

**AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, May 22, 2025 at 7 p.m.
MLHU Board Room – CitiPlaza
110-355 Wellington Street
London, ON N6A 3N7

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

Michael Steele (Chair)
Michelle Smibert (Vice-Chair)
Matthew Newton-Reid
Peter Cuddy
Aina DeViet
Skylar Franke
Michael McGuire
Selomon Menghsha
Howard Shears
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 PECUNIARY INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: April 24, 2025 – Board of Health meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1		X	X	Performance Appraisal Committee Meeting Update (Verbal Report)	May 22, 2025 Performance Appraisal Committee Agenda	To review reports from the May 22, 2025 Performance Appraisal Committee meeting. Lead: To be determined
2		X	X	Quality and Governance Committee Meeting Update (Verbal Report)	May 22, 2025 Quality and Governance Committee Agenda	To review reports from the May 22, 2025 Quality and Governance Committee meeting. Lead: Committee Chair Aina DeViet
3			X	Rethink Your Drinking Campaign – Southwest Polysubstance Working Group (Report No. 36-25)	Appendix A	To provide the Board of Health with information on the “Rethink Your Drinking” Campaign. Lead: Jennifer Proulx, Director, Family and Community Health Presenting: Linda Stobo, Manager, Social Marketing and Health System Partnerships and Melissa Knowler, Public Health Nurse
4			X	Harvest Bucks: Supporting the Food System and Food Access Through Community and Partner Mobilization (Report No. 37-25)	Appendix A Appendix B	To provide the Board of Health with information on the Harvest Bucks initiative. Lead: Jennifer Proulx, Director, Family and Community Health Presenting: Darrell Jutzi, Manager, Municipal and Community Health Promotion and Kim Loupos, Public Health Dietitian

5		X	X	<p>The Built, Natural, and Social Environments Framework: Transportation Networks</p> <p>(Report No. 38-25)</p>	<p>Appendix A</p>	<p>To provide the Board of Health with the transportation networks policy position for their approval.</p> <p>Lead: Jennifer Proulx, Director, Family and Community Health</p> <p>Presenting: Darrell Jutzi, Manager, Municipal and Community Health Promotion, Laura Dueck, Public Health Nurse and Sarah Neil, Public Health Nurse</p>
6			X	<p>Regional and Provincial Collaborative Structures: A Strategy for Effective Tobacco and Vapour Product Control</p> <p>(Report No. 39-25)</p>	<p>Appendix A</p> <p>Appendix B</p> <p>Appendix C</p>	<p>To provide the Board of Health with information on regional and provincial collaboration to support tobacco and vapour product control.</p> <p>Lead: Jennifer Proulx, Director, Family and Community Health</p> <p>Presenting: Linda Stobo, Manager, Social Marketing and Health System Partnerships</p>
7			X	<p>Middlesex-London Population Health Needs and Priorities 2025</p> <p>(Report No. 40-25)</p>		<p>To provide the Board of Health with information on population health needs and priorities locally.</p> <p>Lead: Sarah Maaten, Director, Public Health Foundations</p> <p>Presenting: Dr. Amanda Perri, Epidemiologist</p>
8			X	<p>Current Public Health Issues</p> <p>(Verbal Update)</p>		<p>To provide an update on current public health issues in the Middlesex-London region.</p> <p>Leads: Dr. Alexander Summers, Medical Officer of Health and Dr. Joanne Kearon, Associate Medical Officer of Health</p>

9			X	Medical Officer of Health Activity Report for April (Report No. 41-25)		To provide an update on the activities of the Medical Officer of Health since the last Board of Health meeting. Lead: Dr. Alexander Summers, Medical Officer of Health
10			X	Chief Executive Officer Activity Report for April (Report No. 42-25)		To provide an update on the activities of the Chief Executive Officer since the last Board of Health meeting. Lead: Emily Williams, Chief Executive Officer
11			X	Board Chair and Vice-Chair Activity Report for March and April (Report No. 43-25)		To provide an update on the activities of the Board Chair and Vice-Chair since the last Board of Health meetings. Leads: Chair Mike Steele and Vice-Chair Michelle Smibert
Correspondence						
12			X	May Correspondence		To receive items a) and b) for information: a) County of Middlesex re: <i>Joint Advocacy Support for Public Health Funding</i> b) Middlesex-London Board of Health External Landscape for May

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, July 24, 2025 at 7 p.m.

CLOSED SESSION

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

- (a) the security of the property of the municipality or local board;
- (b) personal matters about an identifiable individual, including municipal or local board employees;
- (c) a proposed or pending acquisition or disposition of land by the municipality or local board;
- (d) labour relations or employee negotiations;

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

ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, April 24, 2025 at 7 p.m.
MLHU Board Room – CitiPlaza
110-355 Wellington Street
London, ON N6A 3N7

MEMBERS PRESENT: Michael Steele (Chair)
Michelle Smibert (Vice-Chair)
Matthew Newton-Reid
Selomon Menghsha
Aina DeViet
Howard Shears
Skylar Franke
Michael McGuire
Peter Cuddy (exited at 7:17 p.m.)
Emily Williams, Chief Executive Officer (ex-officio) (Secretary and Treasurer)
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

OTHERS PRESENT: Stephanie Egelton, Executive Assistant to the Board of Health (recorder)
Sarah Maaten, Director, Public Health Foundations
Dr. Joanne Kearon, Associate Medical Officer of Health
Jennifer Proulx, Director, Family and Community Health/Chief Nursing Officer
Ryan Fawcett, Associate Director, Operations/Privacy Officer
Cynthia Bos, Associate Director, Human Resources and Labour Relations
Mahesh Mallikarjunan, Health and Safety Advisor (exited at 7:10 p.m.)
Marc Resendes, Strategic Advisor, Emergency Management (exited at 7:37 p.m.)
Parthiv Panchal, End User Support Analyst, Information Technology (exited at 8 p.m.)

Chair Michael Steele called the meeting to order at **7 p.m.**

DISCLOSURES OF PECUNIARY INTEREST

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

APPROVAL OF AGENDA

Chair Steele noted that Report No. 26-25 re: Rethink Your Drinking Campaign – Southwest Polysubstance Working Group was required to be deferred to a future Board of Health meeting.

It was moved by **P. Cuddy, seconded by M. Smibert**, *that the Board of Health defer Report No. 26-25 re: Rethink Your Drinking Campaign – Southwest Polysubstance Working Group to a future Board of Health meeting.*

Carried

It was moved by **S. Franke, seconded by A. DeViet**, *that the AGENDA for the April 24, 2025 Board of Health meeting be approved as amended.*

Carried

APPROVAL OF MINUTES

It was moved by **P. Cuddy, seconded by S. Franke**, that the **MINUTES** from the March 20, 2025 Board of Health meeting be approved.

Carried

It was moved by **P. Cuddy, seconded by H. Shears**, that the **MINUTES** from the March 20, 2025 Finance and Facilities Committee meeting be received.

Carried

NEW BUSINESS

2024 Occupational Health and Safety Report (Report No. 25-25)

Cynthia Bos, Associate Director, Human Resources and Labour Relations, introduced Mahesh Mallikarjunan, Health and Safety Advisor to present the 2024 Occupational Health and Safety Report. C. Bos acknowledged former Health and Safety Advisor, Lilka Young, for her work on this report and updated the Board that Ms. Young has since moved to a new role with the Risk and Records Management team.

M. Mallikarjunan explained that the Occupational Health and Safety (OHS) team is made up of one (1) Health and Safety Advisor and one (1) Coordinator within the Human Resources team. The OHS team collaborates and participates with the Joint Occupational Health and Safety Committee (JOHSC) and leads Occupational Health and Safety activities. Key tasks of the OHS team include:

- Incident response and reporting;
- Hazard identification, assessment and control;
- Employee immunization tracking;
- Consultation on workplace safety;
- Facilitate OHS training and annual fit testing;
- Support the Joint Occupational Health and Safety Committee; and
- Policy review and development.

M. Mallikarjunan highlighted key trends for 2024:

- 36 worksite inspections across three (3) locations;
- 72 identified hazards;
- 38% of hazards were safety hazards;
- 22% employee incident reporting rate;
- 18.75% increase in reporting related to clients, visitors or contractors;
- 91% of incident reports did not require medical attention or result in lost time;
- 59% of employee reported incidents to WSIB were non-lost time claims;
- There were four (4) JOHSC meetings and one (1) education session;
- Common hazards identified included improper storage, issues with IT cord management and first aid kit supply replenishment; and
- Most employee reported incidents were ergonomics (40%), near miss events (25%) and workplace violence (10%).

Board Member Matthew Newton-Reid inquired on the context of the higher reports to the Workplace Safety and Insurance Board (WSIB) in previous years. M. Mallikarjunan that since 2021, all WSIB-related claims were from employees having COVID-19 exposures in the workplace or other matters relating to COVID-19 in the workplace.

It was moved by **S. Menghsha, seconded by S. Franke**, that the Board of Health receive Report No. 25-25 re: "2024 Occupational Health and Safety Report" for information.

Carried

**Initiation of the Middlesex-London Health System Emergency Management Table (MLHSEMT)
(Report No. 27-25)**

Marc Resendes, Strategic Advisor, Emergency Management presented information on the initiation of the Middlesex-London Health System Emergency Management Table (MLHSEMT).

M. Resendes noted that the Health Unit's Emergency Management program is guided by the Ontario Public Health Standards. Throughout 2024, consultations were held and the inaugural MLHSEMT was held in January.

M. Resendes noted that clear mechanisms to support coordination of emergency management was an opportunity for improvement for the Middlesex-London health system, particularly where there is clear connection to local emergency management governance tables (such as local emergency control groups). As a result, roles and responsibilities of health system partners have not always been clear during an emergency.

Within the Terms of Reference, it is noted that this table will address gaps felt during the COVID-19 pandemic in coordination and communication within the health system. The intention is to ensure coordination during emergencies, clarify roles and responsibilities, and formalize mechanisms for planning, problem-solving, and response across health system partners. The MLHSEMT will have a particular focus on planning and coordination.

M. Resendes noted that priorities for this table for 2025 and 2026 are to establish a Respiratory Illness Surge Sub-Committee and a Role Clarification Working Group. Work will begin to actively fill planning gaps and clarify emergency roles within the health sector and incorporate the table into the Health Unit's Emergency Response Plan and local response plans as appropriate.

Dr. Summers noted that the Health Unit would be periodically mobilized in an operational context and noted that while the Health Unit would not be the lead in every emergency, it was important to bring all health system partners together as a public health agency.

Board Member M. Newton-Reid noted that capacity was low for some organizations in an emergency, and inquired how the health system would not be replicating or overburdening resources. Dr. Summers explained that a component of the table's Terms of Reference is ensuring the table does not replicate work, adding that there would be very few emergencies that the Health Unit would lead.

Board Member Skylar Franke inquired about the membership of the table and if food security would be an emergency situation that the table would discuss. Dr. Summers noted that the membership included larger primary care associations, acute care and paramedics services. In regard to food security, the Health Unit has engaged with municipalities to discuss this matter, for example food security at reception centers, however, food security and impacts of climate change have not been discussed at the table at this time. S. Franke further noted her concern about food insecurity during uncertain economic times. Dr. Summers indicated that acute loss of food would be considered an emergency, but food insecurity more broadly is being discussed locally at other municipal groups.

It was moved by **M. Newton-Reid, seconded by M. Smibert**, that the Board of Health receive Report No. 27-25 re: "Initiation of the Middlesex-London Health System Emergency Management Table (MLHSEMT)" for information.

Carried

2025 Annual Service Plan (Report No. 28-25)

Dr. Summers, Medical Officer of Health and E. Williams, Chief Executive Officer, presented the 2025 Annual Service Plan to the Board of Health. Each year, the Ministry of Health requires local public health units to communicate their program plans and budgeted expenditures through the Annual Service Plan (ASP). The ASP includes a narrative component to describe the programs planned to be delivered in accordance with the Ontario Public Health Standards (OPHS) and related budget information. The Annual Service Plan was submitted on March 31 and is draft until the Board of Health approves it.

Dr. Summers noted that due to financial constraints, the Health Unit was unable to fulfill all aspects of the Ontario Public Health Standards. Dr. Summers added that it was critical for the Board of Health to be aware of this.

E. Williams advised that due to a change with the Annual Service Plan template, the budget summary tab was corrupted and further explained the variance. E. Williams explained that one of the columns had the Ministry of Health funding the Health Unit at 75% of the Board approved budget, which noted a variance. The variance is because of the Ministry (of Health) not funding 75% of the Health Unit's budget and noting that municipalities are over-contributing. E. Williams noted that this was a new column in the Annual Service Plan document, which is positive to show transparency of the critical funding situation in the Health Unit. E. Williams noted that the variance is specifically related to costs associated with wage increase assumptions, increased demands for programs, and increased professional services, such as translation. E. Williams added that the Board of Health has already asked for increased funding from the municipalities and will also employ a gapping budget.

Board Member M. Newton-Reid inquired if the Province ever provided feedback or notification regarding information within the submitted Annual Service Plans. E. Williams stated that since her start at the Health Unit five years ago, no feedback has been provided from the Province on the contents within the Annual Service Plan.

Board Member S. Franke Skylar inquired if some of the program standards have been discontinued by the Health Unit or if the Health Unit is not able to meet these standards, such as Child Visual Health and vision screenings. Dr. Summers noted that these specific programs were discontinued by the Health Unit but still remain in the program standards. Dr. Summers added that the Province (of Ontario) has acknowledged informally that public health units are not conducting this work. S. Franke inquired about other standards that are not being met by the Health Unit. Dr. Summers noted that Standards related to Chronic Disease Prevention and Wellness are not being fulsomely met.

S. Franke and Board Member A. DeViet indicated their concerns as a Board of Health member that the Health Unit was not meeting these standards due to financial constraint.

M. Newton-Reid noted that the advocacy that should be conducted to bring awareness should emphasize that this funding issue is a Province of Ontario issue and not a municipal issue, due to funding municipalities already overpaying their share.

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

- 1) *Receive Report No. 28-25 re: "2025 Annual Service Plan" for information; and*
- 2) *Approve the 2025 Annual Service Plan as submitted (Appendix A) to the Ministry of Health on March 31, 2025.*

Carried

2026-2030 Strategic Plan Development (Report No. 29-25)

Sarah Maaten, Director, Public Health Foundations presented a report on the Health Unit's 2026-2030 Strategic Plan Development.

S. Maaten noted that the Strategic Plan Development project began in January 2025 with the issue of a Request for Proposal to hire a consultant to lead the Health Unit through the development process. Quarry Consulting was selected as the consultant firm to lead the strategic plan development process. The goal is to have a new strategic plan approved by the Board of Health in December 2025, with implementation scheduled to begin in January 2026.

