

**AGENDA  
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, November 10, 2022, 7:00 p.m.  
MLHU Board Room – CitiPlaza  
355 Wellington Street, London ON

**MISSION - MIDDLESEX-LONDON HEALTH UNIT**

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

**MEMBERS OF THE BOARD OF HEALTH**

Ms. Maureen Cassidy  
Ms. Aina DeViet  
Mr. John Brennan  
Ms. Kelly Elliott  
Ms. Mariam Hamou  
Mr. Matt Reid  
Mr. Mike Steele  
Ms. Tino Kasi  
Mr. Selomon Menghsha  
Dr. Alexander Summers (Medical Officer of Health, ex-officio member)  
Ms. Emily Williams (Chief Executive Officer, ex-officio member)

**SECRETARY**

Ms. Emily Williams

**TREASURER**

Ms. Emily Williams

**DISCLOSURE OF CONFLICTS OF INTEREST**

**APPROVAL OF AGENDA**

**MINUTES**

Approve: October 20, 2022 – Board of Health meeting

Receive: November 3, 2022 – Finance and Facilities Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
<b>Reports and Agenda Items</b>						
1	X	X	X	Recognition of Departing Board of Health Members (Verbal)		To recognize and thank departing Board of Health members.  Lead: Chair Matt Reid
2	X	X	X	Governance Committee Meeting – November 10, 2022 (Verbal)	<a href="#">November 10, 2022 Agenda</a>	To provide an update from the November 10, 2022 Governance Committee meeting.  Lead: Chair Aina DeViet
3			X	Food Safety Program Update (Emerging Trends) (Report No. 64-22)		To provide an update on the Food Safety Program, including emerging trends and challenges.  Lead: Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Disease and Mr. David Pavletic, Manager, Food Safety and Healthy Environments
4	X		X	Current Public Health Issues Update (Verbal)		To provide an update on current public health issues in the Middlesex-London region.  Lead: Dr. Alexander Summers, Medical Officer of Health
5.			X	Medical Officer of Health Activity Report for October (Report No. 65-22)		To provide an update on external and internal meetings attended by the Medical Officer of Health since the last Board of Health meeting.  Lead: Dr. Alexander Summers, Medical Officer of Health

6			X	Chief Executive Officer Activity Report for October (Report No. 66-22)		To provide an update on external and internal meetings attended by the Chief Executive Officer since the last Board of Health meeting.  Lead: Ms. Emily Williams, Chief Executive Officer
7				Finance & Facilities Committee Meeting – November 3, 2022 (Report No. 67-22)	<a href="#">November 3, 2022 Agenda</a>	To provide an update from the November 3, 2022 Finance and Facilities Committee meeting.  Lead: Chair Michael Steele
<b>Correspondence</b>						
8		X	X	November 2022 Correspondence		Endorse item a) and receive items b) and c).

## OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, December 15 at 6:00 p.m.

## CONFIDENTIAL

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

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

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

## **ADJOURNMENT**



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

Thursday, October 20, 2022, 7:00 p.m.  
Microsoft Teams

---

**MEMBERS PRESENT:**

Mr. Matt Reid (Chair)  
Ms. Kelly Elliott (Vice-Chair)  
Mr. John Brennan  
Mr. Selomon Menghsha  
Ms. Maureen Cassidy  
Ms. Aina DeViet  
Mr. Michael Steele  
Ms. Tino Kasi

**REGRETS:**

Ms. Mariam Hamou

**OTHERS PRESENT:**

Ms. Carolynne Gabriel, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)  
Dr. Alexander Summers, Medical Officer of Health  
Dr. Karalyn Dueck, Acting Associate Medical Officer of Health  
Ms. Emily Williams, Chief Executive Officer  
Ms. Maureen MacCormick, Director, Healthy Living  
Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Disease  
Ms. Jennifer Proulx, Acting Director, Healthy Start/Chief Nursing Officer  
Mr. David Jansseune, Assistant Director, Finance  
Ms. Ronda Manning, Manager, Early Years Community Health Promotion  
Mr. Darrell Jutzi, Manager, Child Health  
Mr. Jordan Banninga, Manager, Infectious Disease Control  
Ms. Cynthia Bos, Manager, Human Resources  
Mr. Dan Flaherty, Manager, Communications  
Ms. Laura Dueck, Public Health Nurse  
Ms. Deneen Langis, Human Resources Coordinator  
Mr. Alex Tysl, Online Communications Coordinator  
Ms. Sejal Shah, Information Technology, Desktop and Applications Analyst

Chair Matt Reid called the meeting to order at **7:00 p.m.**

**DISCLOSURE OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by **Mr. Michael Steele, seconded by Ms. Aina DeViet**, *that the AGENDA for the October 20, 2022 Board of Health meeting be approved.*

Carried

### **APPROVAL OF MINUTES**

It was moved by **Ms. Maureen Cassidy, seconded by Mr. Selomon Menghsha**, that the Board of Health approve the **MINUTES** of the September 15, 2022 Board of Health meeting.

Carried

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

- 1) **MINUTES** of the September 15, 2022 Governance Committee meeting;
- 2) **MINUTES** of the September 28, 2022 Performance Appraisal Committee meeting; and
- 3) **MINUTES** of the October 6, 2022 Finance and Facilities Committee meeting.

Carried

### **REPORTS AND AGENDA ITEMS**

#### **Finance & Facilities Committee Meeting – October 6, 2022 (Report No. 57-22)**

This report was introduced by Mr. Michael Steele, Chair of the Finance and Facilities Committee who indicated that two reports were considered.

Mr. Steele introduced Mr. David Jansseune, Assistant Director, Finance, to present upon the first report considered, MLHU2 Financial Statements, Fiscal 2022 from April 1, 2021 to March 31, 2022. Mr. Jansseune shared Appendix A to Report No. 15-22FFC, Consolidated Financial Statements of Middlesex-London Health Unit March 31<sup>st</sup> Programs and Independent Auditors' Report thereon, Year ended March 31, 2022.

Highlights of the presentation included:

- The five programs itemized in the financial statements are 100% funded and have a fiscal year from April 1 to March 31. The funders include the Ministry of Children, Community & Social Services, the Public Health Agency of Canada, and Public Health Ontario.
- The consolidated statement of financial position has seen little change between 2020-2021 and 2021-2022.
- The Shared Library Services Partnership ran a deficit of approximately \$6,000, spent on program resources.
- The five programs represent approximately \$2,900,000 of the Health Unit's total operating budget of \$65,300,000. The majority of costs are related to staffing.
- The amounts owing to the funders decreased from \$41,683 (2021) to \$35,676 (2022).

It was moved by **Mr. Steele, seconded by Ms. Cassidy**, that the Board of Health approve the audited Financial Statements of Middlesex-London Health Unit for programs ended March 31, 2022.

Carried

The second report considered was Proposed 2023 Budget Planning Process (Report No. 16-22FFC). Mr. Steele introduced Ms. Emily Williams, Chief Executive Officer who shared a PowerPoint presentation providing an overview of the proposed 2023 budget process.

Ms. Williams noted that the 2023 budget process is being adjusted at MLHU due to the continued uncertainty around COVID-19 requirements, a lack of visibility on 2023 base funding, and significant inflationary pressures. Due to this context, the previous process of PBMA will no longer be sufficient and instead, a strategic review of programs and a modified zero-based budgeting process is being proposed.

