

**AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, November 16, 2023 at 7 p.m.
MLHU Board Room – CitiPlaza
355 Wellington Street, London ON

MISSION - MIDDLESEX-LONDON HEALTH UNIT

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

MEMBERS OF THE BOARD OF HEALTH

Matthew Newton-Reid (Chair)

Michael Steele (Vice-Chair)

Peter Cuddy

Aina DeViet

Skylar Franke

Tino Kasi

Michael McGuire

Selomon Menghsha

Howard Shears

Michelle Smibert

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

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

SECRETARY

Emily Williams

TREASURER

Emily Williams

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: October 19, 2023 – 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	Governance Committee Meeting Summary (Verbal)	November 16, 2023 Agenda	To provide an update from the November 16, 2023 Governance Committee meeting. Lead: Committee Chair Michelle Smibert
2		X	X	Monitoring Food Affordability and Implications for Public Policy and Action (2023) (Report No. 69-23)	Appendix A Appendix B Appendix C	To provide an update on monitoring food affordability. Lead: Dr. Alexander Summers, Medical Officer of Health Presenting: Julie Goverde, Acting Manager, Community Health Promotion
3			X	MLHU Ontario Living Wage Network Certification (Report No. 70-23)		To provide an update on the Middlesex-London Health Unit's Ontario Living Wage Network Certification. Lead: Emily Williams, Chief Executive Officer Presenting: Cynthia Bos, Manager, Human Resources
4			X	2023 Q3 Financial Update and Factual Certificate (Report No. 71-23)	Appendix A	To provide a financial update and review of the factual certificate from Q3 2023. Lead: Emily Williams, Chief Executive Officer Presenting: David Jansseune, Assistant Director, Finance
5			X	Nurse-Family Partnership Annual Report (Report No. 72-23)		To provide the Board with the Nurse-Family Partnership Annual Report. Lead: Jennifer Proulx, Acting Director, Healthy Start and Chief Nursing Officer

6			X	Healthy Start Home Visiting (Report No. 73-23)		<p>To provide an update on the Healthy Start division's Home Visiting programs.</p> <p>Lead: Jennifer Proulx, Acting Director, Healthy Start and Chief Nursing Officer</p> <p>Presenting: Rhonda Brittan, Manager, Healthy Beginnings Visiting and Group Programs and Isabel Resendes, Manager, Healthy Families Home Visiting</p>
7			X	Intimate Partner Violence (Report No. 74-23)		<p>To provide information on interventions at the Middlesex-London Health Unit regarding intimate partner violence.</p> <p>Lead: Jennifer Proulx, Acting Director, Healthy Start and Chief Nursing Officer,</p> <p>Presenting: Alison Locker, Manager, Population, Health, Assessment and Surveillance</p>
8			X	Current Public Health Issues (Verbal)		<p>To provide an update on current public health issues in the Middlesex-London region.</p> <p>Lead: Dr. Alexander Summers, Medical Officer of Health</p>
9			X	Medical Officer of Health Activity Report for October (Report No. 75-23)		<p>To provide an update on external and internal meetings attended by the Medical Officer of Health since the last Board of Health meeting.</p> <p>Lead: Dr. Alexander Summers, Medical Officer of Health</p>
10			X	Chief Executive Officer Activity Report for October (Report No. 76-23)		<p>To provide an update on external and internal meetings attended by the Chief Executive Officer since the last Board of Health meeting.</p> <p>Lead: Emily Williams, Chief Executive Officer</p>

Correspondence					
11		X	X	November Correspondence	<p>To receive the following items for information:</p> <ul style="list-style-type: none"> a) Public Health Sudbury & Districts re: <i>Calls for expansion of outdoor air quality monitoring stations and the Air Quality Health Index across Northern Ontario</i> b) Niagara Region Public Health re: <i>Bill 103 Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023</i> c) Middlesex-London Board of Health External Landscape for November 2023 <p>To endorse the following items:</p> <ul style="list-style-type: none"> d) Public Health Sudbury & Districts re: <i>Public Health Strengthening and Chronic Disease Prevention</i> e) Public Health Sudbury & Districts re: <i>Support for a Funded Healthy School Food Program in Budget 2024 (Federal)</i> <p>Response Correspondence from the October 19, 2023 Board of Health Meeting:</p> <ul style="list-style-type: none"> • Letter of Support - Windsor Essex County Health Unit re: <i>Investing in a Sustainable Federal School Food Policy (November 9, 2023)</i>

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, December 14, 2023 at 7 p.m.

CLOSED SESSION

The Middlesex-London Board of Health will move into a closed 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 19, 2023 at 7 p.m.
Microsoft Teams (Virtual)

MEMBERS PRESENT: Matthew Newton-Reid (Chair)
Michael Steele (Vice-Chair)
Selomon Menghsha
Skylar Franke
Michelle Smibert
Aina DeViet
Peter Cuddy (arrived at 7:15 p.m.)
Tino Kasi
Michael McGuire
Emily Williams, Chief Executive Officer (ex-officio)
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

OTHERS PRESENT: Stephanie Egelton, Executive Assistant to the Board of Health (recorder)
Sarah Maaten, Director, Public Health Foundations
Mary Lou Albanese, Director, Environmental Health and Infectious Disease
Jennifer Proulx, Acting Director, Healthy Start and Chief Nursing Officer
Dr. Joanne Kearon, Associate Medical Officer of Health
Cynthia Bos, Manager, Human Resources
Tracey Gordon, Manager, Vaccine Preventable Disease
Jordan Banninga, Manager, Infectious Disease Control
Alison Locker, Manager, Population, Health, Assessment and Surveillance
Shaya Dhinsa, Manager, Sexual Health
Alex Tyml, Online Communications Coordinator, Communications
Parthiv Panchal, End User Support Analyst, Information Technology

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

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **A. DeViet**, seconded by **M. Smibert**, that the **AGENDA** of the October 19, 2023 Board of Health meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **M. Steele**, seconded by **M. McGuire**, that the **MINUTES** of the September 21, 2023 Board of Health meeting be approved.

Carried

It was moved by **M. Smibert, seconded by T. Kasi**, that the *MINUTES of the September 21, 2023 Performance Appraisal Committee meeting be received.*

Carried

It was moved by **M. Smibert, seconded by T. Kasi**, that the *MINUTES of the September 21, 2023 Governance Committee meeting be received.*

Carried

NEW BUSINESS

Opioid Crisis Update – 2023 (Report No. 58-23)

Mary Lou Albanese, Director, Environmental Health and Infectious Disease introduced Shaya Dhinsa, Manager, Sexual Health and Alison Locker, Manager, Population Health Assessment and Surveillance to provide an update on the opioid crisis in Middlesex-London.

S. Dhinsa provided an overview of activities within the Health Unit regarding the opioid crisis. Opioid poisonings and opioid toxicity deaths in Middlesex-London have continued to escalate from 2017 to 2022. A new report from Public Health Ontario shows that since the start of the pandemic, increasingly individuals are dying from multiple toxic substances.

A. Locker provided epidemiological data regarding opioid use in the community. Before the pandemic, the rate of opioid related hospital visits and deaths was increasing in the region and Ontario. Throughout the pandemic, opioid related hospital visits increased by 92%, from 37 in January 2020 to 71 in December 2022, and 121 visits in July 2021. In 2020, there was an average of 9 opioid-toxicity deaths reported each month, further increasing by 29% in 2021.

A. Locker noted that since mid-2017, the rates of opioid related hospital visits in the Middlesex-London region have consistently exceeded the Ontario rate. Through 2022, local rates ranged from 110 to 150 hospital visits per month per 100,000 population. During the first 9 months of 2022, the rate of opioid-related deaths in the Middlesex-London region ranged from 14 to 30 deaths per 100,000 population and exceeded the provincial rate.

The local Opioid Working Group, and many community partners (including the Health Unit) continue to work together to help minimize the adverse effects of the opioid crisis, including opioid toxicity, other negative outcomes, and death. Current interventions include:

- Needle Syringe Program
- Naloxone Distribution Program
- International Overdose Awareness Day
- Consumption and Treatment Services
- Local Drug Alerts
- The Safer Opioid Supply Program
- The Community Drug and Alcohol Strategy

In response, MLHU, the local Opioid Working Group, and community partners have continued to work together to offer a variety of interventions to minimize adverse effects. Final reflections included:

- Opioid poisonings and deaths have continued to escalate beyond the COVID-19 pandemic.
- The use of multiple substances combined with the adulteration of the drug supply is complicating the treatment of overdoses, contributing to increased fatalities.
- There is a continued need for community-based treatment and harm reduction interventions, community collaboration, and upstream prevention to reduce opioid poisonings in the Middlesex-London region.

- There is also a need to expand healthcare and community-based interventions to address multiple concurrent substance use disorders.

Chair Newton-Reid asked for clarification on if the term “benzos” was the technical term for fentanyl or if it was a different substance that is causing the rise in deaths and hospitalizations. S. Dhinsa explained that “benzos” (benzodiazepines) and fentanyl are separate substances. Benzodiazepines are depressants and related overdoses cannot be reversed using naloxone, as they remain in the system for longer and do not respond to treatment as quickly. S. Dhinsa noted that due to mixing of these substances, calling 911 is necessary to treat an individual in crisis.

Dr. Summers noted that the 6-7-year trend in opioid related deaths in Middlesex-London is not dramatic compared to the province and is consistent across the province and Canada. The number of emergency department visits is higher because of data time frame difference; there are opioid related visits coded at the emergency rooms but reflects the region’s ongoing role as a service center for mental health and addiction. The intersection of homelessness and lack of economic opportunity is contributing to greater substance use risk and associated opioid use.

Board Member Mike Steele noted that the Needle Syringe Program had distributed 1.7 million syringes in 2022, and inquired if this was expected and relatively the same number throughout the province. S. Dhinsa noted that the distribution number of syringes has not increased dramatically but has been higher. The program ensures there are ample supplies for safety reasons and clients take as much as they need or for their friends in the community. Dr. Summers added the use of safe supplies decreases the risk of blood borne infection.

M. Steele inquired if the Health Unit or the Regional HIV/AIDS Connection tracks the number of clients using the Needle Syringe Program. S. Dhinsa noted that there were 200 visits (to the program for safe supplies) in 2020, 742 in 2021, 388 in 2022, and 3596 from January-September 2023. The larger portion of visits have occurred at the permanent safe injection site on 446 York Street, and the Middlesex-London Health Unit’s location at 355 Wellington (Clarence Street) is now the only safe supply location in the downtown core.

Board Member Skylar Franke inquired on the response of public health regarding the narrative that providing safer drug supply to those who use drugs increases addiction. Dr. Summers noted that further assessment is needed both of those clients who use drugs who have not gone to the safe supply or safe injection sites and in the surrounding community of these sites. For clients who have used safe injection sites, the program has given them safety in the supplies used and as a result, lessen strains on primary care with a harm reduction approach. Dr. Summers added that illicit drugs are causing overdoses and deaths, and there was a growing challenge before safer supply programs were introduced. Dr. Summers concluded that the safe supply location has demonstrated to be positive to those using drugs who would seek treatment or recovery and has not demonstrated to start drug use in those who were not previously using.

It was moved by **M. Smibert, seconded by S. Franke**, *that the Board of Health receive Report No. 58-23 re: “Opioid Crisis Update-2023” for information.*

Carried

2023-2024 Respiratory Season Review and Update (Report No. 59-23)

Dr. Joanne Kearon, Associate Medical Officer of Health introduced Jordan Banninga, Manager, Infectious Disease Control and A. Locker to provide an update on this respiratory season.

A. Locker provided an overview of the current season of respiratory illness:

- COVID-19 cases and outbreaks dominated the 2022-2023 respiratory season, as has been the case since the 2019-2020 season. There have been approximately 7800 COVID-19 cases and 177 institutional COVID-19 outbreaks since 2022.
- After several seasons of no or low influenza cases and outbreaks, activity in the 2022-2023 season was more comparable to pre-pandemic levels.
- Other respiratory pathogens also circulated in the 2022-2023 and were identified in outbreaks.
- For a few respiratory seasons after 2020, illness reports were almost exclusively COVID-19. After the pandemic, there are pathogens such as Influenza A, RSV and Rhinovirus being detected.
- Summer months see respiratory pathogens, but not as evident as the winter and fall months.
- After a 2022-2023 season that extended into the summer months, respiratory trends from September and early October justified declaring the start to the 2023-2024 season on October 5, 2023.

J. Banninga reviewed public health interventions used to respond to 2023-2024 Respiratory Season. These included vaccine distribution, mass vaccination clinics, mobile vaccination clinics, infection prevention and control, and outbreak investigation and management. J. Banninga also highlighted that the Health Unit participated in two respiratory preparedness exercises on August 16 and September 25. The local exercise held on September 25 included 37 participants from the health system, and provided a review of what to know, and what to expect for the 2023-24 Respiratory Season.

Chair Newton-Reid inquired when COVID-19 vaccine eligibility would be expanded to the general population. Dr. Summers noted that the vaccine eligibility expansion date would be on or around October 30 for the general population to receive their COVID-19 vaccine. Dr. Summers also noted that the Health Unit would strive to provide the Board of Health an annual report on respiratory season for awareness.

It was moved by **S. Menghsha**, **seconded by S. Franke**, *that the Board of Health receive Report No. 59-23 re: "2023-2024 Respiratory Season Review and Update" for information.*

Carried

Compliance with the Immunization of School Pupils Act in Middlesex-London Update (Report No. 60-23)

M. Albanese introduced Tracey Gordon, Manager, Vaccine Preventable Disease and A. Locker to provide an update on the compliance of immunization of students in the Middlesex-London region.

T. Gordon reminded the Board of Health that the *Immunization of Student Pupils Act (ISPA)* requires students attending elementary and secondary school to have proof of up-to-date immunization or provide a valid exemption. In 2022 and 2023, the Health Unit launched an initiative to increase immunization coverage through enforcement of the ISPA.

T. Gordon noted that strategies to support vaccination for students in the region included suspension letters noting reminders of required vaccinations and exemption information, and catch up clinics at the Health Unit offices in London, Strathroy and the Western Fair Vaccination Clinic. The Vaccine Preventable Disease team mailed 32,591 letters, sent suspension notices to 21,869 students, and suspended 5805 students spread out over 6 months. There were 312 clinics at Health Unit locations, with 13,250 students vaccinated from November 2021 – May 2022. Regarding impacts, the Health Unit data is still pending from Public Health Ontario, but preliminary local data is positive.

A. Locker provided a brief overview of the data associated with student vaccination uptake, noting that school year vaccination data is captured from September 1 – August 31.

In the 7-17-year old cohort, between the 2021-22 and 2022-23 school years, coverage estimates for ISPA reportable diseases (diphtheria, measles, meningococcal disease, mumps, pertussis, poliomyelitis, rubella, and tetanus) all increased between 8% and 22%. Coverage estimates for diphtheria, pertussis, and tetanus were approximately 65%. In the 2022-23 school year, the preliminary coverage estimates for the same diseases were approximately 87%. Coverage estimates for measles, meningococcal disease, mumps, poliomyelitis, and rubella were 81%-90%. Preliminary coverage estimates for these diseases increased to 91%-95%.

It was moved by **M. McGuire, seconded by M. Smibert**, *that the Board of Health receive Report No. 60-23 re: "Compliance with the Immunization of School Pupils Act in Middlesex-London" for information.*

Carried

Current Public Health Issues (Verbal)

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

Highlights included the topics of:

Respiratory Season

COVID-19 laboratory confirmed cases and outbreaks have decreased from the previous week, but the Middlesex-London region is still entering the 2023-2024 respiratory season. Wastewater positivity testing for COVID-19 has slightly increased since August. On October 5, the Health Unit issued a media release advising the start of respiratory season.