S. Maaten indicated that the Health Unit is in phase two of the project, where engagement is beginning. Engagement for this project is critical to the steering committee and the project team to hear voices of those who work at the Health Unit and engagement with the Health Unit.

Chair Steele noted that he is on the steering committee for the development of the Health Unit's Strategic Plan and has been enjoying the process. Chair Steele also thanked Board Members for replying to the call for a Special Board of Health Meeting in May for the Board's opportunity to engage in the development of the Strategic Plan.

It was moved by **S. Franke, seconded by S. Menghsha**, *that the Board of Health receive Report No. 29-25 re: "2026-2030 Strategic Plan Development" for information.*

Carried

2025 Budget Amendment (Report No. 30-25)

E. Williams, Chief Executive Officer, presented a 2025 budget amendment for the Board of Health's consideration. E. Williams explained that the proposed amendment is an administrative amendment and not an increase or decrease in funds to the budget.

E. Williams noted that the Health Unit receives funding from the Ministry of Health for delivery of the Infection Prevention and Control Program (IPAC) within the region, which is a 100% funded program. For the 2024-2025 fiscal year, funding was approved for \$228,900 in base funds, with an additional maximum of \$228,900 in one-time funds, which was included in the 2024 budget as part of the Infectious Disease Control team. Based on new direction from the Ministry (of Health), a separate department was created and dedicated staff positions were allocated to the program in September 2024 and budgeted as a separate program for the 2025 budget. Further clarification confirmed that the IPAC program is to be contained in the fiscal year budget (known as MLHU2) due to the fiscal nature of the funds (April-March) and moved from the MLHU1 company.

There were no questions or discussion.

It was moved by **M. Newton-Reid, seconded by A. DeViet**, *that the Board of Health:*

- 1) *Receive Report No. 30-25 re: "2025 Budget Amendment" for information; and*
- 2) *Approve an amendment to the 2025 Middlesex-London Board of Health Budget to move the Infection Prevention and Control (IPAC) department to MLHU2 in alignment with Ministry of Health direction.*

Carried

MLHU2 Financial Statements 2024 (Report No. 31-25)

E. Williams, Chief Executive Officer presented the MLHU2 Financial Statements for 2024.

E. Williams reminded the Board of Health that MLHU2 includes programs that are funded from April 1, 2023 to March 31, 2024.

The four (4) programs included in the draft 2024 MLHU2 Financial Statements and within the MLHU2 company are:

- Healthy Babies, Healthy Children (funded by the Ministry of Children, Community and Social Services);
- Smart Start for Babies (funded by the Public Health Agency of Canada);
- FoodNet Canada (funded by the Public Health Agency of Canada); and
- Shared Library Services (funded by Public Health Ontario).

The MLHU2 programs represent approximately 7.2% or \$2.9 million of the Middlesex London Health Unit's total operating budget of \$39.6 million.

E. Williams noted that all funding was utilized, except for a surplus from the Shared Library Services program. After investigation, it was determined that this surplus was from 2020, when the Health Unit's Librarian at the time was redeployed to a different area of the organization during the COVID-19 pandemic. The Health Unit will discuss with Public Health Ontario the next steps for the surplus funds.

Board Member S. Franke inquired on the timeliness of the MLHU2 financial statements and audit. Chair Steele indicated that it was delayed given the timeframe of the year ending April 2024, and the statements were only just provided to the Health Unit for April 2025.

E. Williams indicated that the Health Unit was ready for the 2024 audit, and has met with KPMG's lead auditors to review the plan. Feedback has also been provided to KPMG about the previous audit experience and was well received. E. Williams will be providing the lead auditors with an overview of the Health Unit's funding as an orientation before they start the process.

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

- 1) *Receive Report No. 31-25 re: "MLHU2 Financial Statements 2024" for information; and*
- 2) *Approve the 2024 MLHU2 Financial Statements.*

Carried

Current Public Health Issues (Verbal Report)

Dr. Alexander Summers, Medical Officer of Health and Dr. Joanne Kearon, Associate Medical Officer of Health provided the Board of Health with an update on current public health issues.

Respiratory Season Update

Dr. Kearon indicated that the Middlesex-London region is no longer in a high-risk respiratory season for COVID-19, influenza and RSV, however, there has been an increase in other respiratory viruses. COVID-19 and influenza percent positivity has stayed on trend from the previous week. Rhinovirus/enterovirus and human metapneumovirus have increased in positivity slightly in the region.

Measles Update

Dr. Kearon noted that as of April 23, there are 19 confirmed cases of measles in Middlesex-London since January.

Of the 19 confirmed cases:

- 13 are linked to the multi-jurisdictional outbreak;
- 4 are sporadic;
- 1 is travel related; and
- 1 is to be determined.

Dr. Kearon emphasized that Middlesex-London's measles vaccination coverage remains high, and that the region's overall risk level remains low. Middlesex-London has a low rate of measles cases compared to surrounding jurisdictions and that vaccination (two doses) against measles is the best protection.

If you have been exposed to measles:

- If immunocompromised, infants under 1 year old, or pregnant and unvaccinated, and within 6 days of exposure, contact the Health Unit
- Monitor for signs and symptoms for 21 days
- If you require medical care, call ahead and alert them to the possibility of measles so they can take the appropriate precautions

New Messaging Notification System for Infectious Diseases

Dr. Kearon provided an update that the Health Unit is piloting using a messaging system to notify individuals exposed to infectious diseases (such as measles).

RAVE Mobile Safety is now being used to notify community members of potential infectious disease exposures. Individuals potentially exposed to an infectious disease (such as measles) will receive a telephone message (from the Middlesex-London Health Unit) with information about the exposure and appropriate next steps. Recipients are asked to listen to the complete message for individualized next steps. Dr. Kearon explained that RAVE is used by many governments, organizations, institutions, schools, and other public health units.

Auditor General's Report: Safety of Non-Municipal Drinking Water

Dr. Summers provided an update on the Auditor General's Report: Safety of Non-Municipal Drinking Water, released on March 31.

Highlights of the report included:

- Nearly 3 million Ontario residents (almost 20% of the population) use non-municipal drinking water
- Over 98% of samples tested over the past decade met Ontario Drinking Water Quality Standards
- 52% of 33 public health units with SWDS did not inspect all systems, with some backlogs of over 5 years
- Studies indicate that less than 1/3 of the 1.3 million Ontarians using private wells test their drinking water; of those tested, 35% of samples test positive for indicators of bacterial contamination

Dr. Summers indicated that the report was mainly in a rural context, with 20% of the population not using municipal drinking water systems. The Health Unit is required to support "the provision of safe drinking water by small drinking water systems" under the *Health Protection and Promotion Act* and directed by O. Reg. 319/08: Small Drinking Water Systems.

Public Health Inspectors are responsible for:

- Educating owners/operators of small drinking water systems;
- Conducting risk assessments of all small drinking water systems within the region and issuing directives outlining operational requirements;
- Monitoring sampling compliance and test results;
- Providing directions to correct adverse water quality; and

- Disclose results of risk assessments, risk levels, and adverse events for all small drinking water systems.

MLHU in the News

Dr. Summers noted that the Health Unit was in the news for measles, automated calls regarding infectious diseases, chicken pox (varicella) and the upcoming tick season.

Board Member Aina DeViet inquired how the Health Unit is made aware of new buildings being built in the region, for inspection of non-municipal drinking water systems. Dr. Summers indicated that within the City of London, this is flagged through the business licensing process, however, this is a gap within Middlesex County.

Board Member Selomon Menghsha inquired on the connectivity of private non-municipal drinking water systems. Dr. Summers explained that it depends on the source of the water, noting that private residences on wells would have more local water sources (as neighbours) if drilling was conducted. Dr. Summers indicated that underground water sources are going to be similar within relative geographic areas. The key difference is that while the water sources may be the same, it is the water treatment process that is checked to make sure it is working properly to ensure safe drinking water.

Chair Steele inquired if the automated contacts to those clients who have been exposed to infectious diseases are telephone calls or text messages. Dr. Kearon indicated that these were automated telephone calls (robocalls).

Board Member Howard Shears inquired on how often the Health Unit recommends that private wells be tested. Dr. Kearon noted that the recommendation is three (3) times per year. Dr. Summers added that testing is free and that individuals can drop off water samples to the Health Unit to be tested by Public Health Ontario.

It was moved by **S. Menghsha, seconded by S. Franke**, *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. 33-25)

Dr. Summers presented his activity report for March.

There were no questions or discussion.

It was moved by **M. McGuire, seconded by M. Smibert**, *that the Board of Health receive Report No. 33-25 re: "Medical Officer of Health Activity Report for March" for information.*

Carried

Chief Executive Officer Activity Report for March (Report No. 34-25)

E. Williams presented her activity report for March.

There were no questions or discussion.

It was moved by **M. McGuire, seconded by S. Menghsha**, *that the Board of Health receive Report No. 34-25 re: "Chief Executive Officer Activity Report for March" for information.*

Carried

CORRESPONDENCE

Board Member S. Franke inquired if local food insecurity rates (in relation to correspondence item b) were sent to local municipalities and stakeholders. Stephanie Egelton, Clerk, indicated that food insecurity rates had been sent to the County of Middlesex (including lower tier municipalities), the City of London, and all public health units in Ontario.

S. Franke requested that correspondence item b) from Windsor Essex County Health Unit re: Addressing Household Food Insecurity be endorsed instead of received.

It was moved by **M. Newton-Reid, seconded by S. Franke**, *that the Board of Health receive items a), c), d), e) and f) for information:*

- a) Public Health Sudbury and Districts re: Support for a Provincial Immunization Registry*
- c) Windsor Essex County Health Unit re: Rabies Prevention in Windsor and Essex County*
- d) Windsor Essex County Health Unit re: Animal Bite Prevention Strategies in Windsor and Essex County*
- e) Windsor Essex County Health Unit re: Intimate Partner Gender Based Violence*
- f) Middlesex-London Board of Health External Landscape for April*

Carried

It was moved by **S. Franke, seconded by M. Newton-Reid**, *that the Board of Health endorse items b) and g):*

- b) Windsor Essex County Health Unit re: Addressing Household Food Insecurity*
- g) Public Health Sudbury and Districts re: Endorsement of the Walport Report, and for continued focus on Public Health Emergency and Pandemic Preparedness*

Carried

BY-LAWS

It was moved by **M. Smibert, seconded by M. Newton-Reid**, *that the Board of Health approve the passing of G-B50 By-law No. 5 - Appointment of a Clerk for the Middlesex-London Board of Health through a first, second, and third reading.*

Carried

It was moved by **M. Newton-Reid, seconded by A. DeViet**, *that the Board of Health approve the passing of G-B60 By-law No. 6 - Appointment of a Deputy Clerk for the Middlesex-London Board of Health through a first, second, third reading.*

Carried

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, May 22, 2025 at 7 p.m.

CLOSED SESSION

At **8:02 p.m.**, it was moved by **M. Newton-Reid, seconded by M. Smibert**, *that the Board of Health will move into a closed session to consider matters regarding:*

- Labour relations or employee negotiations;*
- 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;*
- A trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization; and*

- *To approve previous closed session Board of Health minutes.*

Carried

At **9:09 p.m.**, it was moved by **A. DeViet**, seconded by **M. Newton-Reid**, *that the Board of Health return to public session from closed session.*

Carried

ADJOURNMENT

At **9:10 p.m.**, it was moved by **S. Franke**, seconded by **S. Menghsha**, *that the meeting be adjourned.*

Carried

MICHAEL STEELE
Chair

STEPHANIE EGELTON
Clerk

EMILY WILLIAMS
Secretary

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 36-25

TO: Chair and Members of the Board of Health

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

DATE: 2025 May 22

**RETHINK YOUR DRINKING CAMPAIGN - SOUTHWEST POLYSUBSTANCE
WORKING GROUP**

Recommendation

It is recommended that the Board of Health receive Report No. 36-25 re: “Rethink Your Drinking Campaign – Southwest Polysubstance Working Group” for information.

Report Highlights

- The Southwest Polysubstance Working Group created the Rethink Your Drinking website and subsequent social marketing campaign to promote the website and increase community awareness of alcohol-related harms.
- The website and campaign assets translate the Canadian Guidance on Alcohol and Health, developed by the Canadian Centre on Substance Use and Addiction (CCSA), into accessible public messaging designed to promote behavioural changes.
- The CCSA was a key partner in the project, enhancing website and campaign reach.
- The campaign resulted in a significant increase in website traffic, especially for alcohol and cancer messaging, which will inform the group’s 2025 plans.

Background

The Southwest Polysubstance Working Group (SWPSWG) is comprised of staff from the seven public health units in Southwestern Ontario. Through collaborative program planning and implementation, the SWPSWG collectively contributes to the development and dissemination of resources, tools, and public health messaging with the goal of preventing and reducing alcohol and other substance-related harms.

The website www.RethinkYourDrinking.ca was created by the SWPSWG in 2012 to promote Canada’s Low-Risk Alcohol Drinking Guidelines which were released in 2011. When these guidelines were updated in 2023 (now referred to as Canada’s Guidance on Alcohol and Health [CGAH]), the group updated the website to reflect the new guidance, to improve website functionality for mobile device access, and to provide a refreshed look. The SWPSWG subsequently created a Rethink Your Drinking (RYD) social media campaign to promote the

updated website and the CGAH, and to raise awareness about alcohol-related health harms. A microsite was embedded within the website and promoted to public health partners, housing social media assets for free download and use by other health organizations. This approach to campaign asset sharing helps to reduce duplication of efforts, shares public health staff capacity and expertise, and contributes to consistent messaging under a unified brand.

Key Partnerships

The Canadian Centre on Substance Use and Addiction (CCSA), the lead agency responsible for the updated CGAH, has played a key partnership role with the SWPSWG. SWPSWG has been able to capitalize on CCSA's subject matter expertise, connections with other agencies involved in alcohol prevention and harm reduction, and expansive reach:

- CCSA provided input on website content with multiple experts' review
- SWPSWG representatives presented at CCSA's "Roundtable on Canada's Guidance on Alcohol and Health and Ontario's Alcohol Policy" in May 2024 in Toronto.
- SWPSWG representatives presented at the Association of Local Public Health Associations (alPHA) Fall Symposium in November 2024.
- The website was featured as a partner resource on the CCSA "Drink Less, Live More" website.
- The website and SWPSWG's campaign assets were mentioned during various provincial and national alcohol presentations including "the Truth About Alcohol Symposium" hosted by Senator Patrick Brazeau in February 2025.

