

**AGENDA  
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, May 18, 2023 at 7 p.m.  
Microsoft Teams (Virtual)

**MISSION - MIDDLESEX-LONDON HEALTH UNIT**

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

**MEMBERS OF THE BOARD OF HEALTH**

Matthew Newton-Reid (Chair)

Michael Steele (Vice-Chair)

Peter Cuddy

Aina DeViet

Skylar Franke

Tino Kasi

Michael McGuire

Selomon Menghsha

Michelle Smibert

Dr. Alexander Summers (Medical Officer of Health, ex-officio member)

Emily Williams (Chief Executive Officer, ex-officio member)

**SECRETARY**

Emily Williams

**TREASURER**

Emily Williams

**DISCLOSURE OF CONFLICTS OF INTEREST**

**APPROVAL OF AGENDA**

**MINUTES**

Approve: April 20, 2023 – Board of Health meeting

Receive: April 20, 2023 – Governance Committee meeting  
May 11, 2023 – Finance and Facilities Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
<b>Reports and Agenda Items</b>						
1	X	X	X	Finance and Facilities Committee Meeting Summary (Report No. 32-23)	<a href="#">May 11, 2023 Agenda</a>	To provide an update from the May 11, 2023 Finance and Facilities Committee meeting.  Lead: Committee Chair Mike Steele
2		X	X	2023-24 MLHU Provisional Plan (Report No. 33-23)	<a href="#">Appendix A</a>	To seek feedback from the Board of Health on the draft 2023-24 MLHU Provisional Plan.  Leads: Emily Williams, Chief Executive Officer, Dr. Alexander Summers, Medical Officer of Health and Sarah Maaten, Acting Director, Public Health Foundations
3		X	X	Public Consultation on Potential Amendments to Federal Cannabis Regulations (Report No. 34-23)	<a href="#">Appendix A</a>	To provide information and present draft feedback from the Middlesex-London Health Unit on potential amendments to regulations under the <i>Cannabis Act</i> .  Leads: Dr. Alexander Summers, Medical Officer of Health and Linda Stobo, Manager, Substance Use Program Team
4		X	X	Support for Health Canada's Policy Update on Restricting Advertising of Food and Beverages to Children (Report No. 35-23)	<a href="#">Appendix A</a>	To provide information on and endorse the Middlesex-London Health Unit's response to Health Canada's policy update on restricting advertising of food and beverages to children.  Lead: Dr. Alexander Summers, Medical Officer of Health

<b>5</b>			<b>X</b>	MLHU Strathroy Dental Clinic – May 2023 Update  (Report No. 36-23)	<a href="#">Appendix A</a>  <a href="#">Appendix B</a>	To provide an update to the Board of Health on the Strathroy Dental Clinic build.  Leads: Emily Williams, Chief Executive Officer, Dr. Alexander Summers, Medical Officer of Health, Donna Kosmack, Manager, Oral Health and Warren Dallin, Manager, Procurement and Operations
<b>6</b>			<b>X</b>	MLHU’s Seniors’ Dental Care Program – Partnerships  (Report No. 37-23)	<a href="#">Appendix A</a>	To provide information on Seniors’ Dental Care partnerships in Middlesex-London.  Leads: Dr. Alexander Summers, Medical Officer of Health and Donna Kosmack, Manager, Oral Health
<b>7</b>			<b>X</b>	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
<b>8</b>			<b>X</b>	Medical Officer of Health Activity Report for April  (Report No. 38-23)		To provide an update on external and internal meetings attended by the Medical Officer of Health since the last Board of Health meeting.  Lead: Dr. Alexander Summers, Medical Officer of Health
<b>9</b>			<b>X</b>	Chief Executive Officer Activity Report for April  (Report No. 39-23)		To provide an update on external and internal meetings attended by the Chief Executive Officer since the last Board of Health meeting.  Lead: Emily Williams, Chief Executive Officer

Correspondence					
10			x	May Correspondence	<p>To receive the following items for information:</p> <ul style="list-style-type: none"> <li>a) City of Hamilton Public Health Services re: <i>2023 PHS Annual Service Plan &amp; Budget Submission; Support for Sufficient, Stable and Sustained Funding for Local Public Health Agencies</i></li> <li>b) May 2023 Middlesex-London Board of Health External Landscape</li> <li>c) Public Health Sudbury &amp; Districts re: <i>Support for the 2022 Annual Report of the Chief Medical Officer of Health for Ontario</i></li> <li>d) Association of Local Public Health Agencies re: <i>Ontario Public Health Nursing Leaders Recommendations</i></li> </ul> <p>Response Correspondence from the April 20, 2023 Board of Health Meeting:</p> <ul style="list-style-type: none"> <li>• Letter of Advocation - Increased social assistance payment in regard to the affordability of food - May 3, 2023</li> <li>• Letter of Support - Simcoe Muskoka Health Unit re Support for 'BILL S-254 An Act to amend the Food and Drugs Act (warning label on alcoholic beverages) - April 21, 2023</li> </ul>

## OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is on Thursday, June 15, 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**  
**FINANCE AND FACILITIES COMMITTEE**

Thursday, May 11, 2023, 9:00 a.m.  
Microsoft Teams

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**MEMBERS PRESENT:** Matthew Newton-Reid (Chair)  
Michael Steele (Vice-Chair)  
Selomon Menghsha  
Michael McGuire  
Emily Williams, Chief Executive Officer (ex-officio)  
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

**OTHERS PRESENT:** Stephanie Egelton, Executive Assistant to the Board of Health (recorder)  
David Jansseune, Assistant Director, Finance  
Warren Dallin, Manager, Procurement and Operations  
Andrew Powell, Manager, Safe Water, Rabies and Vector-Borne Disease (exited at 9:05)  
Cynthia Bos, Manager, Human Resources  
Carolynne Gabriel, Executive Assistant to the Medical Officer of Health

At 9 a.m., Chair Mike Steele called the meeting to order.

**DISCLOSURES OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by **M. Reid**, seconded by **M. McGuire**, that the *AGENDA* for the May 11, 2023 Finance & Facilities Committee meeting be approved.

Carried

**APPROVAL OF MINUTES**

It was moved by **S. Menghsha**, seconded by **M. Reid**, that the *MINUTES* of the March 9, 2023 Finance & Facilities Committee meeting be approved.

Carried

**NEW BUSINESS**

**Vector-Borne Disease Program: Contract Extension (Report No. 06-23FFC)**

Emily Williams, Chief Executive Officer introduced Warren Dallin, Manager, Procurement and Operations and Andrew Powell, Manager, Safe Water, Rabies and Vector-Borne Disease to present the report on the larvicide contract extension within the Vector-Borne Disease program.

W. Dallin provided a background on the report. It was noted that this report was to seek consent to extend previous contracts with Canadian Centre for Mosquito Management and Entomogen for larviciding products. A Request for Proposal (RFP) was issued in 2021 to deliver services for the Vector-Borne Disease program.

The existing contract included an option for a third-year extension of product and services at the original quoted pricing. Both suppliers have agreed to hold 2021 pricing for 2023 services.

It was moved by **M. McGuire, seconded by M. Reid**, that the Finance & Facilities Committee recommend to the Board of Health to:

- 1) Receive Report No. 06-23FFC re: Vector-Borne Disease Program: Contract Extension;
- 2) Approve extension of the existing contract for the Vector Borne Disease Program, Part A - Larval Mosquito Surveillance & Control, to Canadian Centre for Mosquito Management (CCMM) Inc. in the amount of \$89,460 (before taxes) and \$4,008 (before taxes) for supply of mosquito larvicide; and
- 3) Approve extension of the existing contract for the Vector Borne Disease Program, Part B - Mosquito Identification and Viral Testing, to Entomogen Inc. in the amount of \$21,025 (before taxes).

Carried

Committee Member Selomon Menghsha inquired how the larviciding program is conducted, and how the products the Health Unit is purchasing work. Andrew Powell, Manager, Safe Water, Rabies and Vector-Borne Disease explained the process of larviciding. The first part of the contract services (with Canadian Centre for Mosquito Management) is for larvicide within catch basins, where mosquitos lay eggs. The contracted operator will distribute the larvicide in these catch basins. The second part (with Entomogen) is the identification of any vector-borne disease within the approximately twenty (20) mosquito traps throughout the community.

A. Powell exited the meeting at 9:05 a.m.

### **2023 Q1 Financial Update and Factual Certificate (Report No. 07-23FFC)**

David Jansseune, Assistant Director, Finance to present the 2023 Q1 Financial Update and Factual Certificate. D. Jansseune provided the Committee with a presentation.

#### General Updates

D. Jansseune noted that there is limited information available for the Q1 report because resources were prioritized to 2022-year end, audit prep, 2023 budget, Annual Service Plan and system set up from staffing review. Salaries and benefits have been posted in the report and represent 80% of the overall budget. Q1 reporting is not sent to the Ministry of Health – only Q2, Q3 and Q4 is required for reporting purposes. It was further noted that any surplus from mandatory programs (under the Ontario Public Health Standards) will be used to pay COVID-19 related expenses which will lower those expenses and reduce the amount of COVID-19 funding received.

D. Jansseune provided a brief update on the 2022 audit. Auditors from KPMG began their work last week and are continuing this week to audit 2022 (January to December). The June 8 Finance and Facilities Committee meeting will include final 2022 financials, audited financial statements and auditors at the meeting for discussion.

#### Ministry of Health Updates

D. Jansseune provide funding updates from the Ministry of Health as of May 4, 2023. The following information on upcoming funding was provided:

- Approved funding for mandatory programs is estimated to be released to public health units in mid-summer.
- Mitigation funding for public health units has been approved until December 31, 2023 with no further information on extension.

- School Focused Nurses Initiative funding has been approved until June 30, 2023 with no further information on extension. It was noted that this funding could come from mandatory programming or COVID-19 (only if the work is COVID-19 related).
- COVID-19 funding will likely be withheld until public health units have incurred related expenses. It is expected that COVID-19 work will be a part of public health work going forward, and the Ministry desires a significant reduction from 2022.
- The Annual Reconciliation Report will be provided by the Ministry, with a due date for public health units to report in mid-summer.

#### Q1 Financial Highlights – Salaries and Benefits (MLHU)

D. Jansseune provided the following highlights of the Q1 report (salaries and benefits only):

- Shared funding programs totals \$763,403 (favourable) and includes:
  - Approximately \$621,000 in vacancies (favourable).
  - Approximately \$109,000 in budgeted increases (January to March) that were implemented April 1st (favourable).
  - \$31,139 in overtime (unfavourable).
  - \$64,308 in benefits (favourable).
- The contribution to the planned gap is \$414,431 this quarter, with an annual gap target of \$1,539,315.
- The sub-total is approximately \$349,000 (favourable).
- The 100% funded programs total \$625,889 (favourable) and includes:
  - COVID-19: \$342,207 (favourable) and based on Q1, the 2023 budget of \$10.7 million should be sufficient.
  - School Focused Nurses Initiative: \$27,894 (favourable), with the budget being based on \$1.4 million with 16 FTE.
  - Seniors Dental Program: \$219,962 (favourable), and the budget was created to represent operations for the full year, though Strathroy clinic is not yet operating.
  - CLIF – City of London Funding for Cannabis Legalization: \$36,827 (favourable) with expected spending.
  - Strathroy Capital (dental clinic) renovations are proceeding with an anticipated completion date of June/July, with spending within the approved funding of \$1,050,100.
- The Q1 total is \$974,861 (favourable) for salaries and benefits.

#### Cashflow (Bank Balances)

D. Jansseune noted the following status update on bank balances at the Health Unit:

- January 1 opening was \$4.2 million positive.
- Q1, March 31 closing was \$5.6 million positive.
- As of April 28, the bank balance is \$5.0 million positive.
- As of March 31, the fixed loan is \$3,050,000, with \$2,773,000 owing and the variable loan is \$1,150,000 with \$1,021,000 owing.

#### Forecast

D. Jansseune provided an overview of the new forecast model due to a divisional restructure (Office of the Medical Officer of Health and the new Public Health Foundations division) for future budgets.



The 2023 approved budget noted the following approved programs and program divisions:

Office of the Medical Officer of Health

- 801 – Office of the MOH
- 808 – Emergency Management
- 839 – Population Health Assessment & Surveillance
- 840 – Associate Medical Officer of Health
- 841 – Program Planning and Evaluation
- 842 – Library Services
- 852 – Chief Nursing Officer & Professional Practice
- 854 – Health Equity

New approved programs and program divisions:

Office of the Medical Officer of Health

- 801 – Office of the MOH
- 840 – Associate Medical Officer of Health
- 852 – Chief Nursing Officer & Professional Practice

Public Health Foundations

- 855 – Office of the Public Health Foundations
- 808 – Emergency Management
- 839 – Population Health Assessment & Surveillance
- 841 – Strategy, Planning and Performance
- 842 – Library Services
- 854 – Health Equity & Indigenous Reconciliation

D. Jansseune concluded that the factual certificate has been provided to the Committee with minimal changes from the previous quarter.

Committee Member Michael McGuire inquired on the reason for the new Public Health Foundations division.

Dr. Alexander Summers, Medical Officer of Health explained that since 2022, the Health Unit has been creating a new division to solely focus on the foundational standards work outlined in the Ontario Public Health Standards (Foundational Standards section). Previously, the work was consolidated within the Office of the Medical Officer of Health and it was determined a division to conduct this work solely was needed. In October 2022, an acting Director of the Office of the Medical Officer of Health was implemented, with the program areas of Population Health Assessment and Surveillance, Program Planning and Evaluation, and Health Equity reporting to the Director.

Dr. Summers added that under the Ontario Public Health Standards, Foundational Standards section, the program areas which are reflected in the standards are also now reflected at the Health Unit in the new Public Health Foundations division. With the new division, the acting Director was made a permanent role to ensure a voice for public health foundations at the Senior Leadership Team.

It was moved by **M. McGuire, seconded by S. Menghsha**, that the Finance & Facilities Committee review and recommend to the Board of Health to receive Report No. 07-23FFC re: “2023 Q1 Financial Update and Factual Certificate” for information.

Carried

### **Insurance Policies (Report No. 08-23FFC)**

D. Jansseune presented the report on insurance policies.

D. Jansseune noted that general insurance rates (through Intact Canada) have increased by 37.4% from \$104,672 to \$143,813 and cyber insurance rates (through CFC United Kingdom) has also increased by 35.2% from \$36,990 to \$50,000. The combined insurance cost is \$193,813 against a budget of \$170,400. The Health Unit is limited to tender for cyber insurance providers as there are not many cyber insurance providers.

Committee Member S. Menghsha inquired why the Health Unit was using an insurance provider outside of Canada for cyber insurance. E. Williams explained that the previous insurance provider for cyber insurance (Frank Cowan) was bought out by CFC United Kingdom, with underwriting being conducted by Lloyd's of London.

E. Williams further noted that the health sector in recent years is very vulnerable to cyber-attacks and this insurance is critical to operations in conjunction with effective training on cyber security by staff and support from the Information Technology team.

It was moved by **M. McGuire, seconded by M. Reid**, *that the Finance & Facilities Committee review and recommend to the Board of Health to receive Report No. 08-23FFC re: "Insurance Policies" for information.*

Carried

### **Employee and Family Assistance Program (EFAP) Services Contract Extension (Report No. 09-23FFC)**

E. Williams introduced Cynthia Bos, Manager, Human Resources to present the report on the Employee and Family Assistance Program (EFAP) contract extension.

C. Bos noted that the contract for Homewood Health was extended by the Health Unit for an additional year. These services were originally recommended by an internal employee committee through an RFP process and selected Homewood Health as the Service Provider for the Employee and Family Assistance Program (EFAP). The value of the contract \$26,208 per year based on an estimated utilization rate of 20%. There has been a 0% increase in contract costs and usage has been exceeding 20% in the past few years.

E. Williams added that in a recent meeting with the Health Unit's benefits broker (AON), the extension of Homewood Health would align with expiration of employee benefit contract with Canada Life, and the Health Unit would go to market in 2024 for potential providers.

It was moved by **M. McGuire, seconded by S. Menghsha**, *that the Finance & Facilities Committee recommend to the Board of Health to receive Report No. 09-23FFC: "Employee and Family Assistance Program (EFAP) Services Contract Extension" for information.*

Carried

### **OTHER BUSINESS**

The next meeting of the Finance and Facilities Committee will be held on Thursday, June 8, 2023 at 9 a.m.

**ADJOURNMENT**

At **9:34 a.m.**, it was moved by **M. McGuire**, seconded by **S. Menghsha**, *that the meeting be adjourned.*  
Carried

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**MICHAEL STEELE**  
Committee Chair

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**EMILY WILLIAMS**  
Secretary

DRAFT



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

Thursday, April 20, 2023 at 7 p.m.  
MLHU Board Room – Citi Plaza  
355 Wellington St. London, ON, N6A 3L7

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**MEMBERS PRESENT:** Matthew Newton-Reid (Chair)  
Michael Steele (Vice-Chair)  
Selomon Menghsha (arrived at 7:20 and attended virtually)  
Skylar Franke  
Michelle Smibert  
Aina DeViet  
Peter Cuddy  
Tino Kasi  
Emily Williams, Chief Executive Officer (ex-officio) (attended virtually)  
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

**REGRETS:** Michael McGuire

**OTHERS PRESENT:** Stephanie Egelton, Executive Assistant to the Board of Health (recorder)  
Sarah Maaten, Acting Director, Office of the Medical Officer of Health  
Mary Lou Albanese, Director, Environmental Health and Infectious Disease  
Dr. Joanne Kearon, Public Health Medical Resident  
Jennifer Proulx, Acting Director, Healthy Start  
David Jansseune, Assistant Director, Finance  
Julie Goverde, Acting Manager, Community Health Promotion  
Cynthia Bos, Manager, Human Resources  
Dan Flaherty, Manager, Communications  
Alex Tyml, Online Communications Coordinator Communications  
Parthiv Panchal, End User Support Analyst, Information Technology

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

**DISCLOSURES OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by **S. Franke**, seconded by **A. DeViet**, that the April 20, 2023 Board of Health meeting agenda be approved.