Funding assumptions being used for budgeting for 2023 include:

- Funding will be flat to 2022 levels, with MLHU covering all inflationary pressures and with Ministry funding information to be available in January 2023.
- Mitigation funding will be continued for 2023.
- COVID-19 expenses remain as a separate “extraordinary expense” with funding confirmed for 2023 on September 29, 2022.

Ms. Williams noted that the Health Unit is facing two inflationary pressures, \$596,000 for salaries, benefits, and step increases and \$300,000 for corporate expenses, totaling \$896,000. Additional budgetary pressures include a plan to reduce gapping to 2021 levels, resulting in an additional pressure of \$330,000, and a plan to increase payment of the variable portion of the bank loan, from \$75,000 to \$200,000 in 2023. The payment of the variable portion of the bank loan would only occur if there were surplus operating dollars at year end. These total inflationary pressures result in a total organizational target of \$1,200,000.

Ms. Williams summarized the proposed budget planning process for 2023 which includes the use of zero-based budgeting of general expenses and program reviews using one of two frameworks: Public Health Program Pyramid or Critical Business Infrastructure, depending upon the program being reviewed.

Highlights of zero-based budgeting include:

- The exclusion of COVID-19 funds.
- Keeping 100% funded programs at 2022 levels.
- Finance providing allocations based on a four-year history of actuals.
- Senior Leadership providing rationale for any increase to the Senior Leadership Team (SLT) for approval.

Dr. Alexander Summers, Medical Officer of Health provided an overview of the Public Health Program Pyramid framework:

- The objective of the framework is to provide an approach for SLT and the Board of Health to review and understand the programs being provided by the Health Unit and assist with prioritization of the programs, within the context of resource constraints.
- The pyramid has different levels with the levels closer to the bottom being prioritized.
- The bottom level is “Critical (preserved),” which contains mandatory programs which are clearly defined in the *Health Protection and Promotion Act* (HPPA) or *Ontario Public Health Standards* (OPHS) and which align with the Health Unit’s core understanding of the role of public health units. These are the programs which are maintained during office closures or public health emergencies.
- The next level is “Essential (maintained),” which contains programs which are aligned with the OPHS or are legislated under the HPPA and are considered a part of organizational strategy and effective interventions.
- The third level is “Aspirational (reviewed),” which contains programs which are optional that could fill a need in the community, but which are not mandated or under the core understanding of public health work.
- The top level is “Legacy (disinvested),” which contains programs which have been moved into different sectors or are no longer deemed impactful. MLHU does not have many legacy programs remaining.

Dr. Summers commented that the vast majority of the work currently done by MLHU fits within the Critical and Essential levels; however, within the context of budgetary pressures, leadership must consider the “opportunity costs” of providing one program instead of another. He also commented that attention will be given to the resources necessary to provide a program with the intensity required to yield impactful outcomes.

Ms. Williams provided an overview of the Critical Business Infrastructure framework which will inform decisions regarding corporate services. Components of the framework include:

- Cross organizational services that impact all staff, support all divisions equally, and provide consultative or problem-solving services to other parts of the organization.
- Support legislated requirements.
- Provide business continuity or critical infrastructure that includes support to emergency response and ensures the protection of the organization's assets.
- Support external stakeholders; provide information and support stakeholder relations.

Next steps include obtaining Board of Health approval, engaging with staff, notifying union partners, presenting at staff town hall, and following up with divisions.

Chair Reid commented that the Board of Health appreciates Senior Leadership looking for savings, but that at some point the Board will need to go to the funders of the Health Unit and ask for additional funds in order for the Health Unit to continue delivering its mandate.

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

- 1) *Approve the revised budget planning process for 2023 outlined herein;*
- 2) *Approve the modified zero-base budgeting approach to General Expenses; and*
- 3) *Receive the Public Health Program Pyramid and Critical Business Infrastructure frameworks outlined in Appendix A and Appendix B to Report No 16-22FFC for information.*

Carried

#### **Performance Appraisal Committee Meeting – September 28, 2022 (Verbal Update)**

This report was introduced by Ms. Cassidy, Chair, Performance Appraisal Committee. Ms. Cassidy noted that the majority of the work of the committee is confidential and cannot be updated in public, but that the committee is on track to complete the performance appraisal process by early November 2022.

It was moved by **Ms. Cassidy, seconded by Mr. Menghsha**, *that the Board of Health receive the verbal report, re: "Performance Appraisal Committee Meeting – September 28, 2022" for information.*

Carried

#### **Baby-Friendly Initiative Update (Report No. 58-22)**

This report was introduced by Ms. Jennifer Proulx, Acting Director, Healthy Start/Chief Nursing Officer who introduced Ms. Ronda Manning, Manager, Early Years Community Health Promotion Team, and Ms. Laura Dueck, Public Health Nurse.

Ms. Dueck shared a PowerPoint presentation.

Highlights of this report include:

- In 2011, the Ontario government made obtaining Baby-Friendly Initiative (BFI) designation an accountability indicator for public health units. In 2015, MLHU received its BFI designation.
- In 2020, as MLHU's designation came up for renewal, the organization decided not to renew as designation is no longer an accountability indicator.
- MLHU continues its commitment to maintaining best practices in infant feeding, operationalized through a Baby-Friendly Practice Lead and a Baby-Friendly Practices Committee within the Healthy Start division. The Committee is focusing internally and revising the Baby-Friendly Policy, reviewing related policies and guidelines, revising new staff learning modules, supporting best practices through staff education and resource review, and continuing surveillance of infant feeding practices within the community to support program planning.
- Policy 2-070 Baby Friendly Policy was updated due to revised guidance documents from the World Health Organization and the Breastfeeding Committee for Canada and included a shift in the



organization of the “ten steps to successful breastfeeding,” edits to clinical practices, use of more inclusive language to reflect the diverse nature of individuals having and feeding babies, and updating responsibilities within the policy to align with recent organizational restructuring.

- Recent external activities have included promoting Canadian Breastfeeding Week (October 1 to 7) and holding “Baby-Friendly” workshops with community healthcare partners, with additional workshops planned for 2023.

It was moved by **Ms. Cassidy, seconded by Ms. Kelly Elliott**, that the Board of Health receive Report No. 58-22, re: “Baby-Friendly Initiative Update,” for information.

Carried

### **Healthy Relationships Plus Program (Report No. 59-22)**

This report was introduced by Ms. Maureen MacCormick, Director, Healthy Living who introduced Mr. Darrell Jutzi, Manager, Child Health Team.

Highlights of this report include:

- The Child Health Team (CHT) implements a proportionate universalism approach when working with schools, which results in school communities most at risk for increased health inequities and negative health outcomes receiving a more intense level of service. The Ministry of Education’s Education Opportunities Index is used to categorize schools as Priority or Universal.
- Public Health Nurses (PHNs) assigned to priority schools serve approximately seven schools each and provide intensive programs and services, for example frequent school visits, comprehensive school health assessments and plans, class or small group facilitation and training, and engaging with students, families, and school staff.
- PHNs assigned to universal schools provide support through a centralized model which includes offering high-level planning and consultation with school administration and staff, providing communication support for all schools, participating in community partnerships, engaging in local policy development and community-level assessment, and supporting service evaluation and continuous quality improvement with school health programs and services.
- Early adolescence (grades six to eight) is an important developmental period with peer and dating relationships becoming very important influences. It is also a time when many mental health challenges and health-compromising behaviours emerge.
- The Healthy Relationships Plus Program will be offered in elementary schools through an ongoing collaboration with Southwestern Public Health, the Thames Valley District School Board, and the London District Catholic School Board.
- The Healthy Relationships Plus Program is an evidence-informed small groups program developed at Western University and designed to promote healthy relationships, increase positive mental health, target unhealthy substance use, and promote skills and protective factors. It is a universal, competency enhancement program focusing on prevention, rather than treatment, and involves all adolescents in the class rather than just those in whom concerns are identified. This approach develops the capacities and resiliency all youth require to be well adjusted and succeed in school.
- The format includes short games and activities that allow the students to practice skills and role play effective responses to everyday situations. As the session progress, information will be sent to parents/caregivers to assist with facilitating practice at home.
- MLHU’s school health approach is being recognized across the province and other health units are seeking to adapt it.

