

**AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, October 19, 2023 at 7 p.m.
Microsoft Teams (Virtual)

MISSION - MIDDLESEX-LONDON HEALTH UNIT

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

MEMBERS OF THE BOARD OF HEALTH

Matthew Newton-Reid (Chair)

Michael Steele (Vice-Chair)

Peter Cuddy

Aina DeViet

Skylar Franke

Tino Kasi

Michael McGuire

Selomon Menghsha

Michelle Smibert

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

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

SECRETARY

Emily Williams

TREASURER

Emily Williams

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: September 21, 2023 – Board of Health meeting

Receive: September 21, 2023 – Performance Appraisal Committee meeting
September 21, 2023 – Governance Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1			X	Opioid Crisis Update - 2023 (Report No. 58-23)	Appendix A	<p>To provide an update on the current opioid crisis in Middlesex-London.</p> <p>Lead: Mary Lou Albanese, Director, Environmental Health and Infectious Disease</p> <p>Presenting: Shaya Dhinsa, Manager, Sexual Health and Alison Locker, Manager, Population Health Assessment and Surveillance</p>
2			X	2023-2024 Respiratory Season Review and Update (Report No. 59-23)	Appendix A Appendix B Appendix C	<p>To provide information and data on the upcoming respiratory season in Middlesex-London.</p> <p>Lead: Dr. Joanne Kearon, Associate Medical Officer of Health</p> <p>Presenting: Jordan Banninga, Manager, Infectious Disease Control and Alison Locker, Manager, Population Health Assessment and Surveillance</p>
3			X	Compliance with the Immunization of School Pupils Act in Middlesex-London Update (Report No. 60-23)	Appendix A Appendix B	<p>To provide an update on the Immunization of School Pupils Act work within the Middlesex-London community.</p> <p>Lead: Mary Lou Albanese, Director, Environmental Health and Infectious Disease</p> <p>Presenting: Tracey Gordon, Manager, Vaccine Preventable Disease</p>
4			X	Current Public Health Issues (Verbal)		<p>To provide an update on current public health issues in the Middlesex-London region.</p> <p>Lead: Dr. Alexander Summers, Medical Officer of Health</p>

5			X	Medical Officer of Health Activity Report for September (Report No. 61-23)		To provide an update on external and internal meetings attended by the Medical Officer of Health since the last Board of Health meeting. Lead: Dr. Alexander Summers, Medical Officer of Health
6			X	Chief Executive Officer Activity Report for September (Report No. 62-23)		To provide an update on external and internal meetings attended by the Chief Executive Officer since the last Board of Health meeting. Lead: Emily Williams, Chief Executive Officer
Correspondence						
7			X	October Correspondence		To receive the following items for information: a) Middlesex County re: <i>Middlesex-London Health Unit 2024 Budget</i> b) Huron Perth Public Health re: <i>Support for Healthy Public Policy Regarding Alcohol Marketplace and Product Sales</i> c) Huron Perth Public Health re: <i>Bill 93, Joshua's Law, Lifejackets for Life, 2023</i> d) Windsor-Essex County Health Unit re: <i>Investing in a Sustainable Federal School Food Policy</i> e) Timiskaming Health Unit re: <i>Universal, No-cost Coverage for all Prescription Contraceptive Options for all Ontarians</i> f) Peterborough Public Health re: <i>Section 50 Agreements</i> g) Middlesex-London Board of Health External Landscape for October

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, November 16, 2023 at 7 p.m.

CLOSED SESSION

The Middlesex-London Board of Health will move into a closed session to approve previous confidential

Board of Health minutes and to discuss matters which pertain to one or more of the following, as per section 239(2) of the *Municipal Act, 2001, S.O. 2001, c. 25*:

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

ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, September 21, 2023 at 7 p.m.
MLHU Board Room – CitiPlaza
355 Wellington Street
London, ON

MEMBERS PRESENT: Matthew Newton-Reid (Chair)
Michael Steele (Vice-Chair)
Selomon Menghsha
Skylar Franke (attended virtually)
Michelle Smibert
Aina DeViet
Emily Williams, Chief Executive Officer (ex-officio)
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

REGRETS: Peter Cuddy
Tino Kasi
Michael McGuire

OTHERS PRESENT: Carolynne Gabriel, Executive Assistant to the Medical Officer of Health (recorder)
Sarah Maaten, Director, Office of the Medical Officer of Health
Mary Lou Albanese, Director, Environmental Health and Infectious Disease
Jennifer Proulx, Acting Director, Healthy Start
Dr. Joanne Kearon, Associate Medical Officer of Health
Cynthia Bos, Manager, Human Resources
Marc Resendes, Acting Manager, Strategy, Planning and Performance
Alison Locker, Manager, Population, Health, Assessment and Surveillance
Shaya Dhinsa, Manager, Sexual Health
Donna Kosmack, Manager, Oral Health
Warren Dallin, Manager, Procurement and Operations
Emily Van Kesteren, Acting Manager, Communications
Lilka Young, Human Resources Advisor, Health & Safety
Morgan Lobzun, Communications Coordinator, Communications
Alex Tysl, Online Communications Coordinator, Communications
Parthiv Panchal, End User Support Analyst, Information Technology

Chair Matthew Newton-Reid called the meeting to order at **7:00 p.m.**

Chair Newton-Reid read a statement from the Middlesex-London Health Unit regarding support for the LGBTQ2S+ community.

Chair Newton-Reid announced that Michael Steele has been re-appointed to the Board of Health for another three years.

Sarah Maaten introduced Marc Resendes, Acting Manager, Strategy, Planning and Performance.

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Aina DeViet, seconded by Michelle Smibert**, that the **AGENDA** of the September 21, 2023 Board of Health meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **M. Smibert, seconded by Selomon Menghsha**, that the **MINUTES** of the July 20, 2023 Board of Health meeting be approved.

Carried

It was moved by **M. Steele, seconded by A. DeViet**, that:

- the **MINUTES** of the July 20, 2023 Performance Appraisal Committee meeting be received,
- the **MINUTES** of the July 20, 2023 Governance Committee meeting be received,
- the **MINUTES** of the August 10, 2023 Finance and Facilities Committee meeting be received, and
- the **MINUTES** of the September 14, 2023 Finance and Facilities Committee meeting be received.

Carried

NEW BUSINESS

Finance and Facilities Committee Meeting Summary (Report No. 49-23)

M. Steele provided this report.

It was moved by **M. Steele, seconded by S. Menghsha**, that the Board of Health receive Report No. 10-23FFC re: "2023 Q2 Financial Update and Factual Certificate" for information.

Carried

It was moved by **M. Steele, seconded by A. DeViet**, that the Board of Health receive Report No. 11-23FFC re: "City of London Budget: Assessment Growth Proposals" for information.

Carried

It was moved by **M. Steele, seconded by M. Smibert**, that the Board of Health receive Report No. 12-23FFC re: "Annual 2022 Surplus – Alternate Use" for information.

Carried

It was moved by **M. Steele, seconded by S. Menghsha**, that the Board of Health approve that the municipal portions of 2022 surplus funds be applied as payment on the Middlesex-London Health Unit's variable loan.

Carried

Regarding the recommendation for staff to engage in required proceedings with the City of London and County of Middlesex to enable surplus funds to be redirected for payment of the Health Unit's variable loan, Skylar Franke inquired what would happen if the Board of Health approves the motion but the City and County Councils do not agree to the redirection. Emily Williams, CEO advised that MLHU staff will follow the process provided by the City and County, which is as of yet unknown. If the City and County are not supportive, this information will be brought back to the Board of Health for direction.

It was moved by **M. Steele, seconded by M. Smibert**, that the Board of Health direct staff to engage in required proceedings with the City of London and the County of Middlesex to enable surplus funds to be

redirected to the Canadian Imperial Bank of Commerce (CIBC) for payment to the Health Unit's variable loan in the following amounts: City of London: \$611,898 and The County of Middlesex: \$116,552.

Carried

It was moved by **M. Steele, seconded by M. Smibert**, *that the Board of Health direct staff to prepare a briefing note for the County of Middlesex and City of London Council regarding the alternate use of municipal surplus funds.*

Carried

M. Steele advised the Board of Health that the Middlesex-London Health Unit works under two separate financial structures: MLHU1 and MLHU2. MLHU1, as partially funded by the municipalities, operates on the municipal fiscal year of January to December. MLHU2 consists of four (4) programs which are fully funded at the provincial level and operate on their fiscal year of April to March. As a result, they are reported separately and the auditing process for MLHU2 takes three (3) months longer to complete. Therefore, their audited financial statements are presented at this meeting.

It was moved by **M. Steele, seconded by A. DeViet**, *that the Board of Health approve the audited Financial Statements of Middlesex-London Health Unit for programs ended March 31, 2023.*

Carried

It was moved by **M. Steele, seconded by M. Smibert**, *that the Board of Health receive Report No. 14-23FFC re: "2023 Funding Update" for information.*

Carried

It was moved by **M. Steele, seconded by M. Smibert**, *that the Board of Health receive Report No. 15-23FFC re "2023 Financial Update" for information.*

Carried

Governance Committee Meeting Summary from September 21, 2023 (Verbal)

This report was presented by M. Smibert.

It was moved by **M. Smibert, seconded by M. Steele**, *that the Board of Health receive Report No. 08-23GC re: "Board of Health Member Self-Assessment - 2023" for information.*

Carried

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

- 1) *Approve the Board of Health Member Self-Assessment Tool as Appendix A; and,*
- 2) *Direct staff to initiate the Board of Health Member Self-Assessment for 2023.*

Carried

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

- 1) *Receive Report No. 09-23GC re: "Governance Policy Review" for information; and,*
- 2) *Approve the governance policies as amended in Appendix B.*

Carried

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

- 1) *Receive Report No. 10-23GC re: "MLHU Q2 2023 Risk Register" for information; and,*
- 2) *Approve the Q2 2023 Risk Register (Appendix A).*

Carried

It was moved by **M. Smibert, seconded by M. Steele**, *that the Board of Health receive Report No. 11-23GC, re: "2021-2022 Provisional Plan Final Update" for information.*

Carried

2022 Annual Report and Attestation (Report No. 50-23)

This report was introduced by A. Summers. The Annual Report and Attestation is a report required by the Ministry of Health to outline how the Health Unit has, or has not, achieved the requirements of the Ontario Public Health Standards (OPHS). Typically, the report is due in April; however, due to the pandemic, the 2022 report was due August 31. It has been submitted, but the attestation of the Board of Health is still required. It was noted that not all work has resumed due to the redeployment to baseline work, and as a result, not all components of the OPHS were achieved. This is similar to other health units.

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

- 1) *Receive Report No. 50-23 re: "2022 Annual Report and Attestation" for information; and*
- 2) *Approve the Middlesex-London Health Unit 2022 Annual Report and Attestation.*

Carried

Sexually Transmitted Infection Strategy (Report No. 51-23)

This report was introduced by A. Summers who introduced Shaya Dhinsa, Manager, Sexual Health and Alison Locker, Manager, Population Health Assessment and Surveillance.

Highlights of this report included:

- There has been a substantial increase in the rates of bacterial sexually transmitted infections in the past 10 years.
 - The rates of Chlamydia in Middlesex-London have both increased and been above the rates of peer groups and the province.
 - The rates of Gonorrhoea in Middlesex-London have tracked with provincial trends but have more than tripled in the past 10 years.
 - The rates of infectious Syphilis have tracked with provincial trends and have increased more than six-fold over the past 10 years.
- Local case data identified priority populations including:
 - Those who have unprotected sex
 - Those who have new sexual partners
 - Those who engage in anonymous sex
 - Men who have sex with men and women who have sex with women
 - Marginalized sexually active females
 - Sexually active females and males: Chlamydia, 15-29 year olds; Gonorrhoea, 15-44 year olds; Syphilis, 20-59 year olds
- Effective strategies identified to address the rates of bacterial sexually transmitted infections include:
 - Distributing relevant up-to-date epidemiological data
 - Expanding efforts to mobilize community partnerships
 - Providing screening and treatment information
 - Offering additional testing options
 - Assessing the potential for expanding MLHU outreach services
 - Continuing to support sexual health programming in schools
 - Having an ongoing commitment to community-wide initiatives to address the social determinants of health

Chair Newton-Reid inquired about access to testing and other strategies for rural populations, especially youth who may not have transportation to get into a clinic. A. Summers advised that the broad expansion of testing access is critical and may include expansion of services in schools, such as submitting testing samples, and potentially partnering with community services like libraries and community centres. There will also be advocacy with the province to expand access to testing.

It was moved by **M. Steele, seconded by A. DeViet**, *that the Board of Health receive Report No. 51-23 re: “Sexually Transmitted Infection Strategy” for information.*

Carried

MLHU Strathroy Dental Clinic – Final Project Update (Report No. 52-23)

This report was introduced by E. Williams who introduced Donna Kosmack and Warren Dallin. The work of M. Resendes was also recognized.

Highlights of this report included:

- MLHU Strathroy Dental Clinic was completed \$49,000 under budget.
- Contributing to success were frequent project team meetings, maintaining a contingency for unexpected costs, and having a cross-functional team.
- The Clinic currently sees approximately 12 patients each day with the capacity of 20 per day once all staff are onboarded.
- Patients in London are willing to travel to Strathroy to receive treatment sooner.
- From opening day to September 20, 592 patients have been seen in Strathroy and the waiting list has decreased from 700 to 588, even as names are added to the waiting list daily.
- The province has granted \$145,400 in capital funding for the Seniors Dental Care Program to be used by March 31, 2024. This will be used to expand the operatories in Citi Plaza.

Board members had received questions from local MPPs about residents becoming disqualified for the program due to temporary increases in government social security payments. D. Kosmack acknowledged some patients have lost coverage due to receiving additional funds which put their income just over the threshold. The program has received permission from the Ministry to continue to extend services to individuals who were in the middle of treatment but have since lost coverage; however, this extension is only to the end of the year. Coverage renewals occur August 1, so some individuals may become eligible again in August 2024.

It was advised there is an intercommunity bus which connects communities throughout the county. The bus is \$10 each way and stops at both Citi Plaza and the Shops on Sydenham in Strathroy, providing a public transit option for patients between the MLHU London and Strathroy offices.

It was moved by **A. DeViet, seconded by S. Menghsha**, *that the Board of Health receive Report No. 52-23 re: “MLHU Strathroy Dental Clinic – Final Project Update” for information.*

Carried

Updates from Ontario’s Ministry of Health in August 2023 (Report No. 53-23)

This report was presented by A. Summers and E. Williams. It was advised that Report No. 53-23 and Report No. 54-23 are companion reports related to the 2024 budget season.

Highlights of this report include:

- MLHU received a funding letter on August 29 advising of a 1% increase to the base funding for 2023, operating funding for the Seniors Dental Care Program, and additional capital funding for updates to the Citi Plaza dental operatories.
- At the Association of Municipalities in Ontario (AMO) meeting in August 2023, the ministry announced a 1% annual increase to the cost-shared budget for the next 3 years, starting in 2024 and reversed the proposed changes to the cost-shared funding formula back to 75:25. The funding amount associated with the changes to the cost-shared budget is at Q2 2018 levels. No additional COVID-19 funding was announced.
- The province has announced a “Strengthening Public Health” initiative which includes a review of the OPHS to clarify roles and responsibilities of public health at the local and provincial/regional level, encouraging voluntary mergers of health units, and reviewing the public health funding

formula. The criteria for voluntary mergers is not yet known and the review of the OPHS will not be complete until 2025.