SWPSWG Social Media Campaign Metrics

The regional three-month campaign targeted women aged 30-60 years (and their families) who live in Southwestern Ontario to: 1) increase exposure to RYD's alcohol harm reduction and prevention messaging; 2) increase awareness of the link between alcohol and cancer; 3) motivate the target audience to think about their own alcohol consumption and consider reducing use; and 4) increase awareness of the website as a resource. The campaign featured [12 advertisements](#) created by the group via Meta (Facebook and Instagram) and Google advertisements in Southwestern Ontario between December 2024 and February 2025. With a modest \$5,310 advertising spend, the group was able to achieve a good return on investment, with 3,767,400 impressions (total number of times the RYD ads were shown), and 11,069 engagements (including clicks through to the website, reactions, comments, or shares). A full summary report of the SWPSWG three-month campaign is attached as [Appendix A](#).

Next Steps

The next phase of the project is under exploration, including a possible regional survey to assess awareness of alcohol's causal relationship with cancer, to help inform future campaigns. The SWPSWG also intends to complete a broader website and campaign evaluation to gauge message resonance and to measure reach and utilization of the assets across Ontario.

This report was written by the Social Marketing and Health System Partnerships Team, Family and Community Health Division.



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

- The Chronic Disease Prevention and Well-Being and the Substance Use and Injury Prevention standards as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Our public health programs are effective, grounded in evidence and equity

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendation "Create Supportive Environments – ensure the use of culturally-respectful terminology".

SWPSWG Campaign Summary Report Rethink Your Drinking



March 31, 2025

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Cite reference as: Middlesex-London Health Unit (2025). SWPSWG Campaign Summary Report
Rethink Your Drinking.

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Executive Summary

The Southwest Polysubstance Working Group (SWPSWG) ran the Rethink Your Drinking (RYD) campaign between December 1, 2024 and February 24, 2025. The aim of the campaign was to increase exposure to RYD alcohol messaging, to increase awareness of the link between alcohol and cancer, to motivate individuals to consider reducing their alcohol use, and to increase awareness of the RYD website (www.RethinkYourDrinking.ca). The target audience selected included women aged 30 to 60 years (and their families) who live in Southwestern Ontario and consisted of 12 different advertisements that fell into three themes: Alcohol and Cancer, Exploring Alcohol Consumption, and Understanding the Effects of Alcohol. Each advertisement contained a specific link to the RYD website that related to the content of the particular ad.

The SWPSWG contracted JWA Group, a sales and marketing communications company, to coordinate the paid and organic advertisement strategy. An advertising spend of \$5,310 took place using Google (Google Display Ads and Google AdWords) and Meta (Facebook/Instagram) advertising platforms was implemented across the southwest region of Ontario. The organic (unpaid) social media posts were added to the [RYD Facebook page](#) during the same timeframe as the paid campaign.

Overall, the paid social marketing strategy yielded strong results garnering nearly 3.8 million impressions (combined Google and Meta) and a reach (unique users) of nearly 1 million (Meta only). The campaign also accumulated over 11,000 clicks (including link clicks, reactions, comments, or shares) and an excellent engagement rate of 27% (Google Ads), substantiating the ads' interest to the audience. When comparing the SWPSWG's RYD campaign to another regional campaign with a similar geographic area, budget, duration, and ad platform utilization, the RYD campaign matched or exceeded in almost all measurements. The organic (unpaid) strategy resulted in more modest results with the highlight being the acquisition of 126 new RYD Facebook account followers.

Based on the campaign's metrics, the advertisements from the "Exploring Alcohol Consumption" theme and the "Alcohol and Cancer" theme were the highest performing assets and should be considered for future campaigns. Additionally, given two of the top searched terms for the google search ads included "How alcohol causes cancer" and "Alcohol and cancer risks", further exploration into messaging around alcohol and cancer should be a priority.

Background

The Southwest Polysubstance Working Group (SWPSWG) is comprised of the seven health units in Southwestern Ontario (Chatham-Kent Public Health, Grey Bruce Public Health, Huron Perth Public Health, Lambton Public Health, Middlesex-London Health Unit, Southwestern Public Health, and Windsor-Essex County Health Unit) with the goal of preventing and reducing alcohol and other substance-related harms.

The website www.RethinkYourDrinking.ca was created by the group in 2012 to summarize Canada's Low-Risk Alcohol Drinking Guidelines which were released in 2011. When these guidelines (now referred to as Canada's Guidance on Alcohol and Health (CGAH)) were updated in 2023, the group worked to update the website to reflect the new guidance, to improve website functionality for mobile device access, and to provide a refreshed look. The SWPSWG subsequently created a Rethink Your Drinking campaign to promote the website and the updated CGAH, and to raise awareness about alcohol-related harms.

Part of the campaign included the creation of the RYD [microsite](http://www.campaign.rethinkyourdrinking.ca) (www.campaign.rethinkyourdrinking.ca) that was used to house the RYD campaign assets for free download and use by other health organizations. The microsite allows the SWPSWG to track downloads to assess utilization of the assets by Ontario Public Health Units and other partner agencies. Brand guidelines, housed on the microsite, were established to help organizations successfully utilize the RYD communications and marketing content while maintaining the integrity of the RYD brand.

A separate summary report for the larger RYD campaign strategy, including the impact of the campaign across Ontario, is planned for late 2025/early 2026. This summary report will focus on the SWPSWG's three-month paid and organic social media campaign exclusively. The primary goal of the report is to document the collaborative effort of the SWPSWG to help inform future collaborative projects. Secondly, the report will be shared with other Ontario public health unit regions to profile campaign logistics and outcomes to help inform their potential implementation of similar campaigns under the RYD brand.

Campaign Objectives and Goals

The goal for the Rethink Your Drinking (RYD) social media campaign is to empower women aged 30-60 (and their families) within Southwestern Ontario to explore their relationship with alcohol.

The objectives for the RYD social media campaign are to:

1. Increase target audience exposure to RYD alcohol harm reduction and prevention messaging across Southwestern Ontario to help increase awareness.
2. Increase awareness of the link between alcohol and cancer.
3. Utilize social media assets to motivate the target audience within Southwestern Ontario to think about their alcohol consumption and consider reducing use.
4. Increase awareness of the www.RethinkYourDrinking.ca website as a resource for the target audience within Southwestern Ontario.

Target Audience

The target audience selected for the RYD social media campaign includes women aged 30 to 60 years (and their families) who live in Southwestern Ontario. This demographic was selected based on the following factors:

- Women are the gatekeepers of health for families. Women make approximately 80% of the health care decisions for their families and are more likely than men to be caregivers to family members ([Matoff-Stepp et al., 2014](#)).
- Women historically have had lower rates of alcohol consumption, but recent trends indicate that their consumption levels are now more on par with males ([Nigatu & Hamilton, 2023](#)).
- Women are a main target of alcohol industry marketing, with the goal of increasing sales to this historically untapped market proving successful in recent years, as women have begun to drink as much as men. There is proof of marketing that targets women through the development of female- oriented beverages, packages, and campaigns ([Babor et al., 2022](#)).
- The percentage of women reporting hazardous or harmful drinking in the last year increased from 7.5% in 2003 to 15.9% in 2023 ([Nigatu & Hamilton, 2023](#)).
- Sex-related factors augment the impact of alcohol on female bodies, causing more harm from lesser amounts of alcohol. Gender-related factors related to alcohol impact women more, such as violence and intimate partner violence ([Greaves et al., 2022](#)).
- When individuals become aware of the link between cancer and alcohol, their support of alcohol policy increases ([Stockwell et al., 2020](#); [Weerasinghe et al., 2020](#)).
- Public perception, both internationally and within Canada, consistently reveals the lack of understanding that alcohol causes cancer ([Hobin et al., 2020](#); [Weerasinghe et al., 2020](#)).
- Alcohol is classified as a Group 1 carcinogen and increases the risk of developing at least nine different types of cancer including breast, colorectal, esophageal, laryngeal, liver, mouth, pharyngeal, stomach and pancreatic cancers. Research shows that consistent alcohol consumption over time, even at low levels, increases the risk of developing an alcohol-associated cancer ([Canadian Cancer Society, n.d.](#)).

Campaign Assets

The campaign consisted of a series of assets that are compatible for use on various social media and online platforms (Facebook, LinkedIn, Instagram, X, Pinterest, Google), and fall into three key themes:

- Alcohol and Cancer (five ads)
- Exploring Alcohol Consumption (four ads)
- Understanding the Effects of Alcohol (three ads)

Following the “Framing Alcohol – Tips in Action” ([Victorian Health Promotion Foundation, 2022](#)) tool, our advertisements aimed to have positive imagery where women are enjoying life and connecting with others without alcohol or (where relevant and more sparingly) imagery depicting the harms of alcohol. The 12 advertisements featured a diverse variety of people (age, race, etc.) in various settings to help avoid fatigue associated with the audience seeing the same ads too many times. The availability of sufficient content provided flexibility if a platform rejected the creative in one ad. The advertisements presented messaging that if viewed alone with no further inquiry (e.g., clicking the link to review information on the RYD website) could still provide valuable and thought-provoking information.

Each advertisement had a specific link that sent interested users to a corresponding page on the RYD website, providing further information connected to the advertisement content (e.g., the alcohol and cancer advertisements lead users to the RYD cancer page). Of note, only English assets were created for the campaign due to budgeting constraints. The RYD website is an English-language site with google translation applications available on the site.

SOUTHWEST POLYSUBSTANCE WORKING GROUP – Rethink Your Drinking Social Media Campaign

The advertisements are housed on the [RYD microsite](#), embedded within the larger RYD website. Below are the 12 campaign assets that were used in both the paid and organic SWPSWG's RYD three-month campaign:

Alcohol and Cancer



Exploring Alcohol Consumption



Understanding the Effects of Alcohol



Implementation Strategy

Paid Strategy

The SWPSWG contracted [JWA Group](#), a sales and marketing communications company, to coordinate the paid and organic advertisement strategy. JWA Group successfully worked with SWPSWG previously to complete the RYD website relaunch, the creation of the 12 RYD assets, and the development of the microsite and brand guidelines.

The working group had an approved budget of \$4,500 (plus 30% management fee) for the three-month campaign (\$1,500/month) to amplify the RYD messaging in the southwest Ontario region. As an important note, the total amount spent was \$5,310 (approximately \$800 over budget) due to an unexpected error during campaign implementation; JWA Group absorbed this additional cost.

Given the budget and target audience, JWA proposed paid advertisements through Google and Meta (Facebook/Instagram) as the most effective approach. Paid Google Display Ads and Google AdWords were utilized to reach the audience via keywords and audience segmentation targeting based on things like shopping behaviours, interests, and products/services people are searching for by leveraging the data collected from users' search histories. Meta advertising offered advanced targeting options as well based on location, age, gender, and interests. By utilizing these advanced targeting options such as demographics, interests, and behaviours, the RYD ad reach was situated to target the most relevant users, increasing the likelihood of exposure, reflection, and possible action (clicking through to the RYD website to learn more). Each advertisement had a corresponding link that directed users to specific pages within the RYD website depending on the content of the advertisement.

The campaign geographically targeted Southwestern Ontario by utilizing postal codes for the region within each of the platforms to ensure our ads were served to the working group's specific communities. The working group, including JWA, met almost every week to track the campaign's progress and correspondingly complete ad bid adjustments based on how the assets were performing with the audience. After monitoring campaign progress, it was noted that the "Health Effects" theme ads were the least performing ads after the first month. The working group adjusted the buy to amplify the "Alcohol and Cancer" and "Exploring Alcohol Consumption" advertisements for January/February accordingly. In addition, the "Alcohol is NOT part of a Healthy Heart" was amplified over Valentine's Day given the advertisement's "heart" visual and the connection with February being known as "Heart Health Month".

Organic Strategy

All 12 advertisements were added to the RYD Facebook page (facebook.com/RethinkYourDrinkingRYD) over the course of the three-month campaign to provide content to any RYD Facebook followers in addition to facilitating easy access to our SWPSWG health units (and other organizations) to share the posts to their own Facebook accounts.

Timeline

The paid RYD campaign was in market for three months from December 1, 2024 – February 24, 2025. This timeline was followed for several reasons:

- The holiday season (December/early January) is a time when individuals are more likely to attend group gatherings with alcohol
- Individuals are more likely to be on vacation during this holiday season and theoretically have more time to look at social media and online content
- Dry January participants are likely more receptive to the RYD messages, which may contribute to message engagement
- New Years resolutions by individuals may increase receptivity of RYD messages
- Timing of the campaign complemented CCSA's "Drink Less Live More" campaign that took place nationwide just prior to the RYD campaign

Organic posts on the RYD Facebook page were gradually introduced over the three-month campaign.

Campaign Outcomes

Paid Media Metrics (Google and Meta Advertisements)






Overall, the paid social marketing strategy yielded strong results. The following metrics were provided by the JWA Group. The full data breakdown is available by request.

Rethink Your Drinking Campaign December 1, 2024 – February 24, 2025	Google Display Advertisements	Social Media Meta Platforms (Facebook & Instagram)	Total
Impressions: Total number of times the ads were shown	1,617,414	2,149,986	3,767,400
Reach (available for social only): Total number of accounts that were exposed to the message during an ad campaign (unique users)	-	988,023	988,023
Engagement Rate (available for google ads only): The percentage of users who interact with the ads	27.23%	-	27.23%
Clicks: Total number of clicks, taps, or swipes on the ad including link clicks, reactions, comments, or shares, etc.	8,259	2,810	11,069
Click-through rate (CTR): Percentage of people who clicked on the ads after seeing it	0.51%	0.13%	0.29%
Cost per click (CPC): The cost for each click on an ad	\$0.30	\$1.01	\$0.66
Budget	\$2,475	\$2,835	\$5,310

Top Search Terms for Google Search Advertisements

1. "How alcohol causes cancer"
2. "Rethinking Drinking"
3. "Alcohol and cancer risks"

Top 5 Social Media (Meta) Ads

Top Ads	Reach	Impressions	Clicks
 Which Drink Contains the Most Alcohol	363,442	580,603	591
 Enjoy the Benefits of Reducing Your Alcohol	316,751	448,528	441
 Knowledge is Power	223,315	304,134	310
 Alcohol and Cancer (tell a friend about the risks)	147,299	198,628	128
 Connect With Friends	117,345	143,385	138

Top RYD Website Landing Pages based on Google Advertisements

Top Landing Pages from Google Ads	Clicks	Impressions	CTR
Cancer www.rethinkyourdrinking.ca/cancer	6,256	1,469,370	0.43%
Health www.rethinkyourdrinking.ca/health	1,911	15,817	1.22%
Guidance www.rethinkyourdrinking.ca/guidance	22	2,714	0.81%
Drink Size www.rethinkyourdrinking.ca/drink-size	23	2,118	1.08%

Most Active User Days for Google Advertisements

Days During Campaign with most Active Users	Active Users
February 17th	454
January 13th	404
January 2nd	384
February 21st	373
January 5th	372
January 1st	368

Organic Media Metrics (RYD Facebook Page)

While the organic strategy for the RYD Campaign was smaller in scale, the following metrics from the RYD Facebook Page were captured during the campaign, which are encouraging:

- 126 NEW RYD FB followers during the campaign
- 858 visits to the RYD Page or profile
- 4,876 Impressions
- 4,547 Reach
- 28 Reactions
- 6 Comments
- 26 Shares
- 51 Clicks

Discussion

The SWPSWG's three-month RYD campaign successfully ran via Meta and Google Advertisements between December 1, 2024 – February 24, 2025. With a modest advertising spend of just over \$5,000, the campaign was able to garner nearly 3.8 million impressions (combined Google and Meta) and a reach of nearly 990,000 (Meta only). These metrics (impressions and reach) are important measures in an education/awareness campaign like RYD as the goal is to maximize the number of people who see the message. With over 11,000 clicks (including link clicks, reactions, comments, or shares), the ads proved to generate enough interest to prompt the audience to initiate action.

