sick Days)

- On April 29, 2021, Ontario announced amendments to the Employment Standards Act under Bill 284, *COVID-19 Putting Workers First Act*, that provide a paid leave entitlement for Ontario workers if they are taking an Infectious Diseases Emergency Leave (IDEL) for reasons related to COVID-19.
- Employers must pay regular wages up to a maximum of \$200/day
- The Workers Income Protection Benefit (WIPB) was established under Bill 284, to provide a reimbursement mechanism for eligible employers of up to \$200/day per employee taking their 3-day paid IDEL.
- The WIPB is administered by the Workplace Safety and Insurance Board but has no connection to workers' compensation benefits or employer premium payment.
- The WIPB is a temporary program that will be in effect between April 19, 2021, and March 31, 2023.
- For employers with existing paid sick leave programs, the 3-day entitlement under the ESA is reduced by the number of days provided under the employer plan

Impact

- The WIPB provides paid sick days during the COVID-19 crisis for workers who do not currently have paid sick days.
- Paid sick days are promoted by health authorities as a means of reducing workplace-based COVID-19 transmission.
- Employers that provide fewer than 3 days (or no days at all) may be eligible for reimbursement for up to 3 days; the impact is cost-neutral for those already providing 3 or more paid sick days.

Recent Legislative Changes

Ontario

Biosimilars Initiative

- On 27 February 2020, the Ontario Cabinet announced that it had approved a policy (signed on 30 January 2020) that will switch some patients on provincial drug insurance to less-expensive versions of their medications.
- There is very little public information about how the biosimilar switching policy is being administered.
- The biosimilar switching policy applies to public drug plans only and as such has limited impact on privately sponsored drug plans.

Appendices

Appendix A – Rate Summary

Appendix B – Experience Analysis

Appendix C – Summary of Benefits

Appendix D – Negotiation Elements

Appendix E – Expenses

Appendix F – EP3 Statement



Appendix A

Rate Summary

Benefit	Volume	Current Premium		Aon Negotiated Position		
		Rate	Premium	Rate	Premium	Variation
Basic Life Insurance	\$45,909,000	\$0.235	\$10,789	\$0.263	\$12,074	12.0%
Basic Accidental Death & Dismemberment	\$38,732,000	\$0.030	\$1,162	\$0.030	\$1,162	0.0%
Long-Term Disability	\$455,537	\$2.706	\$12,327	\$2.825	\$12,869	4.4%
GMA/Virtual Health Care						
Single	54	\$1.55	\$84	\$1.65	\$89	6.5%
Family	260	\$1.55	\$403	\$1.65	\$429	6.5%
Extended Health Care						
Single	50	\$99.53	\$4,977	\$101.53	\$5,077	2.0%
Family	265	\$244.24	\$64,724	\$249.13	\$66,019	2.0%
Dental Care						
Single	50	\$68.70	\$3,435	\$79.76	\$3,988	16.1%
Family	265	\$137.58	\$36,459	\$159.73	\$42,328	16.1%
Total (excluding Sales Tax)			\$134,358		\$144,035	7.2%

Appendix B

Renewal Analysis – Experience Analysis

	Basic Life Insurance	Long-Term Disability
Adjusted premiums	585,343	715,222
Incurred claims	17,669	74,174
Loss ratio including expenses	2.8%	10.2%
Credibility	15.0%	10.7%
Demographic change (non credible portion)	-0.9%	-0.7%
Calculated adjustment	-15.4%	-10.2%
Negotiated adjustment	12.0%	4.4%

Notes:

- Premium and claims from September 2017 to August 2022. An equal weight was applied to each 12-month period
- Incurred claims include waiver of premium reserves for Basic Life Insurance and disabled life reserves for Long-Term Disability, demographic change and interest.

