

**AGENDA  
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, September 15, 2022, 7:00 p.m.  
Microsoft Teams

**MISSION - MIDDLESEX-LONDON HEALTH UNIT**

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

**MEMBERS OF THE BOARD OF HEALTH**

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

**SECRETARY**

Ms. Emily Williams

**TREASURER**

Ms. Emily Williams

**DISCLOSURE OF CONFLICTS OF INTEREST**

**APPROVAL OF AGENDA**

**MINUTES**

Approve: July 14, 2022 – Board of Health meeting

Receive: July 7, 2022 – Performance Appraisal Committee meeting  
August 4, 2022 – Finance and Facilities Committee meeting  
August 5, 2022 – Performance Appraisal Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
<b>Reports and Agenda Items</b>						
1	X		X	Finance & Facilities Committee Meeting – August 4, 2022 (Report No. 49-22)	<a href="#">August 4, 2022 Agenda</a>	To provide an update from the August 4, 2022 Finance and Facilities Committee meeting.  Lead: Chair Michael Steele
2	X		X	Governance Committee Meeting – September 15, 2022 (Verbal)	<a href="#">September 15, 2022 Agenda</a>	To provide an update from the September 15, 2022 Governance Committee meeting.  Lead: Chair Aina DeViet
3			X	MLHU’s Smart Start for Babies (SSFB) Program: Implementation Update (Report No. 50-22)		To provide an update about the implementation of the Smart Start for Babies Program provided by MLHU.  Lead: Ms. Jennifer Proulx, Acting Director, Healthy Start and Dr. Damilola Toki, Acting Manager of Healthy Beginnings Visiting & Group Programs
4			X	Feedback on Proposed Tobacco Product Labelling Requirements Under the Tobacco and Vaping Products Act (Report No. 51-22)	<a href="#">Appendix A</a>	To provide information on a submission to Health Canada regarding proposed tobacco product labelling requirements under the <i>Tobacco and Vaping Products Act</i> .  Leads: Ms. Maureen MacCormick, Director, Healthy Living and Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control
5			X	Supporting Students’ Development of a Positive Relationship with Food in Schools (Report No. 52-22)	<a href="#">Appendix A</a>	To provide information about a shifting approach to food education in schools.  Leads: Ms. Maureen MacCormick, Director, Healthy Living, Ms. Anita Cramp, Manager, Young Adult, and Mr. Darrell Jutzi, Manager, Child Health

<b>6</b>			<b>X</b>	Infection Prevention and Control (IPAC) Hub Update and 2022- 23 Funding Agreement  (Report No. 53-22)	<a href="#">Appendix A</a>	To provide an update on the Infection Prevention and Control Hub and its 2022-23 funding agreement.  Leads: Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Disease and Mr. Jordan Banninga, Manager, Infectious Disease Control
<b>7</b>	<b>X</b>		<b>X</b>	Current Public Health Issues Update  (Verbal)		To provide an update on current public health issues in the Middlesex-London region.  Lead: Dr. Alexander Summers, Medical Officer of Health
<b>8</b>			<b>X</b>	Medical Officer of Health Activity Report for July and August  (Report No. 54-22)		To provide an update on external and internal meetings attended by the Medical Officer of Health since the last Board of Health meeting.  Lead: Dr. Alexander Summers, Medical Officer of Health
<b>9</b>			<b>X</b>	Chief Executive Officer Activity Report for July and August  (Report No. 55-22)		To provide an update on external and internal meetings attended by the Chief Executive Officer since the last Board of Health meeting.  Lead: Ms. Emily Williams, Chief Executive Officer
<b>Correspondence</b>						
<b>10</b>		<b>X</b>	<b>X</b>	September 2022 Correspondence		Receive items a), b), and c).

## **OTHER BUSINESS**

The next meeting of the Middlesex-London Board of Health is Thursday, October 20 at 7:00 p.m.

## **CONFIDENTIAL**

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

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

## **ADJOURNMENT**



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

Thursday, July 14, 2022, 6:00 p.m.  
MLHU Board Room – CitiPlaza  
355 Wellington Street, London ON

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**MEMBERS PRESENT:** Mr. Matt Reid (Chair)  
Ms. Kelly Elliott (Vice-Chair)  
Mr. John Brennan  
Mr. Selomon Menghsha  
Ms. Mariam Hamou  
Ms. Maureen Cassidy (arrived 6:06 p.m.)  
Ms. Aina DeViet  
Mr. Michael Steele

**REGRETS:** Ms. Tino Kasi

**OTHERS PRESENT:** Ms. Carolynne Gabriel, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)  
Dr. Alexander Summers, Medical Officer of Health  
Ms. Emily Williams, Chief Executive Officer/Director, Health Organization  
Ms. Maureen MacCormick, Director, Healthy Living  
Ms. Heather Lokko, Chief Nursing Officer (Attended Virtually)  
Mr. David Jansseune, Assistant Director, Finance  
Ms. Lindo Stobo, Manager, Chronic Disease Prevention and Tobacco Control  
Ms. Kendra Ramer, Manager, Strategy, Risk and Privacy  
Mr. Christian Daboud, Manager, Health Equity  
Mr. Alex Tyml, Online Communications Coordinator  
Mr. Parthiv Panchal, Information Technology, End User Support Analyst

Chair Matt Reid called the meeting to order at **6:01p.m.**

**DISCLOSURE OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by **Mr. Michael Steele, seconded by Ms. Kelly Elliott**, that the **AGENDA** for the July 14, 2022 Board of Health meeting be approved.

Carried

**APPROVAL OF MINUTES**

It was moved by **Ms. Mariam Hamou, seconded by Ms. Elliott**, that the Board of Health approve:  
1) the **MINUTES** of the June 16, 2022 Board of Health meeting; and,  
2) the **MINUTES** of the July 7, 2022 Special Meeting of the Board of Health.

Carried

It was moved by **Mr. Steele, seconded by Ms. Aina DeViet**, *that the Board of Health receive:*  
1) the **MINUTES** of the June 16, 2022 Governance Committee meeting; and,  
2) the **MINUTES** of the July 7, 2022 Finance and Facilities Committee meeting.

Carried

## **REPORTS AND AGENDA ITEMS**

### **Finance & Facilities Committee Meeting – July 7, 2022 (Report No. 43-22)**

This report was introduced by Mr. Michael Steele, Chair of the Finance and Facilities Committee.