While the overall click through rate (CTR) was only 0.29% for Meta and Google advertising combined, the Google Advertisement CTR was much higher at 0.51%. According to JWA Group, industry standards for education/awareness campaigns like RYD, have an average CTR range from 0.2% - 0.5% while a good CTR is between 0.5% - 1%. Education/awareness campaigns often have a lower CTR because the primary goal is exposure to the message compared to conversion-focused campaigns.

The RYD campaign's engagement rate was 27.23% for the Google Ads. This rate is based on the number of active users, the number of engaged sessions, and average engagement time per session. According to JWA Group's analysis, when looking at the engagement rate, typically anything over 10% for an engagement rate is considered excellent for most campaigns, but 24% to 36% is especially high and suggests that users are not only viewing the content but actively interacting with it. Based on this information, the RYD campaign had excellent engagement for the Google Ads.

Four of the top five performing Meta advertisements were from the "Exploring Alcohol Consumption" theme and one was from the "Alcohol and Cancer" theme. These advertisements should be considered for future campaigns given their traction with the audience.

The top two landing pages on the RYD website for the Google advertisements were the Cancer and Health pages indicating that the advertisements that were clicked on included "Alcohol and Cancer" ads, the "Enjoying the Benefits of Reducing Alcohol" ad, and the "Alcohol is NOT part of a Healthy Heart" ad which was highlighted over Valentine's Day/Family Day weekend. Additionally, the top searched terms for the google search ads included "How alcohol causes cancer", "Rethinking Drinking", and "Alcohol and cancer risks". Given these results, advertisements based on alcohol and cancer appear to capture the audience's attention and should be explored for further promotion.

The timing of the campaign found significant traction over the months of January and February. The working group discussed with JWA Group the possibility of too many competing messages in December

with Christmas, traveling, and gatherings with alcohol. Of note, the US Surgeon General's Report regarding alcohol and cancer was released in January 2025 and gained significant public reaction. The release of this report may have had a positive effect on the uptake of the RYD "Alcohol and Cancer" advertisements as the audience was primed for the information.

Overall, both platforms performed well but in different ways. Meta provided the best impressions to get the RYD message on screens in front of the audience, but Google Ads delivered the most engagement and better click through rate/cost per click. Both platforms could be considered for potential future advertising although in discussions with JWA group, shifting more money to the Google Ads over Meta may yield better results. Based on discussions with JWA Group, the budget provided a good return on investment although a higher budget could significantly increase results.

In terms of metrics for the paid and organic portions of this social marketing campaign, it is difficult to assess performance without comparing it to metrics from a previous RYD campaign. This report will provide a useful baseline to compare similar future RYD campaigns. To compare the SWPSWG's RYD campaign results to a comparable campaign, the working group accessed a summary report from the Southwest Tobacco Control Area Network's (SWTCAN) 2024 Smoke Free Housing Ontario social marketing campaign. This campaign covered the same geographical area (Southwestern Ontario), used the same platforms of Meta and Google Ads, and had similar goals of promoting a revised website and increasing awareness. The SWTCAN's duration was only eight weeks October-November 2024 (versus the RYD 12-week campaign) and had a more narrowed target audience (tenants in multi-unit dwellings and landlords/property managers). Although the budget for the SWTCAN's campaign was \$9,000, it was broken down into a landlord campaign and a tenant campaign, each for \$4,500 which was comparable to the \$5,310 spend on RYD. When comparing the SWPSWG's RYD campaign to the SWTCAN's tenant campaign, the RYD metrics exceeded the results for impressions (over double) and reach (10 times). While the RYD campaign yielded slightly higher clicks, it had a lower click through rate given the number of impressions and click results. Although this comparison was not exact, it provided a legitimate benchmark for success, and will help to inform future RYD campaigns.

Lessons Learned

The JWA Group confirmed that some of our advertisements that had the words "alcohol and cancer" in the messaging were flagged by Meta as possibly being disreputable. The Meta appeals process was utilized, and the ads were approved relatively quickly, but extra time to allow for social media platform content approval challenges is prudent for future campaigns.

Another lesson learned was campaign performance in December; shifting future campaigns to avoid December should be explored given that there are so many other competing messages and priorities. January and February proved to be a much more productive and effective time to advertise alcohol education messages, in congruence with New Years resolutions and Dry January and February. Another recommendation for consideration in future social media paid campaigns included shifting the budget allocation to more Google advertising over Meta to increase overall results – possibly a 60/40 or even 70/30 split.

Strengths and Limitations

One of the RYD campaign's best strengths was the performance of the working group. With representatives from both the SWPSWG and the JWA Group, the project team was engaged and actively participated in all aspects of campaign planning, implementation, and evaluation. Regular meetings and responsive communication made the process of campaign implementation and evaluation

extremely smooth. JWA Group's previous involvement with the RYD website relaunch, asset creation, and established relationship with the working group was extremely helpful. The structure of the SWPSWG also enabled the seven public health units in Southwestern ON to decrease duplication of efforts, shared public health staff capacity and expertise, and contributed to consistent messaging under a unified brand.

Another strength of the RYD promotional campaign was approachable imaging and messaging. Research has confirmed that individuals prefer health organizations to provide recommendations as advice rather than strict rules or patronizing messages ([Paradis et al., 2022](#)). This approach was verified in the campaign with anecdotal feedback from community partners indicating that the RYD ads were eye-catching and provided thoughtful messaging without being "preachy".

One of the most impactful limitations to the RYD campaign is the influence of the alcohol industry. Alcohol advertising and marketing is heavily funded, situated in an extremely outdated regulatory environment, and extremely influential given that it is associated with increased drinking intentions, consumption, and harmful drinking ([Giesbrecht, 2024](#)).

Limitations were also identified related to funding. The campaign intended to cover a vast geographic area using a relatively modest budget. For future campaigns, an increase to budget should be considered to ensure ample coverage of the messaging to the target population.

Conclusion and Next Steps

The SWPSWG's three-month awareness and education campaign ran from December 2024 to February 2025, targeting women aged 30-60 (and their families) in southwestern Ontario. In total, 12 advertisements were created, and a microsite was embedded within the main RYD website to store the ads and make them downloadable by other organizations. Delivered via Meta and Google Ads, overall, the campaign was a success, with nearly 3.8 million impressions and a reach of almost 990,000. The campaign is new and, therefore, cannot be compared to previous RYD campaigns, but these results will serve as a useful baseline for comparison when implementing future RYD campaigns.

Next steps for the campaign are being explored by the SWPSWG and could involve some of the following activities:

Adjusted Messaging

In February, there was an increase in action-oriented Google searches regarding alcohol, such as "how to decrease alcohol" and "how to quit drinking wine". Recognizing that one of the objectives of the social media campaign was to help increase awareness, the messaging for social media ads could be expanded and/or modified to encourage the audience to make changes in their behaviour. Using the Transtheoretical (or Stages of Change) Model, the campaign has already addressed individuals who are in the precontemplation stage, as they are now aware that a problem exists and that there are consequences of their alcohol consumption. The campaign could target and support individuals who have moved into the contemplation stage (thinking about changing their behaviour), then those that are in the preparation stage (making a commitment to change their behaviour and developing an action plan) to the action stage (actually changing their behaviour) ([Prochaska, 1997](#)), and so on. Messaging could focus more on a "call to action" rather than informational advertisements that are meant to increase awareness.

Alcohol and Cancer

The top RYD website landing page for the Google Ads was the Cancer page, with a significantly higher number of clicks and impressions. Given this and the fact that two of the top three search terms mentioned cancer, this topic seemed to gain the most interest from users. Additional ads that bring attention to the causal link between alcohol and cancer could be a focal point for the campaign moving forward. The group could potentially explore the use of polls or surveys to gauge local levels of awareness of the topic and monitor how awareness has changed over time.

Use of Personal Stories

As seen in the past with tobacco health campaigns, such as the Centers for Disease Control and Prevention's *Tips From Former Smokers* ([Centers for Disease Control and Prevention, 2025](#)), using individuals' personal stories is impactful and helps the public to see themselves within the data and health messages being promoted. The SWPSWG can explore the creation of something similar related to alcohol use. The personal story could be presented as a video and focus on the detrimental effects of moderate drinking (drinking within the "moderate risk" level as defined by Canada's Guidance on Alcohol and Health), as opposed to someone who has or had Alcohol Use Disorder, as this will be applicable to a much larger segment of the population.

Other Audiences

Another opportunity is to expand the health-based campaign messages about alcohol to include ads directed at another key demographic. The group could create and promote messages that speak to men, since this is another important demographic who are greatly impacted by alcohol use. Men tend to drink more alcohol than women and are more likely to drink heavily, which increases the likelihood of alcohol-impaired driving collisions, being treated in hospital, being hospitalized for alcohol-related medical emergencies and health problems, being diagnosed with an alcohol use disorder, and dying from alcohol-related causes. In addition, with excessive alcohol use, men are more likely to perpetuate violence. More injuries, deaths, and violence are caused by men's alcohol consumption, especially when it comes to excessive drinks per occasion ([Paradis et al., 2022](#)). There is an opportunity to expand campaign messaging to help decrease harmful use among men.

Further Evaluation

Finally, the SWPSWG plans to release a summary report for the larger RYD campaign strategy based on information gathered through a participant consultation survey that will be distributed to organizations that have used the RYD materials to conduct their own regional campaigns. The survey plans to assess the perceived need for such a campaign, perceived value as a resource, ease of implementation (barriers and facilitators), uptake/reach metrics, and suggested improvements to the campaign regarding both process and content.

There are many opportunities to continue the successful promotion of the RethinkYourDrinking.ca website and health-focused messaging through future campaign expansion. The opportunities taken will depend on the constraints of the budget provided and the goals of each health unit involved.

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MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 37-25

TO: Chair and Members of the Board of Health

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

DATE: 2025 May 22

**HARVEST BUCKS: SUPPORTING THE FOOD SYSTEM AND FOOD ACCESS
THROUGH COMMUNITY AND PARTNER MOBILIZATION**

Recommendation

It is recommended that the Board of Health receive Report No. 37-25 re: “Harvest Bucks: Supporting the Food System and Food Access Through Community and Partner Mobilization” for information.

Report Highlights

- [Harvest Bucks](#) (HB) is a collaborative initiative funded by the London Food Bank that includes the Middlesex-London Health Unit, community organizations, farmers’ markets, and small grocers.
- HB impacts the community and local food system and helps to meet the requirements of the Ontario Public Health Standards’ Chronic Disease Prevention and Well Being Program Standard ([Appendix A](#)).
- The Health Unit helps coordinate and support the HB program through community and partner mobilization; and provision of backbone support, including program planning, implementation, and evaluation; and administrative, communications, and finance activities.
- In 2025, 85 community programs from 39 London and Middlesex County organizations are participating in the HB program ([Appendix B](#)).

Background

[Harvest Bucks](#) (HB) is a collaborative initiative funded by the London Food Bank that includes the Middlesex-London Health Unit (MLHU), community organizations, farmers’ markets, and small grocers. The main program involves sponsorship to community programs for: 1) HB vouchers redeemable for vegetables, fruit, and graded eggs from participating farmers’ markets and small grocers; 2) [London Good Food Boxes](#); and/or 3) vegetables and fruit grown by Urban Roots and distributed at organization run [community pop-up markets](#). HB vouchers are also available for direct purchase by organizations and individuals.

HB has wide-ranging impacts on the community and local food system that help to meet the requirements of the Ontario Public Health Standards' Chronic Disease Prevention and Well Being Program Standard ([Appendix A](#)).

HB Milestones

- 2012 - HB began as a pilot project funded by London's Child and Youth Network with the distribution of \$8,000 of Harvest Bucks vouchers to 7 community organizations.
- 2018 - HB expanded with the addition of funding from the London Food Bank (LFB).
- 2023 - To better meet the needs of community partners, the sponsored program added [London Good Food Box](#) and [community pop-up markets](#). The LFB Board approved \$250,000 base annual funding for HB, as well as an additional amount per year for 3 years for a total funding amount of \$350,000 in 2024, \$375,000 in 2025, and \$400,000 in 2026.
- 2025 - Whole graded eggs were added to the HB vouchers as a low-cost protein source, with local eggs available from participating farmers' markets.

MLHU Support of the Harvest Bucks Initiative

The Harvest Bucks Steering Committee (HB SC) guides the program. The HB SC is a collaborative of community partners including the Age Friendly London / Child and Youth Networks, London Intercommunity Health Centre, Middlesex London Food Policy Council, Global Health & Innovation Lab at Western University, Glen Cairn Community Resource Centre, Covent Garden Market, The Market at Western Fair District, Urban Roots London, and the MLHU.

The Health Unit helps coordinate and support the HB program through community and partner mobilization (e.g., Harvest Bucks Steering Committee Chair); and provision of backbone support including program planning, implementation, and evaluation (e.g., coordinating the annual sponsorship application process, coordinating annual program evaluation), and administrative, communications, and finance activities (e.g., processing vendor invoices and voucher purchases, voucher and sign graphic design and printing). In 2024, health unit staff transitioned data collection tools (e.g., sponsorship application, direct purchase form, evaluation) to online surveys to increase program efficiency.

