BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, October 21, 2021, 7:00 p.m.
Microsoft Teams

MISSION - MIDDLESEX-LONDON HEALTH UNIT

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

MEMBERS OF THE BOARD OF HEALTH

Ms. Maureen Cassidy (Chair)
Ms. Aina DeViet (Vice-Chair)
Mr. John Brennan
Ms. Kelly Elliott
Ms. Tino Kasi
Mr. Bob Parker
Mr. Matt Reid
Mr. Mike Steele
Mr. Aaron O'Donnell
Mr. Selomon Menghsha

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: September 16, 2021 – Board of Health meeting

Receive: September 15, 2021 – Governance Committee meeting
October 12, 2021 – Special Governance Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1.	**X**	**X**	**X**	Governance Committee Meeting Summary from October 21, 2021 (Verbal)	October 21, 2021 Agenda	To provide an update on reports reviewed at the October 21, 2021 Governance Committee meeting. Lead: Mr. Bob Parker, Chair, Governance Committee
2.	**X**			Program Updates: Food Safety and Healthy Environments Safe Water, Rabies and Vector Borne Disease Nurse Family Partnership		To provide updates on programs within the health unit. Leads: Ms. Mary Lou Albanese, Acting Director, Environmental Health and Infectious Diseases, Mr. Andrew Powell, Manager, Safe Water, Rabies and Vector Borne Disease, Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer and Ms. Jennifer Proulx, Manager, Nurse Family Partnership
3.		**X**	**X**	MLHU Staff and International Travel (Report No. 44-21)		To request endorsement from the Board for staff to continue to follow Public Health Agency of Canada and Travel Canada guidance on international travel. Lead: Ms. Emily Williams, Director of Healthy Organization/Interim CEO
4.		**X**	**X**	London Community Recovery Network: Letter of Commitment (Report No. 45-21)	Appendix A Appendix B	To request endorsement from the Board to support the London Community Recovery Network's framework. Leads: Dr. Christopher Mackie, Medical Officer of Health and Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer

5.		**X**	**X**	Program Update: Population Health Assessment and Surveillance The Implementation of a Local Surveillance System for Fatal and Non-Fatal Impacts Associated with Crystal Methamphetamine Use (Report No. 46-21)	Appendix A Appendix B	To provide information on a local implementation and surveillance of impacts of crystal methamphetamine use. Leads: Dr. Alexander Summers, Associate Medical Officer of Health, Ms. Alison Locker, Manager, Population Health, Assessment and Surveillance and Ms. Jessica Reimann, Epidemiologist
6.	**X**		**X**	COVID-19 Disease Spread and Vaccine Update (Verbal)		To provide an update on COVID-19 matters within Middlesex-London. Leads: Dr. Alexander Summers, Associate Medical Officer of Health and Dr. Christopher Mackie, Medical Officer of Health
7.		**X**	**X**	Medical Officer of Health Activity Report for October 2021 (Report No. 47-21)		To provide an update on external meetings attended by the Medical Officer of Health. Lead: Dr. Christopher Mackie, Medical Officer of Health
Correspondence and Information Items						
8.		**X**	**X**	October 2021 Correspondence		To endorse item a) and receive item b).

OTHER BUSINESS

The next Board of Health meeting will be held on Thursday, November 18 at 7 p.m.

CONFIDENTIAL

The Middlesex-London Health Unit's Board of Health will move in a closed session to consider personal matters regarding identifiable individuals, including municipal or local board employees, labour relations and employee negotiations, advice that is subject to solicitor-client privilege, including communications necessary for that purpose and to approve confidential minutes from previous Board of Health and Committee meetings.

ADJOURNMENT

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, September 16, 2021, 7:00 p.m.
Microsoft Teams

MEMBERS PRESENT: Ms. Maureen Cassidy (Chair)
Ms. Aina DeViet (Vice-Chair) (arrived at 7:37 p.m.)
Mr. Matt Reid
Mr. John Brennan
Mr. Bob Parker
Ms. Kelly Elliott
Mr. Mike Steele
Ms. Tino Kasi (arrived at 8:23 p.m.)

REGRETS: Ms. Arielle Kayabaga
Mr. Aaron O'Donnell

OTHERS PRESENT: Dr. Christopher Mackie, Medical Officer of Health (Secretary-Treasurer)
Ms. Stephanie Egelton, Executive Assistant to the Board of Health/MOH/AMOH and Communications Coordinator (Recorder)
Dr. Alexander Summers, Associate Medical Officer of Health
Ms. Emily Williams, Director, Healthy Organization/Interim Chief Executive Officer
Mr. Dan Flaherty, Manager, Communications
Ms. Carolynne Gabriel, Communications Coordinator/Executive Assistant to the Board of Health
Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer
Ms. Mary Lou Albanese, Acting Director, Environmental Health and Infectious Disease
Ms. Ellen Lakusiak, Public Health Dietician
Mr. Christian Daboud, Manager, Health Equity
Ms. Donna Kosmack, Manager, Chronic Disease Prevention and Tobacco Control
Ms. Gali Katznelson, Medical Resident
Mr. Erich Nelson, Medical Resident

Chair Maureen Cassidy called the meeting to order at **7:02 p.m.**

DISCLOSURE OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Mr. Matt Reid, seconded by Mr. John Brennan,** *that the **AGENDA** for the September 16, 2021 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **Mr. Mike Steele, seconded by Ms. Kelly Elliott,** *that the **MINUTES** of the July 15, 2021 Board of Health meeting be approved.*

Carried

It was moved by **Mr. Reid, seconded by Mr. Parker,** *that the **MINUTES** of the July 15, 2021 Finance and Facilities Committee meeting be received.*

Carried

It was moved by **Mr. Reid, seconded by Mr. Steele,** *that the **MINUTES** of the September 2, 2021 Finance and Facilities Committee meeting be received.*

Carried

It was moved by **Mr. Brennan, seconded by Mr. Parker,** *that the **MINUTES** of the September 2, 2021 Special Board of Health meeting be approved.*

Carried

REPORTS AND AGENDA ITEMS

Finance and Facilities Committee Meeting Summary from September 2, 2021 (Report No. 36-21)

Mr. Matt Reid, Chair of the Finance and Facilities Committee presented the Finance and Facilities Committee Summary from September 2, 2021.

It was moved by **Mr. Reid, seconded by Mr. Steele,** *that the Board of Health receive report No. 20-21FFC re: "Financial Borrowing Update" for information.*

Carried

It was moved by **Mr. Reid, seconded by Mr. Parker,** *that the Board of Health approve the audited Consolidated Financial Statements of Middlesex-London Health Unit March 31st Programs, for the year ended March 31, 2021 as appended to Report No. 21-21FFC.*

Carried

Governance Committee Meeting Summary from September 15, 2021 (Report No. 43-21)

Mr. Bob Parker, Chair of the Governance Committee presented the Governance Committee Summary from September 15, 2021.

It was moved by **Mr. Parker, seconded by Mr. Reid,** *that the Board of Health receive Report No. 16-21GC re: "2021-22 Provisional Plan Status Update" for information.*

Carried

It was moved by **Mr. Parker, seconded by Mr. Steele,** *that the Board of Health refer to staff to review all policies and procedures within the Governance Manual for references to the MOH/CEO position and make recommendations on changes.*

Carried

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

1) *Receive Report No. 17-21GC re: "Governance By-law and Policy Review" for information; and*
2) *Approve the governance policies appended to this report (Appendix B).*

Carried

Ms. Emily Williams, Director of Healthy Organization/Interim Chief Executive Officer explained Report No. 18-21GC titled "Board Development Proposal" to the Board. It was noted that this training date would be set in the coming days. This training would be from Mr. James LeNoury (a lawyer who presented at this year's Association of Local Public Health Agencies of Ontario (alPHa)'s annual conference) regarding liabilities for board members, the *Health Protection and Promotion Act* and conflicts of interest.

It was moved by **Mr. Parker, seconded by Mr. Reid,** *that the Board of Health:*

1) *Receive Report No. 18-21GC re: "Board Development Proposal" for information; and*
2) *Approve the professional development sessions offered by Mr. James LeNoury, LLB, as a Board development opportunity*

Carried

Proposed 2022 Budget Process (Report No. 37-21)

Ms. Williams presented the Proposed 2022 Budget Process to the Board. It was noted that MLHU is proposing to shift the logistics of the budget process this year for a few reasons: the ongoing pandemic, uncertainty with funding, inflationary pressures, different operational states of programs and services, emerging needs of bringing COVID-19 into certain programs, recovery and strategic initiatives.

The proposed budget process was:

1) Programs offering full (or nearly full) service or program offerings will undertake the PBMA (program marginal budgeting analysis).

2) Programs offering expanded service or program offerings due to demands related to the COVID-19 pandemic or related MLHU provisional strategic plan goal will undertake the PBMA (program marginal budgeting analysis).

3) Programs offering reduced (or paused) service or program offerings due to staff redeployments to the COVID-19 CCM or Vaccine programs will undertake an Evaluation and Planning Exercise and undertake a zero-based budgeting exercise that will inform the 2023 budget.

4) Review of organization structure (such as supervisory/multidisciplinary roles and divisional/programmatic structures) as proposals come forward.

It was further noted that funding assumptions were unknown at this time for 2022 COVID-19 and vaccine funding, but the Ministry of Health has confirmed we will receive mitigation funding for 2022. The request for more mitigation funding will assist with the shortfall – it is unknown at this time the financial impacts of integration of health equity and COVID-19 aspects into programming.

It was moved by **Mr. Reid, seconded by Ms. Kelly Elliott,** *that the Board of Health:*

1) Approve the revised budget planning process for 2022 outlined herein;
2) Approve the PBMA criteria and weighting that is proposed in Appendix A to Report No. 37-21.;
3) Approve requesting the full amount of the provincial cost sharing reductions from the municipal funders, in the same amount as requested in 2021, recognizing there may be a request for additional funds to address any shortfall in surplus identified from the PBMA process; and
4) Approve MLHU staff and the Board of Health to partner with the municipality Government Relations leads to advocate for additional funding from the Provincial government to offset inflationary pressures.

Carried

Q2 Financial Update and Factual Certificate (Report No. 42-21)

Ms. Williams and Mr. Brian Glasspoole, Manager, Finance presented the Q2 Financial Update and Factual Certificate. It was noted that over 900 staff were examined to ensure that these roles were allocated appropriately into their budget codes.

Mr. Glasspoole provided an overview of the financial update. He noted that the Ministry of Health has asked for additional information due to COVID-19 activities. MLHU's Finance department developed an allocation process in late 2020 to help managers understand variances, when so many of their staff had been seconded into pandemic work. The Ministry of Health has asked MLHU to identify the COVID related costs through seconded staff from paused programs to ensure funding is only counted once. It was also noted that the original budget submitted for COVID activities was $28.6 million, and the Ministry of Health provided MLHU in August with $13.86 million.

It was moved by **Mr. Reid, seconded by Mr. Parker,** *that the Board of Health receive Report No. 42-21 re: "Q2 Financial Update and Factual Certificate" for information.*

Carried

Feedback on Proposed Regulations for Supplemented Foods (Report No. 38-21)

Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer, Ms. Donna Kosmack, Manager, Chronic Disease Prevention and Tobacco Control and Ms. Ellen Lakusiak, Public Health Dietician presented the report regarding Feedback on Proposed Regulations for Supplemented Foods.

MLHU was looking for Board of Health endorsement to provide comments to Health Canada on new regulations regarding supplemented foods. Ms. Kosmack noted that while MLHU was supportive of a more regulatory process for supplemented foods, it was noted that there were public health and marketing concerns, such as energy drinks being considered as supplemented foods. These guidelines do not align with Canada's Food Guide and wished to provide comment to Health Canada on the matter.

It was moved by **Mr. Reid, seconded by Mr. Parker,** *that the Board of Health:*

1) *Receive Report No. 38-21"Feedback on Proposed Regulations for Supplemented Foods" for information; and,*
2) *Direct the Medical Officer of Health to send a letter to Health Canada, responding to the public health concerns associated with these amendments, attached as Appendix A.*

Carried

Submission to Health Canada's Consultation on the Proposed Vaping Products' Flavour Regulations and Order (Report No. 39-21)

Ms. Kosmack presented this report regarding the consultation to Health Canada on the Proposed Vaping Products' Flavour Regulations and Order. It was noted that this submission has already been provided to Health Canada. Health Canada is proposing that flavours in vaping products be removed from distribution, which MLHU is supportive of. Further, it was provided to Health Canada that mint and menthol products be removed from distribution as well.

It was moved by **Ms. Elliott, seconded by Mr. Parker,** *that the Board of Health receive Report No. 39-21 re: "Submission to Health Canada's Consultation on the Proposed Vaping Products' Flavour Regulations and Order" for information.*

Carried

Diversity and Inclusion Assessment: MLHU Workforce Census (Report No. 40-21)

Ms. Lokko and Mr. Christian Daboud, Manager, Health Equity presented the MLHU Workforce Census (apart of the Diversity and Inclusion Assessment) and the 12 recommendations associated.

It was noted that the Workforce Census Report was completed by Turner Consulting. The purpose of the census was to look into diversity within the MLHU workforce as it compares to the Middlesex-London region, and provide recommendations to support this diversity. Mr. Daboud noted that women in leadership roles were underrepresented, along with employees whom identified as Indigenous. The importance of having the MLHU workforce reflecting the community to which the health unit serves was emphasized.

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

1) *Receive Report No. 40-21 re:"Diversity and Inclusion Assessment: MLHU Workforce Census" for information; and,*
2) *Endorse the recommendations within the Workforce Census Report for implementation at the Middlesex-London Health Unit.*

Carried

Verbal COVID-19 Disease Spread and Vaccine Update

Dr. Alexander Summers and Dr. Chris Mackie presented the verbal COVID-19 update.

Discussion about this verbal report included:

- Low case counts in July, rising in August sharply and the fourth wave being fueled by the Delta variant and the effects on unvaccinated individuals.
- Continuing guidance of getting vaccinated, social distancing and wearing masks.
- Vaccination "passports" coming into effect.
- Approaching 740,000 vaccinations in the region (640,000 from MLHU and partners, and 100,000 from pharmacies).
- 84.7% vaccination coverage locally.
- Third dose for immunosuppressed individuals is underway.
- 94% of staff have had both doses of vaccine.
- Agriplex and Caradoc have changed hours of operations.
- Mobile clinics and mall clinics have been successful.

Mr. Matt Reid noted his concern for a lack of uniform workplace vaccination policy, and the confusion this has caused across workplaces and sectors. There was a brief discussion on the advocacy that the Board of Health could do to advocate for this action. It was also emphasized the work that the staff of MLHU were doing to support the important work of promoting vaccination and appreciation of all of the vaccine related work that they have done.

It was moved by **Mr. Reid, seconded by Ms. Elliott,** *that the Board of Health direct the Chair to write to the Premier and Minister of Health to support a uniform policy for all public and private sector employees to have a mandatory vaccine policy in place as soon as possible and to avoid testing alternatives unless due to medical or human rights exemptions.*

Carried

It was moved by **Mr. Reid, seconded by Mr. Parker,** *that the Board of Health direct the Chair to write to Health Unit staff indicating our appreciation for 1) all of the vaccination work they have done, 2) all of the staff who have chosen to be vaccinated, and 3) all of the staff who have been instrumental in the development of the mandatory vaccination policies for the Middlesex-London Health Unit and other organizations.*

Carried

It was moved by **Mr. Reid, seconded by Ms. Aina DeViet,** *that the Board of Health receive the verbal report on COVID-19 Disease Spread and Vaccine Update for information.*

Carried

Medical Officer of Health Activity Report for August/September 2021 (Report No. 41-21)

Dr. Mackie presented Medical Officer of Health Activity Report for August/September 2021.

It was moved by **Mr. Parker, seconded by Mr. Steele,** *that the Board of Health receive Report No. 41-21 re: "Medical Officer of Health Activity Report for August/September 2021" for information.*

Carried

CORRESPONDENCE

It was moved by **Ms. Elliott, seconded by Mr. Reid,** *that the Board of Health receive correspondence items a) through c).*

Carried

Dr. Mackie noted to the Board of Health that a new Board Member had been appointed earlier in the day. Selomon Menghsha (provincial appointee) was appointed for a 2-year term.

OTHER BUSINESS

The next Middlesex-London Board of Health meeting will be on Thursday, October 21st at 7 p.m.

CONFIDENTIAL

At **8:55 p.m.,** it was moved by **Mr. Reid, seconded by Ms. DeViet,** *that the Board of Health will move in-camera to consider matters regarding labour relations or employee negotiations, personal matters about identifiable individuals, including municipal or local board employees and security of the property of the local municipality or board.*

Carried

At **9:28 p.m.,** it was moved by **Mr. Steele, seconded by Ms. Kasi,** *that the Board of Health rise and return to public session.*

Carried

ADJOURNMENT

At **9:28 p.m.,** it was moved by **Mr. Steele, seconded by Ms. Kasi,** *that the meeting of Board of Health be adjourned.*

Carried

MAUREEN CASSIDY
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

PUBLIC MINUTES
GOVERNANCE COMMITTEE
Microsoft Teams
Wednesday, September 15, 2021 9:00 a.m.

MEMBERS PRESENT:	Mr. Bob Parker (Chair) Ms. Aina DeViet Ms. Maureen Cassidy Mr. Mike Steele
REGRETS:	Ms. Arielle Kayabaga
OTHERS PRESENT:	Dr. Christopher Mackie, Secretary-Treasurer Ms. Carolynne Gabriel, Executive Assistant to the Board of Health and Communications Coordinator (Recorder) Ms. Stephanie Egelton, Senior Executive Assistant to the Medical Officer of Health / Associate Medical Officer of Health Ms. Emily Williams, Director, Healthy Organization/Interim CEO Ms. Kendra Ramer, Manager, Strategic Projects Ms. Mary Lou Albanese, Acting Director, Environmental Health and Infectious Diseases

Chair Bob Parker called the meeting to order at **9:06 a.m.**

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Ms. Aina DeViet, seconded by Ms. Maureen Cassidy** *that the **AGENDA** for the September 15, 2021 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Cassidy, seconded by Mr. Mike Steele,** *that the **MINUTES** of the June 17, 2021 Governance Committee meeting be approved.*

Carried

RECEIPT OF SUB-COMMITTEE MINUTES

It was moved by **Ms. Cassidy, seconded by Ms. DeViet,** *that the **MINUTES*** of the following Governance Responsibilities Committee meetings be received:

1) July 13, 2021
2) July 20, 2021
3) August 5, 2021

Carried

NEW BUSINESS

2021-22 Provisional Strategic Plan Status Update (Report No. 16-21GC)
This report was introduced by Ms. Emily Williams, Director, Healthy Organization / CEO (Interim) who introduced Ms. Kendra Ramer, Manager, Strategic Projects.

Discussion about this report included:

- Progress is being made on all the goals outlined in the Provisional Strategic Plan except for one: the goal to systematically collect and analyze sociodemographic and race-based data. While planning work, including the development of a project charter and implementation plan was done, the implementation was paused in order to allocate resources to the COVID-19 vaccine campaign during Q2 and Q3 of 2021. Implementation is anticipated to resume in Q4.
- Planning resources had been redeployed to the Vaccine Informatics and Planning team to support the COVID-19 vaccine campaign. Discussions will soon be held to repatriate these planning resources to support other planning functions within the Health Unit.
- Overall, collection of sociodemographic and race-based data within the COVID-19 program is going well; however, during the peak of the COVID-19 vaccination campaign, the capacity was not there to track this data consistently. As much as possible, COVID-19 vaccination clinics have captured the data and have significant data which is helpful, just not complete.
- Some secondary data sources exist which may be able to supplement the sociodemographic and race-based data collected. Surveys have been done at the provincial level; however, those surveys were used earlier to help plan the COVID-19 vaccination campaign and more recent data hasn't been seen. Additionally, a request could be made to ICES, a provincial research agency with high security data labs, for additional data; however, there is no guarantee ICES would undertake that research, and if they did, it would take a while and public research report would be issued rather than direct information to the Health Unit.

It was moved by **Mr. Steele, seconded by Ms. Cassidy,** *that the Governance Committee recommend to the Board of Health* to *receive Report No. 16-21GC re: "2021-22 Provisional Plan Status Update" for information.*

Carried

Governance By-Law and Policy Review (Report No. 17-21GC)

This report was introduced by Ms. Williams and further discussed by Ms. Ramer.

Discussion on this report included:

- There are 12 by-laws/policies, out of a total of 43, which are overdue for review as of August 31, 2021. While the Governance Committee was actively involved in reviewing the policies, this was paused during Q2 due to shifting priorities to focus on the COVID-19 vaccination campaign. A plan is in place to have all remaining 12 by-laws/policies reviewed by the end of 2021.
- Policy G-080 Occupational Health and Safety is included in Appendix B. It is brought forward for review annually and there are no changes to it since last year.
- Policy G-360 Resignation and Removal of Board Members is included in Appendix B and includes the changes recommended by the Governance Committee at its meeting on June 17, 2021.
- All by-laws and policies within the Governance Manual need to be reviewed, despite their reviewed status, for mention of the Medical Officer of Health (MOH)/CEO position as these roles are now separated.

It was moved by **Ms. Cassidy, seconded by Ms. DeViet** *that the Governance Committee refer to staff to review all policies and procedures within the Governance Manual for references to the MOH/CEO position and make recommendations on changes.*

Carried

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

1) *Receive Report No. 17-21GC re: "Governance By-law and Policy Review" for information; and*
2) *Approve the governance policies as appended to this report.*

Carried

Board Development Proposal (Report No. 18-21GC)

This report was introduced by Ms. Williams.

Discussion on this report included:

- Ms. Williams attended the 2021 Association of Local Public Health Agencies (alpha) conference and made note of a presentation by Mr. James LeNoury, legal counsel to alPHa, which provided an overview called "Legal Matters: Update for the Boards of Health Section Meeting" which provides an overview of the *Health Protection and Promotion Act* (HPPA) and reviews the responsibilities of boards of health and their members, elements of a governance policy framework, and measuring the effectiveness of a governance strategy.
- The presentation by Mr. LeNoury seemed relevant for a board development opportunity, given the neutral or less affirmative results from the Board of Health's self-assessment, especially Part B: How well has the board conducted itself, specifically around recruitment and orientation.
- Mr. LeNoury has done many presentations for boards of health for orientation and development.
- Following discussions with Mr. LeNoury, two topics were selected for potential presentations for board development: a revised version of the presentation given at alPHa and a presentation on the accountabilities and liabilities specifically to board members in relation to HPPA.
- It is proposed that the revised presentation given at alPHA be offered in October, 2021 and the second presentation be offered in Q1 of 2022 as it is presumed that there will be new members of the Board of Health.

It was moved by **Ms. Cassidy, seconded by Ms. DeViet,** *that the Governance Committee recommend to the Board of Heath:*

1) *Receive Report No. 18-21GC re: "Board Development Proposal" for information; and*
2) *Approve the professional development sessions offered by Mr. James LeNoury, LLB, as a Board development opportunity.*

Carried

OTHER BUSINESS

Next meeting is Thursday, October 21, 2021 at 6 p.m.

CONFIDENTIAL

At **9:29 a.m.,** it was moved by **Ms. Cassidy, seconded by Mr. Steele,** *that the Governance Committee will move in-camera to consider matters regarding labour relations or employee negotiations and personal matters about identifiable individuals, including municipal or local board employees.*

Carried

At **10:07 a.m.,** it was moved by **Ms. DeViet, seconded by Ms. Cassidy,** *that the Governance Committee rise and return to public session from closed session.*

Carried

ADJOURNMENT

At **10:07 a.m.,** it was moved by **Ms. Cassidy, seconded by Mr. Steele,** *that the meeting be adjourned.*

Carried

ROBERT PARKER	**CHRISTOPHER MACKIE**
Chair	**Secretary-Treasurer**

PUBLIC MINUTES
GOVERNANCE COMMITTEE
Microsoft Teams
Tuesday, October 12, 2021 9:00 a.m.