Carried

**APPROVAL OF MINUTES**

It was moved by **S. Franke**, seconded by **P. Cuddy**, that the **MINUTES** of the March 16, 2023 Board of Health meeting be approved.

Carried

It was moved by **M. Steele, seconded by M. Smibert**, that the **MINUTES** of the March 16, 2023 Performance Appraisal Committee meeting be received.

Carried

## **NEW BUSINESS**

### **Governance Committee Meeting Summary (Verbal)**

The Governance Committee had their inaugural meeting, due to the previously cancelled meeting in February.

Chair of the Governance Committee, Michelle Smibert provided a verbal update from the April 20, 2023 meeting.

There was no discussion on this report.

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

- 1) Receive Report No. 01-23GC re: "Governance Committee Reporting Calendar";
- 2) To approve the 2023 Governance Committee Reporting Calendar (Appendix A);
- 3) Receive Report No. 02-23GC re: "Governance Policy Review" for information;
- 4) Approve the governance policies as amended, appended to this report (Appendix B).
- 5) Receive Report No. 03-23GC re: Quarterly Risk Register Update for information;
- 6) Receive Report No. 04-23, re: "2021-22 Provisional Plan Progress Update" for information; and
- 7) Receive Report No. 05-23 GC, re: "2022 Occupational Health and Safety Report" for information.

Carried

### **2023 Annual Service Plan and Budget Submission (Report No. 24-23)**

Dr. Alexander Summers, Medical Officer of Health, presented the 2023 Annual Service Plan and Budget Submission report.

Dr. Summers noted that the Health Unit provides three (3) reports to the Ministry of Health to inform on activities, which all require endorsement from the Board of Health:

- Annual Service Plan – to outline program plans and budget
- Standard Activity Report (SAR) – provides quarterly financial forecasts and program activity
- Annual Report and Attestation – provides a year end report on program achievements and financial year-end actuals for each program

Dr. Summers further outlined the Ministry of Health reporting timelines for the Board of Health:

- 2023 Annual Service Plan – was due April 3
- 2021 Annual Report and Attestation – was due January 13
- 2022 Q4 Standard Activity Report (Financial Forecasts and Program Data) – was due January 31
- 2022 Annual Report and Attestation – due date to be determined
- 2023 Q2 Standard Activity Report (Financial Forecasts) – due at the end of July
- 2023 Q3 Standard Activity Report (Financial Forecasts and Risk Management) – due at the end of October
- 2023 Q4 Standard Activity Report (Financial Forecasts and Program Data) – due at the end of January 2024
- 2024 Annual Service Plan – due February 2024

Dr. Summers noted that the plan moving forward is to continue alignment of operational planning with strategic planning. Staff have outlined a map of the Ministry of Health reporting cycle until Q2 of 2025.

Dr. Summers further noted that the report in front of the Board for the 2023 Annual Service Plan includes program details and a budget submission for shared funded programs and Seniors Dental only (excludes all other 100% funded programs). The budget submission is identical to the Board approved budget, but the format has been changed from Division & Department to Health Standard & Programs. The Health Unit continues to fulfil a majority of the Ontario Public Health Standards, however the recovery from the pandemic and uncertainty of funding continue to make this challenging.

Board Member Skylar Franke inquired if the Harvest Bucks program was still being reflected in the Annual Service Plan. Dr. Summers confirmed that Harvest Bucks is still a program which the Health Unit supports. The Health Unit acts as a transfer payment agency for the Harvest Bucks program and is reflected as zero in the budget for this reason.

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

- 1) *Receive Report No. 24-23, re: "2023 Annual Service Plan and Budget Submission" for information; and*
- 2) *Approve the 2023 Middlesex-London Health Unit Annual Service Plan for endorsement to the Ministry of Health.*

Carried

### **Monitoring Food Affordability and Implications for Public Policy and Action (Report No. 25-23)**

Dr. Summers introduced Julie Goverde, Acting Manager, Community Health Promotion to present the report on Monitoring Food Affordability and Implications for Public Policy and Action.

J. Goverde provided highlights and background on the report. It was noted reporting on food affordability was paused in 2020 and 2021 due to the COVID-19 pandemic. There is no comparable data for the 2022 report because dieticians creating the report changed the format to reflect new changes on how many people are grocery shopping. While the data isn't comparable, it is still of value in determining food affordability. The new changes to the format of the report include both online and in person grocery shopping. It was noted that the estimated local monthly cost to feed a family of four was \$1,084. In Ontario, according to the Consumer Price Index, the price of food purchased from stores in January 2023 was 10.1% higher than in January 2022, rising at an annual rate not seen since the early 1980s.

J. Goverde further noted that the grocery stores part of the study included twelve (12) grocers, with two (2) from the County of Middlesex and ten (10) from the City of London, and were split between premium and discount grocery stores. The study looked at whole food purchases, as opposed to prepared foods, and was based off Canada's Food Guide. It was noted that these factors could be limiting to the data, as some individuals may not know how to prepare whole foods or the whole foods may not be culturally relevant to them. The data reflects that the most difficult situations for food affordability are for single individuals and parents on Ontario Works.

Board Member S. Franke noted that further in the agenda, there is correspondence from Public Health Sudbury and District, requesting the government to increase minimum wage in Ontario. S. Franke inquired if the Board could conduct similar advocacy to support those in the community who cannot afford food.

It was moved by **S. Franke, seconded by M. Smibert**, *that the Board of Health direct the Board Chair to write a letter on behalf of the Board of Health to the Minister of Health, Minister of Children, Community and Social Services, and local Members of Provincial Parliament to advocate for increased social assistance payments in regard to the affordability of food.*

Carried

S. Franke further inquired how the Board of Health can advocate further. J. Goverde noted that the Health Unit sends the report information to the Regional Living Wage Network, who use information to increase wages in their network. Dr. Summers added that in June, the Board Chair and Vice-Chair would be attending Board section meetings at the Association of Local Public Health Agencies' Annual General meeting, where further advocacy work could be discussed.

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

- 1) *Receive Report No. 25-23, re: "Monitoring Food Affordability and Implications for Public Policy and Action" for information; and*
- 2) *Forward Report No. 25-23 re: "Monitoring Food Affordability and Implications for Public Policy and Action" to Ontario boards of health, the City of London, Middlesex County, and appropriate community agencies.*

Carried

### **Middlesex-London Food Policy Council Update**

Dr. Summers provided a follow-up to the Board of Health appointment to the Middlesex-London Food Policy Council. Dr. Summers noted that the Middlesex-London Food Policy Council's Terms of Reference alluded to having representation from the Middlesex-London Board of Health, which could have been a Board Member or a staff member. The Board made the following motion at the February 16, 2023 meeting:

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

- 1) *Direct the Medical Officer of Health to appoint a senior staff member to the Middlesex-London Food Policy Council as a voting member for a two (2) year term; and*
- 2) *Receive Report No. 12-23 re: Board of Health Representation on the Food Policy Council for information.*

Dr. Summers added that the Middlesex-London Food Policy Council sent a response letter, noting that the appointment of a senior staff member could not be accepted and that they were requesting a Board of Health Member, which has historically been the case. Dr. Summers and the Board's position is that there is value of having a senior staff member appointed on the council to provide further insight on work the Health Unit is doing, and noting that there are senior staff from other organizations appointed to the council currently. Dr. Summers has suggested to the Chair of the Middlesex-London Food Policy Council to consider having a Health Unit senior staff member on their council and is currently awaiting feedback.

Currently, Board Member Michelle Smibert sits on the Middlesex-London Food Policy Council as a County of Middlesex representative. Previously, John Brennan (a former Board Member) filled this role as both the County representative and the Board of Health representative.

It was moved by **S. Franke, seconded by M. Smibert**, *that the Board of Health receive the verbal update re: Middlesex-London Food Policy Council Appointment Update for information.*

Carried

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

Dr. Alexander Summers, Medical Officer of Health provided a verbal update on current public health issues within the region.

#### Health and Homelessness

Dr. Summers noted that the work involving the ongoing crisis of health and homelessness in the community continues. The solutions at hand focus on a new way of organizing the health and homelessness system, and how to be engaged in the governance of this system. The Health Unit does not work directly

with clients seeking housing, but will continue to support community collaboration in modifying and reorienting the broader system to support individuals who are homeless and underhoused.

#### Warning Labels on Alcoholic Beverages

Dr. Summers noted that there is a correspondence item before the Board for proposed endorsement on supporting the amending of *Bill S-254: An Act to amend the Food and Drugs Act*. The federal government is reviewing the need for warning labels on alcoholic beverages. This technique has been effective for mitigating the impact of commercial tobacco.

#### Respiratory Season Update

Dr. Summers noted that COVID-19 infection rates are continuing to trend downwards, and influenza infection rates are remaining low but still present. The first wave of influenza this season was during November through December, and there will most likely be a second wave within the next month due to influenza B. In regard to COVID-19, there is a spring booster campaign for high-risk individuals underway. It is anticipated that in Fall 2023 there will be a general population booster campaign.

Board Member Michael Steele inquired if there has been any further reporting or research released on long-term impacts of those who have had COVID-19 infections. Dr. Summers explained that he is unaware of any new notable research, but noted that some individuals who had severe COVID-19 infections certainly have had significant post viral fatigue and associated symptoms. The burden on the overall population has not been quantified.

Chair Newton-Reid inquired if hospitalization rates for COVID-19 infection had decreased. Dr. Summers noted that the numbers were significantly lower. The severity of COVID-19 infections has dropped significantly as the severity outcome is less due to baseline immunity and collective immunity.

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

Carried

#### **Medical Officer of Health Activity Report for March (Report No. 26-23)**

Dr. Summers presented the Medical Officer of Health activity report for March.

There was no discussion on this report.

It was moved by **P. Cuddy, seconded by A. DeViet**, *that the Board of Health receive Report No. 26-23 re: "Medical Officer of Health Activity Report for March" for information.*

Carried

#### **Chief Executive Officer Activity Report for March (Report No. 27-23)**

E. Williams presented the Chief Executive Officer activity report for March.

There was no discussion on this report.

It was moved by **M. Smibert, seconded by S. Franke**, *that the Board of Health receive Report No. 27-23 re: "Chief Executive Officer Activity Report for March" for information.*

Carried



### CORRESPONDENCE

It was moved by **S. Franke, seconded by P. Cuddy**, *that the Board of Health endorse item a) re: Simcoe Muskoka District Health Unit re: Support for 'Bill S-254 An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)'*.

Carried

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

- a) *April 2023 Middlesex-London Board of Health External Landscape*
- b) *Public Health Sudbury & Districts re: Minimum Wage Increase*

Carried

Board Member S. Franke inquired if the Health Unit pays employees a living wage. E. Williams confirmed that employees are paid a living wage.

S. Franke further inquired if the Health Unit is certified with the Ontario Living Wage Network. E. Williams confirmed that the Health Unit is not certified at this time.

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

Carried

### OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is on Thursday, May 18, 2023, at 7 p.m.

### CONFIDENTIAL

At **7:42 p.m.**, it was moved by **A. DeViet, seconded by P. Cuddy**, *that the Board of Health will move in-camera to consider matters regarding labour relations or employee negotiations, personal matters about an identifiable individual, including Board employees, advice that is subject to solicitor-client privilege, including communications necessary for that purpose, litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board and to approve previous confidential Board of Health minutes.*

Carried

At **8:33 p.m.**, it was moved by **M. Steele, seconded by P. Cuddy**, *that the Board of Health return to public session from closed session.*

Carried

### ADJOURNMENT

At **8:33 p.m.**, it was moved by **M. Steele, seconded by P. Cuddy**, *that the Board of Health adjourn the meeting.*

Carried



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

Thursday, April 20, 2023 at 6 p.m.  
MLHU Board Room – Citi Plaza  
355 Wellington St. London, ON, N6A 3L7

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**MEMBERS PRESENT:** Michelle Smibert (Chair)  
Aina DeViet  
Matthew Newton-Reid  
Tino Kasi (arrived at 6:03 p.m.)  
Emily Williams, Chief Executive Officer (ex-officio, attended virtually)  
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

**REGRETS:** Michael Steele

**OTHERS PRESENT:** Stephanie Egelton, Executive Assistant to the Board of Health (recorder)  
Sarah Maaten, Acting Director, Public Health Foundations  
Deb Turner, Administrative Assistant to the Acting Director, Public Health Foundations  
Cynthia Bos, Manager, Human Resources  
David Jansseune, Assistant Director, Finance  
Dr. Joanne Kearon, Public Health Medical Resident

At **6:01 p.m.** Secretary and Treasurer Emily Williams called the meeting to order.

**MEETING PROCEDURES**

**Election of 2023 Governance Committee Chair**

Secretary and Treasurer Emily Williams opened the floor to nominations for Chair of the Governance Committee for 2023.

It was moved by **M. Reid, seconded by A. DeViet**, *that Michelle Smibert be nominated for Chair of the Governance Committee for 2023.*

Carried

M. Smibert accepted the nomination.

E. Williams called three times for further nominations. None were forthcoming.

It was moved by **M. Reid, seconded by A. DeViet**, *that Michelle Smibert be acclaimed as Chair of the Governance Committee for 2023.*

Carried

**DISCLOSURES OF CONFLICT OF INTEREST**

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

### **APPROVAL OF AGENDA**

It was moved by **M. Reid, seconded by A. DeViet**, that the **AGENDA** for the April 20, 2023 Governance Committee meeting be approved.

Carried

### **APPROVAL OF MINUTES**

It was moved by **M. Reid, seconded by A. DeViet**, that the **MINUTES** of the November 10, 2022 Governance Committee meeting be approved.

Carried

### **NEW BUSINESS**

Emily Williams, Chief Executive Officer introduced Deb Turner, Administrative Assistant to the Director of Public Health Foundations. E. Williams noted that D. Turner was previously the Program Assistant for the former Privacy, Risk and Project Management Office and has been providing significant support for Governance activities.

#### **2023 Governance Committee Reporting Calendar (Report No. 01-23GC)**

E. Williams presented the 2023 Governance Committee Reporting Calendar. The proposed amendments to the reporting calendar included removing the initiation of the MOH/CEO Performance Appraisal, as there is a standing committee for this purpose (MOH/CEO Performance Appraisal Committee) and spreading out policy review by subject matter area over two years for ease in reviewing by the Governance Committee.

It was moved by **M. Reid, seconded by T. Kasi**, that the Governance Committee:

- 1) Receive Report No. 01-23GC re: "Governance Committee Reporting Calendar"; and
- 2) To approve the 2023 Governance Committee Reporting Calendar (Appendix A).

Carried

#### **Governance Policy Review (Report No. 02-23GC)**

E. Williams presented the Governance Policy Review for the March meeting. It was noted that there are more policies in front of the Committee due to the cancelled Governance Committee meeting in February.

There were seven (7) policies for the Committee to review, with the subject matter areas of Board Responsibility and Transparency, and Financial Activities:

- G-180: Financial Planning and Performance
- G-205: Borrowing
- G-430: Informing of Financial Obligations
- G-200: Approval and Signing Authority
- G-260: Governance Principles and Board Accountability
- G-370: Board of Health Orientation and Development
- G-400: Political Activities

Material changes were suggested by staff for Policy G-200: Approval and Signing Authority to align with the *Broader Public Sector Accountability Act* regarding approval amounts for the Medical Officer of Health, Chief Executive Officer, those in leadership roles and the Board of Health.

Housekeeping changes were suggested by staff for Policy G-400: Political Activities to remove the former role of Director, Corporate Services and insert Medical Officer of Health and Chief Executive Officer where applicable.

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

- 1) *Receive Report No. 02-23GC re: "Governance Policy Review" for information; and*
- 2) *Approve the governance policies as amended, appended to this report (Appendix B).*

Carried

### **Quarterly Risk Register Update (Report No. 03-23GC)**

E. Williams presented the Quarterly Risk Register Update. It was noted that the report will close out the 2022 Risk Register. All risks except five (5) risks have been mitigated

The risks that have not been adjusted for 2023 are:

- Stakeholder/Public Perception: The appointment of a permanent Associate Medical Officer of Health will assist in addressing residual risk.
- Political: Potential return of modernization discussions and reflection of continued uncertainty for COVID-19 funding for the coming year.
- Financial: The Ministry of Health's claw back of unused funds from the Ontario Seniors' Dental Program.
- Financial: With part-time staff being permitted to join OMERS (Ontario Municipal Employees Retirement System), there is an additional \$160,000 in costs. Financial: Token or access management (software licenses through the Information Technology department) is being reviewed with a plan to centralize it when impacts are known.

Committee Member Matt Newton-Reid inquired if the OMERS changes were being built into the 2023 Budget, which E. Williams confirmed.

It was moved by **A. DeViet, seconded by T. Kasi**, *that the Governance Committee recommend to the Board of Health to receive Report No. 03-23GC re: "Quarterly Risk Register Update" for information.*

Carried

### **2021-22 Provisional Plan Progress Update (Report No. 04-23GC)**

Sarah Maaten, Acting Director, Public Health Foundations provided an update on the 2021-2022 Provisional Plan. S. Maaten reminded the Committee that the 2022 Provisional Plan was extended to Q2, 2023 and that the draft 2023-2024 Provisional Plan will be presented to the Board of Health in May for feedback.

There are currently seven (7) identified projects occurring within the current provisional plan, with six (6) of these projects ongoing:

- Employment Systems Review;
- Implementation of the Anti-Black Racism Plan;
- Onboarding and Enhancement of the Electronic Client Record (ECR);
- Transition to SharePoint;
- Implementation of the Joy in Work Framework;
- Return to Office; and
- Sociodemographic and Race-based Data Collection in Electronic Systems.

S. Maaten noted that the implementation of a framework to support shared work between multiple teams is delayed due to resource constraints.

Dr. Alexander Summers, Medical Officer of Health, noted that the significant focus of the 2023-2024 Provisional Plan will be around creating a management operating system, which is a foundation for how the Health Unit will conduct their work.

Committee Member Tino Kasi inquired on details on the implementation of the Anti-Black Racism Plan and feedback through the Anti-Black Racism Plan Advisory Committee. S. Maaten and Dr. Summers provided feedback and highlighted the ongoing prioritization of this work in the draft 2023-2024 Provisional Plan.