Recommendations from Middlesex-London Health Unit include:

- Get fall respiratory vaccines (COVID-19 and influenza) when eligible
- Masking in public indoor environments
- Washing hands often
- Staying home when unwell
- The Health Unit is now requiring masking in all its clinical settings

The XBB.1.5 monovalent COVID-19 vaccine became available in the mass vaccination clinic at the Western Fair on October 6, with approximately 350 appointments each day. Pharmacies are now beginning to receive and administer the XBB1.5. COVID-19 vaccine and the influenza vaccine.

Health and Homelessness

On October 5, City of London Council approved the first 5 Hub locations and lead agencies:

- Atlohsa Family Healing Services Hub: 550 Wellington Road (open December 2023)
- Youth Opportunities Unlimited (2 sites):
 - 800 Commissioners Rd. E (open May 2024)
 - Joan's Place, 329 Richmond St. (open December 2023)
- Canadian Mental Health Association (CMHA) and CMHA Thames Valley (2 sites):
 - 556 Dundas St. (open December 2023)
 - 705 Fanshawe Park Rd. (open May 2024, pending rezoning)

The Middlesex-London Health Unit continues to be part of conversations with other community partners regarding this matter.

MLHU in the News

Media for the Middlesex-London Health Unit was focused on vaccination for COVID-19, with the opening of the fall vaccination season and the start of respiratory season.

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

Carried

Medical Officer of Health Activity Report for September (Report No. 61-23)

Dr. Summers presented his activity report for September. There was no discussion on this report.

It was moved by **S. Franke, seconded by M. McGuire**, *that the Board of Health receive Report No. 61-23 re: "Medical Officer of Health Activity Report for September" for information.*

Carried

Chief Executive Officer Activity Report for September (Report No. 62-23)

Emily Williams, Chief Executive Officer presented her activity report for September. There was no discussion on this report.

It was moved by **A. DeViet, seconded by P. Cuddy**, *that the Board of Health receive Report No. 62-23 re: "Chief Executive Officer Activity Report for September" for information.*

Carried

CORRESPONDENCE

It was moved by **M. McGuire, seconded by P. Cuddy**, *that the Board of Health receive the following items for information:*

- a) Middlesex County re: Middlesex-London Health Unit 2024 Budget*
- b) Huron Perth Public Health re: Support for Healthy Public Policy Regarding Alcohol Marketplace and Product Sales*
- c) Huron Perth Public Health re: Bill 93, Joshua's Law, Lifejackets for Life, 2023*
- e) Timiskaming Health Unit re: Universal, No-cost Coverage for all Prescription Contraceptive Options for all Ontarians*
- f) Peterborough Public Health re: Section 50 Agreements*
- g) Middlesex-London Board of Health External Landscape for October*

Carried

It was moved by **S. Franke, seconded by M. Smibert**, *that the Board of Health endorse item d) re: Windsor-Essex County Health Unit re: Investing in a Sustainable Federal School Food Policy.*

Carried

OTHER BUSINESS

The next meetings of the Middlesex-London Board of Health are Thursday, November 9, 2023 at 1 p.m. (Special Board of Health) and Thursday, November 16, 2023 at 7 p.m. (Regular Board of Health).

CLOSED SESSION

At **8:11 p.m.**, it was moved by **S. Franke, seconded by M. McGuire** that the Board of Health will move into a closed session to consider matters regarding labour relations or employee negotiations, personal matters about an identifiable individual, including Board employees, litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board, advice that is subject to solicitor-client privilege, including communications necessary for that purpose, and to approve previous confidential Board of Health minutes.

Carried

At **9:56 p.m.**, it was moved by **A. DeViet, seconded by S. Franke**, that the Board of Health return to public session from closed session.

Carried

ADJOURNMENT

At **9:56 p.m.**, it was moved by **P. Cuddy, seconded by S. Menghsha**, that the meeting be adjourned.

Carried

MATTHEW NEWTON-REID
Chair

EMILY WILLIAMS
Secretary



TO: Chair and Members of the Board of Health

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

DATE: 2023 November 16

MONITORING FOOD AFFORDABILITY AND IMPLICATIONS FOR PUBLIC POLICY AND ACTION (2023)

Recommendations

It is recommended that the Board of Health:

- 1) *Receive Report No. 69-23 re: “Monitoring Food Affordability and Implications for Public Policy and Action (2023)” for information; and*
- 2) *Forward Report No. 69-23 re: “Monitoring Food Affordability and Implications for Public Policy and Action (2023)” to Ontario Boards of Health, the City of London, Middlesex County, and appropriate community agencies.*

Key Points

- Local food affordability monitoring is a requirement of the [Ontario Public Health Standards](#).
- The 2023 Ontario Nutritious Food Basket survey results demonstrate a rise in food costs since 2022, and incomes when dependent on social assistance are not adequate for many Middlesex-London residents to afford basic needs.
- Food insecurity has a pervasive impact on health; and there is an ongoing need for income-based solutions.

Background

This report is a follow-up to [Report No. 25-23 “Monitoring Food Affordability and Implications for Public Policy and Action”](#) which included the results of food affordability monitoring from 2022.

Food insecurity, defined as inadequate or insecure access to food due to financial constraints, is a key social determinant of health¹. In 2022, approximately one in six households in Middlesex-London were food insecure, which amounts to nearly 84,000 residents living in food insecure households^{2,3}. Food insecurity is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress^{4,11} ([Appendix A](#)).

Routine monitoring of food affordability helps generate evidence-based recommendations for collective public health action to address food insecurity, which is often tied to income inadequacy. The [Ontario Public Health Standards](#) require monitoring local food affordability as mandated in the [Population Health Assessment and Surveillance Protocol, 2018](#). The Ontario Nutritious Food Basket (ONFB) is a survey tool that measures the cost of eating as represented by current national nutrition recommendations and average food purchasing patterns.

The [Ontario Dietitians in Public Health](#) (ODPH), in collaboration with Public Health Ontario (PHO) develops, tests, and updates tools for monitoring food affordability for all Ontario public health units. The current ODPH costing tool uses a hybrid model of in-store and online data collection.

In May 2023, the estimated local monthly cost to feed a family of four was \$1,124 ([Appendix B](#)), an increase from \$1,084 in May 2022. Local monthly food and average rental costs are compared to a variety of household and income scenarios, including households receiving social assistance, minimum wage earners, and median incomes ([Appendix B](#)). The scenarios include food and rent only and are not inclusive of other needs (i.e., utilities, Internet, phone, transportation, household operations and supplies, personal care items, clothing etc.). Households with low incomes spend up to 47% of their after-tax income on food, whereas households with adequate incomes (family of 4) only spend approximately 12% of their after-tax income. The scenarios highlight that incomes and social assistance rates have not kept pace with the increased cost of living.

Half of food insecure households in Canada receive wages, salaries, or are self-employed¹. Living wages help to protect individuals against food insecurity. A living wage is the hourly wage a full-time worker needs to earn to afford basic expenses and participate in community life. In London and Middlesex County, the 2022 living wage was \$18.85 per hour¹², compared to the Ontario minimum wage of \$15.50. The data collected from the ONFB survey is used to calculate living wages for different regions across Ontario.

In April 2023, the Board of Health moved to forward [Report No. 25-23 “Monitoring Food Affordability and Implications for Public Policy and Action”](#) to Ontario Boards of Health, the City of London, Middlesex- County and appropriate community agencies. Additionally, the Board carried a motion that the Board of Health shall direct the chair to write a letter on behalf of the Board of Health to the Minister of Children, Community and Social Services, and local members of Provincial parliament to advocate for an increase in social assistance payments in regards to the affordability of food.

In June 2023, a [resolution](#) presented by ODPH was passed at the Association of Local Public Health Association’s (ALPHA) conference. The resolution calls on the Province of Ontario to: 1) utilize food affordability monitoring results from public health units in determining the adequacy of social assistance rates to reflect the current costs of living; 2) index Ontario Works rates to inflation; and 3) legislate targets for reduction of food insecurity.

Continued work is needed at the MLHU to address food insecurity and the significant implications it has on health and well-being. Through ongoing surveillance, the MLHU can continue to highlight the need for upstream income-based solutions and programs that address both food affordability and access.

An infographic regarding food insecurity is appended as [Appendix C](#).

This report was submitted by the Healthy Living Division.



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



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

References

- ¹ Tarasuk V, Li T, Fafard St-Germain AA. (2022). Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>.
- ² Ontario Agency for Health Protection and Promotion (Public Health Ontario). Household food insecurity estimates from the Canadian Income Survey: Ontario 2019-2022. Toronto, ON: King's Printer for Ontario; 2023.
- ³ Middlesex-London Health Unit (2019). Total population and density. Retrieved from <https://communityhealthstats.healthunit.com/indicator/geography-anddemographics/total-population-and-density>
- ⁴ Jessiman-Perreault G, McIntyre L. (2017). The household food insecurity gradient and potential reductions in adverse population mental health outcomes in Canadian adults. *SSM - Population Health*, 3:464-472.
- ⁵ Vozoris, NT, Tarasuk VS. Household food insufficiency is associated with poorer health. (2003). *The Journal of Nutrition*, 133(1):120-126.
- ⁶ Tarasuk V, Mitchell A, McLaren L, et al. (2013). Chronic physical and mental health conditions among adults may increase vulnerability to household food insecurity. *The Journal of Nutrition*, 143(11):1785-1793.
- ⁷ Men F, Gundersen C, Urquia ML, et al. (2020). Association between household food insecurity and mortality in Canada: a population-based retrospective cohort study. *Canadian Medical Association Journal*, 192(3):E53-E60.
- ⁸ McIntyre, L, Williams, JV, Lavorato, DH, et al. (2013). Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. *Journal of Affective Disorders*, 150(1):123-129.
- ⁹ Kirkpatrick, SI, McIntyre, L, & Potestio, ML. (2010). Child hunger and long-term adverse consequences for health. *Archives of Pediatrics and Adolescent Medicine*, 164(8):754-762.
- ¹⁰ Melchior, M, Chastang, J F, Falissard, B, et al. (2012). Food insecurity and children's mental health: A prospective birth cohort study. *PLoS ONE*, 2012;7(12):e52615.
- ¹¹ Ontario Dietitians in Public Health. (2020). Position statement and recommendations on responses to food insecurity. Retrieved from <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>.
- ¹² Coleman, A. Calculating Ontario's living wages. Kitchener, ON: Ontario Living Wage Network; November 2023. Retrieved from https://assets.nationbuilder.com/ontariolivingwage/pages/110/attachments/original/1699276527/Calculating_Ontario's_Living_Wages_-_2023.pdf?1699276527

Middlesex-London Income and Cost of Living Scenarios for 2023

	Income ¹	Rent ²	Food ³	What's Left? ⁴	% Income for Rent	% Income for Food
Single Person Ontario Works	\$865	\$860	\$405	-\$400	99%	47%
Single Person Ontario Disability Support Program	\$1,369	\$1,124	\$405	-\$160	82%	30%
Single Pregnant Person Ontario Disability Support Program	\$1,409	\$1,124	\$384	-\$99	80%	27%
Single Person Old Age Security/Guaranteed Income Security	\$1,993	\$1,124	\$290	\$579	56%	15%
Single Parent with 2 Children Ontario Works	\$2,560	\$1,393	\$826	\$341	54%	32%
Family of 4 Ontario Works	\$2,794	\$1,607	\$1,124	\$63	58%	40%
Family of 4 Minimum Wage Earner	\$4,160	\$1,607	\$1,124	\$1,429	39%	27%
Family of 4 Median Income (after tax)	\$9,284	\$1,607	\$1,124	\$6,553	17%	12%

Income¹

Income scenarios are prepared annually by Ontario Dietitians in Public Health to support public health units across Ontario to monitor local and provincial food affordability. A comprehensive review of the income scenario calculations was conducted in September 2023 by [WoodGreen Community Services](#).

Income estimates for each scenario include all family and tax benefit entitlements available to Ontario residents (e.g., Climate Action Incentive Payment, Ontario Trillium Benefit, Canada Child Benefit, GST/HST credit, Canada Worker Benefit). Individual income amounts may be lower if individuals do not file their income tax and/or do not apply for all available credits and benefits.

The main income source for each scenario was estimated for May/June 2023. The exception is median income obtained from Statistics Canada, as the most recent data are from 2021. Combined Ontario median income for couples with children was utilized, with deductions made for income tax, Employment Insurance, and Canada Pension Plan.

Data Sources:

Government of Canada (2023). Child and family benefits calculator. Accessed October 16, 2023 from <https://www.canada.ca/en/revenue-agency/services/child-family-benefits/child-family-benefits-calculator.html>.

Ministry of Children, Community and Social Services (2023). Social Assistance, Pension, and Tax Credit Rates: April – June 2023.

FOOD INSECURITY IN MIDDLESEX-LONDON 2023

Report No. 69-23: Appendix C

Everyone should have access to a nutritious, adequate, and culturally acceptable diet

What is food insecurity?¹

- The inadequate or insecure access to food due to financial constraints
- Skipping meals or buying less nutritious foods to pay for other expenses
- Negatively impacts physical, mental, and social health



What is affected by food insecurity?^{1,2,3}



1 in 6 households in Middlesex-London are food insecure

= 84,000 people

Almost 84,000 people in Middlesex-London live in food insecure households

Half of households who struggle to put food on the table have paid employment.

Income-based solutions are needed

- Social assistance rates based on living costs
- Jobs with livable wages and benefits



Single person receiving Ontario Works⁴



* Income includes all eligible benefits and credits ** Cost for a bachelor apartment from CMHC⁵

What can you do?

- Be aware
- Spread the word about food insecurity
- Try the [makethemonth.ca](https://www.makethemonth.ca) challenge
- Volunteer for the [Community Volunteer Income Tax Program](#)
- Donate time, skills, or money to support local organizations



References

- (1) Tarasuk V, Li T, Fafard St-Germain AA. (2022). Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>
- (2) Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2023). Household food insecurity estimates from the Canadian Income Survey: Ontario 2019-2022. Toronto, ON: King's Printer for Ontario.
- (3) Middlesex-London Health Unit (2019). Total population and density. Retrieved from <https://communityhealthstats.healthunit.com/indicator/geography-and-demographics/total-population-and-density>
- (4) Middlesex-London Health Unit (November 2023). Report No. xx-23 Monitoring food affordability and implications for public policy and action. Retrieved from www.healthunit.com/2023-11-16-boh-agenda
- (5) Canadian Mortgage and Housing Corporation (January 2023). Rental Market Survey: London, 2022, Table 1.1.2 Private Apartment Average Rents (\$), by Zone and Bedroom Type - London CMA. Accessed October 12, 2023 from <https://www.cmhc-schl.gc.ca/professionals/housing-markets-data-and-research/housing-data/data-tables/rental-market/rental-market-report-data-tables>.
- (6) All images from Piktochart



TO: Chair and Members of the Board of Health

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

DATE: 2023 November 16

MLHU ONTARIO LIVING WAGE NETWORK CERTIFICATION

Recommendation

It is recommended that Report No. 70-23 re: “MLHU Ontario Living Wage Network Certification” be received for information.

Key Points

- The Middlesex-London Health Unit (MLHU) was previously recognized as a Living Wage employer in May 2016 through the London Living Wage initiative.
- London Elgin Oxford has a [Living Wage of \\$18.05 per hour](#).
- The Board of Health passed a motion at the April 20, 2023 Board of Health meeting to investigate seeking a living wage certification.
- MLHU has obtained certification as a Living Wage Champion as of October 16, 2023.

Background

The [Ontario Living Wage Network](#) (OLWN) is a network of employers, employees, non-profits, and researchers who certify and advocate for proponents of Living Wage work standards for all Ontario workers.

A Living Wage is not the same as the minimum wage, which is the legislated minimum all employers must pay and is set by the provincial government. The living wage reflects what people need to earn to cover the actual costs of living in their community. A Living Wage ensures families are not under severe financial stress, promotes social inclusion, and helps families achieve a basic level of economic security, which aligns with the principles of health equity. The Living Wage is calculated based on the needs of a family of four with two parents each working full-time, full year. The OLWN has indicated that London Elgin Oxford has a [living wage of \\$18.05 per hour](#).