It was moved by **Ms. Elliott, seconded by Mr. Steele**, *that the Board of Health review and approve the audited Financial Statements for the Middlesex-London Health Unit for the year ending December 31, 2021.*

Carried

### **MLHU Q2 2022 Risk Register (Report No. 44-22)**

This item was advanced to before agenda item “Performance Appraisal Committee Meeting – July 7, 2022” as Ms. Maureen Cassidy, lead for this report, had not yet arrived.

Ms. Emily Williams, Chief Executive Officer introduced Ms. Kendra Ramer, Manager, Privacy, Risk and Project Management.

Highlights of this report include:

- Thirteen (13) of the 14 high risks identified on the Risk Register were mitigated during Q1 and Q2 to achieve either a moderate or low residual risk rating in Q2 2022.
- One (1) high risk will be removed in Q3 due to successful contract negotiations with CUPE and the ratification of a new collective agreement.
- Two (2) medium risks and one (1) low risk continue to be mitigated to remain at minor residual risk in Q2.
- One (1) new high risk has been reported in Q2 in the political category due to the recent Provincial election. No current actions have been taken to mitigate this risk pending future direction from the Province with regards to the potential modernization of public health.

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

- 1) *Receive Report No. 44-22, re: “MLHU Q2 2022 Risk Register” for information; and,*
- 2) *Approve the Q2 2022 Risk Register (Appendix A).*

Carried

### **Performance Appraisal Committee Meeting – July 7, 2022 (Verbal Update)**

This report was introduced by Ms. Cassidy, chair of the Performance Appraisal Committee.

The Performance Appraisal Committee met for the first time on July 7, 2022 during which they appointed Ms. Cassidy as Chair.

There was one item for discussion, Report No. 01-22PA, re: “2022 Medical Officer of Health and Chief Executive Officer Performance Appraisals Procedures.”

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

- 1) *Receive Report No: 01-22PA, re: “2022 Medical Officer of Health and Chief Executive Officer Performance Appraisals Procedures” for information;*

- 2) *Revise the Appendices to Policy G-050 “MOH and CEO Performance Appraisals Procedure” to reflect the Performance Appraisal Committee as a standing committee (Appendix A), as amended by the Performance Appraisal Committee;*
- 3) *Approve the performance appraisal process, supporting documents, and timelines (Appendix A), as amended by the Performance Appraisal Committee; and,*
- 4) *Direct staff to action the activities outlined in the MOH and CEO Performance Appraisal Checklist, as amended by the Performance Appraisal Committee (Appendix A).*

Carried

### **MLHU’s Anti-Black Racism Plan: Implementation Update (Report No. 45-22)**

This report was introduced by Ms. Heather Lokko, Chief Nursing Officer who introduced Mr. Christian Daboud, Manager, Health Equity.

Highlights of this report included:

- The Middlesex-London Health Unit declared racism a public health crisis in 2020. In 2021, the Health Unit introduced the Anti-Black Racism Plan (ABRP), developed in partnership with an external consultant and endorsed by the Board of Health.
- In June 2021, a health promoter was recruited to assist with engaging the diverse African, Caribbean, and Black (ACB) community members and organizations. This health promoter also supported and coordinated pandemic response strategies within this community, including a focused town hall event with health care experts from the Black community and delivery of five mobile vaccination clinics in collaboration with ACB groups and community partner agencies.
- In the fall of 2021, the Healthy Equity team conducted a community consultation process to develop an advisory committee to guide the implementation of the ABRP. Based on feedback from the community, a draft ABRP Advisory Committee Terms of Reference and recruitment of committee members was completed by the last quarter of 2021.
- To date, three advisory committee meetings have been held with a focus on MLHU’s new Employment Equity Policy and its initiative related to the collection of race-based and other social determinants of health (SDOH) data.
- The Advisory Committee’s first community co-chair was recruited and will serve a two-year term.
- An Employment Equity Policy has been developed that will support the future recruitment of ACB and other equity deserving community members into the workforce of MLHU at all levels.
- Next steps include the prioritization of remaining recommendations from the ABRP.

Ms. Hamou inquired if the Health Unit is targeting specific areas within the city and county, or the community more broadly with regards to interventions. Mr. Daboud indicated that part of the ongoing work includes collecting race-based and social determinants of health data to inform which areas of the community are high need. This data is part of the work to make evidence-based decisions.

It was moved by **Ms. Cassidy, seconded by Ms. Hamou**, that the Board of Health receive Report No. 45-22, re: “MLHU’s Anti-Black Racism Plan: Implementation Update” for information.

Carried

**Feedback on Proposed Disclosure Requirement for Vaping Product Manufacturers Under the Tobacco and Vaping Products Act (Report No. 46-22)**

This report was introduced by Ms. Maureen MacCormick, Director, Healthy Living who introduced Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control.

Highlights of this report include:

- A couple months ago, a report was presented to the Board of Health seeking endorsement of a response to Health Canada's request for comment on its review of the federal *Tobacco and Vaping Products Act*. The federal government is now considering regulatory amendments to require manufacturers of vaping products to report sales data and ingredient lists, both of which are already required by tobacco product manufacturers.
- In addition to applauding the federal government for this regulatory change, the Health Unit's submission recommends the federal government pursue additional actions and requirements.
- At the time of drafting this submission, it was announced that the FDA in the United States had issued market denial orders to JUUL, a vaping product manufacturer, indicating that the products were not safe for sale and a public concern and that the manufacturer was not doing their due diligence to prevent youth uptake and were breaking marketing rules. The market denial orders have since been paused by a court, but the federal government should consider the actions of the FDA.
- Philip Morris International just released a new product called Veeba, which is a single-use vaping product that provides more nicotine juice than would be in a JUUL pod, is cheaper than a JUUL vaping device, and is easier to access. This could make Veeba more appealing to youth who are price conscious. Currently in Canada it is up to the industry to market new products and there is no requirement for Health Canada authorization prior to selling and marketing vaping devices.
- Vaping products are regulated federally, while the retail and sale of vaping products is regulated provincially.

Ms. Cassidy inquired how the recommendations included in the Health Unit's submission might impact sales of vaping devices on the black market. Ms. Stobo indicated that some of the recommendations made in the Health Unit's submission to the federal government address enforcement. Currently there is a lot of availability of vaping products online and much of black-market sales are conducted online. Research into online sales of vaping products indicate that stringent measures to ensure age controls are neither legislated nor enforced.

Ms. Cassidy inquired if the retail of vaping products could be affected by the federal government. Ms. Stobo indicated that Health Canada could take a similar stance as the FDA and issue a broad order against vaping product manufacturers.