It was moved by **M. Reid, seconded by A. DeViet**, *that the Governance Committee recommend to the Board of Health to receive Report No. 04-23, re: "2021-22 Provisional Plan Progress Update" for information.*

Carried

### **2022 Occupational Health and Safety Report (Report No. 05-23GC)**

Cynthia Bos, Manager, Human Resources presented the 2022 Occupational Health and Safety Report, on behalf of Lilka Young, Health and Safety Advisory and Dalia Salim, Human Resources Coordinator, Health and Safety.

C. Bos noted that providing this report to the Committee and Board is a policy requirement under Policy 8-010 Occupational Health and Safety. This report has been reviewed by the Joint Occupational Health and Safety Committee and Procurement and Operations and will be provided to all staff later this week.

Key highlights of the report included:

- Be Well's launch of Fitness on Demand with Employee Wellness Solutions Network (EWSN) and continued virtual programming.
- Over benchmark Utilization Rate for Employee and Family Assistance Plan (over 33.71%).
- Improvements in the uptake of COVID-19 and Influenza vaccines, as part of changes made to the Employee Immunization Program.
- Introduction of Employee De-Escalation Training.
- Increase in reported employee injuries and incidents (11% increase).
- Increase in reports to the Workplace Safety and Insurance Board (WSIB).

Reported incidents in 2022 included:

- 155 incident reports were received in 2022:
  - 86 employee-reported incidents (up 11% from 2021);
  - 13 non-workplace incidents (up 18% from 2021); and
  - 30 client/non-employee incident reports (down 32% from 2021).
- Most reported incidents categories:
  - Workplace Violence (40);
  - Struck with/caught by/ contact with (9);
  - Slip, Trips and Falls (8);
  - Exposures (8);
  - 4 employee needlesticks; and
  - 8 one-on-one ergonomic reviews were conducted.

Committee Member M. Newton-Reid inquired on why there was an increase in incidents at the Health Unit. C. Bos noted that the Occupational Health and Safety team anticipated higher reporting due to the systematic encouragement of reporting incidents. C. Bos added that some incidents have naturally occurred with more individuals being back in the office and with more staff employed at the Health Unit. There also have been client to staff incidents at vaccination clinics or in the community with enforcement officers.

Committee Member T. Kasi inquired if there was a sliding scale of staff being able to report incidents to Occupational Health and Safety. C. Bos noted that the Health Unit is seeing increased reporting due to staff seeing the value of reporting incidents, even if they are minor or near misses. E. Williams added that

regardless, staff should report an incident because there is awareness of the problem that needs to be resolved.

It was moved by **A. DeViet, seconded by M. Reid**, *that the Governance Committee recommend to the Board of Health to receive Report No. 05-23 GC, re: "2022 Occupational Health and Safety Report" for information.*

Carried

**OTHER BUSINESS**

The next meeting of the Governance Committee will be held on Thursday, June 15, 2023 at 6 p.m.

**ADJOURNMENT**

At **6:37 p.m.**, it was moved by **M. Reid, seconded by A. DeViet**, *that the meeting be adjourned.*

Carried

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**MICHELLE SMIBERT**  
Committee Chair

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**EMILY WILLIAMS**  
Secretary



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 32-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 May 18

**FINANCE AND FACILITIES COMMITTEE MEETING – May 11, 2023**

The Finance and Facilities Committee (FFC) met at 9 a.m. on Thursday, May 11, 2023.

Reports	Recommendations for Information and Board of Health Consideration
<p><b>Vector-Borne Disease Program: Contract Extension</b></p> <p><a href="#">(Report No. 06-23FFC)</a></p>	<p>It was moved by <b>M. McGuire</b>, seconded by <b>M. Reid</b>, that the Finance &amp; Facilities Committee recommend to the Board of Health to:</p> <ol style="list-style-type: none"> <li>1) Receive Report No. 06-23FFC re: Vector-Borne Disease Program: Contract Extension;</li> <li>2) Approve extension of the existing contract for the Vector Borne Disease Program, Part A - Larval Mosquito Surveillance &amp; Control, to Canadian Centre for Mosquito Management (CCMM) Inc. in the amount of \$89,460 (before taxes) and \$4,008 (before taxes) for supply of mosquito larvicide; and</li> <li>3) Approve extension of the existing contract for the Vector Borne Disease Program, Part B - Mosquito Identification and Viral Testing, to Entomogen Inc. in the amount of \$21,025 (before taxes).</li> </ol> <p style="text-align: right;">Carried</p>
<p><b>2023 Q1 Financial Update and Factual Certificate</b></p> <p><a href="#">(Report No. 07-23FFC)</a></p>	<p>It was moved by <b>M. McGuire</b>, seconded by <b>S. Menghsha</b>, that the Finance &amp; Facilities Committee review and recommend to the Board of Health to receive Report No. 07-23FFC re: “2023 Q1 Financial Update and Factual Certificate” for information.</p> <p style="text-align: right;">Carried</p>
<p><b>Insurance Policies</b></p> <p><a href="#">(Report No. 08-23FFC)</a></p>	<p>It was moved by <b>M. McGuire</b>, seconded by <b>M. Reid</b>, that the Finance &amp; Facilities Committee review and recommend to the Board of Health to receive Report No. 08-23FFC re: “Insurance Policies” for information.</p> <p style="text-align: right;">Carried</p>
<p><b>Employee and Family Assistance Program (EFAP) Services Contract Extension</b></p> <p><a href="#">(Report No. 09-23FFC)</a></p>	<p>It was moved by <b>M. McGuire</b>, seconded by <b>S. Menghsha</b>, that the Finance &amp; Facilities Committee recommend to the Board of Health to receive Report No. 09-23FFC: “Employee and Family Assistance Program (EFAP) Services Contract Extension” for information.</p> <p style="text-align: right;">Carried</p>

This report was prepared by the Chief Executive Officer.

A handwritten signature in cursive script that reads "EWilliams".

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

A handwritten signature in cursive script that reads "Alexander T. Summers".

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





TO: Chair and Members of the Board of Health

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

DATE: 2023 May 18

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## 2023-24 MLHU PROVISIONAL PLAN

### Recommendation

*It is recommended that the Board of Health:*

- 1) Receive Report No. 33-23 re: “2023-24 MLHU Provisional Plan” for information; and
- 2) Provide feedback on the 2023-24 Provisional Plan ([Appendix A](#)) as appended to this report.

### Key Points

- The 2023-24 Provisional Plan builds on ongoing strategic priority areas, sets new goals to outline where MLHU wants to be in two years, and articulates the direction to get there ([Appendix A](#)).
- The Senior Leadership Team worked with the Strategy, Planning and Performance team, with validation from the Management Leadership Team, to set goals and directions to draft the 2023-24 Provisional Plan.
- The Provisional Plan outlines the interim strategic direction until a full Strategic Plan can be developed for 2025-2029. This strategic planning is expected to begin in early 2024.

### Background

The Middlesex-London Health Unit issued the 2021-2022 Provisional Plan to provide strategic direction during the COVID-19 response, while supporting recovery from the pandemic ([Report No. 10-21GC](#)). On November 10, 2022, the Board of Health approved extending the 2021-22 Provisional Plan to the end of 2024 following a current state analysis ([Report No. 13-22GC](#)) in this time of COVID-19 recovery. The four priority areas were maintained: Client and Community Confidence; Program Excellence; Employee Engagement & Learning; and, Organizational Excellence.

### Progress to Date

The MLHU is still in COVID-19 recovery, and this planning process was an opportunity to reflect on the core work of local public health as pandemic deployments end. Areas of focus included building a solid foundation through re-prioritizing key partnerships with equity deserving groups, understanding what public health does and doing that work well, supporting staff well-being and their recovery, and clearly outlining how to make effective decisions and follow through on them.

The revised 2023-24 MLHU Provisional Plan ([Appendix A](#)) details the updated interim strategic goals and directions, and outlines the initiatives to move them forward. To create the plan, the Strategy, Planning and Performance team consulted closely with the Senior Leadership Team (SLT). The term *Goal* was used to describe “where we want to be” as an organization and the term *Direction* was used to outline “the path we’re taking to get there”. Initiatives (“how we plan to move forward along that path”) and Tactics (“the specific activities and projects to make progress”) were identified to operationalize the work. The Management Leadership Team (MLT) also provided feedback.

## Reporting

The Strategy, Planning and Performance team is creating a reporting template to regularly inform the Board of Health on the status of the 2023-24 Provisional Plan initiatives.

## Next Steps

Pending Board of Health feedback, the revised 2023-24 Provisional Plan will be presented to the Governance Committee in June 2023 for approval.

Planning for the development of a 2025-2029 Strategic Plan will commence in 2024. Board members and a broad range of partners will be asked to participate in the engagement strategy as the next Strategic Plan is developed.

This report was prepared by the Strategy, Planning and Performance Team, Public Health Foundations Division.



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



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

# MLHU 2023-24 Provisional Plan

## EXECUTIVE SUMMARY

### Our Interim Strategic Direction

The Middlesex-London Health Unit (MLHU) is proud to present the 2023-2024 Provisional Plan, which provides our interim strategic direction for the next two years. The MLHU developed our 2021-2022 Provisional Plan to provide strategic direction during the ongoing COVID-19 response, while supporting recovery from the pandemic.

Due to the evolving context of public health post-COVID-19, the 2023-2024 Provisional Plan once again builds on our ongoing priority areas, while setting new goals to outline where we want to be in two years and articulating the direction that we will take to get there. The Plan also outlines the initiatives for how we plan to specifically move forward, until a full Strategic Plan is developed for 2025-2029.

### Our Vision, Mission and Values

As part of the 2015-2020 Strategic Plan, vision, mission and values statements were developed that are still relevant to our organization and to our work. Our vision articulates what we would like our community to achieve over the long-term; our mission is the declaration of our organization's core purpose; and our values are the beliefs and principles that will guide us.

#### VISION:

People Reaching Their Potential

#### MISSION:

To promote and protect the health of our community

#### VALUES:

Collaboration   Integrity   Empowerment   Striving for excellence   Health   Equity

### Speaking the Same Language: 2023-24 Provisional Plan Terminology

As a part of articulating the MLHU's strategic direction over the next 2 years, it is important to ensure that we are speaking the same language as we plan to advance the work of public health in our community. Through the 2015-2020 Strategic Plan development process, four priority areas were identified using the balanced scorecard strategic planning model. Under each priority area, we have identified Strategic Goals, Directions, Initiatives and Tactics. The definition for these terms as follows:

**Goal:** "Where we want to be"

**Direction:** "The path we're taking to get there"

**Initiative:** "How we plan to move forward along that path"

**Tactic:** "The specific activities and projects to make progress"

The following pages of this document identify these various strategic goals and plans.



## CLIENT & COMMUNITY CONFIDENCE

### GOAL

We have strong relationships with our partners and are trusted by our community

### DIRECTION

**1.1**

Facilitate meaningful and trusting relationships with prioritized equity-deserving groups, specifically Black and Indigenous communities

**1.2**

Develop and adopt a partner engagement framework



## PROGRAM EXCELLENCE

### GOAL

Our public health programs are effective, grounded in evidence and equity

### DIRECTION

**2.1**

Define what we do and do it well



## EMPLOYEE ENGAGEMENT & LEARNING

### GOAL

Our staff and leaders have the skills and capacity to do their jobs well, and their wellbeing is supported

### DIRECTION

**3.1**

Develop and implement strategies to support staff mental health and wellbeing, including addressing systemic factors contributing to burn out

**3.2**

Develop and implement comprehensive training, learning and development, and professional development opportunities for staff and leaders



## ORGANIZATIONAL EXCELLENCE

### GOAL

We make effective decisions, and we do what we say we are going to do

### DIRECTION

**4.1**

Clarify who makes decisions and how those decisions are made

**4.2**

Develop and initiate an organizational quality management system

# MLHU 2023-24 Provisional Plan



**CLIENT & COMMUNITY  
CONFIDENCE**



**PROGRAM  
EXCELLENCE**



**EMPLOYEE ENGAGEMENT  
& LEARNING**



**ORGANIZATIONAL  
EXCELLENCE**

## GOAL

We have strong relationships with our partners and are trusted by our community

### 1.1 DIRECTION

- Facilitate meaningful and trusting relationships with prioritized equity-deserving groups, specifically Black and Indigenous communities

#### INITIATIVES

- Work towards an honest and authentic relationship with First Nations and Indigenous-led organizations through the ongoing implementation of the Taking Action for Reconciliation Plan (TAFR), including commitment to clarifying the role of the MLHU in supporting the health of Indigenous people and communities
- Reinforce commitment to upholding the needs of equity-deserving groups through continuous implementation of equity-based plans, including the Employment Systems Review (ESR) and Anti-Black Racism Plan (ABRP)
- Prioritize equity, inclusion, and anti-racism/anti-oppressive training for staff to facilitate cultural humility and safety when engaging with equity-deserving groups

#### TACTICS

- Continue implementation of the ESR, including formal documentation of equity, diversity and inclusion (EDI) training
- Continue implementation of the ABRP
- Continue implementation of TAFR, including potential documentation of formal relationships with Indigenous partners

### 1.2 DIRECTION

- Develop and adopt a partner engagement framework

#### INITIATIVES

- Catalog and track MLHU relationships with key local and regional partners, including the assigned MLHU leads / key liaisons for those relationships
- Develop and implement an evidence-based framework to effectively engage with partners

#### TACTICS

- Complete a partnership Inventory
- Identify and adopt a customer relationship management (CRM) framework

# MLHU 2023-24 Provisional Plan



CLIENT & COMMUNITY  
CONFIDENCE



PROGRAM  
EXCELLENCE



EMPLOYEE ENGAGEMENT  
& LEARNING



ORGANIZATIONAL  
EXCELLENCE

## GOAL

Our public health programs are effective, grounded in evidence and equity

2.1

### DIRECTION

- Define what we do and do it well

### INITIATIVES

- Document MLHU programs and interventions, and refine these descriptions
- Identify measurable indicators for programs and interventions to effectively monitor and maximize outcomes
- Enhance the systematic collection of sociodemographic, and race-based data to inform planning, implementation and evaluation of programs and strengthen population health assessment and surveillance which can be used to identify health inequities
- In collaboration with health system partners, including Indigenous leaders and service providers, develop robust organizational emergency management and business continuity plans that facilitate effective and timely response and surge capacity in the event of a public health emergency, while maintaining essential public health services

### TACTICS

- Refine intervention and program descriptions
- Initiate the development of measurable indicators
- Continue with implementation of the SDOH Project (Phase 2)
- Develop refined Emergency Response and Business Continuity Plans, including planning for cross training on public health core competencies

# MLHU 2023-24 Provisional Plan



**CLIENT & COMMUNITY  
CONFIDENCE**



**PROGRAM  
EXCELLENCE**



**EMPLOYEE ENGAGEMENT  
& LEARNING**



**ORGANIZATIONAL  
EXCELLENCE**

## GOAL

**Our staff and leaders have the skills and capacity to do their jobs well, and their wellbeing is supported**

### 3.1 DIRECTION

- Develop and implement strategies to support staff mental health and wellbeing, including addressing systemic factors contributing to burn out

#### INITIATIVES

- Continue to implement the Joy in Work framework and prioritize wellness activities and supports

#### TACTICS

- Continue with prioritization and implementation of Joy in Work
- Continue to prioritize the activities of the Be Well committee and wellness provider offerings

### 3.2 DIRECTION

- Develop and implement comprehensive training, learning and development, and professional development opportunities for staff and leaders

#### INITIATIVES

- Integrate public health foundational principles and practices into staff orientation and ongoing training curriculum
- Implement a leadership development program, including a process for identifying potential leaders

#### TACTICS

- Create a foundational principles module to complete by all staff during onboarding
- Implement a capacity building framework to coordinate all organization-wide training
- Implement the leadership development program

# MLHU 2023-24 Provisional Plan



**CLIENT & COMMUNITY  
CONFIDENCE**



**PROGRAM  
EXCELLENCE**



**EMPLOYEE ENGAGEMENT  
& LEARNING**



**ORGANIZATIONAL  
EXCELLENCE**

## GOAL

We make effective decisions, and we do what we say we are going to do

4.1

### DIRECTION

- Clarify who makes decisions and how those decisions are made

### INITIATIVES

- Develop an organizational governance framework to facilitate transparency and efficiency in decision-making

### TACTICS

- Develop a governance policy, including the adoption of a decision authority matrix

4.2

### DIRECTION

- Develop and initiate an organizational quality management system

### INITIATIVES

- Develop and adopt a management operating system manual that describes our management and quality operating systems, including an operational planning and performance reporting process to enable the monitoring of program and indicators

### TACTICS

- Develop and implement a Management Operating System including a Performance Management Framework
- Develop a template for programmatic operational plans
- Complete the Job Description Review, and assess the skills required to do the work of the organization
- Develop efficient procurement processes, including the implementation of centralized ordering
- Document and refine budgeting processes
- Continue documenting organizational policies and procedures





## MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 34-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 May 18

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### **PUBLIC CONSULTATION ON POTENTIAL AMENDMENTS TO FEDERAL CANNABIS REGULATIONS**

#### ***Recommendation***

*It is recommended that the Board of Health:*

- 1) Receive Report No. 34-23, re: “Public Consultation on Potential Amendments to Federal Cannabis Regulations” for information; and,*
- 2) Endorse and submit feedback prepared by Middlesex-London Health Unit staff, attached as [Appendix A](#), to the Health Canada’s Controlled Substances and Cannabis Branch on potential amendments to regulations under the Cannabis Act.*

#### **Key Points**

- In the fall of 2022, the Government of Canada launched the legislative review of the *Cannabis Act*, which included seeking public input through an [online questionnaire](#) and/or written feedback, and convening an independent Expert Panel to gather insights from key interest groups.
- On March 25, 2023, Health Canada released a [Notice of Intent](#) seeking public input on potential amendments to the *Cannabis Regulations* to reduce regulatory burden while still maintaining the controls necessary to address public health and safety risks.
- Health Unit staff from the southwest region prepared a collective set of recommendations that align with the public health approach to cannabis legalization, including increased access to a strictly regulated product while removing commercial influence to protect youth, eliminating the illicit market, and increasing public safety. [Appendix A](#) is attached for Middlesex-London Board of Health endorsement.