The MLHU collaborated as a partner on the Living Wage project and was previously recognized as a Living Wage employer in May 2016 through the London Living Wage initiative. At the April 20, 2023 Board of Health meeting, the following motion was made to seek a new certification for the Middlesex-London Health Unit:

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

Effective October 16, 2023, MLHU successfully obtained certification as a Living Wage Champion. The Champion level of certification signifies that all direct and indirect employees of MLHU are paid at or above the Living Wage, or will be within the next six months, and that any contractors who provide services to MLHU are paid at or above the Living Wage.

Next Steps

The OWLN will coordinate a certification announcement for MLHU and provides material to identify MLHU as a certified living wage employer.

This report was prepared by the Human Resources Team, Healthy Organization Division.



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



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



TO: Chair and Members of the Board of Health

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

DATE: 2023 November 16

2023 Q3 FINANCIAL UPDATE AND FACTUAL CERTIFICATE

Recommendation

It is recommended that the Board of Health receive Report No. 71-23 re: “2023 Q3 Financial Update and Factual Certificate” for information.

Key Points

- This comprehensive report covers key financial elements to assist with strategic decision making.
- It includes an Executive Summary and commentary on key segments of the Health Unit including:
 - Shared Funded Programs
 - 100% Funded Programs
 - Cashflow, which also includes a Financial Borrowing update
- The following schedules are also provided:
 - Financial Overview, plus
 - MLHU 100% Funded Programs
 - MLHU2 100% Funded Programs
 - Department Expenses
 - Department Funding
 - Cashflow Schedule
 - Factual Certificate

Background

The reporting focuses on key segments of the Health Unit and less on transactional review. This information is intended to inform and assist with strategic decision making.

Financial Highlights

Please refer to the attached report ([Appendix A](#)) to review the financial update and factual certificate.

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

Handwritten signature of Emily Williams in black ink.

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

Handwritten signature of Alexander T. Summers in black ink.

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

Middlesex London Health Unit

Financial Update

Ending September 30, 2023

These are Non-Consolidated Results

MLHU – fiscal Jan-Dec: Q3 Results from January to September 2023

MLHU2 – fiscal Apr-Mar: Q2 Results from April to September 2023

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Executive Summary

This package will highlight the financial progress of the Middlesex-London Health Unit including corporate and all program expenses up to September 30, 2023. The schedules have been modified to include both MLHU (programs from January to December) and MLHU2 (programs from April to March).

MLHU – Shared Funded Programs: These programs operate from January to December and are funded using Ministry, Municipal and revenue generated internally. They represent nearly \$31 million, or 62% of the overall budget and form the majority of the base budget.

Total expenses from January to September generated \$338k favourability (salaries, benefits and gap were \$154k unfavourable to budget offset with reduced spending in general expenses of \$492k).

Forecast indicates unfavourable expenses will be offset with the additional 1% prorated Ministry funding and the Health Unit pausing on the \$100k transfer to the Funding Stabilization Reserve (to be reviewed in Q4).

MLHU 100% Funded Programs: These programs also operate from January to December but have their own discreet funding. They represent nearly \$16 million, or 32% of the overall budget and include COVID-19, School Focused Nurses Initiative, Ontario Seniors Dental Care Program (OSDCP), and Funding for Cannabis Legalization.

COVID-19 actual expenditures total \$4.9 million with no funding to date and a conservative forecast of \$7 million. OSDCP funding was approved at a prorated \$3.2 million with a forecast reflecting a small surplus.

This area will be impacted in 2024 as the Ministry funding is expected to be eliminated for COVID-19 and School Focused Nurses Initiative.

MLHU2 100% Funded Programs: These programs operate from April to March and also have their own discreet funding. They represent nearly \$3 million, or the remaining 6% of the budget and include Smart Start for Babies, Best Beginnings, Shared Library Services, and FoodNet Canada.

Financially, there are no concerns with these programs and expenses are where they are expected to be for September.

Cashflow: The year began with \$4.2 million and ended September with \$2.5 million. Please note there has been no funding to support the current year COVID-19 programs and without this funding, the bank balance will decline during Q4, but is expected to remain in a small positive balance.

If you have any questions regarding this information, or suggestions on content, please contact the undersigned. Thank you.

On behalf of the Finance Team within the Healthy Organization Division,



Dave Jansseune, CPA, CMA
Assistant Director, Finance



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

MLHU – Shared Funded Programs

These programs operate from January to December and use shared funding from the Ministry, Municipalities and some internally generated revenue. They represent nearly \$31 million, or 62% of the overall budget.

Salaries, Overtime and Benefits: January to September actual expenses were \$18,901k vs budget of \$19,931k generating a favourable variance of \$1,030k. Within this variance was \$209k fav caused from allocating labour to MLHU2 programs to facilitate its year-end close in March. The remaining \$821k favourability is equivalent to approximately 14 vacancies across the organization.

General Expenses: Expenditures totaled \$4,370k vs budget of \$4,863k generating a \$492k fav variance.

Program Supplies \$218k fav: reduced oral contraceptives, postage & courier, advertising and general program materials & supplies.

Interest Expense \$204k fav: no utilization of the line of credit and higher interest rates resulted in increased interest earned on a positive bank balance throughout the year.

Professional Services \$170k fav: reduced spending in IT consulting, legal, and seasonal timing of expenses within a few programs.

Occupancy Costs \$62k unf: due to the timing of actual vs budgeted insurance payments.

Gap: This refers to a budgeted reduction, or override, of expenses to generate a balanced budget and is opposite to budgeted contingency. The gap would be covered through unintended vacancies, the vacant time taken to fill a position, or differences in pay bands of staff leaving vs staff coming to the Health Unit.

The gap absorbed during the first nine months was \$1,184k and flows as a negative variance (which should be offset with favourability on the Salaries & Wages line - \$1,184k unf vs \$1,061k fav).

Transfer to/(from) Reserve: The in-year transfer comes from the Employment Cost Reserve and was approved by the Board during November 2022. This transfer was used to offset some salary increases as opposed to further increasing inflationary pressures in the 2023 budget.

Forecast: The combined salaries, benefits and gap will be unfavourable to budget by ~\$521k. General expenses will continue to track favourable and offer ~\$363k. There will also be some upside to funding with the 1% approved increase from the Ministry. Budgeted Transfer to/(from) Reserves includes a 2023 contribution of \$100,000 to the Funding Stabilization Reserve. This contribution will be dependent on in-year surplus and has therefore been excluded from forecast (to be reviewed in December).

Although the forecast is an estimate, the numbers indicate the Health Unit should meet budget with a small surplus. If there is enough of a surplus, then the budgeted contribution to reserve for \$100k will be made. Please note the forecast excludes any uptake in the Voluntary Retirement Incentive Program offering.

MLHU – 100% Funded Programs

These four programs operate from January to December and have their own discreet funding. They represent nearly \$16 million, or 32% of the overall budget.

COVID-19 (both Vaccine Clinics and Case & Contact Management): These programs were budgeted at \$10.7 million and are funded from the Ministry of Health with funding expected to end December 2023.

Total expenditures at September 30th were \$4,892k vs budget \$8,145k – an exact budget was difficult to develop due to the uncertainty related to Ministry expectations for Health Unit COVID-19 programs. COVID-19 has a conservative forecast of \$7 million for 2023 (Clinics \$4.3 vs C&CM \$2.7 million), down from the \$20 million in the previous year.

Funding: The Health Unit received net \$4.3 million in February/March for 2022 programs but has not received any funding for the 2023 programs yet.

Similar to previous years, any surplus from Shared Funded Programs would be used to reduce COVID-19 expenditures which will result in reduced COVID-19 funding. Shared Funded and COVID-19 Programs will be balanced again for 2023, no surplus and no deficit.

School Focused Nurses Initiative (SFNI): This program was budgeted at \$1.4 million and is funded from the Ministry of Health with funding that ended as of June 2023.

Total expenditures for this program were \$782k vs approved funding at \$1.1 million. The Health Unit submitted \$1.4 million as an annual budget but was unsure if this would be reduced by 50% to align with the June 30th funding end date (and the reason for the actual spend at approx. half of the budget).

Seniors Dental: This program was budgeted at \$3.7 million and is also funded from the Ministry of Health. Approved funding was prorated to \$3.2 million and was announced August 29th. Program funding is anticipated to continue beyond 2023 in the amount of \$3,492k per year (the 2024 budget will need to be reviewed to remove \$202k to balance expenses to the newly announced funding).

Spending was modest during the first half of the year as the Strathroy location was under construction and approved funding was unknown. The forecast includes increased spending for outside dentists (to reduce the wait list) and also increased spending for dentures.

City of London Cannabis Legalization Implementation Funding (CLIF): This program was budgeted at \$0.2 million and is funded from the City of London. Program funding has ended, and these funds represent City-approved carryover amounts.

MLHU2 – 100% Funded Programs

These four programs operate from April to March and have their own discreet funding. They represent nearly \$3 million, or the remaining 6% of the overall budget. Please note these financials for MLHU2 represent only six months, or the second quarter results from April to September.

Smart Start for Babies: This program was budgeted at \$152k and is funded from Public Health Agency of Canada.

Total expenditures at September 30th were \$64k vs budget \$76k. General expenses remain underspent offset with higher than budgeted salaries and wages. This spending trend is expected to remain till year end.

Best Beginnings: This program was budgeted at \$2,483k and is funded from the Ministry of Children, Community and Social Services.

Total expenditures at September 30th were \$1,265k vs budget \$1,242k. This program is spending to budget and is expected to finish the year as such.

Shared Library Services: This program was budgeted at \$108k and is funded from Public Health Ontario.

Total expenditures at September 30th were \$54k vs budget \$54k. This program is also on track to meet budget.

FoodNet Canada: This program was budgeted at \$116k and is also funded from Public Health Agency of Canada.

Total expenditures at September 30th were \$29k vs budget \$58k. Discussions are underway with the Manager to understand the variance in spending and the forecasted decrease from budget.

Why is the forecast all balanced?

These programs are funded (or reimbursed) based on audited expenses. Funding will equal expenses when the process is completed to ensure there is no surplus and/or no deficit.

MLHU2 has its own set of financial statements that are used to establish reimbursement from funders.

Cashflow Projections

Bank balances: January 1st was \$4,223,858 positive and September 30th was \$2,501,046 positive.

Financial Borrowing Update as at September 30, 2023

Total available line of credit: \$8 million with no draw.

Outstanding bank loans:

Fixed \$3,050,000 owing \$2,707,534.

Variable \$1,150,000 owing \$991,875 – excluding prepayment amounts in October & November.

The variable loan balance would be \$487,651 if the prepayments were applied now.

Significant Cash Events in 2023 (excluding “regular” funding & disbursements)

January

- Ministry claw backs for School Focused Nurses Initiative \$215k and Seniors Dental \$747k. These claw backs relate to 2022 programs.

February

- COVID-19 funding for \$6.7 million related to the 2022 program (\$2.4 million clawed back in March).
- Ministry claw back for School Focused Nurses Initiative \$278k, related to 2022 & in addition to January.
- CLIF funding received \$294,540.

March

- Received Ministry funding for School Focused Nurses Initiative \$494k for 2023. This amount offsets the two previous claw backs from January and February.
- Ministry clawed back COVID-19 funding \$2.4 million related to the 2022 program.

No other significant cash events from April to September.

October

- \$80,676. The County of Middlesex’s 2022 surplus portion that will be re-directed against the variable bank loan. Approved by the County and executed in October.

November

- \$423,548. Awaiting final Council approval from the City of London, this is the City’s 2022 surplus portion that will be re-directed against the variable bank loan.

Schedule A – Financial Overview

Financial Information ending September 30, 2023

(revenue)/expenses	Jan-Sep (9 mths)			Annual - January to December		
	Actual	Budget	fav/(unf)	Fcst	Budget	fav/(unf)
MLHU (Programs funded January to December, 2023)						
Shared Funded Programs						
Grants, User Fees & Other Income	(23,388,630)	(23,156,299)	232,331	(31,108,170)	(30,875,065)	233,105
Salaries & Wages	14,794,973	15,855,956	1,060,983	19,555,531	20,612,743	1,057,212
Salaries & Wages Overtime	52,684	15,606	(37,077)	57,365	20,288	(37,077)
Benefits	4,053,114	4,059,224	6,110	5,285,812	5,284,439	(1,373)
General Expenses	4,370,353	4,862,834	492,481	6,120,637	6,483,778	363,141
Gap	0	(1,184,088)	(1,184,088)	0	(1,539,315)	(1,539,315)
Total Expenses	23,271,123	23,609,532	338,408	31,019,346	30,861,933	(157,413)
Transfer to/(from) Reserves	(86,868)	(86,868)	0	(86,868)	13,132	100,000
Shared Funded Programs: (Surplus) / Deficit	(204,375)	366,365	570,740	(175,692)	(0)	175,692
100% Funded Programs						
Grants, User Fees & Other Income	(3,479,074)	(11,964,475)	(8,485,401)	(11,398,960)	(15,952,633)	(4,553,673)
Salaries & Wages	4,868,243	6,449,855	1,581,611	6,508,109	8,384,811	1,876,702
Salaries & Wages Overtime	159,310	927,763	768,453	320,834	1,206,092	885,258
Benefits	938,997	1,377,102	438,105	1,250,725	1,790,232	539,507
General Expenses	1,671,041	3,428,624	1,757,583	2,823,388	4,571,498	1,748,110
Total Expenses	7,637,590	12,183,343	4,545,753	10,903,056	15,952,633	5,049,578
100% Funded Programs: (Surplus) / Deficit	4,158,516	218,868	(3,939,648)	(495,904)	0	495,905
Total MLHU, Shared & 100% Funded Programs						
Grants, User Fees & Other Income	(26,867,704)	(35,120,774)	(8,253,069)	(42,507,130)	(46,827,698)	(4,320,568)
Salaries & Wages	19,663,216	22,305,811	2,642,595	26,063,640	28,997,554	2,933,914
Salaries & Wages Overtime	211,993	943,369	731,376	378,199	1,226,380	848,181
Benefits	4,992,111	5,436,326	444,215	6,536,537	7,074,671	538,134
General Expenses	6,041,393	8,291,457	2,250,064	8,944,025	11,055,276	2,111,251
Gap	0	(1,184,088)	(1,184,088)	0	(1,539,315)	(1,539,315)
Total Expenses	30,908,713	35,792,874	4,884,161	41,922,401	46,814,566	4,892,165
Transfer to/(from) Reserves	(86,868)	(86,868)	0	(86,868)	13,132	100,000
MLHU Q2 Total: (Surplus) / Deficit	3,954,141	585,233	(3,368,908)	(671,596)	(0)	671,596

(revenue)/expenses	Apr-Sep (6 mths)			Annual - April to March		
	Actual	Budget	fav/(unf)	Fcst	Budget	fav/(unf)
MLHU2 (Programs funded April 2023 to March, 2024)						
100% Funded Programs						
Grants, User Fees & Other Income	(1,161,350)	(1,429,772)	(268,421)	(2,818,584)	(2,859,543)	(40,959)
Salaries & Wages	1,066,725	1,061,431	(5,294)	2,104,394	2,122,862	18,468
Salaries & Wages Overtime	2,237	0	(2,237)	2,237	0	(2,237)
Benefits	280,998	265,227	(15,771)	546,225	530,454	(15,771)
General Expenses	62,622	103,114	40,492	165,727	206,227	40,500
Total Expenses	1,412,582	1,429,772	17,190	2,818,584	2,859,543	40,960
MLHU2 Q1 Total: (Surplus) / Deficit	251,232	0	(251,232)	(0)	0	0