- MLHU is facing a budget shortfall of between \$2.6 million and \$2.8 million for 2024. The range in shortfall is because corporate inflation is not yet known (e.g., utility and insurance costs). To address the deficit, current service levels cannot be maintained and decisions to balance the budget cannot wait until the review of the OPHS is completed. Using a budgeted gap planning for vacancies and delays in recruiting is not a solution. It has reached \$1.5 million and is a challenge to achieve in 2023, resulting in positions being gapped which would be of value to have filled.
- The shortfall is due in part to a structural deficit in that funding has not kept pace with inflation and population growth. In 2011, funding amounted to \$57.93 per capita. In 2021, this had decreased to \$55.60 per capita.

Strategic Prioritization for the Middlesex-London Health Unit (Report No. 54-23)

This report is the second of the companion reports, along with Report No. 53-23.

To address the budget shortfall in 2024, a process for strategic prioritization was proposed, based on the following principles:

- MLHU will focus on the core work of local public health.
- The work MLHU does must be definable and clearly articulated.
- The work must have an impact on the community.
- MLHU will consolidate its resources to the core work to ensure the programs and services provided are done well.
- As the work fits within the core work of local public health, MLHU will adjust the work to meet the gaps, needs, and expectations of its funders and community.

Based on the strategic priorities, the organization may be restructured to align form with function.

Historically, leadership has consulted teams and leaders to develop solutions to budgetary constraints; however, the magnitude of the shortfall would make it unfair to request the same now. As such A. Summers and E. Williams will be leading the process. The proposed timeline is:

- Board approval of the process and principles at the September Board of Health meeting.
- Board approval of prioritized programs and interventions at the October Board of Health meeting.
- Board approval of the organizational structure, including financial and labour relations at the November or December Board of Health meeting.

Chair Newton-Reid highlighted the work the Health Unit has done over the past six years to find savings and efficiencies.

A. Summers advised about strategies being used to mitigate the risks of moving forward with changes in advance of knowing the changes to the OPHS. He is in constant communication with ministry leadership, outlining the approach MLHU is taking. Additionally, if the reorganization is misaligned with the revised OPHS, staff will be reassigned rather than disinvested.

Chair Newton-Reid commented there may be potential downloading to municipal funders to address some of the shortfalls.

It was moved by **M. Steele, seconded by S. Menghsha**, that the Board of Health receive Report No. 53-23 re: "Updates from Ontario's Ministry of Health in August 2023" for information.

Carried

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

- 1) *Receive Report No. 54-23 re: “Strategic Prioritization for the Middlesex-London Health Unit” for information; and*
- 2) *Approve the recommended principles and the methodology for prioritization.*

Carried

Current Public Health Issues (Verbal)

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

Highlights included:

Respiratory Season

- Middlesex-London is not yet in a high-risk respiratory season.
- There are increased rates of COVID-19 in Middlesex-London and across the province, including increased outbreaks in long-term care homes and hospitals. Wastewater data and test percent positivity are also trending upwards.
- Health Canada has recently approved Moderna’s monovalent COVID-19 vaccine which targets the most prevalent variant. It is anticipated this vaccine will be available for high-risk individuals in October and to the general public in later October or November.
- The annual influenza vaccine will be available soon, prioritized for higher risk individuals. It can be co-administered with the COVID-19 vaccine. MLHU will be focused on administering within long-term care and retirement homes.
- The first vaccine for RSV has been approved. The Ministry of Health has indicated it will be offered to select at-risk populations, notably in long-term care homes.
- Vaccination for respiratory illnesses will be critical and widely promoted. Masking continues to be helpful, especially in high density settings. While it is unlikely there will be a resumption of mandatory masking in the general population, it is likely to be required in clinical areas.

Health and Homelessness

- Recent success in the Whole of Community System Response for health and homelessness includes the selection of three lead agencies and hub locations. These will be presented to the Strategic Priorities and Policy Committee on September 25 and then to full City Council on October 5.
- The federal government recently announced \$74million in funds to build 2,000 new homes in the next three years through the Housing Accelerator Fund.

Substance Use Trends

- A report was recently published by the Ontario Drug Policy Research Network presenting data on the characteristics of deaths related to substance use. This data provides context for a report coming to the Board of Health in October regarding local opioid use.

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

Carried

Medical Officer of Health Activity Report for July and August (Report No. 55-23)

A. Summers presented this report which highlights that the summer was busy with external meetings, including supporting the health and homelessness response and advocating regarding funding challenges. There were also many efforts to meet internally with staff and to understand the work of the agency.

Chair Newton-Reid noted that he, A. Summers, and E. Williams attended AMO and were granted five delegations.

It was moved by **M. Smibert, seconded by M. Steele**, that the Board of Health receive Report No. 55-23 re: "Medical Officer of Health Activity Report for July and August" for information.

Carried

Chief Executive Officer Activity Report for July and August (Report No. 56-23)

E. Williams presented this report. She recognized Chair Newton-Reid and Vice Chair Steele for attending advocacy meetings with local MPPs.

It was moved by **S. Franke, seconded by A. DeViet**, that the Board of Health receive Report No. 56-23 re: "Chief Executive Officer Activity Report for July and August" for information.

Carried

CORRESPONDENCE

It was moved by **M. Smibert, seconded by S. Franke**, that the Board of Health receive items a) through g) for information:

- a) *Thunder Bay District Health Unit re: Physical Literacy for Healthy Active Children*
- b) *Timiskaming Health Unit re: Request for Air Quality Monitoring Stations in the Timiskaming District*
- c) *Public Health Sudbury & Districts re: Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023*
- d) *Association of Local Public Health Agencies re: Public Health Funding and Capacity Announcement*
- e) *Simcoe-Muskoka District Health Unit re: Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023*
- f) *Middlesex-London Board of Health External Landscape for August and September*
- g) *Algoma Public Health re: Income-based policy interventions to reduce household food insecurity*

Carried

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is on Thursday, October 19 at 7 p.m.

CLOSED SESSION

At **8:25 p.m.**, it was moved by **M. Steele, seconded by A. DeViet**, that the Board of Health will move into a closed session to consider matters regarding labour relations or employee negotiations, personal matters about an identifiable individual, including Board employees, litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board, advice that is subject to solicitor-client privilege, including communications necessary for that purpose, and to approve previous confidential Board of Health minutes.

Carried

At **9:14 p.m.**, it was moved by **S. Menghsha, seconded by S. Franke** that the Board of Health return to public session from closed session.

Carried

ADJOURNMENT

At **9:15 p.m.**, it was moved by **M. Smibert**, seconded by **S. Franke**, *that the meeting be adjourned.*

Carried

MATTHEW NEWTON-REID
Chair

EMILY WILLIAMS
Secretary

DRAFT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
PERFORMANCE APPRAISAL COMMITTEE

Thursday, September 21, 2023 at 5 p.m.
MLHU Board Room – CitiPlaza
355 Wellington Street
London, ON

- MEMBERS PRESENT:** Michelle Smibert (Chair)
Matthew Newton-Reid
Michael Steele
Aina DeViet
- REGRETS:** Tino Kasi
Emily Williams, Chief Executive Officer (ex-officio)
Dr. Alexander Summers, Medical Officer of Health (ex-officio)
- OTHERS PRESENT:** Stephanie Egelton, Executive Assistant to the Board of Health (recorder,
attended virtually)

At **5:02 p.m.**, Committee Chair Michelle Smibert called the meeting to order.

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **M. Newton-Reid**, seconded by **M. Steele**, that the **AGENDA** for the September 21, 2023 Performance Appraisal Committee meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **M. Steele**, seconded by **A. DeViet**, that the **MINUTES** of the July 20, 2023 Performance Appraisal Committee meeting be approved.

Carried

CONFIDENTIAL

At **5:04 p.m.**, it was moved by **M. Newton-Reid**, seconded by **A. DeViet**, that the Board of Health (Performance Appraisal Committee) will move to closed session to consider matters regarding personal matters about identifiable individuals, including municipal or local board employees.

Carried

At **5:57 p.m.**, it was moved by **M. Steele**, seconded by **A. DeViet**, that the Performance Appraisal Committee return to public session from closed session.

Carried

OTHER BUSINESS

The next meeting of the Performance Appraisal Committee is scheduled for Thursday, December 14, 2023, however this meeting will no longer be needed.

It was moved by **M. Steele, seconded by A. DeViet**, *that the Thursday, December 14, 2023 Performance Appraisal Committee meeting be cancelled.*

Carried

ADJOURNMENT

At **5:58 p.m.**, it was moved by **M. Steele, seconded by A. DeViet**, *that the meeting be adjourned.*

Carried

MICHELLE SMIBERT
Committee Chair

MATTHEW NEWTON-REID
Board Chair

DRAFT



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

Thursday, September 21, 2023 at 6 p.m.
MLHU Board Room – CitiPlaza
355 Wellington Street
London, ON

MEMBERS PRESENT: Michelle Smibert (Chair)
Matthew Newton-Reid
Michael Steele
Aina DeViet
Emily Williams, Chief Executive Officer (ex-officio)
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

REGRETS: Tino Kasi

OTHERS PRESENT: Carolynne Gabriel, Executive Assistant to the Medical Officer of Health (recorder)
Sarah Maaten, Director, Office of the Medical Officer of Health
Marc Resendes, Acting Manager, Strategy, Planning and Performance
Cynthia Bos, Manager, Human Resources
Lilka Young, Human Resource Advisor, Health and Safety

At **6:03 p.m.**, Committee Chair Michelle Smibert called the meeting to order.

Sarah Maaten introduced Marc Resendes, Acting Manager, Strategy, Planning and Performance.

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Michael Steele, seconded by Matthew Newton-Reid**, that the **AGENDA** for the September 21, 2023 Governance Committee meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **M. Newton-Reid, seconded by M. Steele**, that the **MINUTES** of the July 20, 2023 Governance Committee meeting be approved.

Carried

NEW BUSINESS

Board of Health Member Self-Assessment - 2023 (Report No. 08-23GC)

This report was presented by Emily Williams, CEO who advised that the Board of Health Member Self-Assessment is required under the Ontario Public Health Standards and is a helpful tool for determining development needs, assessing the effectiveness of the Board, and identifying areas for improvement. As the

last self-assessment was conducted in 2021, and is required every two years, a self-assessment is to be completed in 2023. With approval of the proposed tool, the link will be distributed to the Board of Health members next week by Stephanie Egelton, Executive Assistant to the Board of Health.

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

- 1) *Receive Report No. 08-23GC re: "Board of Health Member Self-Assessment - 2023";*
- 2) *Approve the Board of Health Member Self-Assessment Tool as Appendix A; and*
- 3) *Direct staff to initiate the Board of Health Member Self-Assessment for 2023.*

Carried

Governance Policy Review (Report No. 09-23GC)

This report was presented by E. Williams. There were four (4) governance policies reviewed and presented to the Governance Committee:

- G-080 – Occupational Health and Safety
- G-100 – Privacy and Freedom of Information
- G-120 – Risk Management
- G-500 – COVID-19 Immunization (to be renamed ‘Respiratory Season Protection’)

Lilka Young, Human Resources Advisor, Health and Safety provided an update regarding policy G-500 and advised that the Ministry has provided direction to no longer refer to doses of the COVID-19 vaccine as "primary" or "booster" doses. Approval was requested from the Governance Committee to further revise the policy and its appendices, including the self-attestation form, to remove these references in alignment with the Ministry.

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

- 1) *Receive Report No. 09-23GC re: "Governance Policy Review" for information; and*
- 2) *Approve the governance policies as amended in Appendix B.*

Carried

Quarterly Risk Register Update – Q2 2023 (Report No. 10-23GC)

This report was presented by E. Williams.

Highlights of the report include:

- One new risk was added to the risk register in Q2 related to Human Resources, specifically the recruitment and retention of knowledge workers. The primary risk is their lower compensation relative to other health units and the labour market. Increasing compensation is limited by their position within the CUPE bargaining unit and the requirement to work through the job evaluation process. A number of staff have submitted for re-evaluation and of those, some have been placed in a higher salary band. Additionally, during negotiations, analysis of the job and compensation market will be reviewed, as is standard.
- The eight (8) risks identified in the Q1 risk register remain with the same residual risk.
- Political uncertainty remains the largest risk.

M. Newton-Reid inquired how many job evaluations have been submitted to the committee. It was advised that the committee has completed one per month, with a break during the summer, for a total of 10 in 2023. An additional request is slated to be reviewed in November with no others in queue. In addition to job re-evaluations, the committee also has some preliminary evaluations to complete for positions which have not yet been evaluated. These will be the focus for 2024.

Dr. Alex Summers, Medical Officer of Health advised that work is being completed to update job descriptions to clarify the work performed by different roles which is assisting with the evaluations. Retention is improving among positions which have traditionally had high turnover.

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

- 1) *Receive Report No. 10-23GC re: "MLHU Q2 2023 Risk Register" for information; and*
- 2) *Approve the Q2 2023 Risk Register (Appendix A).*

Carried

2021-2022 Provisional Plan Final Update (Report No. 11-23GC)

The report was introduced by E. Williams who introduced S. Maaten who invited M. Resendes to speak to the report.

The report is the final update on the 2021-2022 Provisional Plan. Of the projects listed in the Provisional Plan, six (6) are ongoing and one (1) is complete. The uncompleted projects will either be moved to operational teams or included in the 2023-2024 Provisional Plan. In 2024, a new method for reporting progress on the Provisional Plan will be implemented for providing updates to the Board of Health.

It was moved by **M. Newton-Reid, seconded by A. DeViet**, *that the Governance Committee recommend to the Board of Health to receive Report No. 11-23GC, re: "2021-2022 Provisional Plan Final Update" for information.*

Carried

OTHER BUSINESS

The next meeting of the Governance Committee will be held on Thursday, November 16, 2023 at 6 p.m.

ADJOURNMENT

At **6:13 p.m.**, it was moved by **A. DeViet, seconded by M. Steele**, *that the meeting be adjourned.*

Carried

MICHELLE SMIBERT
Committee Chair

EMILY WILLIAMS
Secretary



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 58-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 October 19

OPIOID CRISIS UPDATE - 2023

Recommendation

It is recommended that the Board of Health receive Report No. 58-23 re: “Opioid Crisis Update-2023” for information.

Key Points

- According to a new [report](#) from the Ontario Drug Policy Research Network and Public Health Ontario (2023), the number of individuals dying from multiple toxic substances has increased since the start of the pandemic.
- Opioid poisonings and opioid-related toxicity deaths in Middlesex-London have continued to escalate from 2017 through to December 2022.
- In the Middlesex-London region, visits to local EDs related to opioid toxicity increased by 92%, from 37 in January 2020 to 71 in December 2022, peaking in July 2021 (121).
- From January to September 2022, the rate of opioid-related deaths in the Middlesex-London region ranged from 14 to 30 deaths per 100,000 population and exceeded the provincial rate in six of nine months.
- In 2022 there were over 99,000 doses of naloxone distributed in the Middlesex-London region.
- The Middlesex-London Health Unit (MLHU), the local Opioid Working Group, and many community partners continue to work together to minimize the adverse effects of the opioid crisis.