Ms. Hamou inquired how the Board of Health can promote regulatory changes to Health Canada. Chair Reid indicated that the Board of Health endorsing the submission is one thing the Board can do. Ms. Stobo stated that there were two recommendations included in the report, the first being for the Board to endorse the submission which would then proceed along the normal submission process, and the second being to endorse sending the submission and a letter directly to Minister Bennett. The Board of Health could include any other requests or recommendations for the federal government within that letter to Minister Bennet.

Chair Reid suggested copying the provincial Minister of Health on the letter. Ms. Stobo deferred to Dr. Summers who indicated that including the provincial Minister of Health would be appropriate and stated given that part of the Health Unit's ongoing work is enforcement, and the resources for these activities have been stretched due to the expansion in vaping and cannabis retailers.

Ms. Elliott suggested including local MPs and MPPs on the letter as well, so they are aware of it when speaking with local officials.



Ms. Williams indicated an opportunity for City of London councilors would be to support the CLIF funding when it comes forward for renewal during municipal budget deliberations. The CLIF funding supports enforcement work.

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

- 1) Receive Report No. 46-22 “Feedback on Proposed Disclosure Requirements for Vaping Product Manufacturers under the Tobacco and Vaping Products Act” for information;
- 2) Endorse and submit feedback prepared by the Middlesex-London Health Unit staff, attached at Appendix A, to the Tobacco Control Directorate of Health Canada, expressing its feedback on the proposed regulations regarding vapour product manufacturer reporting requirements; and
- 3) Send a copy of the Middlesex-London Health Unit submission, attached as Appendix A, to the Honourable Carolyn Bennett, Minister of Mental Health and Addictions and Associate Minister of Health, copying the Ontario Minister of Health and local MPs and MPPS, recommending that Health Canada publish peer reviewed evidence regarding product safety and health consequences from the use of vaping products within six months.

Carried

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

Dr. Alexander Summers provided this verbal report and shared a PowerPoint presentation.

Highlights of this report include:

- The title of this report was changed from “Verbal COVID-19 Disease Spread and Vaccine Campaign Update” to “Current Public Health Issues” to allow for updating on a broader range of current public health issues.
- The rates of COVID-19 have increased in the community over the past number of weeks, demonstrating a seventh wave. As COVID-19 continues to circulate in the community, there will be additional waves with changing magnitudes.
- Recent COVID-19 activity is being driven by the BA.5 Omicron subvariant which is more transmissible, more socializing within the community with socializing and mobility reaching pre-pandemic levels, and waning population immunity against COVID-19.
- Hospitalization rates for COVID-19 have levelled off but not decreased.
- Wastewater signals are rising, which is indicative of an increased viral presence; however, wastewater data does not always correlate with severe outcomes. Within Southwestern Ontario, wastewater rates had risen rapidly but are beginning to decline.
- Eligibility for a second booster dose for anyone aged 18 years and above was announced. Dr. Summers is receiving many questions about whether individuals should get their second booster dose now or wait until the fall when a bi-valent vaccine is anticipated. Dr. Summers indicated that those with three doses of the vaccine will have significant protection against severe outcomes, but likely no protection against symptomatic infection. Receiving a second booster now will provide some benefits to that effect. Some people are concerned that if they receive their second booster dose now, they will not be eligible for the potential bi-valent vaccine in the fall; however, the timing of the bi-valent vaccine is not yet known. Should it be in October, those who receive their second booster dose now will have a time interval of three months before the bi-valent vaccine is available and three months has been the minimum interval between booster doses. Dr. Summers unequivocally encourages those who do not yet have their first booster dose to get it as soon as possible.
- Health Canada has approved the first COVID-19 vaccine for children between the ages of six months and five years. Shortly thereafter, NACI released its recommendation. This vaccine has proved as effective as for all other age groups. NACI’s recommendation is for a two dose primary series, with a three dose primary series for those with underlying immunocompromised conditions. NACI’s recommendation states that this population “may” get the vaccine as opposed to “should” because children generally do well if they become infected with COVID-19; however, children do

get sick from COVID-19, miss school, and potentially experience severe outcomes, all of which are still worth preventing.

- The Health Unit does not yet know when the COVID-19 vaccine for children six months to five years of age will be available in the region; however, the local vaccination infrastructure is already in place for when the vaccine is available.
- Monkeypox is an emerging public health issue and as of July 11, 2022, there have been four confirmed cases in London and Middlesex County. Several vaccination clinics have been held for individuals who are most vulnerable. MLHU has provided the third most vaccine of all Ontario public health units.
- Opioids and substance misuse continues to be a public health issue. Overdoses and morbidities are continuing, particularly within the downtown core of London.
- CarePoint Supervised Consumption and Treatment has moved from its temporary location to a trailer on its permanent site. This transition has gone well; however, some people who had a routine accessing the services at their temporary location have not yet transitioned to the new location and may be experiencing barriers transitioning. As such, there is currently vulnerability within this community.

Ms. Cassidy inquired how Canada compares with other countries with regards to the vaccinating of young children. Dr. Summers indicated that Canada is in lockstep with the rest of the world.

Ms. Cassidy inquired if vaccination has any impacts on the possible longer-term consequences of COVID-19 infections. Dr. Summers indicated that analyses on this question are currently happening; however, given the number of people who have been infected with COVID-19, determining a causal relationship will be difficult. Studies have shown that those who are vaccinated experience less severe illnesses and when illnesses are less severe, longer-term and chronic outcomes decrease.

Ms. Cassidy indicated that children are regularly vaccinated for illnesses which generally do not result in severe outcomes for the children, for example the measles and chicken pox and inquired how that might compare to COVID-19. Dr. Summers indicated that COVID-19 would be very similar to other diseases for which children are regularly vaccinated with regards to the severity of illness for children. Therefore, the justifications for having children vaccinated for diseases like chickenpox and measles are the same for COVID-19.

Ms. DeViet inquired if the Middlesex and London region will have a sufficient supply of vaccine for future demands. Dr. Summers indicated that the anticipated bi-valent vaccines will be a new vaccine product and therefore may experience a slower production and distribution as the manufacturers increase their production. As a result, the roll-out of these vaccines may be in stages, but probably with shorter delays than with the first vaccines and the manufacturing infrastructure is already in place.

Mr. Steele inquired when a fifth dose (third booster dose) may be available. Dr. Summers indicated that fifth dose eligibility will likely not be until the fall, and will likely be with the bi-valent vaccines.