MEMBERS PRESENT: Mr. Bob Parker (Chair)
Ms. Aina DeViet
Ms. Maureen Cassidy
Mr. Mike Steele

OTHERS PRESENT: Ms. Carolynne Gabriel, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)
Ms. Cynthia Bos, Manager, Human Resources
Mr. Matt Reid, Member, Middlesex-London Board of Health

Chair Bob Parker called the meeting to order at **9:01 a.m.**

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Mr. Mike Steele, seconded by Ms. Maureen Cassidy** *that the **AGENDA** for the October 12, 2021 Special Governance Committee meeting be approved.*

Carried

NEW BUSINESS

2021 Medical Officer of Health and Chief Executive Officer Performance Appraisals (Report No. 20-21GC)

This report was introduced by Chair Parker.

It was moved by **Ms. Aina DeViet, seconded by Ms. Cassidy,** that the Governance Committee:

1) *Receive Report No. 20-21GC;*
2) *Revise Policy G-050 "Medical Officer of Health and Chief Executive Officer Performance Appraisal" and its associated appendices and procedure to reflect the separation of the MOH and CEO roles; and*
3) *Form a sub-committee to initiate the performance appraisal process for both the Medical Officer of Health and Chief Executive Officer.*

Carried

Discussion occurred to determine the membership of the sub-committee to initiate the performance appraisal process for both the Medical Officer of Health (MOH) and Chief Executive Officer (CEO). Chair Parker proposed that the sub-committee consist of all members of the Governance Committee as well as the chairs of the Board of Health, the Governance Committee, and the Finance and Facilities Committee.

It was moved by **Mr. Steele, seconded by Ms. Cassidy** *that the sub-committee to initiate the performance appraisal process for both the Medical Officer of Health and Chief Executive Officer consist of:*

- *Maureen Cassidy, Chair, Board of Health*
- *Robert (Bob) Parker, Chair, Governance Committee*
- *Matt Reid, Chair, Finance and Facilities Committee*
- *Michael (Mike) Steele, Member, Governance Committee*
- *Aina DeViet, Member, Governance Committee*

Carried

Chair Parker opened the floor and requested volunteers to be chair of the sub-committee. Mr. Matt Reid was the sole volunteer.

It was moved by **Mr. Steele, seconded by Ms. DeViet** *that Mr. Reid be appointed as the chair of the sub-committee to initiate the performance appraisal process for both the Medical Officer of Health and Chief Executive Officer.*

Carried

Chair Parker requested that Ms. Cynthia Bos, Manager, Human Resources provide a verbal update with regards to the communications with the consultant who conducted the 360 review as part of the 2019 performance appraisal of the MOH/CEO. Ms. Bos' update included:

- The consultant who conducted the 2019 performance appraisal and has been contacted to conduct the 2021 performance appraisals of the MOH and CEO is Mr. Marc Lacoursiere of The Achievement Centre.
- Since the same consultant conducted the 2019 performance appraisal of the MOH/CEO, a comparison could be conducted between performance appraisals.
- Mr. Lacoursiere has proposed meeting with the sub-committee for one hour next week to discuss the process and the 360 review survey tool.
- Next steps are for the sub-committee to meet with Mr. Lacoursiere and to reach out to the MOH and CEO to request their list of external stakeholders for the 360 review.
- Mr. Lacoursiere believes completing the process is reasonable by the end of the year; hopefully feasible by November 18, 2021.

ADJOURNMENT

At **9:10 a.m.,** it was moved by **Mr. Steele, seconded by Ms. DeViet** *that the meeting be adjourned.*

Carried

ROBERT PARKER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

REPORT NO. 44-21

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health
Emily Williams, Chief Executive Officer (Interim)

DATE: 2021 October 21

MLHU STAFF AND INTERNATIONAL TRAVEL

Recommendation

It is recommended that the Board of Health:

1) ***Receive Report No. 44-21 re: "MLHU Staff and International Travel" for information;***
2) ***Support the premise that MLHU staff should continue to be recommended to follow the guidance from the Public Health Agency of Canada with respect to travel; and***
3) ***Support a non-disciplinary approach to follow up for any staff who choose to travel outside of Canada.***

Key Points

- MLHU staff are seeking direction regarding travel outside of Canada for personal reasons.
- The Public Health Agency of Canada is currently advising against any non-essential travel outside of Canada; however, fully vaccinated individuals are exempt from quarantine protocol upon return.
- MLHU Senior Leadership Team is recommending a non-disciplinary approach to follow up for any staff that choose to travel outside of Canada.

Background

The pandemic continues to place a high-level of stress upon staff at MLHU, and many view travel outside of Canada, especially during the winter months, as a key resiliency strategy. Many staff are asking whether travel outside of Canada for personal reasons would be supported by the organization at this time. At the height of the second wave of the pandemic, several high-profile leaders working in the health care system were terminated for travel-related reasons, and some MLHU staff are seeking direction prior to making decisions.

Current State

As of September 9, 2021, the Public Health Agency of Canada (PHAC) continued to advise travellers, regardless of their vaccination status, to avoid non-essential travel outside of Canada; however, individuals who meet the definition of a fully-vaccinated traveler (i.e. have received a full series of an accepted COVID-19 vaccine or a full series of a combination of accepted vaccines and at least 14 full days have passed since the last dose) are exempt from quarantine and the Day-8 testing requirement upon return to Canada. PHAC also provides guidance for those required to travel, including having an awareness of COVID-19 prevalence in the destination area and the availability of medical treatment should it be required.

The COVID-19 vaccine campaign has been highly successful within the Middlesex London community and with MLHU staff particularly. The rate of staff vaccination at the time of this report is 99% among full-time, permanent staff at the health unit. Vaccination has been proven to substantially reduce the risks associated with COVID-19.

The Senior Leadership Team recognizes the need to provide direction to staff on this matter and want to ensure the messaging represents a measured response. Advising staff that it is best to follow the PHAC's guidance and avoid travel for non-essential reasons while also reassuring them that no disciplinary action will be taken in the event that travel occurs, is believed to strike the appropriate balance.

Next Steps

Following Board of Health direction, the Senior Leadership Team will ensure staff receive communication pertaining to travel outside of Canada and will ensure any follow up is also aligned.

This report was prepared by the Chief Executive Officer (Interim).

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

Emily Williams, BScN, RN, MBA
Chief Executive Officer (Interim)

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 45-21

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health
Emily Williams, Interim Chief Executive Officer

DATE: 2021 October 21

LONDON COMMUNITY RECOVERY FRAMEWORK – LETTER OF COMMITMENT

Recommendation

It is recommended that the Board of Health:

1) ***Receive Report No. 45-21 re: "London Community Recovery Network – Letter of Commitment" for information; and***
2) ***Direct the Board of Health Chair to send a letter to City staff endorsing the London Community Recovery Framework.***

Key Points

- MLHU has participated in the London Community Recovery Network since its inception in 2020.
- On September 23rd, staff received the draft London Community Recovery Framework (Appendix A) and a request for a letter of commitment.
- Staff provided an initial informal letter of support by the deadline (Appendix B) and are requesting formal Board of Health endorsement of the London Community Recovery Framework.

Background

On July 21, 2020, London City Council endorsed the creation of the London Community Recovery Network. The London Community Recovery Network (LCRN) is chaired by the Mayor, supported by Council, and is comprised of 51 community leaders who represent social, economic, and institutional organizations across London. The collective effort of the London Community Recovery Network is focused on creating a strong, resilient, and inclusive post-pandemic London.

MLHU received a draft London Community Recovery Framework (Appendix A) on September 23rd. Staff provided some comments for consideration prior to finalization of the draft, as well as for consideration as the flexible implementation of the Framework unfolds.

Recovery and Renewal Focus Areas

There are three overarching areas of focus within the Framework: investing in people, driving prosperity, and fostering community, with more specific areas identified within each. Of note, the more specific areas demonstrate significant alignment with the social determinants of health (e.g., homelessness and housing affordability and availability; employment; community belonging) and all five of the Middlesex-London Health Unit's recovery priority areas are reflected within the Framework (domestic violence, food insecurity, mental health, racism, and substance use). The Framework also identifies COVID-19 management and prevention as a key area of focus. These alignments will generate significant synergies between existing and planned public health work and the broader community recovery efforts of the London Community Recovery Network.

Expectations of Network Members

Network members who provide a letter of endorsement and express commitment to ongoing collective recovery work will be expected to:

- Identify strategies and initiatives already being worked on that align with the LCRN shared metrics
- Provide a list of aligned ongoing initiatives to the Staff Support Team via our data collection platform (currently in development)
- Look for and/or create alignment with the LRCN Framework when identifying new initiatives or expanding existing ones over the coming months (as is feasible within the organization's mandate and resources)
- Provide short updates/successes or strategies/initiatives over the course of 2021 to roll into the LCRN's public reporting

MLHU could also be involved in further planning and refinement of indicators as the LCRN Framework further evolves and is implemented by organizations and groups within our community, should workload capacity allow it.

Next Steps

The London Community Recovery Network has requested that MLHU provide an official letter of commitment for the work set out in the Framework. On October 6, 2021 MLHU provided the LCRN an informal letter of support (Appendix B), noting that MLHU would provide an official letter of endorsement and support, pending Board of Health approval. Staff will keep the Board of Health informed of ongoing developments in the LCRN process so implications for MLHU work and the degree to which the Health Unit can meet any related commitments can be fully assessed.

This report was prepared by the Office of the Chief Nursing Officer.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

Emily Williams, BScN, RN, MBA
Chief Executive Officer (Interim)

October 2021

London Community Recovery Network

London's Community Recovery Framework

London CANADA

Message From the London Community Recovery Network

The global pandemic has changed so many aspects of our daily lives. There are very few people and organizations who have not been deeply affected by COVID-19 in some way. For those who are vulnerable or marginalized in any way, the impact has been disproportionate. The COVID-19 pandemic has heavily impacted our communities, our families, and our businesses. It has changed how we travel, how we spend time together, and how we engage in our community. It has also had a significant impact on the economic and social health of London and region.

As the community continues to respond to the unprecedented challenges of COVID-19, we recognize that rebuilding and revitalizing London will necessitate an equally unprecedented response. We are committed to recovery from the COVID-19 pandemic in London through the London Community Recovery Framework. The London Community Recovery Framework sets out a common vision, focus areas, and shared measures for recovery and renewal from the COVID-19 pandemic.

The London Community Recovery Framework allows organizations, networks, and communities to design and participate in initiatives that benefit the community, and at the same time, remain focused on the needs of individual sectors, members, and organizations. We recognize and support parallel efforts underway from champions across all sectors of the economy and community to promote a strong, resilient, and inclusive post-pandemic London.

The London Community Recovery Framework will require a coordinated effort from all of us to revive the economy, revitalize the community, and reimagine our future. Diverse perspectives from across London will be instrumental in realizing our vision of *a strong London that has fully recovered from the impacts of the COVID-19 pandemic and is building a resilient, equitable, and inclusive post-pandemic future.*

Sincerely,

The London Community Recovery Network

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1.0 Introduction

1.1 The London Community Recovery Network

On July 21, 2020, London City Council endorsed the creation of the London Community Recovery Network to begin a community-led process to power London's recovery from the COVID-19 pandemic. The London Community Recovery Network brings together leaders from community groups and networks, the private sector, non-profit organizations, and institutional organizations to participate in community conversations about London's recovery, work collaboratively to develop a community recovery plan, and turn recovery ideas into action.

The London Community Recovery Network is chaired by the Mayor, supported by Council, and led by 51 community leaders who represent social, economic, and institutional organizations across London. The collective effort of the London Community Recovery Network is focused on creating a strong, resilient, and inclusive post-pandemic London.

1.2 The Work of the London Community Recovery Network

As the community continues to respond to the unprecedented challenges of COVID-19, we recognize that rebuilding and revitalizing London necessitates an equally unprecedented response. The work of the London Community Recovery Network is to envision how London can thrive post-pandemic and to chart the course for longer-term recovery.

The first step was to respond to the urgent needs of Londoners. In Phase 1 of the London Community Recovery Network's efforts, members came together to identify 70 ideas for action, which can be found in Laying the Foundation: Ideas for Action to Power London's Community Recovery From COVID-19. Many of these actions have moved to implementation.

The momentum developed in Phase 1 was leveraged in Phase 2 to prepare the London Community Recovery Framework that will drive a strong, deep, and inclusive recovery for London.

1.3 The London Community Recovery Framework

The purpose of the London Community Recovery Framework is to set out a common vision, focus areas, and shared measures for community recovery and renewal in London.

Specifically, the London Community Recovery Framework:

- Identifies a **common vision** for London's community recovery – a vision that includes economic and social aspects of recovery.
- Communicates the **focus areas** that will guide our recovery and renewal from the pandemic.
- Outlines **shared measures** to standardize the evaluation of London's progress towards community recovery and the common vision.
- Supports London Community Recovery Network members' **commitment** to contributing to one or more of the recovery-focused shared measures through individual and collective efforts that enable community recovery in London.
- Commits to **reporting regularly** on London's community recovery efforts.

The development of the London Community Recovery Framework required us to think critically about where we want to go together, what we are doing today and in the future that contributes to recovery, and how we will know that we have been successful.

The work of recovery requires the collective action of many – a community of people, organizations, and networks that must be invested in outcomes and collectively driving results. Phase 1 of the London Community Recovery Network's work illustrated that London's organizations, businesses, networks, institutions, and community groups are fully engaged in designing and implementing individual and collective recovery-related initiatives. London Community Recovery Network members want to participate in initiatives that benefit the community, but at the same time, they need to remain focused on the needs of their sectors, their members, and their individual organizations.

The London Community Recovery Framework's approach recognizes and values the considerable efforts members extended through Phase 1, as well as the many initiatives already underway. It also recognizes that members need to make decisions for their own benefit as well as the community. The London Community Recovery Framework therefore focuses on defining a common destination and shared measures for community recovery. Rather than prescribing specific actions, initiatives, and work plans, London Community Recovery Network members will identify the actions they intend to implement to contribute to the common vision and shared measures for London's community recovery.

1.4 Recovery in the Context of the London Community Recovery Framework

Recovery is not about building the same London; it is about building a community that is stronger than where we started. Recovery for London is about renewal; it requires looking forward and creating a brighter future rather than going back to the way things were.

Recovery is an opportunity for transformation, re-imagining, and re-setting what London looks like post-pandemic – a community that is equitable and where no one is left behind.

The term “recovery” has many meanings for different people. However, in the context of the London Community Recovery Framework, recovery refers to recovery and revitalization from the impacts of the COVID-19 pandemic.

1.5 How the London Community Recovery Framework Was Developed

An overview of the stages used to develop the London Community Recovery Framework is outlined below.

Stage 1: Confirm the Common Vision and Recovery Focus Areas (May – June 2021)

On May 6, 2021, London Community Recovery Network members met to share their insights about a common vision for recovery from the COVID-19 pandemic in London. Ideas shared at the meeting were used to craft a common vision and focus areas for recovery from the pandemic. Once drafted, the vision statement and recovery focus areas were shared with London Community Recovery Network members for review and feedback. Feedback from London Community Recovery Network members was then collated, and common themes were identified to refine the vision statement and recovery focus areas. On June 10, 2021, London Community Recovery Network members held a second meeting to review and confirm the vision and recovery focus areas. It was confirmed that overall, the vision statement and areas of focus resonated with London Community Recovery Network members, and these components were approved in principle to provide direction for the subsequent research stage.

Stage 2: Conduct Research (June – August 2021)

Between June and August 2021, a total of 44 interviews and three focus groups were conducted with London Community Recovery Network members. During the interviews and focus groups, London Community Recovery Network members were asked to reflect on trends and opportunities that resulted from the pandemic, what recovery looks like and how they would define recovery from the pandemic, and recommended metrics to measure pandemic recovery. Interview and focus group participants were engaged as representatives of social, economic, and institutional organizations and equity-deserving groups across London, and were asked to share insights and feedback from the perspective of their sector or community, including their stakeholders, community members, and constituents.

Data gathered from interviews and focus groups was collated and analyzed across all respondent groups, and themes were identified. For each key theme that emerged, a literature scan was conducted to identify studies that demonstrated the impacts of the COVID-19 pandemic in that thematic area. Using the results from the thematic analysis and literature scan, a list of indicators and metrics was drafted and shared with London Community Recovery Network members. Feedback was then used to revise the list of indicators and metrics.

Stage 3: Develop the London Community Recovery Framework (August – October 2021)

Results from the research stage were used as the foundation for the development of the London Community Recovery Framework, including refinement of the vision statement and recovery focus areas and development of the shared commitments, indicators, and metrics.

In total, 23 indicators were identified from the research analysis. To be considered as an indicator, the following criteria had to be met:

- London Community Recovery Network members identified it as relevant to London's recovery from the COVID-19 pandemic.
- It was identified as a theme in the literature in a local, provincial, and/or national recovery context as having been negatively affected or exacerbated by the COVID-19 pandemic.
- It was impact focused (i.e. focused on the intended results), not process focused (i.e. strategies that could be implemented to achieve an intended result).
- There was at least one metric to inform the indicator at a population level.

For each indicator, no more than two metrics were identified to support meaningful shared measurement and evaluation. The following criteria were used to inform metric selection:

- Data for the metric was collected at a minimum on an annual basis.
- Data collected for the metric could be disaggregated.
- Data for the metric was available to the City of London, either through data collected by the City of London, a local partner, or a reliable third party.
- Regular collection of data for the metric would continue through the pandemic and where possible, historical data collected since at least January 1, 2019 was available.

Results from the thematic analysis and literature scan were used to prepare Sections 3.0 – 5.0 of this document. Specifically, for each indicator outlined in Sections 3.0 – 5.0, the description of what the indicator is, how it has been impacted by the COVID-19 pandemic, why addressing it is important for recovery in London, and how it will be measured was developed using the thematic analysis and literature scan results.

Once prepared, London Community Recovery Network members reviewed a draft copy of the London Community Recovery Framework and provided feedback. On September 23, 2021, London Community Recovery Network members met to discuss the common themes identified from the feedback, and with noted revisions, the London Community Recovery Framework was approved. During this meeting, resources to support the work of the London Community Recovery Network and regular reporting on recovery indicators and measures were also discussed. After the meeting, final revisions were made to incorporate feedback from London Community Recovery Network members.

2.0 The London Community Recovery Framework

2.1 Vision

A strong London that has fully recovered from the impacts of the COVID-19 pandemic and is building a resilient, equitable, and inclusive post-pandemic future.

2.2 Shared Commitments

The London Community Recovery Framework is rooted in the following shared commitments:

- **Collaboration and Coordination –** A thriving economy and a supportive community are essential for London's well-being. We will enhance ongoing efforts across the city through collaboration and work together to tackle community challenges.
- **Data Disaggregation –** There must be a commitment as part of COVID-19 recovery efforts to the collection of data. The collection of data that can be disaggregated by sub-categories such as demographics and social-economic factors promotes accountability. Further, the disaggregation of data helps to identify how issues like the pandemic disproportionately affect specific groups, helps to track whether change is occurring, and ensures COVID-19 recovery efforts are addressing inequity. We are committed to collecting and reporting on disaggregated data.
- **Climate Change and Environmental Sustainability –** The climate emergency has not disappeared due to COVID-19. As we identify ideas and initiatives, we will evaluate the desired outcomes in relation to their potential impact on London's combined efforts to respond to climate change.
- **Equity and Inclusion –** Community recovery efforts must recognize the disproportionate effects COVID-19 has had on vulnerable and marginalized communities. Recovery efforts must: be culturally sensitive; be informed and relevant; be led by those with lived experience; address biases; and take into consideration intersectionality and lived experiences. We recognize that all Londoners are active and deserving participants in London's community recovery.

- **Innovation –** Recovery from COVID-19 will require adaptation and adoption of innovative approaches in all sectors. Innovation will be essential to fueling economic activity and generating new opportunities through recovery. Digitization and continued digital transformation, unique in-person experiences, and new solutions to emerging challenges will be required to drive recovery in London. We will be innovative in our initiatives and efforts towards recovery from COVID-19.
- **Infrastructure Investment –** Infrastructure investment generates long-term economic growth, supports the resilience of the economy, and builds inclusive communities. It changes the way Londoners live, move, and work. We realize in our COVID-19 recovery efforts that infrastructure improves social inclusiveness and better safeguards the health and environment of communities.
- **Local Purchasing –** For effective and efficient recovery, the purchasing power of individuals, families, community groups, non-profit organizations, businesses, and institutions will need to be recognized. Connections between local purchasers and suppliers, the development of local supply chains, and the implementation of local procurement policies will be important to stimulate the local economy and create positive social, economic, health, and community impacts. It is being noted that the City of London and other public sector or institutional partners must adhere to Provincial and Federal purchasing and procurement requirements set out in applicable legislation and international trade agreements, as well as comply with current municipal by-laws.
- **Short-Term and Long-Term Focus –** The impacts of COVID-19 have affected sectors and communities differently. While some sectors are close to or exceeding pre-COVID levels of activity, others are facing increasing levels of uncertainty. We will recognize both short-term needs as well as longer-term opportunities throughout the course of our work.

2.3 Recovery and Renewal Focus Areas and Indicators

In order to work towards recovery and renewal, we will focus on:

Investing in People We collectively commit to recovery and improving quality of life so that all Londoners can participate and succeed.	**Driving Prosperity** We collectively commit to sustainable and inclusive economic recovery that creates opportunities for people and enterprises and strengthens London's diverse competitive potential.	**Fostering Community** We collectively commit to reconnecting people and neighbourhoods and fostering a community where all Londoners can live, work, and play.
Domestic Violence	Arts, Culture, and Tourism	Anti-Racism and Anti-Oppression
Educational Attainment	Business Health	Climate Change and Environmental Sustainability
Food Security	Commercial Vacancy	Community Belonging
Homelessness	Employment	Community Engagement and Social Isolation
Income	Housing Affordability and Availability	COVID-19 Management and Prevention
Mental Health	Labour Market Participation	Crime and Safety
Physical Health	Mental Health in the Workplace	Immigration and Migration
Substance Use	Talent Recruitment and Retention	

The recovery and renewal focus areas are interdependent. All three need to move forward to achieve the recovery vision.

3.0 Investing in People Indicators

This section outlines the indicators and metrics for the Investing in People recovery and renewal focus area. These indicators and metrics will be used to guide and measure the work being done by London Community Recovery Network members towards *recovery and improving quality of life so that all Londoners can participate and succeed*.

The Investing in People recovery and renewal focus area is comprised of eight indicators, which are presented in alphabetical order. These indicators were developed based on the interviews and focus groups conducted with London Community Recovery Network members and a literature scan.

Each indicator includes a description of what the indicator is, how it has been impacted by the COVID-19 pandemic, and why addressing the indicator is important for recovery in London. Further, each indicator outlines a strategy for how the indicator will be measured, including up to two metrics and the corresponding data point and data source for each metric.

3.1 Domestic Violence

What Is Domestic Violence?

Domestic violence refers to violent or abusive behaviours in a family or other trusting relationship, and includes intimate partner violence and child abuse. Domestic violence can include physical violence, sexual violence, emotional abuse, verbal abuse, psychological intimidation, spiritual abuse, financial abuse, harassment, stalking, and/or cyber violence.[1]

How Has Domestic Violence Been Impacted by the COVID-19 Pandemic?