Schedule A.1 – MLHU 100% Funded Programs

Financial Information ending September 30, 2023

<i>(revenue)/expenses</i>	Jan-Sep (9 mths)			Annual - January to December		
	Actual	Budget	fav/(unf)	Fcst	Budget	fav/(unf)
1. COVID-19 (816, 818): Grants, User Fees & Other Income	0	(7,991,264)	(7,991,264)	(7,008,138)	(10,655,019)	(3,646,881)
Salaries & Wages	3,392,968	4,314,403	921,435	4,663,354	5,608,724	945,370
Salaries & Wages Overtime	149,064	927,763	778,699	310,588	1,206,092	895,504
Benefits	595,630	901,548	305,918	820,207	1,172,012	351,805
General Expenses	754,019	2,001,143	1,247,125	1,213,988	2,668,191	1,454,203
Total Expenses	4,891,681	8,144,857	3,253,176	7,008,137	10,655,019	3,646,882
COVID-19: (Surplus) / Deficit	4,891,681	153,593	(4,738,088)	(1)	(0)	1
2. SFNI (819): Grants, User Fees & Other Income	(1,100,000)	(1,061,679)	38,321	(1,100,000)	(1,415,572)	(315,572)
Salaries & Wages	666,244	903,855	237,611	666,244	1,175,011	508,767
Salaries & Wages Overtime	7,915	0	(7,915)	7,915	0	(7,915)
Benefits	108,071	185,047	76,976	108,071	240,561	132,490
General Expenses	0	0	0	0	0	0
Total Expenses	782,230	1,088,902	306,671	782,230	1,415,572	633,342
School Focused Nurses Initiative: (Surplus) / Deficit	(317,770)	27,223	344,992	(317,770)	0	317,770
3. Seniors Dental (172): Grants, User Fees & Other Income	(2,211,110)	(2,769,861)	(558,751)	(3,166,500)	(3,693,148)	(526,648)
Salaries & Wages	757,925	1,138,333	380,408	1,099,425	1,479,833	380,408
Salaries & Wages Overtime	2,259	0	(2,259)	2,259	0	(2,259)
Benefits	227,095	272,010	44,915	308,698	353,614	44,915
General Expenses	896,507	1,394,777	498,269	1,577,984	1,859,702	281,718
Total Expenses	1,883,786	2,805,120	921,334	2,988,366	3,693,148	704,783
Seniors Dental: (Surplus) / Deficit	(327,324)	35,259	362,583	(178,134)	0	178,135
4. CLIF (128): Grants, User Fees & Other Income	(167,964)	(141,671)	26,294	(124,322)	(188,894)	(64,572)
Salaries & Wages	51,106	93,264	42,158	79,086	121,243	42,158
Salaries & Wages Overtime	71	0	(71)	71	0	(71)
Benefits	8,200	18,497	10,296	13,749	24,045	10,296
General Expenses	20,515	32,704	12,189	31,416	43,605	12,189
Total Expenses	79,893	144,464	64,572	124,322	188,894	64,572
City of London Cannabis Legalization: (Surplus) / Deficit	(88,071)	2,794	90,865	0	(0)	(0)
MLHU 100% Funded Programs Consolidated:						
Grants, User Fees & Other Income	(3,479,074)	(11,964,475)	(8,485,401)	(11,398,960)	(15,952,633)	(4,553,673)
Salaries & Wages	4,868,243	6,449,855	1,581,611	6,508,109	8,384,811	1,876,702
Salaries & Wages Overtime	159,310	927,763	768,453	320,834	1,206,092	885,258
Benefits	938,997	1,377,102	438,105	1,250,725	1,790,232	539,507
General Expenses	1,671,041	3,428,624	1,757,583	2,823,388	4,571,498	1,748,110
Total Expenses	7,637,590	12,183,343	4,545,753	10,903,056	15,952,633	5,049,578
MLHU 100% Funded Programs: (Surplus) / Deficit	4,158,516	218,868	(3,939,648)	(495,904)	0	495,905

Schedule A.2 – MLHU2 100% Funded Programs

Financial Information ending September 30, 2023

- actual funding is accrued/deferred to match expenses in mid-year reporting - (revenue)/expenses	Apr-Sep (6 mths)			Annual - April to March		
	Actual	Budget	fav/(unf)	Fcst	Budget	fav/(unf)
1. Smart Start for Babies (145): Grants, User Fees & Other Income	131,789	(76,215)	(208,004)	(140,359)	(152,430)	(12,071)
Salaries & Wages	32,884	21,817	(11,067)	54,701	43,633	(11,067)
Salaries & Wages Overtime	0	0	0	0	0	0
Benefits	9,797	4,880	(4,917)	14,677	9,760	(4,917)
General Expenses	21,464	49,519	28,055	70,982	99,037	28,055
Total Expenses	64,144	76,215	12,071	140,359	152,430	12,071
Smart Start for Babies: (Surplus) / Deficit	195,933	0	(195,933)	0	0	(0)
2. Best Beginnings (150): Grants, User Fees & Other Income	(1,241,661)	(1,241,657)	5	(2,483,313)	(2,483,313)	0
Salaries & Wages	976,409	960,275	(16,134)	1,912,922	1,920,551	7,628
Salaries & Wages Overtime	2,237	0	(2,237)	2,237	0	(2,237)
Benefits	255,700	243,355	(12,344)	499,055	486,710	(12,344)
General Expenses	31,072	38,026	6,954	69,098	76,052	6,954
Total Expenses	1,265,418	1,241,657	(23,761)	2,483,313	2,483,313	1
Best Beginnings: (Surplus) / Deficit	23,757	0	(23,757)	(0)	0	1
3. Library Shared Services (206): Grants, User Fees & Other Income	(27,738)	(54,003)	(26,265)	(108,006)	(108,006)	0
Salaries & Wages	37,165	37,165	0	74,331	74,331	0
Salaries & Wages Overtime	0	0	0	0	0	0
Benefits	9,107	8,644	(463)	17,751	17,287	(463)
General Expenses	7,738	8,194	456	15,924	16,388	464
Total Expenses	54,011	54,003	(8)	108,006	108,006	0
Library Shared Services: (Surplus) / Deficit	26,273	(0)	(26,273)	(0)	(0)	0
4. FoodNet Canada (233): Grants, User Fees & Other Income	(23,741)	(57,897)	(34,157)	(86,906)	(115,794)	(28,888)
Salaries & Wages	20,267	42,174	21,907	62,440	84,347	21,907
Salaries & Wages Overtime	0	0	0	0	0	0
Benefits	6,395	8,348	1,954	14,743	16,697	1,954
General Expenses	2,348	7,375	5,027	9,723	14,750	5,027
Total Expenses	29,009	57,897	28,888	86,906	115,794	28,888
FoodNet Canada Program: (Surplus) / Deficit	5,269	0	(5,269)	0	0	(0)
MLHU2 100% Funded Programs Consolidated:						
Grants, User Fees & Other Income	(1,161,350)	(1,429,772)	(268,421)	(2,818,584)	(2,859,543)	(40,959)
Salaries & Wages	1,066,725	1,061,431	(5,294)	2,104,394	2,122,862	18,468
Salaries & Wages Overtime	2,237	0	(2,237)	2,237	0	(2,237)
Benefits	280,998	265,227	(15,771)	546,225	530,454	(15,771)
General Expenses	62,622	103,114	40,492	165,727	206,227	40,500
Total Expenses	1,412,582	1,429,772	17,190	2,818,584	2,859,543	40,960
MLHU2 100% Funded Programs: (Surplus) / Deficit	251,232	0	(251,232)	(0)	0	0

Please Note – MLHU2 information is from April 2023 to September 2023

Schedule A.3 – MLHU Department Expenses

Financial Information ending September 30, 2023

	Jan-Sep (9 mths)			Annual - January to December		
	Actual	Budget	fav/(unf)	Forecast	Budget	fav/(unf)
<i>Excludes departments 120 & 126</i>						
Office of the Medical Officer of Health						
801, Office of the Medical Officer of Health	487,871	481,773	(6,097)	632,740	626,643	(6,097)
808, Emergency Management	742	3,563	2,821	1,929	4,750	2,821
840, Office of the AMOH and Director of Foundational Standard	63,958	221,647	157,689	130,514	288,204	157,689
852, Health Equity/SDOH and Nursing Practice Lead	141,866	224,187	82,321	209,580	291,901	82,321
Office of the Medical Officer of Health Total	694,436	931,170	236,734	974,763	1,211,498	236,734
Environmental Health & Infectious Diseases						
124, Enhanced Safe Water Initiative	0	7,500	7,500	2,500	10,000	7,500
811, Vaccine Preventable Disease	1,353,577	1,288,827	(64,750)	1,741,168	1,676,417	(64,750)
812, Sexual Health	1,795,974	1,893,997	98,023	2,396,783	2,486,903	90,120
814, Infectious Disease	1,355,024	1,258,615	(96,408)	1,743,857	1,636,798	(107,059)
820, Office of the Director of Environmental Health and Infectious Diseases	173,058	182,729	9,672	228,352	238,024	9,672
823, Vector Borne Disease	372,651	358,387	(14,264)	484,252	469,987	(14,264)
826, Food Safety & Healthy Environments	1,266,849	1,274,745	7,896	1,649,897	1,657,793	7,896
827, Safe Water, Rabies & Vector Borne Disease	829,958	735,746	(94,213)	1,051,312	957,099	(94,213)
835, Community Outreach & Clinical Support Services	962,936	835,939	(126,997)	1,173,104	1,088,012	(85,093)
Environmental Health & Infectious Diseases Total	8,110,026	7,836,485	(273,541)	10,471,225	10,221,034	(250,192)
Covid-19						
816, Immunization Covid Clinics	3,058,830	4,728,496	1,669,666	4,271,949	6,196,950	1,925,001
818, Covid-19	1,832,851	3,416,361	1,583,510	2,736,189	4,458,069	1,721,880
Covid-19 Total	4,891,681	8,144,857	3,253,176	7,008,137	10,655,019	3,646,882
Healthy Living						
128, City of London Funding for Cannabis Legalization	79,893	144,464	64,572	124,322	188,894	64,572
132, SFO - Tobacco Control Area Network (TCAN)	93,986	126,751	32,764	138,844	167,853	29,010
172, Senior Dental Program	1,883,786	2,805,120	921,334	2,988,366	3,693,148	704,783
819, SFNI	782,230	1,088,902	306,671	782,230	1,415,572	633,342
830, Dental Prevention	573,384	635,785	62,401	765,557	827,958	62,401
833, Elementary School Team	1,155,153	1,231,397	76,244	1,525,192	1,601,436	76,244
834, Secondary School Team	781,493	804,709	23,216	1,023,666	1,046,882	23,216
836, Substance Use Team	927,450	996,007	68,556	1,238,209	1,296,609	58,400
837, Community Health Promotion	1,104,311	1,224,040	119,729	1,472,225	1,591,954	119,729
847, Office of the Director of Healthy Living	124,578	182,521	57,943	179,706	237,649	57,943
Healthy Living Total	7,506,264	9,239,694	1,733,430	10,238,316	12,067,955	1,829,639
Healthy Start						
740, Healthy Beginnings Visiting & Group Programs	1,125,415	1,374,782	249,367	1,552,605	1,788,610	236,005
750, Healthy Families Home Visiting	275,461	432,038	156,578	406,682	563,260	156,578
760, Early Years Community Health Promotion	866,638	918,383	51,745	1,143,081	1,194,754	51,672
850, Office of the Director of Healthy Start	204,071	163,829	(40,242)	264,297	213,375	(50,923)
Healthy Start Total	2,471,585	2,889,032	417,447	3,366,666	3,759,998	393,332
Public Health Foundations						
839, Population Health Assessment & Surveillance	481,223	464,379	(16,844)	620,612	603,768	(16,844)
841, Program Planning & Evaluation	517,563	776,130	258,567	695,892	1,009,017	313,126
842, Library Services	29,480	13,965	(15,515)	34,135	18,620	(15,515)
854, Health Equity	309,581	493,572	183,991	458,595	642,587	183,991
855, Office of the Director	117,922	0	(117,922)	157,229	0	(157,229)
Public Health Foundations Total	1,455,769	1,748,046	292,278	1,966,462	2,273,992	307,530
Healthy Organization						
800, Corporate Admin	2,434,639	1,362,022	(1,072,617)	3,424,513	1,855,499	(1,569,014)
802, Communications	479,450	488,325	8,875	626,351	635,226	8,875
805, Finance	421,955	392,974	(28,980)	539,927	510,947	(28,980)
806, Human Resources	754,572	782,941	28,368	989,844	1,018,212	28,368
807, Information Technology	1,044,997	1,182,487	137,489	1,430,740	1,568,230	137,489
809, Strategy, Risk & Privacy	92,051	192,992	100,941	150,224	251,165	100,941
815, Healthcare Provider Outreach	136	1,463	1,327	623	1,950	1,327
845, Office of the Director of Corporate Services	337,297	370,918	33,620	451,912	485,532	33,620
846, Procurement & Operations	213,855	229,469	15,614	282,696	298,309	15,614
Healthy Organization Total	5,778,953	5,003,589	(775,363)	7,896,831	6,625,070	(1,271,761)
Grand Total	30,908,713	35,792,874	4,884,161	41,922,401	46,814,566	4,892,165

Schedule A.4 – MLHU Department Funding

Financial Information ending September 30, 2023

	Jan-Sep (9 mths)			Annual - January to December		
	Actual	Budget	fav/(unf)	Forecast	Budget	fav/(unf)
<i>Excludes departments 120 & 126</i>						
☐ Office of the Medical Officer of Health						
☑ 801, Office of the Medical Officer of Health	(25,445)	(32,175)	(6,730)	(42,900)	(42,900)	0
☑ 840, Office of the AMOH and Director of Foundational Standard	(16,268)	(39,675)	(23,407)	(45,400)	(52,900)	(7,500)
Office of the Medical Officer of Health Total	(41,714)	(71,850)	(30,136)	(88,300)	(95,800)	(7,500)
☐ Environmental Health & Infectious Diseases						
☑ 811, Vaccine Preventable Disease	65,977	(73,830)	(139,807)	(91,735)	(98,440)	(6,705)
☑ 812, Sexual Health	(193,476)	(202,500)	(9,024)	(279,972)	(270,000)	9,972
☑ 814, Infectious Disease	(270,282)	(202,551)	67,731	(270,283)	(270,068)	215
☑ 826, Food Safety & Healthy Environments	(75)	0	75	(75)	0	75
☑ 827, Safe Water, Rabies & Vector Borne Disease	4	0	(4)	(20,000)	0	20,000
Environmental Health & Infectious Diseases Total	(397,852)	(478,881)	(81,029)	(662,065)	(638,508)	23,557
☐ Covid-19						
☑ 816, Immunization Covid Clinics	0	(4,647,713)	(4,647,713)	(4,271,949)	(6,196,950)	(1,925,001)
☑ 818, Covid-19	0	(3,343,552)	(3,343,552)	(2,736,189)	(4,458,069)	(1,721,880)
Covid-19 Total	0	(7,991,264)	(7,991,264)	(7,008,138)	(10,655,019)	(3,646,881)
☐ Healthy Living						
☑ 128, City of London Funding for Cannabis Legalization	(167,964)	(141,671)	26,294	(124,322)	(188,894)	(64,572)
☑ 172, Senior Dental Program	(2,211,110)	(2,769,861)	(558,751)	(3,166,500)	(3,693,148)	(526,648)
☑ 819, SFNI	(1,100,000)	(1,061,679)	38,321	(1,100,000)	(1,415,572)	(315,572)
☑ 830, Dental Prevention	0	(900)	(900)	0	(1,200)	(1,200)
☑ 837, Community Health Promotion	(61,142)	0	61,142	(61,142)	0	61,142
Healthy Living Total	(3,540,216)	(3,974,111)	(433,894)	(4,451,964)	(5,298,814)	(846,850)
☐ Healthy Start						
☑ 760, Early Years Community Health Promotion	(1,257)	0	1,257	(1,257)	0	1,257
Healthy Start Total	(1,257)	0	1,257	(1,257)	0	1,257
☐ Healthy Organization						
☑ 800, Corporate Admin	(22,886,615)	(22,604,668)	281,948	(30,295,356)	(30,139,557)	155,799
☑ 809, Strategy, Risk & Privacy	(50)	0	50	(50)	0	50
Healthy Organization Total	(22,886,665)	(22,604,668)	281,998	(30,295,406)	(30,139,557)	155,849
Grand Total	(26,867,704)	(35,120,774)	(8,253,069)	(42,507,130)	(46,827,698)	(4,320,568)