It was moved by **Ms. Hamou, seconded by Ms. Elliott**, that the Board of Health receive the Verbal update re: "Current Public Health Issues" for information.

Carried

### **Medical Officer of Health Activity Report for June (Report No. 47-22)**

Dr. Summers presented this report.

Ms. Cassidy thanked Dr. Summers for attending a Ward 5 meeting.

It was moved by **Mr. John Brennan, seconded by Ms. DeViet**, *that the Board of Health receive Report No. 47-22 re: "Medical Officer of Health Activity Report for June" for information.*

Carried

### **Chief Executive Officer Activity Report for June (Report No. 48-22)**

This report was presented by Ms. Williams who highlighted that an all-staff BBQ was held, planned by the Be Well committee. The BBQ had over 300 attendees and received great feedback.

It was moved by **Mr. Steele, seconded by Ms. Cassidy**, *that the Board of Health receive Report No. 48-22 re: "Chief Executive Officer Activity Report for June" for information.*

Carried

### **CORRESPONDENCE**

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

Carried

### **OTHER BUSINESS**

It was moved by **Mr. Selomon Menghsha, seconded by Ms. Elliott**, *that the August 18, 2022 Board of Health meeting be cancelled, such that the next meeting of the Board of Health will be September 15, 2022.*

Carried

### **CONFIDENTIAL**

At **7:04 p.m.**, it was moved by **Ms. Cassidy, seconded by Ms. Elliott**, *that the Board of Health will move in-camera to approve previous confidential Board of Health minutes, and to consider matters regarding personal matters about an identifiable individual, including municipal or local board employees and labour relations or employee negotiations.*

Carried

At **7:19 p.m.**, it was moved by **Ms. Hamou, seconded by Ms. Elliott**, *that the Board of Health return to public session from closed session.*

Carried

### **ADJOURNMENT**

At **7:19 p.m.**, it was moved by **Ms. Cassidy, seconded by Ms. Elliott**, *that the meeting be adjourned.*

Carried



**PUBLIC SESSION – MINUTES  
PERFORMANCE APPRAISAL COMMITTEE**

Thursday, July 7, 2022, 10:10 a.m.  
Microsoft Teams

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**MEMBERS PRESENT:** Mr. Matt Reid  
Ms. Kelly Elliott  
Ms. Mariam Hamou  
Ms. Aina DeViet  
Mr. Michael Steele  
Ms. Tino Kasi  
Ms. Maureen Cassidy

**OTHERS PRESENT:** Ms. Carolynne Gabriel, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)

Mr. Matt Reid, Board of Health Chair called the meeting to order at **10:10a.m.** and opened the floor to nominations for Chair of the Performance Appraisal Committee for 2022.

Ms. Maureen Cassidy expressed interest in being Chair of the Performance Appraisal Committee.

Chair Reid called three times for further nominations. None were forthcoming.

It was moved by **Ms. Aina DeViet, seconded by Ms. Mariam Hamou**, that *Ms. Cassidy be acclaimed as Chair of the Performance Appraisal Committee for 2022.*

Carried

**DISCLOSURE OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by **Mr. Reid, seconded by Ms. Hamou**, that the **AGENDA** for the July 7, 2022 Performance Appraisal Committee meeting be approved.

Carried

**REPORTS AND AGENDA ITEMS**

**2022 Medical Officer of Health and Chief Executive Officer Performance Appraisal Procedures (Report No. 01-22PA)**

This report was introduced by Mr. Reid.

Highlights of this report include:

- The appendices to Policy G-050 “MOH and CEO Performance Appraisals Procedure” require updating to reflect that the Performance Appraisal is a standing committee of the Board of Health, as of the June 16, 2022 Board of Health meeting, where before it was a sub-committee of the Governance Committee.

Ms. DeViet stated that she had some edits she would like made to the appendices that would not change the substance of the documents. Ms. DeViet would send these edits to Ms. Carolynne Gabriel, Executive Assistant to the Board of Health, to incorporate the edits.

It was moved by **Mr. Michael Steele, seconded by Ms. Kelly Elliott**, that the Performance Appraisal Committee recommend to the Board of Health to:

- 1) Receive Report No: 01-22PA, re: "2022 Medical Officer of Health and Chief Executive Officer Performance Appraisals Procedures" for information;
- 2) Revise the Appendices to Policy G-050 "MOH and CEO Performance Appraisals Procedure" to reflect the Performance Appraisal Committee as a standing committee (Appendix A), as amended by the Performance Appraisal Committee;
- 3) Approve the performance appraisal process, supporting documents, and timelines (Appendix A), as amended by the Performance Appraisal Committee; and,
- 4) Direct staff to action the activities outlined in the MOH and CEO Performance Appraisal Checklist, as amended by the Performance Appraisal Committee (Appendix A).

Carried

Further discussion included:

- Chair Cassidy to provide a verbal update for the July 7 Performance Appraisal Committee meeting to the Board of Health at the July 14 meeting and request the Board of Health approve the recommendations carried by the Performance Appraisal Committee.
- Staff to engage the same external consultant, The Achievement Centre, as in the most recent two performance appraisal processes. The Performance Appraisal Committee can consider following the completion of this year's performance appraisals whether to direct staff to engage in an RFP process for the next performance appraisal cycle.
- Based upon the MOH and CEO Performance Appraisal Checklist and the Performance Appraisal Committee Reporting Calendar, the next meeting of the committee would consist of debriefing with the external consultant and potentially reviewing the Performance Appraisal Forms and reaching a consensus.
- Staff to request the 360 process be complete by September 15, 2022 such that the reports are available for the committee to review by September 30, 2022.

### **OTHER BUSINESS**

The next meeting of the Performance Appraisal Committee is to be determined.

### **ADJOURNMENT**

At **10:29 a.m.**, it was moved by **Mr. Reid, seconded by Ms. Steele**, that the meeting be adjourned.

Carried

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**MAUREEN CASSIDY**  
Chair

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**Emily Williams**  
Secretary



**PUBLIC MINUTES  
FINANCE & FACILITIES COMMITTEE**  
Microsoft Teams  
Thursday, August 4, 2022 at 9 a.m.

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**MEMBERS PRESENT:** Mr. Mike Steele (Chair)  
Mr. Matt Reid  
Ms. Maureen Cassidy  
Mr. Selomon Menghsha (arrived 9:06 a.m.)