With a shift to virtual services, fewer opportunities to leave the home, and barriers to walk-in supports during the pandemic, it has been more difficult for individuals in violent or abusive situations to get help, and many people may be putting off seeking help. There is also concern from staff in the gender-based violence sector about increased prevalence and severity of violence.[2] Further, Kids Help Phone reported a 137% increase in overall demand between 2019 and 2020 and more conversations about physical, emotional, and sexual abuse during the COVID-19 pandemic.[3,4] As pandemic restrictions ease, it is anticipated there will be increased demand for services to support survivors of domestic violence.

Why Is Addressing Domestic Violence Important for Recovery in London?

Domestic violence can have long-lasting effects on an individual's physical and emotional health, their ability to work and participate in daily activities, and their ability to care for themselves or others. Violence experienced by children can also have negative emotional, behavioural, and developmental impacts.[5] Addressing the impacts of and reducing domestic violence will help to ensure all Londoners have the potential to live safe lives post-pandemic.

How Will Domestic Violence Be Measured?

- **Metric:** Domestic violence crisis and support calls
- **Data Point:** Number of crisis and support calls answered by Anova each year
- **Data Source:** Anova
- **Metric:** Rate of child abuse
- **Data Point:** Number of child maltreatment investigations
- **Data Source:** Children's Aid Society of London and Middlesex

3.2 Educational Attainment

What Is Educational Attainment?

Educational attainment reflects the highest level of education a person has successfully completed.[6]

How Has Educational Attainment Been Impacted by the COVID-19 Pandemic?

Education disruptions, reduced enrolment, student disengagement, and loss of learning were challenges experienced during the pandemic. Evidence indicates pandemic school closures have negatively affected academic achievement and have resulted in learning losses, increased absenteeism, interrupted access to specialized educational and developmental services, disrupted educational transitions, and lower kindergarten enrolment.[7] Educational programs that could not transition to online, such as apprenticeship and technical training were postponed or cancelled.[8] A poll of Ontario university students and faculty also found 62% of students and 76% of faculty felt the shift to online learning during the pandemic negatively affected education quality.[9]

Why Is Educational Attainment Important for Recovery in London?

Research suggests higher educational attainment is linked to increased income, lower crime and mortality rates, improved health, and increased participation in political and social institutions.[10,11] Early childhood education has also been found to improve children's cognitive and emotional development, self-regulation, and academic achievement.[12] As the COVID-19 pandemic has disrupted all levels and types of education, addressing learning gaps created during the pandemic and ensuring all Londoners have access to quality education opportunities will help individuals and the community to thrive.

How Will Educational Attainment Be Measured?

- **Metric:** Early Development Instrument (EDI) scores
- **Data Point:** Percentage of children aged 3.5-6.5 years old considered "vulnerable" in one or more domains
- **Data Source:** City of London
- **Metric:** Graduation rates
- **Data Point:** Five-year high school graduation rates for TVDSB and LDCSB / Graduation rates for Western University and Fanshawe College
- **Data Source:** TVDSB, LDCSB, Fanshawe College, Western University

3.3 Food Security

What Is Food Security?

When people experience food security, it means they have access at all times to enough food for an active, healthy life.[13] In comparison, food insecurity means people are unable to get or eat the quality or quantity of food they need.[14]

How Has Food Security Been Impacted by the COVID-19 Pandemic?

Food insecurity existed in London prior to the pandemic; however, it has become even more prevalent during the COVID-19 pandemic. Further, the adequacy of food distribution systems and the ability to get food to those who need it most were challenged during the pandemic. Data indicates the proportion of Canadians experiencing food insecurity increased during the COVID-19 pandemic.[15] Impacts of the pandemic, such as border and facility closures, changes in consumer demands, and manufacturing, production, and distribution modifications to enhance safety, have resulted in increased food prices, with Canadian families predicted to spend $695 (5%) more on food in 2021 compared to 2020.[16]

Why Is Food Security Important for Recovery in London?

Food insecurity has been linked to poorer diet quality, increased risk for a variety of physical health problems such as diabetes and heart disease, and negative mental health outcomes such as increased rates of depression, stress, and anxiety.[17] A recent survey of Canadians found food insecurity can create barriers to employment and finding meaning or purpose, contribute to increased social isolation, limit cultural participation, and strain relationships.[18] With data and experts indicating food insecurity has worsened during the COVID-19 pandemic, recovery provides an opportunity to ensure all Londoners have access to enough nutritious food for an active, healthy life.

How Will Food Security Be Measured?

- **Metric:** London Food Bank use
- **Data Point:** Number of people who access emergency food through the London Food Bank
- **Data Source:** London Food Bank

3.4 Homelessness

What Is Homelessness?

When an individual or family does not have stable, permanent, appropriate housing, or the ability to acquire it, they are considered to be experiencing homelessness.[19]

How Has Homelessness Been Impacted by the COVID-19 Pandemic?

While homelessness was a significant issue in London prior to the pandemic, factors contributing to homelessness such as low income, unemployment, and housing affordability have been negatively impacted by the pandemic, increasing the risk of more Londoners experiencing homelessness. The impacts of the pandemic recession on homelessness may not be fully seen for up to five years; however, historical data shows there is an association between recessions and increased homelessness.[20] In London, despite opening new facilities, using hotel rooms, and moving individuals into housing during the pandemic, emergency shelters and resting spaces remain at full capacity, and the number of Londoners experiencing homelessness has continued to rise.[21]

Why Is Addressing Homelessness Important for Recovery in London?

Research shows that individuals experiencing homelessness are at increased risk of COVID-19 infection due to a lack of safe housing and shelter conditions. It can also be difficult for individuals experiencing homelessness to follow public health measures like physical distancing, isolation, and quarantine.[22] Further, not having access to stable housing can negatively affect a person's physical and mental health, and unstable housing can disrupt employment, social networks, and education.[23] Addressing homelessness will have positive impacts on recovery indicators related to employment, health, education, and community connection.

How Will Homelessness Be Measured?

- **Metric:** Rate of homelessness
- **Data Point:** Number of individuals on London's By Name List
- **Data Source:** Homeless Individuals and Families Information System (HIFIS), City of London

3.5 Income

What Is Income?

In the context of this framework, income refers to the amount of money individuals earn from all sources. Having an adequate income means that people earn enough income to be able to take care of their basic needs.

How Has Income Been Impacted by the COVID-19 Pandemic?

Poverty and financial inequity have been amplified in London by the COVID-19 pandemic, with low-wage workers being particularly impacted by the pandemic due to job loss and the shuttering of many businesses and services. In July 2021, 33% of Ontarians said the pandemic has made their debt worse, and 46% are unsure if they can cover expenses in the next 12 months without going further into debt. Additionally, 40% of Ontarians reported being insolvent (i.e. they are unable to pay the debts they owe lenders on time).[24] Data also shows the pandemic has had a greater financial impact on those already living in or near poverty before the pandemic.[25]

Why Is Income Important for Recovery in London?

Research has shown poverty can have negative impacts on access to adequate housing and living conditions, food security, physical and mental health, life expectancy, and the likelihood of experiencing violent crime.[26] Further, with respect to the pandemic, there is growing evidence that the proportion of COVID-19 cases has been higher amongst lower income earners.[27,28] Ensuring all Londoners earn an adequate income will strengthen London's recovery from the pandemic and promote improved quality of life.

How Will Income Be Measured?

- **Metric:** Poverty rate
- **Data Point:** Percentage of the population living below the poverty line based on the Low Income Measure After Tax (LIM-AT)
- **Data Source:** Statistics Canada

- **Metric:** Living wage income
- **Data Point:** Percentage of the population whose annual before tax income is $35,000 or more
- **Data Source:** Statistics Canada

3.6 Mental Health

What Is Mental Health?

Mental health is a state of well-being in which an individual realizes their own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to their community.[29]

How Has Mental Health Been Impacted by the COVID-19 Pandemic?

COVID-19 has had a significant impact on people's mental health. Since the start of the COVID-19 pandemic, levels of mental distress have increased sharply. A SickKids research study reported that 70% of children and youth aged 6 to 18 years old reported deterioration in at least one mental health domain during the pandemic.[30] In another study, 50% of adults reported the pandemic has had an ongoing impact on their mental health.[31]

Why Is Mental Health Important for Recovery in London?

Good mental health and well-being are essential assets for individuals and communities. Good mental health helps people to live fulfilled, productive, and healthy lives. In the context of London's recovery from the pandemic, good mental health will influence both social and economic recovery indicators. Further, good mental health improves workforce participation, physical health, and social connection, all of which are required for a safe and healthy recovery from the COVID-19 pandemic.[32]

How Will Mental Health Be Measured?

- **Metric:** Self-reported mental health
- **Data Point:** Percentage of respondents aged 12 and older who report their mental health as "excellent" or "very good"
- **Data Source:** Canadian Community Health Survey, Statistics Canada

- **Metric:** 211 Ontario helpline inquiries for mental health/addictions
- **Data Point:** Number of calls by London residents to 211 Ontario where the identified need was mental health/ addictions related
- **Data Source:** 211 Ontario

3.7 Physical Health

What Is Physical Health?

Physical health is focused on taking care of the body to support optimal health and functioning, prevent illness and injury, and manage chronic health conditions.

How Has Physical Health Been Impacted by the COVID-19 Pandemic?

The COVID-19 pandemic has disrupted Londoners' ability to access needed health services, such as disease screening, treatment, and surgery. As a result, there is the potential for serious consequences, including increased levels and severity of chronic disease. In a survey of Canadians with long-term conditions and disabilities, 48% of participants reported their health was worse than it was before the pandemic.[33] Additionally, research shows Canadian adults and children have been less active and more sedentary during the pandemic, which could contribute to higher rates of chronic conditions post-pandemic.[34,35] Further, while most people with COVID-19 experience mild symptoms, it can be more severe for those with chronic health conditions, and some people may experience longer-term effects.[36,37]

Why Is Physical Health Important for Recovery in London?

Maintaining good physical health can have positive impacts on mental health (e.g. decreased anxiety and depression), self-esteem, sleep, brain function (e.g. memory and concentration), and disease prevention.[38] As COVID-19 has the potential to cause more severe health outcomes for those with poor health or chronic conditions, supporting all Londoners to access routine health services and experience optimal health is critical to promoting recovery from the pandemic.

How Will Physical Health Be Measured?

- **Metric:** Self-rated health
- **Data Point:** Percentage of respondents aged 12 and older who report their health as "excellent" or "very good"
- **Data Source:** Canadian Community Health Survey, Statistics Canada

3.8 Substance Use

What Is Substance Use?

Substance use refers to the use of drugs or alcohol. For some people, substance use can lead to dependence and addiction, overdose, infectious disease, or other complications.[39]

How Has Substance Use Been Impacted by the COVID-19 Pandemic?

Evidence indicates that during the pandemic, alcohol and drug use has increased amongst Canadians. A January 2021 survey found 30% of Ontarians who consumed alcohol pre-pandemic had increased their alcohol consumption during the pandemic, with the most common reasons for increased consumption being boredom and stress.[40] Further, opioid-related deaths increased by 38.2% in Ontario in the first 15 weeks of the pandemic.[41] There has also been a decrease in the availability and capacity of substance use treatment and harm reduction services during the pandemic, affecting people's ability to access these services.[42]

Why Is Addressing Substance Use Important for Recovery in London?

Problematic substance use (i.e. dependence or addiction) can have negative impacts on multiple areas of an individual's life, including their mental health, engagement in school or work, finances, relationships, health, and safety.[43] Further, individuals with a substance use disorder are at increased risk of experiencing severe illness from COVID-19.[44] With substance use increasing during the pandemic, enhancing access to substance use treatment and harm reduction supports and helping those who use substance to experience improved health and well-being are critical to a healthy recovery for all Londoners.

How Will Substance Use Be Measured?

- **Metric:** Rate of heavy drinking
- **Data Point:** Percentage of respondents who report engaging in heavy drinking
- **Data Source:** Canadian Community Health Survey, Statistics Canada

- **Metric:** Rates of opioid-related morbidity and mortality
- **Data Point:** Number of opioid-related emergency visits, hospitalizations, and deaths per 100,000 population
- **Data Source:** Public Health Ontario Interactive Opioid Tool

4.0 Driving Prosperity Indicators

Outlined in section 4.0 are the indicators and metrics for the Driving Prosperity recovery and renewal focus area. The indicators and metrics in this section will help to inform and measure London Community Recovery Network members' efforts towards a *sustainable and inclusive economic recovery that creates opportunities for people and enterprises and strengthens London's diverse competitive potential.*

The Driving Prosperity recovery and renewal focus area is comprised of eight indicators, which are presented in alphabetical order. These indicators were developed based on the interviews and focus groups conducted with London Community Recovery Network members and a literature scan.

Each indicator includes a description of what the indicator is, how it has been impacted by the COVID-19 pandemic, and why addressing the indicator is important for recovery in London. Further, each indicator outlines a strategy for how the indicator will be measured, including up to two metrics and the corresponding data point and data source for each metric.

4.1 Arts, Culture, and Tourism

What Is Arts, Culture, and Tourism?

Arts, culture, and tourism provide a substantial economic benefit by bringing visitors to a community, while also contributing to community well-being by encouraging creative expression and practice.

How Has Arts, Culture, and Tourism Been Impacted by the COVID-19 Pandemic?

COVID-19 restrictions shuttered many arts, culture, and tourism events and programs. Reduced levels of tourism, cancellation of arts and culture events, and reductions of public and private funding resulted in four out of five businesses in this sector experiencing a decrease in revenue in 2020.[45] Between February and July 2020, real gross domestic product in the arts, entertainment, and recreation subsector decreased by 50%. In comparison, GDP for all Canadian industries fell by 5.6%.[46]

Why Is Arts, Culture, and Tourism Important for Recovery in London?

A strong, sustainable, and resilient arts, culture, and tourism sector creates jobs, generates local spending, and encourages local investment. It also has positive impacts on citizen well-being and community vibrancy and diversity. Further, recovery in arts, culture, and tourism has a broader impact on the economy because of the interdependency with other industries such as retail and hospitality. As such, promoting arts, culture, and tourism in London will contribute to the development of local jobs, the local economy, and community vitality.

How Will Arts, Culture, and Tourism Be Measured?

- **Metric:** Economic impact of tourism in London
- **Data Point:** Total impact ($000's) of tourism in London on the GDP
- **Data Source:** Tourism London
- **Metric:** Number of visitors to London
- **Data Point:** Number of overnight visitors to London
- **Data Source:** Tourism London

4.2 Business Health

What Is Business Health?

The health of a business relates to its ability to cover operational costs, influencing its long-term sustainability.

How Has Business Health Been Impacted by the COVID-19 Pandemic?

Businesses and organizations in many sectors have experienced financial challenges during the pandemic resulting from the disruption of revenue models due to government restrictions, decimation of operating revenues, and lack of financial support. More than half of businesses in Canada reported a revenue decrease of at least 20% because of the COVID-19 pandemic.[47] Collectively, Canada's small businesses have taken on $135 billion in debt in an attempt to survive the pandemic, with the average small business owner accruing $170,000 in debt.[48] As of January 2021, one in six or about 181,000 Canadian small business owners are now seriously contemplating shutting down.[49]

Why Is Business Health Important for Recovery in London?

Entrepreneurs, non-profits, and businesses are crucial to London's economy, and supporting their success is key to ensuring a strong, inclusive recovery from the COVID-19 pandemic. Entrepreneurs, non-profits, and businesses stimulate economic growth and innovation. They also create employment opportunities, contribute to the local economy, and provide solutions that meet the needs and demands of the community. As the backbone of the economy, it is imperative that London's entrepreneurs, non-profits, and businesses not only adjust, but also recover from the pandemic and are set up for the post-pandemic future.

How Will Business Health Be Measured?

- **Metric:** Business openings and closings
- **Data Point:** Number of businesses with at least one employee that open and close each year
- **Data Source:** Statistics Canada

4.3 Commercial Vacancy

What Is Commercial Vacancy?

Commercial vacancy refers to the number of commercial units, such as office and retail spaces, that are unoccupied at a particular time.

How Has Commercial Vacancy Been Impacted by the COVID-19 Pandemic?

The COVID-19 pandemic has had a negative impact on commercial vacancy rates due to the rapid shift to remote work and government restrictions on business operations. One study indicated that London's commercial vacancy rate is currently hovering around 20%, a 23% year-over-year increase in comparison to 2020.[50] The long-term outlook for commercial real estate is uncertain as commercial tenants consider new and emerging business models.[51]

Why Is Addressing Commercial Vacancy Important for Recovery in London?

Commercial vacancy is connected to the health and vibrancy of neighbourhoods. Commercial occupancy brings foot traffic to streets, riders to public transit, diners to restaurants, shoppers to retail corridors, and office workers to high rises. The safe return of people to London's commercial spaces will help to revitalize neighbourhoods and restore their previous energy.

How Will Commercial Vacancy Be Measured?

- **Metric:** Commercial vacancy rate
- **Data Point:** Percentage of commercial properties that are vacant
- **Data Source:** CBRE Limited

4.4 Employment

What Is Employment?

Employment means full-time or part-time, productive, and decent work for all. Individuals who are employed may be employees of a company or may be self-employed.

How Has Employment Been Impacted by the COVID-19 Pandemic?

In August 2020, London experienced its worst unemployment rate at 9.9%, and employment rates in London continue to remain below pre-pandemic levels.[52] The COVID-19 pandemic has disproportionately affected job loss amongst specific groups of Londoners. Statistics confirm that year-over-year employment losses were more severe for women than men.[53] Further, Black, Indigenous, and other racialized workers also experienced higher unemployment than non-visible minorities.[54]

Why Is Employment Important for Recovery in London?

Employment is at the heart of smart, sustainable, and inclusive recovery. Meaningful work contributes to positive feelings of self-worth, purpose, and belonging, reduces the risk of depression and psychological distress, improves perceived physical and mental health, and increases financial stability.[55]

A strong economic recovery will require the creation of jobs in existing and new sectors. Investments in job creation brings opportunities for workers and businesses alike. Fair, equitable, and diverse job creation in London will ensure that everyone has the best possible opportunity to participate and benefit from recovery.

How Will Employment Be Measured?

- **Metric:** Unemployment rate
- **Data Point:** Percentage of the labour force that is jobless in London
- **Data Source:** Statistics Canada
- **Metric:** Employment rate of newcomers who are permanent residents
- **Data Point:** Percentage of newcomers between the ages of 20-44 who are employed compared to the city rate overall
- **Data Source:** Labour Force Survey, Elgin Middlesex Oxford Workforce Planning and Development Board

4.5 Housing Affordability and Availability

What Is Housing Affordability and Availability?

Housing affordability and availability refers to having enough supply of safe, secure, and suitable housing that meets individuals' needs and ability to pay.[56]

How Has Housing Affordability and Availability Been Impacted by the COVID-19 Pandemic?

London's housing affordability and availability issue has deepened during the COVID-19 pandemic. Pandemic restrictions, low interest rates, and demand for more space due to many people working from home led to increased demand for housing in London. Increases in rent and home prices have steadily outpaced earnings during the pandemic.[57] For example, in May 2021, the average home price in London was 42.5% higher than in May 2020, yet the projected annual salary increase was expected to be 2.5%.[58,59]

Why Is Housing Affordability and Availability Important for Recovery in London?

Housing affordability and availability is critical to the community, to the economy, and to the overall growth of the region. Decent, affordable housing fulfills a basic human need for shelter, but also contributes to financial stability and well-being. From an economic vitality perspective, available, affordable housing that fits a range of family types and lifestyles is essential to attracting, retaining, and developing a diverse, productive workforce in London.[60] When individuals have affordable, stable housing, they are more likely to experience economic stability, be more productive at work, and experience improved well-being.[61]

How Will Housing Affordability and Availability Be Measured?

- **Metric:** Shelter cost to income ratio
- **Data Point:** Percentage of income required to rent a 1-bedroom unit
- **Data Source:** Canada Mortgage and Housing Corporation Housing Market Information Portal and Statistics Canada
- **Metric:** Vacancy rate
- **Data Point:** Average vacancy rate
- **Data Source:** Rental Market Survey Data Tables, Canada Mortgage and Housing Corporation

4.6 Labour Market Participation

What Is Labour Market Participation?

Labour market participation reflects the active workforce in London. It includes people who are employed and seeking employment.

How Has Labour Market Participation Been Impacted by the COVID-19 Pandemic?

Women's involvement in the workforce is at a 30-year low due to the pandemic. This is attributed to the disproportionate effects of the pandemic on female dominated industries and the unequal demands on women to balance work, child/elder care, and other domestic responsibilities.[62] Further, the effect of the pandemic has been notable on young workers, as jobs, internships, and work placements were cancelled in the early stages of the pandemic.[63]

Why Is Labour Market Participation Important for Recovery in London?

An inclusive labour market allows and encourages all people of working age to participate in paid work. Sustainable economic growth requires enhanced labour market participation. As London rebuilds its economy, there is an opportunity to re-envision the labour market and deliberately close existing gaps. The right infrastructure will be required to encourage dislocated youth, female, and racialized workers to rejoin the labour force. The pandemic has opened a unique opportunity to address the long-standing shortcomings in the labour market. Failing to address these shortcomings will mean missing out on a sizeable economic opportunity.[64]

How Will Labour Marketing Participation Be Measured?

- **Metric:** Labour market participation rate
- **Data Point:** Percentage of residents aged 15 and older participating in the labour force
- **Data Source:** Statistics Canada

4.7 Mental Health in the Workplace

What Is Mental Health in the Workplace?

A psychologically safe and healthy workplace is one that promotes workers' mental well-being, does not harm employee mental health through negligent, reckless, or intentional ways, and is free of excessive fear or chronic anxiety. Job burnout is a specific type of work related stress – a state of physical or emotional exhaustion that also involves a sense of reduced accomplishment and loss of personal identity.[65]

How Has Mental Health in the Workplace Been Impacted by the COVID-19 Pandemic?

The COVID-19 pandemic has resulted in staff burnout and exhaustion, and employee burnout has emerged as a major issue for many workers during the pandemic. Results from a national survey reported that one in three employees are concerned that burnout is affecting their ability to do their job, and half of working Canadians feel exhausted and stressed.[66]

Why Is Mental Health in the Workplace Important for Recovery in London?

A healthy and safe workplace is good for people and good for business. Investment in a mentally healthy workforce improves physical and mental health, employee retention, job satisfaction, and productivity.[67] A sense of purpose can also help employees navigate high levels of uncertainty and change and ensure their efforts are aligned with the highest value activities. Employees who indicate they are "living their purpose" at work are much more likely to sustain or improve their level of effectiveness and be much more engaged.[68] Creating a healthy and safe workplace, one that protects the mental health of employees, will help to drive prosperity for Londoners and London businesses.

How Will Mental Health in the Workplace Be Measured?

- **Metric:** Work-related mental stress injury
- **Data Point:** Number of allowed lost time WSIB claims for mental health
- **Data Source:** WSIB Ontario Report Builder by the Numbers

4.8 Talent Recruitment and Retention

What Is Talent Recruitment and Retention?

Talent recruitment and retention refers to the overall process of engaging, onboarding, training, and keeping skilled employees.

How Has Talent Recruitment and Retention Been Impacted by the COVID-19 Pandemic?

Increases in employee retirements and resignations, talent shortages, and misalignment between job seekers and available positions were exacerbated by the COVID-19 pandemic. According to a national study, factors driving recruitment and retention challenges range from pandemic-related burnout to increased competition, a pause in immigration, new lifestyle preferences, and a continuation of pre-pandemic labour force gaps.[69]

Why Is Talent Recruitment and Retention Important for Recovery in London?

Attracting and retaining quality talent will be critical for London's private and public sectors to not only survive, but thrive post-pandemic. Talent is the driving force behind operations; having the most talented and skilled employees contributes to the improvement of a business's performance, innovation, and results. The pandemic has caused significant shifts in business operations and this is reflected in the new and emerging skills and positions London employers are seeking.