Chair Reid inquired how many schools are considered priority schools. Mr. Jutzi indicated that of the 150 elementary schools in the Middlesex-London region, approximately 70 are considered priority schools based on provincial data. This is a fairly high proportion compared to neighbouring communities.

It was moved by **Ms. DeViet, seconded by Ms. Elliott**, that the Board of Health receive Report No. 59-22, re: "Healthy Relationships Plus Program," for information.

Carried

**2021-2022 Influenza Season in Middlesex-London and 2022-2023 Influenza Vaccine Distribution (Report No. 60-22)**

This report was introduced by Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Disease who introduced Mr. Jordan Banninga, Manager, Infectious Disease Control. Ms. Albanese mentioned that the influenza program is a collaborative program involving the Vaccine-Preventable Diseases Team which distributes the influenza vaccine to physicians and long-term care homes in the region, the Infectious Disease Control Team which does outbreak management, and the Population Health Assessment and Surveillance Team which analyzes surveillance data.

Mr. Banninga provided the following highlights:

- Over the past two years the Middlesex-London region has experienced influenza seasons with decreased activity than previous years.
- The 2021-2022 influenza season demonstrated the impact of public health measures deployed during the start of the COVID-19 pandemic on other, less contagious respiratory viruses, like influenza. During the 2020 and 2021 seasons when COVID-19 public health measures, including masking, physical distancing, enhanced infection prevention and control (IPAC) practices, were most strongly implemented, there were zero laboratory confirmed cases of influenza in the region. Towards the the end of the 2021-2022 influenza season, which coincided with the easing of public health measures, there was an increase in laboratory confirmed cases, hospitalizations, and deaths due to influenza, as well as one outbreak in a long-term care home.
- The Health Unit is anticipating an increase in influenza activity during the 2022-2023 season based on trends observed in the Southern hemisphere, which traditionally is looked to for projecting the influenza season in this region. For example, Australia experienced a pronounced influenza season around June, 2022, which coincided with the circulation of COVID-19.
- The Infectious Disease Control Team is prepared for increased influenza activity. The outbreak and IPAC measures on which the team has been advising institutions are aligning with COVID-19 and influenza. Potentially the increased emphasis on respiratory and hand hygiene, which has occurred during the pandemic, will reduce the burden of influenza in the community going forward.

It was moved by **Ms. Cassidy, seconded by Ms. Tino Kasi**, that the Board of Health receive Report No. 60-22, re: "2021-2022 Influenza Season in Middlesex-London and 2022-2023 Influenza Vaccine Distribution," for information.

Carried

**Middlesex-London Health Unit Leadership Development Program Update (Report No. 61-22)**

This report was introduced by Ms. Williams who introduced Ms. Cynthia Bos, Manager, Human Resources, and Ms. Deneen Langis, Human Resources Coordinator.

Ms. Langis shared a PowerPoint presentation. Highlights of this report included:

- The *Leading MLHU Framework* was developed in 2015 resulting from surveys, academic literature, and external scans. The Framework remains the foundation for the current Leadership Development Program, which focusses on the on-going need for leadership development for MLHU managers, directors, supervisors, and future leaders.
- The Framework is based on seven domains for public health: leadership, effective management, strategic awareness, critical thinking and problem solving, leading change, high performance teams, and public health foundations.

- The Leadership Development Program aims to identify leaders at various stages in their professional career and proactively provide training opportunities that align with the public health core competencies.
- The Leadership Development Program consists of several learning streams: MLHU Specifics, Future Leaders, Leading MLHU – Level 1 for New Leaders, and Leading MLHU – Level 2 for Existing Leaders. Within each stream there are programs and learning opportunities geared to that level of leadership development, along with recommended timelines.
- Courses and programs MLHU is committed to including as part of the Leadership Development Program include: San'yas ICS Core Health training; From Bystander to Ally training; Vital Learning programs, including Crucial Conversations and Crucial Accountability; Myers Briggs Type Indicator; Managing in a Unionized Environment; and LEADS learning series.
- Next steps include identifying and enrolling leaders. Employees who have demonstrated the ability to lead or who have expressed an interest in developing leadership skills will be identified and supported by enrolling them in course offerings at the Future Leaders level.
- The Leadership Development Program will continue to be reviewed, evaluated, and strengthened based on evolving changes, challenges, strategies, and organizational vision and values.

It was moved by **Mr. Menghsha, seconded by Mr. Steele**, that the Board of Health receive Report No. 61-22, re: "Middlesex-London Health Unit Leadership Development Program Update," for information.

Carried

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

This report was provided by Dr. Summers, who shared a PowerPoint presentation.

Highlights of this report included:

- The COVID-19 "dashboard" which summarizes local COVID-19 surveillance data has shifted to reporting once a week to align with current provincial reporting practices.
- COVID-19 case counts continue to be high and reflect only a portion of actual cases in the community due to limits on COVID-19 testing eligibility.
- It is anticipated that COVID-19 cases will increase throughout winter.
- The Health Unit will be monitoring closely percent positivity, outbreaks in long-term care homes, and potentially waste-water indicators.
- Bivalent COVID-19 vaccines are available in the region for booster doses. Everyone over the age of 12 is recommended to receive a fall COVID-19 booster dose at a minimum interval of three months and a recommended interval of six months.
- There has been a gradual increase in the percentage of Middlesex-London residents who have received a booster dose in the past six months, to approximately 22% of the eligible population. COVID-19 vaccine will continue to be available through MLHU mass vaccination clinics and community mobile clinics, pharmacies, and primary care partners. How the vaccine is provided throughout the County will also be reviewed throughout the fall and winter.
- COVID-19 will remain a risk through the fall and winter, and for many years to come. The population is no longer "naïve" to the virus with the majority of the population having some degree of immunity either from immunization, past infections, or both. This means that the relative mortality within the population and the risk of severe illness is decreased; however, it does not mean that individuals will not have symptoms nor that there are not potential long-term impacts.
- The Health Unit's messaging, regardless of the fluctuations in COVID-19 cases, remains using the familiar tools to reduce the risk of COVID-19 including: being up to date with vaccinations, masking in crowded indoor environments, and supporting yourself and others to stay home if sick. A new vaccine-resistant variant would change this response.
- The Middlesex-London Health Unit is participating in a community summit on health and homelessness with community partners including London Health Sciences Centre, St. Joseph's

Health Care, the Canadian Mental Health Association Thames Valley Addiction and Mental Health Services, City of London, Middlesex London Paramedic Services, and London Police Services.

Chair Reid inquired about the changes in self-isolation periods and requirements, shifting from 14 days for those with COVID-19 and their close contacts, to being able to leave self-isolation while symptomatic but provided symptoms have been improving for 24 hours.