**REGRETS:** Ms. Kelly Elliott

**OTHERS PRESENT:** Ms. Stephanie Egelton, Senior Executive Assistant to the Medical Officer of Health (Recorder)  
Ms. Emily Williams, Chief Executive Officer  
Mr. David Jansseune, Assistant Director, Finance  
Ms. Carolynne Gabriel, Communications Coordinator and Executive Assistant to the Board of Health  
Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Diseases

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

**DISCLOSURES OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by **Mr. Matt Reid**, seconded by **Ms. Maureen Cassidy**, that the **AGENDA** for the August 4, 2022 Finance & Facilities Committee meeting be approved.

Carried

**APPROVAL OF MINUTES**

It was moved by **Ms. Cassidy**, seconded by **Mr. Reid**, that the **MINUTES** of the July 7, 2022 Finance & Facilities Committee meeting be approved.

Carried

**NEW BUSINESS**

**2022 Q2 Financial Update and Factual Certificate (Report No. 14-22FFC)**

Ms. Emily Williams, Chief Executive Officer introduced Mr. David Jansseune, Assistant Director, Finance.

Ms. Williams recognized and acknowledged the Health Unit's Finance team for their timeliness and efforts for Q2 reporting, as it is improving the Senior Leadership Team's ability to make financial decisions in a timely way.

Mr. Jansseune shared the Q2 Financial Update and Factual Certificate in the following quadrants: forecast, variance analysis, revenue, including 100% funded programs, and cashflow.

### Variance Analysis

The Health Unit's Shared Funding Programs were \$1.9 million, and favourable to the budget. This included \$559,251 (total \$991,748) for the Nurses Retention Incentive. Salaries and benefits were favourable to the budget, due to vacancies (temporary contracts and attrition) despite unfavourable overtime costs due to efforts related to the pandemic and recovery projects. General health unit expenses such as professional services and program materials were favourable due to reduced spending as a result of the pandemic.

The Health Unit's COVID-19 Programs (COVID-19 Case and Contact Management and COVID-19 Vaccine) were approximately \$4.4 million unfavourable to the budget. 50% of the approved budget created a \$6.5 million unfavourable variance due to the timing of funding from the Ministry of Health being received. In addition, there is increased spending at COVID-19 Vaccine Clinics which was partially offset by decreased spending in COVID-19 Case and Contact Management. Overtime spending was split across COVID-19 clinics and the COVID-19 Case and Contact Management teams, causing an approximate \$779,000 unfavourable variance because overtime was unbudgeted for Case and Contact Management.

### Forecast

Salaries for Shared Funding Programs are forecasted using Q2 department vacancy rates in Q3 and planning for full complement for Q4. COVID-19 Vaccine Clinics have increased spending (similar to Q1 and Q2) and COVID Case and Contact Management are forecasted at 75% of Q1 and Q2 spending. Shared Funding Programs are forecasting a surplus of approximately \$862,961. COVID-19 programming is forecasting a deficit of \$9.9 million, based on the current funding rate of 50% of program budget.

### 100% Funded Programs

It was noted that the Nurses Retention Incentive will be flowed through and offset with approximately \$992,000 in total funding. The payments to MLHU eligible nurses may be split into installments due to concerns of maximizing income tax claims.

The Health Unit receives funding from the City of London's Cannabis-Tobacco Enforcement initiative (CLIF). \$415,798 in funding was received, with \$89,701 spent as of June.

It was noted that the Health Unit received \$1,643,700 in funding for school focused health nurses. Due to the current low forecasted spend for the year, it is anticipated that the Ministry will be clawing back these funds in October 2022.

Ms. Williams provided updates on the Seniors Dental Program, for which the Health Unit received \$1,050,100 of additional operating funds, in addition to capital funding. Ms. Williams noted that the Health Unit is looking into spaces in Strathroy, which included a site visit with a dental consultant. Their report on a potential space was favourable and feasible, and the site project launches on August 8.

COVID-19 funding was approved for \$13.6 million, with forecasted expenses of \$23.5 million. It was also noted that the Ministry of Health has approved mandatory program surplus to be used for recovery or special projects within public health.

Ms. Williams noted that vacancies are evident at the Health Unit, as temporary contracts are difficult to recruit for. Nursing and Health Inspectors have the largest vacancies, as health human resources are

limited. There is a push within the College of Nurses to bring internationally trained nurses to Ontario, but this takes time. There is ongoing advocacy to ministry partners for improved access to health human resources.

Ms. Williams added that in regard to COVID-19 funding, it is highly likely that 2022 spend will be covered but there is no certainty for 2023. In order to be considered for funding, health units submit a budget for their COVID-19 program (including case and contact management and vaccine clinics). The Health Unit's budget to date for COVID-19 is \$29 million, forecasted to \$25 million with a \$9.1 million shortfall. It is projected that these funds will be needed in 2023, due to expansion of vaccine availability. The COVID-19 Case and Contact Management program costs have been reduced as the team has adapted to current needs and changing guidance from the Ministry.

Mr. Jansseune concluded with an overview of the Health Unit's cashflow at the time of the meeting:

- As of June 30, \$4.1 million positive in cash.
- Q1 cash depleted due to no COVID funding.
- Q2 cash replenished due to receipt of COVID funding to \$6.8 million.
- It is forecasted that there will be further COVID funding received, making cash approximately \$9.1 million in December.
- Current bank loan has \$3.9 million owing, with payback over 20 years at \$260,000 per year.

It was moved by **Ms. Cassidy, seconded by Mr. Reid**, *that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 14-22FFC re: "2022 Q2 Financial Update and Factual Certificate" for information.*

Carried

### **OTHER BUSINESS**

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

Carried

The next Finance and Facilities Committee meeting will be held Thursday, October 6 at 9 a.m.

### **ADJOURNMENT**

At **9:27 a.m.**, it was moved by **Mr. Reid, seconded by Mr. Selomon Menghsha**, *that the meeting be adjourned.*

Carried

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**MICHAEL STEELE**  
Chair

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**EMILY WILLIAMS**  
Secretary





**PUBLIC SESSION – MINUTES**  
**SPECIAL MEETING**  
**PERFORMANCE APPRAISAL COMMITTEE**

Friday, August 5, 2022, 10:00 a.m.  
Microsoft Teams

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**MEMBERS PRESENT:** Ms. Maureen Cassidy (Chair)  
Mr. Matt Reid  
Ms. Aina DeViet  
Mr. Michael Steele  
Ms. Tino Kasi

**REGRETS:** Ms. Mariam Hamou  
Ms. Kelly Elliott

**OTHERS PRESENT:** Ms. Carolyne Gabriel, Executive Assistant to the Board of Health  
and Communications Coordinator (Recorder)

Chair Maureen Cassidy called the meeting to order at **10:02 a.m.**

**DISCLOSURE OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by **Mr. Michael Steele, seconded by Mr. Matt Reid**, that the *AGENDA for the August 5, 2022 Performance Appraisal Committee meeting* be approved.