Schedule B – Budgeted Cashflow Schedule

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Budget
Opening Cash Balance	4,223,858	4,453,085	4,682,312	3,536,181	3,765,409	3,994,636	4,223,863	4,453,090	4,682,317	3,536,186	3,765,413	3,994,640	4,223,858	
Cash Receipts	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,230	49,850,751	
Cash Disbursements	(3,925,002)	(3,925,002)	(5,300,360)	(3,925,002)	(3,925,002)	(3,925,002)	(3,925,002)	(3,925,002)	(5,300,360)	(3,925,002)	(3,925,002)	(3,925,012)	(49,850,751)	
Ending Cash Balance	4,453,085	4,682,312	3,536,181	3,765,409	3,994,636	4,223,863	4,453,090	4,682,317	3,536,186	3,765,413	3,994,640	4,223,858	4,223,858	
Receipts:														
MOH Mandatory Programs	1,667,050	1,667,050	1,667,050	1,667,050	1,667,050	1,667,050	1,667,050	1,667,050	1,667,050	1,667,050	1,667,050	1,667,054	20,004,600	20,004,600
MOH Mitigation Funding	113,442	113,442	113,442	113,442	113,442	113,442	113,442	113,442	113,442	113,442	113,442	113,438	1,361,300	1,361,300
MOH Other Funding	14,775	14,775	14,775	14,775	14,775	14,775	14,775	14,775	14,775	14,775	14,775	14,775	177,300	177,300
Grant Income IPAC	22,506	22,506	22,506	22,506	22,506	22,506	22,506	22,506	22,506	22,506	22,506	22,506	270,068	270,068
City of London	612,067	612,067	612,067	612,067	612,067	612,067	612,067	612,067	612,067	612,067	612,067	612,067	7,344,798	7,344,798
County of Middlesex	117,072	117,072	117,072	117,072	117,072	117,072	117,072	117,072	117,072	117,072	117,072	117,072	1,404,859	1,404,859
Other Revenue (from Operations)	26,012	26,012	26,012	26,012	26,012	26,012	26,012	26,012	26,012	26,012	26,012	26,012	312,140	312,140
100% Covid (816/818)	887,918	887,918	887,918	887,918	887,918	887,918	887,918	887,918	887,918	887,918	887,918	887,918	10,655,019	10,655,019
100% SFNI (819)	117,964	117,964	117,964	117,964	117,964	117,964	117,964	117,964	117,964	117,964	117,964	117,964	1,415,572	1,415,572
100% Senior Dental Care Pgrm (172)	307,762	307,762	307,762	307,762	307,762	307,762	307,762	307,762	307,762	307,762	307,762	307,762	3,693,148	3,693,148
100% CLIF (128)	15,741	15,741	15,741	15,741	15,741	15,741	15,741	15,741	15,741	15,741	15,741	15,741	188,894	188,894
Banker - Harvest Bucks/Feed the Hungry	12,250	12,250	12,250	12,250	12,250	12,250	12,250	12,250	12,250	12,250	12,250	12,250	147,000	147,000
Sub-Total - MLHU	3,914,558	3,914,558	3,914,558	3,914,558	3,914,558	3,914,558	3,914,558	3,914,558	3,914,558	3,914,558	3,914,558	3,914,558	46,974,698	46,974,698
100% - Public Health of Canada	22,815	22,815	22,815	22,815	22,815	22,815	22,815	22,815	22,815	22,815	22,815	22,810	273,775	273,775
100% - Public Health of Ontario	8,895	8,895	8,895	8,895	8,895	8,895	8,895	8,895	8,895	8,895	8,895	8,900	106,745	106,745
100% - MCCSS	207,961	207,961	207,961	207,961	207,961	207,961	207,961	207,961	207,961	207,961	207,961	207,962	2,495,533	2,495,533
Sub-Total - MLHU2 (Jan-Dec)	239,671	239,671	239,671	239,671	239,671	239,671	239,671	239,671	239,671	239,671	239,671	239,672	2,876,053	2,876,053
Total Cash Receipts	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,229	4,154,230	49,850,751	49,850,751
Cash Disbursements:														
Salaries and Wages	1,587,156	1,587,156	2,380,734	1,587,156	1,587,156	1,587,156	1,587,156	1,587,156	2,380,734	1,587,156	1,587,156	1,587,159	20,633,031	20,633,031
Benefits	406,495	406,495	609,743	406,495	406,495	406,495	406,495	406,495	609,743	406,495	406,495	406,498	5,284,439	5,284,439
General Expenses	541,409	541,409	541,409	541,409	541,409	541,409	541,409	541,409	541,409	541,409	541,409	541,411	6,496,910	6,496,910
MLHU 100% Funded Programs	1,268,680	1,268,680	1,706,416	1,268,680	1,268,680	1,268,680	1,268,680	1,268,680	1,706,416	1,268,680	1,268,680	1,268,681	16,099,633	16,099,633
GAP	(118,409)	(118,409)	(177,613)	(118,409)	(118,409)	(118,409)	(118,409)	(118,409)	(177,613)	(118,409)	(118,409)	(118,409)	(1,539,315)	(1,539,315)
Sub-Total - MLHU	3,685,331	3,685,331	5,060,689	3,685,331	3,685,331	3,685,331	3,685,331	3,685,331	5,060,689	3,685,331	3,685,331	3,685,340	46,974,698	46,974,698
Sub-Total - MLHU2	239,671	239,671	239,671	239,671	239,671	239,671	239,671	239,671	239,671	239,671	239,671	239,672	2,876,053	2,876,053
Ministry (Clawbacks)/Prior Yr Funding													0	
HST (Payable)/Receivable													0	
Changes in Working Capital													0	
Total Cash Disbursements	3,925,002	3,925,002	5,300,360	3,925,002	3,925,002	3,925,002	3,925,002	3,925,002	5,300,360	3,925,002	3,925,002	3,925,012	49,850,751	49,850,751

Schedule C – Factual Certificate

To: Members of the Board of Health, Middlesex-London Health Unit

The undersigned hereby certify that, to the best of their knowledge, information and belief after due inquiry, as at September 30, 2023:

1. The Middlesex-London Health Unit is compliant, as required by law, with all statutes and regulations relating to the withholding and/or payment of governmental remittances, including, without limiting the generality of the foregoing, the following:
 - All payroll deductions at source, including Employment Insurance, Canada Pension Plan and Income Tax
 - Ontario Employer Health Tax
 - And Federal Harmonized Sales Tax (HST).Further, staff believe that all necessary policies and procedures are in place to ensure that all future payments of such amounts will be made in a timely manner.
2. The Middlesex-London Health Unit has remitted to the Ontario Municipal Employees Retirement System (OMERS) all funds deducted from employees along with all employer contributions for these purposes.
3. The Middlesex-London Health Unit is compliant with all applicable Health and Safety legislation.
4. The Middlesex-London Health Unit is compliant with applicable Pay Equity legislation.
5. The Middlesex-London Health Unit has not substantially changed any of its accounting policies or principles since December 8, 2016.
6. The Middlesex-London Health Unit reconciles its bank accounts regularly and no unexpected activity has been found.
7. The Middlesex-London Health Unit has filed all information requests within appropriate deadlines.
8. The Middlesex-London Health Unit is compliant with the requirements of the Charities Act, and the return for 2022 was filed on June 22, 2023 (annual returns are due by June 30th the following year).
9. The Middlesex-London Health Unit was named in a complaint to the Human Rights Tribunal of Ontario (HRTO) by a former student which was dismissed; this matter is now closed. MLHU has also been named in a second complaint to the HRTO by the same individual. This application is in respect to the recruitment of three management positions from 2017 and 2018 for which they were not selected for an interview. After significant delay related to COVID-19, the HRTO is proceeding with a hearing on November 28th, 2023 and the MLHU Manager of Human Resources will be in attendance.

10. The Middlesex-London Health Unit is fulfilling its obligations by providing services in accordance with our funding agreements, the Health Protection & Promotion Act, the Ontario Public Health Standards, and as reported to the Board of Health through reports including but not limited to:

- Quarterly Financial Updates
- Annual Audited Financial Statements
- Annual Reporting on the Accountability Indicators
- Annual Service Plans
- and Information Summary Reports.

Dated at London, Ontario this 16th day of November 2023.

Alexander Summers
Medical Officer of Health

Emily Williams
Chief Executive Officer



TO: Chair and Members of the Board of Health

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

DATE: 2023 November 16

NURSE-FAMILY PARTNERSHIP (NFP) ANNUAL REPORT

Recommendation

It is recommended that the Board of Health receive Report No. 72-23 re: “Nurse-Family Partnership Annual Report” for information.

Key Points

- Nurse Family Partnership (NFP) is an evidence-based intervention with demonstrated positive effects on prenatal health outcomes, children’s subsequent health and development, and parents’ economic self-sufficiency.
- The Middlesex-London Health Unit (MLHU) is the Ontario NFP license holder. Additional health units implement NFP under this license through Memorandums of Agreement with MLHU.
- The 2022 Annual Report was submitted by MLHU to the NFP licensor. Areas of focus for 2023 include expanding implementation to additional health units, increasing referrals across sites, improving early enrollment, transitioning the Canadian NFP website to a new server, exploring recruitment of additional nursing practice lead support, developing educator guidance documents, and including additional indicators for the 2023 reporting period.

Background

The Nurse-Family Partnership® (NFP) is an evidence-based intensive home visiting program for young first-time parents experiencing social and economic disadvantage, with demonstrated positive effects on prenatal health outcomes, children’s subsequent health and development, and parents’ economic self-sufficiency. The strong evidentiary foundation of NFP has led to international implementation and evaluation. NFP is a licensed program currently delivered in eight countries (USA, Canada, England, Scotland, Northern Ireland, Bulgaria, Australia, and Norway). Since 2008, a series of rigorous studies have been conducted in Ontario and British Columbia (BC) to pilot, adapt and evaluate NFP in Canada. In 2019, the Middlesex London Health Unit (MLHU) became the provincial license holder for five Ontario public health units delivering NFP to eligible clients. Each year, license holders are required to submit an annual report to the NFP licensor to guide discussion of implementation successes and challenges, as well as emergent outcome variations. By using quantitative and qualitative data, the annual report supports reflection on progress and development of quality improvement plans for the following year. The 2022 annual report submitted by the MLHU to the NFP International Office at the Prevention Research Center for Family and Child Health, University of Colorado, includes information from the five sites implementing NFP in Ontario during that year.

2022 Annual Report Summary

In 2022, 364 clients participated in the program and a total of 3595 visits were completed. At program intake, clients ranged in age from 12 to 26 years, 50% reported an annual income < \$25,000, 40% reported

tobacco or nicotine use, 38% reported alcohol use, 47% reported cannabis use, 60% reported concerns with their mental health, and 59% percent reported current or recent experience of intimate partner violence. All clients participated voluntarily, were assigned a single NFP Registered Nurse, were visited on the standard schedule (with adjustments as needed based on the client's needs), were first-time parents, and met the socioeconomic disadvantage criteria. All sites reported 100% compliance for gestational age at time of first visit, and enrolling clients prior to the end of the 28th week of gestation. There was an 8% improvement in the overall percentage of participants referred before 16 weeks gestation, however, the increase in earlier referrals did not significantly improve the number of clients enrolled before 16 weeks gestation. Ontario continues to maintain one of the highest enrollment rates internationally, at 85%. Of 199 discharges, 84 were graduates of the program (i.e., maintained enrollment from pregnancy until discharge at the time of their child's second birthday), 36% were lost due to non-addressable attrition (e.g., client moved out of service area), and 18% were lost due to addressable attrition (e.g., client-initiated discharge after care transferred to another nurse). The remaining 4% included transfers to other NFP sites. Ontario's lifetime graduation rate is 44%. It is important to note that NFP is a strengths-based program and therefore some clients are discharged early if they achieve their self-identified goals (e.g., client has returned to school/gained employment and child is enrolled in childcare). While these situations are not captured in graduation rates, they are considered successes of the program. The program is exploring how to capture and report on this data moving forward. 2023 areas of focus for NFP in Ontario include expanding NFP implementation to additional health units, increasing referrals across sites, improving early enrollment, transitioning the Canadian NFP website to a new server, exploring recruitment of additional nursing practice lead support, developing educator guidance documents, and including additional indicators for the 2023 reporting period.

2023 Interim Highlights

British Columbia Randomized Controlled Trial Findings

Our colleagues in BC announced, "In 2022, the Canadian scientific evaluation of NFP was completed – the first randomized controlled trial of an early prevention program embedded within public health in British Columbia (BC) and Canada. The scientific evaluation of NFP, led by the Children's Health Policy Centre at Simon Fraser University, has shown key results to date including:

- Reducing prenatal substance exposure, specifically decreasing cannabis exposure and also reducing cigarette use in smokers ([Catherine et al., 2020](#));
- Benefits for maternal-reported child language and mental health problem behaviour by age two years ([Catherine et al., 2023](#)) – these early benefits have the potential to positively impact long-term child health and development;
- New evidence on the feasibility and importance of reaching and including families experiencing inequities in BC ([Catherine et al., 2021](#)"); and

The key findings were published in the [Journal of Child Psychology and Psychiatry \(JCPP\)](#).

Phase 4 of International Replication

With the completion of the BC RCT, the MLHU was granted approval by the licensor to move into the expansion phase of NFP program delivery in Ontario. This has included supporting additional health units to plan for, onboard and implement NFP in their communities. In 2023, two cohorts of NFP education were held for Hastings Prince Edward Public Health and Kingston, Frontenac, Lennox & Addington Public Health, as well as Peterborough Public Health and Haliburton, Kawartha, Pine Ridge District Health Unit. This has created two additional NFP sites as each health unit pairing has developed a partnership to ensure they can meet the fidelity requirements for the program in their smaller, more rural communities. Southwestern Public Health recently announced that they would begin implementation of NFP in 2024.

This report was submitted by the Healthy Start Division.

Handwritten signature of Alexander T. Summers in black ink.

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

Handwritten signature of E. Williams in black ink.

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



TO: Chair and Members of the Board of Health

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

DATE: 2023 November 16

HEALTHY START HOME VISITING

Recommendation

It is recommended that the Board of Health receive Report No. 73-23 re: “Healthy Start Home Visiting” for information.

Key Points

- The Healthy Start division delivers two home visiting programs, which significantly support the achievement of requirements under the Ontario Public Health Standards (OPHS) Healthy Growth and Development Standard to eligible clients of Middlesex-London.
- Families in Middlesex-London are experiencing risk factors and complex challenges.
- Home visiting is an intervention that aims to optimize newborn and child healthy growth and development and reduce health inequities, laying a positive foundation for a child’s entire life.