Appendix B

Renewal Analysis – Experience Analysis

	Extended Health Care	Dental Care
Non pooled adjusted premiums	1,603,391	906,000
Anticipated inflation (annual)	6.0%	5.0%
Non pooled incurred claims	1,281,666	830,983
Expenses (% of premiums)	14.3%	12.7%
Loss ratio including expenses	101.9%	116.1%
Credibility	100%	100%
Calculated adjustment	1.9%	16.1%
Negotiated adjustment	2.0%	16.1%

Notes:

- Premium and claims from September 2020 to August 2022
- A weight of 75% was applied to most recent 12-month period
- For Extended Health Care, adjusted premiums and incurred claims exclude pooling charges and pooled claims

Appendix D

Renewal Analysis – Negotiation Elements



Basic Life Insurance

Credibility on experience

- Canada Life: 0.0%
- Aon: 15.0%

Non credible portion (manual rate versus demographic change)



Long-Term Disability

Credibility on experience

- Canada Life: 0.0%
- Aon: 10.7%

Non credible portion (manual rate versus demographic change)



Extended Health Care

Experience Periods

- Canada Life: 1 year
- Aon: 2 years (75%/25%)

Trend factor

- Canada Life : 18.8% Health, 16.6%
Drugs and Vision
- Aon: 6.0%



Dental Care

Experience Periods

- Canada Life : 1 year
- Aon: 2 years (75%/25%)

Trend factor

- Canada Life : 16.2%
- Aon: 5.0%

Appendix E

Expenses

	Current	Proposed by Canada Life	Effective January 1, 2023
General Administration	2.55%	3.13%	3.05%
Claims Administration			
Health Care	3.95%	5.43%	4.23%
Drugs	2.40%	3.46%	2.96%
Dental Care	2.45%	3.56%	3.26%
Risk	0.15%	0.16%	0.16%
Profit	1.33%	1.33%	1.33%
Pooling	17.97%	17.97%	17.97%
At-Work Services (per hour)	\$166	\$173	\$173
ASO Float Amount	\$67,000	\$67,000	\$67,000

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Thank You

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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 07-22

TO: Chair and Members of the Board of Health
FROM: Alexander Summers, Medical Officer of Health
DATE: 2023 January 19

**MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR
NOVEMBER AND DECEMBER**

Recommendation

It is recommended that the Board of Health receive Report No. 07-23, re: “Medical Officer of Health Activity Report for November and December” for information.

The following report presents activities of the Medical Officer of Health (MOH) for the period of October 28, 2022 – January 5, 2023.

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:

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

- October 31** Attended Council of Medical Officers of Health (COMOH) Working Group meeting.
- November 1** Attended Ministry of Health COVID-19 Public Health coordination call.
Interview with Bryan Bicknell (CTV London) on influenza vaccine campaign.
- November 2** Attended Community Health Summit planning meeting with City of London partners.
Attended Council of Medical Officers of Health (COMOH) meeting.
Interview with Alessio Donnini (CBC London) on the influenza season.
- November 3** Participated in United Way Stair Climb fundraiser.
Attended Ministry of Health COVID-19 Vaccine operational call.
Interview with Megan Stacey (London Free Press) on homelessness summit.
- November 4** Interview with Chris Gareau (Middlesex Banner) on COVID and influenza vaccines.
- November 5** Attended the Middlesex County Warden’s Banquet with the Chief Executive Officer.