Carried

**CONFIDENTIAL**

It was moved by **Ms. Aina DeViet, seconded by Mr. Reid**, that the *Performance Appraisal Committee* move *in-camera* to consider matters regarding personal matters about an identifiable individual, including municipal or local board employees.

Carried

At **10:18 a.m.** it was moved by **Ms. DeViet, seconded by Ms. Tino Kasi**, that the *Performance Appraisal Committee* rise and return to public session.

Carried

**ADJOURNMENT**

At **10:19 a.m.**, it was moved by **Mr. Reid, seconded by Mr. Steele**, that the meeting be adjourned.

Carried

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**MAUREEN CASSIDY**  
Chair

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**Emily Williams**  
Secretary



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 49-22

TO: Chair and Members of the Board of Health  
FROM: Emily Williams, Chief Executive Officer  
DATE: 2022 September 15

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**FINANCE & FACILITIES COMMITTEE MEETING – August 4, 2022**

The Finance & Facilities Committee (FFC) met at 9 a.m. on Thursday, August 4, 2022.

Reports	Recommendations for Information and Board of Health Consideration
<b>2022 Q2 Financial Update and Factual Certificate</b> <b>(Report No. 14-22FFC)</b>	It was moved by <b>Ms. Maureen Cassidy, seconded by Mr. Matt Reid</b> , that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 14-22FFC re: “2022 Q2 Financial Update and Factual Certificate” for information. <p style="text-align: right;">Carried</p>

This report was prepared by the Chief Executive Officer.

A handwritten signature in cursive script that reads 'EWilliams'.

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

TO: Chair and Members of the Board of Health

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

DATE: 2022 September 15

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## **MLHU'S SMART START FOR BABIES (SSFB) PROGRAM: IMPLEMENTATION UPDATE**

### ***Recommendation***

***It is recommended that the Board of Health receive Report No. 50-22, re: “MLHU’s Smart Start for Babies (SSFB) Program: Implementation Update” for information.***

### **Key Points**

- MLHU resumed Smart Start for Babies (SSFB) operations in November 2021.
- A hybrid virtual/in-person model of program delivery has been developed in response to barriers related to attendance and the COVID-19 pandemic.
- Four programs are currently being offered in community locations in London with plans to expand to six programs by the end of 2022.

### **Background**

Smart Start for Babies (SSFB) is a Canada Prenatal Nutrition Program (CPNP) designed for pregnant individuals who are at risk for poor birth outcomes due to multiple factors including poverty, intimate partner violence, recent arrival in Canada, and adolescent pregnancies. SSFB is funded by the Public Health Agency of Canada (PHAC) at the current annual level of \$152,430 with in-kind staffing support from MLHU. In addition, the program receives in-kind space and personnel support (paid positions through the CPNP funding) from several community partners such as South London Neighborhood Resource Centre (SLNRC), LUSO Community Services (Family Centre Argyle), and YMCA of Southwestern Ontario (Family Centre Carling Thames).

The SSFB program provides access to healthy foods, prenatal and nutrition education, life skills development, and referrals to available community supports and resources. Sessions are facilitated by Public Health Nurses and Registered Dietitians. At each SSFB session, participants prepare a healthy snack or small meal in addition to participating in interactive health teaching. Participants in SSFB receive food vouchers and/or Harvest Bucks each week to promote access to healthy food, as well as bus tickets, prenatal vitamins, Vitamin D for infants who are being breastfed, and a variety of kitchen utensils and cookware to support the preparation of healthy meals at home.

### **March 2020 to September 2021**

By March 2020, the SSFB group sessions were suspended as part of MLHU’s COVID-19 pandemic response and ensuing organization-wide deployment of staff. Prior to the pandemic, MLHU’s SSFB’s program provided tailored programs to Arabic-speaking newcomers, youth, and families involved with child protective services in seven community locations.

**September 2021 - November 2021**

In the fall of 2021, MLHU commenced a gradual resumption of SSFB sessions following staff return from COVID-19 roles to the Healthy Start Division. This period focused on program planning, consultation with community partners and the development of a hybrid in-person/virtual delivery approach.

**November 2021 - April 2022**

In line with COVID-19 measures and policies, virtual and in-person SSFB classes were delivered by Public Health Nurses (PHNs) and Dietitians to Arabic-speaking newcomers. Virtual-only sessions were provided during the Omicron variant surge. Sessions were centered on prenatal and nutritional education, addressing priority issues of mental health, food literacy, food security, and injury prevention.

**May 2022 - September 2022**

SSFB resumed in-person sessions alongside a virtual option via Zoom. Each class is designed to host 12 registered participants per location. In partnership with community-based organizations, SSFB currently runs four programs as follows: SSFB South London, SSFB Carling Thames, SSFB Argyle, and SSFB for Arabic Speaking Newcomers.

**Next Steps: September 2022- January 2023**

Over the next couple of months, attention will be given to further expansion of the SSFB program; specifically, the resumption of programs targeting youth, Middlesex County residents, and residents in the Limberlost community will be prioritized. To this end, there is on-going exploration of new partnerships and locations such as the Grove at the Western Fairgrounds, the London Intercommunity Health Centre, the new Northwest London Resource Centre location, and Joan's Place/YOU.

**Conclusion**

The program continues to grow and evolve to provide excellent nutrition and prenatal education to pregnant individuals who experience various barriers in accessing healthy food, resulting in healthier birth outcomes. The Healthy Beginnings Visiting and Group Programs Team continues to play a critical role in optimum implementation of MLHU's SSFB's program.

This report was submitted by the Healthy Start Division.



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



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



TO: Chair and Members of the Board of Health

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

DATE: 2022 September 15

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## **FEEDBACK ON PROPOSED TOBACCO PRODUCT LABELLING REQUIREMENTS UNDER THE TOBACCO AND VAPING PRODUCTS ACT**

### **Recommendation**

*It is recommended that the Board of Health receive Report No. 51-22, re: “Feedback on Proposed Tobacco Product Labelling Requirements Under the Tobacco and Vaping Products Act” for information.*

### **Key Points**

- On June 11, 2022, Health Canada opened a [public consultation](#) to invite feedback on the proposed *Regulations Amending the Tobacco Products Regulations (Plain and Standardized Appearance)* and *Order Amending Schedule 1 to the Tobacco and Vaping Products Act*, which closed on August 25, 2022.
- The proposed amendments to regulation would strengthen and update current health-related messages, extend labelling requirements to all tobacco product packages, implement periodic rotation of messages, and introduce text health warnings on individual cigarettes, little cigars with filters (cigarillos) and tubes.
- Health Unit staff, in partnership with staff from other member health units of the Southwest Tobacco Control Area Network (SWTCAN), prepared and submitted feedback to Health Canada, attached as [Appendix A](#).