Background

Children’s early childhood experiences lay the foundation for their entire lives. From birth to three years of age, children’s experiences can either nurture health and resiliency, or make them vulnerable to poor health and developmental outcomes, influencing their entire life trajectory (Canadian Paediatric Society, 2023). The negative impacts of [Adverse Childhood Experiences](#) and chronic stressors including poverty, parental mental health concerns, and abuse or neglect, can also have an effect beyond the individual and family to all of society. In terms of the financial burden, the Ministry of Health reports “that every \$1 invested in early childhood is equivalent to \$3 spent on school-aged children and \$8 on young adults” (MOHLTC, Mental Health Promotion* Guideline 2018, p. 16)

Home visiting is a public health intervention and critical strategy within an upstream population health approach that aims to optimize newborn and child healthy growth and development and reduce health inequities. The Healthy Start Division delivers two home visiting programs, which significantly support the achievement of requirements under the Ontario Public Health Standards (OPHS) Healthy Growth and Development Standard. Public Health Nurses provide targeted approaches to support families in these home visiting programs.

Healthy Babies Healthy Children (HBHC)

Healthy Babies Healthy Children (HBHC) is a mandatory provincial program funded by the Ministry of Children, Community and Social Services (MCCSS). HBHC provides screening, assessment, and support to families from the prenatal period through the early childhood period, identifying risks to healthy child development and assisting families in areas related to nutrition, breastfeeding, positive parenting, and family well-being.

Since its inception in 1998, the provincial government has committed to fully funding the HBHC program. Unfortunately, this funding amount has not increased since 2015, resulting in significant erosion in capacity to deliver the program as intended due to cost increases including salary and operational and administrative costs. Population growth has also resulted in strained capacity. With MCCSS and Board of Health approval, the MLHU adapted the implementation of the HBHC program in 2020 to modify program eligibility criteria to better align capacity with the highest client need ([Report No. 08-20](#)), as well as shift to a nurse-only model in 2022. From January 1, 2023, to September 30, 2023, the Healthy Families Home Visiting Team supported 322 HBHC families with 1947 completed home visits.

Nurse Family Partnership® (NFP)

Nurse Family Partnership® (NFP) is a more targeted and intensive home visiting program for young, first-time parents experiencing social and economic disadvantage. The length of the intervention spans from early pregnancy (ideally prior to 16 weeks gestation, however enrollment may occur up to the end of 28 weeks gestation) until the child's second birthday. NFP program goals include improving prenatal health outcomes, children's subsequent health and development, and parents' attainment of future goals including economic self-efficacy. NFP includes specified Public Health Nurse education and training as well as standardized visit-to-visit guidelines and materials that can be adapted to meet clients' unique needs. At the MLHU, NFP is funded through municipal and provincial cost-shared dollars. NFP nurses on the Healthy Beginnings Visiting and Group Programs team have supported 43 families with 378 home visits from January 1 to September 30, 2023.

Highlights of Community Need

Between 2016 and 2022, there has been a 7.6% increase in the number of babies born to residents of Middlesex-London, with 5024 babies born in 2022, representing an increase of 354 births over the last 6 years. Data indicates that over time, families in Middlesex-London are experiencing increasing risk factors and complex challenges. The [Public Health Ontario, Risk Factors for Healthy Child Development Snapshot](#) pulls data from completed HBHC screens across the province. In 2022, Middlesex-London reported the highest rates of families in the province who identify concerns about money, require newcomer support, report one or both parents as having a disability that may impact parenting, and do not have a primary care provider. 18.7% of families reported having concerns about money to pay for housing/rent, food, clothing, utilities and other basic necessities (compared to 3.7% provincial average); 10.1% of families reported being new to Canada and lacking social supports or experiencing social isolation (compared to 3.7% provincial average); 7% of families reported one or both parents having a disability that may impact parenting (compared to 1% provincial average); and 14.1% of families reported not having a primary care provider (compared to 5.1% provincial average). Additionally, 30.5% of parents reported experiencing a mental health challenge.

2022 NFP program data shows that at the point of enrollment, 44% of clients reported smoking or vaping, 50% reported alcohol use, and 67% reported cannabis use during pregnancy. Also, 20% reported an annual income < \$25,000, 85% reported concerns with their mental health, and almost 50% reported exposure to intimate partner violence in the past 12 months.

Next Steps

The HBHC and NFP programs will continue to deliver home visiting interventions to families with the highest need in order to achieve optimal child outcomes. This will be operationalized through continued data collection to assess program fidelity and impact. The home visiting programs will continue to ensure that Public Health Nurses have the education and resources in order to impact child development and the ever-increasing complexities of families raising young children in our community.

This report was prepared by the Healthy Start Division.

Handwritten signature of Alexander T. Summers in black ink.

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

Handwritten signature of E. Williams in black ink.

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



TO: Chair and Members of the Board of Health

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

DATE: 2023 November 16

INTIMATE PARTNER VIOLENCE

Recommendation

It is recommended that the Board of Health receive Report No. 74-23 re: “Intimate Partner Violence” for information.

Key Points

- Intimate Partner Violence (IPV) is associated with significant health consequences.
- While both females and males report being victims of IPV, rates are higher among female victims, particularly those 12-24 years of age.
- Police calls for domestic disturbances, domestic disputes and IPV represented a substantial community burden in the City of London during the COVID-19 pandemic and in 2022 as a whole.
- While Emergency Department (ED) visits due to IPV were reported among both female and male residents of Middlesex-London, rates were higher among females, and among those 0-19 and 20-44 years of age.
- The MLHU delivers evidence-based interventions to prevent and address IPV as part of the requirements outlined in the Ontario Public Health Standards.

Background

Intimate Partner Violence (IPV) refers to a pattern of behaviours that are aimed at establishing control by one person over another, and perpetrated by someone who is, or was, involved in an intimate or dating relationship. Behaviours may include physical injury or violence, emotional or psychological abuse, sexual harassment or violence, economic abuse, progressive social isolation, stalking, deprivation, intimidation and threats. IPV can happen in many forms of relationships, including within a marriage, common-law or dating relationship; regardless of the gender and sexual orientation of the partners; at any time during a relationship and even after it has ended; and whether or not partners live together or are sexually intimate with one another.

IPV is associated with significant health consequences, including physical health symptoms (e.g., injuries, chronic pain), mental health symptoms (e.g., depression, anxiety, Post Traumatic Stress Disorder), and reproductive health symptoms (e.g., sexually transmitted infections, prenatal complications), and can also lead to death. Violence affects health through injury, health risk behaviors initiated or escalated to manage violence-related emotions or stress, and cumulative burden from the chronic stress of violence that causes physiological changes implicated in the development of chronic diseases.

On July 20, 2023, the City of London Strategic Priorities and Policy Committee unanimously endorsed that intimate partner violence and femicide be declared an epidemic. This declaration is aligned with the recommendations of a 2022 [Coroner's Inquest](#).

The Burden of Domestic and Intimate Partner Violence in Canada, Ontario and Middlesex-London Region

While both females and males report being victims of IPV, rates are higher among female victims. Statistics Canada crime reporting data indicated that between 2017 and 2021, in Canada, rates of police-reported IPV were highest among female victims between 12-24 years (773 to 805 per 100,000 females), followed by female victims 25-64 years old (541 to 654 per 100,000 females). The rate of police-reported IPV was higher for female victims compared to males regardless of age category, ranging from 6.5 to 7.0 times greater among victims in the 12-24 year old age group, to approximately 3.3 times greater among victims ages 25-64 years, and 1.5 to 1.7 times greater among victims 65 years and over.

Police calls for domestic disturbances, domestic disputes and IPV represented a substantial community burden in the City of London during the COVID-19 pandemic and in 2022, as a whole. Between March 2019 and May 2022, calls related to domestic disturbances and disputes were the second most common category reported by London Police Services (LPS), responding to an average of 635 such calls each month. Further, data recently shared by the City of London indicated LPS received more than 6,500 calls related IPV in 2022.

While Emergency Department (ED) visits due to IPV were reported among both female and male residents of Middlesex-London, in the most recent five years, rates were higher among females, and among those 0-19 and 20-44 years of age. Over the past 10 years, the rate of ED visits due to IPV among Middlesex-London residents has been lower than or comparable to the Ontario rate. From 2017 to 2022, the rates of ED visits due to IPV were highest among Middlesex-London residents ages 20-44, followed by those ages 0-19. The local rate among females was three to ten times higher than the rate among males, depending on the year.

According to the Canadian Femicide Observatory for Justice and Accountability (CFOJA), there were 59 Ontario women and girls killed by violence involving male accused in 2022, with a corresponding rate of 0.77 deaths per 100,000 females.

Interventions

The MLHU delivers evidence-based interventions to prevent and address IPV as part of the requirements outlined in the Ontario Public Health Standards. Primary Prevention interventions are focused on preventing violence before it occurs. The Healthy Babies Healthy Children and Nurse-Family Partnership programs are examples of interventions that address risk factors associated with IPV including reducing childhood exposure to IPV. Secondary Prevention interventions are focused on more immediate responses (short-term consequences) to violence after violence has occurred. In alignment with current evidence, this is achieved through the implementation of case finding and selective screening, and appropriate response to disclosures of IPV in client facing services. This approach includes the development of supportive internal policies and procedures and staff education specific to IPV and Trauma and Violence Informed Care. Tertiary Prevention interventions are focused on long-term responses to violence (e.g., lessen the impacts of trauma). The Intervention for Health Enhancement and Living (iHEAL) is an example of a tertiary prevention intervention being implemented in a research context at MLHU in collaboration with Western University and funded by the Public Health Agency of Canada. iHEAL is a health promotion intervention delivered by nurses working in partnership with women who are separating (or taking steps to separate) from an abusive partner, with demonstrated positive effects on women's quality of life, mental health (including PTSD and depression) and self-efficacy.

Next Steps

The MLHU will continue to collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to IPV; and deliver effective public health interventions that meet the needs of Middlesex-London.

This report was submitted by the Public Health Foundations Division, the Healthy Living Division, and the Healthy Start 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: Dr. Alexander Summers, Medical Officer of Health

DATE: 2023 November 16

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR OCTOBER

Recommendation

It is recommended that the Board of Health receive Report No. 75-23 re: “Medical Officer of Health Activity Report for October” for information.

The following report highlights activities of the Medical Officer of Health for the period of October 6 – November 2, 2023.

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

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

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

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

- October 10** Attended a meeting with Indigenous Health Partners, the Associate Medical Officer of Health, the Manager, Health Equity and Indigenous Reconciliation and Health Promotion Specialist at the Chippewa Health Centre to discuss priorities for data sharing and collaboration.
- October 12** Accepted a donation of \$2,125 from the Forest City Kiwanis Club with the Chief Nursing Officer/Director of Healthy Start to support families within the Nurse Family Partnership and Smart Start for Babies programs.
- October 13** Lectured at Western University as part of the Developing Healthy Communities course, within the Master of Public Health program.
- October 16** Attended the Middlesex County Emergency Management Preparedness meeting and exercise.

Attended monthly Southwestern Region Medical Officers of Health/Associate Medical Officers of Health meeting, hosted by Huron Perth Public Health.
- October 18** Lectured at Western University as part of the Leading People and Organizations in Public Health course, within the Master of Public Health program.

- October 19** Media interview with Mike Stubbs (980 CFPL) on the opioid crisis in Middlesex-London.
- October 20** Lectured at Western University as part of the Developing Healthy Communities course, within the Master of Public Health program.
- October 30** Media interview with Devon Peacock (Global News Radio) on upcoming COVID-19 vaccine eligibility.
- Attended a meeting hosted by London Health Sciences Centre on adolescent sexual health care.
- October 31** Media interviews with Larry Corines (London Free Press), Mauricio Prado (Interrobang Fanshawe) and Travis Dolynny (CBC London) on upcoming COVID-19 vaccine eligibility and respiratory season.
- November 1** Attended Family Medicine Grand Rounds hosted by London Health Sciences Centre.

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 11** Attended an Intervention Description and Indicator Development project meeting on Alignment to Common Intervention Types within the Substance Use Program.
- October 12** Hosted all staff office hours with the Chief Executive Officer.
- October 13** Attended the Management Operating System (MOS) Steering Committee meeting.
- Met with incoming visiting resident elective student and the Associate Medical Officer of Health.
- October 17** Attended monthly Management meeting.
- October 18** Hosted a Special Town Hall meeting with the Chief Executive Officer and Manager, Human Resources to explain labour relations processes relating to the 2024 budget.
- October 19** Met with the Manager, Elementary School Health to discuss day to day operations within the program.
- October 23** Met with incoming medical student and the Associate Medical Officer of Health.
- November 2** Hosted all staff office hours with the Chief Executive Officer.

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

October 24-27 Attended the Urban Public Health Network Annual Meeting in Montreal.

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 the monthly Board of Health agenda review and Executive meeting with the Chair and Vice-Chair of the Board of Health, Chief Executive Officer and Executive Assistant to the Board of Health.

October 19 Attended the October Board of Health meeting.

October 23 Attended the monthly one-on-one meeting with the Board Chair.

November 1 Welcomed a new Board of Health member with the Chair of the Board and the Chief Executive Officer.

This report was prepared by the Medical Officer of Health.



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



TO: Chair and Members of the Board of Health
FROM: Emily Williams, Chief Executive Officer
DATE: 2023 November 16

CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR OCTOBER

Recommendation

It is recommended that the Board of Health receive Report No. 76-23, re: Chief Executive Officer Activity Report for October for information.

The following report highlights activities of the Chief Executive Officer (CEO) for the period of October 6 – November 2, 2023.

Standing meetings include weekly Healthy Organization leadership team meetings, SLT (Senior Leadership Team) meetings, MLT (MLHU Leadership Team) meetings, Virtual Staff Town Hall meetings, bi-weekly R3 meetings, and weekly check ins with the Healthy Organization managers and the MOH. The CEO took vacation from October 25 – 27.

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 6** The CEO attended a meeting with other CEO's from across the province to discuss Public Health matters.
- October 10** The CEO attended a council meeting for Middlesex County to discuss redirection of 2022 surplus funding.
- October 13** The CEO attended a meeting with other CEO's from across the province to discuss Public Health matters.
- October 18** The CEO, with the Chair of the BOH, attended a meeting with the Warden, the Chief Administrative Officer, and the Director of Finance for the County of Middlesex.
- October 20** The CEO attended a meeting with other CEO's from across the province to discuss Public Health matters.
- October 23** The CEO attended the Corporate Services Committee meeting for the City of London to discuss redirection of 2022 surplus funding.

The CEO met with the County of Middlesex for the Quarterly Financial Update meeting.

The CEO completed an interview with the London Free Press related to the 2024 budget.

The CEO met with the City of London for the Quarterly Financial Update meeting.

- October 24** The CEO completed an interview with CBC related to the 2024 budget.
- November 1** The CEO, along with the Medical Officer of Health attended a meeting with other CEOs and MOHs from the Southwest region hosted by the Ministry of Health with respect to ‘Strengthening Public Health’.
- November 3** The CEO attended the Association of Public Health Business Administrators (AOPHBA) Executive Meeting at Toronto Public Health.

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 6** The CEO, along with the Medical Officer of Health (MOH), and Director, Environment Health & Infectious Disease (EHID) met to discuss prioritization of programs and services related to the 2024 budget.
- The CEO, along with the Medical Officer of Health, and Chief Nursing Officer, Director, Healthy Start Division met to discuss prioritization of programs and services related to the 2024 budget.
- October 11** The CEO, along with the Medical Officer of Health, Associate Medical Officer of Health (AMOH), Chief Nursing Officer, and Director, Environmental Health and Infectious Disease (EHID), met to discuss the Model of Care in the EHID division.
- October 12** The CEO, along with the Medical Officer of Health offered open office hours for staff to ask questions related to the organization restructuring and 2024 budgetary impacts.
- October 13** The CEO, along with the Medical Officer of Health, and Director, Public Health Foundations (PHF) met to discuss prioritization of programs and services related to the 2024 budget.
- The CEO attended the Management Operating System (MOS) Steering Committee meeting.
- October 16** The CEO participated in the Employment Systems Review (ESR) Steering Committee Meeting.
- The CEO participated in the Equity, Diversity, and Inclusion (EDI) Advisory committee meeting as the SLT representative.
- October 17** The CEO met with the Manager, Privacy, Risk & Client Relations for a professional Development discussion.
- October 18** The CEO attended a meeting related to confidential HR matters.
- The CEO, along with the Medical Officer of Health and Manager, HR hosted a special Townhall meeting to review the process related to organizational restructuring and 2024 budget impacts.