- November 7** Attended Community Health Summit planning meeting with City of London partners.
- November 9** Participated in Community Health Forum at Hellenic Community Centre.
Interview with Jennifer Basa (CTV London) on mask mandates and influenza season.
Attended Council of Medical Officers of Health (COMOH) Executive meeting.
- November 10** Interview with Michelle Both (CBC London) on seasonal influenza vaccine.
- November 14** Interview with Carlyle Fiset (CTV London) on indoor masking.
- November 15** Interview with Robert Van Ryswyck (X FM Fanshawe) on indoor masking.
Attended City of London Policy Group meeting.
Meeting with Schulich School of Medicine and Dentistry's Epidemiology and Biostatistics on partnership opportunities.
Attended Ministry of Health COVID-19 Public Health coordination call.
Attended Council of Medical Officers of Health (COMOH) Executive meeting.
Attended Inaugural City of London Council meeting.
- November 16** Attended London Middlesex Primary Care Association meeting.
Interview with Jennifer Bieman (London Free Press) on influenza related deaths in the community.
- November 17** Attended Council of Medical Officers of Health (COMOH) Executive meeting.
- November 18** Attended Council of Medical Officers of Health (COMOH) workshop and meeting.
- November 21** Meeting with City of London partners on their strategic plan.
Meeting with partners from Canadian Food Inspection Agency and Ontario Ministry of Agriculture, Food and Rural Affairs regarding avian flu.
Hosted Southwest Medical Officers of Health monthly meeting.
- November 22** Attended Ministry of Health COVID-19 Vaccine operational call.
Attended Ministry of Health COVID-19 Public Health coordination call.
- November 23** Attended MLHU Vaccine Operations Committee meeting.
- November 24** Testified at a coroner's inquest regarding an opioid related death.
Participated in City of London Emergency Training exercise.
Filmed a video with Thames Valley District School Board on masking.
- November 28** Participated in County of Middlesex Emergency Training exercise.
- November 29** Attended Ministry of Health COVID-19 Public Health coordination call.
- December 2** Interview with Jennifer Bieman (London Free Press) on respiratory season.
- December 6** Attended Council of Medical Officers of Health (COMOH) forum.

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:*

- October 31** Meeting with partners from the Canadian Union of Public Employees
- November 8** Attended MLHU Leadership Team meeting.
- November 10** Attended Healthy Living Leadership meeting.
- November 17** Attended MLHU's Staff Day Social.
- December 5** Attended Office of the Medical Officer of Health (OMOH) Management meeting.

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

- November 3** Attended Finance and Facilities Committee meeting.
Attended Board of Health Agenda Review and Executive meeting with the Chief Executive Officer, Board Chair and Executive Assistant to the Board of Health.
- November 10** Attended Association of Local Public Health Agencies (alPHa) Board meeting.
Attended Governance Committee and Board of Health meetings.
- December 6** Attended Board of Health Agenda Review and Executive meeting with the Chief Executive Officer, Board Chair and Executive Assistant to the Board of Health.

This report was prepared by the Medical Officer of Health.



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



TO: Chair and Members of the Board of Health
FROM: Emily Williams, Chief Executive Officer
DATE: 2023 January 19

CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR DECEMBER

Recommendation

It is recommended that the Board of Health receive Report No. 08-23, re: “Chief Executive Officer Activity Report for December” for information.

The following report highlights activities of the Chief Executive Officer for the period of December 2, 2022 – January 1, 2023.

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.

As part of the MLHU on-call leadership system, the CEO provided on-call coverage from December 26 to January 1.

The CEO also attended the following meetings:

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

December 8 The CEO attended the 2022 Middlesex County Inaugural Council meeting and reception.

December 12 The CEO attended a pre-meeting for the second Community Health and Homelessness meeting.

December 15 The CEO attended the second Community Health and Homelessness meeting, organized by the City of London.

December 22 The CEO attended the Western Ontario Health Team Coordinating Council meeting.

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

December 2 The CEO attended a working meeting with the Assistant Director, Finance to discuss the 2023 Annual Service Plan Interventions.

- December 5** The CEO attended the weekly Office of the Medical Officer of Health management meeting to provide a presentation about Performance Management.
- The CEO, with the Manager Human Resources, met with AON to review employee benefit plan renewal.
- December 6** The CEO met with the Assistant Director, Finance and the Director, Environmental Health and Infectious Disease to discuss the School Focused Nursing Initiative budget.
- December 7** The CEO met with the Manager, Health Equity to discuss Employee Systems Review (ESR) recommendations and Health Equity Core Competencies Education.
- December 12** The CEO met with the Manager, Human Resources and the Human Resources Coordinator, Systems, Learning and Performance Development to determine the provider for leadership development programming in 2023.
- December 13** The CEO attended the Strathroy Dental Steering Committee monthly meeting.
- December 14** The CEO attended the ESR Steering Committee meeting.
- The CEO met with the Medical Officer of Health, Lambton Public Health, who provided coverage for MLHU's Medical Officer of Health.
- December 20** The CEO met with legal to discuss a confidential labour relations matter.
- December 21** The CEO, with the Manager, Information Technology and the Acting Manager, Program Planning and Evaluation, met with a technology company to discuss pricing and contract renewal.
- The CEO met with legal to discuss a confidential matter.
- December 22** The CEO met with the Medical Officer of Health, Lambton Public Health, who provided coverage for MLHU's Medical Officer of Health.
- December 29** The CEO and Medical Officer of Health met for a planning day for 2023.
- Personal Development** – *These meeting(s) reflect on how the CEO develops their leadership, skills and growth to define their vision and goals for the Health Unit.*
- December 8** As part of the CEO's McCormick Care Board membership, the CEO attended the McCormick Care Executive Committee meeting.
- December 12** As part of the CEO's McCormick Care Board membership, the CEO attended the McCormick Care CARF Governance Interview.
- December 14** As part of the CEO's McCormick Care Board membership, the CEO attended the McCormick Care CEO Performance Sub-Committee meeting.
- December 19** The CEO completed the San'yas Indigenous Cultural Safety Training.