How Will Talent Recruitment and Retention Be Measured?

- **Metric:** Presence of hard-to-fill positions
- **Data Point:** Percentage of employers who report having positions or jobs that were hard to fill in the last 12 months
- **Data Source:** Employer ONE Survey

- **Metric:** Availability of qualified workers
- **Data Point:** Percentage of employers who rate the availability of qualified workers as good or excellent
- **Data Source:** Employer ONE Survey

5.0 Fostering Community Indicators

The indicators and metrics for the Fostering Community recovery and renewal focus area are presented in this section. London Community Recovery Network members can use these indicators and metrics to guide and measure initiatives and actions focused on *reconnecting people and neighbourhoods and fostering a community where all Londoners can live, work, and play.*

The Fostering Community recovery and renewal focus area is comprised of seven indicators, which are presented in alphabetical order. These indicators were developed based on the interviews and focus groups conducted with London Community Recovery Network members and a literature scan.

Each indicator includes a description of what the indicator is, how it has been impacted by the COVID-19 pandemic, and why addressing the indicator is important for recovery in London. Further, each indicator outlines a strategy for how the indicator will be measured, including up to two metrics and the corresponding data point and data source for each metric.

5.1 Anti-Racism and Anti-Oppression

What Is Anti-Racism and Anti-Oppression?

Anti-racism recognizes the existence of racism, including systemic racism, and seeks to identify, remove, prevent, and mitigate racially inequitable outcomes and power imbalances between groups and change the structures that sustain inequities.[70] Anti-oppression refers to challenging social and historical inequities and injustices that are part of systems and institutions and that allow certain groups to dominate over others.[71]

How Has Racism and Oppression Been Impacted by the COVID-19 Pandemic?

Evidence demonstrates some groups have been more negatively impacted by the pandemic. For example, a higher proportion of frontline workers during the pandemic were immigrants and part of visible minority groups, putting them at increased risk of COVID-19 exposure, and there were higher rates of COVID-19 in Ontario's most diverse neighbourhoods.[72,73]
The pandemic also had a disproportionate economic impact on recent immigrants, Indigenous people, and visible minority groups.[74] Gender diverse individuals, Indigenous women, and those identifying as Chinese, Korean, Southeast Asian, and Black were also more likely to report experiencing discrimination or unfair treatment during the pandemic.[75]

Why Is Anti-Racism and Anti-Oppression Important for Recovery in London?

The historical and ongoing effects of colonialism, discrimination, and systemic racism continue to contribute to imbalances of power and resources and inequitable treatment of racialized and marginalized groups, which can result in social exclusion, isolation, barriers to political and civic engagement, and negative impacts on income, employment and advancement, education, housing, and health.[76,77] As the pandemic has deepened existing inequities, it is vital that racism and oppression be addressed to promote an inclusive recovery for all Londoners.

How Will Anti-Racism and Anti-Oppression Be Measured?

- **Metric:** Police reported hate crime
- **Data Point:** Number of police reported hate crimes per 100,000 population
- **Data Source:** Statistics Canada

5.2 Climate Change and Environmental Sustainability

What Is Climate Change and Environmental Sustainability?

Climate change refers to a long-term shift in the average weather conditions of a region.[78] Environmental sustainability is the responsibility to conserve natural resources and protect global ecosystems to support health and well-being now and in the future.[79]

How Has Climate Change and Environmental Sustainability Been Impacted by the COVID-19 Pandemic?

In 2019, conversations about climate change had become increasingly urgent. It was considered a crucial time to take decisive action to protect the future of the planet. However, with the onset of the COVID-19 pandemic, the focus rapidly moved away from climate change. As a result, there has been a delay in the development of environmental plans and policies and a weakening of climate action. COVID-19 has also vastly increased the use of plastic, including gloves and masks, plexiglass dividers in stores and offices, and disposable shopping bags.[80,81]

Why Is Climate Change and Environmental Sustainability Important for Recovery in London?

Canada is currently experiencing average temperature rises that are twice as high as the global average, with potential impacts for London including more frequent floods, higher annual precipitation rates, increases in vector-borne and zoological disease transmission, and increases in excess heat. Increased heat days and severe winter weather events may increase energy usage for homes and businesses, negatively impacting GHG emissions.[82]

In the context of recovery, there is an opportunity to address climate change. Aligning responses to the COVID-19 pandemic and climate change would allow for the overall improvement of public health, as well as foster a sustainable economic future. In London, adapting to the impacts of a changing climate represents an opportunity to create jobs, drive innovation, and improve resilience in London.[83]

How Will Climate Change and Environmental Sustainability Be Measured?

- **Metric:** Emissions reduction
- **Data Point:** Number of GHG emissions reduced in London
- **Data Source:** City of London

5.3 Community Belonging

What Is Community Belonging?

A sense of community belonging reflects whether individuals feel connected to a community or group (e.g. social, cultural, professional) and that they matter to one another and to the group.[84,85] Community belonging is developed through social participation and helping people feel included.[86]

How Has Community Belonging Been Impacted by the COVID-19 Pandemic?

With the closure of community spaces, programs, schools, and workplaces and reduced in-person interactions during the COVID-19 pandemic, people are experiencing a lack of community connection. With people being less involved in their neighbourhood or community and diminished social interaction during the pandemic, more Canadians have reported feeling isolated in 2020 compared to 2019.[87] This finding has important implications for community belonging, as research has found that individuals who feel lonelier and more isolated are more likely to have a very or somewhat weak sense of belonging to their community or neighbourhood.[88]

Why Is Community Belonging Important for Recovery in London?

A sense of community belonging is an important factor associated with physical and mental health. For example, community belonging has been associated with greater resilience after experiencing difficult circumstances or a traumatic event and reduced risk of anxiety, depression, cardiovascular disease, and other negative health impacts.[89] As the COVID-19 pandemic has caused disruptions to social connection, reconnecting people and neighbourhoods will be vital to ensuring all Londoners experience improved community belonging post-pandemic.

How Will Community Belonging Be Measured?

- **Metric:** Sense of belonging
- **Data Point:** Percentage of respondents who report they “strongly agree” or “somewhat agree” they have a strong sense of belonging in the city of London
- **Data Source:** Citizen Satisfaction Survey, City of London

5.4 Community Engagement and Social Isolation

What Is Community Engagement and Social Isolation?

Community engagement refers to participation in community-based activities and interpersonal interactions.[90] In comparison, social isolation reflects low levels of social participation and feelings of loneliness.[91]

How Has Community Engagement and Social Isolation Been Impacted by the COVID-19 Pandemic?

With COVID-19 restrictions and lockdowns preventing people from gathering in person, Londoners have fewer opportunities to engage in the community, volunteer, and connect with other people during the pandemic. Research shows that physical distancing due to the pandemic has left many Canadians feeling lonely or isolated.[92] Further, a survey of Canadian adults found fewer Canadians participated in neighbourhood or community projects, went to events (e.g. live music or theatre), volunteered, used a local community centre or library, and socialized with neighbours in 2020 compared to 2019.[93]

Why Is Addressing Community Engagement and Social Isolation Important for Recovery in London?

While being socially connected has been found to reduce the risk of premature death, experiencing social isolation can have negative effects on an individual's health and well-being, including an increased risk of mortality, heart disease, depression, cognitive function, and dementia.[94] As the pandemic has resulted in increased loneliness and isolation and reduced engagement in social and community activities, promoting community participation and reducing social isolation are important to the recovery of Londoners' health and well-being.

How Will Community Engagement and Social Isolation Be Measured?

- **Metric:** Welcoming community
- **Data Point:** Percentage of respondents who "strongly agree" or "somewhat agree" the city of London is a welcoming community
- **Data Source:** Citizen Satisfaction Survey, City of London
- **Metric:** Neighbourhood engagement
- **Data Point:** Number of people who vote in the Neighbourhood Decision Making program
- **Data Source:** City of London

5.5 COVID-19 Management and Prevention

What Is COVID-19 Management and Prevention?

COVID-19 Management and Prevention in the context of this framework means the prevention, control, and management of COVID-19, an infectious disease caused by the coronavirus SARS-CoV-2.[95]

How Has COVID-19 Management and Prevention Been Impacted by the COVID-19 Pandemic?

The progression of the COVID-19 pandemic, emerging variants, and the potential for future outbreaks makes the coronavirus a continued threat to the health, safety, and well-being of the community. There have been 12,669 confirmed cases of COVID-19 in Middlesex-London as of July 14, 2021, with 62 total active cases and 229 deaths. There have been 3,531 cases with a variant of concern. There was a spike in cases in January 2021 and a second larger spike in April 2021. The number of cases started decreasing in May and continued decreasing into June and July 2021.[96]

Why Is COVID-19 Management and Prevention Important for Recovery in London?

COVID-19 is a serious disease that has affected people's health, livelihoods, and quality of life in a profound way. It has disproportionally affected women and Black, Indigenous, and other racialized people.[97,98] By eliminating COVID-19 as a life-threatening disease, there is an opportunity to reimagine a post-pandemic future where all Londoners are safe, healthy, and prosperous.

How Will COVID-19 Management and Prevention Be Measured?

- **Metric:** COVID-19 cases
- **Data Point:** Total number of COVID-19 cases per year by date reported
- **Data Source:** Middlesex-London Health Unit
- **Metric:** COVID-19 vaccination uptake (two doses)
- **Data Point:** Percentage of the population that is fully vaccinated against COVID-19
- **Data Source:** Middlesex-London Health Unit

5.6 Crime and Safety

What Is Crime and Safety?

A crime is any unlawful act punishable under the Criminal Code.[99] At the community level, safety reflects being able to live, work, and play without fear of harm or victimization.[100]

How Has Crime and Safety Been Impacted by the COVID-19 Pandemic?

London Police Service reported more business break-and-enters and incidents of property damage in 2020 than in 2019, which was attributed to more vacancy of downtown businesses.[101] In addition, more hate crimes were also reported in 2020, possibly due to more awareness and less tolerance of hate-motivated crime.[102] Data from police-reported crime across London shows an increase in total assaults, total sexual assaults, and uttering of threats, and a decrease in robberies, vehicle thefts, fraud/identity theft, and shoplifting between March 2020 and February 2021 compared to the same time period one year earlier.[103]

Why Is Addressing Crime and Safety Important for Recovery in London?

Victimization can have negative financial, emotional, and physical impacts on an individual and their family. Further, costs associated with crime include tangible costs for medical, mental health, criminal justice, victim, and protective services, and intangible costs like pain and suffering, fear, negative impacts on economic development, and reduced individual and community quality of life.[104,105] As such, addressing crime and promoting safety will be vital to supporting individual well-being and fostering a community where all Londoners feel safe to visit, live, work, and play.

How Will Crime and Safety Be Measured?

- **Metric:** Crime severity
- **Data Point:** Crime Severity Index number
- **Data Source:** Statistics Canada
- **Metric:** Violent crime and sexual assaults against women
- **Data Point:** Percentage of victims of violent crime and sexual assaults that are female
- **Data Source:** Statistics Canada

5.7 Immigration and Migration

What Is Immigration and Migration?

In the context of this framework, immigration and migration refers to the movement of people from other countries, provinces, or regions into a given geographic area.

How Has Immigration and Migration Been Impacted by the COVID-19 Pandemic?

Barriers to immigration and migration resulting from border closures during the COVID-19 pandemic have impacted the labour market, student enrolment, and economic activity. Data from Statistics Canada demonstrates the impacts of COVID-19 pandemic border closures on London's population growth. Between 2019 and 2020, London's population growth rate was lower than between 2018 and 2019 due to less international migration, particularly of non-permanent residents like university and college students, and reduced migration from other provinces.[106,107]

Why Is Immigration and Migration Important for Recovery in London?

Immigration and migration is an important contributor to the economy, the labour force, population growth, creativity and innovation, culture, and diversity. For example, immigrants help to fill gaps in the labour force, international students contribute to the economy through tuition and local spending, and immigration drives 82% of Canada's population growth.[108,109] The immigration and migration of individuals with a wide range of skills and backgrounds will be essential to London's community vitality and economic recovery from the pandemic.

How Will Immigration and Migration Be Measured?

- **Metric:** Net average newcomer inflow
- **Data Point:** Number of newcomers to London through direct and secondary migration
- **Data Source:** Statistics Canada

- **Metric:** International student enrolment
- **Data Point:** Number of full-time international students enrolled in Western University and Fanshawe College
- **Data Source:** Ministry of Advanced Education and Skills Development's University Enrolment Statistical Reporting and College Enrolment Statistical Reporting Systems

6.0 Implementation of the London Community Recovery Framework

The London Community Recovery Framework outlines a collaborative, community-driven approach to assessing and reporting on London's community recovery from the COVID-19 pandemic. It acknowledges and celebrates the incredible depth of work already underway in our community on the part of London's community groups and networks, private sector, non-profit organizations, and institutional organizations. It provides a shared vision, focus areas, and metrics for recovery in London to enable alignment between the priorities and initiatives of London Community Recovery Network member organizations.

The common vision, focus areas, and shared measures for recovery laid out in the London Community Recovery Framework will require continuing the momentum we have seen from committed partners across our community throughout the pandemic. London Community Recovery Network members will identify the actions they will take to align with the London Community Recovery Framework and contribute to London's recovery.

The City of London will support the work of London Community Recovery Network members, including providing support with data collection, analysis, and reporting throughout the three-year timeframe of the London Community Recovery Framework. The London Community Recovery Network will continue to serve as the central point of connectivity, identify emerging issues, share details on actions, initiatives, data, and evidence from the field, and shape future reporting on London's community recovery progress.

Londoners will be kept up to date on the status of our collective work. Clear roles, responsibilities, processes, and practices will be designed to support the collective efforts of London Community Recovery Network member organizations. In keeping with our shared commitments, gender, anti-racism and anti-oppression, and climate emergency lenses will be used throughout the implementation and monitoring of London's collective community recovery efforts within the London Community Recovery Framework.

The London Community Recovery Framework represents an individual and collective commitment to contributing to London's strong, deep, and inclusive recovery from the COVID-19 pandemic. London Community Recovery Network members have committed to working collaboratively to deliver on the community vision, focus areas, and metrics for recovery in the London Community Recovery Framework.

Appendix A: London Community Recovery Network Members

A list of London Community Recovery Network members is outlined below.

- Anti-Poverty Mobilization Network
- Black London Network
- Centre for Research on Health Equity and Social Inclusion (Western)
- Elgin Middlesex Oxford Workforce Planning and Development Board
- Employment Sector Council
- Fanshawe College
- London and District Construction Association
- London and District Labour Council
- London and Middlesex Local Immigration Partnership
- London Arts Council
- London Business Improvement Areas
- London Chamber of Commerce
- London Community Foundation
- London Development Institute
- London District Heavy Construction Association
- London Economic Development Corporation
- London Environmental Network
- London Faith Groups
- London Food Bank
- London Health Sciences Centre
- London Home Builders' Association
- London Region Manufacturing Council
- London Small Business Centre
- Middlesex-London Health Unit
- N'Amerind (London) Friendship Centre
- Pillar Nonprofit Network
- St. Joseph's Health Care London
- TechAlliance
- Tourism London
- United Way Elgin Middlesex
- Urban League of London
- Western University
- Young London

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October 6, 2021

Mayor Ed Holder
Chair, London Community Recovery Network
City of London
300 Dufferin Ave. P.O. Box 5035
London, ON N6A 4L9

Re: London Community Recovery Framework - Letter of Commitment

Mayor Holder,

Please accept this letter in support of the London Community Recovery Framework developed by the London Community Recovery Network (LCRN).

The Middlesex-London Health Unit has been pleased to participate as a member of the LCRN. The LCRN brings together over 30 organizations representing social, economic, and institutional organizations from across London. We acknowledge that we must continue to work together to realize recovery and renewal from the COVID-19 pandemic.

The Middlesex-London Health Unit is committed to promoting and protecting the health of our community so that all people can reach their potential. The London Community Recovery Framework aligns with this mandate and vision. Since early 2020, while leading the COVID-19 pandemic response in the community, the Middlesex-London Health Unit has also been considering and engaging in planning related to pandemic recovery. Five priority areas for community recovery were endorsed by the MLHU Board of Health in November 2020, all of which are reflected in the London Community Recovery Framework.

The London Community Recovery Framework serves as an expression of our community's collective intent to emerge stronger and more inclusive from the pandemic. As such, the Middlesex-London Health Unit commits to undertaking meaningful actions to align our recovery-focused strategies, program, and initiatives with the common vision and measures expressed within the London Community Recovery Framework. Recovery and renewal for our community will require focused work in the years ahead. The Middlesex-London Health Unit will work with the LCRN membership and the broader community to realize the common vision set out in the London Community Recovery Framework.

Please note that a letter expressing full endorsement of the London Community Recovery Framework will be provided following the October 21st meeting of the Middlesex-London Health Unit Board of Health, pending Board of Health approval. The Health Unit is looking forward to seeing the next steps in this process, including the development of a workplan or workplans, so that the Board of Health can fully assess the implications for Health Unit work, and the degree to which the Health Unit can meet any related commitments.

Sincerely,

E Williams

Emily Williams, BScN, RN, MBA
Chief Executive Officer (Interim)
Director, Healthy Organization

Chris Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

c. Adam Thompson, Manager, Government and External Relations, City of London

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 46-21

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health
Emily Williams, Interim Chief Executive Officer

DATE: 2021 October 21

THE IMPLEMENTATION OF A LOCAL SURVEILLANCE SYSTEM FOR FATAL AND NON-FATAL IMPACTS ASSOCIATED WITH CRYSTAL METHAMPHETAMINE USE

Recommendation

It is recommended that the Board of Health receive Report No. 46-21 re: "The Implementation of a Local Surveillance System for Fatal and Non-Fatal Impacts Associated with Crystal Methamphetamine Use" for information.

Key Points

- Partners have suggested that crystal methamphetamine use is increasing in Middlesex-London, with increasing impacts in the community. The Population Health Assessment and Surveillance Team has developed a local methamphetamine surveillance dashboard to quantify these impacts.
- The finalized dashboard has five pages, corresponding to five categories of indicators plus a sixth page that includes technical notes. The dashboard is available on MLHU's website.
- This data confirms that crystal methamphetamine is a present and emerging issue in the region.
- The dashboard will be used to track and surveil the impacts of crystal methamphetamine use and will play an important role in identifying and prioritizing potential areas for intervention. Data to date highlights the importance of upstream interventions that address social determinants of health.

Background

Community and stakeholder reports have suggested that crystal methamphetamine use appears to be increasing in Middlesex-London and impacting the community to a greater degree than other regions in Ontario. The Middlesex-London Health Unit's (MLHU) Population Health Assessment and Surveillance Team (PHAST) submitted a proposal which was accepted for funding from the Public Health Agency of Canada's (PHAC) Substance-related Harms Division to develop and implement a local methamphetamine surveillance system to quantify the impacts of crystal methamphetamine use in Middlesex-London. This initiative fills a gap in surveillance data needed to support a fulsome and coordinated community response to address methamphetamine use. It does so by providing data that, when combined with other indicators, can identify and prioritize community issues that can be addressed by public health action.

Two summary reports have been submitted to PHAC. The first detailed the project plan, community partners and consultation plan, results of both an environmental and literature scan, and a list of candidate indicators. The second report included details about community consultations, a list of finalized indicators, and a PDF of the surveillance dashboard. Appendix A includes the second report submitted to PHAC. Additionally, a presentation was given to PHAC detailing the development and dissemination of the methamphetamine surveillance dashboard, including lessons learned.

Community Consultations

An important step in developing the methamphetamine surveillance system was obtaining input from local community partner organizations. Community partner organizations who were consulted provided valuable feedback, suggestions for additional indicators to include, and potential data sources for the indicators of interest. Furthermore, connections between MLHU and these community organizations were established to support ongoing collaboration. Overall, consultations with community partners were a critical part of the creation of the methamphetamine surveillance system, and its development would not have been possible without their contributions, both in data and feedback.

Unfortunately, due to the COVID-19 pandemic, the project team was not able to engage with individuals who use methamphetamine. In the future, the project team will engage with community members who use methamphetamine to better understand the harms associated with methamphetamine use and to assess how the surveillance of crystal methamphetamine morbidity data could be meaningfully actioned.

Surveillance Dashboard

The finalized methamphetamine surveillance dashboard has five pages, corresponding to five categories of indicators (harm reduction service utilization, healthcare utilization, treatment service utilization, outcomes and fatalities, and crimination related to methamphetamine), plus a sixth page that includes technical notes. Data are presented as counts by month or year, percentages, or rates per 100,000. Each page includes details about the data sources, including a brief description of the data. Additional data notes or definitions, important for data interpretation, can be found on the technical notes page. The data included are updated at varying intervals (monthly, quarterly, or annually), based on when data are available. The methamphetamine dashboard is located on MLHU's website as a part of the Community Health Status Resource.

Key Data Findings

Appendix B provides some of the key findings from the data included on the dashboard. Additional data findings are found on the methamphetamine surveillance dashboard.

Next Steps

The methamphetamine surveillance dashboard is available on the MLHU website and will be routinely updated. The dashboard will be used to track and surveil the impacts of crystal methamphetamine use and will play an important role in identifying and prioritizing potential areas for intervention. When interpreted in the context of other markers of substance use in Middlesex-London, this data highlights the importance of upstream interventions that address the underlying social determinants of health.

Consultations directly with people who use crystal methamphetamine will inform next steps.

This report was prepared by the Population Health Assessment and Surveillance Team (PHAST) and the Healthy Communities and Injury Prevention Team.

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The Implementation of a Local Surveillance System for Fatal and Non-Fatal Impacts Associated with Crystal Methamphetamine Use: Final Summary Report

August 27, 2021

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Executive Summary

Background

Crystal methamphetamine use appears to be increasing in Middlesex-London and impacting the community to a greater degree than across Ontario. The Middlesex-London Health Unit's (MLHU) Population Health Assessment and Surveillance Team (PHAST) submitted a proposal which was accepted for funding from the Public Health Agency of Canada's (PHAC) Substance-related Harms Division to develop and implement a local methamphetamine surveillance system to quantify the impacts of crystal methamphetamine use in Middlesex-London. This initiative fills a gap in surveillance data needed to support a fulsome and coordinated community response to address methamphetamine use. It does so by providing data that when combined with other indicators can identify and prioritize community issues that can be addressed by public health action.

At the end of March 2021, the first summary report was submitted to PHAC, detailing the progress made. The first report detailed the project plan, community partners and consultation plan, results of the environmental scan, results of the literature scan, and candidate indicators to potentially be included in the methamphetamine surveillance dashboard. The current report is a continuation of the work, and includes details about community consultations, finalized indicators, a PDF of the current surveillance dashboard, and the implementation of the methamphetamine surveillance dashboard.

Community Partners and Consultation Summary

Fifteen organizations were identified as key community partners for this project. In-depth consultations with community partners occurred in Spring 2021 (March-May). These consultations were used as opportunities to provide details about the project and to gather feedback about the candidate indicators. Subsequently the community partners reviewed the surveillance dashboard to ensure it would meet their needs.

Community partner organizations provided valuable feedback, suggestions for additional indicators to include, and potential data sources for indicators of interest. Connections to other organizations were also made through these consultations. Overall, consultations with community partners were an incredibly valuable part of the creation of the methamphetamine surveillance system, and its development would not have been possible without their contributions, both in data and feedback.

Finalized Indicators

Numerous population health indicators were identified through both the literature scan and environmental scan. The list of indicators was refined to only include indicators that could be feasibly, and routinely updated, and where the data was available. The indicators included on the dashboard are from five categories (harm reduction service utilization, healthcare utilization, treatment service utilization, outcomes and fatalities, crimination related to methamphetamine). In the future, if more data becomes available, more indicators could potentially be added to the surveillance dashboard.