- October 19** The CEO, along with the Medical Officer of Health met with the manager, Elementary School team, to participate in “A day in the Life of My Team” to better understand the day-to-day workings of the Elementary School team.
- October 30** The CEO attended the Communications team meeting to discuss changes within the team structure.
- November 2** The CEO, along with the Medical Officer of Health offered open office hours for staff to ask questions related to the organization restructuring and 2024 budgetary impacts.

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 11** The CEO attended a meeting related to confidential HR matters.
- The CEO met with a member of the Middlesex County council for a touch-base meeting.
- The CEO attended a meeting related to confidential HR matters.
- October 12** The CEO attended a meeting related to confidential HR matters.
- October 13** The CEO attended a meeting with Manager, HR related to an organizational structure review.
- The CEO, along with the Director, Finance, met with managers of the Operations and Oral Health team and Strategic Project Coordinator to discuss scoping for the Citi Plaza Dental Operatory project.
- October 16** The CEO met with the Stronghold team for a quarterly touch-base meeting.
- October 18** The CEO met with members of the Ministry of Health Funding and Oversight branch to discuss the 2024 budget.
- October 20** The CEO, along with the Medical Officer of Health met with the Manager, Vaccine Preventable Diseases to discuss the organizational restructuring.
- October 23** The CEO participated in the Performance Appraisal process.
- The CEO met with the Board Chair for a monthly one-on-one meeting.
- November 1** The CEO attended a meeting to welcome the new BOH member.
- November 2** The CEO attended the monthly Ministry of Health Funding and Oversight branch update meeting.

This report was prepared by the Chief Executive Officer.

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

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



October 16, 2023

VIA EMAIL

The Honourable Minister David Piccini
 Minister of Environment, Conservation and Parks
 Ministry of Environment, Conservation and Parks
 5th Floor, 777 Bay Street
 Toronto, Ontario M7A 2J3

Dear Minister Piccini:

Re: Calls for expansion of outdoor air quality monitoring stations and the Air Quality Health Index across Northern Ontario

Expanding air quality monitoring stations across Northern Ontario, to provide comprehensive data to inform the Air Quality Health Index (AQHI), is needed now more than ever.

With climate change, wildfire is an increasing risk, particularly in Northern Ontario. Exposure to wildfire smoke can cause health impacts including headaches, cough, dizziness, chest pains, shortness of breath, asthma attacks and irregular heart beat¹. Some people are at higher risk of health problems when exposed to wildfire smoke, including older adults, pregnant people, people who smoke, infants and young children, people working or exercising outdoors and people with existing illnesses or chronic health conditions².

The AQHI is a tool for Ontarians to be informed of the health risks from local air pollution and take recommended actions to protect their health³. However, many northern Ontario communities do not have local outdoor air monitoring stations and therefore do not benefit from the AQHI.

Sudbury

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 f: 705.522.5182

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 f: 705.677.9611

Sudbury East / Sudbury-Est

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 f: 705.867.0474

Espanola

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 f: 705.869.5583

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1.866.522.9200

phsd.ca



At its meeting on September 21, 2023, the Board of Health carried the following resolution #50-23:

WHEREAS according to recent research, climate change in Ontario is expected to increase the number of wildfires caused by human activity and by lightening by 20% and 62%, respectively, between the periods of 1975-1990 and 2020-2040, and it is expected that the increases will be even greater in parts of Northern Ontario; and

WHEREAS wildfire smoke can impact air quality and cause health effects hundreds of kilometers from the fire zone; and

WHEREAS many northern Ontario communities do not have local outdoor air monitoring stations and therefore do not benefit from the Air Quality Health Index (AQHI), a tool for Ontarians to be informed of the health risks from local air pollution and take recommended actions to protect their health; and

WHEREAS there is only one air quality monitoring station within Sudbury and districts that provides data for the AQHI, being one of only five stations across Northern Ontario; and

WHEREAS expanding air quality monitoring stations and the reach of the AQHI to more communities in the North would benefit communities' health, and would provide a more robust surveillance system on wildfire smoke impacts;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the letters dated July 5, 2023 from the Porcupine Health Unit and August 1, 2023, from the Timiskaming Health Unit to the Honourable Minister, David Piccini, calling for the installation of Air Quality Monitoring Stations in their respective service areas; and

FURTHER THAT air quality monitoring stations and the AQHI be expanded across Northern Ontario to improve opportunities for health for all.

The AQHI can increase awareness of impacts of air pollutants, including those created by wildfire smoke, and reduce or eliminate serious health impacts through adherence to health protective advice. Access to the AQHI, informed by local data, could benefit everyone. At the community level, it can have a significant positive impact when used to inform health protective policies, for example for outdoor recreational programs, daycares, and long-term care homes.

With this in mind, we support the Timiskaming Health Unit and Porcupine Health Unit calling for installation of air quality monitoring stations in their respective service areas, and further call for expansion of air quality monitoring stations and the AQHI across Northern Ontario.

Sincerely,



René Lapierre
Chair, Board of Health

cc: The Honourable Doug Ford, Premier of Ontario
The Honourable Sylvia Jones, Deputy Premier of Ontario, Minister of Health
The Honourable Steven Guilbeault, Member of Parliament, Minister of Environment and Climate Change
The Honourable Mark Holland, Member of Parliament, Minister of Health
Carol Hughes, Member of Parliament, Algoma-Manitoulin-Kapuskasing
Marc Serré, Member of Parliament, Nickel Belt
Viviane Lapointe, Member of Parliament, Sudbury
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin-Kapuskasing
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
All Ontario Boards of Health

¹ Government of Canada. *Wildfire smoke 101: Wildfire smoke and your health*.

<https://www.canada.ca/en/health-canada/services/publications/healthy-living/wildfire-smoke-health.html>. Accessed 2023/10/04.

² Government of Canada. *Wildfire smoke 101: Wildfire smoke and your health*.

<https://www.canada.ca/en/health-canada/services/publications/healthy-living/wildfire-smoke-health.html>. Accessed 2023/10/04.

³ Government of Canada. About the Air Quality Health Index. <https://www.canada.ca/en/environment-climate-change/services/air-quality-health-index/about.html>. Accessed 2023/10/04



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October 30, 2023

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

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
College Park 5th Floor, 777 Bay Street
Toronto ON M7A 2J3

Dear Minister Jones,

Re: Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023

As Regional Chair for the Regional Municipality of Niagara, I am writing in support of Simcoe Muskoka District's letter on September 7, 2023, (attached) regarding Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023. Bill 103 addresses the following:

1. Prohibiting the promotion of vapour products.
2. Amending the legal age to purchase products to 21 years old and above.
3. Prohibiting vapour flavouring and restrict high concentration vapour products.
4. Restricting vapour products to being sold at specialty vape stores or designated stores in remote/rural communities, with approval from the board of health. Selling or offering to sell vapour products online be prohibited.
5. Minister provided the ability to direct tax revenue from vapour product sales at specialty stores to be used for education on the health risks of vaping.
6. Require Ontario Health prepare an annual report to the Ministry on youth vaping with recommendations to the Minister in developing policies.

Vaping rates among youth in Niagara and Ontario continue to remain high with 54% of students in grade nine to 12 reporting trying vaping, and 12% of students in grade seven and eight, which are significantly higher compared to Ontario (38.6%)¹. Vaping can impact the developing brain, increases risk of lung injury² and can impact other health issues like lung

¹ Niagara Region Public Health (2020). 2019 Report on Health Behaviours and Perceptions of Niagara Students. Thorold, ON.
² Shmerling, R. Can vaping damage your lungs? What we do and don't know. Harvard Health Publishing- Harvard Medical School. 2023-06-15. [cited 2023-08-18]. Available from: <https://www.health.harvard.edu/blog/can-vaping-damage-your-lungs-what-we-do-and-dont-know-2019090417734>

To: The Hon. Sylvia Jones
Re: Bill 103, Smoke-Free Ontario
Amendment Act

Page 2

October 30, 2023

disease, asthma and cardiovascular disease³. High nicotine concentrations, flavours, low cost, easy access, marketing strategies aimed at youth and the lack of regulatory measures to protect youth are all factors contributing to youth vaping. Long-term health risks of vaping are still largely unknown. Amendments proposed in Bill 103 align with the philosophy of previous positions of Niagara Region Public Health (NRPH), where through consultations and letters to the Province of Ontario and the Federal Government have advocated for stricter legislation to prohibit vaping flavours, limit adjectives and ingredients to describe flavours, regulate advertising/promotion/sponsorship, reduce permitted nicotine concentrations, and increase regulation of online vape sales.

The proposed requirements of Bill 103 to the Smoke-Free Ontario Act would have a positive impact on the health of Ontarians, in particular for youth. Bill 103, if passed, would result in reducing the availability of vape devices and restrict vaping product advertising that has resulted in an increase in nicotine addiction and increasing present and future stress on the healthcare system. NRPH would be happy to work with your government in supporting the changes proposed within Bill 103 as a part of our comprehensive strategy to reduce youth vaping and decrease nicotine addiction.

Yours truly,



Jim Bradley, Chair
Niagara Region

cc: Dr. Kieran Moore, Chief Medical Officer of Health
Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions
Sam Oosterhoff, MPP Niagara West
Jeff Burch, MPP, Niagara Centre
Wayne Gates, MPP, Niagara Falls
Jennifer (Jennie) Stevens, MPP, St. Catharines
All Ontario Boards of Health
Association of Local Public Health Agencies

³ Chronic e-cigarette use impairs emotional function on the physiological and cellular levels. Arteriosclerosis, Thrombosis, and Vascular Biology. 2022. Nov; 42(11): Available from: [Chronic E-Cigarette Use Impairs Endothelial Function on the Physiological and Cellular Levels | Arteriosclerosis, Thrombosis, and Vascular Biology \(ahajournals.org\)](https://doi.org/10.1161/ATV.117.311111)



September 7, 2023

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
College Park 5th Floor, 777 Bay Street
Toronto ON M7A 2J3
sylvia.jones@ontario.ca

Dear Minister Jones:

Re: Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023

Electronic cigarettes (e-cigarettes) are addicting youth to nicotine at an alarming rate. Between 2017-2019, vaping rates doubled among Ontario students in grades 7-12. In Simcoe Muskoka, 32% of students in grades 7-12 and 43% of high school students reported using an e-cigarette in the past year. This is particularly concerning when considering the highly addictive effects of nicotine in e-cigarettes is associated with an increased risk for future tobacco cigarette use among youth who vape (Ontario Agency for Health Protection and Promotion, 2018). Further, there are significant health risks associated with youth vaping as a result of the toxic and carcinogenic substances in devices including lung damage, changes to the brain, burns, dependence or addiction, difficulty learning, and increased anxiety and stress.

As chair of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health I am writing in support of Public Health Sudbury and Districts letter on June 28, 2023 regarding Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023. Bill 103's focus on preventing youth uptake of vaping is important to decrease morbidity and mortality and keep Ontarians out of the healthcare system now and in the future. This includes prohibiting the promotion of vapour products, raising the minimum age for purchasing vapour products and requiring that specialty vape stores obtain store location approval from the Board of Health.

Such amendments proposed by Bill 103 align with the philosophy of previous positions of the Board of Health, which have been focused on reducing nicotine and tobacco use in our communities. This includes previous Board communications to the Province of Ontario and the Federal Government in support of the previous 2017 Tobacco Endgame for Canada (committing to a target of less than 5% tobacco use in Canada by 2035), supporting previous tobacco tax increases (2018) and a 2014 letter to the Director General, Health Products and Food Branch Inspectorate regarding the increased use and availability of electronic cigarettes.

In 2023, the Board of Health called on the Ontario government to establish a renewed smoking, vaping and nicotine strategy which was supported from the Association of Local Public Health Agencies and the linked [letter](#) was sent in August 2023 to the Ontario Minister of Health. Such communications to government have been supported by SMDHU's comprehensive approach to smoke-free programming via education, promotion and

Barrie: 15 Sperling Drive Barrie, ON L4M 6K9 705-721-7520 FAX: 705-721-1495	Collingwood: 280 Pretty River Pkwy. Collingwood, ON L9Y 4J5 705-445-0804 FAX: 705-445-6498	Cookstown: 2-25 King Street S. Cookstown, ON L0L 1L0 705-458-1103 FAX: 705-458-0105	Gravenhurst: 2-5 Pineridge Gate Gravenhurst, ON P1P 1Z3 705-684-9090 FAX: 705-684-9887	Huntsville: 34 Chaffey St. Huntsville, ON P1H 1K1 705-789-8813 FAX: 705-789-7245	Midland: A-925 Hugel Ave. Midland, ON L4R 1X8 705-526-9324 FAX: 705-526-1513	Orillia: 120-169 Front St. S. Orillia, ON L3V 4S8 705-325-9565 FAX: 705-325-2091
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enforcement efforts which are required to manage increasing youth vaping rates through strategies that prevent nicotine addiction such as the Not An Experiment initiative.

The proposed requirements of Bill 103 to the Smoke-Free Ontario Act would have a positive impact on the health of Ontarians, in particular for the youth. Bill 103, if passed, would result in reducing the availability of vape devices and restrict vaping product advertising that has resulted in an increase in nicotine addiction and increasing present and future stress on the healthcare system. SMDHU would be happy to work with your government in supporting the changes proposed within Bill 103 as a part of our comprehensive strategy to reduce youth vaping and decrease nicotine addiction.

Sincerely,

ORIGINAL Signed By:

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

AMK:CG:SR:sh

cc: France Gélinas, Member of Provincial Parliament, Nickel Belt
Dr. Kieran Moore, Chief Medical Officer of Health
Honourable Michael Parsa, Minister of Children, Community and Social Services
Honourable Steve Clark, Minister of Municipal Affairs and Housing
All Ontario Boards of Health
Association of Local Public Health Agencies

Middlesex-London Board of Health External Landscape Review – November 2023

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

Local Public Health News

**youth
wellness
hubs**
ONTARIO

**carrefours
bien-être
pour les jeunes**
DE L'ONTARIO

New Youth Mental Health Hub Introduced in London-Middlesex

On October 27, the Ministry of Health announced that there would be a new youth mental health hub in London. This is one of the eight new hubs the government is adding to the 14 already created since 2020, bringing the total to 22 across the province.

This new hub (located at 332 Richmond Street, London), co-designed with local youth, family and stakeholders, will help fill the gap in youth addictions services in the region and provide children and youth aged 12 to 25 a safe, welcoming space to access the mental health and addictions services they need at the right time and right place.

To learn more, visit [Youth Wellness Hubs Ontario's website](#).

Impact to MLHU Board of Health

The Middlesex-London Health Unit is engaged in the Whole of Community Response – Health and Homelessness work within the community, and supports resources being provided in the community for mental health services. On October 5, the City of London Council [approved hub locations within the community](#) and more discussion on activities within the hubs continues with partner organizations.

Two largest health units in Kawarthas region considering a voluntary merger

On November 2, the Boards of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR District Health Unit) and Peterborough Public Health (PPH) announced that they are moving forward with a process to explore the impacts of a voluntary merger in the communities they serve. The provincial pre-assessment process is anticipated to take place over several months, with a decision to follow early in 2024. At the end of the pre-assessment, the PPH and HKPR District Health Unit Boards of Health will decide whether to proceed with a voluntary merger.

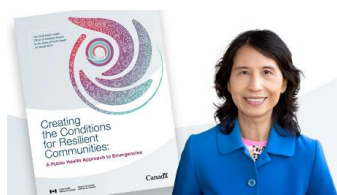


To learn more, visit the [Peterborough Public Health](#) and [Haliburton, Kawartha, Pine Ridge Health Unit](#) websites.