Program Indicators

2024

- 69 community programs participating from 34 organizations
- \$341,665 vouchers distributed (including \$57,000 direct purchase) to 3,923 households
- \$286,295 vouchers redeemed (84%)
- 6,034 London Good Food Boxes distributed to 1,727 households
- 13,885 pounds of produce distributed to 2,057 households through 84 community pop-up market events
- Evaluation survey completed by 67 community programs (97%)

2025

- 85 community programs participating from 39 organizations ([Appendix B](#))
- \$354,845 Bucks distributed (including \$25,000 direct purchase)
- 6,093 London Good Food Boxes sponsored
- 11,160 pounds of produce (estimated) distributed through community pop-up markets

Next Steps

From Q2 2025 to Q1 2026, community organizations participating in the HB program will deliver a wide range of emergency food and community food programming that incorporates the HB supports for which they were sponsored. The key activities for the Municipal and Community Health Promotion staff include continued participation on the HB SC, processing direct purchases and invoices related to voucher redemption (with support from the MLHU Finance Team), and completing 2025 program evaluation and 2026 program planning.

This report was written by the Municipal and Community Health Promotion Team, Family and Community Health Division.



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



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

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

- The Chronic Disease Prevention and Well-Being standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal from the [Middlesex-London Health Unit's Strategic Plan](#):
 - We have strong relationships with our partners and are trusted by our Community.

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) (ABRP) and [Taking Action for Reconciliation](#) (TAFR), specifically recommendations: create and strengthen relationships and partnerships with African, Caribbean and Black organizations (ABRP #21) and Relationships (TAFR).

Harvest Bucks Logic Model (2025)
Goal: To reduce the rate of nutrition-related chronic diseases through increased access to and consumption of vegetables, fruit, and eggs

Harvest Bucks is a collaborative initiative involving the Middlesex-London Health Unit, community organizations, farmers’ markets, and small grocers. The main program involves sponsorship to community programs for: 1) Harvest Bucks vouchers redeemable for vegetables, fruit, and eggs from farmers’ markets and small grocers; 2) London Good Food Boxes; and/or 3) vegetables and fruit grown by Urban Roots and distributed at organization run community pop-up markets.

Rationale / Need

- Eating vegetables, fruit, and protein foods (e.g., eggs) is associated with positive health outcomes and a reduced risk of chronic disease ([Health Canada, 2019](#)).
- In 2021, 19.9% of Ontario residents reported eating vegetables and fruit 5 or more times per day ([Statistics Canada, 2023](#)).
- Many Middlesex-London residents cannot afford healthy food ([Middlesex-London Health Unit, 2024](#)). About 1 in 4 Middlesex-London households are food insecure ([Public Health Ontario, 2023](#)).
- Vegetable and fruit voucher programs have been shown to increase affordability, access, and consumption of healthier foods for households with lower incomes ([CPSTF, 2023](#))⁵.

Inputs		Process			Outcomes - Impact		
Resources	Components	Activities	Target Group	Outputs (process indicators)	Short-term	Intermediate	Long-term
In kind staff time 2025 \$375,000 (LFB) 2026 \$400,000 (LFB)	Harvest Bucks Vouchers	<ul style="list-style-type: none">• Voucher revisions, printing, and distribution• Process direct purchases• Organizations distribute HBs to clients and clients redeem vouchers• Eggs added• Support application process	<ul style="list-style-type: none">• Emergency food programs• Community food programs• Program participants and family members in the same household• Program vendors (e.g., farmers’ markets, small community grocers)• Glen Cairn Community Resource Centre• Urban Roots	<ul style="list-style-type: none">• # community programs• # community organizations <p>Vouchers</p> <ul style="list-style-type: none">• \$ Bucks distributed• # direct purchasers• \$ direct purchase Bucks• # Buck recipients• \$ Bucks redeemed• % Bucks redeemed• # program vendors <p>LGFBs</p> <ul style="list-style-type: none">• # LGFBs sponsored• # households receiving sponsored LGFBs <p>Pop-Up Markets</p> <ul style="list-style-type: none">• # individuals receiving produce• # households receiving produce	<ul style="list-style-type: none">• Community partners have knowledge of and increased capacity to act on the factors associated with the prevention of food and nutrition-related chronic diseases and promotion of wellbeing, including healthy living behaviours and creating supportive environments (ASP)• Community partners are aware of healthy behaviours associated with the prevention of food and nutrition-related chronic diseases (ASP)• Increased public awareness of the impact of risk factors, protective factors and healthy behaviours associated with food and nutrition-related chronic diseases (ASP)• Increased access to and consumption of fresh vegetables, fruit, and eggs• Increased connections between community members and participating organizations (e.g., HB program is a motivator for community members to access programs that can then connect them with further supports)• Increased availability of local food (e.g., vendor reported they remain a vendor at one market location due to HB revenue paying the rental costs, funds for pop-up markets support other Urban Roots programs)	<ul style="list-style-type: none">• Increased adoption of healthy living behaviours among populations targeted through program interventions for the prevention of food and nutrition-related chronic diseases (ASP)• Strengthened local food system	<ul style="list-style-type: none">• Reduced burden of food and nutrition-related chronic diseases of public health importance and improved well-being (ASP)• Reduced population health inequities related to food and nutrition-related chronic diseases (ASP)
	London Good Food Box (LGFBs)						
	Community Pop-Up Markets						

ASP = Annual Service Plan (Middlesex-London Health Unit); CYN/AFLN = Child and Youth Network / Age Friendly London Network; HB = Harvest Bucks; HB SC = Harvest Bucks Steering Committee; MCHP = Municipal and Community Health Promotion Team; MLHU = Middlesex-London Health Unit; LFB = London Food Bank

				<ul style="list-style-type: none"># pounds of produce distributed	<ul style="list-style-type: none">Increased affordability of local food (e.g., vendor reported revenue from vouchers helps to keep costs lower for customers while vendor food costs increase, increased produce value in LGFB due to increased purchasing power from sponsored boxes)Increased revenue for the local food system <p>Other</p> <ul style="list-style-type: none">Increased comfort with shopping at farmers' markets (vouchers)Improved produce quality due to increased purchasing power from the volume of sponsored boxes (LGFB)Decreased food waste due to volume of produce distributed weekly to the community (pop-up markets)		
	Program planning, implementation, and evaluation	<ul style="list-style-type: none">Sponsored application process (i.e., application revision, distribution, review, and funding decisions)Process payments for program vendorsAnnual program evaluation (online surveys, summary report)	<ul style="list-style-type: none">Harvest Bucks Steering Committee (CYN, London Intercommunity Health Centre, Glen Cairn Community Resource Centre, Urban Roots, The Market at the Western Fair, Covent Garden Market, Middlesex-London Food Policy Council)Emergency food programsCommunity food programsMLHU FinanceMCHP Program AssistantProgram vendors (e.g., farmers' markets, community grocers)	<ul style="list-style-type: none"># of partnership meetings# applications received# applications approved\$ funding available\$ funding allocated\$ vouchers redeemed\$ LGFBs sponsored\$ produce for community markets# surveys completedSurvey response rateProcess changes madeSummary evaluation report	<ul style="list-style-type: none">Transparent and equitable process for supporting local programs and organizationsIncreased understanding of program facilitators and barriersKnowledge of program improvements to be made, if anyFunder awareness of the program benefits		

ASP = Annual Service Plan (Middlesex-London Health Unit); CYN/AFLN = Child and Youth Network / Age Friendly London Network; HB = Harvest Bucks; HB SC = Harvest Bucks Steering Committee; MCHP = Municipal and Community Health Promotion Team; MLHU = Middlesex-London Health Unit; LFB = London Food Bank

**Organizations Participating in the 2025 Harvest Bucks Program
(Sponsored and Direct Purchase)**

Ailsa Craig & Area Food Bank & Thrift Store
Atlohsa Family Healing Services
Boys and Girls Club London
Chelsea Green Community Church
Childreach
Crouch Neighbourhood Resource Centre
East London United Church Outreach
Family Centre Carling Thames
Glen Cairn Community Resource Centre
Goodwill Industries, Ontario Great Lakes
Halal Food Bank Canada
Hutton House Association for Adults with Disabilities
Indwell
London and Middlesex Community Housing
London Community Resource Centre
London Intercommunity Health Centre
LUSO Community Services
Middlesex-London Health Unit
N'Amerind Friendship Centre
Northwest London Community Resource Centre
Oneida Nation of the Thames
Paul's Place (formerly known as St. Paul's Social Services)
Regional HIV/AIDS Connection
Single Women in Motherhood Training Program
Society of St. Vincent de Paul Conference of St. John the Divine
South London Neighbourhood Resource Centre
Southwest Ontario Aboriginal Health Access Centre
St. Leonard's Community Services
St. Mark's Anglican Church
St. Michael and All Angels Church
The Salvation Army Community Services
Type Diabeat It
Victorian Order of Nurses (VON)
W.E.A.N. Community Centre
Westmount Presbyterian Church
Westview Baptist Church of London
Youth for Christ (YFC) London
YMCA of Southwestern Ontario
Youth Opportunities Unlimited

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 38-25

TO: Chair and Members of the Board of Health

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

DATE: 2025 May 22

THE BUILT, NATURAL, AND SOCIAL ENVIRONMENTS FRAMEWORK: TRANSPORTATION NETWORKS

Recommendation

It is recommended that the Board of Health:

- 1) *Receive Report No. 38-25 re: “The Built, Natural, and Social Environments Framework: Transportation Networks” and;*
- 2) *Approve the policy position and recommendations outlined in Appendix A.*

Report Highlights

- The MLHU recommends and supports transportation networks that prioritize active and sustainable mobility options (e.g., walking, cycling, public transit) that are safe, affordable, and accessible for all ages and abilities.
- Active transportation is a critical element of efficient, equitable, and diverse transportation networks.
- It is the position of the Middlesex-London Health Unit that to protect and promote the health of Middlesex-London residents, municipalities should prioritize active transportation in the development and implementation of transportation networks.

Background

The Middlesex-London Health Unit (MLHU) has a long-standing history of encouraging active transportation (AT) to improve the health and well-being of residents within Middlesex-London. In January 2025, the MLHU provided a Board of Health report, “A Framework for the Built, Natural, and Social Environments” ([Report No.06-25](#)), which outlines five key domains to support healthy public policy development, including Transportation Networks. Grounded in this framework, the MLHU recommends and supports transportation networks that prioritize active and sustainable mobility options (e.g., walking, cycling, public transit) that are safe, affordable, and accessible for all ages and abilities.

Active Transportation as a Key Component of Transportation Networks

Transportation networks significantly influence people's daily choices about how they travel from one location to another. AT is a critical element of efficient, equitable, and diverse transportation networks. It is defined as the use of human power (e.g., walking, cycling) to get from place to

place.¹ AT also includes the use of “hybrid mobility aids such as wheelchairs, scooters, e-bikes, rollerblades, snowshoes, and cross country skis”.^{1(p.5)} Riding public transit is also considered a form of AT because transit users must engage in some form of physical activity at the start and/or end of their trip.² There are several positive impacts of incorporating AT into daily life. AT can:

- improve overall physical health and reduce chronic disease;
- improve mental and social well-being;
- improve air quality;
- reduce greenhouse gases;
- reduce traffic congestion; and
- have positive impacts on the economy.

MLHU Policy Position

To protect and promote the health of Middlesex-London residents, municipalities should prioritize active transportation in the development and implementation of transportation networks.

The corresponding policy recommendations ([Appendix A](#)) aim to increase active transportation while reducing health inequities, fostering social connection, and contributing to sustainability in alignment with the MLHU’s Built, Natural, and Social Environment Framework. These recommendations highlight policies and actions that can be taken by municipalities and community partners to ensure transportation networks in Middlesex-London are:

- Active,
- Safe,
- Affordable,
- Sustainable, and
- Accessible for individuals of all ages and abilities.

Next Steps

- The Municipal and Community Health Promotion Team (MCHP) will finalize an evidence report, *Transportation Networks: Active Transportation*, and related infographic and municipal primer. The evidence report will focus on the importance of prioritizing and engaging in AT at the local level. This will be the first in a series of reports focusing on each domain and guiding principles of the MLHU’s Built, Natural, and Social Environments Framework (Transportation Networks, Housing, Food Systems, Neighbourhood Design, and Green & Natural Spaces).
- The MCHP Team will share the evidence report and primer with municipalities and other key partners to support community mobilization efforts and encourage alignment on active transportation priorities.

This report was written by the Municipal and Community Health Promotion Team of the Family and Community Health Division.



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



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

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

- The Healthy Environments and Chronic Disease Prevention and Well-Being standards as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The *Health Protection and Promotion Act, R.S.). 1990, c. H.7*.
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Client and Community Confidence
 - We have strong relationships with our partners and are trusted by our community
 - Program Excellence
 - Our public health programs are effective, grounded in evidence and equity

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

Access and Report:

5. In collaboration with community partners and the Black community, assess public health-related strengths within targeted ACB communities, including mapping where helpful, and identify strategies to leverage the strengths.

6. In collaboration with community partners and the Black community, assess public health-related issues of concern within Black sub-populations, including mapping where helpful, and identify which public health programs and services are most needed for ACB communities and where they are needed.

Partner with Other Sectors:

22. Use a decision-making matrix that includes an anti-racism lens when choosing to engage in new partnerships or collaborative initiatives.

24. Strengthen and facilitate collaboration efforts between ACB organizations and other racialized community groups to identify similar needs, challenges, priorities, goals, and opportunities for collaboration to improve population health outcomes.

Engage in Healthy Public Policy

37. Lead and/or actively participate in healthy public policy initiatives focused on mitigating and addressing, at an upstream level, the negative and inequitable impacts of the social determinants of health which are priority for local ACB communities and ensure the policy approaches take an anti-Black racism lens.

References:

1. Infrastructure Canada. National active transportation strategy 2021–2026 [Internet]. 2021 [cited 2025 Apr 14]. Available from: <https://www.infrastructure.gc.ca/alt-format/pdf/nats-snta/nats-strat-snta-en.pdf>
2. Gatien A, Mas Baghaie A. Improving active transportation and public transit integration: a guidebook for policy and planning [Internet]. Toronto: The Centre for Active Transportation at Clean Air Partnership; 2019 [cited 2025 Apr 14]. Available from: <https://www.tcat.ca/wp-content/uploads/2019/06/Active-Transportation-and-Public-Transit-Integration-web-3.pdf>

MLHU Active Transportation Policy Position and Recommendations

The MLHU policy position and corresponding recommendations aim to increase active transportation while reducing health inequities, fostering social connection, and contributing to sustainability in alignment with the Middlesex-London Health Unit's Built, Natural, and Social Environment Framework.