Surveillance Dashboard

The finalized methamphetamine surveillance dashboard has five pages, corresponding to the five categories of indicators previously described, plus a sixth page that includes technical notes about the data. Data are presented as counts by month or year, percentages, or rates per 100,000. Each page includes details about the data sources, including a brief description of the data. Additional data notes or definitions, important for data interpretation, can be found on the technical notes page. The data included are updated at varying intervals (monthly, quarterly, or annually), based on when data are available. The methamphetamine dashboard will be available on MLHU's website.

Dashboard Update Process

The dashboard has been built in the Microsoft Power BI platform and can be updated by anyone who has access to the source data. It is important whoever is responsible for updating the dashboard is aware of the update interval each for each data source because of the variation between sources. To aid with dashboard updates, a process document has been drafted, detailing the data sources included in the dashboard, how often the data is available, how the data is accessed, and the specific steps for updating the data. This document will be updated as the data and sources evolve.

Conclusions

The availability and presentation of this data in the form of a surveillance dashboard provides MLHU's community partners with evidence to be leveraged and used to inform their practice, enhance healthy public policy, and create change. This project is a key component in the creation of a fulsome and coordinated community response to address methamphetamine use. Many indicators included on the methamphetamine surveillance dashboard suggest methamphetamine use is trending up, while other indicators have been heavily influenced by the COVID-19 pandemic and suggest decreases in methamphetamine use. This highlights the importance of taking all indicators and additional context into consideration when identifying trends in methamphetamine use. Overall, the data included on the dashboard suggest methamphetamine use is increasing beyond the situation pre-pandemic and is continuing to increase.

Limitations

A lack of available morbidity data related to methamphetamine use is likely the most important limitation to developing a more fulsome surveillance system. Although many potential indicators were identified to represent the availability, use, and harms associated with methamphetamines, many data sources were unavailable. Other limitations of the development of the methamphetamine surveillance system included: 1) Methamphetamine use described by the dashboard likely underrepresents the true burden of methamphetamine on the Middlesex-London community, since those impacted by methamphetamine may not interact with any of the agencies who gather data, 2) The timing of this project, during the second and third waves of the COVID-19 pandemic, created some challenges when attempting to connect with community partners, therefore some partners could not be directly involved throughout the development of the methamphetamine surveillance dashboard.

Although the creation and dissemination of the methamphetamine surveillance dashboard was successful, it was not without challenges. Hopefully the lessons learned during the creation and dissemination of MLHU's methamphetamine surveillance dashboard are useful in informing other jurisdictions with the planning and implementing their own surveillance systems.

Next Steps

Although this methamphetamine surveillance system was created for one public health unit region, it provides a model which can be applied to other jurisdictions. It is important to share our findings, including the process undertaken so others can apply our learnings to their own surveillance dashboard development. The methamphetamine surveillance dashboard will be available on the MLHU website and will be routinely updated. There will also be a presentation for PHAC detailing the development and dissemination of the methamphetamine surveillance dashboard, including lessons learned.

This dashboard presents indicators for which data are routinely available. Further development of the dashboard will require collection of additional methamphetamine-related morbidity data at the local, regional, and provincial levels, such as self-reported data, emergency department and hospitalization data with specific methamphetamine codes, and wastewater data, among others.

It will be important to understand trends in the impacts of methamphetamine use on the community from the data included, especially in the context of the COVID-19 pandemic. Of note, rates of methamphetamine toxicity deaths increased in 2020, during the COVID-19 pandemic. This especially highlights the need for this surveillance, in conjunction with opioid surveillance.

Not only will the findings of the data included on this dashboard be used for methamphetamine surveillance but will also play an important role in identifying and prioritizing issues of public health significance. The data included on the methamphetamine dashboard will be merged with other key indicators, related to underlying public health issues, to provide support for community needs.

Background

Crystal methamphetamine use has been identified as an issue by community organizations in Middlesex-London. The negative impacts associated with methamphetamine use extend beyond the individual to affect the community. To effectively respond to these impacts a coordinated community response will be needed, including public health and other community partners.

Police-reported methamphetamine offences have been increasing across Canada for the past several years. The use of methamphetamine is a growing issue in many communities, and may also be contributing to other types of crime, including violent crimes and property damage (1). The number of methamphetamine offences in Canada increased by 3% from 2018 to 2019, a continuation of the upward trend since 2008 (1). In 2019, methamphetamine-related offences accounted for 21% of all police reported drug crime, and methamphetamine possessions had the second highest incidence rate (1). In 2020, all police reported crime decreased, including methamphetamine offences; however, police reported rates of methamphetamine offences remained the second highest among drug offences (2).

Methamphetamine use appears to be increasing in Middlesex-London and impacting the community to a greater degree than across Ontario. From 2018 to 2020, methamphetamine toxicity death rates in Middlesex-London more than tripled (3). Methamphetamine toxicity death rates in Middlesex-London were significantly higher than rates across Ontario from 2018 to 2020, and the rate reported in Middlesex-London in 2020 was 2.8 times higher than the rate across the rest of Ontario (3). Stimulant toxicity deaths involving methamphetamine across Canada have followed a similar trajectory. The percent of stimulant toxicity deaths in Canada involving methamphetamine increased from 43% in 2018 to 47% in 2020 (4).

Specifically, during the COVID-19 pandemic, there has been a significant increase in stimulants contributing to opioid-related deaths (50.0% to 58.1%, $p<0.01$), specifically cocaine and methamphetamine (5). Across Ontario, methamphetamine directly contributed to over 25% of opioid-related deaths during the pandemic, significantly higher than before the pandemic (23%, $p<0.01$) (5). Similarly, across Canada, 52% of opioid toxicity deaths in 2020 also involved a stimulant (4). These findings may be reflective of increased availability of methamphetamine within the drug supply, and potential polysubstance use throughout the pandemic.

The Middlesex-London Health Unit's (MLHU) Population Health Assessment and Surveillance Team (PHAST) received funding from the Public Health Agency of Canada's (PHAC) Substance-related Harms Division to develop and implement a local methamphetamine surveillance system to quantify the impacts of crystal methamphetamine use in Middlesex-London. This initiative fills a gap in surveillance data needed to support a fulsome and coordinated community response to address methamphetamine use, while also providing data that will be combined with other indicators to identify and prioritize community issues that can be addressed by public health action.

Community Partners and Consultation Summary

Community Partners

The following organizations supporting the Middlesex-London community were identified as key community partners and stakeholders for this project:

1. Community Drug and Alcohol Strategy (CDAS)
2. Regional HIV AIDS Connection (RHAC)
3. Addiction Services Thames Valley (ADSTV)
4. London Intercommunity Health Centre (LIHC)
5. CMHA Elgin - Middlesex (Canadian Mental Health Association)
6. London Police Service
7. The City of London
8. London Health Sciences Centre (LHSC)
9. Western University
10. The Strategic Direction Council (SDC)
11. Parkwood Institute - St. Joseph's Health Care London
12. St. Leonard's Community Services (SLCS)
13. The Human Service and Justice Coordinating Committee (HSJCC)
14. London Middlesex Addictions and Mental Health Network (LMAMHN)
15. The Salvation Army Centre of Hope
16. Street Level Women at Risk Collaborative

Additional organizations were consulted, based on previous experience with methamphetamine surveillance or to request data to include in the methamphetamine dashboard. These organizations included:

1. Drug and Alcohol Treatment Information System (DATIS) Support
2. ICES
3. BC Centre for Disease Control (BC CDC)
4. Health Canada Drug Analytics Services
5. Office of the Chief Coroner of Ontario
6. ConnexOntario

Consultation Summary

An important step in developing the methamphetamine surveillance system was obtaining input from local community partner organizations. Phase 1 involved conducting an environmental scan of organizations who provide programs and services related to methamphetamine use, and to identify data being collected by these organizations. Specific details related to the environmental scan can be found in the previous summary report (Summary Report of Project Plan).

Phase 2 involved more specific consultations with community partners and a request for feedback on the methamphetamine surveillance system. These consultations occurred with a greater number of community organizations, compared to phase 1. Initially, in-person consultations were considered; however, based on the COVID-19 situation in Middlesex-London, in-person consultations were not feasible, and virtual meetings were utilized.

Phase 2: *Consultation with community partners*

Consultations

In-depth consultations with community partners occurred in Spring 2021 (March-May). These consultations were used as opportunities to provide details about the project, to gather feedback about the candidate indicators, and subsequently the surveillance dashboard, to ensure the dashboard would meet the needs of community partner organizations.

Consultations included:

- email exchange between the project lead and community partner organizations,
- virtual meetings between the project lead and representatives identified by community partner organizations (through Zoom, Webex, Teams, etc.),
- opportunities for community partner organizations to provide feedback on the list of candidate population health indicators and draft dashboard,
- virtual group meetings where applicable,
- input from community partner organizations about dissemination of data included in the dashboard.

The Community Drug and Alcohol Strategy (CDAS) was the first group to be consulted. One of the internal MLHU project members is the co-chair of the steering committee, and member organizations were identified as partners who would be keenly interested in methamphetamine surveillance in Middlesex-London. Members of these organizations were invited to participate in the environmental scan, and to provide feedback on the candidate list of indicators.

From the CDAS group, other community partner organizations were referred to the project team, including the London-Middlesex Mental Health and Addiction Strategic Direction Council (SDC). The SDC is a collaborative group, created in response to the City of London's Community Mental Health and Addiction Strategy. The SDC acts as a strategic planning network, seeking to foster greater system collaboration and communication by bringing various planning tables, groups, and organizations together who support mental health and substance use. The SDC was instrumental in connecting the project team with additional community organizations, and in promoting the project to community partners, such as the London Middlesex Mental Health and Addictions Network table. Additionally, a brief summary of the work was included in the SDC's 2021 first quarter summary report, and an update will be included in their second quarter report.

Community partner organizations who were consulted provided valuable feedback, suggestions for additional indicators to include, and potential data sources for the indicators of interest. Connections to other organizations were also made through these consultations. For example, members of St. Leonard's Community Services connected the project lead with both the Salvation Army Centre of Hope and the Street Level Women at Risk Collaborative. Additionally, connections between MLHU and these community organizations were established to support ongoing collaboration. Members of the methamphetamine surveillance project team were asked to participate in, and give feedback on, other methamphetamine research projects.

Consultations with DATIS and ICES (two of the included data sources) also occurred during the community consultation stage to gather data to include on the methamphetamine dashboard. DATIS support provided custom data reports based on the data needs of this project. Determining the parameters of the reports was an iterative process, and greatly benefitted from the input of DATIS support, who are more familiar with the data that is available. The data provided by DATIS is an important component of the dashboard and gives insight into methamphetamine use and accessing substance use treatment by individuals living in Middlesex-London.

To include the data from ICES, an Applied Health Research Question (AHRQ) was submitted. Through the AHRQ, the objectives of the methamphetamine surveillance system were shared with ICES, and specific data was requested. The research under AHRQ is intended to support the collection of data to improve Ontario's healthcare system (6). The research team is still waiting for the data to be provided by ICES. When it is incorporated it will provide additional information about methamphetamine use in Middlesex-London and will be an important indicator on the healthcare page of the surveillance dashboard.

Feedback

The data collected during the environmental scan was key in the creation of the initial list of candidate population health indicators. The list of indicators was refined based on feedback from community consultations, and data availability. Meaningful indicators were identified and included on the methamphetamine dashboard, to reliably signal when community action in response to methamphetamine use needs to be taken. These actions may include, for example, increased availability of crystal methamphetamine harm reduction kits, or additional education or other resources for individuals who use methamphetamine in Middlesex-London. Identifying what the corresponding actions will be, based on the results of epidemiologic interpretation of the indicator data collected, is essential in ensuring the success of this surveillance system.

While not all organizations had methamphetamine data to share, all were supportive of the project, and expressed interest in being data users. Many organizations also offered feedback on the draft dashboard. Feedback on indicators and data included in the dashboard was very important. Further, feedback on the language included and the way the data is presented was provided. It is imperative the way the data is presented is not stigmatizing to the populations supported through methamphetamine surveillance.

Community partners shared positive impressions of the methamphetamine dashboard, including feedback that the dashboard is readable, inclusive, and easy to navigate. Additionally, community partners highlighted that having the data presented together in a comprehensive way is helpful for service providers to understand the magnitude of the impacts of crystal methamphetamine in the Middlesex-London community and is a great resource for service planning and co-ordination.

Additionally, feedback provided by community partners was utilized to inform the development and dissemination of the crystal methamphetamine surveillance system and dashboard. It will be important to ensure ongoing alignment of the crystal methamphetamine surveillance system with existing work, including the work of the Community Drug and Alcohol Strategy (CDAS), and others. Ensuring alignment between the purpose and goals of this project, thresholds for community action, and the goals of community partner organizations, will allow for a comprehensive and useful methamphetamine surveillance dashboard.

Overall, consultations with community partners were an incredibly valuable part of the creation of the methamphetamine surveillance system, and its development would not have been possible without their contributions, both in data and feedback.

Finalized Indicators

Numerous population health indicators were identified through both the literature scan and environmental scan. Indicators were evaluated based on the goals of this project and local data availability.

It is important that the indicators included in this surveillance system align with the Ontario Public Health Standards (OPHS). The OPHS provides direction for public health units to identify and address current and evolving health issues (7). Methamphetamine use in Middlesex-London would be considered one such issue, under the Substance Use and Injury Prevention Guideline (8).

The list included below underwent assessment by the internal project team, and community partners. Indicators were removed or added to the initial list, based on data availability, assessment of the data, and other feedback. The indicators were reworded after discussions with community partners, and once the data was available. This list may change over time, as data availability changes.

It is important to note that both count and percent were included where possible. The percentage provided context for the count data also included. This was especially important for harm reduction service utilizations, where trends could be evaluated using both the number and percent of visits for service. Additionally, different iterations of the data were included to provide a snapshot of the most recent data for an indicator. For example, all pages include the percent change for the most recent data, compared to the previous data.

Table 1: Population Health Indicators

Indicator	Data collection
Harm Reduction Service Utilization	
Number of occasions of service at Carepoint where methamphetamine was identified as the drug used	RHAC
Percent of occasions of service at Carepoint where methamphetamine was identified as the drug used	RHAC
Number of crystal methamphetamine harm reduction kits distributed in Middlesex-London by counterpoint and satellite locations	RHAC
Number of bowl pipes to smoke crystal methamphetamine distributed in Middlesex-London by counterpoint and satellite locations	RHAC
Healthcare Utilization	
Rate of emergency department (ED) visits associated with stimulant use including methamphetamine in Middlesex-London and Ontario, per 100,000	Intellihealth
Rate of ED visits associated with stimulant poisonings including methamphetamine in Middlesex-London and Ontario, per 100,000	Intellihealth
Rate of hospitalizations associated with stimulant use including methamphetamine in Middlesex-London and Ontario, per 100,000	Intellihealth
Rate of hospitalizations associated with stimulant poisonings including methamphetamine in Middlesex-London and Ontario, per 100,000	Intellihealth
Percent of urine drug test samples for clients in Middlesex-London testing positive for methamphetamine	ICES
Treatment Service Utilization	
Number of clients reporting methamphetamine as a presenting problem substance (PPS) at admission to substance use programs in London	DATIS

Number of clients reporting methamphetamine use in the 12 months prior to admission to substance use programs in London	DATIS
Number of individuals from Middlesex-London who have contacted ConnexOntario for services related to substance abuse and identified methamphetamine use	ConnexOntario
Percent of individuals from Middlesex-London who have contacted ConnexOntario for services related to substance abuse and identified methamphetamine use	ConnexOntario
Outcomes and Fatalities	
Crude mortality rate from methamphetamine in Middlesex-London, Peer Group, and Ontario, per 100,000	Public Health Ontario
Crude mortality rate from methamphetamine for females in Middlesex-London, per 100,000	Public Health Ontario
Crude mortality rate from methamphetamine for males in Middlesex-London, per 100,000	Public Health Ontario
Age-standardized mortality rate from methamphetamine age 15 to 24 in Middlesex-London, per 100,000	Public Health Ontario
Age-standardized mortality rate from methamphetamine age 25 to 44 in Middlesex-London, per 100,000	Public Health Ontario
Age standardized mortality rate from methamphetamine age 45 to 64 in Middlesex-London, per 100,000	Public Health Ontario
Age standardized mortality rate from methamphetamine age 65+ in Middlesex-London, per 100,000	Public Health Ontario
Methamphetamine-related Crimes	
Rate of methamphetamine possession incidents in London CMA, per 100,000	Statistics Canada
Count of methamphetamine possession incidents in London CMA, per 100,000	Statistics Canada
Rate of methamphetamine trafficking incidents in London CMA, per 100,000	Statistics Canada
Count of methamphetamine trafficking incidents in London CMA, per 100,000	Statistics Canada
Rate of methamphetamine production incidents in London CMA, per 100,000	Statistics Canada
Count of methamphetamine production incidents in London CMA, per 100,000	Statistics Canada

Surveillance Dashboard

The finalized methamphetamine surveillance dashboard was built on the Microsoft Power BI platform and has five pages, corresponding to the five categories of indicators previously described. An additional sixth page has been included to provide technical notes about the data. Data are presented as counts by month or year, percentages, or rates per 100,000. Each page includes details about the data sources, including a brief description of the data. Additional data notes or definitions, important for data interpretation, are included on the technical notes page. The initial version of the dashboard includes some data interpretation; however, subsequent updates will include minimal data interpretation, to allow data updates to be made as simply as possible. Instead, an annual report including data interpretations will be developed to be shared with community partners. Additionally, the technical notes page was added to the dashboard, so most of the text heavy descriptions and definitions could be appended to the dashboard without overloading the main data pages.

Comparisons are provided between Middlesex-London and the rest of Ontario where possible. An additional comparison included on the Outcomes and Fatalities page includes MLHU's peer group. The peer group consists of other public health units with similar socio-economic characteristics (9). These comparisons are included on the dashboard to give context to the observed methamphetamine-related rates in Middlesex-London.

People who use substances experience stigma. The project team has attempted to use language on the methamphetamine surveillance dashboard that is non-stigmatizing, by seeking feedback from community partners and referring to the Public Health Agency of Canada's resource 'Communicating about Substance Use in Compassionate, Safe, and Non-Stigmatizing Ways' (10). The project team acknowledges that the way substance use is discussed evolves over time, and some of the phrases or terms may need to be adjusted in the future.

The data included in the dashboard are updated at varying intervals (monthly, quarterly, or annually), based on when data are available. The methamphetamine dashboard will be available on MLHU's website, as a part of the Community Health Status Resource, for public consumption. For additional details, see Appendix 1 below.

Key Findings from the Data

Some of the key findings from the data included on the dashboard have been detailed below. For additional data findings, please review the dashboard itself. Additionally, please review the technical notes page of the dashboard for key data notes and definitions.

Harm Reduction Service Utilization

Although the identification of methamphetamine as a the drug of use when accessing Carepoint services began trending up in the summer of 2019 to early 2020, it is important to note the percent of visits where methamphetamine was identified as the drug of use did not follow the same trend, and rather remained fairly stable through that time period. This means that both the number of occasions of service where methamphetamine was identified as the drug being used increased, and the overall number of occasions of service at Carepoint also increased.

Healthcare Utilization

Emergency Department Visits

Rates of emergency department (ED) visits in Middlesex-London associated with stimulant use including methamphetamine increased each year from 2016 to 2019. Increases were significant from 2017 to 2018 ($p<0.01$) and 2018 to 2019 ($p<0.01$). Additionally, there was a significant decrease in the rate of ED

visits in Middlesex-London associated with stimulant use including methamphetamine from 2019 to 2020 (p=0.02), likely due to the COVID-19 pandemic. From 2016 to 2020 rates of ED visits associated with stimulant use including methamphetamine were significantly higher in Middlesex-London compared to the rest of Ontario (2016-2020, p<0.01 every year).

Rates of emergency department (ED) visits in Middlesex-London associated with stimulant poisonings including methamphetamine remained consistent each year from 2016 to 2020. From 2016 to 2020 rates of ED visits associated with stimulant poisonings including methamphetamine were higher in Middlesex-London compared to the rest of Ontario. These rates were only significantly higher in 2016 (p<0.01) and 2019 (p=0.04).

Hospitalizations

Rates of hospitalizations in Middlesex-London associated with stimulant use including methamphetamine increased each year from 2016 to 2020; however, the increase from 2018 to 2019 was the only significant increase (p=0.04). From 2016 to 2020 rates of hospitalizations associated with stimulant use including methamphetamine were significantly higher in Middlesex-London compared to the rest of Ontario (2016-2020, p<0.01 every year).

Rates of hospitalizations in Middlesex-London associated with stimulant poisoning including methamphetamine remained consistent each year from 2016 to 2020. From 2016 to 2020 rates of hospitalizations associated with stimulant poisonings including methamphetamine were higher in Middlesex-London compared to the rest of Ontario, and were significantly higher every year except 2018 (2016 p<0.01, 2017 p<0.01, 2019 p=0.04, 2020 p=0.03).

Treatment Service Utilization

The data from the Drug and Alcohol Treatment Information System (DATIS) shows the number of clients who identify using methamphetamine in the previous 12 months is consistently higher than the number of clients who indicate methamphetamine use was problematic and led them to substance use treatment. Therefore, some people who use methamphetamine seek out treatment for other substances, and/or do not feel their methamphetamine use is problematic.

Outcomes and Fatalities

The rate of methamphetamine toxicity deaths in Middlesex-London has been increasing significantly each year from 2018 to 2020 (2018 to 2019 p=0.03, 2019 to 2020 p<0.01) (3) and has been significantly higher than the rate across the rest of Ontario each of those years (2018 p=0.03, 2019 p<0.01, 2020 p<0.01). The rate of methamphetamine toxicity deaths in Middlesex-London was significantly higher than the rest of the peer group in both 2019 (p<0.01) and 2020 (p<0.01).

Crimination related to Methamphetamine

The rates of methamphetamine-related crimes in the London CMA remained stable from 2015 to 2019. However, the rate of possession incidents had a slight but significant decline in 2019 (31.6 per 100,000, 2018 to 2019 p=0.02) and 2020 (19.0 per 100,000, 2019 to 2020 p<0.01). Decreases in methamphetamine-related crimes observed in Middlesex-London in 2020 are consistent with the rest of Ontario.

Dashboard Update Process

The dashboard update process is very straight forward, and the dashboard has been designed so that it can be updated by anyone who has access to the data. It is important for whoever is updating the dashboard to be aware when each data source is updated, since the intervals vary.

To help with the dashboard updates, a process document has been drafted. This process document details the data sources included in the dashboard, how often the data is available, how the data is accessed, and specific steps for updating the data. This document is detailed to ensure the update process goes smoothly. Feedback on the process document will be requested internally, from the Population Health Assessment and Surveillance Team, to ensure the document is easy to follow for others who are less familiar with the methamphetamine dashboard.

It is important to keep in mind that the process document will need to be updated if the data included on the dashboard changes, or if the way the data is accessed changes. It is key to keep this resource up to date, so there is a reference document including detailed instructions if another person is updating the dashboard.