Impact to MLHU Board of Health

On August 22, 2023, the Ontario Ministry of Health (through Minister Sylvia Jones) announced their plan to invest in a stronger public health sector. One of the avenues was to provide financial incentives to public health units wishing to begin a voluntary merger process. Boards of Health will need to determine if a merger with another health unit is beneficial to serving the community further. As of this date, 2 health units (Porcupine and Timiskaming) have announced a merger for January 1, 2024.

National, Provincial and Local Public Health Advocacy



Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2023

On October 26, the Chief Public Health Officer (Dr. Theresa Tam) released her annual report on the State of Public Health titled "Creating the Conditions for Resilient Communities: A Public Health Approach to Emergencies".

Each year, the Chief Public Health Officer of Canada (CPHO) writes a report on the state of public health in Canada. These reports are intended to highlight important public health issues, spark discussion, and support action to improve population health and the conditions of health. This year's annual report explores the inequitable health impacts of emergencies. It highlights opportunities for public health to contribute to emergency management through the essential public health functions, particularly health promotion approaches that can support equity and resilience.

To read the full report and learn more, visit the [Canada's Chief Public Health Officer's website](#).

Impact to MLHU Board of Health

The Middlesex-London Board of Health conducts their work with an underlying focus on health equity. Emergency Management policies at the federal, provincial, and local level should have integrated health equity policies in order to ensure all members of the community are supported during a time of crisis.

2023 Economic Outlook and Fiscal Review

On November 2, the provincial 2023 Economic Outlook and Fiscal Review was released. There is no direct mention in the report of public health, but there are several points that may nonetheless be of interest for further examination as they relate to public health programs and services.



- Coordinated Vaping Product Taxation Agreement with the federal government.
- Legislated increase to minimum wage (from \$15.50 to \$16.55).
- Additional investments in health human resources.
- Expansion of breast cancer screening to those 40-49 of age.
- Improving access to medical services for youth, including mental health.

To read the full report and learn more, visit the [Ontario Ministry of Health's website](#).

Impact to MLHU Board of Health

The Economic Outlook and Fiscal Review had no mention of public health but noted activities of importance that a public health unit is required to oversee. It is important that Boards of Health continue to share the urgency of prioritizing public health when reviewing economic impacts, as health equity and healthy economy are linked.

MLHU News



XBB COVID-19 and Influenza Vaccine Available to the General Population Starting Monday, October 30

www.healthunit.com

In Middlesex-London, the XBB COVID-19 and Influenza vaccines were made available to anyone in the community over 6 months old who wants to get a vaccine.

Where and how to book an appointment:

1. **Pharmacies:** Please contact the pharmacy directly to confirm about vaccine availability and to book an appointment. For a list of participating pharmacies, visit: <https://covid-19.ontario.ca/vaccine-locations>
2. **Healthcare Provider:** Check with your Healthcare Provider about vaccine availability and book directly with their office.
3. **MLHU's Western Fair vaccination clinic:** Appointments are highly recommended and can be booked online at www.covidvaccinelm.ca or over the phone by calling 226-289-3560, Monday to Friday, between 9:00 a.m. and 5:00 p.m. The clinic hours of operation are Tuesday to Saturday, between 11:00 a.m. and 6:00 p.m., closed Sunday and Monday. If appointments are not available online, please check back regularly as appointment availability changes frequently. Please note that the influenza vaccine is not guaranteed to be available at the MLHU's Western Fair vaccination clinic.

Please visit the Health Unit's webpages on [COVID-19](#) and [influenza](#) to learn more.

Impact to MLHU Board of Health

The Board of Health under Governance Policy G-500 – Respiratory Season Protection are required to attest to being vaccinated for COVID-19 and influenza or choosing to decline. Both vaccines are now readily available for members of the Board and community to receive.



October 27, 2023

VIA ELECTRONIC MAIL

The Honourable Doug Ford
Premier of Ontario

The Honourable Sylvia Jones
Minister of Health

The Honourable Michael Tibollo
Associate Minister of Mental Health and Addictions

Dear Premier Ford and Provincial Ministers Jones and Tibollo:

Re: Public Health Strengthening and Chronic Disease Prevention

On behalf of the Board of Health for Public Health Sudbury & Districts, please accept this correspondence highlighting our commitment to health promotion and chronic disease prevention.

At its meeting on October 19, 2023, the Board of Health carried the following resolution #60-23:

WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to ensuring it addresses the public health needs and health equity in its catchment area, as aligned with board of health requirements under the Health Protection and Promotion Act and Ontario Public Health Standards; and

WHEREAS Health Promotion Ontario's White Paper on the Value of Local Health Promotion in Ontario recommends strong and sustained investment in local health promotion by public health units to ensure that health promotion is prioritized on an ongoing basis; and

WHEREAS the Board recognizes that there are opportunities for system improvements as part of the review of board roles and responsibilities announced under the government's Public Health Strengthening initiative, including an assessment of its role in chronic disease prevention through health promotion interventions; and

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f: 705.869.5583

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Mindemoya ON P0P 1S0
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phsd.ca



Letter to Premier Ford and Provincial Ministers Jones and Tibollo
Re: Public Health Strengthening and Chronic Disease Prevention
October 27, 2023
Page 2 of 2

WHEREAS chronic diseases are mostly preventable, are the cause of 75% of deaths in Ontario, and incur \$10.5 billion in direct health care costs in the province; and

WHEREAS as the scope and intensity of infectious disease risks increase in the context of finite resources, there is a risk of under-resourcing public health actions that work on longer horizon chronic disease prevention;

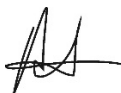
THEREFORE BE IT RESOLVED THAT in the context of the Public Health Strengthening roles and responsibilities deliberations, the Board of Health for Public Health Sudbury & Districts urges all health system actors to remain committed to maintaining appropriate investments in health promotion and chronic disease prevention, while ensuring health risks associated with its health protection work are managed;

AND FURTHER THAT the Board request that the Chief Medical Officer of Health ensure proactive local engagement in the sector-driven review of the Ontario Public Health Standards.

Chronic diseases account for a substantial burden on the health of Ontarians and the health care system. They are the leading cause of death in Ontario, and they disproportionately impact populations who are socioeconomically disadvantaged, intensifying inequities. Chronic diseases are expensive to treat but they are largely preventable. Health promotion and chronic disease prevention work is critical to reducing the health and economic burden of chronic diseases.

The Board of Health respectfully urges the Provincial Government to ensure all health system actors, including local Public Health, are supported to invest in coordinated action to promote health and reduce the burden of chronic diseases, affecting so many Ontarians.

Sincerely,



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

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health
Heather Schramm, Acting Director, Health Promotion and Prevention Policy and Programs Branch, Ministry of Health
Susan Stewart, Chair, Health Promotion Ontario Executive Committee
Michael Sherar, President and Chief Executive Officer, Public Health Ontario
Matthew Anderson, President and Chief Executive Officer, Ontario Health
Brian Kytar, Chief Regional Officer, Ontario Health North East & North West
France G  linas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin-Kapuskasing
All Ontario Boards of Health



October 27, 2023

VIA ELECTRONIC MAIL

Honourable Chrystia Freeland
Deputy Prime Minister and Ministry of Finance

Honourable Jenna Sudds
Ministry of Families, Children and Social Development

Honourable Lawrence MacAulay
Ministry of Agriculture and Agri-Food

Honourable Jean-Yves Duclos
Ministry of Public Services and Procurement

Dear Federal Ministers Freeland, Sudds, MacAulay, and Duclos:

Re: Support for a Funded Healthy School Food Program in Budget 2024 (Federal)

At its meeting on October 19, 2023, the Board of Health for Public Health Sudbury & Districts carried the following resolution #61-23:

WHEREAS a universal publicly funded student nutrition program can positively impact students' nourishment, health and well-being, behaviours and attitudes, school connectedness, and academic success; and

WHEREAS the current provincial student nutrition program strives to offer a breakfast, snack, and/or lunch to students each school day, but not all schools have adequate financial and human resources to offer them; and

WHEREAS the annual monitoring of food affordability in Sudbury and districts demonstrates that some families may struggle to purchase food, and a universal fully-funded student nutrition program can help to ensure no child is left out of the program due to their family's ability to pay; and

WHEREAS the Board of Health for Public Health Sudbury & Districts passed motion [02-20](#) supporting a universal publicly funded healthy school food program; and

WHEREAS although the Ontario government recently announced an additional \$5 million this year in the provincial Student Nutrition Program and the First Nations Student Nutrition Program, more support is needed to

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Letter to Federal Ministers Freeland, Sudds, MacAulay, and Duclos
Re: Support for a Funded Healthy School Food Program in Budget 2024
October 27, 2023
Page 2 of 4

ensure a fully-funded universal student nutrition program; and

WHEREAS the federal government announced its commitment to work toward the creation of a National School Food Policy to help Canadian communities access healthy food in the [Food Policy for Canada](#); and

WHEREAS the Ontario Public Health Standards requires boards of health to support and participate with other partners in advancing school food policy and programming using population health assessment and surveillance, policy development; and

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts support the [recommendations](#) submitted by the Coalition for Healthy School Food to the Government of Canada as part of advance consultations for Budget 2024:

Allocate \$1 billion over five years and collaborate with provinces, territories, and Indigenous partners to provide them with an initial \$200 million as soon as possible to fund existing school food programs; and

Create a separate School Food Infrastructure Fund grants program of, at minimum, \$50 million; and

Negotiate independent School Food Policy agreements with First Nation, Inuit and Métis leadership to ensure long-term and sustainable funding for Indigenous school nutritious meal programs; and

THAT the Board calls on the Federal Minister of Families, Children and Social Development for investment in healthy school food in Budget 2024, as presented in the House of Commons' online [e-4586](#) (Food and drink); and

FURTHER THAT The Board share this motion with relevant stakeholders, including Ontario Boards of Health and the Association of Local Public Health Agencies (aLPHa).

Currently, Canada is the only G7 country without a national school food program in place. In Ontario, the current student nutrition program faces inconsistent year-to-year funding, posing barriers to stability and sustainability and impacting full implementation of the program, such that all students can benefit from proper nourishment. The patchwork of funding sources compromises the quantity and quality of food served, and the availability of adequate infrastructure and human resources to offer a student nutrition program where all children are able to benefit from.

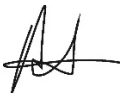
In the [Food Policy for Canada](#), the Government of Canada announced the intention to “engage with provinces, territories, and key stakeholder groups to work toward the creation of the National School Food Program”ⁱ. Despite this intention, there was no financial commitment made to establish a National School Food Program in the 2023 federal budget.

Letter to Federal Ministers Freeland, Sudds, MacAulay, and Duclos
Re: Support for a Funded Healthy School Food Program in Budget 2024
October 27, 2023
Page 3 of 4

The Board of Health is pleased to join many leaders from across Canada in supporting a publicly funded universal school food program model that can positively impact student's nourishment, health and wellbeing, behaviours and attitudes, school connectedness, and academic success. The proposed universal program model with leadership by Canada, and Ontario's Ministries would enable all students to have the equal opportunity to eat healthy meals at school everyday, and that no child is left out due to their family's ability to pay.

Thank you for your attention on this important issue. Given the impact of nutrition related children's health and wellbeing, we trust you will advance this work quickly and so that no child is left out.

Sincerely,



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

cc: Honourable Michael Parsa, Minister of Children, Community and Social Services
Honourable Stephen Lecce, Minister of Education
Honourable Sylvia Jones, Deputy Premier of Ontario, Minister of Health
Jamie West, Local Member of Provincial Parliament, Sudbury
France G elinas, Local Member of Provincial Parliament, Nickel Belt
Michael Mantha, Local Member of Provincial Parliament, Algoma-Manitoulin-Kapuskasing
Viviane Lapointe, Local Member of Parliament, Sudbury
Marc Serr e, Local Member of Parliament, Nickel Belt
Carol Hughes, Local Member of Parliament, Algoma-Manitoulin-Kapuskasing
Bruce Bourget, Director of Education, Rainbow District School Board
Danny Viotto, Director of Education, Huron Superior Catholic District School Board
Joanne B enard, Director of Education, Sudbury Catholic District School Board
Lesleigh Dye, Director of Education, District School Board Ontario North East
Lucia Reece, Director of Education, Algoma District School Board
Paul Henry, Directeur de l' ducation, Conseil scolaire catholique Nouvelon
S ebastien Fontaine, Directeur de l' ducation, Conseil scolaire public du Grand Nord de l'Ontario
Sylvie Petroski, Directrice de l' ducation, Conseil scolaire catholique de district des Grandes Rivi eres
Debbie Field, Coalition for Healthy School Food
Carol Dodge, Executive Director, Better Beginnings Better Futures
Ontario Boards of Health

Letter to Federal Ministers Freeland, Sudds, MacAulay, and Duclos
Re: Support for a Funded Healthy School Food Program in Budget 2024
October 27, 2023
Page 4 of 4

ⁱ Government of Canada. (2020, November 17). *The Food Policy for Canada*.
<https://agriculture.canada.ca/en/department/initiatives/food-policy/food-policy-canada>

November 9, 2023

Fabio Costante, Board of Health Chair
Dr. Kenneth Blanchette, Chief Executive Officer
Windsor-Essex County Health Unit
1005 Ouellette Avenue
Windsor, ON
N9A 4J8

Re: Investing in a Sustainable Federal School Food Policy

Dear Chair Costante and Dr. Blanchette,

At the October 19, 2023 meeting, under Correspondence item [d](#)), the Middlesex-London Board of Health moved to endorse the following item:

Date: September 21, 2023

Topic: Investing in a Sustainable Federal School Food Policy

From: Fabio Costante, Board of Health Chair and Dr. Kenneth Blanchette, Chief Executive Officer, Windsor-Essex County Health Unit

To: Honourable Federal Ministers Freeland, Sudds, MacAulay and Duclos

The Middlesex-London Board of Health received a report in April 2023 titled “[Monitoring Food Affordability and Implications for Public Policy and Action](#)”. This report noted that local food affordability monitoring is a requirement of the Ontario Public Health Standards. It also provided an update on the Middlesex-London Health Unit’s 2022 Nutritious Food Basket survey results, which demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs, and that food insecurity has a pervasive impact on health; and there is a need for income-based solutions.

A federal school food policy would support students in the Middlesex-London region, while also supporting families of those students navigating financial strain and inflation while purchasing food at the grocery store. It is noted that the correspondence from Windsor-Essex County Health Unit highlights that public health and many school communities do not have resources to support food programs at schools. The Middlesex-London Health Unit supports our colleagues from Windsor-Essex in advocating for a federal school food program that includes the following aspects:

- Serve tasty, nourishing, culturally appropriate foods;
- Ensure that ALL students in a school can access the program in a non-stigmatizing manner;
- Be a cost-shared model, including federal support;
- Be flexible and locally adapted to the context of the school and region, including commitment to Indigenous control over programs for Indigenous students;
- Support Canadian farmers and local food producers;
- Provide conflict of interest safeguards that [prevent programs from marketing to children](#); and
- Promote food literacy.

The Middlesex-London Board of Health supports the Windsor-Essex County Health Unit in advocating to the federal government for a federal school food policy for a universal, cost-shared school food program in schools. To view more resources, please visit the Middlesex-London Health Unit’s website page regarding [Food Access in Schools](#).

Sincerely,



Matthew Newton-Reid
Board Chair
Middlesex-London Health Unit



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



Emily Williams BScN, RN, MBA, CHE
CEO, Secretary and Treasurer
Middlesex-London Health Unit

CC: Honourable Chrystia Freeland, Deputy Prime Minister
Honourable Mark Holland, Minister of Health
Honourable Jenna Sudds, Minister of Families, Children and Social Development
Honourable Lawrence MacAulay, Minister of Agriculture and Agri-Food
Honourable Jean-Yves Duclos, Minister of Public Services and Procurement
Board Member Skylar Franke