#### **Background**

On October 17, 2018, the *Cannabis Act* came into effect, providing a legal framework in Canada for the production, manufacturing, licensing, distribution, marketing, and possession of cannabis. From a public health perspective, the goal of legalizing cannabis is to increase access to a strictly regulated product, while also removing commercial influence to protect youth, eliminating the illicit market, and increasing public safety. The aim of this approach is to minimize the health and social harms connected to cannabis as it is not a benign substance ([Chief Medical Officers of Health of Canada and Urban Public Health Network, 2016](#)).

In the fall of 2022, the Government of Canada struck an independent Expert Panel to lead a credible and inclusive review of the *Cannabis Act* and corresponding *Cannabis Regulations*. In addition to meeting with experts from the fields of public health, substance use, criminal justice, law enforcement and healthcare, the

panel also met with government representatives, Indigenous peoples, youth, cannabis industry representatives, and people who access cannabis for medical purposes. The Panel was tasked with gathering their experiences and perspectives on the legalization of cannabis in Canada. As part of this legislative review, public input was also sought through an [online questionnaire](#) and/or written feedback, which closed in November 2022.

On March 25, 2023, Health Canada released a [Notice of Intent](#) seeking public input on potential amendments to the *Cannabis Regulations* to reduce regulatory burden while still maintaining the controls in place to address public health and safety risks. The identified intention of Health Canada's 60-day public comment period (March 25 to May 24, 2023) is to seek feedback on the following areas of interest:

- Licensing;
- Personnel and physical security measures;
- Production requirements for cannabis products;
- Packaging and labelling requirements for cannabis products; and,
- Record keeping and reporting requirements for cannabis license holders.

According to Health Canada, this current proposal and request for public input is separate and distinct from the legislative review and the work of the Expert Panel. Health Canada is considering potential amendments to the *Cannabis Regulations* that would reduce duplication within the legal requirements and "reduce administrative and regulatory burdens where possible, while continuing to meet public health and safety objectives in the *Act*" ([Health Canada, 2023](#)).

### **The Need for Strict Regulations to Counter Commercialization**

Staff from the public health units within the southwest region worked collaboratively to prepare recommendations for submission to the Controlled Substances and Cannabis Branch, attached as [Appendix A](#) for Board of Health approval. The recommendations contained within the submission correspond to three of the five priority areas that fall within the public health domain for which Health Canada has requested feedback:

- Priority Area 3: Production requirements for cannabis products;
- Priority Area 4: Packaging and labelling requirements for cannabis products; and,
- Priority Area 5: Record keeping and reporting for cannabis license holders.

The recommendations support Health Canada's goals to reduce the risks of unintentional consumption and overconsumption, to reduce the appeal of cannabis products to young people, and to provide consumers with information needed to make informed decisions about cannabis use. The submission also speaks to the [Commercial Determinants of Health](#), which are defined by the World Health Organization as the actions of the private sector that impact health (either positively or negatively) through influence over the social, physical and cultural environments. The cannabis industry, through production and marketing, can influence social norms and can have a direct impact on public health and safety. The submission reinforces that while Health Canada is seeking input on regulatory measures that could be more efficient and less burdensome for the cannabis industry, any changes need to avoid compromising public health and safety.

This report was submitted by the Healthy Living Division.



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May 18, 2023

**ATTN: John Clare**

Director General

Strategic Policy, Cannabis

Controlled Substances and Cannabis Branch

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**RE: Notice of Intent - Consultation on Potential Amendments to the Cannabis Regulations**

## **INTRODUCTION:**

The Middlesex-London Health Unit (MLHU) appreciates the opportunity to participate in Health Canada's consultation on *Potential Amendments to the Cannabis Regulations*.

We would like to commend Health Canada for recognizing the importance of setting out clear regulations and developing a legislative framework that aims to protect the health and safety of Canadians. The maintenance of strict regulations and controls governing the production and sale of cannabis is vital to mitigating the potential health and safety harms from these products.

A public health approach to cannabis regulation aims to find the balance between making regulated legal cannabis accessible while removing commercial influence and promotion of the product. There are health harms associated with cannabis consumption, but harms can be minimized with a thoughtful and intentional public health regulatory approach.

The recommendations that follow correspond to three of the five priority areas for which Health Canada has requested feedback, specifically:

- Priority Area 3: Production requirements for cannabis products;
- Priority Area 4: Packaging and labelling requirements for cannabis products; and,
- Priority Area 5: Record keeping and reporting for cannabis license holders.

The recommendations contained within this submission support Health Canada's goals to:

1. Reduce the risks of accidental consumption and overconsumption;
2. Reduce the appeal of cannabis products to young people; and,
3. Provide consumers with the information they need to make informed decisions before using cannabis products.

## **Priority Area 3: Production requirements for cannabis products**

**4. Should the limits on the maximum quantity of delta-9-THC that can be contained in a cannabis product (by container and ingestible unit) apply to the sum total of all intoxicating cannabinoids found in the product? Why or why not? How could such a requirement be established in an efficient manner that is simple to comply with?**

## RECOMMENDATION

Yes. The maximum quantity of delta-9-tetrahydrocannabinol (THC) that can be contained in a cannabis product (by container and ingestible unit) should apply to the sum total of all intoxicating cannabinoids found in the product. Until more research is completed, product manufacturers should be required to account for and communicate any potentially intoxicating substances to consumers. Moreover, maintaining current limits of intoxicating cannabinoids within the standards set by the *Cannabis Act*, will continue to protect public safety.

## RATIONALE

Consumers have the right to be informed of the presence and quantity of intoxicating cannabinoids in the product they are consuming as this can affect their level of impairment which can increase the potential for health harms. As more research becomes available on the effects of other intoxicating cannabinoids, Health Canada is encouraged to ensure the maximum amount of such cannabinoids equates to the current limits for delta-9-THC. This will help continue to minimize the potential impact on public health and safety.

It is recommended Health Canada continue to restrict the quantity of delta-9-THC or equivalent intoxicating cannabinoid effect to:

- Edibles - 10 mg per package
- Ingesting - Cannabis Extract 10 mg of THC per unit (such as a capsule) or dispensed amount 1000 mg of THC per package
- Inhaling - Cannabis Extract: 1000 mg of THC per package
- Topical Cannabis - 1000 mg of THC per package (Government of Canada, 2018)

### Priority Area 4: Packaging and labeling requirements for cannabis products

#### 1. Should Health Canada consider amending packaging requirements for dried and fresh cannabis?

## RECOMMENDATION

MLHU recommends that existing *Regulations* for cannabis product packaging remain in effect, including:

- Plain, opaque/translucent packaging in accordance with colour/font restrictions;
- Child-resistant packaging with tamper-evident controls in place;
- A prohibition on coatings, cut-outs, or peel-away labels;
- A prohibition on hidden features, including heat-activated ink or scent-features;
- A prohibition on the use of images or brand information on the wrapper; and,
- No more than 30g of dried cannabis in one immediate container.

In addition, MLHU recommends Health Canada considers restricting all packaging to a plain and standardized colour (e.g., brown or grey).

MLHU recommends that alternative packaging materials are investigated and mandated by way of regulation to address the issues of waste from cannabis product packaging. Current packaging requirements should be maintained to the fullest extent while also considering alternative, environmentally conscious materials in accordance with the Government of Canada's ambitious plan to reduce plastic pollution.

## **RATIONALE**

The current *Cannabis Regulations* require plain packaging and labelling for all cannabis products. The aim of this approach is to reduce the risks of accidental consumption and overconsumption as well as reducing the appeal of cannabis products to young persons. Additionally, consumers are provided with the information they need to make informed decisions before using cannabis. As such, these requirements should be maintained.

The current *Regulations* restrict colours to a single uniform colour, prohibiting the use of fluorescent colours on containers or wrappers or metallic colours on containers. We recommend that packaging (including wrappers and internal and external packaging) be restricted to one standardized colour, ensuring there is a contrast with the yellow colour of the health warning message and the red colour of the standardized cannabis symbol. This eliminates the ability for the industry to select background colours for branding and would align with the more stringent requirements for tobacco packaging. Tobacco research indicates that dark brown product packaging is dissuasive in the United States (Hammond et al., 2011; Al Hamdani et al., 2020). Continued research specific to cannabis packaging is important to further understand the impact of packaging elements on cannabis use behaviours.

Health Canada should maintain current packaging requirements for public health and safety. However, in accordance with the Government of Canada's commitment to bring forward measures to prevent plastic pollution and to reduce the amount of waste that ends up in landfill sites, alternative recyclable packaging options should be considered to minimize any potential environmental impact of cannabis product waste.

## **2. Are there labelling requirements that could be changed without public health or public safety impacts? What required information should remain, and what information could be removed? Why or why not?**

### **RECOMMENDATION**

MLHU recommends Health Canada maintain all existing labeling requirements, and not remove any information.

### **RATIONALE**

Current labelling requirements include the standardized cannabis symbol, mandatory health warning message, and specific product information (e.g., brand name of the cannabis product, class of cannabis, THC and CBD information, license holder information, ingredients, etc.). These requirements should remain in place as they contribute to reducing the risks of accidental consumption, overconsumption, and reduce the appeal of cannabis products to young persons. Cannabis labelling provides consumers with the information they need to make informed decisions before using cannabis. Mandated health warnings on tobacco products are proven to be an effective

strategy to increase awareness of the health harms associated with tobacco and to reduce tobacco product use (Cunningham, 2022). Similarly, cannabis research has found that brand imagery on packaging can increase the appeal of cannabis products whereas plain/standardized packaging with health warnings decreases appeal, especially to youth and young adults (Leos-Toro et al., 2021). It is recommended that Health Canada continues to apply this body of evidence to cannabis product regulation.

### **3. Do you have any suggestions to simplify the requirements to include delta-9-THC and CBD content information on product labels?**

#### **RECOMMENDATION**

MLHU recommends continued regulation of cannabis labelling that provides consumers with the information they need to make informed decisions before using cannabis, including labelling of cannabinoids within products.

MLHU does not have any specific suggestions of how to simplify the requirements to include delta-9-THC and CBD content information on product labels but recognizes the importance of consumer product comprehension to assist in protecting public health and safety.

MLHU recommends further consumer education about the potential effects of THC/CBD, including Canada's Lower-Risk Cannabis Use Guidelines, to help individuals understand how to reduce risks to their health when consuming cannabis products. This could be achieved via a website link on the label in addition to more comprehensive federal public health education initiatives.

#### **RATIONALE**

From a public health perspective, the labelling requirements for cannabis (THC/CBD content) are meant to provide consumers with clear, easy to read, and understandable information when it comes to the contents of the product (Government of Canada, 2016). Cannabis product labels are only effective if their meaning is clear to the consumer. While consumers need to know how much THC and CBD a product contains, they also need to understand how the products and the amounts of cannabinoids found within products can affect their health and well-being.

Investigation into consumer product comprehension has shown that the current manner in which information is provided on cannabis products can be difficult for individuals to interpret and put into context (Health Canada, 2020). Therefore, comprehensive consumer education about the potential effects of THC/CBD may aid in product label understanding by consumers. Canada's Lower-Risk Cannabis Use Guidelines provide recommendations for individuals to reduce their health risks from cannabis use (Fischer et al, 2017), and increase consumer understanding of ways to reduce their risk when consuming cannabis products. The development of a comprehensive public health education strategy to inform youth and young adults about the potential health harms from cannabis use and strategies to reduce those risks is warranted.

### **4. Should the requirement to include delta-9-THC content information on product labels apply to the total of all intoxicating cannabinoids, such as delta-8-THC? Why or why not? How could such a requirement be established in an efficient manner that is simple to comply with?**

## RECOMMENDATION

For public safety and consumer knowledge, MLHU recommends that cannabis product labels include the amounts of any intoxicating cannabinoids in a product, and that labelling continues to be based on regulated laboratory testing. Efforts should be taken to increase consumer understanding of lower risk and higher risk use, including quantities or concentration of cannabinoids, and potential physiological effects of both intoxicating and non-intoxicating cannabinoids.

We recommend that any new cannabis product (including semi-synthetic cannabinoids) continue to be assessed for safety under the *Cannabis Act* and that any potential effects are communicated effectively to consumers.

## RATIONALE

Labelling all intoxicating cannabinoids found within cannabis products allows consumers to make informed choices about their cannabis consumption. It is important to note that cannabis labels are only effective if their meaning is clear to the consumer. While consumers need to know how much THC and CBD a product contains, they also need to understand how those amounts can affect their health and wellbeing.

The continuous monitoring of identified cannabinoids and their impacts on consumers was recommended by the Canadian Task Force on Cannabis Legalization and Regulation. The Task Force highlighted the need for “a flexible legislative framework that [can] adapt to new evidence to set rules for limits on THC or other components” (Government of Canada, 2016).

### **5. Are there other packaging and labeling requirements that Health Canada should consider for a regulatory amendment? Why and what is the current impact of these requirements on licence holders and consumers?**

## RECOMMENDATION

Continue to strictly regulate packaging and labeling and implement further restrictions to reduce appeal to young persons. In addition to the current requirements outlined in the *Regulations*, MLHU recommends implementing the following:

- Ban the words “candy” or “candies” on packages;
- Include “not for kids” text on the package label;
- Require safer storage messaging on all packages to address ways to reduce risk of unintentional exposure of this product to children (e.g., “This product can cause harm if consumed by children. Keep out of reach of children in a locked area, and store in original packaging.”);
- Restrict packaging colour to a standardized, single, uniform colour (e.g., brown or grey);
- Consider methods to educate and promote additional health messaging contained within Canada’s Lower-Risk Cannabis Use Guidelines. For example, this might be achieved by including a website link on the cannabis product label, the inclusion of a statement on the package itself, or the roll-out of a comprehensive federal public health education strategy; and,

- Require labels for all cannabis-infused products intended for ingestion to include a health statement about the delayed onset of impairing effects and information on accidental ingestion or overconsumption.

## RATIONALE

Maintaining and strengthening measures to reduce risks of accidental consumption, overconsumption, and appeal of products to infants, children, and young people are critical. If the current *Regulations* are relaxed or omitted on cannabis products, it may provide ambiguity of rules and lead to packaging and labelling practices which are harmful to consumers and may increase appeal to vulnerable individuals such as youth and children.

Despite efforts to regulate cannabis packaging and public health measures to remind adults to lock cannabis products up and out of reach of children and youth, the incidence of cannabis overdose in children continues to rise. A recent study published in 2022 found that the proportion of cannabis-related emergency department visits for children aged 0-9 in Ontario increased significantly after the legalization of cannabis edibles (Myran et al., 2022).

The Poison Control Centre in Ontario states the following on their website: “The Poison Centre is seeing an increase in cases of children unintentionally eating edible cannabis products and requiring hospital admission. In many cases these products were unregulated, looked almost identical to popular brands of candy, and contained many more milligrams of THC than approved by Health Canada. While cannabis use is legal in Canada, there are many products available on the market that are unregulated, meaning that they do not come from an authorized provincial or territorial retailer.” This demonstrates what can happen when regulations around packaging become more lenient: increased harms to children by unintentional consumption. These statistics also demonstrate the need for further action to prevent unintentional consumption by children.

Prohibiting the use of the words “candy” or “candies” would further enhance the existing plain packaging requirements. “Candy” is an easily recognizable and enticing word to children and youth. Following legalization, Colorado saw an increase of edible-related cannabis overdoses, increased calls to poison control centres, and increased ER visits for accidental ingestion by children (Wang et al., 2016). To combat accidental consumption by children and youth, Colorado has banned the word “candy” or “candies” on packaging (State of Colorado, n.d.). Similarly, Washington State has mandated “not for kids” warning labels on cannabis products (Washington State, 2019).

Plain packaging and the inclusion of health warnings on labels reduces appeal, brand influence, and enticements to purchase and use products. They also increase awareness of harms associated with use. This approach has been shown to be effective through tobacco product research (Dronvandi et al., 2019; Gravely et al., 2021), as well as cannabis product research (Goodman et al., 2019; LeosToro et al., 2021). The current *Regulations* restrict colours to a single uniform colour, prohibiting the use of fluorescent colours on containers or wrappers or metallic colours on containers. MLHU recommends that packaging (including wrappers and internal and external packaging) be restricted to one standardized colour, ensuring there is a contrast with the yellow colour of the health warning message and the red colour of the standardized cannabis symbol. This approach would limit the industry’s ability to select background colours for branding purposes and would align with the more stringent requirements for tobacco product packaging. Tobacco research has shown that dark brown packaging is more dissuasive in the United States (Hammond et al., 2011; Al Hamdani et al., 2020).



Continued research specific to cannabis packaging is important to further understand the impact of background colours on cannabis use behaviours.

Labeling is an important resource for consumers in making informed decisions about using cannabis. We recommend including information on Canada's Lower-Risk Cannabis Use Guidelines, which could be accomplished through a website link on the product label or the inclusion of a statement from the Guidelines on the package. Lower-risk and safer-use messaging is important for everyone who uses cannabis, especially people who are first trying a product. It is important for warning messages to be clear and to use language that does not leave room for doubt by the consumer (Al Hamdani et al., 2020).

## **Priority Area 5: Record keeping and reporting for cannabis licence holders**

### **6. Should Health Canada remove the requirement to provide a promotion expenditure report to Health Canada? Why or why not?**

#### **RECOMMENDATION**

It is recommended that Health Canada continue to require cannabis license holders to provide a report of any promotional expenses and activities related to cannabis. This includes any money spent on the promotion of cannabis accessories or services related to cannabis. Health Canada should also monitor industry practices with marketing and advertising to reduce normalization of cannabis use and incentives or cues to use cannabis products. In addition, it is recommended that Health Canada mandates the cannabis industry to publicly disclose costs and activities associated with influencing government policy reform.