Conclusions

This project is a key component in the creation of a fulsome and coordinated community response to address methamphetamine use. Many indicators included in the methamphetamine surveillance dashboard suggest methamphetamine use is trending up, while other indicators have been heavily influenced by the COVID-19 pandemic and suggest decreases in methamphetamine use. This highlights the importance of taking all indicators and additional context into consideration when identifying trends in methamphetamine use. Overall, the data included on the dashboard suggest methamphetamine use is increasing beyond the situation pre-pandemic and is continuing to increase. For example, the percent of visits to Carepoint where methamphetamine was identified as the drug being used is now similar to the pre-pandemic percentage. Additionally, although healthcare utilization rates for stimulants including methamphetamine are lower than before the pandemic, treatment services for methamphetamine use are beginning to increase, indicating perhaps individuals are seeking treatment related to methamphetamine use in different ways as the pandemic continues to impact the healthcare system. Finally, methamphetamine-related toxicity deaths have been increasing since 2018. Methamphetamine-related deaths indicate both the burden and severity of disease. In this case, the data suggest increases for both the burden of methamphetamine use and the severity of the outcomes associated with methamphetamine use.

This project was, and continues to be, heavily reliant on our community partners, not only for feedback and insight, but also for data sharing. The timing of this project, during the second and third waves of the COVID-19 pandemic, created some challenges when attempting to connect with community partners. During the COVID-19 pandemic, much of the work of our community partners was altered, often increasing their workload. This made follow-up with some community partners difficult or impossible. Hopefully once restrictions related to the pandemic subside, the availability of community partners to connect around methamphetamine use in Middlesex-London will increase.

The goal of this dashboard is to have updated data to share monthly. However, not all data is available at the same interval, so only some data will be updated monthly, with most of the data being updated either quarterly or annually. Therefore, this dashboard might be considered more of a population health assessment, rather than surveillance, based on how often the data is available and updated (11).

Although analysis and interpretation are a key aspect of surveillance, the project team decided that including interpretation for all data, was too cumbersome to include in a surveillance dashboard. Therefore, interpretation was included on the initial dashboard, and moving forward, general data notes and interpretations will be included; however, specific interpretation of the data will be presented in an annual report.

The creation and dissemination of the methamphetamine surveillance dashboard was successful, but not without its challenges. Hopefully the lessons learned during the creation and dissemination of MLHU's methamphetamine surveillance dashboard are useful in informing other jurisdictions with the planning to implementation of a similar surveillance dashboard.

Limitations

A lack of available morbidity data related to methamphetamine use is likely the most important limitation to developing a more fulsome surveillance system. While searching for data to include on the dashboard, and data sources, it became apparent that methamphetamine morbidity data is limited. Although the literature scan conducted during phase one of this project identified many potential indicators to represent the availability, use, and harms associated with community methamphetamine use, many of these data sources were unavailable. For example, self-reported methamphetamine use

was included in most of the peer-reviewed and grey literature; however, self-reported use information in Middlesex-London was only available for clients who were disclosing methamphetamine as their drug of use during a visit to a supervised consumption facility, and for clients seeking addiction service treatment. Although these are good data sources, the population of individuals who do not access harm reduction and/or treatment services are missed. Therefore, data collected from these sources cannot be generalizable to the entire Middlesex-London population. Additionally, methamphetamine use can cause rapid and severe physical and psychological effects (12). These effects are difficult to track because, unlike opioid use where overdoses are used to track impact, methamphetamine use is often associated with longer term health problems. Additionally, individuals who die from methamphetamine use disorder are often not considered methamphetamine overdose deaths (13). More work must be done to collect methamphetamine related morbidity data.

Methamphetamine use described by the methamphetamine impacts dashboard likely underrepresents the true burden of methamphetamine on the Middlesex-London community, since those impacted by methamphetamine use may not interact with any of the agencies who gather data. This may also be related to the stigma experienced by those who use methamphetamine, leading to underreporting (14).

One way to combat the lack of available methamphetamine morbidity data and underreporting methamphetamine use, could be through wastewater-based epidemiology methods to estimate prevalence of methamphetamine use. Wastewater-based epidemiology methods were used frequently by studies included in the literature scan to identify indicators of methamphetamine use, included in the first report. Since illicit drugs are not completely metabolized after being ingested, the amount of an illicit substance found in wastewater can be used as an indicator of consumption of that substance at the population level (15). Wastewater-based epidemiology is a valuable population-level indicator because it is a comprehensive, cost-effective, and immediate measure of population drug consumption, and should be considered as a future data source.

Next Steps

Although this surveillance system was created for one public health unit region, it does provide a model which can be applied to other jurisdictions. It will be important to share not only our findings, but also details about the process to create the surveillance system so others can apply our learnings to their own surveillance dashboard development. The methamphetamine surveillance dashboard will be available on the MLHU website, as a part of the Community Health Status Resource, and will be routinely updated, and the data will be shared with community partners. There will also be a presentation to PHAC detailing the development and dissemination of the methamphetamine surveillance dashboard, including any lessons learned, so other jurisdictions can apply them to their work.

Consultations with community partner organizations were an incredibly valuable component of the development of the methamphetamine surveillance dashboard. Unfortunately, due to the COVID-19 pandemic, the project team was not able to engage with individuals who use methamphetamine. In the future, the project team plans to have fulsome engagement with community members who use methamphetamine to better understand the harms associated with methamphetamine use and to assess how the surveillance of crystal methamphetamine morbidity data could be meaningfully actioned in the Middlesex-London region.

Specifically related to the data included in the Middlesex-London methamphetamine surveillance system, it will be important to understand trends in the impacts of methamphetamine use on the community, especially in the context of the COVID-19 pandemic. Although some trends show decreases during the pandemic, others increased, including rates of methamphetamine toxicity deaths increased

in 2020 compared to previous years. This especially highlights the need for this surveillance, in conjunction with opioid surveillance.

Not only will the findings of the data included on this dashboard be used for methamphetamine surveillance but will also play an important role in identifying and prioritizing issues of public health significance. The data included on the methamphetamine dashboard will be merged with other key indicators, related to underlying public health issues.

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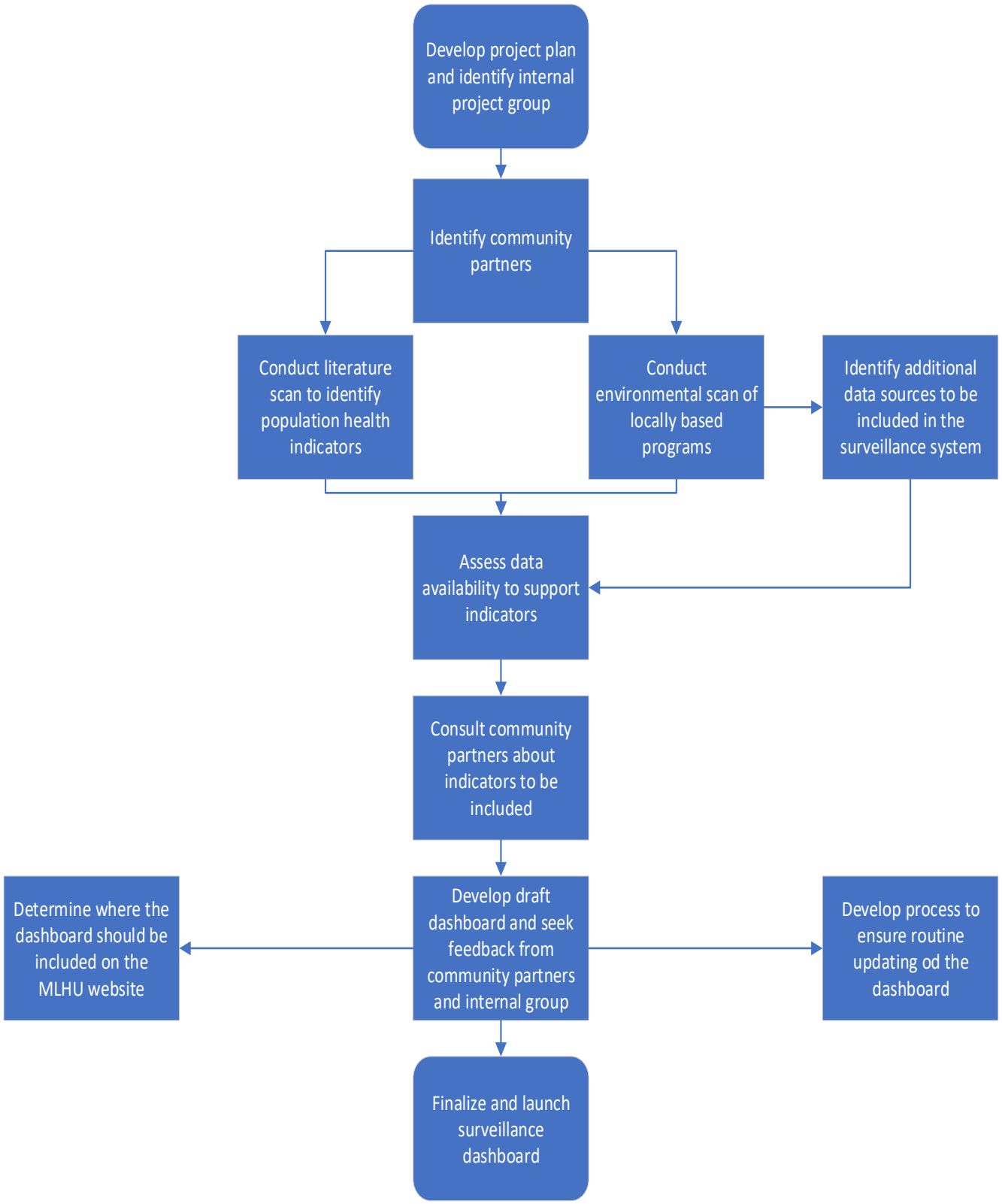
Appendices

Appendix 1: Steps in the development of the methamphetamine surveillance system



Appendix 2: Crystal Methamphetamine Surveillance Dashboard

Impacts of Crystal Methamphetamine Use in Middlesex-London

Last Updated: October 2021

The data included on this dashboard are key in helping to identify trends in methamphetamine use within the Middlesex-London community. The data are updated at varying intervals, based on when data are available (monthly, quarterly, annually). The data included on the dashboard may change over time, as new data sources becomes available.
For additional details about the data and definitions included on each page of the dashboard, please visit the **technical notes** page.

Harm Reduction Service Utilization | Healthcare Utilization | Treatment Service Utilization

Outcomes and Fatalities | Crimination related to Methamphetamine | Technical Notes

Methamphetamine Harm Reduction

Data included on this page of the dashboard are from Regional HIV/AIDS Connection (RHAC). Data presented in the graph below show the number and percent of occasions of service at Carepoint, where individuals have identified using methamphetamine during their visit.

Key Points

The number of occasions of service at Carepoint, where methamphetamine was identified as the substance of use was stable through 2018 to mid-2019. In August 2019, the identification of methamphetamine as the drug of use began trending up, to its peak in February 2020. Overall visits to Carepoint increased during this time as well, and the percent of visits where methamphetamine was identified remained stable. This means both the number of occasions of service where methamphetamine was identified as the drug being used increased, and the overall number of occasions of service at Carepoint also increased.

A decline in both identified methamphetamine use at Carepoint and overall number of visits began in March 2020, likely due to the COVID-19 pandemic and public health restrictions. The number of occasions of service at Carepoint, where methamphetamine was identified as the substance of use in 2021 (January-June) was significantly higher than the same time in 2020 ($p<0.001$); however, the overall number of occasions of service at Carepoint in 2021 was numerically lower.

Most Recent Data Summary

Occasions of service where methamphetamine was identified

Year	Month	Number of occasions of service	Percent of occasions of service
2021	August	361	35.81%

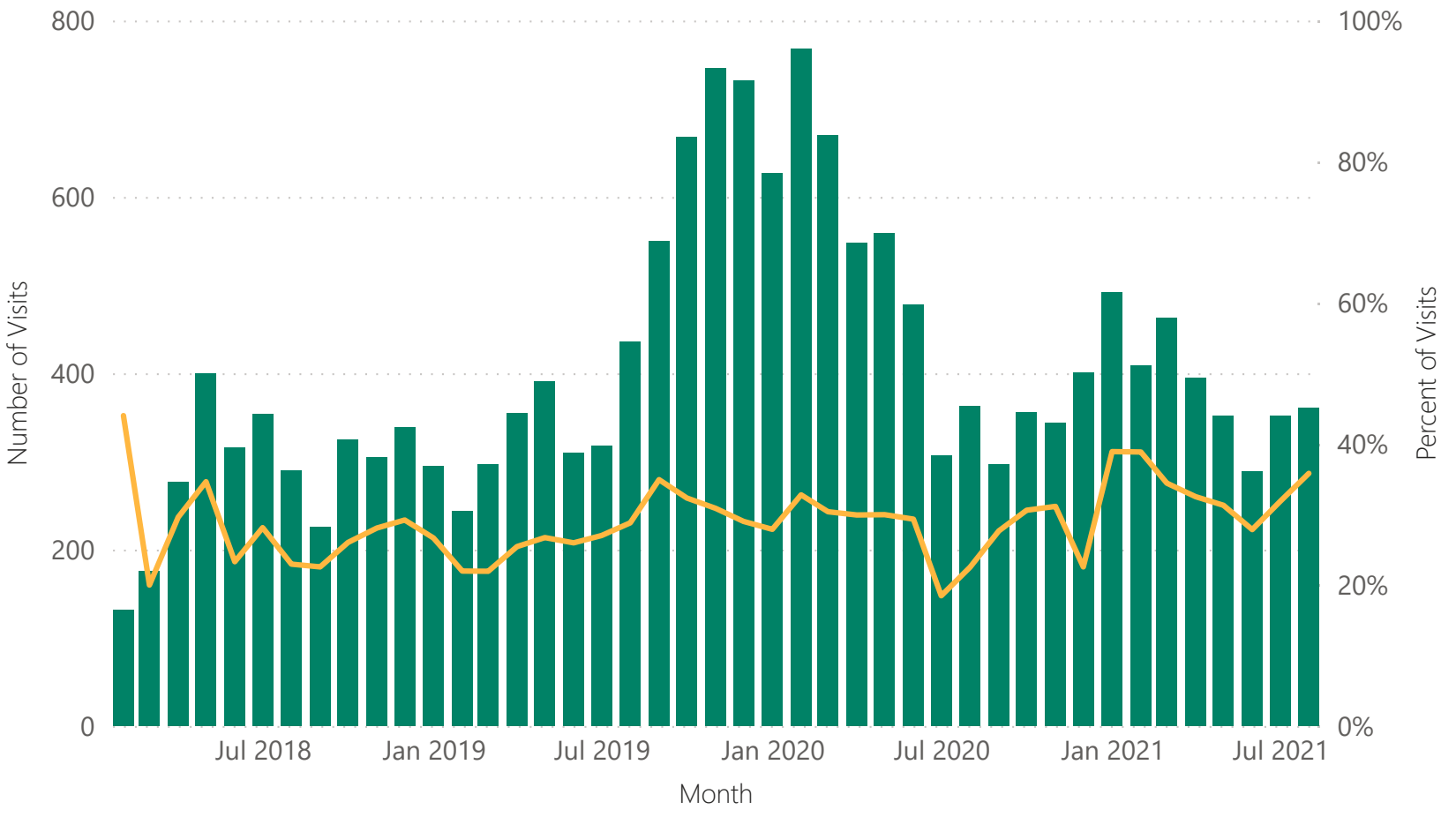
% change in number of occasions of service where methamphetamine was identified

3%

change from previous month

August 2021

Number and Percent of Occasions of Service at Carepoint where Methamphetamine was Identified as the Drug Used



Methamphetamine Harm Reduction Kits Distributed by Counterpoint and Satellite Locations

5227

Number of harm reduction kits distributed in 2020

Bowl Pipes for Methamphetamine Harm Reduction Distributed by Counterpoint and Satellite Locations

3154

Number of bowl pipes distributed in 2020

Source: Regional HIV/AIDS Connection. September 17, 2021.

Impacts of Crystal Methamphetamine Use in Middlesex-London

Last Updated: October 2021

The data included on this dashboard are key in helping to identify trends in methamphetamine use within the Middlesex-London community. The data are updated at varying intervals, based on when data are available (monthly, quarterly, annually). The data included on the dashboard may change over time, as new data sources becomes available.
For additional details about the data and definitions included on each page of the dashboard, please visit the **technical notes** page.

Harm Reduction Service Utilization | **Healthcare Utilization** | **Treatment Service Utilization**

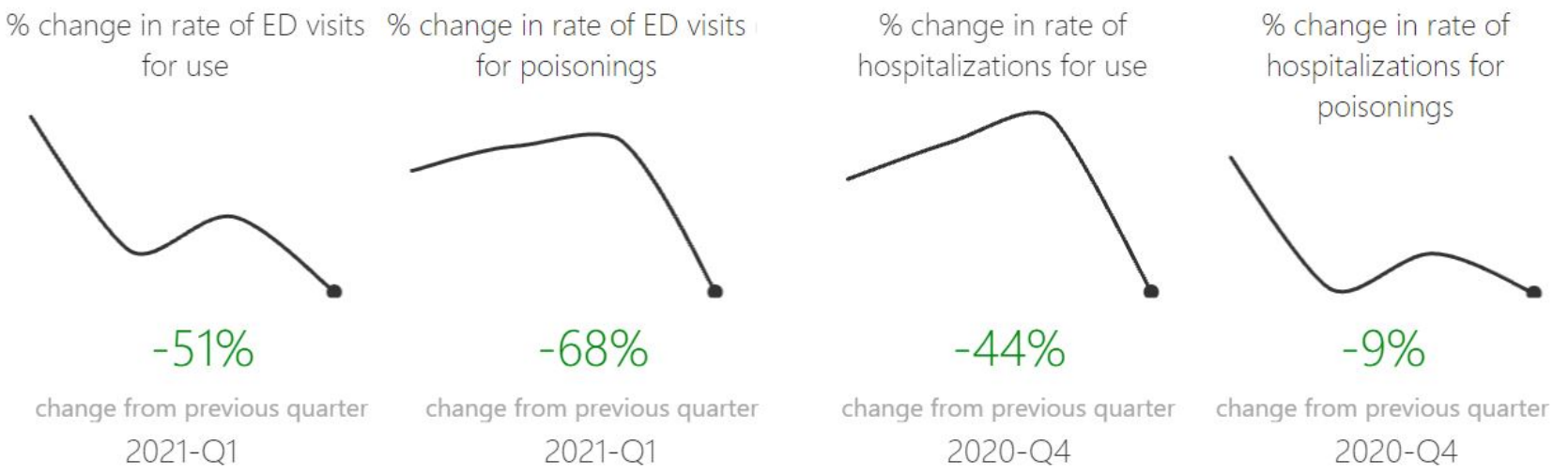
Outcomes and Fatalities | **Crimination related to Methamphetamine** | **Technical Notes**

Healthcare Utilization

Data included on this page of the dashboard are from two sources. Data are from the National Ambulatory Care Reporting System (NACRS), and the Discharge Abstract Database (DAD).

The data shows the ways individuals who use methamphetamine may access the healthcare system, often through emergency department (ED) visits, or hospitalizations.

Most Recent Data Summary - Middlesex-London



Rate of ED Visits per 100,000 population

Year and Quarter	Rate of Visits for Use	Rate of Visits for Poisonings
2021-Q1	12.50	2.30

Rate of Hospitalizations per 100,000 population

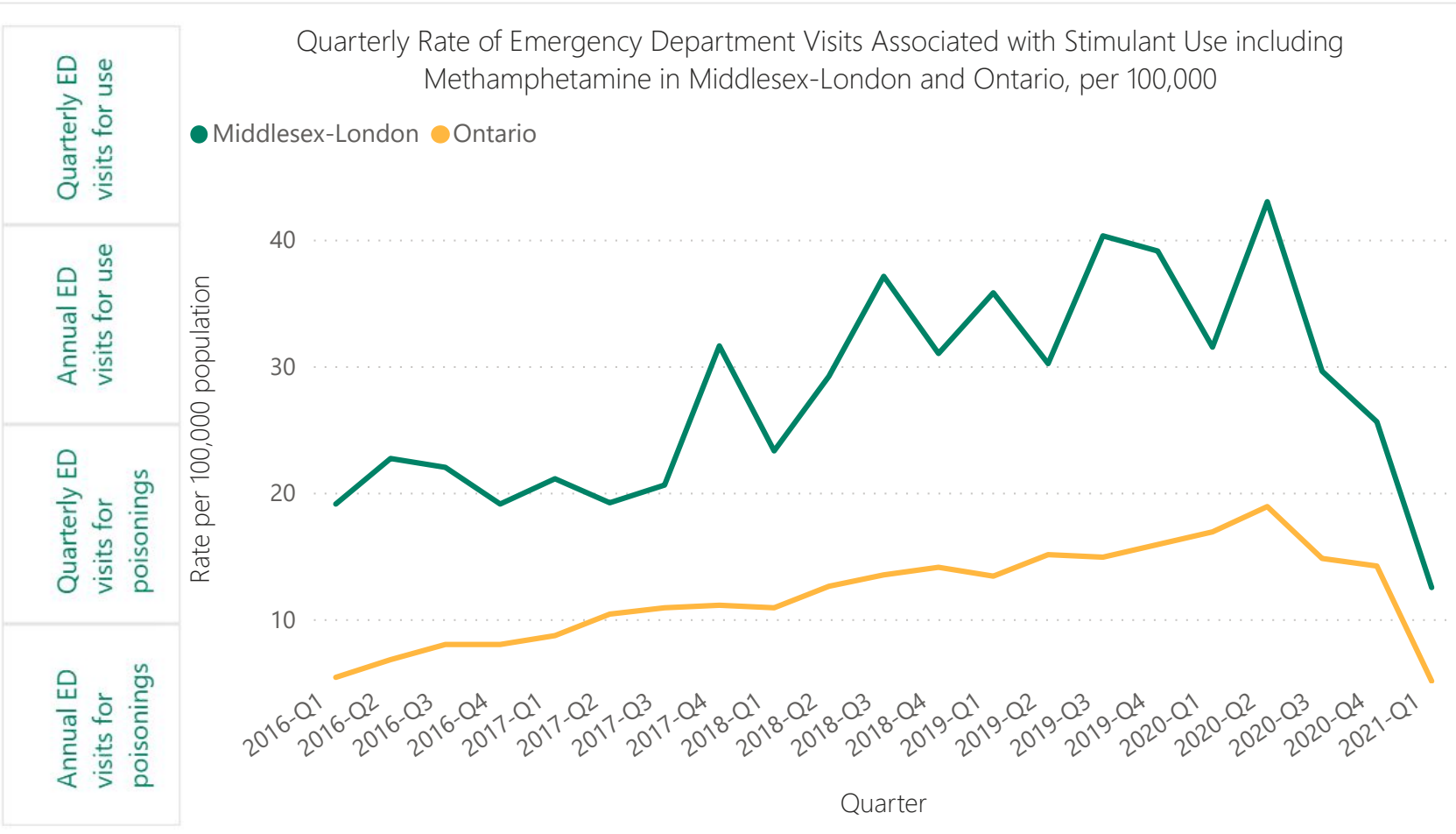
Year and Quarter	Rate of Hospitalizations for Use	Rate of Hospitalizations for Poisonings
2020-Q4	4.90	3.20

Emergency Department Visits

Data from the National Ambulatory Care Reporting System (NACRS) in the graphs below include individuals who live in Middlesex-London, who identified stimulant use or poisoning as a reason for seeking medical care. Data is presented both quarterly and annually, and comparisons are presented with Ontario.

Key Points

Rates of emergency department (ED) visits associated with stimulant use including methamphetamine increased each year from 2016 to 2019. From 2016 to 2020 rates of ED visits associated with stimulant use including methamphetamine were significantly higher in Middlesex-London compared to the rest of Ontario. Additionally, from 2016 to 2020 ED visits associated with stimulant poisonings including methamphetamine were higher in Middlesex-London compared to the rest of Ontario, but the rates were only significantly higher in Middlesex-London in 2016 and 2019.