Background

Opioid poisonings continue to be a significant public health threat in the Middlesex-London region. According to a recent [report](#) from the Ontario Drug Policy Research Network and Public Health Ontario (2023), “polysubstance use and the adulteration of drug supplies can complicate healthcare responses, particularly when multiple sedating substances are used together, contributing to increasing fatalities in the Canadian population.” The report goes on to state that from the declaration of the COVID-19 pandemic emergency in March 2020 through to 2021, deaths due to accidental alcohol and drug toxicities increased 37%, disproportionately occurring among younger populations. Most of the deaths were attributable to opioid poisoning where the fentanyl was obtained from an unregulated drug supply.

Population Health Assessment

[Appendix A](#) shows data from the Public Health Ontario (PHO) [Interactive Opioid Tool](#) for the Middlesex-London region. It includes data from 2017 when the local opioid crisis was declared, until December 2022 which has the most recently available data. Prior to the start of the COVID-19 pandemic, the number and rate of both opioid-related emergency department (ED) visits and deaths had been increasing across Ontario and in the Middlesex-London region.

Unfortunately, these patterns of increased ED visits and deaths continued once the COVID-19 pandemic began in 2020. Figure 1 ([Appendix A](#)) shows that opioid-related ED visits in Ontario increased by 30% between January 2020 and December 2022, from 757 to 985 visits, peaking in August 2021 (1729). In the Middlesex-London region, the increase in opioid toxicity ED visits was even more dramatic. Visits to local EDs increased by 92%, from 37 in January 2020 to 71 in December 2022, peaking in July 2021 (121).

Opioid-related toxicity deaths have also continued to increase in Ontario since the beginning of the COVID-19 pandemic. Figure 1 ([Appendix A](#)) shows that there was a 31% increase in deaths across the province between January 2020 and September 2022, from 154 deaths to 202 deaths. Locally, the number of opioid-related toxicity deaths also shows signs of increase since the start of the pandemic. In 2020, there was an average of nine opioid-toxicity deaths reported each month. This increased by 29% in 2021 to an average of 11 deaths per month. Based on the data available for 2022 (January to September), the number of deaths appears to have returned to 2020 levels with an average of nine deaths per month.

Figure 2 ([Appendix A](#)) shows that since mid-2017, the rates of opioid-related ED visits in the Middlesex-London region have consistently exceeded the Ontario rate. Through 2022, local rates ranged from 110 to 150 ED visits per month per 100,000 population. From January to September 2022, the rate of opioid-related deaths in the Middlesex-London region ranged from 14 to 30 deaths per 100,000 population and exceeded the provincial rate in six of nine months.

Local Interventions

Through the delivery of many community-based interventions, the MLHU, the local Opioid Working Group, and many community partners continue to work together to help minimize the adverse effects of the opioid crisis, including opioid toxicity, other negative outcomes, and death.

The Needle Syringe Program (NSP) provides individuals with a place to return drug-use equipment and pick-up new sterile equipment. Currently there are up to 28 access points in Middlesex-London including a mobile unit, satellite locations, pharmacies, a large, fixed site at Regional HIV/AIDS Connection (RHAC), and a location at the MLHU's CitiPlaza location. There are 23 needle disposal bins for the public to access, as well as City of London Dispatch available 24/7 for public needle pick-up. In 2022, there were 1.7 million syringes distributed.

The naloxone distribution program provides life-saving naloxone which can reverse an opioid overdose. There are 43 eligible community organizations that distribute naloxone in Middlesex-London, including: police and fire services, First Nations community health centres, shelters, outreach teams, Carepoint Consumption and Treatment Services (CTS), treatment management programs, and community health centres. Based on reports provided by community partners to MLHU, 10,035 naloxone kits were distributed in 2022, in addition to 89,405 kits by local pharmacies. There were over 500 reported reversals of overdoses.

International Overdose Awareness Day is recognized annually on August 31st to end overdose and to remember, without stigma, those who have died from overdose. This year, the focus was to encourage individuals to use social media to honour families, friends, healthcare workers and first responders whose lives have been altered by overdose. The Middlesex-London Health Unit's Outreach Team, Carepoint Consumption and Treatment Service, and the Health Unit's Needle Syringe Program distributed care bags to people struggling with addiction. The care bags included granola bars and clean socks.

Consumption and Treatment Services (CTS) in London, operated by the Regional HIV/AIDS Connection (RHAC), continues to provide an essential service to reduce harms associated with drug use, including opioid-related overdoses. The permanent location opened February 27, 2023 and offers wrap around supports and referrals such as housing, primary care, addiction services, mental health, wound care, and testing. In 2022 there were 13,786 visits, 10,958 soft referrals, and 150 overdoses.

Local Drug Alerts are issued as part of an Early Warning System to share with community partners and those at risk for opioid poisoning. The alerts are issued when there is a sudden and disproportionate increase in overdoses. The alerts often consist of information about the toxic drug circulating in the community, identifying the drug mix of concern. The alerts are primarily issued by RHAC to community partners for subsequent sharing with clients, prompting an increase in access to and orders for naloxone kits. If the Health Unit receives notice about an anecdotal increase in overdoses within the community, this information is cross-referenced with ACES (Acute Care Enhanced Surveillance) data to prompt the issuance of an alert. In 2022, there were 5 drug alerts issued.

The Safer Opioid Supply (SOS) Program, located at London InterCommunity Health Centre (LIHC), was started in 2016, and was the country's first prescribed safer opioid supply program. The SOS Program aims to reduce health risks associated with drug use and prevent opioid-related toxicity deaths. The program involves the provision of a supply of prescribed opioid medication in combination with comprehensive primary healthcare and social services specific to each client. Funded through Health Canada, LIHC is supporting 274 clients at present. Documented program outcomes from the [September 2023 Evaluation Report](#) include client-reported reductions in fentanyl and stimulant use, and improvements to physical and mental health.

The Community Drug and Alcohol Strategy (CDAS) is a locally developed long-term strategy aimed at preventing and addressing substance use-related harms in the Middlesex-London community. Launched in 2018, the Strategy is the result of the expertise and collaboration of local partners as well as the diverse voices of hundreds of citizens invested in the health and wellness of Middlesex-London. The CDAS is based on broad community actions toward shared goals and a "Four Pillars" approach of prevention, treatment, harm reduction and enforcement, with a focus on all substances. Leadership around the CDAS Steering Committee table is assessing the status of the proposed community actions and identifying some potential priority areas for future collective action.

Next Steps

Opioid poisonings and deaths have continued to escalate beyond the COVID-19 pandemic. The use of multiple substances combined with the adulteration of the drug supply is complicating the treatment of overdoses, contributing to increased fatalities. There is a continued need for community-based treatment and harm reduction interventions, community collaboration, and upstream prevention to reduce opioid poisonings in the Middlesex-London region. Additionally, there is also a need to expand healthcare and community-based interventions to address multiple concurrent substance use disorders. The MLHU staff will continue to work with and learn from our community partners and people with lived experience to guide and support collective community action.

This report was prepared by the Environmental Health and Infectious Disease Division, the Healthy Living Division, and the Public Health Foundations Division.



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



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

Figure 1: Number of opioid-related toxicity emergency department visits and deaths, Middlesex-London, January 2017- December 2022

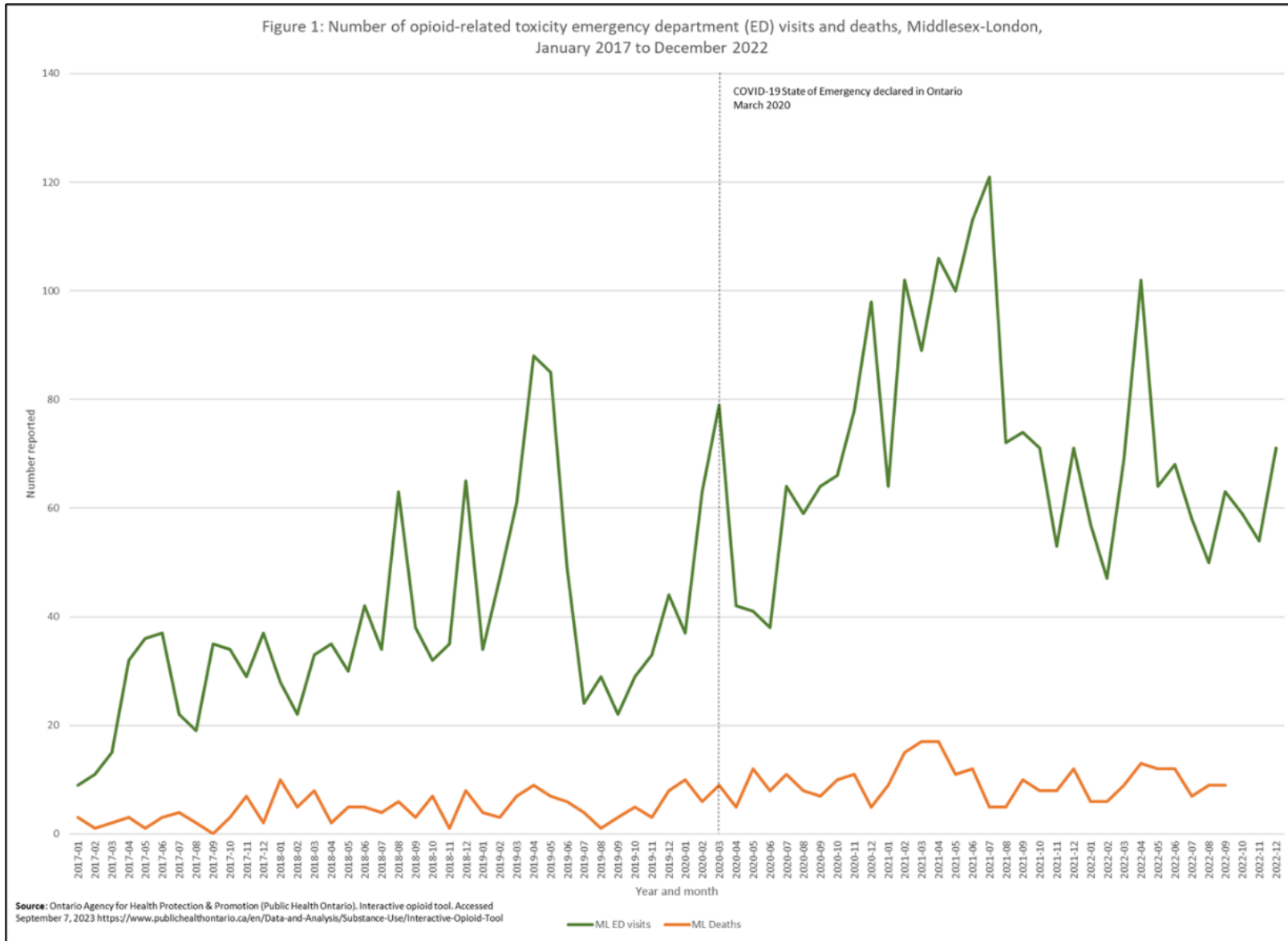
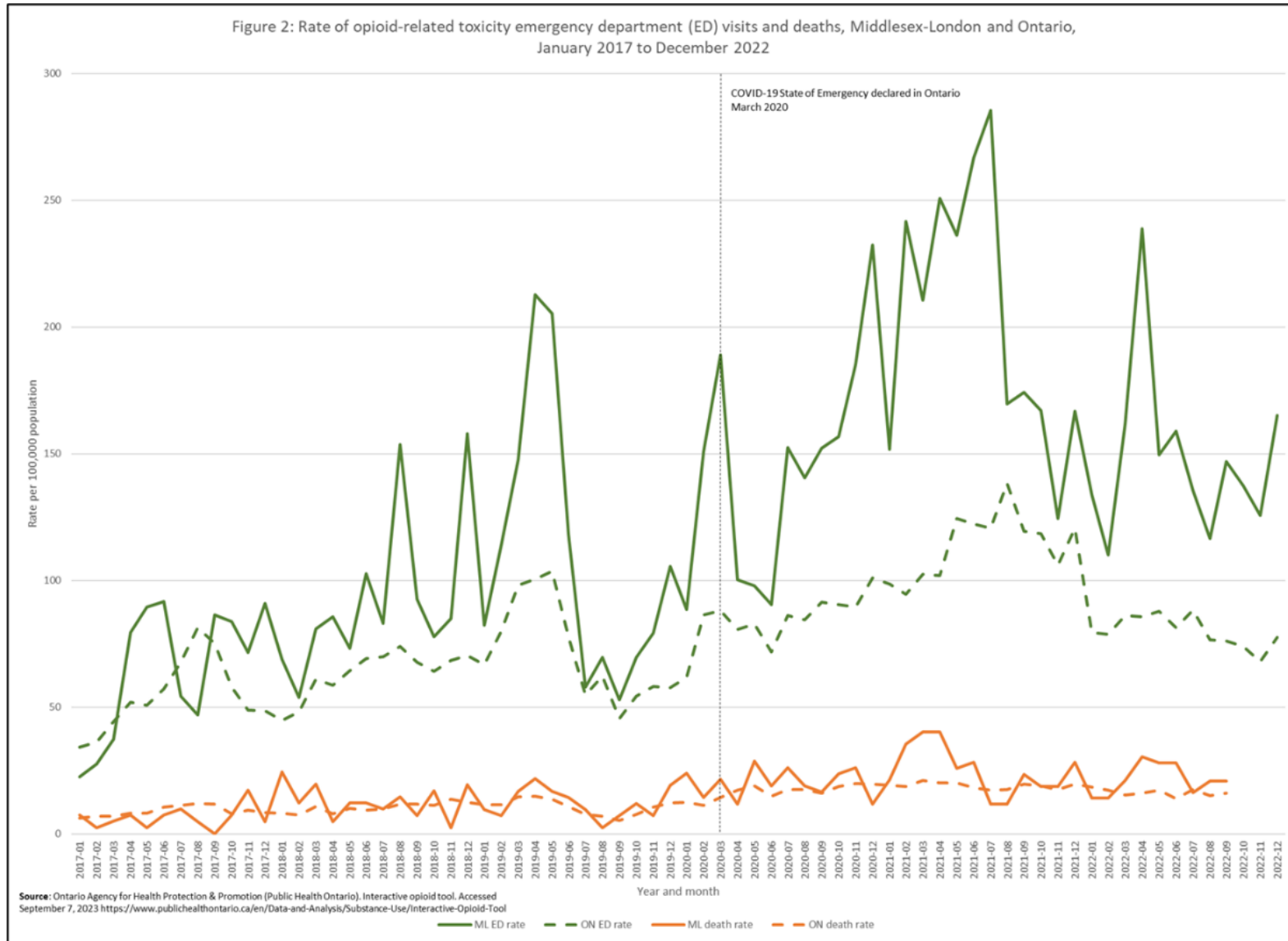


Figure 2: Rate of opioid-related toxicity emergency department visits and deaths, Middlesex-London and Ontario, January 2017-December 2022





TO: Chair and Members of the Board of Health

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

DATE: 2023 October 19

2023-2024 RESPIRATORY SEASON REVIEW AND UPDATE

Recommendation

It is recommended that the Board of Health receive Report No. 59-23 re: “2023-2024 Respiratory Season Review and Update” for information.