#### **RATIONALE**

The *Cannabis Act* generally prohibits the public promotion of cannabis. This is to support the Government's objective to protect public health and safety, and to protect vulnerable populations such as youth from exposure to cannabis and enticements to use cannabis. By requiring license holders to report on promotion expenditures, Health Canada can monitor industry practices to ensure they are staying compliant with prohibited practices and ensure the types of promotions are not directly or indirectly enticing individuals to use cannabis. In addition, by continuing to monitor promotion expenditures, Health Canada can ensure that the industry is not spending an excessive amount of funding on promotions, given evidence that marketing practices can influence substance use behaviour and potential harms (Leos-Toro et al., 2021).

The extent to which cannabis is promoted to individuals may influence their decisions to purchase and use cannabis. Health Canada can incorporate the substantial evidence of the impact of alcohol marketing on drinking behaviour and translate that to cannabis regulations. It has been shown that exposure to alcohol advertising can act as environmental cues to drink, influence social norms, and influence lifestyles such as an individual's motives to drink and drinking patterns (Giesbrecht & Wettlaufer, 2013). In addition, restricting promotions will remove incentives to drink and cues to drink (PHAC, 2018; Giesbrecht & Wettlaufer, 2013; Liem, 2018; WHO, 2018). The application of the evidence from alcohol consumption combined with lessons learned from tobacco control literature is recommended to inform requirements pertaining to mandatory industry reporting.

## OTHER CONSIDERATIONS FOR THE PRODUCTION OF CANNABIS

In addition to the labelling and packaging requirements, we recommend the following production restrictions be implemented to further reduce appeal to young people, minimize undue inducements to purchase or use cannabis products, and to enhance the safety of products for consumers:

- Restrict the shape of cannabis products and accessories further, by banning the use of shapes, sprinkles, or bright colours that may appeal to children (e.g., bright colours, recognizable shapes like real or fictional animals or humans or fruit shapes.)
- Prohibit the use of flavouring agents in cannabis extracts.
- Prohibit any product that resembles or mimics familiar food items, or is associated with a well-known brand of food or candy and could be appealing to children, such as gummy bears, lollipops, well-known chocolate bars or cookie brands, etc.
- Require that edible products be stamped, marked or imprinted with the standardized THC symbol on at least one side of the edible product itself. An exception for products that are impracticable to stamp, mark or imprint, such as liquids, would be required.

## RATIONALE

Products that resemble familiar food items or are associated with well-known brands of food or candy could be appealing to children, such as gummy bears, lollipops, well-known chocolate bars or cookie brands (Government of Canada, 2016; University of Washington School of Law, 2016; General Assembly of the State of Colorado, 2016).

## COMMERCIAL DETERMINANTS OF HEALTH

The request for consultation states, “Health Canada recognizes there may be regulatory measures that could be made more efficient and streamlined without compromising the public health and public safety objectives in the *Act*”, and we appreciate that Health Canada has emphasized that efficiencies will not compromise public health and safety objectives.

We ask that Health Canada takes into account the Commercial Determinants of Health when considering any recommendations that are submitted, and that any amendments proposed put public health and safety before benefits that would be afforded to the industry. The Commercial Determinants of Health “are a key social determinant, and refer to the conditions, actions and omissions by commercial actors that affect health” (WHO, 2021). Industry actions, such as production and targeted marketing of products, can impact and shape the physical and social environments that people live in, and ultimately impact their health. The potential impacts on health from cannabis include child poisonings, overdose, and/or effects on parenting through use of their products. Early age of onset of use and the continued use of cannabis increases the risk of dependency and mental health problems, and can impact memory, concentration, academic success and decision-making. When smoked, cannabis use impacts lung health, increasing risk of bronchitis, lung infections, chronic cough, and mucus (Health Canada, 2022). Cannabis products are not a benign substance, and as such, it is recommended they be regulated to control commercial influence.

Product packaging, labeling, product manufacturing, and advertising are particular areas of focus where industry may not, and historically have not, put public health and safety above industry profits and benefits.

It has been documented that corporations actively mislead and confuse the public when it comes to the harm their products cause (Mailon, 2022; Ulucanlar et al., 2016; Humphreys et al., 2022). The study of internal documents across tobacco, alcohol, chemical, soft drink, sugar, and pharmaceutical industries has formed a body of evidence describing the ways that corporations seek to produce and distribute research findings that are favourable to their interests, to suppress findings that are not, and to create doubt around the scientific agreement (Mailon, 2022; Humphreys et al., 2022). Another way corporations influence mainstream thinking is by capturing civil society through corporate front groups, philanthropic efforts, consumer groups and think tanks, allowing them to create doubt and promote their framing of the products they produce and their messages (Mailon, 2022; WHO, 2021).

Thank you for the opportunity to provide input on the potential amendments to the *Cannabis Regulations*. We would be happy to discuss any of our recommendations or comments upon your request and look forward to the summary from Health Canada following this consultation.

Sincerely,

*Signature to be applied upon Board of Health approval*

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

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TO: Chair and Members of the Board of Health

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

DATE: 2023 May 18

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## **SUPPORT FOR HEALTH CANADA'S POLICY UPDATE ON RESTRICTING ADVERTISING OF FOOD AND BEVERAGES TO CHILDREN**

### **Recommendation**

*It is recommended that the Board of Health:*

- 1) *Receive Report No. 35-23 re: "Support for Health Canada's policy update on restricting advertising of food and beverages to children";*
- 2) *Submit a letter on behalf of the MLHU Board of Health in support of Health Canada's recent policy update on restricting the commercial advertising of food and beverages to children along with these additional measures:*
  - *Increasing the age to under 18 for restricting commercial advertising*
  - *Expanding restrictions to all advertising types such as celebrity and character endorsements as indicated in Bill C-252.*

### **Key Points**

- Children and youth are vulnerable to the advertising of the food and beverage industry. Constant exposure influences children and youths' food preferences, purchase requests, and consumption patterns which negatively impacts their health and wellbeing.
- Health Canada released a policy update in April 2023 to protect children by restricting food and beverage advertising. However, the policy update solely focuses on television and digital media and limits restrictions to children under 13. This leaves various advertising techniques unrestricted and youth vulnerable to harmful advertising.

### **Background**

#### **Food and Beverage Advertising**

Food and beverage advertising substantially influences food and beverage choices and preferences, and has been identified as an environmental determinant of health (Potvin Kent et al., 2022). Children and youth are exposed to food and beverage advertising on a constant basis. In 2019, approximately \$628,600,000 was spent on food advertising, with more than 90% of the advertising being for foods that do not meet Canada's Food Guide (Potvin Kent et al., 2022). Over 50 million food and beverage advertisements were found on popular children's websites in 2015-2016, and over 90% of those ads were for foods high in sodium, sugar, and/or saturated fat (Heart & Stroke, 2021). Digital advertising via social media, the internet, and mobile devices is less costly, and has been shown to be more effective and persuasive compared to traditional media (Potvin Kent et al., 2022). Social media advertising provides companies with the ability to directly interact with consumers, which provides valuable information to companies (Potvin Kent et al., 2022). In addition, the use of digital media by children and youth has been increasing, resulting in increased exposure to digital marketing (Potvin Kent et al., 2022).

### **Negative Health Impacts of Food and Beverage Marketing to Children and Youth**

The food industry appeals to children and youth using cartoons, celebrities, popular music, slang, and sports to market their products (Heart & Stroke, 2021, Truman & Elliott, 2019; Harris et al., 2020). Children are targeted because they are unable to critically assess advertisement messages, can influence family spending, and provide an opportunity to establish brand loyalty at a young age (Ontario Dietitians in Public Health [ODPH], 2019). Youth are also vulnerable to marketing due to their cognitive and emotional development, peer pressure, high levels of exposure to advertising, and increased independent purchasing power (Harris et al. 2020; Truman & Elliot, 2019). These factors can influence children and youths' food preferences, purchase requests, and consumption patterns, which negatively impacts their health and wellbeing (Hastings et al., 2006; & Cairns, Angus, & Hastings, 2009; Wilcox et. Al., 2004; Carter et al., 2011; Dietitians of Canada 2010).

### **History of Legislation**

The Canadian Children's Food and Beverage Advertising Initiative set voluntary standards for the food industry to follow. However, this voluntary approach has not been effective at reducing food and beverage advertising to children (ODPH, 2019). Policies to protect this vulnerable population from food and beverage advertising have been established in many countries including Mexico, Spain, Sweden, Norway, Brazil, and the province of Quebec in 1980 (ODPH, 2019). Legislation in Quebec has resulted in children seeing fewer food and beverage ads, and fewer characters being used for food and beverage marketing in comparison to other Canadian provinces (Potvin Kent et al., 2011).

In September 2015, *Bill S-228, An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children)*, was introduced, and passed by the Senate and the House of Commons, however, was not called to final vote in 2019. In 2016, Health Canada committed to protecting vulnerable populations as part of the Healthy Eating Strategy through restricting commercial advertising of food and beverages that do not support the health of children and youth. *Bill C-252, An Act to amend the Food and Drugs Act (prohibition of food and beverage marketing directed at children)* was introduced in November 2021, and has been adopted by the Standing Committee on Health on April 18<sup>th</sup>, 2023, and presented to the House of Commons on April 26, 2023.

### **Current Legislative Action**

Health Canada has committed to implementing restrictions on food and beverage advertising to children by the fall of 2023 in their *Forward Regulatory Plan* for 2022-2024. Health Canada recently released a policy update in April 2023, indicating intention to amend the *Food and Drug Regulations* to "restrict advertising to children under the age of 13 of foods that contribute to excess intakes of sodium, sugars and saturated fat... focusing on television and digital media first" and is accepting comments until June 12, 2023.

### **Conclusion**

Legislation that regulates food and beverage advertising to children and youth helps to protect this population from negative health impacts. The current policy proposal from Health Canada limits restrictions to children under 13, leaving some youth vulnerable. It also limits legislation to television and digital media, allowing other persuasive advertising methods such as celebrity endorsements to continue. References for sources within this report are noted in [Appendix A](#).

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



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



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

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## MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 36-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 May 18

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### **MLHU STRATHROY DENTAL CLINIC – MAY 2023 UPDATE**

#### **Recommendation**

*It is recommended that the Board of Health receive Report No. 36-23, re: “MLHU Strathroy Dental Clinic – May 2023 Update” for information*

#### **Key Points**

- To respond to capital funding received by the Ministry of Health to expand the Ontario Seniors Dental Care Program, the Middlesex-London Health Unit (MLHU) has entered into a lease at The Shops on Sydenham (51 Front St, Strathroy) for the build of a new dental clinic.
- MLHU staff have worked collaboratively over the last four months with the selected proponents, CCS Engineering & Construction Inc. and Henry Schein Inc., to proceed with building the dental clinic.
- Based on the current status of construction, MLHU is expected to open the clinic in June 2023.

#### **Background**

To address wait times and expand the Ontario Senior’s Dental Care Program (OSDCP), the Middlesex-London Health Unit (MLHU) was issued capital funding in the amount of \$1,050,000 from the Ministry of Health. In September 2022, an interdisciplinary team was created with membership from the Project Management Office, the Operations Team, and Oral Health Team to utilize the capital funding and design and build a new dental clinic in The Shops on Sydenham in Strathroy Ontario.

The capital funding provided to MLHU is intended to cover all construction costs, as well as the procurement and installation of all dental equipment, furniture, and IT equipment in the clinic. Additional operating funds have been requested from the Ministry of Health for the ongoing purchase of dental supplies required for operation of the clinic, as well as for appropriate staffing.

#### **Status Update**

The overall status of the project is proceeding as planned. The project team is working closely with the selected proponents, CCS Construction Inc. and Henry Schein Inc. Based on current budgetary forecasting, the project team is maintaining surplus funding as contingency for unexpected costs.

More specific updates for the project are as follows:

## Recent Accomplishments

- Finalized draft drawings for clinic layout (January 2023) in [Appendix A](#)
- Initiated budget tracking mechanism and forecasting (January 2023)
- Order placed for all dental equipment with prolonged lead times (i.e., dental chairs) (February 2023)
- Initiated communications plan to coordinate internal and external messaging (February 2023)
- Finalization of architectural drawings (March 2023)
- Above ground electrical and plumbing inspection pass (April 2023)

See [Appendix B](#) for recent photos of the clinic space.

## Critical Risks and Mitigation Strategies

Risk Description	Mitigation
Insufficient current operating funds to operate both CitiPlaza and Strathroy dental clinics	Request has been made to the Ministry of Health for an additional \$1.5 million in operating funds
Unexpected additional costs that cause the Project to go over <b>budget</b>	Ensure accurate forecasting to make <u>informed decisions</u> as they relate to spending; work with MLHU's Finance Team to closely monitor ongoing spending relative to budget
Unexpected external factors (i.e., construction or labour shortages) which arise that cause the Project to go over <b>timeline</b>	Closely monitor timelines relative to Project Charter; communicate consistently with external team members

## Key Upcoming Activities / Milestones

- Install new HVAC system and complete drywalling (May 2023)
- Complete all flooring, cabinetry installation, painting, and plumbing/electrical (May 2023)
- Occupancy permit approval (May 2023)
- Dental equipment installation and testing (May 2023)
- MLHU move-in, media release and grand opening, with speakers and guest invitees (June 2023)

## Next Steps

The Strathroy Dental Clinic Build Project has been proceeding as anticipated, with an expected construction completion date of May 31, 2023, and an expected clinic opening date in June 2023 (dependent on staffing and operational budget). A grand opening event will be held and Board of Health members will receive an invitation to attend.

The Project Team, with support and guidance from Project Sponsors, will continue to address the critical issues and major risks that arise through ongoing internal and external communication and establishment of risk mitigation strategies as required.

This report was prepared by Strathroy Dental Clinic Build Project Team (Project Management Office, Oral Health, and Operations & Procurement teams).