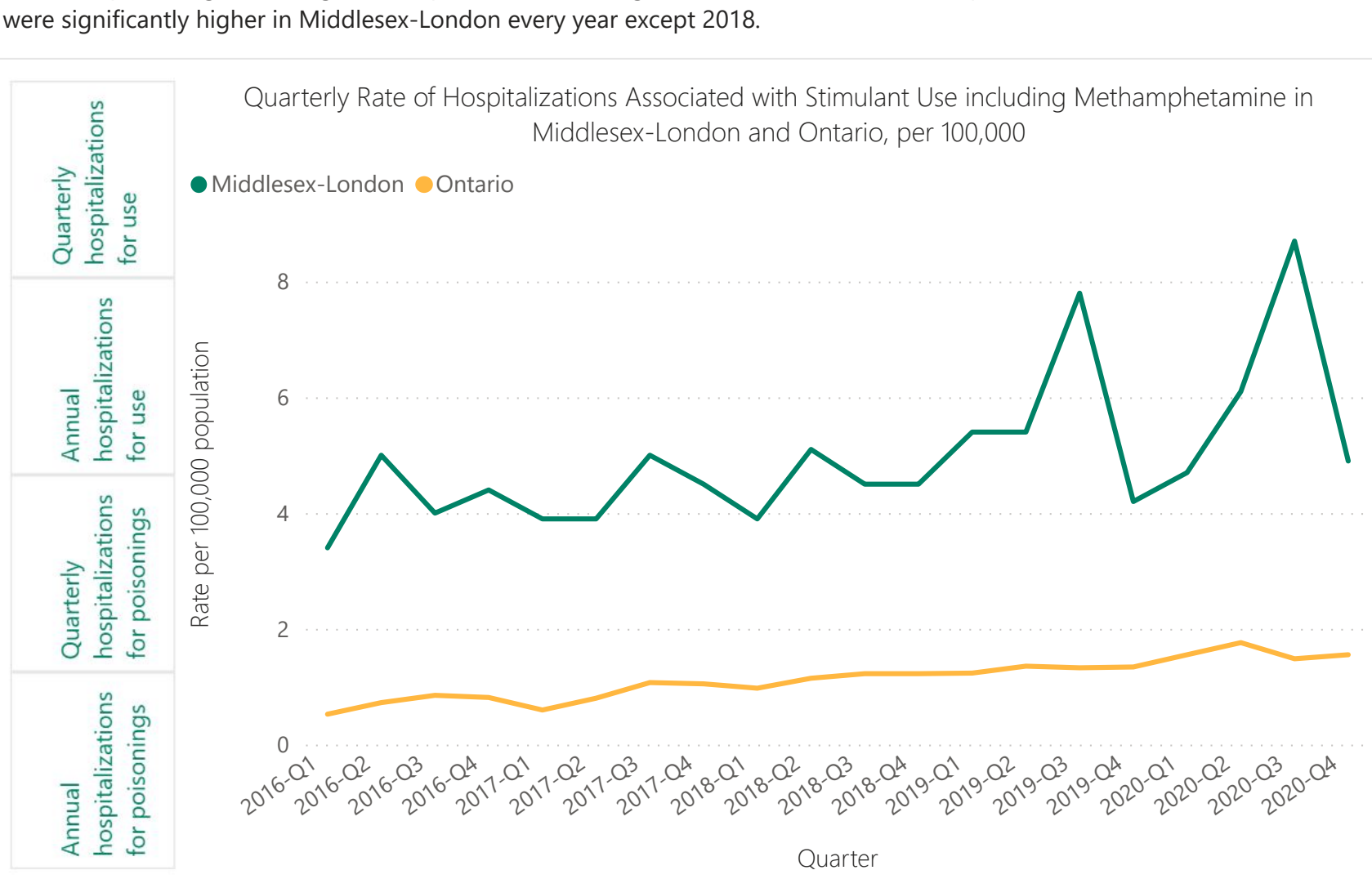
*Ontario rates exclude Middlesex-London cases
Source: NACRS. August 13, 2021.

Hospitalizations

Data from the Discharge Abstract Database (DAD) in the graphs below include individuals who live in Middlesex-London, who were discharged from the hospital, after being admitted for stimulant use or poisoning, including methamphetamine. Comparisons are also presented with Ontario.

Key Points

Rates of hospitalizations associated with stimulant use including methamphetamine increased each year from 2016 to 2020. From 2016 to 2020 rates of hospitalizations associated with stimulant use including methamphetamine were significantly higher in Middlesex-London compared to the rest of Ontario. Additionally, from 2016 to 2020 hospitalizations associated with stimulant poisonings including methamphetamine were higher in Middlesex-London compared to the rest of Ontario, and rates were significantly higher in Middlesex-London every year except 2018.



*Ontario rates exclude Middlesex-London cases
Source: DAD. June 23, 2021.

Impacts of Crystal Methamphetamine Use in Middlesex-London

Last Updated: October 2021

The data included on this dashboard are key in helping to identify trends in methamphetamine use within the Middlesex-London community. The data are updated at varying intervals, based on when data are available (monthly, quarterly, annually). The data included on the dashboard may change over time, as new data sources becomes available.
For additional details about the data and definitions included on each page of the dashboard, please visit the **technical notes** page.

Harm Reduction Service Utilization | **Healthcare Utilization** | **Treatment Service Utilization**

Outcomes and Fatalities | **Crimination related to Methamphetamine** | **Technical Notes**

Treatment Service Utilization

Data included on this page of the dashboard are from two sources. Data are from ConnexOntario, and the Drug and Alcohol Treatment Information System (DATIS).

The data show the ways individuals who use methamphetamine may access or inquire about substance use treatment programs. In Middlesex-London there are multiple agencies providing support and treatment to people who use substances.

Most Recent Data Summary

Substance Use Treatment Program Admissions

% change in number of individuals identifying methamphetamine as a PPS

1%

change from previous month

March 2021

% change in number of individuals identifying methamphetamine as a substance used in the last 12 months

2%

change from previous month

March 2021

Treatment Information

% change in number of phone calls to ConnexOntario where methamphetamine was identified

-25%

change from previous month

September 2021

Methamphetamine as a PPS or a substance used in the last 12 months

Year	Month	Methamphetamine as a PPS	Methamphetamine use in the last 12 months
2021	March	173	250

Methamphetamine calls to ConnexOntario

Year	Month	Number of methamphetamine calls	% of substance calls identifying methamphetamine
2021	September	6	7.59%

Substance Use Treatment Program Admissions

Data from the Drug and Alcohol Treatment Information System (DATIS) included in the graphs below includes clients who live in the city of London. The data includes anyone seeking addictions treatment from a publicly funded program in Ontario. Organizations include Addiciton Services Thames Valley (ADSTV), Canadian Mental Health Association (CMHA), Mission Services, Salvation Army, and Turning Point Inc., among others.

Key Points

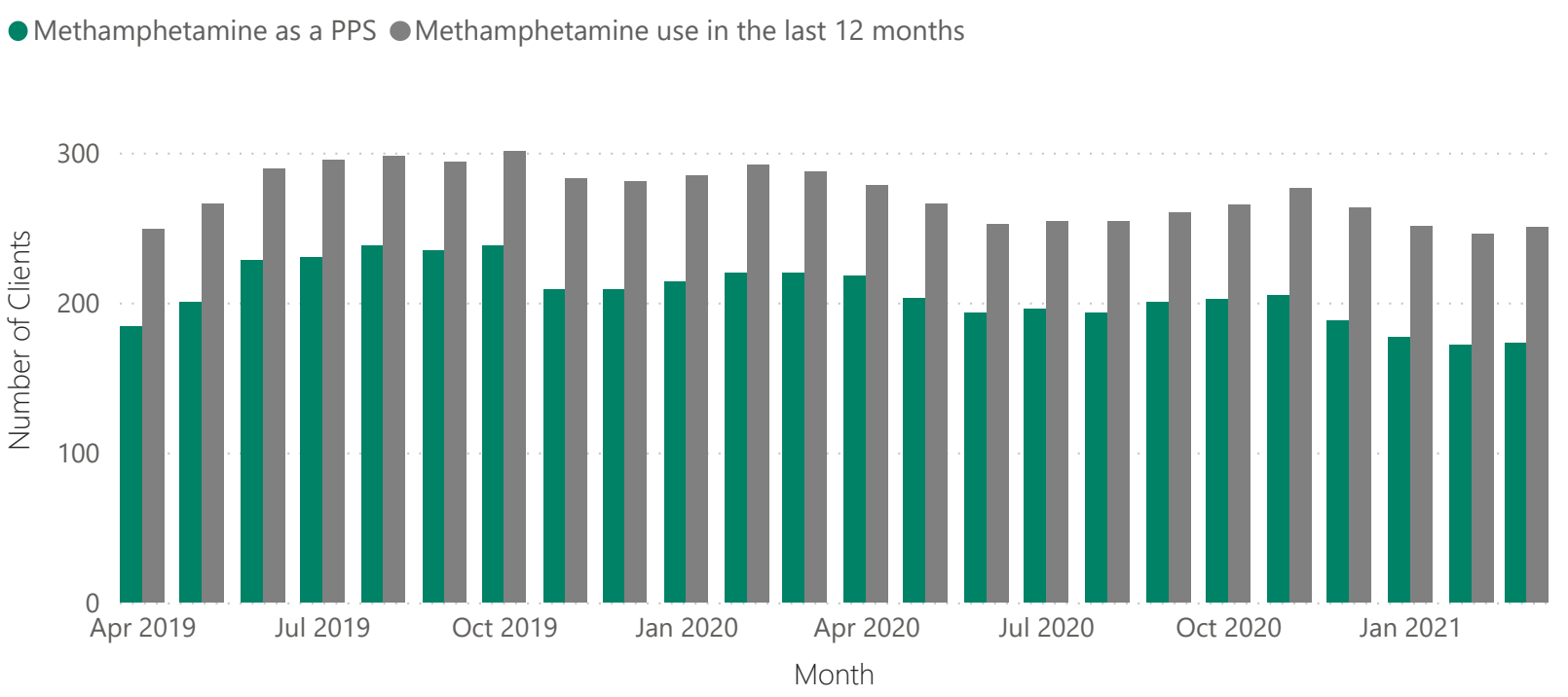
It is important to note that overall admissions through most of 2020 and 2021 to date are around 60% lower than they would normally be, presumably as a result of lockdown measures. However, this trend differed for some organizations. For example, ADSTV had approximately 20% fewer admissions in 2021, but supported a greater number of individuals overall (approximately 1%), as many clients remained in treatment longer as a result of the pandemic. Therefore, trends through the COVID-19 pandemic should be interpreted cautiously. Additionally, this data is self-reported and likely underrepresents methamphetamine use by individuals accessing treatment services.

Based on the data presented below, the number of clients who identify using methamphetamine in the previous 12 months is consistently higher than the number of clients who indicate methamphetamine use was problematic and led them to substance use treatment. Therefore, some people who use methamphetamine seek out treatment for other substances, and/or do not feel their methamphetamine use is problematic.

Crystal Methamphetamine as a Presenting Problem Substance (PPS) or as a Substance used in the last 12 months

Data presented in the graph below shows the number of clients who indicated crystal methamphetamine was a substance that led the client to seek substance use treatment and the number of clients who identified using crystal methamphetamine in the 12 months prior to the initiation of substance use treatment.

Number of clients who Identify Crystal Methamphetamine as a PPS or as a Substance used in the last 12 months upon Admission to Substance Use Programs, City of London



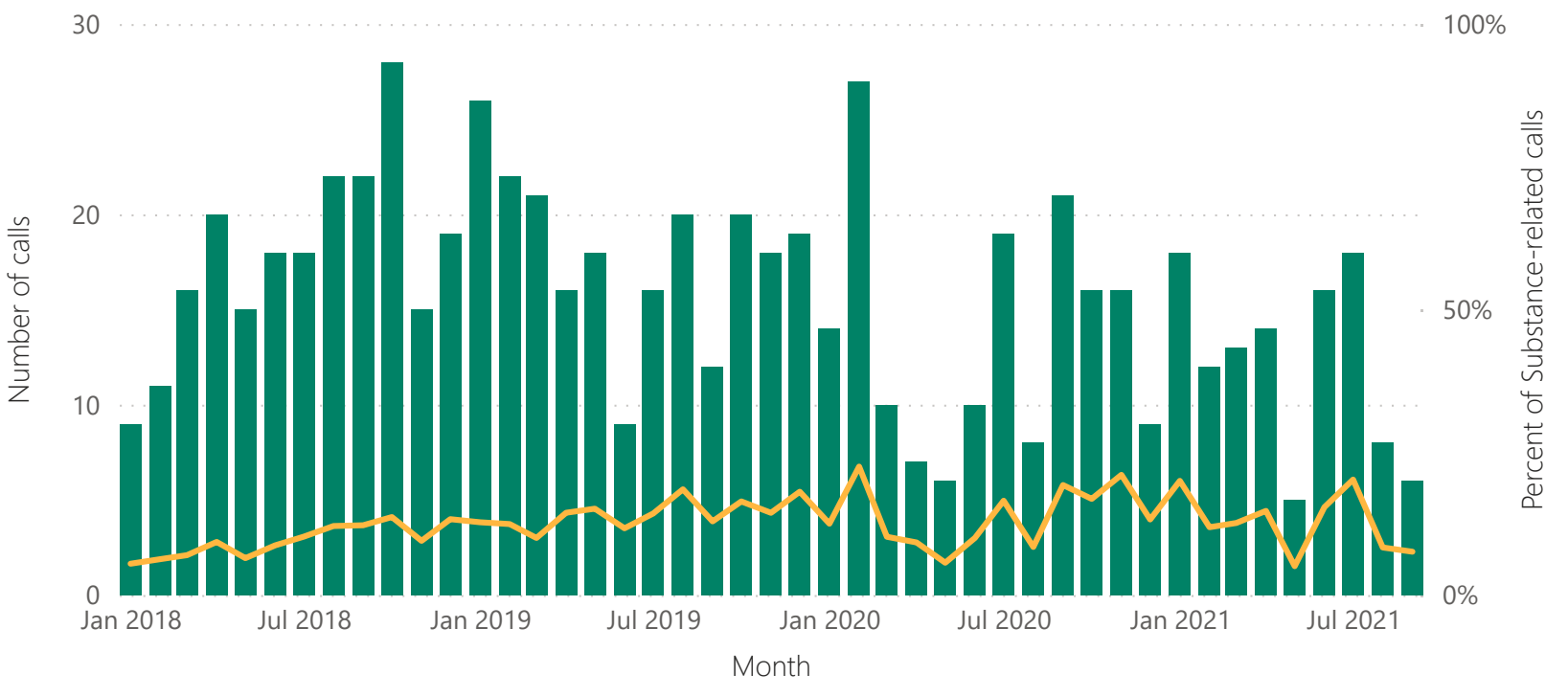
Source: DATIS. July 13, 2021.

Treatment Information

Data presented in the graph below from ConnexOntario displays the number of contacts from Middlesex-London seeking services associated with substance use who identify methamphetamine as a substance used. Please note that inquiries to ConnexOntario are often from concerned family members and friends, or professionals, on behalf of others.

Through 2018 and early 2019, there was a spike in call volume because ConnexOntario also received the calls to the Reach Out program during this time. Reach Out continues to operate; however, the calls are received through CMHA. Additionally, throughout the COVID-19 pandemic, there has been a decrease in the number of individuals contacting ConnexOntario regarding substance use in Middlesex County.

Number and Percent of individuals contacting ConnexOntario about substance use identifying methamphetamine, Middlesex-London



Source: ConnexOntario. October 1, 2021.

Impacts of Crystal Methamphetamine Use in Middlesex-London

Last Updated: October 2021

The data included on this dashboard are key in helping to identify trends in methamphetamine use within the Middlesex-London community. The data are updated at varying intervals, based on when data are available (monthly, quarterly, annually). The data included on the dashboard may change over time, as new data sources becomes available.
For additional details about the data and definitions included on each page of the dashboard, please visit the **technical notes** page.

Harm Reduction Service Utilization | **Healthcare Utilization** | **Treatment Service Utilization**

Outcomes and Fatalities | **Crimination related to Methamphetamine** | **Technical Notes**

Methamphetamine Mortality

Data included on this page of the dashboard is from the Office of the Chief Coroner effective June 7, 2021, as reported by Public Health Ontario. Data presented below show confirmed methamphetamine toxicity deaths in Middlesex-London.

Key Points

Methamphetamine-related harms have been highlighted by community partners as an issue impacting the Middlesex-London community for many years. The rate of methamphetamine toxicity deaths in Middlesex-London has been increasing significantly each year from 2018 to 2020 and has been significantly higher than the rate across the rest of Ontario each of those years. The rate of methamphetamine toxicity deaths in Middlesex-London was significantly higher than the rest of the peer group in 2019 and 2020.

In Middlesex-London, the rate of methamphetamine toxicity deaths was significantly higher for males compared to females from 2018 to 2020. The 25-44 age group had the highest rates of toxicity deaths from 2018-2020; however, rates were not significantly higher than those in the 45-64 age group with the next highest rates. Individuals aged 15-24 and over 65 had very few methamphetamine toxicity deaths over the three-year period.

Most Recent Data Summary

Percent change in methamphetamine mortality rate from previous quarter, Middlesex-London

0%

change from previous quarter

2020-Q4

Total Deaths

64

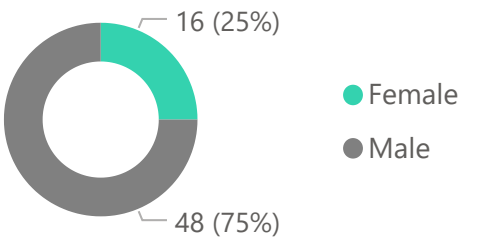
Number of methamphetamine-related toxicity deaths in Middlesex-London, 2020

Rate of methamphetamine-related toxicity deaths, per 100,000 population

Year and Quarter	Middlesex-London Rate	Peer Group Rate	Ontario Rate
2020-Q4	2.80	1.18	1.27

*Ontario and Peer Group rates exclude Middlesex-London cases

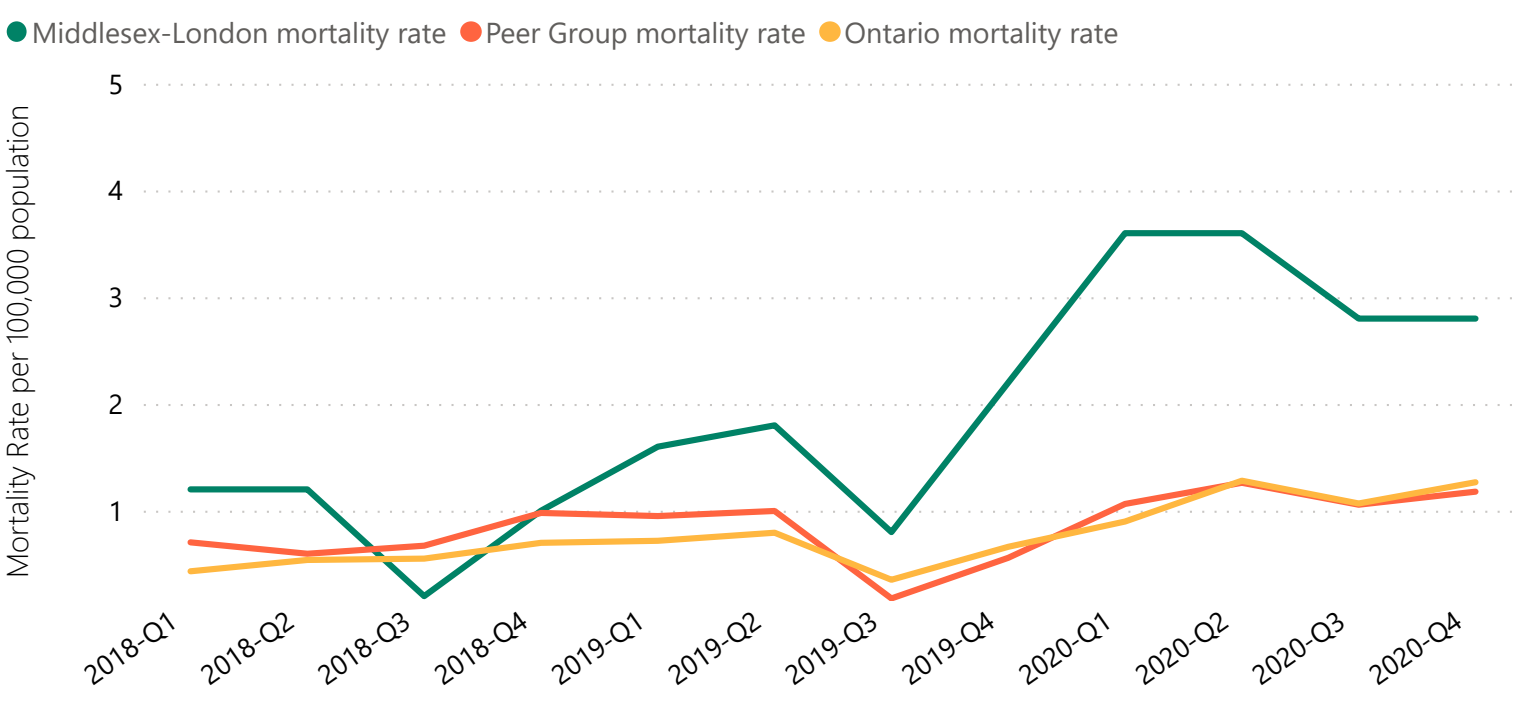
Number of methamphetamine-related toxicity deaths in Middlesex-London by sex, 2020



Crude Mortality Rate from Methamphetamine by Quarter, per 100,000

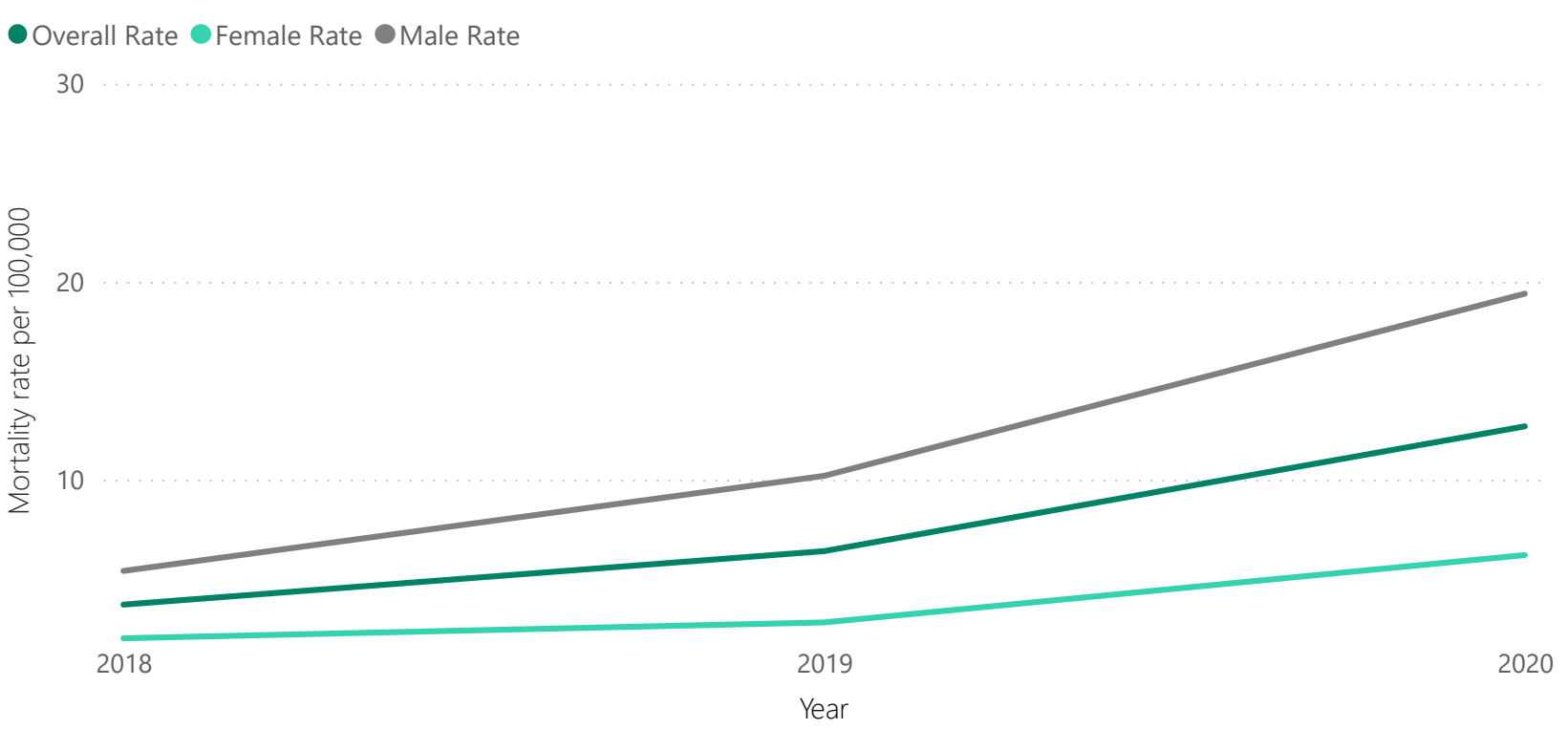
Table - Crude Mortality Rates, with 95% CI