Dr. Summers indicated that a contributing factor to the change in self-isolation requirements is that the population now has some baseline immunity to the COVID-19 virus, which decreases the risk of severe outcomes, even as the risk of infection is increasing. The guidance from the Health Unit can be simplified to:

- “If you have symptoms of COVID-19, stay home.”
- Individuals can leave self-isolation if their symptoms have been improving for 24 hours and they have no fever.
- Additionally, even if no longer self-isolating, those who have COVID-19 symptoms or who have tested positive for COVID-19 should continue to wear a mask in public and avoid high-risk settings for 10 days following their symptoms starting or testing positive.
- Close contacts should also follow this guidance for 10 days after their exposure.

It was moved by **Ms. DeViet, seconded by Ms. Elliott**, *that the Board of Health receive the verbal update re: “Current Public Health Issues” for information.*

Carried

#### **Medical Officer of Health Activity Report for September (Report No. 62-22)**

It was moved by **Ms. Elliott, seconded by Ms. Cassidy**, *that the Board of Health receive Report No. 62-22, re: “Medical Officer of Health Activity Report for September,” for information.*

Carried

#### **Chief Executive Officer Activity Report for September (Report No. 63-22)**

It was moved by **Mr. John Brennan, seconded by Mr. Menghsha**, *that the Board of Health receive Report No. 63-22, re: “Chief Executive Officer Activity Report for September,” for information.*

Carried

#### **CORRESPONDENCE**

It was moved by **Mr. Brennan, seconded by Ms. Elliott**, *that the Board of Health receive items a) and b).*

Carried

#### **OTHER BUSINESS**

The next meeting of the Middlesex-London Board of Health is Thursday, November 10 at 7:00 p.m.

#### **CONFIDENTIAL**

At **8:20 p.m.**, it was moved by **Mr. Steele, seconded by Ms. Elliott**, *that the Board of Health will move in-camera to approve previous confidential Board of Health and Committee minutes, to consider matters regarding personal matters about an identifiable individual, including municipal or local board employees, labour relations or employee negotiations, and advice that is subject to solicitor-client privilege, including communications necessary for that purpose.*

At **9:18 p.m.**, it was moved by **Ms. DeViet, seconded by Mr. Brennan**, *that the Board of Health return to public session from closed session.*

Carried

Carried

**ADJOURNMENT**

At **9:18 p.m.**, it was moved by **Mr. Brennan, seconded by Mr. Menghsha**, *that the meeting be adjourned.*

Carried

---

**MATT REID**  
Chair

---

**EMILY WILLIAMS**  
Secretary

DRAFT



**PUBLIC MINUTES  
FINANCE & FACILITIES COMMITTEE**  
Microsoft Teams  
Thursday, November 3 at 9 a.m.

---

**MEMBERS PRESENT:** Mr. Mike Steele (Chair)  
Mr. Matt Reid  
Ms. Maureen Cassidy  
Mr. Selomon Menghsha

**REGRETS:** Ms. Kelly Elliott

**OTHERS PRESENT:** Ms. Stephanie Egelton, Executive Assistant to the Medical Officer of Health (Recorder)  
Dr. Alexander Summers, Medical Officer of Health  
Ms. Emily Williams, Chief Executive Officer  
Mr. David Jansseune, Assistant Director, Finance  
Ms. Carolynne Gabriel, Communications Coordinator and Executive Assistant to the Board of Health  
Ms. Maureen MacCormick, Director, Healthy Living  
Ms. Sarah Maaten, Acting Director, Office of the Medical Officer of Health  
Ms. Jennifer Proulx, Acting Director, Healthy Start/Chief Nursing Officer  
Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Disease  
Mr. Marc Resendes, Project Coordinator  
Ms. Marlee Vinegar, Medical Student  
Ms. Mariam Hamou, Board Member  
Ms. Svetlana Popovic, Executive Assistant to the Chief Executive Officer  
Mr. Mike Kadour, Consultant

At **9:02 a.m.**, Chair Mike Steele called the meeting to order.

**DISCLOSURES OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by **Mr. Matt Reid**, seconded by **Ms. Maureen Cassidy**, that the **AGENDA** for the November 3, 2022 Finance & Facilities Committee meeting be approved.

Carried

**APPROVAL OF MINUTES**

It was moved by **Mr. Reid**, seconded by **Ms. Cassidy**, that the **MINUTES** of the October 6, 2022 Finance & Facilities Committee meeting be approved.

Carried

## **NEW BUSINESS**

### **Q3 Financial Update and Factual Certificate (Report No. 18-22FFC)**

Ms. Emily Williams, Chief Executive Officer introduced Mr. David Jansseune, Assistant Director, Finance to provide information on the Q3 Financial Update and Factual Certificate (ending September 30).

#### **100% Funded Programs**

The Nurses Retention Incentive has funding of \$1,190,000, with spring and fall draft payments totaling \$1,048,000 (still to be finalized by the province).

The CLIF program has estimated funding of \$450,000-\$500,000, with forecasted spending of \$303,659. As of September 30, spending for this program was \$252,142. The City has been contacted to explore rolling over of the unspent funds into 2023.

The School Focused Nurses Initiative has funding of approximately \$1,643,700. Due to a surplus in this program, it is expected that the unspent funding will be clawed back by the Province in December.

The Seniors Dental Funding Project (Strathroy) has funding of approximately \$1,050,100. It is noted that the construction bid will be seen by the Board at the December 15 Board of Health meeting.

COVID-19 funding has been approved for \$13.6 million with forecasted expenses of \$22.2 million. The Health Unit has received \$10.2 million but will request an additional \$9.7 million. This expense appears unfavourable to the budget, but this is only a timing issue, as we have not received the second installment of funding. COVID-19 vaccination clinics are spending to budget and case/contact management is spending under budget.

#### **Forecast**

Salaries and benefits are difficult to estimate, due to the temporary nature of many of the staff currently supporting the Health Unit in shared funding programs.

There is a \$2.3 million surplus within the Shared Funding Programs and this surplus will be applied against COVID-19 expenses. COVID-19 is forecasting expenditures of \$22.2 million. \$22.2 million will be reduced by the \$2.3 million surplus, leaving \$19.9 million in funding. COVID-19 funding to date is \$10.2 million, leaving \$9.7 million to be received.

The Nurses Retention Incentive will be flow through funding, and will be offset with the approved funding.

Capital projects are excluded as the Health Unit forecast focuses on operating costs, with a review ongoing.

#### **Cashflow Projections**

Funding clawbacks (approximately \$3 million) in December are expected, but the exact date is unknown as this time. It was also noted that the Health Unit is in a positive cash balance as of September 30.

As of September 30, the Health Unit has a \$3.9 million positive bank balance. It is noted that if funding is not received, the Health Unit will need to rely on the line of credit for December and January. The current bank loan is for 20 years, with an approximate \$260,000 annual payment. The fixed loan has \$2,838,000 approximately owing and the variable loan has approximately \$1,049,000 owing.

### Q3 Consolidated Analysis

Overall, shared funding programs were \$2.5 million favourable to the budget, COVID-19 programs were \$5.6 million unfavourable to the budget and overall Q3 was \$3.1 million unfavourable to the budget.

Ms. Williams noted that regarding the School Focused Nurses Initiative that funds were unused due to staffing challenges. The roles approved through funding are temporary in nature and there are currently struggles with recruiting and retaining health human resources. The Health Unit is working on a utilization plan for 2023 regarding this funding. Ms. Maureen MacCormick, Director, Healthy Living advised that the Province is aware of the need for permanent funding for these roles. An audit has been done with recommendations made to the Province, but no update has been received to date.