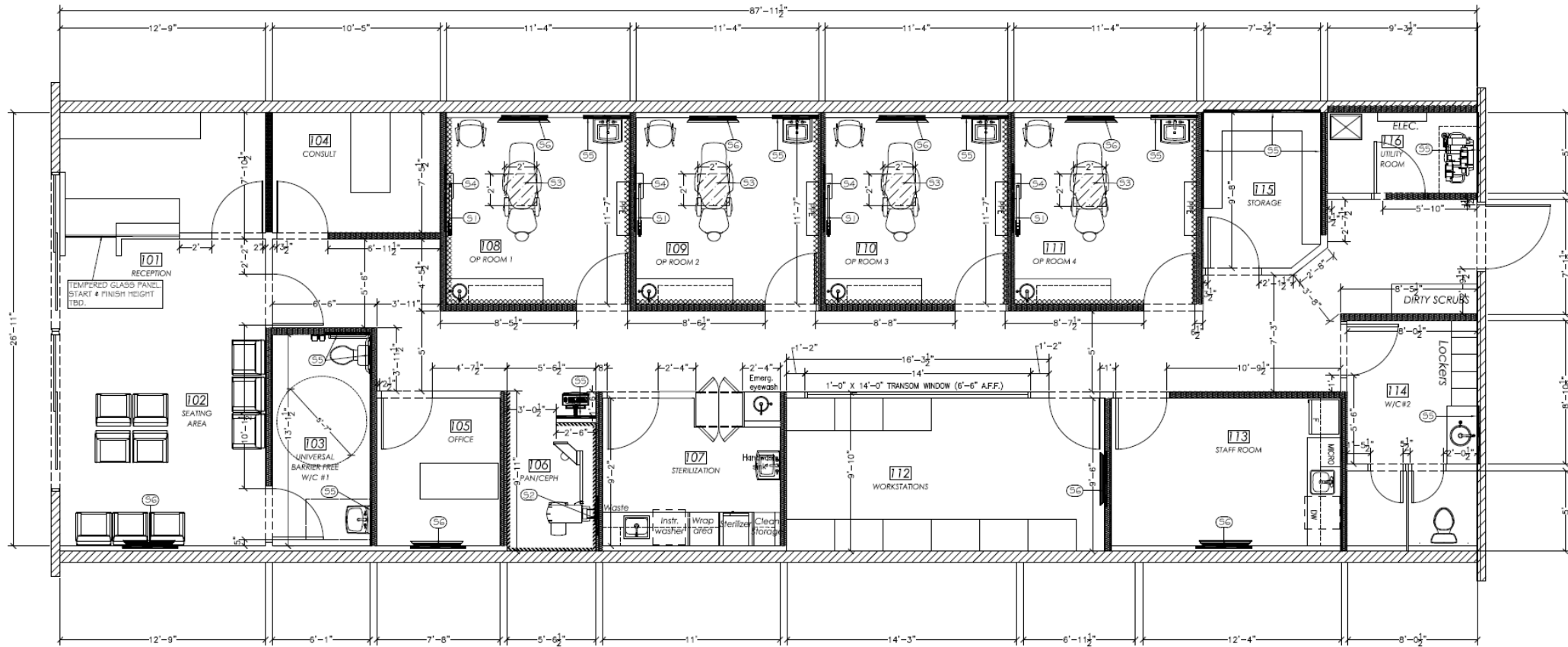


Emily Williams BScN, RN, MBA, CHE  
Chief Executive Officer



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

# Strathroy Dental Clinic Floorplan



# Strathroy Dental Clinic Progress Photos

November 15, 2022 – Prior to demolition



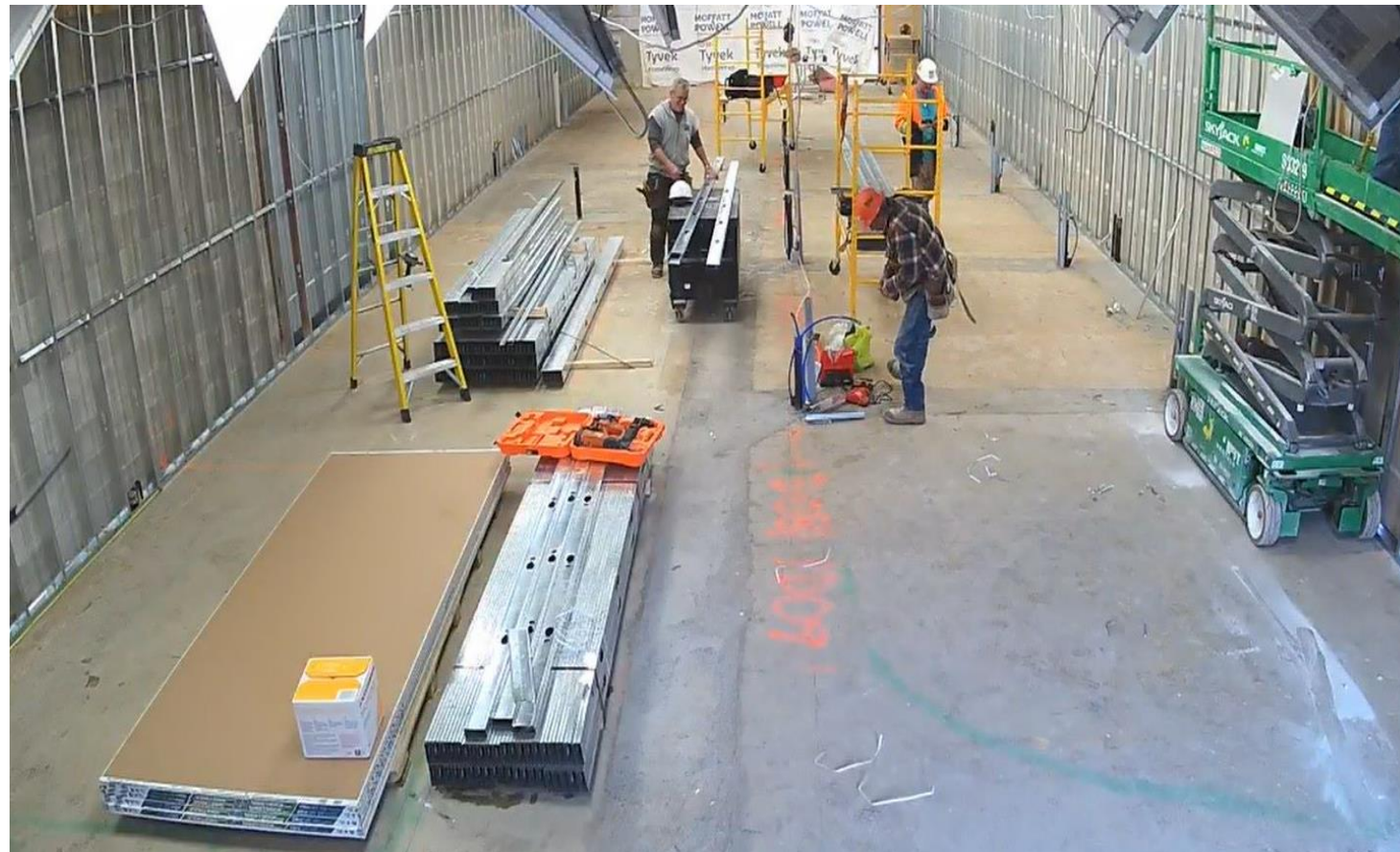
# Strathroy Dental Clinic Progress Photos

March 7, 2023 – Trenching of floors



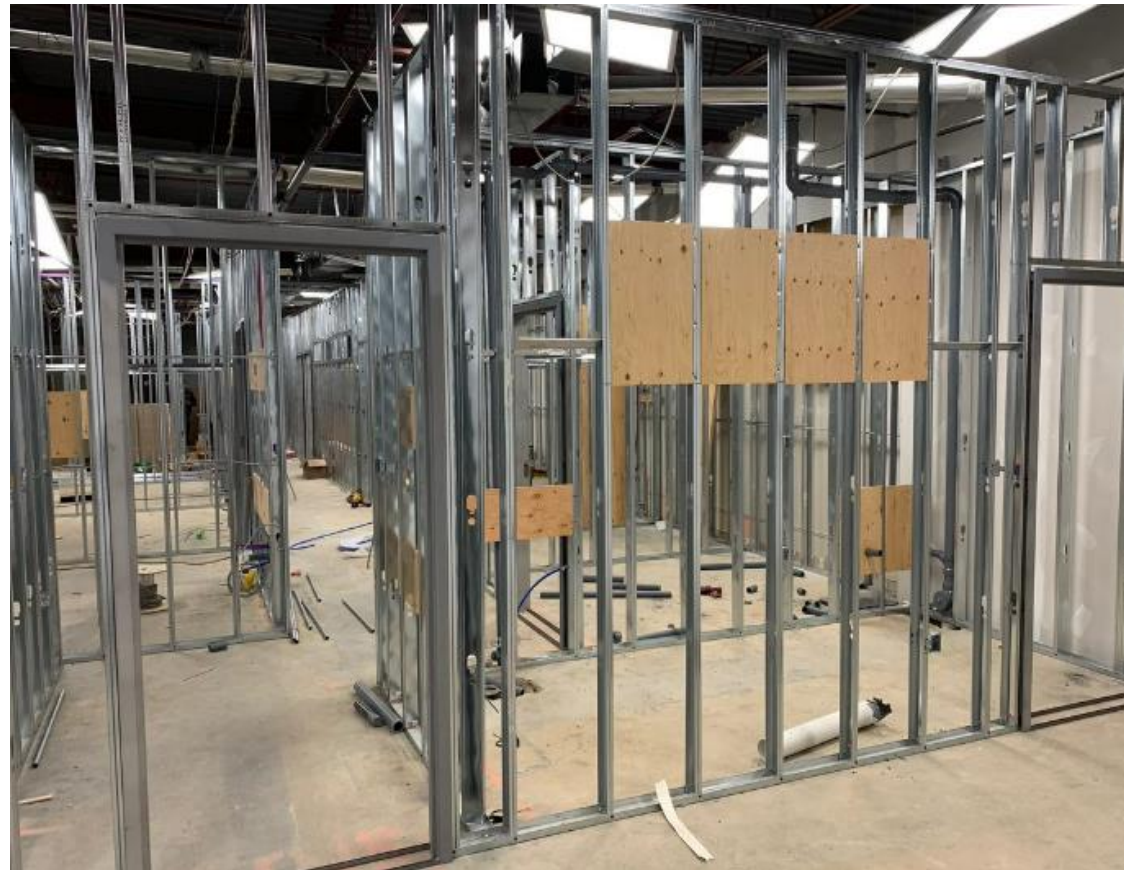
# Strathroy Dental Clinic Progress Photos

April 4, 2023 – Start of framing



# Strathroy Dental Clinic Progress Photos

**April 19, 2023 – Framing complete**





# Strathroy Dental Clinic Progress Photos

**April 19, 2023 – Plumbing and electrical installed**



# Strathroy Dental Clinic Progress Photos

**May 2, 2023 – Drywall installation beginning**





TO: Chair and Members of the Board of Health

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

DATE: 2023 May 18

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## **MLHU'S SENIORS' DENTAL CARE PROGRAM – PARTNERSHIPS**

### ***Recommendation***

***It is recommended that the Board of Health receive Report No. 37-23, re: MLHU's Seniors' Dental Care Program - Partnerships for information.***

### **Key Points**

- The Ontario Seniors' Dental Care Program (OSDCP) is in high demand and currently has a waiting list for new patient exams.
- To respond to the high demand for service with the Ontario Seniors Dental Care Program, MLHU has entered into a variety of partnership agreements with oral health professionals in Middlesex-London to help meet the needs of the program.
- The Oral Health team eagerly awaits the opening of the new dental clinic in Strathroy in June 2023.

### **Background**

The Ministry of Health launched the OSDCP in the fall of 2019 to provide routine dental care to low income individuals 65 years of age and older. Since the inception of the program, the Middlesex-London Health Unit (MLHU) has seen a high uptake for the program. This high demand coupled with a shortage in clinical space, and the COVID-19 pandemic, have resulted in a waiting list for the program that the MLHU Oral Health Team is working diligently to address.

The Oral Health Team at the Middlesex-London Health Unit (MLHU) has worked closely with its official OSDCP partners, The Wright Clinic (TWC) and the Southwest Ontario Aboriginal Health Access Centre (SOAHAC), and entered into a variety of partnership agreements with additional Dental Practitioners to help expand services and reduce wait times.

TWC is a not-for-profit dental clinic that is located at the Glen Carin Community Resource Center in south east London. The clinic provides accessible oral health care to Londoners in need. The MLHU is proud to hold a seat on the board of directors for TWC and to have TWC as an official partner of the OSDCP. Additional information about TWC can be found in their Annual Report included as [Appendix A](#).

### **Status Update**

Currently, MLHU has two operatories located in Citi Plaza to service both the OSDCP as well as children with Healthy Smiles Ontario Coverage. Two operatories do not adequately meet the needs of those eligible for dental services at the MLHU, and as such additional space is currently being built in Strathroy. However, to address immediate needs while the build in Strathroy is taking place, the MLHU is renting operatory space from TWC and the SOAHAC Muncey dental clinic. Partnering with both TWC and SOAHAC has allowed the MLHU to see approximately 15 additional patients per week.

The MLHU has provided approximately 225 patients to both TWC as well as to SOAHAC. These patients have OSDCP coverage but are now on the patient roster of these partner clinics. This allowed the MLHU to reduce those waiting for services by approximately 450 people, which was a significant help.

The number of emergencies that the MLHU receives per day has also exceed capacity of the Oral Health Team. Therefore, four private dental clinics have also signed service agreements and see emergency patients when required.

### **Next Steps**

The Oral Health Team continues to work with its partners to address wait times, and eagerly anticipates the completion of the new dental clinic in Strathroy. The grand opening of the new clinic will be in June 2023.

This report was prepared by the Manager, Oral Health, in the Healthy Living Division.



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



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

# The RIGHT CLINIC

## Annual Report 2022



## Mission

To provide accessible oral healthcare to those residing in Middlesex-London who face barriers, including those with housing insecurity and low income.

## Values

Focus on exceptional client care and a commitment to collaboration with our clients, community partners and stakeholders.

## Vision

A community where everyone has the right to optimal oral health and well-being.

## Board

### Executive

Dr. Kenneth Wright, Chair  
Greg Nash  
Dr. Harvey Goldberg  
Lara Timler  
Dr. Pennie Thornton

### New member in 2023

Amy Farrell

### Members at Large

Dr. Brad Carson  
David Cottrill  
Donna Kosmack  
Rachel Halaney  
Dr. Carlos Quinonez  
Stanislav Rajic  
Sheila Simpson

# Executive Message

The year 2022 saw some significant changes in the operation of The Wright Clinic. An important change was the coming together of an efficient, hardworking, loyal group of employees under the supervision of a team manager.

This team has developed the culture necessary to treat our special clients and be receptive to their needs and barriers. As a result we have seen a steady increase in the number of clients treated as well as an increase in the type of services provided.

Another significant accomplishment in 2022 was partnering with Green Shield Canada to create an 18-month grant in support of the clinic, which has enabled us to expand our working hours into the evenings for three days of the week. Again, this allowed The Wright Clinic to increase the number of clients treated.

The easing of COVID guidelines allowed us finally to invite Donors and Stakeholders to a "Celebration of 18 Months" of operation, and have them see first hand the wonderful facilities that they have made possible.

We are indeed fortunate to have such a dedicated Board to oversee the operations of The Wright Clinic, and we welcome the new Director of the Schulich School of Dentistry, Dr. Carlos Quiñonez, to our Board.

Finally, The Wright Clinic is grateful for the community's support, and for the significant financial contributions of our many donors.

Dr. Ken Wright  
Board Chair



## Staff

Amanda Blackport  
Sophie Couvillion  
Dr. Leanna Dunn  
Theresa Pasquino  
Stephanie Gibson  
Karen Howard  
Dr. Zaid Abdel Majid  
Sandra McMillan  
Skylynn Verkaik



## Volunteers

Dr. David Aiello  
Dr. Hiba Al Shawafi  
Dr. Julie Bargiglione  
Dr. Daniel Bottner  
Dr. Brad Carson  
Dr. Anwar Dean  
Lisa Dorssers, CDA  
Dr. Alex Droz  
Dr. Frank Ferreira  
Dr. Manny Friedman  
Dr. Kahdry Galil  
Dr. Andrew Guzi  
Hana Hamzeh, RDH

Dr. Liliane Le Saux  
Dr. Jacqueline Lopez Gross  
Dr. Nader Shaker  
Dr. Andy Shih  
Dr. Mark Smith  
Dr. Rob Suzuki  
Dr. David Wu

***“I love...doing what I love, make some people healthier and not worry about all the aspects of running a business.” (Volunteer dentist)***



# Year in Review

After a dynamic opening year, 2022 started with a stable and cohesive staffing team which resulted in opportunities for growth and development at The Wright Clinic.

In March 2022, the Middlesex London Health Unit's (MLHU) Oral Health Team started renting 2 operatories at The Wright Clinic one day a week. This partnership allowed the MLHU Oral Health Team to expand services for the Ontario Seniors Dental Care Program, assisting the MLHU Oral Health Team with its backlog of patients.

With the announcement of operational funding from Green Shield Canada, planning for service expansion occurred in June 2022. By July 19, evening appointments became a regular offering. By August 17, a part-time dentist, dental assistant and reception staff were hired.

Our volunteer team grew from 7 in 2021 to 20 by the end of 2022.

Throughout the year, 50 dental hygiene students and 45 dental assisting students from Fanshawe College participated in student placement activities.

In the summer, 13 Board members, staff and volunteers attended the "Trauma and Violence Informed Care" training delivered by Susan MacPhail.

The opportunity to participate in this training reflects The Wright Clinic's commitment to embed health equity in the provision of oral health care to a population that has experienced barriers to care.

In September 2022, our Grand Opening attracted over 100 guests who were able to tour the facility and meet the staff.

Our partnership with Glen Cairn Community Resource Centre (GCCRC) is strengthening as we learn more about the services and supports offered, helping us to connect The Wright Clinic clients to other kinds of community supports and services they need.

With a small staff, instances of illness and unexpected circumstances affect the ability of The Wright Clinic to provide service. While infrequent, The Wright Clinic experienced reduced capacity in the months of November and December due to staff illness and short-term disability.

As we move into 2023, our focus is on sustainability models, volunteer and staff development, and communication.

# Reflections

## Board, Volunteer and Staff Reflect...

Highlight: How the staff group came together to form a deeply bonded team.

Working well: If the environment wasn't warm, I don't think it would operate as efficiently as it does.

What matters: understand that profit isn't the priority; the needs that clients have are.

## Trauma & Violence Informed Care Training



## Ripple Effect

Being able to rent space at The Wright Clinic enabled the MLHU Oral Health Team to see “430 clients for cleanings, helping tremendously with our waiting list and ensuring clients have proper care”.

## Students Reflect...

***“This experience not only benefitted myself as a dental hygiene student craving hands-on experience in order to better my skills, but it also provided me with a much broader understanding of the ways in which socioeconomic factors are affecting the oral health of individuals right here in my own community.”***

***“It made me realize about how big of an impact a person’s smile can make on their confidence, and even their happiness”***



# The Wright Clinic Activity in 2022

347

New clients added

474

Unique clients seen

1,961

Appointments booked

4,071

Procedures completed

490

Dentist hours volunteered

## Who We Have Served

709

Total clients seen since The Wright Clinic opened

Low income & uninsured

38%

Ontario Works & Ontario Disability Support Program

30%

Ontario Seniors Dental Care Program

29%

Government sponsored health programs (Newcomers, Veterans)

3%

### Jennifer's Story

***"I was really nervous to call The Wright Clinic but I was also hopeful. Making any phone call when you know that you are poor and have second class status is always nerve-racking and humiliating. I was hopeful because people explained what The Wright Clinic was all about and that I would get help before I was in real crisis.***

***I feel lucky being able to get care from The Wright Clinic because they treat you like anyone else."***

# Our Impact

2021 Client Survey: Increased access to care and improved health and wellbeing



**95%** of clients had experienced one or more barriers to accessing oral health care in the past

**91%** identified “cost” as a barrier



**71%** had not received dental care for at least 2 years before coming to The Wright Clinic

**62%** used to go irregularly or only in an emergency



**24%** came to The Wright Clinic instead of visiting hospital emergency



**30%** increased how often they brush and/or floss their teeth



**64%** said the health of their mouth had improved

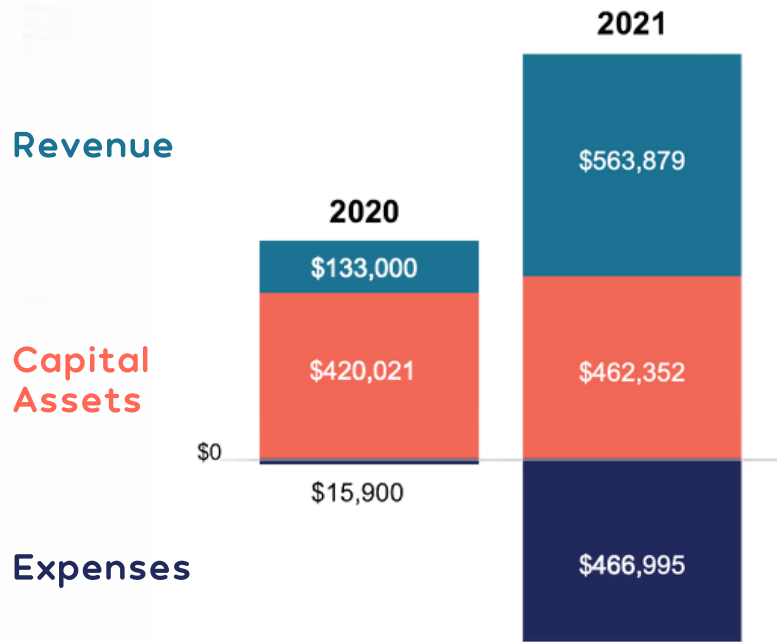
**30%** felt less embarrassed about their appearance



**45%** reported an improvement in their general satisfaction with life

***“Coming to The Wright Clinic has given me hope...that I matter and I have confidence again, when I smile, that I look the best I can.” (Patient)***