Key Points

- COVID-19 cases and outbreaks continued to dominate the 2022-2023 respiratory season.
- Influenza activity in the 2022-2023 respiratory season was more comparable to pre-pandemic seasons, with nearly 500 confirmed cases and eight outbreaks in institutions.
- The 2022-2023 respiratory season was atypically extended, with respiratory outbreaks in institutions continuing to be reported throughout the spring and summer months.
- Current respiratory virus trends justified declaring a start to respiratory season on October 5th, 2023.

Background

This report offers an assessment and overview of the respiratory season in 2022 and 2023, while also outlining the MLHU’s preparedness for the upcoming 2023-2024 season. After a brief period of decreased circulation of respiratory viruses due to COVID-19 public health measures, the 2021-2022 respiratory season saw the resurgence of familiar pathogens such as Influenza and Respiratory Syncytial Virus (RSV), in addition to the ongoing presence of COVID-19. These trends have continued, and Middlesex-London region has seen a return to pre-pandemic prevalence of these diseases. Notably, the 2022-2023 season was characterized by an extended and more intense period of outbreak activity that persisted into the summer of 2023. COVID-19 has continued to dominate the number of laboratory-confirmed cases of respiratory illnesses reported locally and across the province.

COVID-19 Activity

There were over 7,800 COVID-19 cases confirmed among Middlesex-London residents in the 2022-2023 respiratory season. Cases ranged in age from less than a year old to over 100 years of age, with approximately half (49%) of all cases reported throughout the season being 65 years of age and over. Middlesex-London continued to see severe outcomes associated with COVID-19, with 117 deaths. For further details, please see [Appendix A – Table 1](#).

In institutional settings, there were 177 outbreaks during the 2022-2023 respiratory season with peaks in December 2022 and January 2023. Middlesex-London continued to see COVID-19 outbreak activity throughout the summer of 2023. This is unique in comparison to respiratory seasons prior to the COVID-19 pandemic, where there were often periods of no outbreak activity during summer months. A timeline of outbreak activity for the entire 2022-2023 season can be found in [Appendix A, Figure 1](#).

As of October 3, 2023, COVID-19 activity is moderate with increases to hospitalizations and wastewater data ([Appendix A – Figure 2 and Figure 3](#)). It is expected that transmission of COVID-19 will continue to increase throughout the fall with hospitalization expected to be like previous years.

Influenza Activity

In the 2022-2023 season, there were nearly 500 laboratory-confirmed influenza cases reported among Middlesex-London residents, which was comparable to pre-pandemic influenza seasons. Similar to COVID-19, influenza cases ranged in age from less than a year old to 100 years of age. However, approximately 41% of local influenza cases were reported among adults ages 20 to 64 years old, followed by children and youth 19 years of age and younger (32%). The first local case of influenza was reported on October 21, 2022, and the first institutional influenza outbreak declared on November 12, 2022. Similar to the 2021-2022 season, influenza activity extended later into the spring and summer than usual, with the last laboratory-confirmed case reported July 24, 2023.

Throughout the season, the majority of laboratory-confirmed cases were influenza A (94%), although for the first time since the 2019-2020 season, influenza B cases were identified among local residents, accounting for approximately 6% of laboratory-confirmed influenza cases. Of the influenza A samples that were subtyped (12%), all were typed as H3, except for a single H1N1 result.

There were eight institutional influenza outbreaks during the 2022-2023 respiratory season, with a peak in January 2023. No further influenza outbreaks were reported after January 2023.

The first influenza case for the 2023-2024 season was reported on October 2, 2023. This influenza A case was a resident of a long-term care home.

Other Respiratory Viruses

Through the 2022-2023 season, COVID-19 was identified in more than three-quarters (78%) of institutional outbreaks followed by the Health Unit. There were eight influenza outbreaks (4%) declared throughout the season, all of which were influenza A. Enterovirus and respiratory syncytial virus (RSV) were also frequently identified in institutional outbreaks (6% and 5%, respectively).

Vaccination

Vaccination for respiratory illness continues to be an important strategy to reduce the burden of disease in the community. In the fall of 2022, MLHU provided over 34,246 of COVID-19 doses at two mass vaccination sites and high-risk mobile clinics with an overall uptake well below previous demand. The Province launched a spring campaign in April of 2023 with MLHU administering 11,894 doses. Overall, the uptake and demand from the general population has decreased over time with the removal of legislated requirements, coupled with lower disease activity and morbidity.

As part of MLHU's respiratory fall vaccine campaign, influenza and COVID-19 vaccine will be offered to the public at the Western Fair clinic five days a week. Mobile clinics will be available 1 to 2 days a week in high risk settings and areas with lower vaccination uptake. The MLHU anticipates that the fall 2023 COVID-19 vaccine uptake will be similar to the previous influenza vaccine uptake of approximately 40% of the general population. See [Appendix B](#) for the vaccine availability timelines.

In addition, Health Canada has recently approved a new RSV vaccine called Arexvy. In Ontario, Arexvy will be distributed to eligible long-term care and retirement homes in October.

Respiratory Planning

The planning for the 2023-2024 respiratory season began in August 2023 and consisted of internal and external preparedness activities. The MLHU participated in a regional exercise led by Ontario Health West alongside 23 local partners. Additionally, the MLHU planned and facilitated a tabletop exercise for local high-risk institutional stakeholders, primarily long-term care and retirement homes. Thirty-seven participants attended this event, detailed further in [Appendix C – 2023-2024 Respiratory Preparedness Exercises](#).

Next Steps

While monitoring of respiratory diseases occurs from September to August each year, the 2023-2024 respiratory season was declared on October 5th, 2023. This respiratory season is expected to have a similar burden on Middlesex-London compared to last year. This burden will be managed through proactive infection prevention and control interventions, alongside vaccine administration, outbreak investigation and management.

This report was prepared by the Environmental Health and Infectious Disease Division and the Public Health Foundations Division.



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



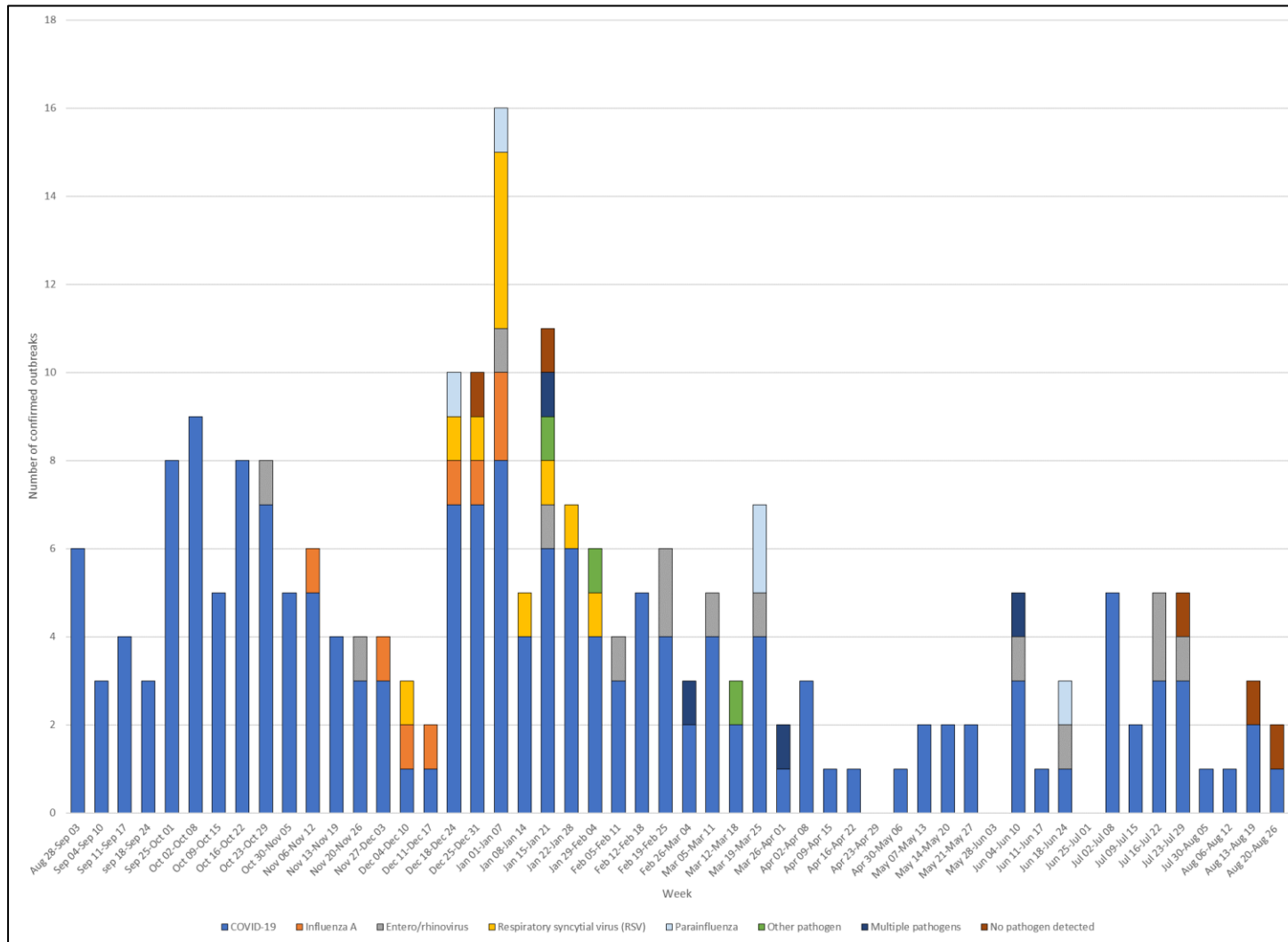
Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

Appendix A – COVID-19 and Influenza Activity

Table 1: COVID-19 and Influenza cases and institutional outbreaks, Middlesex-London, 2018-2019 through 2022-2023 respiratory seasons

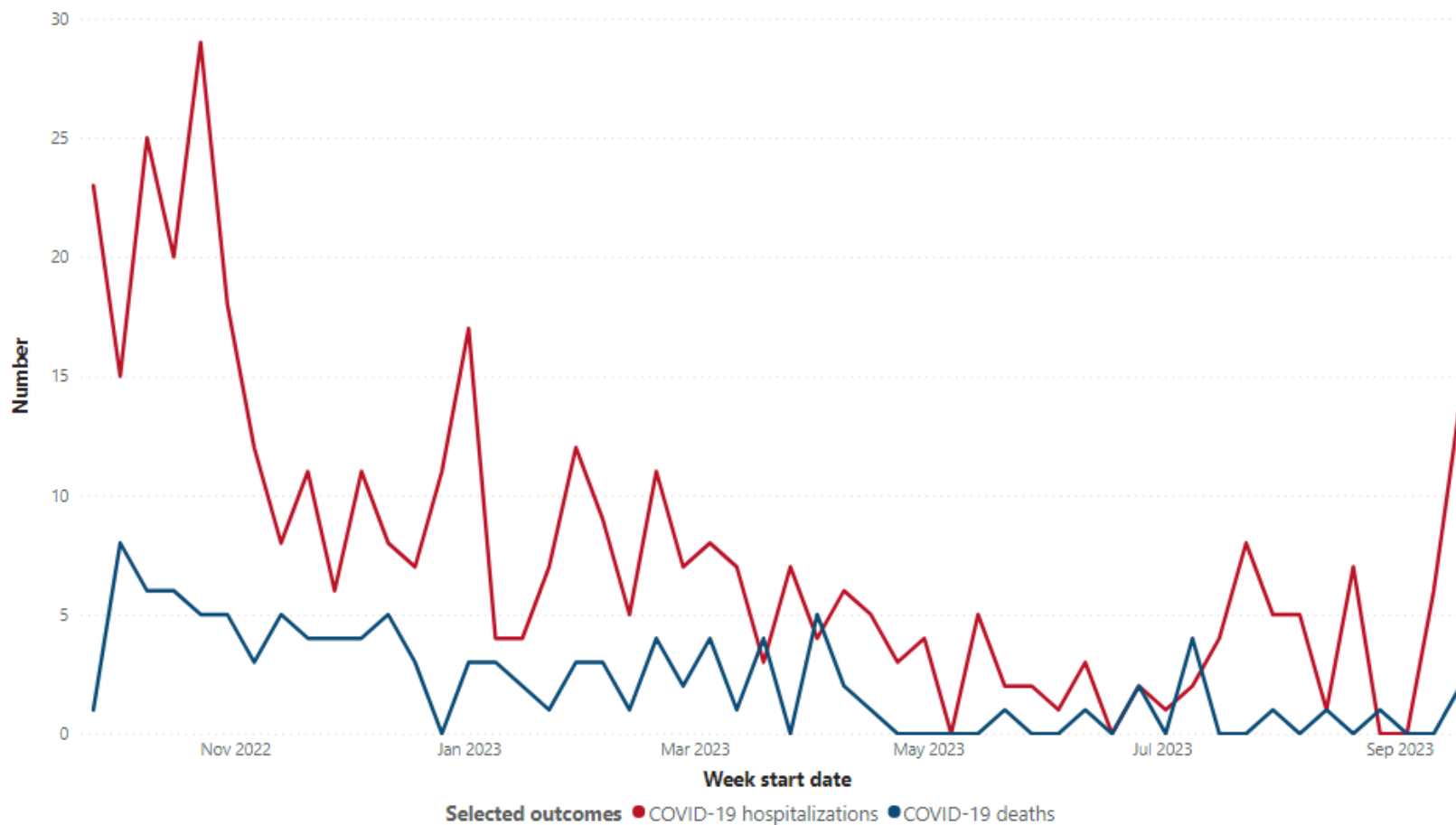
	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
COVID-19					
Laboratory-confirmed cases	0	738	12,749	28,565	7,844
Deaths	0	57	180	203	117
Institutional outbreaks	0				177
Influenza					
Laboratory-confirmed cases	518	347	0	53	497
Deaths	20	12	0	0	9
Institutional outbreaks	39	11	0	1	8

Figure 1: Confirmed institutional respiratory outbreaks by pathogen, Middlesex-London, 2022-2023 respiratory season (August 28, 2022 – August 26, 2023)