MLHU Policy Position on Active Transportation:

To protect and promote the health of Middlesex-London residents, municipalities should prioritize active transportation in the development and implementation of transportation networks.

Policy Recommendations

The following recommendations highlight policies and actions that can be taken by municipalities and community partners to ensure transportation networks in Middlesex-London are:

- Active,
- Safe,
- Affordable,
- Sustainable, and
- Accessible for individuals of all ages and abilities.

1. Walking, cycling, and public transit should be prioritized in the design of communities and transportation networks over single-occupancy vehicles.



Provide a complete and well-maintained cycling network to encourage active daily travel.



Provide well-maintained sidewalks on both sides of the street to promote accessibility and safety.



Provide adequate, convenient, and secure bike parking and shelters to encourage and support cycling as a viable transportation option.



Encourage convenient and reliable access to affordable public transit, through implementation of dedicated transit lanes, and accessible, proximal transit stops.



Enhance public transit use through the integration of intercommunity transit options.



Support multimodal travel by providing infrastructure (e.g., bike storage at transit stations, bike racks at the front of transit buses, park-and-ride lots) at transfer points to encourage the integration of travel modes and facilitate getting to a destination that is further away without the use of a personal vehicle.



Provide easy and safe connections to accessible trails and pathways within existing and new residential areas.



Maintain, strengthen, and promote existing trail networks to facilitate the use of active travel for both recreational and everyday needs.



Encourage easy and safe connections between new green space and the active transportation network.

2. Prioritize accessibility and safety in the design and implementation of transportation networks.



Promote accessibility through ongoing maintenance of AT infrastructure (e.g., sidewalks, bike lanes, and multi-use pathways).



Implement transportation policies that protect vulnerable road users from speed such as automated speed enforcement, red light cameras, traffic calming measures, and lower neighbourhood speeds.



Adopt and implement strategies to improve safety for all road users (e.g., Complete Streets, Vision Zero).



Provide infrastructure that protects vulnerable road users through separation from motor vehicle traffic (e.g., protected bike lanes, safety islands, longer leading pedestrian intervals).



Ensure that pedestrian crossings are designed, maintained, and operated in a manner that promotes safety, equity, and efficiency for all road users.



Incorporate design elements that provide safety and comfort while using AT such as benches, trees, pleasant streetscapes, and adequate lighting.



Develop, maintain, and improve navigation tools such as wayfinding systems and travel route mapping (e.g., bike and walking maps, trail guides).



Promote and support safe routes to school through school-based approaches such as Active and Safe Routes to School and neighbourhood school travel plans to encourage safe and active school commutes.



Encourage and promote workplace policies, programs, and incentives that facilitate active modes of commuting.

3. Design neighbourhoods that are complete, compact, and connected to facilitate easy and equitable access to daily needs within a short walk or ride.



Encourage transit-oriented development to facilitate connections to a variety of places.



Design compact neighbourhoods with higher residential densities to support the use of active modes of transportation.



Provide a mix of land uses and diverse housing options to shorten the distance between destinations while ensuring equitable access to school, recreation, faith-based institutions, services, and employment opportunities.



Ensure active transportation connections are integrated into new developments early in the planning stages.

- 4. Prioritize ongoing, meaningful, and inclusive community engagement in the development and implementation of active transportation infrastructure, policies, and programs.**

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 39-25

TO: Chair and Members of the Board of Health

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

DATE: 2025 May 22

REGIONAL AND PROVINCIAL COLLABORATIVE STRUCTURES: A STRATEGY FOR EFFECTIVE TOBACCO AND VAPOUR PRODUCT CONTROL

Recommendation

It is recommended that the Board of Health receive Report No. 39-25 re: “Regional and Provincial Collaborative Structures: A Strategy for Effective Tobacco and Vapour Product Control” for information.

Report Highlights

- Regional and provincial coordination to support tobacco control efforts across Ontario began in 2006 as part of the government’s Smoke-Free Ontario Strategy.
- The funding model for this work regionally has evolved from 100% dedicated Ministry funding to pooled funding among partnering public health units.
- Public health units can share limited staff capacity and program resources, enhance efficiency, reduce duplication of efforts, and ensure consistency of public health interventions across Ontario through regional and provincial collaborative structures.

Background

In 2006, the Government of Ontario, as part of their Smoke-Free Ontario Strategy (SFOS), initiated the funding and operation of seven Tobacco Control Area Networks (TCANs), as pictured in [Appendix A](#). Under prescribed scopes and service agreements and 100% provincial funding, the Ministry of Health mandated public health units to form TCANs, or regional groupings of neighbouring public health units, to implement public health interventions to prevent the initiation of commercial tobacco use, to help people quit smoking, to protect people from the harms of second-hand smoke, and to enforce the *Smoke-free Ontario Act, 2017*. Following annual local, regional, and provincial workplans, TCANs worked in collaboration with Ministry-funded resource centres and non-governmental organizations (e.g., the Canadian Cancer Society, the Ontario Tobacco Research Unit, the Heart and Stroke Foundation, the Lung Health Foundation, etc.) to achieve shared program goals. With the emergence of vapour products in 2013 and subsequent legalization in 2017, TCANs expanded their mandate. In

2019, the provincially funded model for the SFOS was discontinued, and after two years of public health unit staff redeployment to support the COVID-19 response, the need for a new, collaborative structure was identified. In 2022, the Ontario Nicotine Dependence Structure (ONDS) was established.

Provincial and Regional Coordination through the ONDS

Under the leadership of the Joint TCAN Committee, which is comprised of public health unit staff representatives from the Middlesex-London Health Unit and the other five coordinating public health units, the ONDS creates a mechanism for collaborative public health resource development while maintaining local and regional flexibility. As described in [Appendix B](#), two Advisory Committees and a series of Project Teams, established in response to prioritized needs, serve as key mechanisms to facilitate communication and collaboration across Ontario public health units and non-governmental organizations. The Advisory Committees set priorities and determine activities based on situational assessments, member input, and relevant data. Resources developed provincially can be adapted and utilized at the local or regional level, based on identified program priorities, public health unit capacity, and community need. Public Health Ontario, along with the Canadian Cancer Society, the Lung Health Foundation, the Heart and Stroke Foundation, the Centre for Addiction and Mental Health, and the Ontario Medical Association offer expertise and support to the ONDS.

Regional Commitment to Collaborative Action

The Middlesex-London Health Unit (MLHU) serves as the coordinating public health unit for the Southwest TCAN, providing both administrative, strategic, and programmatic leadership across the region and the ONDS. Despite the discontinuation of 100% funding, the regional Southwest TCAN budget was incorporated into the MLHU Annual Service Plan under the cost-shared provincial/municipal funding model for 2019, and 2022-2024. Effective January 1, 2025, Southwest TCAN initiatives will be supported by pooled funding under a memorandum of understanding, with the six other public health units contributing their share of costs incurred. Despite these changes, public health units within the Southwest TCAN region and across Ontario remain committed, and see the benefit of working together, sharing staff capacity while contributing to the development, implementation, and evaluation of shared work plans.

Benefits of Provincial and Regional Collaboration

A provincial survey conducted in December 2024 gathered feedback from 91% of public health units. Survey results are summarized in an infographic ([Appendix C](#)). Notably, 96% of public health units agreed that the ONDS successfully met its objectives of reducing duplication and maximizing use and reach of limited resources through collaboration and networking. With dedicated public health staff resources for programmatic leadership and structure oversight, a similar model could be used for collaboration across other public health topic areas and programs.

This report was prepared by the Social Marketing and Health System Partnerships Team, within the Family and Community Health Division.



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



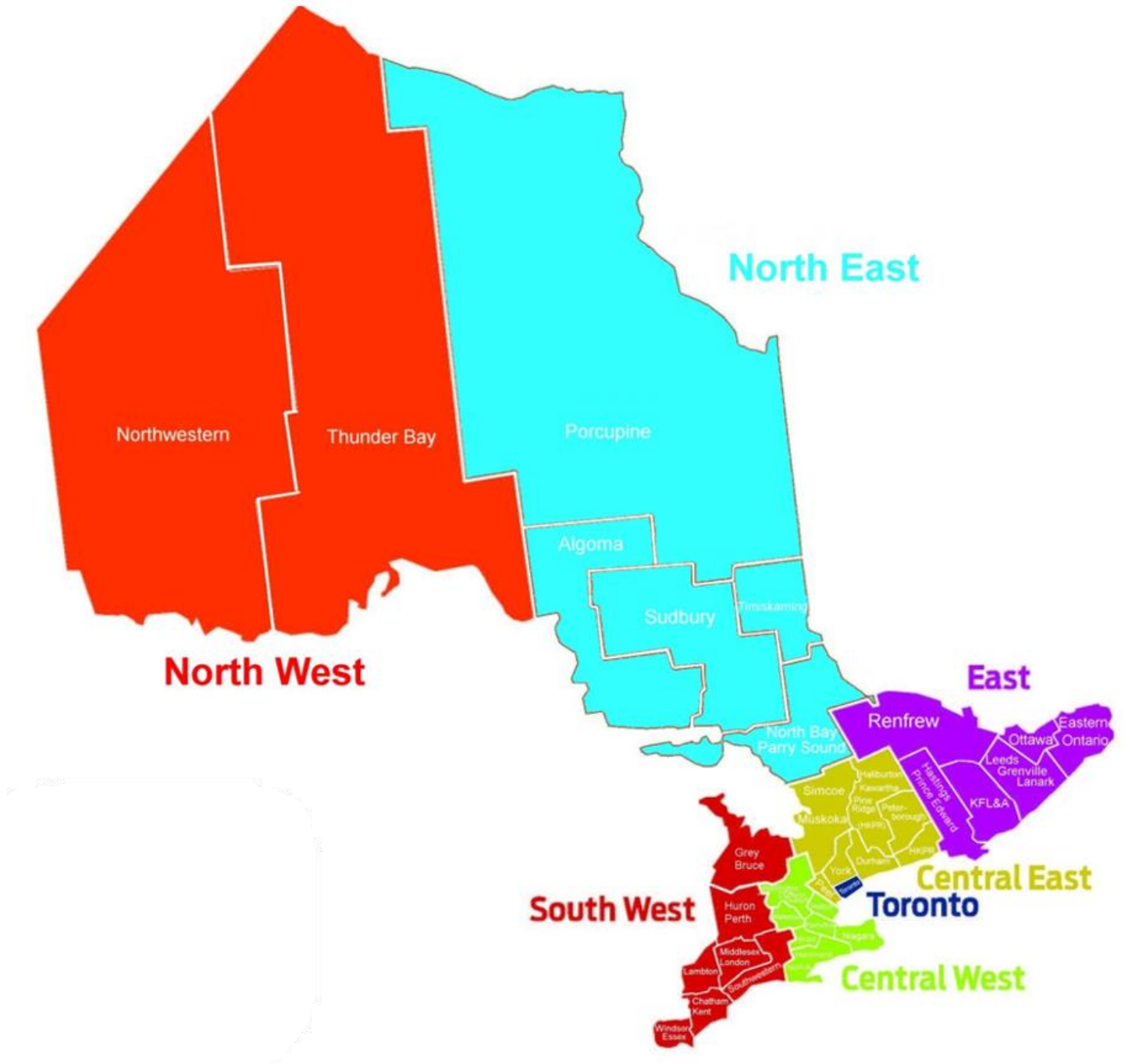
Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

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

- The Effective Public Health Practice Foundational Standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The Substance Use and Injury Prevention Standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The federal [Tobacco and Vaping Products Act](#) (S.C. 1997, c. 13).
- The provincial [Smoke-Free Ontario Act, 2017](#) (S.O. 2017, c. 26, Sched. 3).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Our public health programs are effective, grounded in evidence and equity.

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendation "Create Supportive Environments – ensure the use of culturally-respectful terminology".