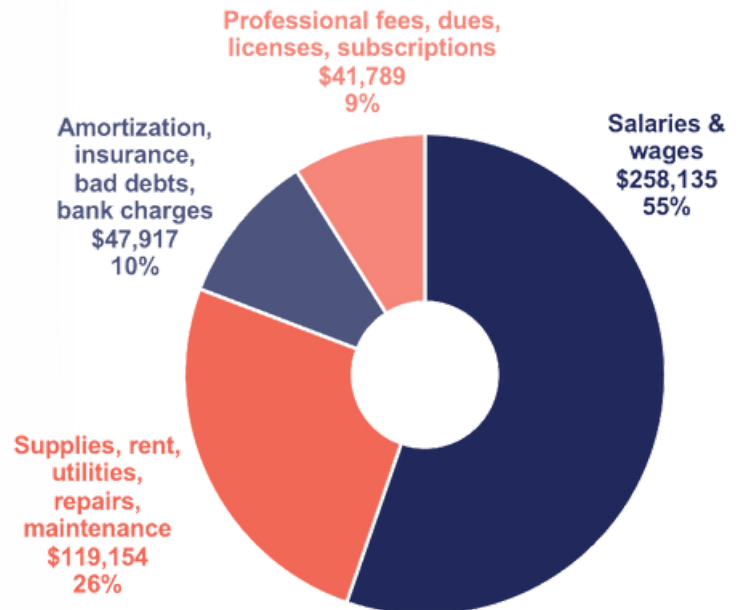
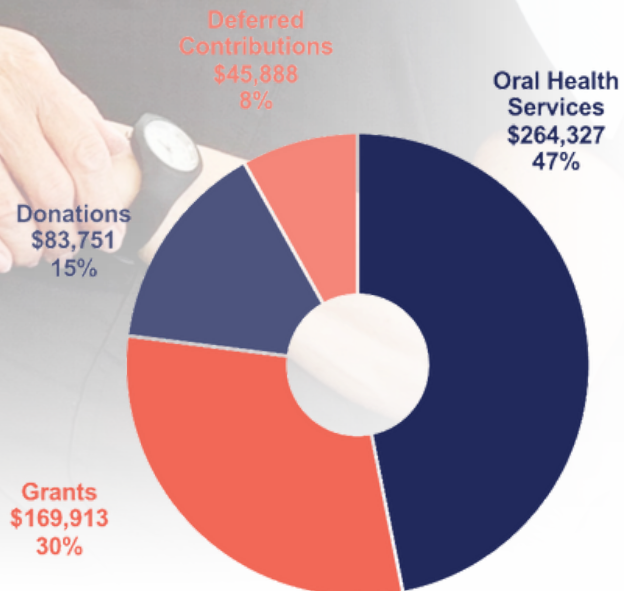
# Year Over Year Comparison



## Statement of Operations Year-End 2021

Total annual revenue: **\$563,879**

Total annual expenses: **\$466,995**







London  
CANADA



## The Walter J Blackburn Foundation



244 Adelaide St. S.  
Second Floor  
London, ON N5Z 3L1

The London Community Dental  
Alliance. Charitable Registration  
#725000715 RR 0001

Tel: 519-558-1331  
Email: info@wrightclinic.ca  
Web: www.wrightclinic.ca







TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health

DATE: 2023 May 18

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## MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR APRIL

### **Recommendation**

*It is recommended that the Board of Health receive Report No. 38-23, re: Medical Officer of Health Activity Report for April for information.*

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The following report highlights activities of the Medical Officer of Health for the period of April 1, 2023 – April 30, 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 meetings:

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

- April 4** Presented the Health Care Provider Outreach webinar.
- Attended a meeting organized by the Office of the Chief Medical Officer of Health for all Medical Officers of Health regarding avian influenza.
- April 5** Attended the COMO Public Health Priorities Forum meeting.
- April 11** Met with Scott Courtice, London InterCommunity Health Centre, to discuss the Community Drug and Alcohol Strategy.
- Attended a regional teleconference on pertussis organized by Public Health Ontario.
- April 12** Attended the monthly COMO Executive meeting.
- Interview with Jane Sims, London Free Press, regarding the closing of the COVID, Cold and Flu Care Clinic at London Health Sciences Centre.
- April 13** Attended a meeting regarding governance and implementation of the Whole of Community Systems Response Plan.
- April 14** Attended the monthly ALPHA Board Meeting.

Attended a System Response Roundtable with Minister Carolyn Bennett.

Participated in a site-visit at the London InterCommunity Health Centre to view the space and learn about programming.

**April 17** Attended the monthly meeting of the South West Medical Officer of Health/Associate Medical Officer of Health Committee.

**April 18** Presented the Health Care Provider Outreach webinar.  
Attended the monthly COMOHO Executive meeting.

Met with Dr. Sameer Elsayed, London Health Sciences Centre to discuss public health rotations for infectious disease fellows from Western University.

**April 19** Attended a COMOHO Section meeting.

Met with Lynne Livingstone, Manager, City of London.

Attended a Health and Homelessness Governance meeting.

Interview with Jennifer Basa, CTV London, regarding the next *Immunization of School Pupils Act* suspension date.

**April 20** Attended a meeting of the COMOHO Ontario Health Teams Working Group.

**April 21** Participated in an Information session regarding asylum seekers organized by the City of London.

Participated in a call with Dr. Penny Sutcliffe, Medical Officer of Health, Public Health Sudbury and Districts.

**April 24** Attended the Middlesex County Emergency Management Program Committee meeting.

**April 25** Attended a meeting with representatives from Regional HIV/AIDS Connection.

**April 26** Attended a briefing meeting for the Public Health Leadership Table

**April 27** Attended the monthly Middlesex-London Ontario Health Team Coordinating Council meeting.

Attended a meeting of the Public Health Leadership Table, organized by the Office of the Chief Medical Officer of Health.

Attended a Health and Homelessness Governance meeting.

**April 28** With Emily Williams, CEO, provided an orientation on MLHU to LHSC's Corporate Medical Executive.

Participated in a call with Dr Natalie Bocking, Medical Officer of Health, Haliburton, Kawartha Pine Ridge District Health Unit.

**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:*

- April 4** With Emily Williams, CEO, attended the Healthy Start Division Leadership Meeting to present on the Provisional Plan.
- April 5** Chaired the meeting of the First Nations Communities Working Group.
- Met with Jenn Proulx, Acting Director, Healthy Start and Ronda Manning, Manager, Early Years Community Health Promotion to discuss a mental health review for the Healthy Start Division.
- April 6** Attended a meeting to discuss a potential Locally Driven Collaborative Project related to school health.
- Attended MLHU's coffee break recognizing Canadian Public Health Week.
- April 12** Attended the monthly meeting of the Population Health Assessment and Surveillance Team.
- Attended an internal meeting regarding a case of Hepatitis A.
- April 18** Met with Lilka Young, Health and Safety Advisor, to discuss IPAC at MLHU due to entering a non-high risk period for respiratory illness.
- April 19** Attended a Provisional Planning Sponsor check-in meeting.
- Attended a SDOH Project Sponsor meeting.
- April 20** Attended a meeting regarding the Outreach Team.
- Chaired the Healthy Living Division Leadership meeting.
- Attended a meeting regarding case and contact management in-app reporting.
- April 26** Attended a coffee break to celebrate Eid al-Fitr.
- April 27** With Emily Williams, CEO, attended the Environmental Health and Infectious Disease Division Leadership meeting to present on the Provisional Plan.
- Personal Development** – *These meeting(s) reflect on how the MOH develops their leadership, skills and growth to define their vision and goals for the Health Unit.*
- April 3** Attended CPI Non Violence Intervention training.
- April 5** Participated in the third LEADS training session.
- April 26** Participated in the fourth LEADS training session.

**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:*

**April 12** Attended the monthly Board of Health agenda review and executive meetings.

**April 17** Attended the monthly touch-base meeting with the Board chair.

**April 20** Attended the April Governance Committee meeting.

Attended the April Board of Health meeting.

This report was prepared by the Medical Officer of Health.



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



TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer

DATE: 2023 May 18

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## CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR APRIL

### Recommendation

*It is recommended that the Board of Health receive Report No. 39-23, re: Chief Executive Officer Activity Report for April for information.*

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The following report highlights activities of the Chief Executive Officer for the period of April 2 – April 29, 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.

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:*

**April 20** The CEO, along with the Assistant Director of Finance attended a financial update meeting with the County of Middlesex.

The CEO, along with the Assistant Director of Finance attended a financial update meeting with the City of London.

**April 28** The CEO, along with the Medical Officer of Health, met with LHSC's new Corporate Medical Executive regarding an orientation to MLHU.

**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:*

**April 3** The CEO attended a meeting regarding confidential legal matters.

**April 4** The CEO participated in interviews for the Privacy, Risk and Client Relations Manager Position.

- April 20** The CEO, along with the Medical Officer of Health attended the Healthy Living Leadership Meeting to present the Provisional Plan.
- The CEO participated in a meeting regarding in-app reporting for the provincial case and contact management system.
- April 24** The CEO participated in the Employment Systems Review (ESR) Steering committee Meeting.
- The CEO participated in a discussion with the Manager, Health Equity regarding the Anti-Black Racism Advisory Plan recommendations.
- The CEO participated in a discussion with the City of London Accessibility and Inclusion Advisor and an outside consultant regarding AODA compliance in the CitiPlaza office location.

**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.*

- April 3** The CEO Participated in Nonviolent Crisis Prevention & Intervention Training (CPI).
- April 5** The CEO Participated in Leads training, Module 3: Achieve Results for Directors/Executives training.
- April 24** As part of the CEO's McCormick Care Board membership, the CEO attended the McCormick Care Semi-Annual Meeting with Foundation Chairs.
- April 26** The CEO Participated in Leads training, Module 4: Develop Coalitions for Directors and Executives.

**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:*

- April 1** The CEO reviewed the Annual Service Plan (ASP) for submission to the Ministry of Health.
- April 19** The CEO met with the Board Chair for a monthly touch-base meeting.
- The CEO attended the Provisional Planning Project Sponsor meeting.
- April 20** The CEO attended the April meeting of the Governance Committee.
- The CEO attended the April Board of Health meeting.

**April 27** The CEO attended the Strathroy Dental Project Steering Committee meeting.

This report was prepared by the Chief Executive Officer.

A handwritten signature in cursive script that reads "EWilliams".

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



OFFICE OF THE MAYOR  
CITY OF HAMILTON

April 3, 2023

**VIA:** Mail and Email

ATTN: Hon. Sylvia Jones  
Minister of Health  
Ministry of Health  
5<sup>th</sup> Floor  
777 Bay Street  
Toronto, ON M7A 2J3  
[Sylvia.Jones@pc.ola.org](mailto:Sylvia.Jones@pc.ola.org)

**RE: 2023 PHS Annual Service Plan & Budget Submission; Support for Sufficient, Stable and Sustained Funding for Local Public Health Agencies**

Dear Hon. Sylvia Jones,

The Board of Health (BOH) for the City of Hamilton Public Health Services is committed to achieving our mandate of keeping Hamiltonians healthy, preventing disease, and reducing health inequities as articulated in the Ontario Public Health Standards (OPHS). However, we have concerns about our ability to meet the growing needs of our community with current provincial funding. At its meeting on March 20, 2023, the BOH endorsed the following recommendations included in Board of Health Report BOH23011:

- That the Board of Health reiterate their call to the Ministry of Health to fully fund the provincial portion, at least 70%, of the total costs of the mandatory public health programs and services provided under the Ontario Public Health Standards;



- That the Board of Health reiterate their call to the Ministry of Health to continue the current mitigation funding until such time as the cost-shared arrangement is restored to 75%/25% for all cost-shared programs and that the Province once again assumes 100% funding for those programs identified as such in the public health budget for 2018-2019; and,
- That the Board of Health call on the Ministry of Health to include expectations for on-going COVID-19 response in the Ontario Public Health Standards and provide permanent funding to sustain these requirements.

As with other health units across the province, the deployment of significant Hamilton Public Health Services (HPHS) staff to the COVID-19 emergency response for over 2.5 years meant less ability to focus on other important public health issues. This impacted service delivery in many program areas and resulted in service backlogs and deficits of care in our community. Now that we have emerged from the crisis phase of the COVID-19 response, HPHS has been working to resume OPHS-mandated programs and services and address the deficits of care, while also continuing to respond to COVID-19. In addition, many long-standing health issues have been worsened by the COVID-19 pandemic and require focus and attention in planning and resourcing in order to achieve significant gains. HPHS has identified priority action areas to address Hamilton's priority population health needs of child and youth healthy growth and development, climate change, health equity, and mental health and substance use.

In October 2021, Hamilton's previous BOH wrote to the previous Health Minister endorsing letters from Peterborough Public Health and the Haliburton, Kawartha, Pine Ridge District Health Unit identifying the need for additional ongoing support as Ontario's public health units continued to respond to the COVID-19 pandemic. Specifically, support was requested to relieve the following financial pressures:

- Increased wage, benefit and operational costs due to inflation;
- New and expanded programs that were added to the OPHS;
- Resources required to address deficits of care;
- Increased demand for public health services to support community pandemic recovery; and,
- Continued support for COVID-19 response.

In 2022, the Association of Local Public Health Agencies (ALPHA) submitted a report to the provincial government to further demonstrate the need for additional investments in public health required to clear the service backlog, resume routine programs and services, and maintain an effective pandemic response. Recently, as part of their 2023 pre-budget submission, ALPHA re-iterated their call to the Province to immediately revert to the 75%/25% provincial-municipal public health cost-sharing formula, along with a pledge to continue 100% funding for programs that have been traditionally underwritten by the Province. Furthermore, in his 2022 Annual Report entitled "Being Ready, Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics" the Chief Medical Officer of Health calls for sustained investments in strengthening the

public health sector to ensure preparedness. Hamilton's BOH endorses these calls for sufficient and sustained funding for public health and agrees that it is more efficient and effective to invest in preparedness than to pay the much higher and heavier costs of being unprepared.

Through HPHS' 2023 ASPB submission it has been assessed that even with the provincial mitigation funding, the anticipated provincial subsidy will only be approximately 70% of the total costs of mandatory programs in 2023, a shortfall of \$2.3M. With the mitigation funding expected to end in 2023, HPHS will have substantial cost pressures in 2024 and beyond. For HPHS to fully address Hamilton's priority population health needs, restoration of the mixed 75%/25% Provincial/Municipal and 100% Provincial funding model is required.

Additionally, COVID-19 requires dedicated resources to sustain the on-going response, including case and contact management, outbreak management, infection prevention and control, immunization, surveillance, communication, pandemic preparedness and enforcement activities. The Hamilton BOH agrees with aIPHa that language in the public health mandate (i.e., OPHS) and permanent funding is required to sustain these efforts.

Realizing these substantial cost pressures in 2023 and beyond, the Hamilton BOH urges the provincial government to:

- Fully fund the provincial portion, at least 70%, of the total costs of the mandatory public health programs and services provided under the OPHS;
- Continue the current mitigation funding until such time as the cost-shared arrangement is restored to the mixed 100% and 75%/25% model as it was in the public health budget for 2018-2019; and,
- Include expectations for on-going COVID-19 response in the OPHS and provide permanent funding to sustain these requirements.

The work of public health, done in collaboration with local partners and within the broader public health system, results in a healthier population that contributes to a stronger economy while preserving costly and scarce health care resources. For the health of our population, it is critical that public health be adequately resourced. A clear commitment by the Province to developing a process that ensures timely, predictable and sufficient funding is needed. While mitigation funding from the Province has been helpful, clearer and more timely assurances of funding for both routine and extraordinary public health activities will be required to inform budgets over multiple years.

Our Medical Officer of Health, Dr. Elizabeth Richardson, would be happy to meet with your staff to discuss this further as well.

Sincerely,

A handwritten signature in blue ink, appearing to read "Andrea Horwath".

Andrea Horwath

Mayor

City of Hamilton

**CC:**

Hon. Neil Lumsden, MPP, Hamilton East – Stoney Creek

Monique Taylor, MPP, Hamilton Mountain

Sarah Jama, MPP, Hamilton Centre

Sandy Shaw, MPP, Hamilton West-Ancaster-Dundas

Donna Skelly, MPP, Flamborough-Glanbrook

Council of Ontario Medical Officers of Health

Association of Local Public Health Agencies (ALPHA)

Ontario Boards of Health

## Middlesex-London Board of Health External Landscape Review – May 2023

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

### Local Public Health News

#### **New Acting Medical Officer of Health in Windsor-Essex**

The Windsor-Essex County Health Unit (WECHU) Board of Health is pleased to announce the appointment of **Dr. Mehdi Aloosh** as the region's new Acting Medical Officer of Health (Acting MOH), effective May 1. Dr. Aloosh brings a wealth of knowledge and experience to the position as a public health and preventive medicine specialist, and a fellow of the Royal College of Physicians and Surgeons of Canada. His academic credentials include completing his training in public health and preventive medicine, as well as family medicine, at McMaster University, and obtaining a Master's in Epidemiology from McGill University.



To view the full media release, [please visit the Windsor-Essex County Health Unit's website.](#)

#### **Impact to MLHU Board of Health**

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

### National, Provincial and Local Public Health Advocacy



**World Health  
Organization**

#### **World Health Organization (WHO) declares COVID-19 public health emergency over**

On May 5, 2023, the World Health Organization's Director-General, Dr. Tedros Adhanom Ghebreyesus declared the end of the COVID-19 global public health emergency.

The WHO Director-General concurred with the advice offered by the International Health Regulations (2005) (IHR) Emergency Committee regarding the ongoing COVID-19 pandemic. He determined that COVID-19 is now an established and ongoing health issue which no longer constitutes a public health emergency of international concern (PHEIC).

While the global risk assessment remains high, there is evidence of reducing risks to human health driven mainly by high population-level immunity from infection, vaccination, or both; consistent virulence of currently circulating SARS-CoV-2 Omicron sub-lineages compared to previously circulating Omicron sub-lineages; and improved clinical case management. These factors have contributed to a significant global decline in the weekly number of COVID-19 related deaths, hospitalizations, and admissions to intensive care units since the beginning of the pandemic. While SARS-CoV-2 continues to evolve, the currently circulating variants do not appear to be associated with increased severity.