### **Consultation on Proposed Tobacco Product Labelling Requirements**

On June 11, proposed regulations to amend the *Tobacco Products Regulations (Plain and Standardized Appearance)* and Schedule 1 to the *Tobacco and Vaping Products Act* and corresponding [Regulatory Impact Analysis Statement](#) were published in Canada Gazette, Part I. This publication opened a 75-day consultation period that closed on August 25, 2022. The proposal, if enacted, would require the following ([Health Canada, 2022](#)):

1. The introduction of written health warnings printed on individual cigarettes, cigars that have a filter, and cigarette tubes, to inform users, particularly young persons, who may not be exposed to the packaging, of the health hazards of tobacco use.
2. Renewed health-related messages to address the latest evidence (health warnings, health information messages and toxicity information statements).
3. Health warning and toxicity information requirements extended to all tobacco product packaging.
4. A minimum size of 75% of the main panels of the packaging for health warnings for all tobacco products.
5. A new location for the health information messages on cigarette packages to make these messages more noticeable.

6. A rotation scheme that aims to enhance the novelty and relevance of the messages on tobacco products and packages by rotating sets of messages on a pre-determined schedule.
7. The ability to update the content of health-related messages (such as images or text) to reflect the most up to date science and research available without updating the regulations.

### **Opportunity for Canada to Set Global Precedence with Health Warning Regulations**

Health warnings on the packaging of commercial tobacco products have proven to be an effective way to reach those individuals who smoke. Canada was the first country to require pictorial warnings on tobacco packaging in 2001 which created a positive, health protective ripple effect globally. Canada's innovative approach to health warning communication resulted in more than 130 countries and territories taking similar action, requiring pictorial warnings on tobacco product packages. By enacting the proposed changes, Canada would become the first country to require warnings directly on individual tobacco products (e.g. individual cigarettes, cigarillos and tubes), which would be precedent setting, and could act as a global impetus for other countries to follow Canada's lead. Updated health warnings on individual cigarettes have the potential to reach vulnerable groups, such as youth, young adults, or occasional smokers, who may only access single cigarettes through social supply, while further reducing the consumer appeal of tobacco products. The warnings on individual cigarettes, cigarillos and tubes complements the health warnings seen on external packaging with the potential for significant reach; it is estimated that approximately 20 billion cigarettes are sold annually in Canada. For health warnings to have the intended health protective effect, messages must be refreshed frequently. Health Canada's proposal also includes a proposed rotation or set schedule of updated health warnings to help maintain novelty, relevance and visibility.

Introducing the measures outlined in Option 3 of Health Canada's proposal is an important next step to help reach Canada's Tobacco Strategy target of less than 5% tobacco use by 2035. To communicate its collective support for the proposed regulations, Health Unit staff, in partnership with staff from the other member health units in the Southwest Tobacco Control Area Network prepared and submitted feedback, attached as [Appendix A](#).

This report was submitted by the Healthy Living Division.



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



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

August 23, 2022

Ms. Anne Gabriel  
Manager, Tobacco Labelling Division  
Tobacco Products Regulatory Office  
Controlled Substances and Cannabis Branch  
Health Canada  
0301A-150 Tunney's Pasture Driveway  
Ottawa, ON K1A 0K9  
Email: [pregs@hc-sc.gc.ca](mailto:pregs@hc-sc.gc.ca)

### **The Middlesex-London Health Unit (MLHU) and Southwest Tobacco Control Area Network (SWTCAN) Submission on the Proposed Amendments to the *Tobacco Product Packaging and Labelling Regulations***

The Middlesex-London Health Unit (MLHU) and the Southwest Tobacco Control Area Network (SWTCAN), comprised of the seven public health units operating within southwestern Ontario, welcome the invitation to provide feedback regarding the Proposed Tobacco Product Packaging and Labelling Regulations. These regulations are a critically important next step in tobacco control and should be adopted without delay.

The MLHU and SWTCAN applaud Health Canada's proposal of forward-thinking regulations that aim to support the objectives of the *Tobacco and Vaping Products Act (TVPA)*. Collectively, we are in support of Health Canada's recommended amendments listed in **“Option 3: (Recommended) Update and standardize labelling requirements for all tobacco products and introduce new measures to enhance and maximize impact.”** Introducing these measures will ensure Canada continues to be a leader in reducing the burden of disease and death caused by commercial tobacco use by keeping Canadians informed about the health harms associated with commercial tobacco use. Canada was the first country to require pictorial warnings on tobacco packaging in 2001 which created a positive ripple effect globally, resulting in more than 130 countries and territories requiring pictorial warnings on tobacco product packages. By enacting the proposed changes to the regulations, Canada will be the first country to require warnings directly on individual tobacco products, which would be precedent setting, and could act as a global impetus for other countries to follow Canada's lead. Updated health warnings that communicate the latest health harms research on both tobacco product packages and on individual cigarettes has the potential to reach vulnerable groups, such as youth and youth adults, who may only access single cigarettes, while further reducing the consumer appeal of tobacco products.

Proposed regulations include ([Health Canada, 2022](#)):

1. The introduction of written health warnings printed on individual cigarettes, cigars that have a filter, and cigarette tubes, to inform users, particularly young persons, who may not be exposed to the packaging, of the health hazards of tobacco use.
2. Renewed health-related messages to address the latest evidence (health warnings, health information messages and toxicity information statements).

3. Health warning and toxicity information requirements extended to all tobacco product packaging.
4. A minimum size of 75% of the main panels of the packaging for health warnings for all tobacco products.
5. A new location for the health information messages on cigarette packages to make these messages more noticeable.
6. A rotation scheme that aims to enhance the novelty and relevance of the messages on tobacco products and packages by rotating sets of messages on a pre-determined schedule.
7. The ability to update the content of health-related messages (such as images or text) to reflect the most up to date science and research available without updating the regulations.

**The MLHU and the SWTCAN fully support the proposed tobacco health warning regulations, which should be adopted as soon as possible for the benefit of Canadians.** This submission offers additional comments and recommendations to provide further support for the efficacy and success of the proposed regulatory amendments.