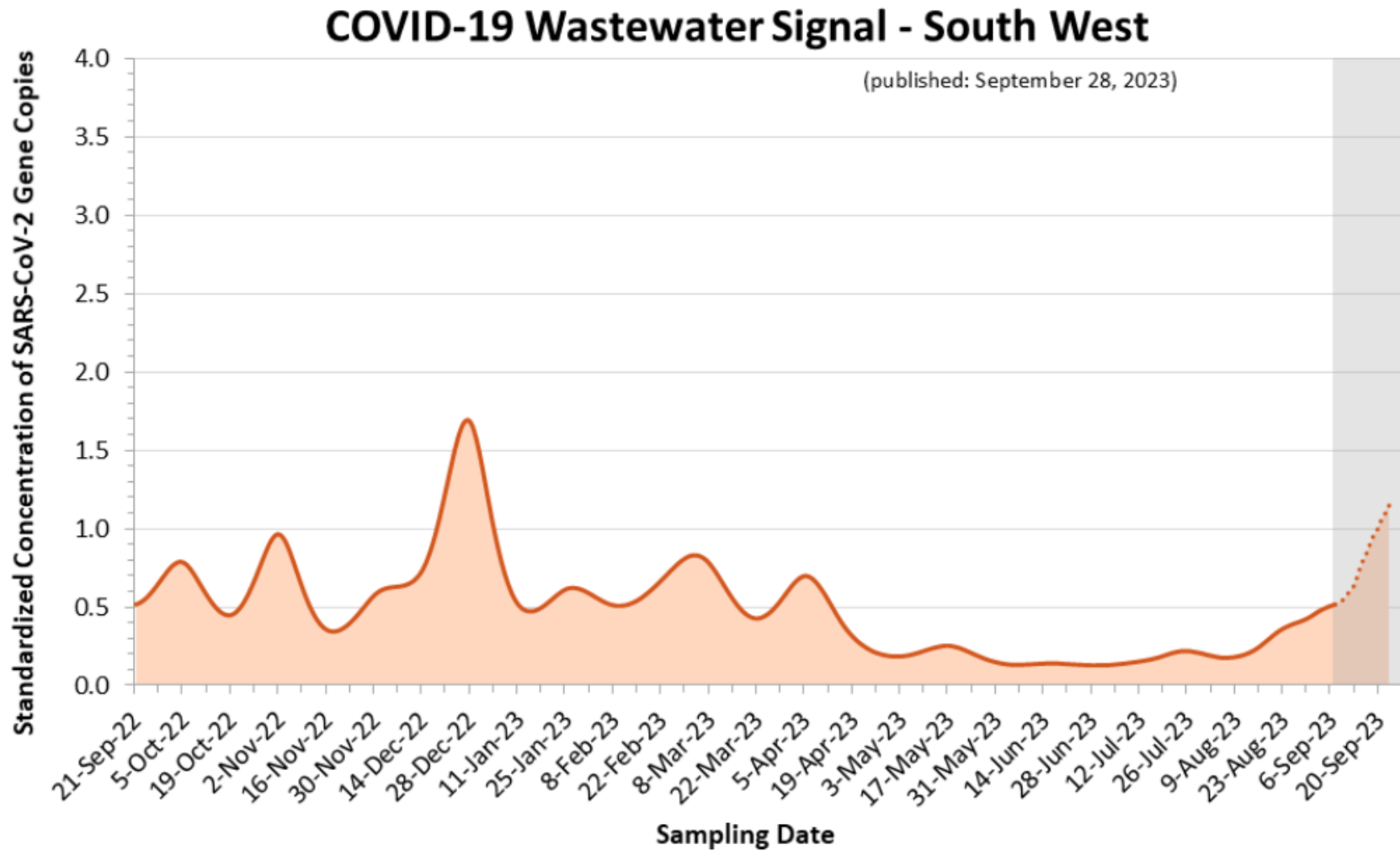
Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario Respiratory Virus Tool [Internet]. Toronto, ON: King’s Printer for Ontario; 2023 [cited 2023 Sep 29]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool>

Figure 2 – Selected Outcomes for COVID-19 Cases in Middlesex-London



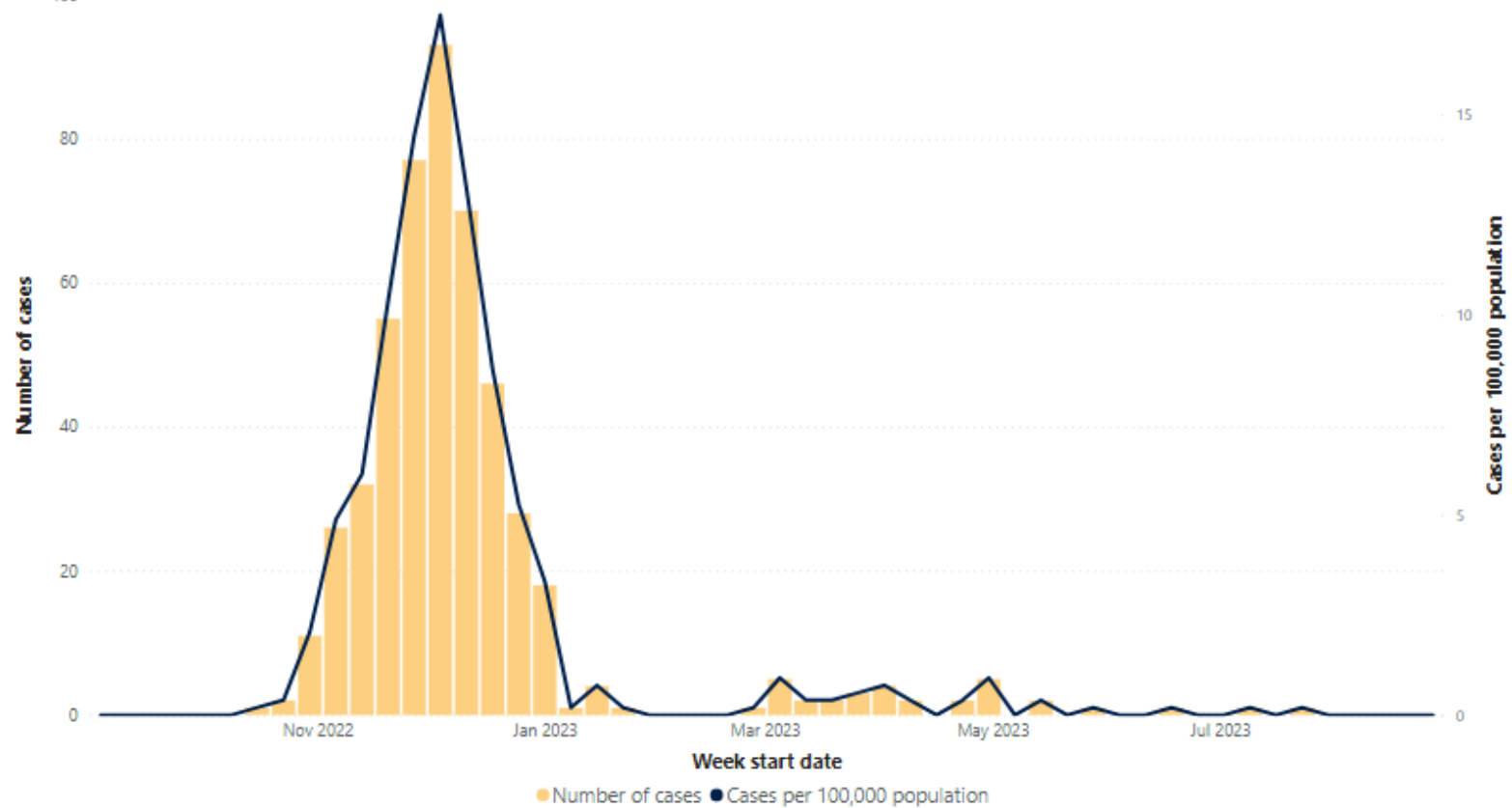
Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario Respiratory Virus Tool [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [cited 2023 Oct 03]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool>

Figure 3 – COVID-19 Wastewater Surveillance in Ontario



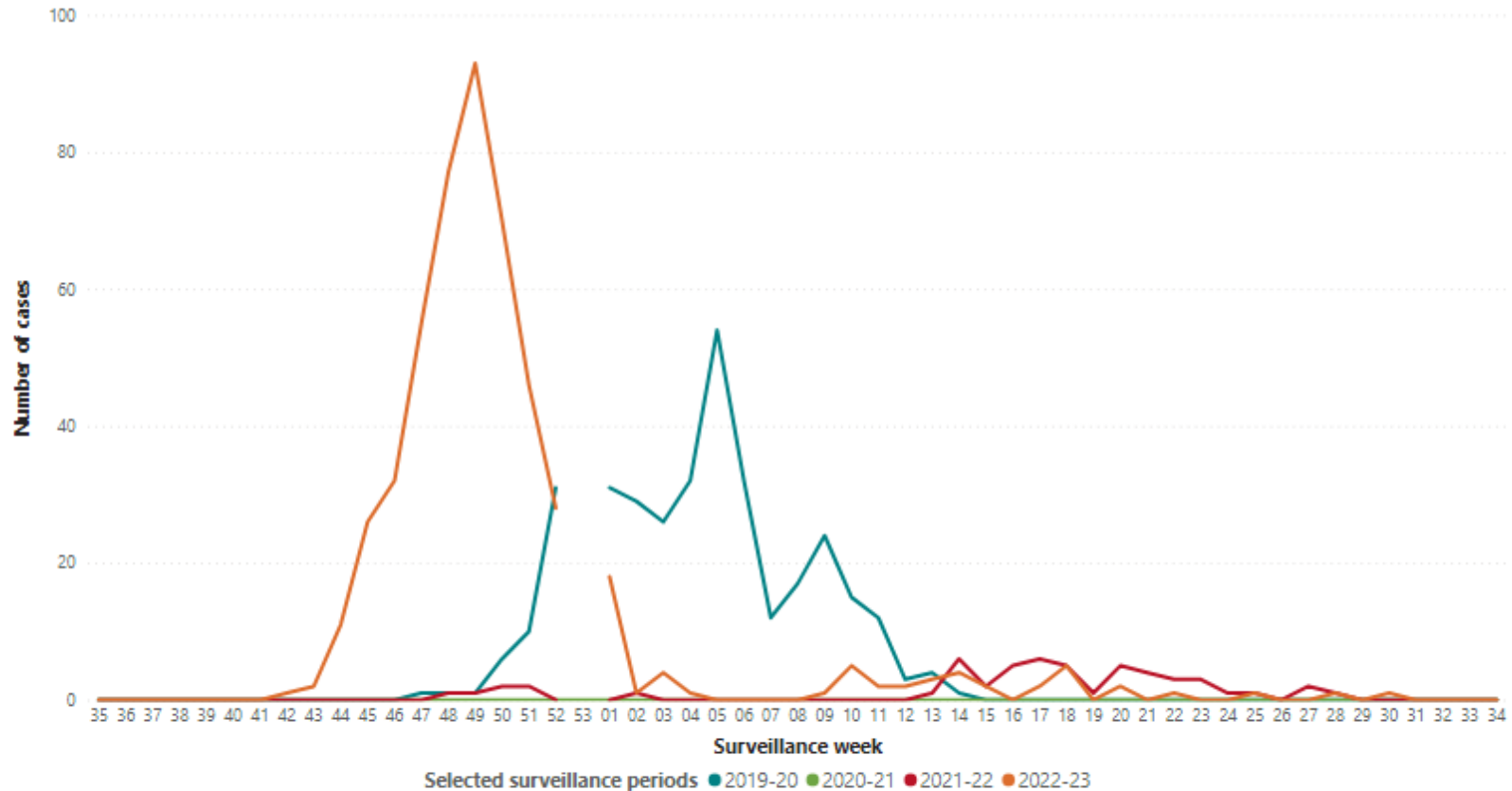
Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario Respiratory Virus Tool [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [cited 2023 Oct 03]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool>

Figure 4 – Confirmed Weekly Case Counts and Rates of Influenza in Middlesex-London



Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario Respiratory Virus Tool [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [cited 2023 Oct 03]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool>

Figure 5 – Confirmed Weekly Case Counts and Rates of Influenza in Middlesex-London



Notes:

COVID-19 and influenza cases are placed in time by reported date. When surveillance periods 2014-15 and/or 2021-21 are selected, a broken line over surveillance week 53 will appear for the other surveillance periods presented. This is because, unlike the other surveillance periods, the 2014-15 and 2020-21 surveillance periods included a surveillance week 53, which occurs once every five to six years. Surveillance weeks may begin on a different date in a given year and correspond to the Public Health Agency of Canada (PHAC) influenza surveillance weeks. For example surveillance week 52 in 2022-23 covers December 25 to December 31, but in 2023-24 it covers December 24 to December 30. For further details, please refer to the technical notes.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario Respiratory Virus Tool [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [cited 2023 Oct 03]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool>

Appendix B – 2023-2024 Vaccine Availability

Vaccine	Date Available
Influenza – High Risk Individuals* COVID-19 – High Risk Individuals*	Early October
Influenza – General Population COVID-19 – General Population	October 30
RSV – Limited High-Risk Individuals- Residents of LTCH, residents in RH waiting for placement into LTCH and residents in RH on memory units.	Mid-October

[*Addendum to the guidance on the use of COVID-19 vaccines in the fall of 2023 \(canada.ca\)](#)

Appendix C – 2023-2024 Respiratory Planning Preparedness Exercises

The Middlesex-London Health Unit participated in a regional respiratory preparedness exercise on August 16, 2023 and lead a local respiratory preparedness exercise on September 25, 2023. The purpose of these exercises were to:

- Validate roles and responsibilities related to respiratory season readiness planning
- Identify readiness planning gaps to mitigate risks ahead of respiratory season
- Validate response structures, including clarity of coordination, communication, and issues management mechanisms (i.e. awareness of organizational connections and linkages) related to respiratory season readiness planning and / or response

Regional Exercise

The Ontario Health West Regional Exercise was held virtually and was attended by 23 local partners representing acute care, home care, and long-term care and 6 representatives from the Middlesex-London Health Unit. The format of the activity was a tabletop response exercise, where participants discussed scenarios for the respiratory season.

The exercises planned to test against two scenarios (a long season and a peak of activity season, like 2022), with additional developments occurring throughout those seasons. In addition to anticipated seasonal activity, a surge due to a new COVID-19 variant of concern with differing infectivity and severity remains a possibility.

Local Exercise

The Infectious Disease Control Team and Vaccine Preventable Disease Team also conducted a local respiratory preparedness exercise specific to long-term care and retirement homes. Historically, the burden of illness associated with respiratory season is experienced disproportionately in these settings and focused preparedness with this population is a high priority. This exercise was held in-person at the Citi Plaza offices of MLHU, and 37 participants represented long-term care and retirement homes. Individuals in attendance included Directors of Care, IPAC Nurses and other team members associated with resident care. There was also participating from Ontario Health West, the Middlesex-London Ontario Health Team, home care, and primary care.

The local exercise provided a reflection on the COVID-19 pandemic, review of previous respiratory seasons, expectations for the 2023-24 season, key public health guidance and tabletop exercises. The scenarios covered during the tabletop exercise included:

- Infection Prevention and Control
- Vaccination Planning
- Disease Surveillance and Monitoring
- Outbreak Investigation
- Outbreak Declaration and Management
- Management of Multi-Pathogen Outbreaks
- Declaring an Outbreak Over

An evaluation of the respiratory preparedness was distributed to participants after the session, and initial reactions were positive. The MLHU will plan to conduct this exercise on an annual basis with the hopes of getting participation from 100% of long-term care and retirement homes in Middlesex-London.



TO: Chair and Members of the Board of Health

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

DATE: 2023 October 19

COMPLIANCE WITH THE *IMMUNIZATION OF SCHOOLS PUPILS ACT* IN MIDDLESEX- LONDON

Recommendation

It is recommended that the Board of Health receive Report No. 60-23 re: “Compliance with the Immunization of School Pupils Act in Middlesex-London” for information.

Key Points

- The *Immunization of Student Pupils Act* (ISPA) requires students attending elementary and secondary school to have proof of up-to-date immunization or provide a valid exemption.
- During the COVID-19 pandemic, immunization compliance and coverage rates for students in the Middlesex-London region and the Province significantly decreased.
- Through 2022 and 2023, the Middlesex-London Health Unit launched an initiative to increase immunization coverage through enforcement of the ISPA.
- Preliminary results demonstrate a significant overall increase in coverage rates.