To view the full media release, [please visit the World Health Organization's Newsroom online.](#)

#### **Impact to MLHU Board of Health**

The COVID-19 pandemic was first declared on March 11, 2020 by the World Health Organization (WHO). As a result, almost all aspects of life were impacted, especially how public health operates. The Board has supported the activities MLHU had to do in order to support the community during the pandemic and pivoting of work. With the declaration of the pandemic being over, the Board and MLHU together can begin strategic activities to rebuild, recover and refresh.

## Ontario Welcomes Major Investment to Manufacture More Vaccines in Cambridge

On May 4, 2023, the Ontario government has secured a multi-million-dollar investment from Moderna Inc. to expand vaccine manufacturing. The Ontario government is supporting the project with a \$4 million investment through the Ontario Together Fund. Moderna is partnering with Novocol Pharma to add new manufacturing capabilities in their Cambridge facility that will complete the final steps of preparing and packaging respiratory mRNA vaccines for distribution in Ontario and throughout Canada.



To view the full media release, [please visit the Ontario \(Office of the Premier\) Newsroom online.](#)

### Impact to MLHU Board of Health

Supporting vaccination to prevent diseases in the community is vital to public health work in Middlesex-London. With a new facility creating mRNA vaccines in Southwestern Ontario will allow for more hospitals, primary care providers and public health units to have more access to vaccine to serve the community.

Government of Canada  
Gouvernement du Canada

**Canada**

## Government of Canada announces close to \$857,000 to support maternal mental health on World Maternal Mental Health Day

On May 4 which is World Maternal Mental Health Day and during Mental Health Week in Canada, the Honourable Carolyn Bennett, Minister of Mental Health and Addictions and Associate Minister of Health, announced close to \$857,000 in funding to three organizations for their projects in support of maternal mental health.

Health Canada will provide \$372,000 to the Women's College Hospital to develop national clinician guidelines for perinatal mood disorders. Public Health Agency of Canada will provide \$279,000 to the Canadian Mothercraft Society to promote secure attachment between mothers and their children and \$206,000 to the Families Matter Society of Calgary to lead projects aimed at promoting positive mental health by increasing access to support services for Black parents struggling with perinatal mood disorders.

To view the full media release, [please visit the Government of Canada Newsroom online.](#)

### Impact to MLHU Board of Health

The Middlesex-London Health Unit's Healthy Start division works hard to promote maternal mental health and provide supports for new mothers who are experiencing mood disorders. MLHU initiated a social media campaign during Maternal Mental Health Week. The Board has previously supported mental health initiatives and it is reassuring to see funding being provided by Health Canada and Public Health Agency of Canada to promote research and guidelines to better support individuals in the community.



May 4, 2023

VIA EMAIL

The Honourable Sylvia Jones  
Ministry of Health  
5<sup>th</sup> Floor, 777 Bay Street  
Toronto, ON M7A 1Z8

Dear Minister Jones:

**Re: Support for the 2022 Annual Report of the Chief Medical Officer of Health for Ontario**

Public Health Sudbury & Districts (Public Health) applauds the Chief Medical Officer of Health for highlighting the importance of public health readiness, collective action, and sustained investments in public health required to minimize the impacts of future pandemics on individuals, communities, and societies in his 2022 annual report: *Being ready: Ensuring public health preparedness for infectious outbreaks and pandemics*.

As the communities of Sudbury and districts transition through the recovery phase of the pandemic, the Report is a call to action to learn from our experience, so we are better prepared to not only protect ourselves, but to also invest in building strong and resilient systems and communities that create opportunities for the best health possible for all.

At its meeting on April 20, 2023, the Board of Health carried the following resolution #19-23:

*WHEREAS on March 7, 2023, Ontario's Chief Medical Officer of Health released his 2022 Annual Report titled, Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemic; and*

*WHEREAS the 2022 Annual Report identified six next steps, including to (1) invest in preparedness, (2) strengthen accountabilities, (3) assess progress, (4) improve the health of Indigenous peoples, (5) improve the health of Black and other racialized populations, and (6) sustain relationships; and*

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[phsd.ca](http://phsd.ca)



The Honourable Sylvia Jones

May 4, 2023

Page 2

*WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to taking local action in support of these next steps and to do so requires sustained provincial investment in public health preparedness over time;*

*THEREFORE, BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts call on the Government of Ontario and the Ministry of Health to fully support and implement the recommendations outlined in the Chief Medical Officer of Health 2022 Annual Report, including ensuring associated sustained funding for local public health;*

*AND FURTHER THAT the Board request the Chief Medical Officer of Health to ensure proactive engagement with local public health agencies as work is undertaken to review and strengthen the relevant Ontario Public Health Standards, including the Emergency Management Guidelines;*

*AND FURTHER THAT the Board share this motion with relevant stakeholders, including area mayors and reeves, local community partners, Ontario boards of health, and provincial partners and agencies.*

Members of the Board of Health for Public Health Sudbury & Districts echo the Chief Medical Officer of Health's call to learn from the COVID-19 pandemic and call on the Government of Ontario and the Ministry of Health to fully support and implement the recommendations outlined within, including ensuring associated sustained funding for local public health.

Public Health Sudbury & Districts is committed to ongoing investments in our own readiness, and to supporting the readiness of the public health sector and system, the communities we serve, and society overall. We all have a role to play in public health emergency preparedness, and we look forward to strengthening our relationships and collaborations to foster healthy and equitable communities.

Sincerely,



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

cc: Dr. Kieran Moore, Chief Medical Officer of Health  
All Ontario Boards of Health  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies



Association of Local  
**PUBLIC HEALTH**  
Agencies

alPHA's members are  
the public health units  
in Ontario.

**alPHA Sections:**

Boards of Health  
Section

Council of Ontario  
Medical Officers of  
Health (COMOH)

**Affiliate  
Organizations:**

Association of Ontario  
Public Health Business  
Administrators

Association of  
Public Health  
Epidemiologists  
in Ontario

Association of  
Supervisors of Public  
Health Inspectors of  
Ontario

Health Promotion  
Ontario

Ontario Association of  
Public Health Dentistry

Ontario Association of  
Public Health Nursing  
Leaders

Ontario Dietitians in  
Public Health

Correspondence D  
480 University Ave., Suite 300  
Toronto, Ontario M5G 1V2  
Tel: (416) 595-0006  
E-mail: info@alphaweb.org

May 5, 2023

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

Dear Minister Jones,

**Re: Ontario Public Health Nursing Leaders Recommendations**

---

On behalf of the Association of Local Public Health Agencies (alPHA) and its Council of Ontario Medical Officers of Health, Boards of Health Section and Affiliate Organizations, we are writing to communicate our support for the Ontario Association of Public Health Nursing Leaders' (OPHNL) recent *Recommendation Information Sheet* (attached).

We agree with OPHNL's observations that public health nurses, along with other public health professionals who are on the front-line of ensuring the delivery of mandated public health programs and services, are essential to addressing service delivery backlogs and implementing innovative, convenient and easily accessible programs to promote health, prevent disease, and support the Province's identified priorities immediately and over the long term.

Public Health Nurses are highly skilled and qualified to continue to respond flexibly to local community needs and provide evidence-informed programs and interventions across the province. Investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy.

We look forward to working with you and would like to request an opportunity to meet with you and your staff. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHA, at [loretta@alphaweb.org](mailto:loretta@alphaweb.org) or 647-325-9594.

Sincerely,

Trudy Sachowski,  
President

**Copy:** Hon. Michael Parsa, Minister of Children, Community and Social Services  
Dr. Catharine Zahn, Deputy Minister of Health  
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario  
Dr. Karima Velji, Assistant Deputy Minister & Chief of Nursing and Professional Practice  
Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health

**Encl.**



The Association of Local Public Health Agencies (ALPHA) is a not-for-profit organization that provides leadership to Ontario's boards of health. ALPHA represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, ALPHA advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, ALPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

# The Ontario Association of Public Health Nursing Leaders

## Leading the Way for Public Health Nursing






The Ontario Association of Public Health Nursing Leaders (OPHNL) fully supports the recent reports from the Chief Medical Officer of Health ([Being Ready](#)) and Association of Local Public Health Agencies ([Public Health Resilience in Ontario](#) and [Pre-Budget Submission: Public Health Programs and Services](#)). In addition, OPHNL recommends that:

**The Province increase and stabilize permanent funding for public health nurses to address service delivery backlogs and implement innovative, convenient and easily accessible programs to promote health, prevent disease, and support the Province's identified priorities immediately and over the long term.**

Public health units provide upstream programs and services that are key to mitigating the long-term health, psychological and economic impacts of the COVID-19 pandemic. The public health workforce is comprised of a highly integrated interdisciplinary team of public health professionals. It is the role of OPHNL, while acknowledging the valuable work of our interdisciplinary partners, to speak specifically to the contribution that public health nurses make through mandated and locally innovative programs and services.




Public Health Nursing programs and interventions aim to address health inequities by focusing on priority populations. Through increased and stabilized permanent funding for public health nurses local public health units can flexibly respond to community needs and achieve the desired outcomes by scaling up or introducing interventions that support the Province's identified priorities.

The chart below represents a **few examples of nurse-delivered evidence informed programs and interventions** from across the province. These programs and interventions have been successfully implemented in collaboration with local communities to achieve desired outcomes.

Desired Outcome	Examples of Programs & Interventions
 Improved vaccination rates	<ul style="list-style-type: none"> <li>◆ Community and school based vaccine clinics</li> <li>◆ Health teaching to decrease vaccine hesitancy</li> <li>◆ Health promotion to create supportive environments, tailor health services for priority populations, provide health education, and enforce legislation</li> </ul>
 Reduced impact of adverse childhood experiences	<ul style="list-style-type: none"> <li>◆ Health promotion to support healthy behaviours during preconception and pregnancy and reduce risk factors for poor fetal outcomes.</li> </ul>
 Increased number of children are ready for school	<ul style="list-style-type: none"> <li>◆ Home-visiting and community programs that (a) support healthy relationships between parents and children, and (b) support and assess healthy childhood growth and development (e.g.: Healthy Babies Healthy Children, Nurse Family Partnership, positive parenting programs)</li> </ul>
 Increased number of children with developmental concerns who are identified early	<ul style="list-style-type: none"> <li>◆ Intersectoral systems navigation and coordination to improve access to services</li> </ul>
 Improved access to mental health supports across the lifespan.	<ul style="list-style-type: none"> <li>◆ Health promotion programs that support social connectedness, positive self-esteem, resilience, and positive coping skills.</li> <li>◆ Groups that support perinatal and post partum mental health (e.g.: Cognitive Behaviour Therapy groups)</li> <li>◆ Screening and early identification</li> <li>◆ Intersectoral systems navigation and coordination to improve access to services</li> <li>◆ Peer to peer support</li> </ul>

# The Ontario Association of Public Health Nursing Leaders

## Leading the Way for Public Health Nursing

Desired Outcome	Examples of Programs & Interventions
 <p>Increased support for mental and physical health in children and youth</p>	<ul style="list-style-type: none"> <li>◆ Partnerships with Boards of Education</li> <li>◆ Comprehensive School Health to create and implement school policies and environments that build resilience, support healthy behaviours and prevent chronic diseases</li> <li>◆ Support children and families with emerging health issues and future outbreak readiness</li> <li>◆ Support children and families for school readiness, healthy transition to secondary school, and healthy transition to postsecondary/workforce.</li> </ul>
 <p>Reduced harms of substance use</p>	<ul style="list-style-type: none"> <li>◆ Comprehensive School Health to create and implement school policies and environments that support healthy behaviours</li> <li>◆ Home-visiting and community programs that support healthy relationships between parents and children and healthy behaviours</li> <li>◆ Outreach harm reduction programs (e.g. naloxone, safe supply distribution, consumption and treatment sites)</li> </ul>
 <p>Reduced impact of infectious disease on the population</p>	<ul style="list-style-type: none"> <li>◆ Health promotion to support healthy behaviours and reduce risk factors for severe illness from infectious diseases; and address health equity and reduce risk factors for infectious disease transmission</li> <li>◆ Infection prevention and control education and support</li> <li>◆ Case and contact management</li> <li>◆ Trusted community relationships across many settings to promote future outbreak readiness and facilitate quick response to public health concerns</li> </ul>

For more information about two key innovative public health nursing initiatives and how they make a difference in the community see the [Nurse Family Partnership Report](#) and [School Focused Nurse Initiative Evaluation](#) including [OPHNL's Recommendations](#).

The Ontario Association of Public Health Nursing Leaders, which includes the Chief Nursing Officers across the province, promotes and protects the health of Ontarians through excellence in public health nursing leadership. For more information visit <https://ophnl.org/>

May 3, 2023

The Honourable Sylvia Jones, M.P.P.  
Minister of Health  
5th Floor  
777 Bay St.  
Toronto, ON  
M7A 1Z8

The Honourable Michael Parsa, M.P.P.  
Minister of Children, Community and Social Services  
17th Floor  
777 Bay St.  
Toronto, ON  
M7A 2J3

**Re: Increased Social Assistance Rates in Regard to the Affordability of Food**

Dear Ministers,

At the April 20, 2023 meeting of the Middlesex-London Board of Health, [Report No. 25-23 Monitoring Food Affordability and Implications for Public Policy and Action](#) was received. The following motion was carried:

It was moved by **Skylar Franke**, seconded by **Michelle Smibert**, *that the Board of Health direct the Board Chair to write a letter on behalf of the Board of Health to the Minister of Health, Minister of Children, Community and Social Services and local Members of Provincial Parliament to advocate for increased social assistance payments in regard to the affordability of food.*

Report No. 25-23 makes it evident that, for the low-income residents of Middlesex County and London, income and social assistance rates have not kept pace with the increased cost of living, resulting in high levels of food insecurity. Food insecurity negatively impacts families and communities and is associated with challenges to physical and mental health, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress.

In 2020, approximately one in five households in Middlesex-London were food insecure.<sup>1</sup> Through food affordability monitoring conducted by the Middlesex-London Health Unit in May 2022, the estimated local monthly cost to feed a family of four was \$1,084. This amount will have increased in 2023 since, according to the Consumer Price Index, food prices in stores in Ontario were 10.1% higher than in January 2022.<sup>2</sup> When food affordability is compared to a variety of household and income scenarios, it is demonstrated that households with low incomes spend up to 45% of their after-tax income on food, whereas households with adequate incomes spend approximately 12% of their after-tax income. This means that Middlesex-London residents with low incomes cannot afford to eat after meeting other essential needs for basic living.

Upstream-level policies which address the root causes of food insecurity, including income inadequacy and poverty, are needed to reduce the harm to our families and communities resulting from not having enough quality food to eat. We welcome the Provincial Government's attention to this urgent matter and advocate for an approach which increases social assistance rates.

Thank you,



Matt Newton-Reid  
Board Chair  
Middlesex-London Health Unit

CC: Honourable Monte McNaughton, M.P.P., Minister of Labour, Immigration, Training and Skills Development  
Peggy Sattler, M.P.P., London West  
Rob Flack, M.P.P., Elgin-Middlesex-London  
Terence Kernaghan, M.P.P., London North Centre  
Teresa Armstrong, M.P.P., London-Fanshawe  
Skylar Franke, Board of Health Member

References:

1. Public Health Ontario. (2023). Response to scientific/technical request: Household food insecurity estimates from the Canadian Income Survey: Ontario 2018-2020.
2. Statistics Canada. Table 18-10-0004-03. Consumer Price Index, monthly, percentage change, not seasonally adjusted, Canada, provinces, Whitehorse and Yellowknife — Food. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1810000403&pickMembers%5B0%5D=1.14&cubeTimeFrame.startMonth=01&cubeTimeFrame.startYear=2023&referencePeriods=20230101%2C20230101>.
3. Tarasuk V, Li T, Fafard St-Germain AA. (2022). Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved 20Sept2022 from <https://proof.utoronto.ca/>.

**April 21, 2023**

Ann-Marie Kungl, Board of Health Chair  
Simcoe Muskoka District Health Unit  
15 Sperling Drive  
Barrie, ON  
L4M 6K9

**Re: Support for 'BILL S-254 An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)'**

Dear Chair Kungl,

At the April 20, 2023 meeting, under Correspondence item [a\)](#), the Middlesex-London Board of Health moved to endorse the following item:

**Date:** March 15, 2023

**Topic:** Support for 'BILL S-254 An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)

**From:** Ann-Marie Kungl, Board of Health Chair, Simcoe Muskoka District Health Unit

**To:** Honourable Jean-Yves Duclos, Minister of Health of Canada

The Middlesex-London Board of Health received a report at the March 16, 2023 Board of Health meeting titled "[Burden of Health Attributable to Smoking and Alcohol Consumption in Middlesex-London](#)". This report outlined the statistics and outcomes for the Middlesex-London region related to alcohol consumption and smoking. For Middlesex-London specifically, the following alarming data relating to alcohol was reported by Public Health Ontario:

- Between 2015 and 2017, 36.5% of the Middlesex-London population 19 years of age and older reported that they had more than two drinks per week.
- Attributable harm outcomes related to alcohol consumption in the Middlesex-London population 15 years of age and older resulted in 154 deaths, 842 hospitalizations and 6,968 emergency department visits. These local outcomes (related to alcohol consumption) resulted in 4.1% of all deaths, 2.4% of all hospitalizations, and 3.8% of all emergency department visits.

While the report notes that progress has been made in decreasing the proportion of people who regularly consume alcohol, there remains a substantial population health burden.

The Middlesex-London Board of Health urges support to amend Bill S-254, in order to change warning labels on alcoholic beverages to provide more transparent risks for consuming alcohol.

Sincerely,



Matthew Newton-Reid  
Board Chair  
Middlesex-London Health Unit

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

Emily Williams  
Secretary and Treasurer  
Middlesex-London Health Unit

CC: Honourable Jean-Yves Duclos, Minister of Health of Canada  
Dr. Kieran Moore, Chief Medical Officer of Ontario  
Senator Patrick Brazeau  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies, alPHa  
Dr. Theresa Tam, Chief Public Health Officer of Canada  
Linda Stobo, Manager, Substance Use Program Team  
Dr. Alexander Summers, Medical Officer of Health