It was moved by **Mr. Reid, seconded by Mr. Selomon Menghsha**, *that the Finance & Facilities Committee recommend to the Board of Health to receive Report No. 18-22FFC, re: "2022 Q3 Financial Update and Factual Certificate" for information.*

Carried

### Proposed Adjustments to Reserves (Report No. 19-22FFC)

Mr. Jansseune provided background information on the proposed contribution to the Technology and Infrastructure reserve. The current balance of the Reserve is zero with the last balance noted in 2018 of \$1,250,000 which was depleted in 2019. There is a \$2 million fund limit with maximum annual contributions of \$250,000. It was noted that the Health Unit is expecting a surplus and would aim to put funds towards this reserve. These funds would be coming from City of London and County of Middlesex funding.

The request to the Committee and Board is to approve a contribution of \$250,000 to the Technology and Infrastructure Reserve using 2022 surplus municipal funds. Mr. Jansseune noted that the proposed transfer to reserve was not budgeted. Per Board of Health policy G-250 Reserve and Reserve Funds, the reserve contributions must be approved by the Board. Mr. Jansseune and Ms. Williams have had preliminary conversations with the City and County regarding this contribution and received support.

It was noted that it was important to have this reserve with funds ready to be prepared for any urgent technology needs, noting the large number of users of Health Unit technology infrastructure.

It was moved by **Mr. Reid, seconded by Ms. Cassidy**, *that the Finance & Facilities Committee make a recommendation to the Board of Health to approve contributing \$250,000 to the Technology & Infrastructure Reserve.*

Carried

### Proposed 2023 Budget (Report No. 20-22FFC)

Ms. Williams provided an overview to the Committee on the Health Unit's proposed 2023 budget.

Ms. Williams provided a summary of the budget process which the Health Unit is utilizing:

- Set funding assumptions (flat funding to 2022, mitigation funding continuing, and COVID extraordinary funds continuing);
- Confirm inflationary pressures (salary/step/benefit increases, corporate expenses, reducing gapping);
- Establish target (\$1.2 million);
- Conduct general expenses review using a zero based budget approach;
- Review programs and services by using the Public health program pyramid and critical infrastructure review framework.



General expense reductions in the amount of \$437,217 have impact to the areas of supplies, professional development, travel and program costs.

The proposed disinvestments (public) are as follows:

- Corporate Expenses – cell phone use reduction (savings of \$12,000);
- Vector Borne Disease program students – reducing two summer student positions (savings of \$22,000).

It was moved by **Mr. Reid, seconded by Ms. Cassidy**, *that the Finance & Facilities Committee make a recommendation to the Board of Health to:*

- 1) *Approve the savings identified from the General Expense zero-based budgeting review in the amount of \$437, 217;*
- 2) *Approve the disinvestments in cell phones and students in the Vector Borne Disease Program; and*
- 3) *Advise no further changes in programs and services until 2023 provincial base funding amounts are known.*

Carried

### **CONFIDENTIAL**

At **9:32 a.m.**, it was moved by **Mr. Reid, seconded by Mr. Menghsha**, *that the Finance and Facilities Committee will move in camera to consider matters regarding personal matters about an identifiable individual, including municipal or local board employees and matters regarding labour relations or employee negotiations.*

Carried

At **10:25 a.m.**, it was moved by **Ms. Reid, seconded by Ms. Cassidy**, *that the Finance and Facilities Committee rise and return to public session from closed session.*

Carried

### **OTHER BUSINESS**

It was moved by **Mr. Reid, seconded by Mr. Menghsha**, *that the Finance & Facilities Committee cancel the December 1, 2022 Finance and Facilities Committee meeting.*

Carried

Chair Steele noted that a financial report regarding the dental clinic in the Strathroy office will go forward to the December Board of Health meeting.

The next Finance and Facilities Committee meeting will be determined at the call of the Board Chair.

### **ADJOURNMENT**

At **10:27 a.m.**, it was moved by **Mr. Reid, seconded by Ms. Cassidy**, *that the meeting be adjourned.*

Carried

---

**MICHAEL STEELE**  
Chair

---

**EMILY WILLIAMS**  
Secretary

TO: Chair and Members of the Board of Health

FROM: Alexander Summers, Medical Officer of Health; Emily Williams, CEO

DATE: 2022 November 10

---

## Food Safety Program Update (Emerging Trends)

### Recommendation

*It is recommended that the Board of Health receive Report No. 64-22, re: “Food Safety Program Update (Emerging Trends)” for information.*

### Key Points

- Based on consumer preference, novel food businesses are being established in Middlesex County and London, subsequently posing additional challenges for food safety inspection work.
- The Ministry of Health (MOH) is aware of emerging business models and has expressed interest in assisting local Public Health Units (PHUs) in navigating this unfamiliar territory through the development of guidance material, in consultation with local public health unit representation.
- The Food Safety & Healthy Environments team (FS&HE) is currently creating procedures to address file management, risk assessment and inspection processes in these new environments.

### Background

The Food Safety & Healthy Environments (FS&HE) team is responsible for maintaining an inventory of food premises within Middlesex County and the City of London for the purposes of risk assessment, inspections, and investigations. Food safety inspections are conducted under the authority of the *Health Protection and Promotion Act, R.S.O. 1990, c.H.7* and *O. Reg 493/17 Food Premises*.

Although most food premises have not changed operationally, the nature of many new food premises has pivoted to address consumer needs which may be a result of a new landscape emerging from the pandemic. Some new business models include shared kitchens, ghost kitchens and home-based food operations. The FS&HE team has observed more special event activity, ‘pop-up vendors’ and community meal programs. In addition to these emerging trends, Public Health Inspectors (PHIs) continue to assist operators through COVID-19 recovery, which has brought many challenges to the industry.

### Food Safety (Emerging Trends)

#### *Shared Kitchens and Ghost Kitchens*

The new emerging models found in Middlesex-London are the ‘shared kitchen’ and the ‘ghost kitchen’ (a type of shared kitchen). Under these models, the owner of a food premise will rent kitchen space to one or more food businesses with different brandings. The ‘renters’ have different menus, equipment, employees, and work schedules. The ‘renter’ often does not advertise the location, has no public-facing cashier, and food is only sold online through various delivery platforms. Oftentimes, shared kitchen operators are not aware of the legislative requirement to notify MLHU of their intention to operate. PHIs may become aware of these operations unexpectedly during inspections. As such, many of these types of businesses remain unknown and unassessed for food safety risks. It is also a challenge to determine who assumes responsibility for requirements under the Food Premises Regulation (FPR) as it relates to shared kitchen operations.

### *Home-based Food Businesses*

Food sales through online food apps and delivery platforms have become more popular throughout the pandemic, due to consumer preferences as well as dining restrictions which were introduced under the *Reopening Ontario (A Flexible Response to COVID-19) Act, S.O. 2020, c.17*. In December 2020, the province announced its support for small business entrepreneurs during COVID-19 by providing “A Guide to Starting a Home-based Food Business” to allow for low-risk foods to be prepared for sale from home. Currently, the City of London zoning bylaws restrict the operation of all home-based food businesses; however, the City is currently re-evaluating its position. Zoning restrictions are not currently in place in Middlesex County for home-based food businesses. MLHU continues to field calls from the public reporting home-based business operations, which require the investigative work of MLHU and the City of London bylaw officers. Home-based food businesses can present different risks than what is traditionally found within inspected food premises and should be risk assessed on a case-by-case basis.