Background

The *Immunization of Student Pupils Act* (ISPA) requires students attending elementary and secondary school to have proof of up to date immunization against nine vaccine preventable diseases or provide a valid exemption. The specific diseases include diphtheria, tetanus, polio, measles, mumps, rubella, meningococcal disease, pertussis and varicella (for children born in 2010 or after). Students who are not in compliance with the ISPA may be suspended from school.

[Report No. 05-23](#) showed that the COVID-19 pandemic and associated public health measures resulted in lower ISPA compliance and immunization coverage amongst students in Middlesex-London schools. Efforts by MLHU improved rates for the 2021/22 school year, but compared to pre-pandemic school years, a gap in ISPA compliance and coverage remained. These challenges were shared by Public Health Units (PHUs) across the province, leading to a provincial decrease in immunization coverage rates.¹ In January 2023, to address this ongoing gap, MLHU proceeded with implementing the ISPA suspension process.

Catch-Up Strategies

The overall goal of the project was to increase student immunization coverage and compliance rates by re-introducing enforcement of the ISPA legislation, including encouraging record submission, offering catch-up immunization clinics, and, if necessary, suspension. To re-introduce the ISPA legislation to parents and overdue students, 41,000 letters were initially mailed in the summer of 2022 as a reminder of outstanding records: 51% of the overall student population of 79,538. This effort resulted in a 20% return rate. In the fall of 2022, 32,591 letters were sent out to students for all grades who were overdue for required vaccines which accounted for 41% of all enrolled students. From this initial notice, 21,869 students remained overdue and were sent a suspension notice (see [Appendix A](#)).

Catch-up clinic opportunities were provided to students at MLHU clinic and mass vaccination sites starting in November of 2022 through to August of 2023. There were over 318 clinics held resulting in over 13,250 clients vaccinated at MLHU organized clinics (see [Appendix B](#)).

Suspensions were enforced in a staged manner over six rounds. In the end, 5805 students were officially suspended (see [Appendix A](#)).

Outcome

Public Health Ontario (PHO) annually reports on coverage for antigens that are part of Ontario's school-based immunization programs, and the report for the 2022-23 school year is anticipated in the coming months. Although the PHO annual coverage report is not yet available for the 2022-23 school year, preliminary estimates of coverage were calculated for students in Middlesex-London schools, based on data extracted from the provincial reporting system on August 31, 2023. These are preliminary estimates and are subject to change.

Comparing the rates from the most recent 2022-23 school year to the previous 2021-22 school year, coverage for all ISPA diseases in the 7-year old, 17-year old, and 7 to 17-year old cohorts notably increased. As well, coverage for school-based vaccine antigens also increased among the 12-year old cohort.

Specifically:

- In the 7-year old cohort:
 - Between the 2021-22 and 2022-23 school years, preliminary coverage estimates for ISPA diseases (diphtheria, measles, meningococcal disease, mumps, pertussis, poliomyelitis, rubella, tetanus, and varicella) all increased between 19% and 37%, depending on the disease.
 - In the 2021-22 school year, coverage estimates for diphtheria, measles, mumps, pertussis, poliomyelitis, tetanus, and varicella ranged between 50% and 53%. In the 2022-23 school year, the preliminary coverage estimates for the same antigens ranged between 87% and 89%
 - In the 2021-22 school year, coverage estimates for meningococcal disease and rubella were 70%-75%. Preliminary coverage estimates for these antigens increased as well, to 91%-94%.
- In the 17-year old cohort:
 - Between the 2021-22 and 2022-23 school years, preliminary coverage estimates for ISPA antigens (diphtheria, measles, meningococcal disease, mumps, pertussis, poliomyelitis, rubella, tetanus) all increased between 2% and 33%, depending on the antigen.
 - In the 2021-22 school year, coverage estimates for diphtheria, pertussis, and tetanus were approximately 41%. In the 2022-23 school year, the preliminary coverage estimates for the same antigens ranged between 73% and 74%.
 - In the 2021-22 school year, coverage estimates for measles, meningococcal disease, mumps, poliomyelitis, and rubella were 86%-92%. Preliminary coverage estimates for these antigens increased to 91%-95%.
- In the 7-17-year old cohort as a whole:
 - Between the 2021-22 and 2022-23 school years, preliminary coverage estimates for ISPA antigens (diphtheria, measles, meningococcal disease, mumps, pertussis, poliomyelitis, rubella, tetanus) all increased between 8% and 22%, depending on the antigen.
 - In the 2021-22 school year, coverage estimates for diphtheria, pertussis, and tetanus were approximately 65%. In the 2022-23 school year, the preliminary coverage estimates for the same antigens were approximately 87% for each antigen.

- In the 2021-22 school year, coverage estimates for measles, meningococcal disease, mumps, poliomyelitis, and rubella were 81%-90%. Preliminary coverage estimates for these antigens increased to 91%-95%.
- In the 12-year old cohort:
 - Between the 2021-22 and 2022-23 school years, preliminary coverage estimates for school-based vaccine antigens (hepatitis B, HPV, and meningococcal disease) all increased between 2% and 3%, depending on the antigen.
 - In the 2021-22 school year, coverage estimates for hepatitis B and HPV, which both require two doses to be considered up to date, were 67% and 60%, respectively. In the 2022-23 school year, the preliminary coverage estimates for the same antigens were 70% and 62%, respectively.
 - For meningococcal disease, which requires only one dose to be considered up to date, the preliminary coverage estimate increased from 76% in the 2021-22 school year to 79% in the 2022-23 school year.

Next Steps

The MLHU's initiative to increase immunization coverage through enforcement of the ISPA has been very effective in increasing immunization coverage amongst school-aged children.

Building on this momentum and to sustain and improve vaccination coverage rates among students, the MLHU will continue to annually screen all students in all grades for compliance with the ISPA, send out reminder letters, offer catch-up opportunities, and suspend when necessary. New strategies that have been initiated include the screening of immunization records in childcare centres, and a targeted awareness campaign to healthcare providers and parents regarding the reporting of immunization records to public health units.

This report was prepared by Environmental Health and Infectious Diseases Division, in consultation with the Public Health Foundations Division.



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



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

Appendix A – Statistics for Screening and Data Entry

Public Health Nurses – Screening Letters Completed

Screening Phase	# of screening letters completed & mailed
1 – May 2022	40,856 (ISPA + non-ISPA)
2 – Nov 2022	32,591 (ISPA only)
3 – June 2023	8,692 (ISPA only)
Totals	82,139

NOTES for Screening Letters:

- The total number of students screened were higher than indicated here, as some letters were pulled during the screening process (e.g. no address, moved out of area, are current etc.). These numbers were not captured but average about an extra 5% per round.
- Some students would have received a letter in each round, so this does not equal 82,000 individual students
- Approximately 3% came back to MLHU as “return to sender”

Panorama Data Entry: Records Processed (May 2022 – September 2023)

Timeframe	Data entry: # of ICON records processed	Data entry: # of paper records processed
May-Dec 2022	15890	7737
Jan-Sept 2023	14612	8232
Totals	30,502	15,969
Overall Total	46,471*	

NOTES for Data Entry:

- *The actual number for MLHU data entry is higher than the total number of 46,471 as stated here, as these stats are from the extra temporary staff only. When including data entry from the Core Vaccine Preventable Disease (VPD) Program Assistants (PA), Client Service Representatives (CSR), and Public Health Nurses (PHN), the estimated full total is more likely just over 50,000 for the past 17 months.
- These submissions were for clients of all ages, some were overdue for vaccines and others were providing dates of vaccines given when due
- Many of the submissions were in response to letters sent out, but some may have also been for children outside of the 4-17-year-old age range, or from other health unit areas
- Some families submitted more than once for the same child
- Entries were not always complete (i.e. updated one vaccine but not another one that was overdue), therefore each data entry instance does not equal to one student being caught up
- The PAs also completed more than 8500 merges of duplicate MLHU Panorama clients throughout the data entry process

Appendix B – Vaccines Administered to Clients 4-17 years of age (all locations)

Vaccinations Administered by MLHU	2022 CitiPlaza Regular Clinic (May-Dec 2022)	2022 Mass Catch-up Clinics (May-Dec 2022)	2023 CitiPlaza Regular Clinic (Jan. to Sept. 12, 2023)	2023 Mass Catch-up Clinics (Jan. to Sept. 15, 2023)
Varicella	274	1647	457	1572
Tdap	166	1632	473	1497
HPV	331	1226	546	1657
Tdap-IPV	359	725	712	1833
Men-ACYW-135	245	651	519	1430
Hep-B 1.0ml	203	1226	273	720
MMRV	263	339	442	1060
Men-C-C	207	322	312	857
MMR	71	216	218	618
Hep-B 0.5ml	47	299	160	471
DTaP-IPV-HIB	40	34	92	136
IPV	8	39	33	118
Totals:	2214	8356	4237	11969
	CitiPlaza 2022-23	Mass Clinics 2022-23	Totals	
Number of Clinics	126	192	318	
Number of Clients	4078	9459	13,537	

NOTES:

- This includes all vaccines given at mass clinic sites, Citi Plaza regular and catch-up clinics to clients who were 4-17 years old
- Non-ISPA vaccines were only screened during the first phase, but these vaccines were offered throughout all clinics if students were due and eligible. Non-ISPA vaccines represented 34% of vaccines provided at clinics in the past 17 months (this does not include vaccines administered at school clinics). This includes HPV, Hepatitis-B (0.5ml and 1.0ml doses) and Varicella (to those born in 2009 or before) doses. Most non-ISPA vaccines were given in conjunction with an ISPA vaccine at the same visit.
- Appointments were available at all clinics for those who may or may not have received a letter for overdue / due vaccines (including those with health cards and/or health care providers).
- Citi Plaza clinics were open to those without health cards or health care providers of other ages as well, so catch-up students were booked at other clinics if possible.
- Many students required more than one vaccine, and some required more than one visit to restart series and catch-up (the average was 1.9 vaccines per client)



TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health

DATE: 2023 October 19

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR SEPTEMBER

Recommendation

It is recommended that the Board of Health receive Report No. 61-23 re: “Medical Officer of Health Activity Report for September” for information.

The following report highlights activities of the Medical Officer of Health for the period of September 1, 2023 – September 30, 2023.

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

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

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

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

September 1 Presented a guest lecture for the Leadership Summer Rounds for the University of Toronto Public Health and Preventive Medicine program.

September 5 Participated in a Health and Homelessness Whole of Community Response Community Engagement session.

September 7 Attended the COMOHE Executive meeting.

September 8 Participated in a filmed segment for the Movement for Change campaign as part of the Whole of Community System Response.

September 11 Participated in a call with Dr. Charles Gardner, Medical Officer of Health, Simcoe Muskoka District Health Unit.

Attended a Home Care Modernization update webinar provided by the Ministry of Health in collaboration with Home and Community Care Support Services and Ontario Health.

Participated in a call with Dr. Tamara Wallington, Chief, Health Promotion and Environmental Health Officer, Public Health Ontario.

- September 12** Participated in the Public Health Sector Coordination Table meeting arranged by the Ministry of Health.
- September 13** Attended a quarterly meeting with the London-Middlesex Primary Care Alliance.
- Interview with Mike Stubbs, Global NewsRadio AM 980, regarding the Moderna XBB COVID-19 vaccine eligibility.
- Participated in a meeting of the Performance Dialogue and Goal Setting Advisory Committee for Western University.
- September 15** Attended the COMOHE Executive meeting.
- September 18** Participated in the monthly Southwest Medical Officer of Health/Associate Medical Officer of Health meeting.
- September 19** Participated in an MLHU Healthcare Provider Webinar.
- September 20** Interview with Sophia Schiefler, Western Gazette, regarding a COVID-19 update for the fall.
- Participated in a call with Dr. Maxwell Smith regarding a Canadian Institutes of Health Research Applied Public Health Chair program regarding ethics in health emergencies.
- September 21** Participated in the alpha Board meeting and alpha strategic planning session.
- September 22** Lectured at Western University as part of the Developing Healthy Communities course.
- Participated in a call with Dr. Natalie Bocking, Medical Officer of Health, Haliburton, Kawartha, Pine Ridge District Health Unit.
- September 25** Met with Dr. Diane Dymon, community family physician.
- Participated in London Children's Hospital's fall preparedness exercise.
- September 26** With Emily Williams, CEO, Dr. Joanne Kearon, Associate Medical Officer of Health, Mary Lou Albanese, Director, Environmental Health and Infectious Diseases, Shaya Dhinsa, Manager, Sexual Health and Linda Stobo, Manager, Substance Use Program team, facilitated an on-site meeting with the London InterCommunity Health Centre.
- September 29** With Emily Williams, CEO, attended a breakfast meeting at Fanshawe College regarding emergency preparedness.

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

September 7 With Emily Williams, CEO, facilitated a meeting with Ryan Fawcett, Manager, Privacy, Risk, and Client Relations team to discuss daily program operations.

Attended the monthly Intervention Description and Indicator Development project meeting.

September 8 With Emily Williams, CEO, facilitated a meeting with Pat Harford, Manager, Information Technology team to discuss daily program operations.

September 13 With Emily Williams, CEO, facilitated a meeting with Warren Dallin, Manager, Operations and Procurement team to discuss daily program operations.

September 14 Attended the monthly Healthy Living divisional leadership meeting.

September 18 Attended the Management Operating System (MOS) Steering Committee meeting.

September 19 With Emily Williams, CEO, met with leaders to review the 2024 budget planning process.

With Emily Williams, CEO met with union leaders from the Canadian Union of Public Employees (CUPE) and the Ontario Nurses' Association (ONA) to discuss 2024 budget planning process.

September 20 With Emily Williams, CEO, hosted a Special Town Hall meeting to explain the 2024 budget impacts and associated planning process with all staff.

September 25 Met with Linda Stobo, Manager, Substance Use Program team and Rhonda Brittan, Acting Manager, Healthy Beginnings Visiting and Group Programs to discuss the Community Alcohol and Drug Strategy.

With Emily Williams, CEO, David Jansseune, Assistant Director, Finance, Sarah Maaten, Director, Public Health Foundations, and Amanda Harvey, Manager, Strategy, Planning and Performance, attended a meeting to discuss key performance indicators and budget reporting.

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

September 21 Participated in a presentation by the London InterCommunity Health Centre regarding the Safer Opioid Supply Program.

September 27 Attended the Basic Emergency Management training program.

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

September 7 With Emily Williams, CEO, and Board Chair Matthew Newton-Reid, attended a meeting with members of MPP Monte McNaughton’s office.

September 14 Attended the September Finance and Facilities Committee meeting.

With Emily Williams, CEO and the Executive Assistant to the Board of Health, attended the monthly Board of Health agenda review and executive meeting with the Vice-Chair of the Board, Michael Steele.

September 15 With Emily Williams, CEO, Board Chair Matthew Newton-Reid, and Board Vice-Chair Michael Steele, attended a meeting with MPP Terence Kernaghan.

September 18 With Emily Williams, CEO, met with Mayor of Middlesex Centre/Board Member Aina DeViet to discuss the Association of Municipalities of Ontario (AMO) Health Transformation Task Force.

September 21 Attended the September Governance Committee meeting.

Attended the September Board of Health meeting.