Graph - Crude Mortality Rates

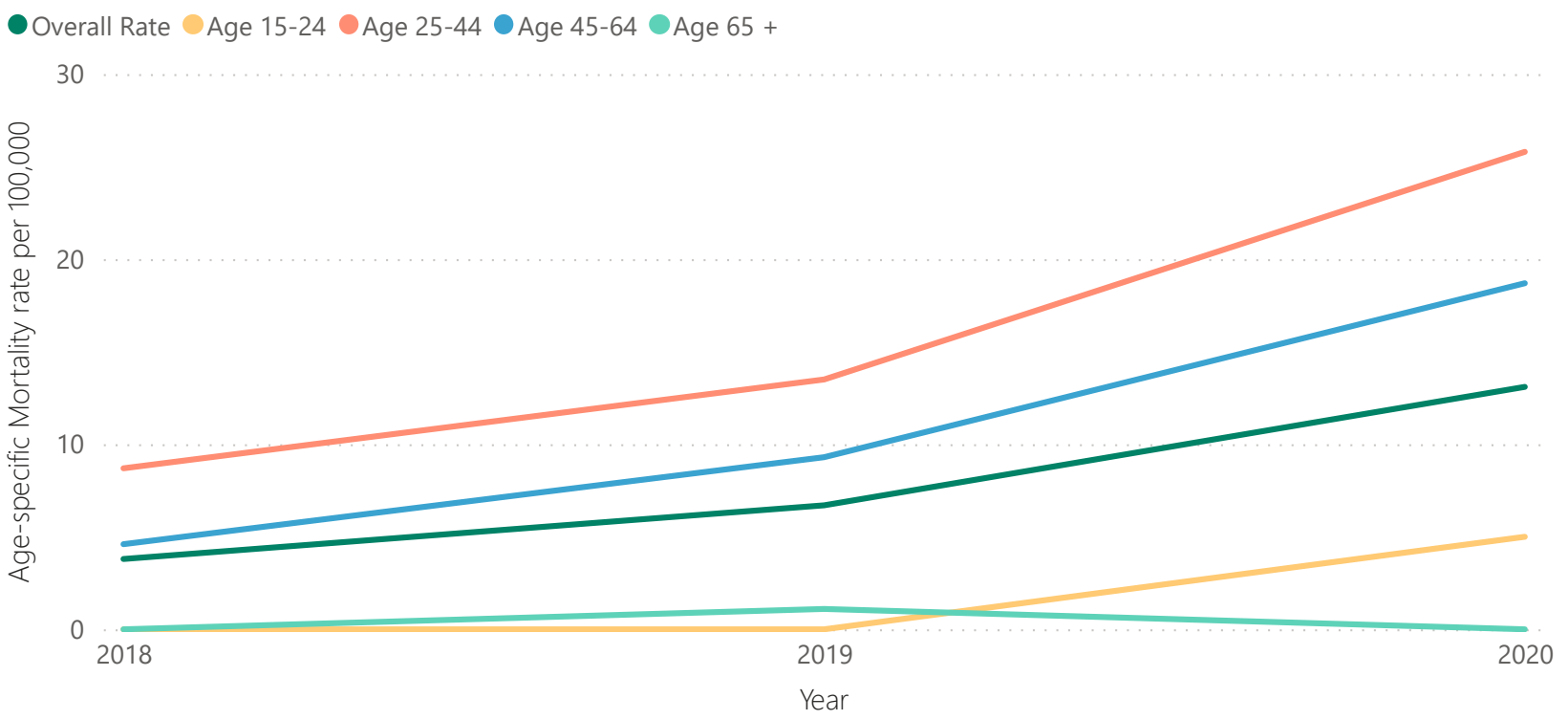


*Ontario and Peer Group rates exclude Middlesex-London cases

Crude Mortality Rates from Methamphetamine in Middlesex-London by Sex, per 100,000



Age-Specific Mortality Rates from Methamphetamine in Middlesex-London by Age Group, per 100,000



Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: Stimulant Harms Snapshot [Internet]. Last Updated June 7, 2021.

Impacts of Crystal Methamphetamine Use in Middlesex-London

Last Updated: October 2021

The data included on this dashboard are key in helping to identify trends in methamphetamine use within the Middlesex-London community. The data are updated at varying intervals, based on when data are available (monthly, quarterly, annually). The data included on the dashboard may change over time, as new data sources becomes available.
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Harm Reduction Service Utilization | **Healthcare Utilization** | **Treatment Service Utilization**
Outcomes and Fatalities | **Crimination related to Methamphetamine** | **Technical Notes**

Crimination related to Methamphetamine

Data included on this page of the dashboard are from Statistics Canada, for the London CMA.

Key Points

The rates of methamphetamine-related crimes in the London CMA remained fairly stable from 2015 to 2019. However, the rate of possession incidents had a slight but significant decline in 2019 (31.59 per 100,000). This trend differed from what was observed both provincially and nationally, where the annual rate of methamphetamine possessions rose in 2019 by 1.0% in both Ontario and Canada (See Table 35-10-0177-01). In 2020, the rate of possession incidents continued to decline (18.98 per 100,000), which was consistent with the rest of Ontario and Canada.

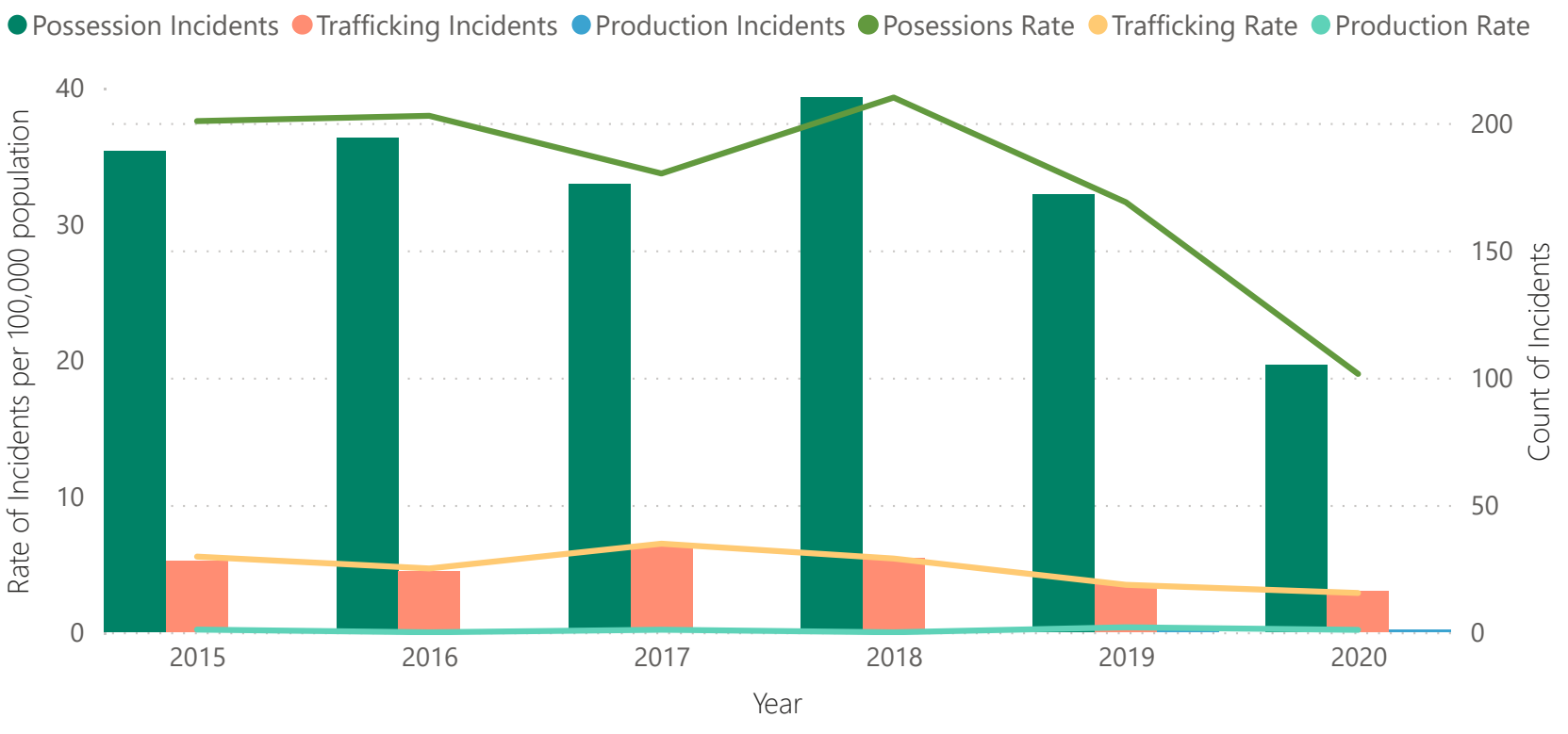
Most Recent Data Summary

% change in rate of methamphetamine possession	% change in rate of methamphetamine trafficking	% change in rate of methamphetamine production
-40%	-17%	-51%
change from the previous year	change from the previous year	change from the previous year
2020	2020	2020

Rates of methamphetamine crimination

Year	Posessions Rate (per 100,000)	Trafficking Rate (per 100,000)	Production Rate (per 100,000)
2020	18.98	2.89	0.18

Crimination related to Methamphetamine in the London CMA



Source: Statistics Canada. Table 35-10-0177-01 Incident-based crime statistics, by detailed violations, Canada, provinces, territories and Census Metropolitan Areas. Retrieved July 28, 2021.

Impacts of Crystal Methamphetamine Use in Middlesex-London

Last Updated: October 2021

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Harm Reduction Service Utilization | **Healthcare Utilization** | **Treatment Service Utilization**
Outcomes and Fatalities | **Crimination related to Methamphetamine** | **Technical Notes**

Technical Notes

Harm Reduction Service Utilization

The data from RHAC are not for unique individuals, and a person may be represented one or more times, depending on how often they access Carepoint services. Additionally, the data is self-reported and likely underrepresents methamphetamine use by individuals accessing services.

Definitions

Term	Definition
Bowl Pipes	Glass bowl pipes made of pyrex glass stems are distributed by RHAC. These do not break or shatter as easily as other types of glass, and the bowl shape helps prevent crystal meth from being swallowed or inhaled.
Methamphetamine Harm Reduction Kits	Kits include: 2 glass bowl pipes, 4 mouthpieces, 4 alcohol swabs, 2 condoms, and a "Safer Crystal Meth Smoking" card.
Carepoint	Provides consumption and treatment services for people to use drugs safely and seek services for recovery, in downtown London.
Counterpoint	Provides free harm reduction materials and information, including methamphetamine harm reduction kits. Harm reduction materials are provided at RHAC (downtown London), and at satellite locations in the community.
Regional HIV/AIDS Connection (RHAC)	Provides supports, services, and programming related to individuals living with and affected by issues related to HIV/AIDS. Services are provided in Perth, Huron, Lambton, Elgin, Middlesex, and Oxford Counties.
Occasions of Service	Visits to Carepoint for safe consumption.

Healthcare Utilization

Emergency Department Visits and Hospitalizations

Methamphetamine does not have its own ICD-10-CA code(s) and other stimulants may also be included in the data. An individual could visit the ED or be hospitalized and have one or multiple ICD-10-CA codes associated with it. The data on this dashboard includes any ED visit and hospitalization where the ICD-10-CA codes of interest were identified, either as the main problem, or as an additional problem.

Definitions

Term	Definition
Discharge Abstract Database (DAD)	DAD capture patient level administrative, clinical, and demographic data directly from acute care facilities. The data represent the number of hospitalizations of Middlesex-London residents.
National Ambulatory Care Reporting System (NACRS)	NACRS contains patient level data on visits to hospital ambulatory services, in this case, emergency departments (ED). The data represent the number of ED visits by Middlesex-London residents, not the number of people visiting the ED.
Methamphetamine Poisonings	The data included for methamphetamine poisonings fall under two categories: 1) poisoning by psychostimulants with abuse potential (ICD-10-CA code: T436), and 2) Accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified (ICD-10-CA code: X41).
Methamphetamine Use	The data included for methamphetamine use fall under the category for accidental intoxication, abuse, withdrawal etc. of stimulants including caffeine (ICD-10-CA codes: F150-159).
ICD-10-CA codes	The reason for an ED visit or hospitalization is determined using a predefined list of words or phrases to choose from. Based on the reason chosen, visits are mapped to ICD-10-CA codes, and these codes are used to extract data.

Treatment Service Utilization

Methamphetamine may not have been the only PPS for the patients included in the data on the dashboard. Substances used were not necessarily considered problematic by the client, and methamphetamine may not have been the only substance identified. The data also include both carry over and new admissions during the specified time period. This represents the caseload during the month, as it includes all admissions open for at least one day during the time period. Please note, a client may present to treatment multiple times and may be counted more than once.

Definitions

Term	Definition
Substance Used in the past 12 months	Substances admitted patients report having used in the 12 months prior to admission to substance use treatment. Multiple substances may be reported upon admission to substance use treatment.
Presenting Problem Substance (PPS)	Substances admitted patients report as being problematic when they are admitted to substance use treatment. Up to five PPS may be selected upon admission.
New Admissions	New individuals admitted to substance use treatment in the current time period.
Carry-Over Admissions	Individuals remaining in substance use treatment from the previous time period.
ConnexOntario	An information and referral service, focusing on mental health, addiction, and problem gambling services in the province. ConnexOntario keeps track of issues identified by individuals who reach out in search of treatment service information.
Drug and Alcohol Treatment Information System (DATIS)	A client-based information system that monitors the number and types of publicly-funded addiction treatment services in Ontario.

Outcomes and Fatalities

Data from Public Health Ontario (PHO) report on coroner investigations. It is important to note:
1. Some data are based on ongoing investigations by coroners, and are considered preliminary and subject to change.
2. Data on apparent opioid toxicity deaths and stimulant toxicity deaths are not mutually exclusive. A high proportion of deaths involving a stimulant also involved an opioid. Adding up those numbers would result in an overestimation of the burden of opioids and stimulants.

Definitions

Term	Definition
Methamphetamine Toxicity Death	A death caused by intoxication/toxicity (poisoning) resulting from substance use, where one substance is methamphetamine. Only confirmed cases of methamohetamine toxicity deaths are included.
Age-specific Mortality Rate	A rate limited to a particular age group. The numerator is the number of deaths in that age group; the denominator is the number of persons in that age group in the defined population.
Peer Group	Public health units are grouped by socio-economic characteristics, to provide geographic comparisons. MLHU's peer group includes other PHUs in Ontario identified as mainly urban centres with moderate population density.
Crude Rate	The frequency in which a disease or condition occurs in a defined population in a specified period of time.

Crimination related to Methamphetamine

The Statistics Canada data on the dashboard are from the Incident-based crime statistics, by detailed violations in Canada table, and are filtered to only include methamphetamine related violations in the London CMA.

Definitions

Term	Definition
Possession	An item in a person's personal possession or knowingly, a) has it in the actual possession or custody of another person, or b) has it in any place whether or not that place belongs to or is occupied by them, for the use or benefit of themselves or another person.
London CMA	The London CMA includes the municipalities of London, St. Thomas, as well as Thames Centre, Middlesex Centre, Strathroy-Caradoc, Adelaide Metcalfe, Central Elgin and Southwold.
Production	To obtain the substance by any method or process including manufacturing, synthesizing, or using any means of altering the chemical or physical properties of the substance, or offers to produce the substance.
Trafficking	To sell, administer, give, transfer, transport or deliver the substance, or sell an authorization to obtain the substance, or to offer to do any of those previously mentioned.

Appendix B – Key Data Findings

Some of the key findings from the data included on the dashboard have been detailed below:

- Harm Reduction Service Utilization
  - At Carepoint (consumption and treatment services in London), both the number of visits where methamphetamine was identified as the drug being used and the overall number of visits increased in mid-2019 to early 2020. A decline in both identified methamphetamine use and overall number of visits began in March 2020, likely due to the COVID-19 pandemic and public health restrictions.
- Healthcare Utilization
  - Rates of emergency department (ED) visits in Middlesex-London associated with stimulant use including methamphetamine increased each year from 2016 to 2019. Additionally, there was a decrease in the rate of ED visits in Middlesex-London associated with stimulant use including methamphetamine from 2019 to 2020, likely due to the COVID-19 pandemic. From 2016 to 2020 rates of ED visits associated with stimulant use including methamphetamine were significantly higher in Middlesex-London compared to the rest of Ontario.
  - Rates of hospitalizations in Middlesex-London associated with stimulant use including methamphetamine increased each year from 2016 to 2020. From 2016 to 2020 rates of hospitalizations associated with stimulant use including methamphetamine were significantly higher in Middlesex-London compared to the rest of Ontario.
- Treatment Service Utilization
  - Data from the Drug and Alcohol Treatment Information System shows the number of clients who identify using methamphetamine in the previous 12 months is consistently higher than the number of clients who indicate methamphetamine use was problematic and led them to substance treatment. Therefore, some people who use crystal methamphetamine seek out treatment for other substances, or do not feel their methamphetamine use is problematic.
- Outcomes and Fatalities
  - The rate of methamphetamine toxicity deaths in Middlesex-London has been increasing each year from 2018 to 2020 and has been higher than the rate across the rest of Ontario each of those years. The rate of methamphetamine toxicity deaths in Middlesex-London was higher than the rest of the peer group in both 2019 and 2020.
- Crimination Related to Methamphetamine
  - The rates of methamphetamine-related crimes in the London CMA remained stable from 2015 to 2019. However, the rate of possession incidents had a slight decline in both 2019 and 2020. Decreases in methamphetamine-related crimes observed in Middlesex-London in 2020 are consistent with the rest of Ontario.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 47-21

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2021 October 21

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR OCTOBER

Recommendation

It is recommended that the Board of Health receive Report No. 47-21 re: "Medical Officer of Health Activity Report for October" for information.

The following report presents activities of the Medical Officer of Health (MOH) for the period of September 2, 2021 – October 7, 2021.

To respond to the COVID pandemic, increased meetings and webinars were necessary to keep up with the ever-changing landscape. The MOH continued to participate in external and internal pandemic-related meetings. These included calls daily, every other day, or weekly with Middlesex County, the City of London, local health partners, the Association of Local Public Health Agencies (alPHa), the Ministry of Health, Ontario Health West, the Southwest LHIN, the Office of the Chief Medical Officer of Health, and Public Health Ontario. The MOH and Mayor Ed Holder hold bi-weekly COVID-19 virtual media briefings (Monday and Thursday), with the Warden of Middlesex County and a representative from London Health Sciences Centre attending once each week.

The MOH and the Associate Medical Officer of Health (AMOH), along with other team members, continue to host a weekly MLHU Staff Town Hall and present on many topics, including COVID-19.

The following events were also attended by the MOH:

September 2 Attended Finance and Facilities Committee and Special Board of Health meetings

September 3 Interview with Jennifer Bieman (London Free Press) and Jane Sims (London Free Press) on winding down of mass vaccination clinics
Meeting with Dr. Joyce Lock (SWPH) and Director Vince Romeo (LDCSB) regarding vaccination clinics in schools

September 8 Participated in Last Mile (MoH) Regional Engagement session
Interview with Darryl Newcombe (CTV London) regarding the "Sexy Vaxx" campaign

September 9 Attended COMOH Executive meeting
Participated in Science Table Working Session, with the Ontario COVID-19 Science Advisory Table

September 13 Participated in SW MOH/AMOH standing meeting (hosted by Grey-Bruce)

September 14 Participated in Ultimate Canada Sports (Medical Working Group) meeting

September 15 Attended Governance Committee meeting
Participated in Last Mile (MoH) Regional Engagement session
Participated in Science Table Working Session, with the Ontario COVID-19 Science Advisory Table

September 16 Attended Board of Health meeting

September 17 Attended alPHa Board meeting

September 22 Attended COMOH Section meeting
Meeting with COMOH Recovery Report Working Group on Public Health Program Delivery and Commencement
Participated in Last Mile (MoH) Regional Engagement session
Interview with Jane Sims (London Free Press) regarding vaccine passports

September 23 Co-hosted webinar with Dr. Summers on vaccination policies/workplace vaccination to members of the London Chamber of Commerce

September 24 Interview with Jennifer Bieman (London Free Press) on "Sexy Vaxx" campaign

September 29 Participated in Last Mile (MoH) Regional Engagement session

October 1 Interview with Jennifer Bieman (London Free Press) on enforcement of vaccine passports
Interview with Randy Richmond (London Free Press) on a current outbreak at Elgin Middlesex Detention Centre

October 6 Attend virtual Canadian Public Health Association: Public Health Program 2021
Participated in joint media briefing with Dr. Joyce Lock (SWPH) and Dr. Miriam Klassen (HPPH) to announce the letter of instruction for sporting organizations.

This report was submitted by the Office of the Medical Officer of Health.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

CORRESPONDENCE – October 2021

a) Date: September 15, 2021
Topic: Support for Local Boards of Health
From: Mayor of the City of Hamilton, Fred Eisenberger
To: The Honourable Christine Elliott

Background:

The City of Hamilton wrote to the Minister of Health on September 15, 2021, in regard to the support of having local boards of health as opposed to regional boards of health. It is noted in the letter that if health units move to a regional model of governance, there will be less autonomy and flexibility with governance related decisions within communities. The pandemic has shown that local responsiveness has reinforced the position that a local public health unit is the preferred governance option of health units (such as the City of Hamilton).

Recommendation: Endorse.

b) Date: October 1, 2021
Topic: Resignation Letter from the Board of Health
From: Ms. Arielle Kayabaga
To: Board Chair Maureen Cassidy

Background:

On September 20, 2021, Ms. Arielle Kayabaga (former Ward 13 Councillor for the City of London and Board of Health Member) was elected to the position of Member of Parliament, for the riding of London West. As a result of her election, her seat (Ward 13) on City Council has been declared vacant, and she can no longer sit as a Board or Committee Member. Ms. Kayabaga provided her resignation in writing to the Board Chair on October 1, 2021 and the Board of Health thanks her for her service on the Board.

Recommendation: Receive.