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

- December 6** The CEO attended the MLHU Board of Health December Agenda Review and Executive meeting with the Board Chair.
- December 8** The CEO attended a monthly meeting with Brent Feeney, Ministry of Health, Financial Branch representative to receive a Ministry of Health public health funding update.
- December 14** The CEO met with the incoming Executive Assistant to the Board of Health to discuss transitioning into the role.
- December 15** The CEO attended the December Board of Health meeting and the Board of Health year-end social.
- December 16** The CEO met with the Board Chair for a monthly update meeting.
- December 19** The CEO attended a meeting with the Executive Assistant to the Board of Health and the Manager, Privacy, Risk, and Project Management to discuss Board of Health orientation and governance.
- December 23** The CEO met with the recruitment lead to discuss the ongoing recruitment of the Associate Medical Officer of Health position.

This report was prepared by the Chief Executive Officer.



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

CORRESPONDENCE – January 2023

a) **Date:** December 30, 2022

Topic: Physical Literacy for Healthy Active Children

From: Dr. Penny Sutcliffe, Medical Officer of Health/Chief Executive Officer, Public Health Sudbury and District

To: All Ontario Public Health Units, Directors of Education, Local School Boards Sports

Background:

On December 30, 2022, MLHU received a letter from Dr. Penny Sutcliffe, noting a motion from their October 20, 2022 Board of Health meeting to promote physical activity levels among children with advocacy to public health units, school boards, and governmental organizations. Dr. Sutcliffe notes that “It is crucial that we embrace physical literacy as a catalyst for children and youth to be active and healthy.”

Recommendation: Receive.



Public Health
Santé publique
SUDBURY & DISTRICTS

December 30, 2022

VIA ELECTRONIC MAIL

Directors of Education, Local School Boards
Sports and Recreation Organizations
Early Learning Centres

Dear Recipient:

Re: Physical Literacy for Healthy Active Children

At its meeting on October 20, 2022, the Board of Health carried the following resolution #29-22:

WHEREAS being physically active every day helps children and youth perform better in school, learn new skills, build strong muscles, improve blood pressure and aerobic fitness, strengthen bones and reduce the risk of depressionⁱ; and

WHEREAS the implementation of stay-at-home orders, closures of schools, and indoor and outdoor spaces to mitigate the spread of COVID-19 is the reduction of physical activity levels in all age groupsⁱⁱ; the percentage of youth meeting the Canadian physical activity recommendations for children and youth fell from 50.8% in 2018 to 37.2% in 2020ⁱⁱⁱ; and

WHEREAS the Government of Canada's national policy document Common Vision for Increasing Physical Activity and Reducing Sedentary Living in Canada: Let's Get Moving identifies physical literacy as the foundation for an active lifestyle^{iv}. Studies show that children who have high physical literacy scores are more likely to meet national physical activity or sedentary behaviour guidelines^v; and

WHEREAS physically literate individuals have been shown to have the motivation, confidence, physical competence,

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knowledge and understanding to value and take responsibility for engaging in physical activities for life^{vi} and these skills help them make healthy, active choices that are both beneficial to and respectful of their whole self, others, and their environment^{vii}; and