September 22 Attended the monthly one-on-one meeting with the Board Chair.

This report was prepared by the Medical Officer of Health.



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



TO: Chair and Members of the Board of Health
FROM: Emily Williams, Chief Executive Officer
DATE: 2023 October 19

CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR SEPTEMBER

Recommendation

It is recommended that the Board of Health receive Report No. 62-23 re: “Chief Executive Officer Activity Report for September” for information.

The following report highlights activities of the Chief Executive Officer (CEO) for the period of September 1 – October 5, 2023.

Standing meetings include weekly Healthy Organization leadership team meetings, SLT (Senior Leadership Team) meetings, MLT (MLHU Leadership Team) meetings, Virtual Staff Town Hall meetings, bi-weekly R3 meetings, and weekly check ins with the Healthy Organization managers and the Medical Officer of Health (MOH).

The CEO also attended the following meetings:

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

September 21 The Chief Executive Officer, along with the Manager, Procurement Operations met with representatives from the City of London to discuss legislative facility auditing under the *Accessibility for Ontarians with Disabilities Act (AODA)*.

September 26 The CEO with the Medical Officer of Health, and Director of Environmental Health and Infectious Disease Control met with executives from the London Intercommunity Health Centre.

September 27 The CEO attended a webinar hosted by the Ministry of Health to discuss Ontario Health Teams.

October 4 The CEO and the Manager, Information Technology met with Stronghold Services for their quarterly meeting.

October 5 The CEO attended the Canadian Mental Health Association (CMHA)’s Year in Review event in London.

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

- September 7** The Chief Executive Officer, along with the Medical Officer of Health met with the Manager, Privacy, Risk and Client Relations to discuss daily program operations.
- The CEO met with the Communications Team to discuss the 2023-2024 provisional plan.
- September 8** The CEO, along with the MOH met with the Manager, Information Technology to discuss daily program operations.
- September 10-12** The CEO attended with the Assistant Director, Finance and the Manager, Human Resources the Association of Public Health Business Administrators (AOPHBA) Annual General Meeting and Conference in Niagara Falls.
- September 13** The CEO, along with the MOH met with the Manager, Procurement and Operations to discuss daily program operations.
- September 18** The CEO attended the Management Operating System (MOS) Steering Committee meeting.
- The CEO attended the Employment Systems Review (ESR) Steering Committee meeting.
- September 19** The CEO, along with the MOH met with leaders to review the 2024 budget planning process.
- The CEO, along with the MOH met with union leaders from the Canadian Union of Public Employees (CUPE) and the Ontario Nurses' Association (ONA) to discuss 2024 budget planning process.
- September 20** The CEO and MOH hosted a Special Town Hall meeting to explain the 2024 budget impacts and associated planning process with all staff.
- September 22** The CEO met with individuals selected for the Potential Leader Development Program at MLHU for the kick-off of the program.
- The CEO attended the Environmental Health and Infectious Disease Control (EHID) division coffee break.
- Governance** – *This meeting(s) reflect on how the CEO influences the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the HU's mission and vision. This also reflects on the CEO's responsibility for actions, decision and policies that impact the HUs ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health:*
- September 7** The CEO, along with the MOH and the Board Chair met with MPP Monte McNaughton's office to discuss public health budget matters.
- September 14** The CEO attended the Finances and Facilities Committee meeting.
- The CEO, along with the MOH and the Executive Assistant to the Board of Health attended the monthly Board of Health agenda review and executive meeting with the Vice-Chair of the Board, Michael Steele.

- September 15** The CEO, along with the MOH and the Vice-Chair met with MPP Terrance Kernaghan's office to discuss public health budget matters.
- September 18** The CEO, along with the MOH met with Mayor of Middlesex Centre/Board Member Aina DeViet to discuss the Association of Municipalities of Ontario (AMO) Health Transformation Task Force.
- September 21** The CEO attended the Governance Committee and Board of Health meetings.
- September 22** The CEO had her monthly touchbase with the Board Chair.
- September 28** The CEO attended the monthly Western Ontario Health Team meeting.
- October 5** The CEO and Assistant Director, Finance attended the monthly meeting hosted by the Finance branch of the Ministry of Health.

This report was prepared by the Chief Executive Officer.

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

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

September 18, 2023

Honourable, Doug Ford, Premier of Ontario
Honourable Sylvia Jones, Deputy Premier and Minister of Health of Ontario
Teresa Armstrong, MPP - London Fanshawe
Terence Kernaghan, MPP - London North Centre
Peggy Sattler, MPP - London West
Rob Flack, MPP - Elgin-Middlesex-London
Monte McNaughton, MPP - Lambton-Kent-Middlesex

RE: Letter of Support - Middlesex-London Health Unit 2024 Budget

I am writing to you today on behalf of Middlesex County Council and the residents of Middlesex County further to the Middlesex-London Health Unit 2024 Budget correspondence received on August 2, 2023, to express our unwavering support for the critical work being done by the Middlesex-London Health Unit (MLHU) and to bring to your attention the significant funding challenges for the upcoming year.

Firstly, I commend the provincial government for its steadfast commitment to the health and safety of Ontarians, particularly during the challenging times of the pandemic. We recognize the crucial role that public health plays in safeguarding the well-being of our communities. We also appreciate the recent public health funding announcements.

The MLHU, as a cornerstone of our public healthcare system, has consistently demonstrated its efficiency and effectiveness in delivering essential public health interventions to Middlesex County residents. These interventions not only protect our residents from infectious diseases but also prevent illnesses stemming from environmental exposures, promote healthy growth and development, prevent injuries and chronic diseases, and ensure our readiness to respond to public health emergencies. The impact of the MLHU's work extends far beyond the immediate crises, contributing to a healthier and more resilient Middlesex-London.

However, it is with concern that we comment on the projected funding challenges that the MLHU will face in 2024. The anticipated reduction in funding due to the conclusion of the School Focused Nurses Initiative and COVID-19 Extraordinary Expense Funding, coupled with the proposed shift of Mitigation Funding to municipal partners, presents a formidable financial hurdle. The rapid population growth in Middlesex-London over the past five years has placed greater demands on the Health Unit's services. Without adequate funding, the MLHU has noted that it foresees difficulties in meeting substantial components of the Ontario Public Health Standards in 2024. As mentioned in the August 2, 2023, letter, the new MLHU Strathroy Dental clinic is a critical example of an essential program in our communities.

Although capital funds were secured through the Ontario Seniors' Dental Care Program to establish this clinic, operational funding has not been allocated, leaving it in a precarious financial position. The Strathroy Dental clinic is of paramount importance as it brings essential routine dental services closer than ever to low-income seniors and children from low-income families in Middlesex County. This program not only addresses the critical oral health needs of vulnerable populations but also promotes overall well-being. The clinic has already generated a significant waitlist of clients eagerly seeking dental care, underscoring the demand and the urgency of securing operational funding to ensure its sustained operation.

We appreciate your attention to this matter and trust that you will consider our support of the MLHU funding requests for the benefit of the residents of Middlesex County and all Ontarians.

Thank you for your dedication to the health and safety of our province.

Sincerely,

A handwritten signature in black ink, appearing to read "Cathy Burghardt-Jesson". The signature is written in a cursive style with a large, stylized initial "C".

Cathy Burghardt-Jesson
Warden, Middlesex County

cc: Middlesex-London Board of Health



The Honourable Peter Bethlenfalvy, Minister of Finance
 The Honourable Sylvia Jones, Deputy Premier and Minister of Health
 Legislative Building, Queen's Park
 Toronto ON M7A 1A1

September 8, 2023

Re: Support for Healthy Public Policy Regarding Alcohol Marketplace and Product Sales

Dear Minister Bethlenfalvy and Minister Jones,

Huron Perth Public Health (HPPH) Board of Health made a motion on September 8, 2023, to endorse the Ontario Public Health Association's (OPHA) letter to you dated May 31, 2023 (attached), titled [*'Modernizing alcohol marketplace and product sales'*](#).

The letter from the OPHA implores the Government of Ontario to not increase access, availability or affordability of alcohol and points to Ontario's report card for alcohol policy being [downgraded to an F](#) from the Canadian Alcohol Policy Evaluation (CAPE) 3.0 report released in 2023. This is a clear call for the need for, and room for, policy improvement in Ontario.¹

The OPHA recommends five essential policy measures to decrease alcohol-related harms; all of which are supported by research:

1. Reduce retail density, especially in low socio-economic status (SES) neighbourhoods.
2. Maintain or decrease hours of sale, with no exceptions.
3. Strengthen Ontario's alcohol pricing policies including taxation, minimum pricing, or other means.
4. Stop further privatization of alcohol sales.
5. Apply a whole of government, health-in-all-policies approach to alcohol modernization.

Evidence shows that alcohol is a risk factor for numerous chronic diseases, including cancers, as well as injuries and violence. Alcohol consumption in Huron Perth is an ongoing concern. According to the Canadian Community Health Survey, in 2015 to 2020, 21.6% of adults in Huron Perth residents, ages 19 years and older reported drinking at a high-risk level (7+ drinks) in the past week.² This was significantly higher than the comparable provincial average of 16.3%.²

¹ Naimi, T., Stockwell, T., Giesbrecht, N., Wettlaufer, A., Vallance, K., Farrell-Low, A., Farkouh, E., Ma, J., Priore, B., Vishnevsky, N., Price, T., Asbridge, M., Gagnon, M., Hynes, G., Shelley, J., Sherk, A., Shield, K., Solomon, R., Thomas, G. & Thompson, K. (2023). Canadian Alcohol Policy Evaluation 3.0: Results from Ontario. Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria.

² Canadian Community Health Survey (CCHS). 2015-2020. Statistics Canada.



Results from the latest COMPASS survey (2022-23) show that 45% of high school students in Huron Perth who responded to the survey reported drinking alcohol in the past month, and 28% reported binge drinking in the past month.³ The letter from OPHA encompasses recommendations that would be beneficial to Huron Perth communities and residents.

Research has found that people of lower socioeconomic status tend to experience greater harms associated with alcohol consumption than those of high socioeconomic status.^{4,5} HPPH Board of Health recommends that a health equity lens is applied when considering the potential impacts of policy levers, consequences, and public health impacts as a result of modernization of the alcohol marketplace and product sales. We strongly encourage the above five policy measures to be implemented to reduce alcohol-related health harms and burden of diseases.

Sincerely,

A handwritten signature in black ink, appearing to read "Bernie Maclellan".

Bernie Maclellan
Chair, Huron Perth Public Health

cc:

The Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions
The Honourable Lisa Thompson, Minister of Agriculture, Food and Rural Affairs and Member of Provincial Parliament Huron-Bruce
Mr. Matthew Rae, Member of Provincial Parliament Perth-Wellington
All Ontario Boards of Health

³ Bredin C, Leatherdale ST. Methods for linking COMPASS student-level data over time. COMPASS Technical Report Series. Huron Perth Public Health. 2022-23. Waterloo, Ontario: University of Waterloo. Available at: www.compass.uwaterloo.ca

⁴ World Health Organization (WHO). 4 June 2021. Addressing alcohol consumption and socioeconomic inequalities: how a health promotion approach can help. Snapshot series on alcohol control policies and practice. Brief 1.

⁵ Bloomfield K. Understanding the alcohol-harm paradox: what next? *The Lancet Public Health* 2020; 5: e300–e301



The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto ON M7A 1A1

September 8, 2023

Re: Bill 93, Joshua's Law (Lifejackets for Life), 2023

Dear Premier Ford:

At their September 8, 2023 meeting, the Huron Perth Public Health (HPPH) Board of Health received a staff report (attached) and passed a motion supporting the implementation of Bill 93, Joshua's Law (Lifejackets for Life), 2023.

The matter of boating safety and drowning prevention is important to HPPH and our residents and visitors alike within Huron and Perth counties. According to the [2023 Drowning Report](#) from the Lifesaving Society, which looked at data specific to water-related fatalities in Ontario between 2015-2019, 46% of water-related fatalities occurred in a lake and the 19% on a river. Being that Huron and Perth counties have lakes and rivers that residents and visitors both boat on and swim in, these statistics are particularly alarming and cause for concern. This report also notes that, according to [The Royal Life Saving Society Canada](#), 58% of water related fatalities in Ontario involve a motor boat, and not wearing a life jacket is a factor in over 80% of fatalities in all age categories.

Wearing a life jacket is the most important preventative measure individuals across the lifespan can take to prevent a drowning incident. Not wearing lifejackets has been, and continues to be, identified as the most common risk factor in drowning deaths beyond childhood. Huron Perth Public Health Board of Health encourages you to support the passing and implementation of Bill 93.

Thank you for your attention on this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Bernie Maclellan".

Bernie Maclellan
Chair, Huron Perth Public Health

cc:

The Honourable Sylvia Jones, Deputy Premier and Minister of Health
The Honourable Prabmeet Sarkaria, Minister of Transportation
The Honourable Lisa Thompson, Minister of Agriculture, Food and Rural Affairs and Member of Provincial Parliament Huron-Bruce
Mr. Matthew Rae, Member of Provincial Parliament Perth-Wellington
Association of Local Public Health Agencies
All Ontario Boards of Health

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September 21, 2023

The Honourable Chrystia Freeland, Deputy Prime Minister
Ministry of Finance
Email: chrystia.freeland@fin.gc.ca

The Honourable Jenna Sudds
Ministry of Families, Children and Social Development
Email: jenna.sudds@parl.gc.ca

The Honourable Lawrence MacAulay
Ministry of Agriculture and Agri-Food
Email: lawrence.macaulay@parl.gc.ca

The Honourable Jean-Yves Duclos
Ministry of Public Services and Procurement
Email: jean-yves.duclos@parl.gc.ca

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

Investing in a Sustainable Federal School Food Policy

I am writing on behalf of the Windsor-Essex County Board of Health. As the federal government prepares to release a National School Food Policy and invest in programs across the country, we wish to reiterate the call for the development of a universal, cost-shared school food program for Canada and share our concerns about the current state of student nutrition programs in Ontario and our region.

The Government of Canada has an opportunity to advance the health and well-being of all Canadian children and lay the basis for long-term health by including an investment in school food access in the Budget 2024. We applaud the Government's commitments to healthy school food in the 2021 Liberal Party Platform and urge you to act on those commitments in the next budget cycle.

Recommended actions to fulfill commitments to healthy school food in the Budget 2024:

The current state of school food programs across Canada is a patchwork with limited resources. While many schools in Ontario do have student nutrition programs partially funded by the Ministry of Children, Community and Social Services, a significant investment from the federal government would allow for expansion of services and address existing gaps. The current reliance on fundraising, volunteers, and donations is inconsistent, unsustainable, and puts schools who most need the support at a significant disadvantage. (Ref: 1,2)

The Windsor-Essex County Board of Health supports the following recommendations proposed by the Canadian Coalition for Healthy School Food:

1. Allocate \$1 billion over five years in Budget 2024 to establish a National School Nutritious Meal Program as a key element of the evolving Food Policy for Canada, with \$200 million per year to contribute to provinces, territories and First Nation, Métis, and Inuit partners to fund their school food programs.
2. Enter into immediate discussions with Indigenous leaders to negotiate agreements for the creation and/or enhancement of permanent independent distinctions based First Nation, Métis, and Inuit school meal programs.
3. Create a dedicated school food infrastructure fund to provide schools with facilities and equipment for food production and preparation, so they can reliably and efficiently serve nutritious food in adequate volumes.