Ontario Tobacco Control Area Networks



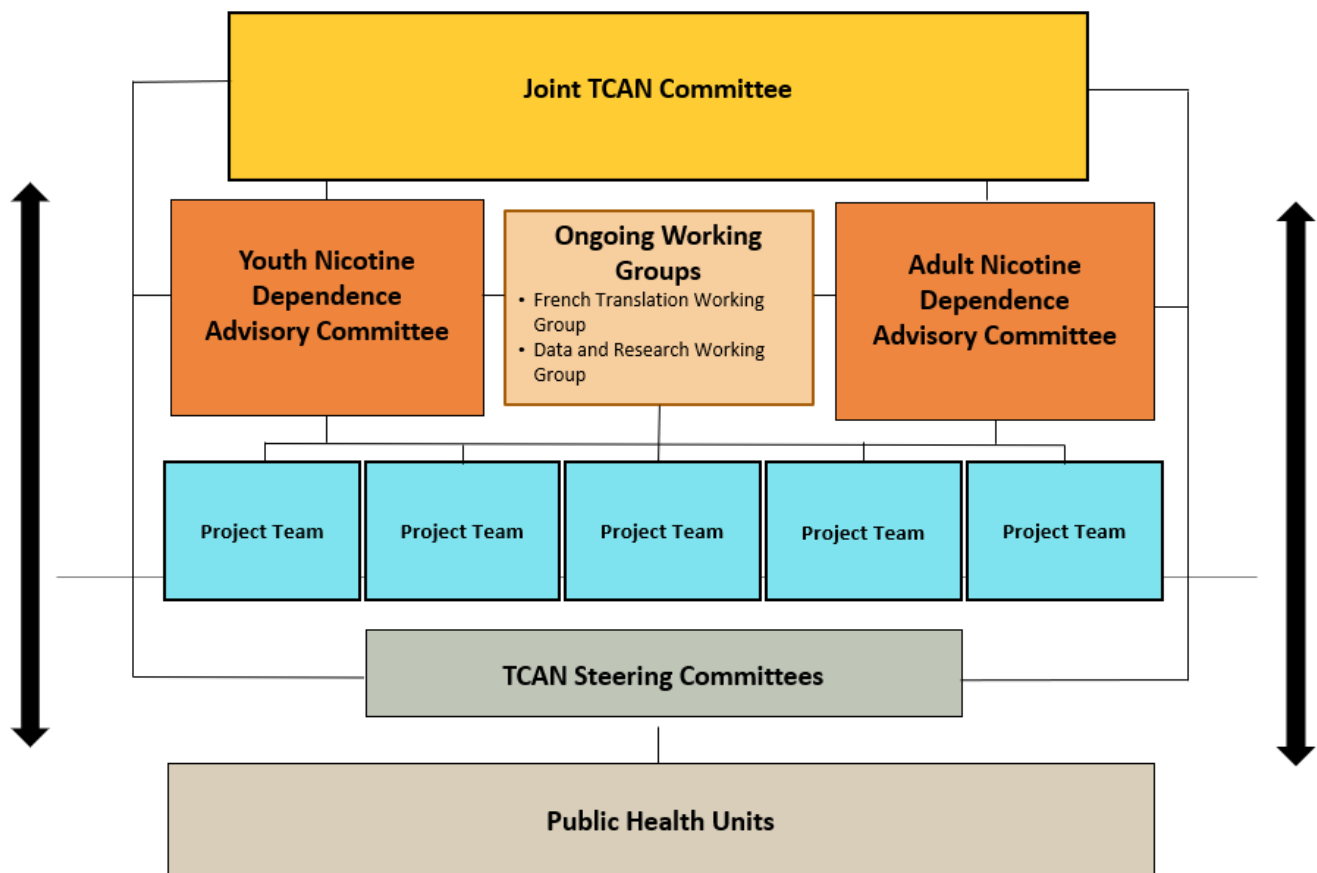
Provincial Collaborative Structure

Coordinating Public Health Units

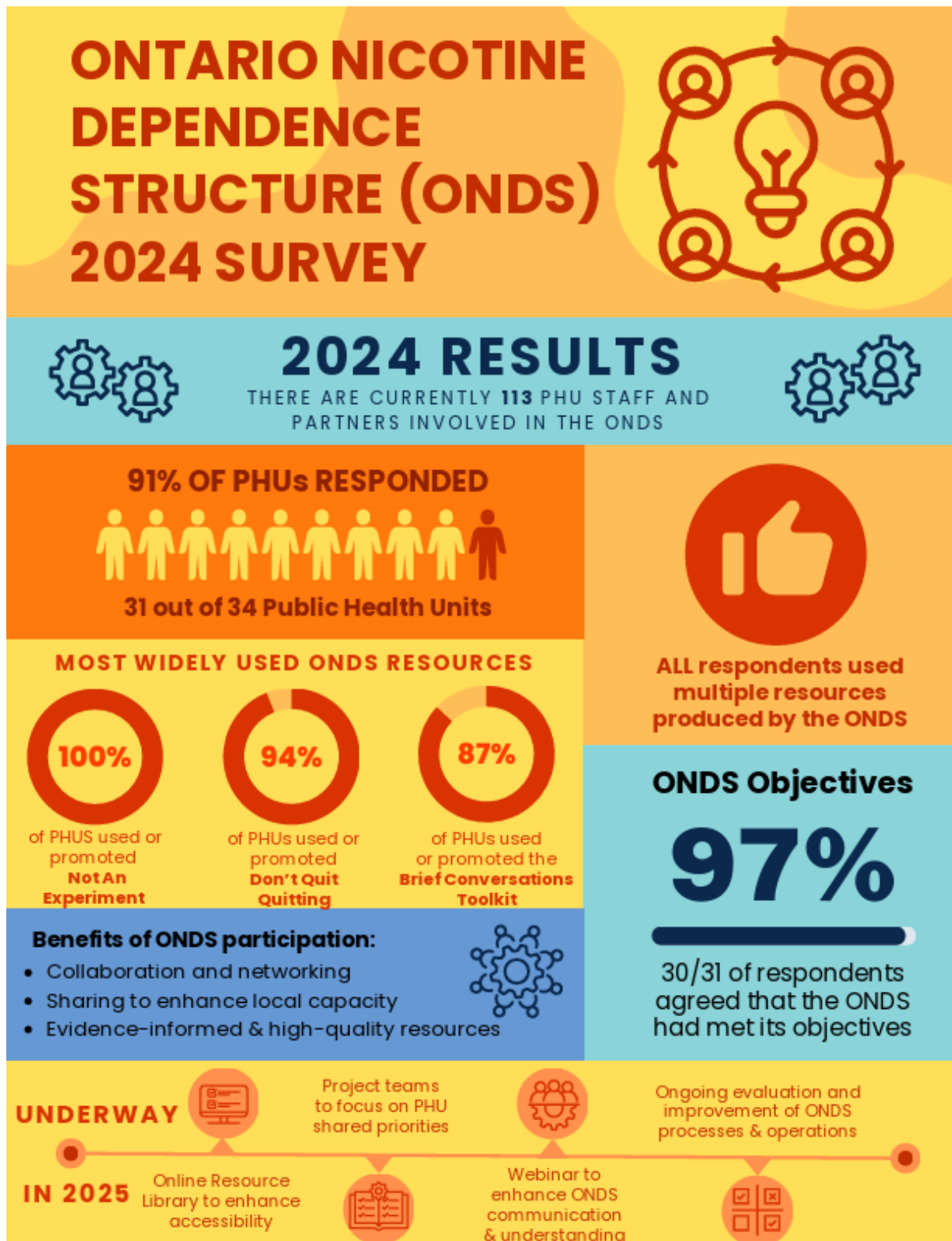
1. North West TCAN – **Thunder Bay District Health Unit**
2. North East TCAN – **Public Health Sudbury and District**
3. East TCAN – **South East Health Unit** (formerly Kingston, Frontenac and Lennox & Addington Public Health)
4. Central East TCAN – **Simcoe Muskoka District Health Unit**
5. Central West TCAN – **City of Hamilton Public Health Department**
6. Southwest TCAN – **Middlesex-London Health Unit**

Provincial Structure

Ontario Nicotine Dependence Structure



2024 ONDS Survey Results Infographic



MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 40-25

TO: Chair and Members of the Board of Health

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

DATE: 2025 May 22

MIDDLESEX-LONDON POPULATION HEALTH NEEDS AND PRIORITIES 2025

Recommendation

It is recommended that the Board of Health receive Report No. 40-25 re: "Middlesex-London Population Health Needs and Priorities 2025" for information.

Report Highlights

- Middlesex-London's population grew by 9.9% from 2016 to 2021, surpassing the provincial growth rate.
- Increased diversity in the region requires public health programs to be inclusive and designed to meet the unique needs of racialized communities and recent immigrants.
- There is a growing need for maternal and child health services due to an increase in live births, and particularly for newcomer families.
- The increases in homelessness, substance use harms, and violence require ongoing, strategic approaches with expanded services and resources to address both immediate needs and the long-term health consequences of these issues.
- Infectious disease cases and outbreaks substantially impact the region, underscoring the important role the Health Unit plays in infectious disease control. This is done through case follow up, outbreak investigation, and prevention by sustaining high vaccination coverage among school-aged children.

Background

Each year, public health units prepare an [Annual Service Plan](#) (ASP) for the Ministry of Health. This report highlights some of the current and emerging population health needs and priorities underpinning the Community Assessment of the 2025 MLHU ASP.

Community Needs and Priorities

Population growth and increasing diversity: The Middlesex-London region has undergone significant demographic growth and transformation. Between 2016 and 2021, the population increased by 9.9%, surpassing the provincial growth rate of 5.8%. As of July 1, 2024, the region's population is projected to have reached 579,471.

Alongside population growth, the region is becoming increasingly diverse. In 2021, 4.1% of residents were recent immigrants (up from 2.6% in 2016), and 24.7% of the population identified as racialized, a significant increase from 17.0% in 2016. The rapid growth and shifting demographic profile for Middlesex-London highlight the importance of adapting public health programs and services to meet the evolving needs of both a growing population and equity-deserving groups, particularly immigrants and racialized communities, who may experience disproportionate health disparities due to systemic barriers.

Increasing births and need for maternal-child services: In 2024, the region recorded the highest number of live births in a decade, with 5,072 births, and the corresponding local rate was significantly higher than the provincial rate in 2022 and 2023. From 2015 to 2023, the percentage of infants in Middlesex-London with a parent or their partner with a mental illness was significantly higher than across Ontario. Additionally, the *Healthy Baby Healthy Children* program works with many families in need of newcomer support, focusing on factors like being new to Canada, lack of social supports, and social isolation. Since 2015, the percentage of infants in Middlesex-London requiring this support has consistently been significantly higher than in Ontario, reaching about 10% in 2023. The increase in births, the impact of mental health concerns on families, and growing population of recent immigrants signals growing local demand for maternal and child health services.

Homelessness: A 2018 survey reported just over 400 individuals experiencing homelessness in the City of London, and recent estimates indicate this number has surged to 1,595 as of December 2024. This increase has prompted the City of London to launch a collaborative response plan involving over 70 agencies, including the Health Unit, to address homelessness and its associated health impacts.

Substance use harms: From 2017 to 2023, the rate of emergency department (ED) visits for opioid poisonings in the Middlesex-London region consistently exceeded those in Ontario. In 2022, the rates of methamphetamine toxicity deaths nearly tripled in Middlesex-London compared to 2019. The Health Unit plays a critical role in an ongoing comprehensive community approach along the four pillars of prevention, treatment, harm reduction, and enforcement.

Violence: From 2015 to 2023, the rates of assault-related ED visits in Middlesex-London was significantly higher than in Ontario. Further, in 2023, the local rate of ED visits for intimate partner violence (IPV) significantly exceeded the provincial rate. Violence, in all forms, is a widespread issue with profound health implications, particularly for women, transgender, and non-binary people. The Health Unit is one of several community agencies that has prioritized, albeit with limited resources, implementation of IPV and other violence prevention strategies.

Infectious diseases: Since the end of the global COVID-19 pandemic in May 2023, respiratory illness outbreaks in Middlesex-London institutions have surged. During the 2023-24 respiratory season, 183 respiratory outbreaks were confirmed in local institutions, which was more than double the pre-pandemic average of 76 outbreaks. As of early April 2025, more than 70 respiratory outbreaks had been reported, with more than four months remaining in the season. The Health Unit remains committed to working with institutions to limit and mitigate respiratory outbreaks and protect the most vulnerable in our hospitals, long-term care homes, and retirement homes.

At a community level, in 2024, routine monitoring enabled early identification and response to several significant infectious disease events, including clusters of chickenpox among post-secondary students and a large outbreak of Legionnaires' disease. This increased burden of infectious disease outbreaks has continued into 2025. As part of an Ontario-wide measles outbreak, 43 cases have been reported in the Middlesex-London region as of early May 2025. The Health Unit remains actively engaged in outbreak response, coordinating efforts across local sectors to contain transmission and protect vulnerable populations. These ongoing clusters and outbreaks highlight the unpredictable nature of infectious diseases and the critical role of rapid public health response.

The Health Unit follows up on individual infectious disease cases, including tuberculosis, invasive group A *streptococcus*, and syphilis. Between 2015 and 2024, the local number of reported infectious syphilis cases more than quadrupled. Further, congenital syphilis has reemerged as a public health concern across the province, and as of December 2024, the Health Unit was following nine local infants for possible development of congenital syphilis. A comprehensive STI strategy is now in place, to address all sexually transmitted infections, focusing on high-risk groups such as unhoused individuals and people who inject drugs.

Vaccination coverage among school-aged children: In 2022, 41,000 students in Middlesex-London schools were overdue for at least one vaccine required under the *Immunization of School Pupils Act* (ISPA); this number decreased to 17,500 by the 2023-24 school year. Coverage levels have returned to or surpassed pre-pandemic levels.

These are only a few of the existing and emerging population health needs that influence local public health planning and service delivery. To gain a more fulsome understanding of the population health profile of Middlesex-London, please visit the MLHU [Community Health Status Resource](#).

Moving Forward

The local demographic shifts have presented challenges in meeting the diverse needs of the community, especially for equity-deserving groups such as newcomers. To address these challenges, the Health Unit is adopting programs to be more inclusive and responsive to evolving community needs. The Health Unit will continue to adopt and adapt programs and services to meet local population health needs and priorities.

This report was written by the Population Health Assessment and Surveillance Team, in the Public Health Foundations Division.



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



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

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

- The Population Health Assessment and Health Equity Foundational Standards as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- Goals from the Client and Community Confidence and Program Excellence pillars within the [Middlesex-London Health Unit's Strategic Plan](#).

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendations involving Awareness and Education (TAFR).

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 41-25

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health

DATE: 2025 May 22

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR APRIL

Recommendation

It is recommended that the Board of Health receive Report No. 41-25 re: "Medical Officer of Health Activity Report for April" for information.

The following report highlights the activities of the Medical Officer of Health for the period of April 11 – May 8, 2025.

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:

Public Health Excellence— *These meetings reflect the MOH's work regarding public health threats and issues; population health measures; the use of health status data; evidence-informed decision making; and the delivery of mandated and locally needed public health services as measured by accountability indicators*

- | | |
|-----------------|---|
| April 16 | Attended an internal meeting with physicians providing services through the Middlesex-London Health Unit clinics. |
| April 23 | Participated in a call with Dr. Emil Prikryl, Ottawa Public Health, regarding housing. |
| April 28 | Participated in a call with representatives from the Ministry of Health regarding measles. |

- April 29** Attended an internal planning meeting for the Role Clarification Working Group of the Middlesex-London Health System Emergency Management Table.
- April 30** Attended the Anti-Black Racism Plan Advisory Committee meeting.
- May 2** Attended the Spring Rabies meeting, facilitated by the Ministry of Health.

Community Engagement, Partner Relations, and System Leadership – *These meeting(s) reflect the MOH's representation of the Health Unit in the community and engagement with local, provincial and national stakeholders both in health and community arenas, along with engagements with local media.*

- April 14** Participated in an internal meeting to discuss review of the 2025-2025 respiratory season.
- April 15** Attended a call facilitated by the Office of the Chief Medical Officer of Health.
- April 17** Participated in a debrief meeting for The Ontario Public Health Conference (TOPHC).
- April 22** With Board of Health Chair, Michael Steele, and Emily Williams, Chief Executive Officer, met with MPP Robert Flack.
- April 23** Attended the Engage Western event.
- April 24** Participated in the monthly Middlesex-London Ontario Health Team Coordinating Council meeting.
- April 28** Presented at the Geriatric Refresher Day on "Immunization and Older Adults, 2025 Update."
- Attended the monthly meeting of the Southwest Medical Officers of Health/Associate Medical Officer of Health.
- April 29** Participated in a planning meeting regarding the Whole of Community Response, Health and Homelessness Strategy and Accountability Table.
- April 30** With Board of Health Chair, Michael Steele, and Emily Williams, Chief Executive Officer, attended a meeting with City of London Mayor Josh Morgan and City of London Budget Chair, Counsellor Elizabeth Peloza.
- Attended the Ontario Medical Association President's dinner.
- May 1** Presented at the Ontario Medical Association's Annual General Meeting on "The Public Health System in Ontario."
- May 5** Interview with Pauline Chan, CTV Toronto, regarding measles.