WHEREAS the school community offers one of the best opportunities to improve the quality of sport and physical activity participation for children and youth; and

WHEREAS the Ontario Public Health Standards require that: “community partners have the knowledge of and increased capacity to act on the factors associated with the prevention of chronic diseases and promotion of wellbeing, including healthy living behaviours, healthy public policy, and creating supportive environments.”^{viii} This includes knowledge of the importance and impact of physical literacy on increasing physical activity participation thereby reducing the risk of chronic disease;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts encourage all area school boards, sport and recreation organizations, and early learning centres to work to improve physical activity levels among children and youth across Sudbury and districts, including through collaboration with Sport for Life Society, Active Sudbury and Public Health Sudbury & Districts, agencies that provide comprehensive physical literacy training to teachers, coaches, recreation providers and early childhood educators; and

FURTHER THAT a copy of this motion be shared with the Sport for Life Society, Active Sudbury, local members of Provincial Parliament, all Ontario Boards of Health, and area school boards, early learning centres and sport and recreation organizations.

As we look ahead to increase physical activity and to decrease sedentary behaviours in the population; the need for improving physical literacy is greater than ever before. It is crucial that we embrace physical literacy as a catalyst for children and youth to be active and healthy. We know that *it takes a village to raise a child* and the collaboration of multiple sectors to embed physical literacy development in plans, programs, and policies. Therefore the Board of Health for Sudbury & Districts encourages all area school boards, sport and recreation organizations, and early learning centres across Sudbury and districts to work to

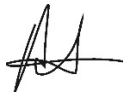
Letter Re: Physical Literacy for Healthy Active Children

December 30, 2022

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improve physical activity levels among children and youth through collaboration with agencies that provide comprehensive physical literacy programming, including the Sport for Life Society, Active Sudbury and Public Health Sudbury & Districts.

Sincerely,



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

cc: Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
All Ontario Boards of Health
Constituent Municipalities

ⁱ Centre for Disease Control and Prevention. Healthy Benefits of Physical Activity for Children (2021). Taken from: <https://www.cdc.gov/physicalactivity/basics/adults/health-benefits-of-physical-activity-for-children.html>

ⁱⁱ Science Table. The Impact of Physical Activity on mental Health Outcomes during the COVID-19 Pandemic. (2022) taken from : [The Impact of Physical Activity on Mental Health Outcomes during the COVID-19 Pandemic - Ontario COVID-19 Science Advisory Table \(covid19-sciencetable.ca\)](https://www.scientable.ca/covid19-science-table)

ⁱⁱⁱ Statistics Canada. The unequal impact of the COVID-19 pandemic on the physical activity habits of Canadians. (2022) Taken from: <https://www150.statcan.gc.ca/n1/pub/82-003-x/2022005/article/00003-eng.htm>

^{iv} Government of Canada. A common Vision for increasing physical activity and reducing sedentary living in Canada: Let's Get Moving. (2018) Taken from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/lets-get-moving.html>

^v Tremblay MS, Longmuir PE, Barnes JD, Belanger K, Anderson KD, Bruner B, Copeland JL, Delisle Nyström C, Gregg MJ, Hall N, Kolen AM, Lane KN, Law B, MacDonald DJ, Martin LJ, Saunders TJ, Sheehan D, Stone MR, Woodruff SJ. Physical literacy levels of Canadian children aged 8-12 years: Descriptive and normative results from the RBC Learn to Play-CAPL project. BMC Public Health. 2018;18(Suppl 2):1036.

^{vi} The International Physical Literacy Association, May 2014. Taken from: <https://physicalliteracy.ca/physical-literacy/>

vii Government of Ontario HEALTH AND PHYSICAL EDUCATION, 2019 | The Ontario Curriculum, Grades 1–8. 2019 taken from: <https://preview-assets-us-01.kc-usercontent.com/fbd574c4-da36-0066-a0c5-849ffb2de96e/db4cea83-51a1-458d-838a-4c31be56bc35/2019-health-pysical-education-elem-PUBLIC.pdf>

viii Government of Ontario. (June, 2021) Ontario Public Health Standards: requirements for Programs, Services and Accountability. Taken from: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/