In addition, school food programs should be designed to *(Ref: 3)*:

- serve tasty, nourishing, culturally appropriate foods;
- ensure that ALL students in a school can access the program in a non-stigmatizing manner;
- be a cost-shared model, including federal support;
- be flexible and locally adapted to the context of the school and region, including commitment to Indigenous control over programs for Indigenous students;
- support Canadian farmers and local food producers;
- provide conflict of interest safeguards that prevent programs from marketing to children;
- promote food literacy.

The benefits of funding a sustainable food school program in Canada

Through our work supporting the 93 OSNP-led school food programs in Windsor-Essex County, we have seen first-hand the importance of school food to our students' health and wellbeing, including their academic success and the development of lifelong eating habits. As rising costs of food stretch school food program budgets, and leave many families struggling to make ends meet, the importance of federal investments in student nutrition programming cannot be overstated.

Research has long found school meals to be one of the most successful drivers of improved health, education, and well-being in children of all ages. School food programs have also been shown to have broad, positive impacts on families, communities, and the economy by reducing household food costs, creating jobs, and strengthening sustainable food systems.

School food programs offer many academic and nutritional benefits and should be implemented along with additional income supports to reduce health inequities and food insecurity for families across Canada. School food policy and programs alone cannot alleviate poverty and food insecurity *(Ref: 1,2)*. School food programs can, however, play an important role in improving nutrition intake, supporting healthy growth and development, supporting academic success, attendance, and educational attainment, and improving mental health and well-being *(Ref: 4)*.

The demand for comprehensive school food programs in Windsor and Essex County (WEC) and Ontario is high.

Based on the Canadian Health Survey of Children and Youth (CHSCY), **12.9%** of children aged 1 to 17 years old in WEC lived in food-insecure households in 2019 (5). Nationally, the cost of food purchased from Canadian stores rose 9.8% in 2022, the fastest rate since 1981 (+12.0%), after rising 2.2% in 2021 (*Ref: 6*). While many Canadians are feeling the effects of inflation and rising food costs, those living in food-insecure households are particularly vulnerable, as after paying for housing (i.e., rent or mortgage), many have little funds available for all other necessities including hydro, water, clothing and food.

Currently across Ontario, many school programs are unable to meet current demands, and as a result, these programs are left with the difficult decision of either limiting food provided or shutting down completely before the end of the school year. Many programs have been strained by limited increases to provincial funding since 2014, rising food costs, and increased demand. Locally, only \$0.65 per student per week is available through the OSNP food delivery model. This equates to 1.5 servings of fresh produce a week per student, which is far below minimum nutrition requirements for growth and development. Schools who have not previously had a school nutrition program are seeing a demand and there are no funds to support new programs. In addition, many elementary schools do not have adequate facilities to allow safe food handling and production of onsite food for meal/snack programs, or for hands-on food literacy learning opportunities for students.

The Windsor-Essex County Board of Health stands alongside other Ontario Boards of Health, School Boards, Municipalities, and other government agencies and organizations in supporting the Coalition for Healthy School Food's vision that every school-aged child and youth has a nutritious meal or snack at school daily.

We urge the federal Ministries of Families, Children and Social Development and Agriculture and Agri-Food to continue your work towards a comprehensive, cost-shared, universally accessible National School Food Policy and national school nutritious meal program with provinces, territories, municipalities, Indigenous partners, and stakeholders (*Ref: 7*). Every investment in children and youth counts.

Sincerely,



Fabio Costante, Board of Health Chair

c:

- Ontario Boards of Health
- Local School Board Directors of Education
- Local MPPs, MPs
- Senator Dr. Sharon Burey

Sincerely,



Dr. Kenneth Blanchette, CEO

References

1. [Open Letter: Stop headlining the pan-Canadian school food policy as a way to reduce food insecurity among children](#). Dec 9, 2022.
2. [Ontario Dietitians on Public Health, Position Statement and Recommendations on Response to Food Insecurity](#). Dec, 2020.
3. [Coalition for Healthy School Food. Guiding Principles](#). 2022.
4. [Hernandez, Kimberley & Engler-Stringer, Rachel & Kirk, Sara & Wittman, Hannah & McNicholl, Sasha. \(2018\). The case for a Canadian national school food program](#).
5. Public Health Ontario. (2023). [Food Insecurity among Children using the Canadian Health Survey of Children and Youth](#).
6. Statistics Canada. (2023). [Consumer Price Index: Annual review, 2022](#).
7. [Prime Minister Mandate Letters, 2021](#).



Branch Offices:

September 15, 2023

The Honourable Doug Ford
Premier of Ontario
Delivered via email: premier@ontario.ca

The Honourable Sylvia Jones
Deputy Premier, Minister of Health
Delivered via email: sylvia.jones@pc.ola.org

Dear Premier Ford and Deputy Premier and Minister Jones:

Re: Universal, No-cost Coverage for all Prescription Contraceptive Options for all Ontarians

On September 6, 2023, at a regular meeting of the Board for the Timiskaming Health Unit, the Board considered the correspondence from Chatham-Kent Public Health regarding *Universal, No-cost Coverage for all Prescription Contraceptive Options for all Ontarians* and passed the following motion:

Motion 42R-2023):

BE IT RESOLVED THAT the Timiskaming Health Unit Board of Health recognizes the importance of access to contraception and menstrual products for all Ontarians; and

FURTHER THAT the Board encourages the Provincial government to cover the cost of all contraceptive options for all Ontario residents; and

FURTHER THAT the Premier of Ontario and Deputy Premier be so advised.

The Timiskaming Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,

Stacy Wight, Board of Health Chair

Copy to:

John Vanthof, MPP – Timiskaming-Cochrane
Anthony Rota, MP – Timiskaming-Nipissing
Charlie Angus, MP – Timmins-James Bay
Association of Local Public Health Agencies (ALPHA)
Ontario Boards of Health

April 25, 2023

The Honourable Doug Ford
Premier of Ontario
Delivered via email: premier@ontario.ca

The Honourable Sylvia Jones
Deputy Premier
Minister of Health
Delivered via email: sylvia.jones@pc.ola.org

Dear Premier Ford and Deputy Premier and Minister Jones:

RE: Universal, No-cost Coverage for all Prescription Contraceptive Options to all People Living in Ontario

At its meeting held on March 15, 2023, the Chatham-Kent Board of Health passed the following motion:

“That Administration prepare a letter of advocacy to the Provincial government encouraging them to cover the cost of birth control for all Ontario residents, and that this letter be copied to alPHa and any other appropriate partners.”

It is estimated that 30-40% of all pregnancies in Canada are unintended with those of lower socioeconomic status being one of the leading vulnerable groups impacted¹. Timely access to effective contraception directly influences the rate of unintended pregnancies. In Canada, cost is the leading barrier preventing individuals from gaining access to effective contraceptives^{2/3}. Cost should not be a barrier Ontarians face to obtain consistent and timely access to effective contraceptives.

OHIP+ has begun to address this issue in Ontario by providing no cost coverage for anyone under the age of 25 who is not covered by a private plan. This coverage needs to be expanded to all Ontarians without the restrictions put on those with private plans or those over the age of 24. Ontarians should have universal, no-cost, confidential access to effective contraceptives.

At the beginning of April, British Columbia started the journey of providing prescription contraceptive access equality for their province and we are advocating for Ontario in this journey.

.../2

Hon. Doug Ford
April 25, 2023

Correspondence E
Page 2 of 2

Thank you for your attention to this important issue. We stand firmly in support of protecting and advancing sexual and reproductive health rights.

Sincerely,

Original signed by

Brock McGregor
Chair, Chatham-Kent Board of Health

Copy to:

Hon. Monte McNaughton, MPP, Lambton-Kent-Middlesex, Minister of Labour, Training and Skills Development

Trevor Jones, MPP, Chatham-Kent-Leamington

Loretta Ryan, Executive Director, Association of Local Public Health Agencies (ALPHA) Ontario Public Health Units

- 1 Nethery E, Schummers L, Maginley S, Dunn S and Norman W. "Household income and contraceptive methods among female youth: a cross sectional study using the Canadian Community Health Survey (2009-2010 And 2013-2014)". CMAJ Open, vol. 7, no. 4, 2019 Retrieved from www.cmajopen.ca/content/7/4/E646
- 2 Hulme Jennifer, et al. "Barriers and Facilitators to Family Planning Access in Canada." Healthcare Policy, Politiques De Sante, vol 10, no.3, 2015, pp. 48-63., doi:10.12927/hcpol.2015.24169
- 3 Black, Amanda Y., et al. "The Cost of Unintended Pregnancies in Canada: Estimating Direct Cost, Role of Imperfect Adherence, and the Potential Impact of Increased Use of Long-Acting Reversible Contraceptives." Journal of Obstetrics and Gynaecology Canada, vol. 37, no. 12, 2015. pp. 1086-1097., doi:10.1016/s1701-2163(16)30074-3.

September 26, 2023

The Honourable Sylvia Jones
Deputy Premier of Ontario
Minister of Health
sylvia.jones@ontario.ca

Re: Section 50 Agreements

Dear Minister Jones:

With the August 22, 2023 provincial announcement to refine and clarify the roles of local boards of health, and the opportunity to voluntarily merge local public health agencies, Peterborough Public Health (PPH) would like to request the system protect and maintain requirement for boards of health to foster and create meaningful relationships with Indigenous Peoples.

Meaningful engagement with Indigenous Peoples and their communities is essential to addressing health inequities. This is acknowledged in the 2018 Ontario Public Health Standards where the Health Equity Standard specifically requires all boards of health to build relationships with Indigenous communities, organizations and First Nations and ensure it is done in a culturally safe way.¹ More recently, arising from post-pandemic evidence, this has been further reinforced within reports from both the Ontario Chief Medical Officer² of Health and Canada's Chief Public Health Officer.³

Our local experience indicates that statutory requirements and provincial standards make a difference. PPH enjoys formal relationships with Hiawatha First Nation and Curve Lake First Nation, as a result of Section 50 agreements in place since 1995. Over the last ten years we have sought to strengthen our relationship with Indigenous Peoples through the establishment of an Indigenous Health Advisory Circle that welcomes participation by the broader Indigenous community to ensure we are attending to all interests and needs regardless of where people reside within the region.

Through these actions, PPH has experienced growth in trust and partnership, not only with the two First Nation communities but also with the urban Indigenous community. But there is more work to be done and we have acknowledged this work in our current Strategic Plan.⁴

Therefore, in view of the Ministry of Health's current goal to deliver more equitable health outcomes, PPH would like to recommend that the Ministry of Health:

1. Ensure continued opportunity for Section 50 agreements within the Health Promotion and Protection Act;
2. Seek to revise the HPPA to be inclusive of urban Indigenous peoples and their health needs under that Act so they have equal opportunities to help shape board of health decision-making; and
3. Ensure the review and revisions of the Ontario Public Health Standards maintains directives for engagement with Indigenous Peoples.

As we look towards a future where Indigenous Peoples experience greater health equity, we urge the Provincial Government to continue to support boards of health so that they are able to act as better allies with Indigenous communities and amplify their voices.

Miigwech,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Local MPPs
Dr. Kieran Moore, Ontario Chief Medical Officer of Health
The Association of Local Public Health Agencies
Ontario Boards of Health

References

1. [Ontario Public Health Standards, 2021](#)
2. [Being Ready: 2022 Annual Report of the Chief Medical Officer of Health of the Legislature of Ontario, 2022](#)
3. [Principles for Engaging with First Nations, Inuit and Metis: Chief Public Health Officer Health Professional Forum, 2023](#)
4. [Strategic Plan 2022-2025: Peterborough Public Health](#)

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

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

Local Public Health News



Health
Canada

Santé
Canada

Health Canada authorizes Moderna and Pfizer COVID-19 vaccine targeting the Omicron XBB.1.5 subvariant

Health Canada has authorized the use of the Moderna SPIKEVAX™ and Pfizer-BioNTech Comirnaty COVID-19 vaccine targeting the Omicron XBB.1.5 subvariant for people six months of age and older.

Health Canada received both Pfizer and Moderna's submission for its new COVID-19 vaccine on June 29, 2023. After a thorough, independent review of the evidence, Health Canada has determined that the vaccine meets the Department's stringent safety, efficacy and quality requirements.

To learn more, visit [Health Canada's newsroom](#).

Impact to MLHU Board of Health

The MLHU declared the start of respiratory season on October 5th, and the community will be seeking COVID-19 and influenza vaccinations. MLHU began vaccinating high risk individuals October 6th at the Western Fair Vaccine Clinic.

Characteristics of Substance-Related Toxicity Deaths in Ontario: Stimulant, Opioid, Benzodiazepine and Alcohol-Related Deaths



On September 14, Public Health Ontario and the Ontario Drug Policy Research Network released a report titled "Characteristics of Substance-Related Toxicity Deaths in Ontario". This report goes into detail the data of local substance related deaths and their impacts.

To view the full report, visit [Public Health Ontario's website](#).

Impact to MLHU Board of Health

Opioid use has impacted the Middlesex-London community greatly, and staff will be speaking more to this topic in Report No. 58-23 at the October Board of Health meeting.



HASTINGS PRINCE EDWARD
Public Health

HPEPH exploring potential mergers with other health units

At the October 4 Board of Health meeting, the Board of Health for Hastings Prince Edward moved a motion to explore the voluntary merger process. No formal discussions with other health units have been made at this time, although the neighbouring health unit is Kingston, Frontenac, Lennox and Addington.

To learn more, visit [the Quinte News' website](#).

Impact to MLHU Board of Health

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

National, Provincial and Local Public Health Advocacy**Association of Local Public Health Agencies 2023 Fall Symposium**

On November 24, the Association of Local Public Health Agencies (ALPHA) will be hosting their annual Fall symposium. This will include section meetings, presentations by subject matter experts from areas within public health, updates from provincial public health partners, and other sessions relevant to public health.

To learn more, visit ALPHA's [website](#).

Impact to MLHU Board of Health

MLHU Delegates (Board Chair, Vice Chair, Chief Executive Officer and Medical Officer of Health) will be attending the fall symposium and representing the MLHU at Board of Health, Council of Chief Medical Officers of Health and the Association of Public Health Business Administrators section meetings.

MLHU News**Local COVID-19 and Influenza Activity Signals Start of Respiratory Season and Vaccination in Middlesex-London**

On October 5, 2023, MLHU issued a media release regarding the upcoming respiratory season and the upcoming vaccination campaign. On October 2nd, the Health Unit received confirmation of the community's first locally acquired case of influenza A. COVID-19 indicators have also seen sustained increases over the last few weeks, such as an increase in test positivity, wastewater surveillance, number of outbreaks, and hospitalization. The Health Unit will begin offering the ministry-recommended Moderna Omicron XBB.1.5 subvariant COVID-19 vaccine at its Western Fair vaccination clinic to individuals at high-risk for influenza and/or COVID-19-related complications or hospitalization, health care workers, and first responders beginning Friday, October 6th.



To learn more, visit [MLHU's Vaccination page on our website](#).

Impact to MLHU Board of Health

Respiratory season (including COVID-19 and Influenza) has arrived to the Middlesex-London community. Staff will be speaking more to this topic in Report No. 59-23 at the October Board of Health meeting.