- May 6** Attended the Middlesex-London Ontario Health Team Governance sub-committee meeting.
- May 8** Attended and provided opening remarks at the second planning meeting regarding the Whole of Community Response, Health and Homelessness Strategy and Accountability Table.

Employee Engagement and Teaching – *These meeting(s) reflect on how the MOH creates a positive work environment, engages with employees, and supports employee education, leadership development, mentorship, graduate student teaching, medical students or resident teaching activities.*

- April 11** Participated as an examiner for Public Health and Preventive Medicine exams.
- April 15** Co-chaired a Senior Leadership Committee planning meeting.
- May 7** Chaired a planning meeting for the Office of the Medical Officer of Health division.

Organizational Excellence – *These meeting(s) reflect on how the MOH is ensuring the optimal performance of the organization, including prudent management of human and financial resources, effective business processes, responsive risk management and good governance.*

- April 17** Attended the April Board of Health Agenda Review and Executive meeting.
- April 23** Attended the monthly touch base meeting with the Board of Health Chair.

Attended an internal meeting to discuss a process for health promotion prioritization.
- April 24** Participated in a Strategic Plan Development Steering Committee meeting.
- May 6** Attended the monthly Management Operating System/Intervention Description and Indicator Development Steering Committee meeting.

This report was prepared by the Medical Officer of Health.



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

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

- The Good Governance and Management Practices Domain as outlined in the [*Ontario Public Health Standards: Requirements for Programs, Services and Accountability*](#).

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

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 42-25

TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer

DATE: 2025 May 22

CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR APRIL

Recommendation

It is recommended that the Board of Health receive Report No. 42-25 re: "Chief Executive Officer Activity Report for April" for information.

The following report highlights the activities of the Chief Executive Officer (CEO) for the period of April 11 – May 8, 2025.

Standing meetings include weekly Corporate Services leadership team meetings, Senior Leadership Committee meetings, MLHU Leadership Team meetings, Virtual Staff Town Hall meetings, monthly check ins with the Director, Public Health Foundations, and weekly check ins with the Corporate Services leaders and the Medical Officer of Health.

The Chief Executive Officer also attended the following meetings:

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

- | | |
|-----------------|--|
| April 17 | With the Associate Director of Operations & Privacy Officer, met with the Middlesex County for a MLHU Financial Update and Introduction meeting. |
| | With the Associate Director of Operations & Privacy Officer, met with the City of London for a MLHU Financial Update and Introduction meeting. |
| April 22 | With Board of Health Chair and the Medical Officer of Health, met with MPP Robert Flack. |
| April 25 | With Board of Health Chair and the Associate Medical Officer of Health, met with MPPs Terence Kernahan, Peggy Sattler and Teresa Armstrong. |
| April 30 | With Board of Health Chair and the Medical Officer of Health, attended a meeting with City of London Mayor Josh Morgan and City of London Budget Chair, Counsellor Elizabeth Peloza. |

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

- April 14** Participated in preparatory union negotiations meeting with the MLHU ONA Management Committee.
- Participated in a joint CUPE Pre-Bargaining meeting with the MLHU CUPE Management Committee and the CUPE Staff Committee.
- April 15** With the Medical Officer of Health, co-chaired a Senior Leadership Committee planning meeting.
- April 16** Participated in interview selection for a new Executive Assistant to enhance administrative capacity and support an engaged, well-aligned leadership environment.
- April 23,28,29** As part of the MLHU Management Committee, participated in negotiations with the Ontario Nurses' Association to align human resource practices with legislative requirements, funding constraints, and strategic priorities.
- April 30** Participated in a preparatory union negotiations meeting with the CUPE MLHU Management Committee
- May 5,6,7,8** As part of the MLHU Management Committee, participated in negotiations with CUPE (Canadian Union of Public Employees) to align human resource practices with legislative requirements, funding constraints, and strategic priorities.

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

- April 17** With the Board Chair, Vice Chair, and Medical Officer of Health, attended the April Board of Health Agenda Review and Executive Meeting.
- April 24** Attended the April Board of Health meeting.
- April 25** Met with the Board Chair for a monthly touch base meeting.
- May 1** Attended the Ministry of Health Public Health Funding Update.

Personal and Professional Development – *This area reflects on how the CEO is conducting their own personal and professional development.*

- April 15** As part of the CEO's Executive membership of the Association of Public Health Business Administrator's (AOPHBA), attended a meeting to discuss annual conference planning.

This report was prepared by the Chief Executive Officer.



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

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

- The Good Governance and Management Practices Domain as outlined in the [*Ontario Public Health Standards: Requirements for Programs, Services and Accountability*](#).

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

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 43-25

TO: Members of the Board of Health

FROM: Mike Steele, 2025 Board of Health Chair
Michelle Smibert, 2025 Board of Health Vice-Chair

DATE: 2025 May 22

**BOARD OF HEALTH CHAIR AND VICE-CHAIR ACTIVITY REPORT
FOR MARCH AND APRIL**

Recommendation

It is recommended that the Board of Health receive Report No. 43-25 re: "Board of Health Chair and Vice-Chair Activity Report for March and April" for information.

The following report highlights activities of the Middlesex-London Health Unit's Board of Health Chair and Vice-Chair for the period of March 7 – May 8, 2025.

The 2025 Board Chair and Vice-Chair are Mike Steele and Michelle Smibert.

Categories for the Board Chair's Activity Report are outlined in Governance Policy G-270 - Roles and Responsibilities of Individual Board Members, Appendix B (Chair and Vice-Chair Responsibilities).

Leadership - *Guides and directs Board processes, centering the work of the Board on the organization's mission, vision and strategic direction*

April 1	The Board Chair attended a Strategic Planning Steering Committee meeting
April 9	The Board Chair attended the Canadian Public Health Week Celebration at the Middlesex-London Health Unit's office
April 22	With the Chief Executive Officer and the Medical Officer of Health, the Board Chair met with Minister of Municipal Affairs and Housing/Member of Provincial Parliament for Elgin-Middlesex-London, Rob Flack to discuss public health funding

- April 24** The Board Chair attended a Strategic Planning Steering Committee meeting
- April 25** With the Chief Executive Officer and the Associate Medical Officer of Health, the Board Chair met with London area Members of Provincial Parliament (MPPs Kernaghan, Sattler and Armstrong) to discuss public health funding
- April 30** With the Chief Executive Officer and the Medical Officer of Health, the Board Chair met with Mayor (of the City of London) Josh Morgan and Budget Chair/Councillor Elizabeth Pelosa to discuss the MLHU budget
- With Finance and Facilities Committee Chair/Board Member Selomon Menghsha, attended the MLHU Anti Black Racism Advisory Committee meeting
- May 6** The Board Chair attended a Board of Health Section Meeting (hosted by the Association of Local Public Health Agencies) to vote for a Board of Health Section member for the alPHa Board of Directors

Agendas - *Establishes agendas for Board meetings, in collaboration with the Medical Officer of Health (MOH) and Chief Executive Officer (CEO).*

- March 12** Participated in the monthly agenda review meeting with the Medical Officer of Health, Chief Executive Officer and Executive Assistant
- April 17** Participated in the monthly agenda review meeting with the Medical Officer of Health, Chief Executive Officer and Executive Assistant

Meeting Management - *Presides over Board meetings in a manner that encourages participation and information sharing while moving the Board toward timely closure and prudent decision-making*

- March 20** The Board Chair presided over the March Board of Health meeting
- April 24** The Board Chair presided over the April Board of Health meeting

MOH and CEO Relationship - *Serves as the Board's central point of official communication with the MOH and CEO. Develops a positive, collaborative relationship with the MOH and CEO, including acting as a sounding Board for the MOH and CEO on emerging issues and alternative courses of action. Stays up to date about the organization and determines when an issue needs to be brought to the attention of the full Board or a committee*

March 12	The Board Chair and Vice-Chair participated in the monthly executive meeting with the Medical Officer of Health and Chief Executive Officer
March 17	The Board Chair participated in a meeting with the Medical Officer of Health and Chief Executive Officer
March 19	Monthly meeting between the Medical Officer of Health and Board Chair
March 25	Monthly meeting between the Chief Executive Officer and Board Chair Monthly meeting between the Executive Assistant and Board Chair
April 4	The Board Chair participated in a meeting with the Chief Executive Officer
April 17	The Board Chair and Vice-Chair participated in the monthly executive meeting with the Medical Officer of Health and Chief Executive Officer
April 22	Monthly meeting between the Executive Assistant and Board Chair
April 23	Monthly meeting between the Medical Officer of Health and Board Chair

Committee Attendance - *Serves as ex-officio voting members of all committees*

March 20	The Board Chair and Vice-Chair participated in the Finance and Facilities Committee meeting
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This report was jointly prepared by the 2025 Board of Health Chair and 2025 Vice-Chair.



Michael Steele
Board of Health Chair



Michelle Smibert
Board of Health Vice-Chair

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

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

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

April 28, 2025

Emily Williams, CEO
Dr. Alexander Summers, Medical Officer of Health
Middlesex-London Health Unit
110-355 Wellington St. (Citi Plaza)
London, ON N6A 3N7

via email: Emily.Williams@mlhu.on.ca & Alexander.Summers@mlhu.on.ca

RE: Joint Advocacy Support for Public Health Funding

Please be advised that Middlesex County Council at its meeting held Tuesday, April 22, 2025, passed the following resolution:

THAT Middlesex County Council receive the County/City Liaison Committee (CCLC) Summary Report for information;

AND THAT Middlesex County Council continue to support a joint advocacy approach to sustainable public health funding in partnership with Middlesex-London Health Unit and the City of London;

AND THAT Middlesex County Council endorse the engagement and advocacy framework for regional infrastructure collaboration as outlined within this report.

Should you require any additional information, please do not hesitate to contact the undersigned.

Regards,

A handwritten signature in black ink that reads "M. Ivanic".

Marci Ivanic
Manager of Legislative Services / County Clerk

cc: Carolynne.Gabriel@mlhu.on.ca

Stephanie.Egelton@mlhu.on.ca

tsutton@london.ca

Middlesex-London Board of Health External Landscape Review – May 2025

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

Ontario



Health minister, premier defend Ontario's response to worsening measles outbreak

Measles continues to spread in Ontario, with criticism being held against the Province of Ontario's management of the measles virus on May 7.

Liberal health critic Dr. Adil Shamji, an emergency room physician, said he was flabbergasted by Jones's comments. "It is inexplicable to me, absolutely inexplicable to me that the Minister of Health could stand at a press conference this morning and say that the government's measles response is working," he said.

The government needs to significantly increase its public education on the problem, he added.

"I have always found that patients, when given the right tools, the right information and the right recommendation, ultimately do the right thing," he said.

In a statement, NDP Leader Marit Stiles said the province is failing in its effort to contain the virus.

"Mother's Day is coming this weekend, and families are worried about accidental exposure for vulnerable kids and loved ones. But in the face of the worst outbreak in decades, the government's approach is clearly not working," Stiles said.

To read the full news article, please visit CBC's [website](#).

Canada could lose its measles elimination status if spread lingers, PHAC advisor says



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Dr. Marina Salvadori, a Pediatrics and Infectious Disease physician advisor to the Public Health Agency of Canada warned of the possibility on May 8 as cases in Ontario grew by nearly 200 infections, adding that would only occur if prolonged spread continued beyond mid-October 2025. Measles elimination is the absence of continuous disease transmission for 12 months or more in a geographic area. Canada achieved that status in 1998.

"That could happen. But I think that when people hear 'lose elimination status,' they have a lot of fear that measles will re-establish itself again and be common, and we will all be exposed to it through the next decades," said Salvadori, noting it does not have to mean measles is here to stay.

To read the full news article, please visit The Canadian Press' [website](#).

Impact to MLHU Board of Health

Through the leadership of the Medical Officer of Health and Associate Medical Officer of Health, the Board of Health continues to monitor the measles activity in the region. As of May 6, there have been 34 confirmed cases of measles in the Middlesex-London region.

**'The way of the future': WDG Public health leading the way in AI adoption**

The Board of Health for Wellington-Dufferin-Guelph were presented with a [report at their May 7 meeting](#) on ways that artificial intelligence (AI) is being used locally in their public health unit.

The report noted five (5) innovations that the health unit is using AI for:

- AI-Powered Vaccine Record Processing System
- GitHub Copilot for Code Development for productivity
- AI Voicemail Processing for Client and Community Support
- AI Processing of Reportable Disease Lab Results
- ISPA Notification and Measles Risk Letters

At this time, WDG are the only public health unit in Ontario using AI to this extent within their operations.

To read the full news article, please visit Guelph Today's [website](#) and to Wellington-Dufferin-Guelph's Board of Health report, please visit WDG's [website](#).

Impact to MLHU Board of Health

At this time, the Middlesex-London Health Unit is exploring different ways of using artificial intelligence (AI). A pilot of an AI product from Telus is planned, with selection of teams to trial the software underway. The Board of Health will continue to be updated on the use of AI within the organization as trends increase.

National, Provincial and Local Public Health Advocacy**Ontario Taking Next Steps to Protect Primary Care**

On May 7, the Ontario government introduced the *Primary Care Act, 2025*. This legislation, if passed, will make Ontario the first Canadian jurisdiction to establish a framework for its publicly funded primary care system so that people in Ontario know what they can expect when accessing primary care services. This legislation is part of the government's Primary Care Action Plan (lead by Dr. Jane Philpott), which will connect two million more people to publicly funded primary care in the next four years.



The *Primary Care Act, 2025* sets out six clear objectives for Ontario's publicly funded primary care system which will ensure people know what they can expect when connecting to primary care:

- **Province-wide:** *Every person across the province should have the opportunity to have ongoing access to a primary care clinician or team.*
- **Connected:** *Every person should have the opportunity to receive primary care that is coordinated with existing health and social services.*
- **Convenient:** *Every person should have access to timely primary care.*
- **Inclusive:** *Every person should have the opportunity to receive primary care that is free from barriers and free from discrimination.*
- **Empowered:** *Every person should have the opportunity to access their personal health information through a digitally integrated system that connects patients and clinicians in the circle of care.*
- **Responsive:** *The primary care system should respond to the needs of the communities it serves and everyone should have access to information about how the system is performing and adapting.*

To read the full media release, please visit the Ontario Government's [newsroom](#).

Impact to MLHU Board of Health

The Board of Health, the MOH and CEO look forward to reviewing the plans for primary care development in Ontario, specifically in Middlesex-London if the proposed legislation is passed in the Legislature. Many clients of the MLHU do not have access to a primary care physician, and health outcomes may be improved for these clients with regular access to primary care.