### *Special Events and Pop-up Markets*

Throughout the pandemic, gathering restrictions were in place to mitigate the risks of COVID-19 transmission. Special events were reduced in size and number, or cancelled altogether. With the lifting of the gathering restrictions, MLHU has experienced a significantly larger number of special events than pre-pandemic levels. In 2019, there were 84 special events reported to MLHU versus 125 special events reported thus far in 2022. The number of ‘mid-size’ events has more than doubled. Many of these special events include a growing number of first-time vendors who are not as familiar with the required set ups in selling large volumes of food to the public. In addition, there have been an increase in the number of “pop-up markets” where operators test their products for retail. In contrast to the more consistent operational model of a traditional food premise, these businesses represent unique needs for classification, risk assessment and inspection work.

### *Urban Farming and Community Food Programs*

MLHU has recently noticed an increase in the amount of urban farming operations including hydroponic and vertical farming (microgreens). The Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) does not regularly inspect these businesses. It is anticipated that the number of these operations will increase, given the popularity of the products as well as the need to address food insecurity. With increasing food insecurity, there has also been an increase in donated food services and community meal programs. A recent proposal that was approved by MLHU includes a 24/7 community fridge program. PHIs will continue to be available for consultation to provide education and awareness regarding safe food donations and community meal operations.

## **Conclusion**

Emerging trends represent unfamiliar territory within London and Middlesex County and require the attention of PHIs for the purposes of risk assessment and inspection to mitigate food borne illnesses. The FS&HE team continues to pivot and prioritize to focus attention on where the greatest risks exists within London and Middlesex County, while meeting provincial mandates under the Ontario Public Health Standards (OPHS). A recent example includes the full transfer of the provincial food handler training program to the London Training Centre (LTC), a partner agency. The LTC has demonstrated the ability to meet community needs to provide the provincial food handler training program while meeting MOH compliance requirements. This allows the FS&HE team to re-focus its capacity on the areas of highest need.

This report was submitted by the Environmental Health and Infectious Diseases Division.



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



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



TO: Chair and Members of the Board of Health

FROM: Alexander Summers, Medical Officer of Health

DATE: 2022 November 10

---

## MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR OCTOBER

### ***Recommendation***

***It is recommended that the Board of Health receive Report No. 65-22, re: “Medical Officer of Health Activity Report for October” for information.***

---

The following report presents activities of the Medical Officer of Health (MOH) for the period of October 7 – October 27, 2022.

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 (Friday) and presents on many topics, including COVID-19.

The Medical Officer of Health also participated in the following:

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

- October 11** Interview with Mike Stubbs (980 CFPL) on the bivalent COVID-19 vaccine.
- October 12** Interview with Kate Dubinski (CBC London), Amy Simon (Global News) and Jennifer Basa (CTV London) and elevated Haloacetic acids in Thames Centre water.
- October 13** Attended Urban Public Health Network Fall meeting in Toronto.  
Interview with Scott Monich (980 CFPL) on the bivalent COVID-19 vaccine.
- October 14** Interview with Alison Devereaux (CBC News) on COVID-19 outlook for the fall.
- October 17** Attended monthly Southwestern Medical Officers of Health/Associate Medical Officers of Health meeting, hosted by Windsor-Essex Public Health Unit.
- October 18** Attended Ministry of Health COVID-19 Public Health coordination call.
- October 19** Attended London Middlesex Primary Care Association meeting on vaccination.
- October 24** Visited the Wright Dental Clinic to learn more about external oral health partnerships.

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

- October 7** Lectured at Schulich School of Medicine and Dentistry’s Master of Public Health program on Developing Healthy Communities.
- October 11** Supervised medical student during their public health rotation at the Schulich School of Medicine and Dentistry.  
Attended MLHU Leadership Team meeting.  
Meeting with partners from the Ontario Nurses Association union.
- October 12** Attended OMOH Leadership meeting.
- October 14** Lectured at Schulich School of Medicine and Dentistry’s Master of Public Health program on Developing Healthy Communities.
- October 21** Lectured at Schulich School of Medicine and Dentistry’s Master of Public Health program on Developing Healthy Communities.
- October 24** Supervised of medical resident during their public health rotation at the Schulich School of Medicine and Dentistry.  
Attended OMOH Leadership meeting.

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

- October 12** Attended Board of Health Agenda Review and Executive meeting.
- October 20** Attended Board of Health meeting.
- October 27** Attended Western Ontario Health Team’s Coordinating Council meeting

This report was prepared by the Medical Officer of Health.



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



TO: Chair and Members of the Board of Health  
FROM: Emily Williams, Chief Executive Officer  
DATE: 2022 November 10

---

## CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR OCTOBER

### **Recommendation**

*It is recommended that the Board of Health receive Report No. 66-22, re: “Chief Executive Officer Activity Report for October” for information.*

---

The following report highlights activities of the Chief Executive Officer for the period of October 7, 2022 – October 27, 2022.

Standing meetings include weekly Healthy Organization leadership team meetings, SLT (Senior Leadership Team) meetings, MLT (MLHU Leadership Team) meetings, Virtual Staff Town Hall meetings, and bi-weekly R3 meetings.

As part of the MLHU on-call leadership system, the CEO provided on-call coverage from

- October 3 to October 9

The CEO also attended the following meetings:

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

**October 12** The CEO attended the Community Health Status key stakeholder meeting.

**October 20** The CEO, with the Associate Director of Finance, met with Cindy Howard, General Manager, Finance and Community Services from the Middlesex County to discuss the MLHU Budget.

The CEO, with the Associate Director of Finance, met with members of the Finance team from the City of London to discuss the MLHU Budget.

**October 21** As part of the upcoming City of London Community Health Forum, the CEO attended the Community Health Forum Planning Meeting.

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

**October 11** The CEO attended the October MLT meeting.

**October 12** As part of the Strathroy Seniors Dental Project, the CEO met with the Strathroy Dental Steering Committee.

- October 13** The CEO, with the HR manager, attended the Healthy Living Leadership team meeting to provide education about Performance Management.
- October 14** The CEO met with the Senior Leadership Team (SLT) to discuss the 2023 budget planning process and Strategic Plan.
- October 20** As part of the Employment Systems Review (ESR) recommendations, and SLT representative, the CEO attended MLHU's Inaugural Equity, Diversity, and Inclusion Advisory Committee meeting.
- October 24** The CEO attended MLHU's Communications team planning day.
- October 26** As part of the Strathroy Seniors Dental Project, the CEO met with the Strathroy Dental Steering Committee.
- October 27** In response to Occupational Health and Safety team feedback, the CEO attended MLHU's Strathroy office to complete an office clean up with various staff members.

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

- October 12** As part of the CEO's McCormick Care Board membership, the CEO attended the McCormick Care Group Board Orientation.
- October 13** As part of the CEO's McCormick Care Board membership, the CEO attended the McCormick Care Executive Committee meeting.
- October 17** As part of her role on MLHU Internal Response Team, the CEO attended MLHU's First Aid/CPR Training.
- October 19** As part of the CEO's McCormick Care Board membership, the CEO attended and chaired the McCormick Care Quality Committee meeting.

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

- October 7** The CEO met with MLHU's managed payroll service provider, Ceridian Dayforce, to discuss the contract renewal.
- October 12** The CEO attended the MLHU Board of Health October Agenda Review and Executive meeting with the Board Chair and Vice-Chair.
- October 20** The CEO attended the Board of Health meeting.

This report was prepared by the Chief Executive Officer.

A handwritten signature in black ink that reads "EWilliams". The signature is written in a cursive style with a large, looped 'E' and 'W'.

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





MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 67-22

TO: Chair and Members of the Board of Health  
FROM: Emily Williams, Chief Executive Officer  
DATE: 2022 November 10

**FINANCE & FACILITIES COMMITTEE MEETING – November 3, 2022**

The Finance & Facilities Committee (FFC) met at 9 a.m. on Thursday, November 3, 2022.

Reports	Recommendations for Information and Board of Health Consideration
<b>Q3 Financial Update and Factual Certificate</b> <b>(Report No. 18-22FFC)</b>	It was moved by <b>Mr. Matt Reid, seconded by Mr. Selomon Menghsha</b> , that the Finance & Facilities Committee recommend to the Board of Health to receive Report No. 18-22FFC, re: “2022 Q3 Financial Update and Factual Certificate” for information. Carried
<b>Proposed Adjustments to Reserves</b> <b>(Report No. 19-22FFC)</b>	It was moved by <b>Mr. Reid, seconded by Ms. Maureen Cassidy</b> , that Finance & Facilities Committee to recommend to the Board of Health to approve contributing \$250,000 to the Technology & Infrastructure Reserve. Carried
<b>Proposed 2023 Budget</b> <b>(Report No. 20-22FFC)</b>	It was moved by <b>Mr. Reid, seconded by Ms. Cassidy</b> , that the Finance & Facilities Committee recommend to the Board of Health to: <ol style="list-style-type: none"><li>1) Approve the savings identified from the General Expense zero-based budgeting review in the amount of \$437, 217;</li><li>2) Approve the disinvestments in cell phones and students in the Vector Borne Disease Program; and</li><li>3) Advise no further changes in programs and services until 2023 provincial base funding amounts are known.</li></ol> Carried

This report was prepared by the Chief Executive Officer.

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

## CORRESPONDENCE – November 2022

a) **Date:** October 11, 2022

**Topic:** Congratulate Ontario Nurses' Association Members as we Celebrate our 50<sup>th</sup> Anniversary!

**From:** Ontario Nurses' Association (ONA)

**To:** Middlesex-London Board of Health

***Background:***

ONA will be celebrating its 50<sup>th</sup> anniversary in 2023 and has requested that the Board of Health, as an employer of ONA-represented nurses, share a congratulatory message for ONA members in the form of a short video or letter by December 1, 2022.

***Recommendation: Endorse.***

b) **Date:** October 20, 2022

**Topic:** 2021 Annual Report for Public Health Sudbury & Districts

**From:** Public Health Sudbury & Districts

**To:** All Health Units

***Background:***

Public Health Sudbury & District have released its 2021 Annual Report: [\*Strong and Steady in Uncertain Times\*](#). This report “highlights the dedication and resilience of Public Health Sudbury & Districts in responding to the COVID-19 pandemic, while maintaining some essential Public Health work.”

***Recommendation: Receive.***

c) **Date:** October 28, 2022

**Topic:** WECHU Resolution/Recommendation – HSO Ontario Fee Guide – Inclusion of Language Interpretation and Translation Services

**From:** Windsor Essex County Health Unit

**To:** The Hon. Sylvia Jones, Minister of Health and Deputy Premier

***Background:***

At its October 20, 2022 regular meeting, the Windsor-Essex County Board of Health passed a resolution regarding the inclusion of language interpretation and translation services to the Healthy Smiles Ontario (HSO) fee guide. This resolution recognizes that: oral health is important to overall health and wellbeing, access to prevention and treatment-based dental care is recognized as a basic human right for children and youth, and the emergence of remote/virtual translation services provides an effective way to reduce barriers in access to oral health treatment. As such, the Windsor-Essex County Board of Health recommends the province of Ontario include billing options for translation and interpretation services in the HSO fee guide.

***Recommendation: Receive.***



## Ontario Nurses' Association

85 Grenville Street, Suite 400, Toronto, Ontario M5S 3A2

TEL: (416) 964-8833 FAX: (416) 964-8864

October 11, 2022

Dear Employer,

**Re: Congratulate Ontario Nurses' Association Members as we Celebrate our 50th Anniversary!**

---

I am writing with very exciting news! In 2023, the Ontario Nurses' Association (ONA), which represents 68,000 nurses and health-care professionals in a variety of sectors throughout the province of Ontario, along with 18,000 nursing student affiliates, is celebrating our 50th anniversary. ONA is the largest nurses' union in Canada.

**We hope you will help us mark this major milestone by sharing a congratulatory message for ONA members in the form of a short video or letter.**

As an employer, your message of congratulations will demonstrate to our members that they are valued day-in and day-out for the important work they do in our public health-care system.

Fifty years ago in Ontario, nurses and health-care professionals stood together to oppose poor working conditions and compensation that characterized a sector overwhelmingly worked by women. Solidarity brought change. Our working conditions improved, and over time our wages rose in recognition of our irreplaceable role in delivering care.

Throughout the COVID-19 pandemic – and long before – nurses and health-care professionals have sacrificed so much to ensure Ontarians received the best possible care. They worked long, exhausting shifts, sometimes putting themselves at risk. They experienced firsthand the devastation in many sectors that were ravaged by the pandemic. They ran vaccine clinics seven days a week with long lines. They provided a comforting touch and voice for patients when their families could not. They lived in constant fear that they could catch this virus or, worse yet, bring it home to their loved ones. Yet, throughout it all, they kept going.

For these reasons and so many more, I believe all Ontarians owe nurses and health-care professionals our deepest gratitude, and ONA's 50th anniversary is the perfect opportunity to do so.

Provincial Office: Toronto

Regional Offices: Ottawa • Hamilton • Kingston • London

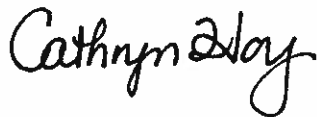
Orillia • Sudbury • Thunder Bay • Timmins • Windsor

ONA has had 50 proud years of fighting for nurses, for health-care professionals and for the public who rely on the high-quality public health care our members provide. In 2022, our struggle for fairness and equitable treatment continues. Through ONA, we advocate to keep nursing united and strong.

**Please join us in recognizing this proud history of advocacy and strength. Please submit your message of congratulations, in video or letter form to [ONAmail@ona.org](mailto:ONAmail@ona.org) by December 1, 2022. Please feel free to email us with any questions you may have.**

Sincerely,

**ONTARIO NURSES' ASSOCIATION**

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

Cathryn Hoy, RN  
Provincial President

October 28, 2022

The Honorable Sylvia Jones  
Minister of Health and Deputy Premier  
777 Bay Street, 5<sup>th</sup> Floor  
Toronto, ON M7A 1E9

Dear Minister Jones:

On October 20, 2022, the Windsor-Essex County Board of Health passed the following Resolution regarding the **Inclusion of Language Interpretation and Translation Services to the Healthy Smiles Ontario (HSO) Fee Guide**. **WECHU's resolution as outlined below recognizes that oral health is important to overall health and well-being. Access to prevention and treatment-based dental care is recognized as a basic human right for children and youth. Given the emergence of remote/virtual translation supports in recent years, this mechanism serves as an effective way to reduce barriers for children and youth access to oral health treatment. The Windsor-Essex County Board of Health therefore recommends the province of Ontario include billing options for translation and interpretation services in the Health Smiles Ontario Fee Guide.**

**Windsor-Essex County Health Unit Board of Health**  
**RECOMMENDATION/RESOLUTION REPORT**  
**Inclusion of Language Interpretation and Translation Services to the**  
**Healthy Smiles Ontario Fee Guide**  
**October 20, 2022**

## **ISSUE/PURPOSE**

The *Healthy Smiles Ontario* (HSO) program is a publically-funded dental care program for children and youth 17 years old and under which provides free preventive, routine, and emergency dental services to those who can not otherwise afford it. The *Healthy Smiles Ontario Schedule of Dental Services and Fees for Dentist Providers (HSO Fee Guide)* is an administrative tool distributed to dentists, so that they can provide services to clients in the HSO program and bill for these services.

Although limited English language skills have been identified as a key barrier to preventive dental health care utilization (Mehra, Costanian, Khanna, et al, 2019), language interpretation and translation services are not included in the HSO Fee Guide. Almost a quarter (22%) of Windsor and Essex County's population is comprised of immigrants or refugees ("newcomers") (Statistics Canada, 2016), with 14% of residents most often speaking a language outside of English at home (Statistics Canada, 2021).

The impact of language as a barrier to accessing dental care may be reduced by having access to language interpretation and translation services (Reza, Amin, Srgo et al., 2016). As community dentists are not required to accept HSO as a form of payment, this can already be a significant barrier to accessing services. In Windsor and Essex County, patients have been turned away due to an inability to access translation services. This is understandable, as a patient or guardian needs to be able to provide consent and understand what is involved in treatment. Changes to the funding for HSO, by covering the costs associated with remote interpretation services

(i.e., interpretation services that are accessible from a phone, mobile device, or computer) would remove one more of the existing barriers to service.

## BACKGROUND

Oral health is important to overall health and well-being for children and youth. Poor dental health can lead to negative health and social outcomes for young people, and is important to many aspects of a child's development (Rowan-Legg, 2013). One significant oral health concern in children is early childhood caries (ECC) which is decay involving the primary teeth in children younger than 6 years of age. Ethnicity and newcomer status are considered risk factors for ECC with evidence demonstrating that children of recent immigrants and refugees have higher rates of caries and lower rates of preventative dental visits, compared to Canadian-born children (Reza, Amin, Srgo et al., 2016). Newcomer families may lack knowledge about publicly funded dental programs, lack dental health insurance, and have poor oral hygiene, which together can increase the risk and prevalence of oral health issues (Salami, Olukotun, Vastani, et al. 2022). Newcomers may also frequently face other social, cultural, economic, and language barriers to preventive dental health care utilization (Mehra, Costanian, Khanna, et al, 2019). Specifically, limited English skills have been associated with less use of dental care services, as well as challenges with communication with healthcare providers. Language issues may also interact with other known barriers to dental care for newcomers, such as household income and parental education (Reza, Amin, Srgo et al., 2016).

The impact of language, as a barrier to dental health care may be reduced by having access to language interpretation and translation services (Reza, Amin, Srgo et al., 2016). It has been suggested that both dental visits and other oral health promotion efforts for newcomer families would be more impactful if public health organizations and private dental offices, could have access to interpreting services (Amin, Elyasi, Schroth, et al., 2014). Given the important role that parents and caregivers can play in a child's oral health, any efforts to improve the oral health literacy of newcomer families, could be considered an important support for those seeking access to services through the HSO program. .

Expansion of public dental programs such as Healthy Smiles Ontario to priority populations has been identified as a key goal of the Windsor-Essex County Health Unit (WECHU). Given the growing urgent need and increase in dental decay among vulnerable children in Windsor-Essex (WECHU, 2018) and recognizing the existing barriers to access to care, the WECHU recommends that fees associated with language interpretation and translation services be included in publicly funded dental programs, such as the Healthy Smiles Ontario program.

## PROPOSED MOTION

**Whereas**, oral health is important to overall health and well-being. Access to preventive and treatment-based dental care is recognized as a basic human right for children and youth; and

**Whereas**, in Ontario, while many groups of children continue to have elevated rates of early childhood caries, specific groups of children are disproportionately affected, including those that are newcomers; and

**Whereas**, the publically funded *Healthy Smiles Ontario* dental program is intended to reduce overall inequity in access to preventative and affordable dental care for all young people under the age of 18, who do not have access to dental insurance or any other government programs; and

**Whereas**, the Windsor Essex County Health Unit recognizes the diversity of its residents, in that newcomers make up almost a quarter of the population in its jurisdiction and the important role that the HSO program plays in helping vulnerable children access preventative and emergency dental care; and

**Whereas**, numerous studies and research reports have indicated the urgent need to transform the current oral care health system, including providing equitable access to newcomers by addressing language obstacles;

**Now therefore be it resolved** that the Windsor-Essex County Board of Health recommends the province of Ontario include billing options for translation and interpretation services in the *Healthy Smiles Ontario Fee Guide*; and

**FURTHER THAT**, while there is a variety of modalities of interpretation, it is *remote interpretation services*, accessible 24/7 from a phone, mobile device, or computer, that should be considered as a useful and affordable option; and

**FURTHER THAT** this resolution be shared with the Ontario Minister of Health, the Chief Medical Officer of Health, the Association of Public Health Agencies, Ontario Boards of Health, the Essex County Dental Society, the Ontario Association of Public Health Dentistry, the Ontario Dental Association and local municipalities and stakeholders.

---

### References

- Amin, M., Elyasi, M., Schroth, R., Azarpazhooh, A., Compton, S., Keenan, L., et al. (2014). Improving the oral health of young children of newcomer families: a forum for community members, researchers, and policy-makers. *Journal of the Canadian Dental Association*. Retrieved from <https://jcda.ca/article/e64>
- Mehra, V.M., Costanian, C., Khanna, S. & Tamin, H. (2019). Dental care use by immigrant Canadians in Ontario: a cross-sectional analysis of the 2014 Canadian Community Health Survey (CCHS). *BMC Oral Health* **19**, 78. Retrieved from <https://doi.org/10.1186/s12903-019-0773-x>
- Reza, M., Amin, M. S., Sgro, A., Abdelaziz, A., Ito, D., Main, P., & Azarpazhooh, A. (2016). Oral health status of immigrant and refugee children in North America: A scoping review. *Journal of the Canadian Dental Association*, *82*(g3), 1488-2159. Retrieved from <https://jcda.ca/g3>
- Rowan-Legg, A. (2013, January 11). Oral health care for children - a call for action. *Paediatric Child Health*, 37-43.
- Salami, B., Olukotun, M., Vastani, M., Amodu, O., Tetreault, B., Obegu, P. O., Plaquin, J., & Sanni, O. (2022). Immigrant child health in Canada: a scoping review. *BMJ global health*, *7*(4), e008189. Retrieved from <https://doi.org/10.1136/bmjgh-2021-008189>
- Statistics Canada. (2017). Focus on Geography Series, 2016 Census. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-cma-eng.cfm?LANG=Eng&GK=CMA&GC=559&TOPIC=7>
- Statistics Canada. (2021). Census Profile, 2021 Census of Population. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&SearchText=Essex&DGUIDlist=2021A00033537&GENDERlist=1,2,3&STATISTIClist=1&HEADERlist=0>
- Windsor Essex County Health Unit. (2018). Oral Health Report 2018 Update. Retrieved from <https://www.wechu.org/resources/oral-health-report-2018>

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,



Gary McNamara  
Chair, Board of Health



Dr. Kenneth Blanchette  
Chief Executive Officer

c: Sylvia Jones, Minister of Health, Ministry of Health  
Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health  
Association of Local Public Health Agencies – Loretta Ryan  
Association of Municipalities of Ontario  
Ontario Association of Public Health Dentistry  
Ontario Boards of Health  
WECHU Board of Health  
Corporation of the City of Windsor – Clerk’s office  
Corporation of the County of Essex – Clerk’s office