### **Health Warnings Printed on Individual Cigarettes, Cigars that Have a Filter, Little Cigars that have a Filter and Cigarette/Little Cigar Tubes**

Health warnings on the packaging of commercial tobacco products have proven to be an effective way to reach those who smoke (Hammond, 2011). Expanding the use of health warnings from external product packaging to singular tobacco products (e.g., the tip of individual cigarettes or on blunt wraps) is yet another innovative way to provide messaging about the harms of smoking, particularly to young people. Youth and young adults typically obtain commercial tobacco products from a social supply and therefore may not be exposed to the health risks appearing on its outside packaging. Additionally, warnings on cigarettes can complement the warnings on the external tobacco product packages, and the reach will be extensive given that there are approximately 20 billion cigarettes sold annually in Canada.

The use of a white background with black text on singular products would provide the most visually accessible text with high colour contrast. Printed material in black and white is most readable, with a minimum point size of twelve (12 pt font size). **It is recommended by the MLHU and the SWTCAN that Health Canada consider the additional recommendations from the CNIB Clear Print Accessibility Guidelines (CNIB, 2022) when standardizing the print requirements for manufacturers. Limiting colours to black and white where possible also reduces the likelihood for manufacturers to employ the use of visually attractive colours associated with tobacco product brands.**

Health warnings are an effective means to increase awareness of the health effects of tobacco use and to reduce tobacco use, and the current tobacco labelling regulations have led to declining smoking rates in the country (Hammond et al., 2003). To aid in the continued downward trend of commercial tobacco use, we support a comprehensive approach that ensures that all Canadians are aware of the dangerous health hazards associated with the use of these products. For health warnings to have the intended effect, messages must be refreshed frequently to ensure that the effect of the messaging does not wane over time (Hitchman, et al., 2014). Historically, some countries, like Canada and Australia



have updated health warning requirements every ten years; whereas, some countries have had nine or more rounds of picture warnings, including Ecuador, Columbia, Mexico, Panama and Uruguay (Canadian Cancer Society, 2021; Cunningham, 2022). **It is recommended by the MLHU and the SWTCAN that Health Canada use a large number of warning messages appearing concurrently, while frequently changing the required set of messages (at least annually) to most effectively inform consumers of the myriad of potential health harms from tobacco product use while reducing the likelihood of message wear out with repeated exposures.**

### **Expansion of Health Warnings to all Tobacco Products and Increase in Visibility**

In Canada, health warnings containing text messages and illustrations about health hazards and negative health effects are currently mandated to be prominently placed on the front and back of tobacco product packages including cigarettes, little cigars, cigarette tobacco, cigars, pipe tobacco, leaf tobacco, tobacco sticks, chewing tobacco and snuff. Health warnings placed on tobacco products and tobacco product packaging is an evidence-based approach that has proven to be effective to inform tobacco users of the health hazards associated with tobacco use, (Health Canada and the Public Health Agency of Canada, 2017), and they have the potential to be seen by millions of Canadians every day. A study by Decima Research in 2009 indicates that youth and adults believe health warnings on tobacco products to be reliable sources of information and they strongly support the placement of health warnings on tobacco packaging. Under the proposed Regulations, health warnings will be renewed, including new themes and other health conditions not currently included in the current regulations, and will require pictorial health warnings on chewing tobacco and snuff. Additionally, health warnings on tobacco products would be legislated to have a glossy finish (Canada Gazette Part 1).

Health warnings will continue to cover at a minimum, 75% of the front and back of cigarette and little cigar packages; however, under the proposed regulatory amendments, this requirement would be extended to all tobacco product packages, including those for water pipe tobacco, blunt wraps, tobacco products intended for use with a device, the devices themselves and their parts, and any new tobacco products that are introduced to the Canadian market.

The current wording of the draft regulations allows for the tobacco industry to position health warnings on the bottom 75% of the package front and back surfaces; however, a warning at the top of the surface would increase visibility, compared to the bottom of the package (Cunningham, 2022). When given the choice, tobacco companies will place health warning labels at the bottom of the package instead of the top. In Canada, warnings have appeared at the top of the front and back surfaces since 1994, and this practice should formally continue through regulations. **In order to ensure that the updated health warnings on exterior packaging have the best visibility for tobacco users yielding the greatest positive health impact, the MLHU and SWTCAN recommend that Health Canada require manufacturers to position health warnings at the top 75% of the package front and back surfaces, instead of the bottom 75%, by way of regulation.**

We commend Health Canada’s precedent setting mandate to include health information messaging that combine text with illustrations, placed inside cigarette, little cigar and cigarette tobacco packages. Health information messages deliver positive cessation messages and help motivate smokers to quit through testimonials from former smokers and offer smokers tips about quitting. Research from opinion surveys conducted by Health Canada suggest that the more smokers read health information messages, the more likely they feel empowered to quit smoking, to make quit attempts and to successfully quit smoking (Thrasher, et al. 2016).

However, further research in 2019 indicates that the placement of health information on the back of cigarette slide and shell packs reduces its visibility and effectiveness in conveying health information to smokers (Quorus Consulting Group Inc. 2019). To enhance the effectiveness of health information messaging, the proposed Regulations would require such improvements as placing health information messages on an extended upper flap of slide and shell cigarette packs, adding an information leaflet to package of little cigars, and requiring health information messages to be shown on cigarette tobacco packages or inside the package (Canada Gazette Part 1). The inclusion of health information messages with cessation program contact information directly on tobacco product packaging will encourage and support cessation attempts for smokers who are thinking about quitting or want to quit. **In order to make it even quicker and easier for individuals to access the web portal for cessation support, the MLHU and the SWTCAN recommend that Health Canada include a QR code on the package, which can be scanned by a mobile device, to take consumers directly to the website. Additionally, if the contact phone number can also be reached by a text message to a shorter number (e.g., “Call or Text iQuit to 12345”), this may provide a more convenient, comfortable means of communication for individuals who are reluctant to speak to a person on the telephone.**

### **Health Warning and Toxicity Information Requirements Extended to all Tobacco Products**

Toxicity information (TI) about the toxic constituents in tobacco and the harmful emissions produced by tobacco smoke is required to be displayed on many tobacco product packages. However, information pertaining to emissions of certain tobacco products such as pipe tobacco and cigars, is not presently required to be included on the product’s package. The absence of information on the package may leave users uninformed about the health hazards of using tobacco and therefore mislead people about the harms these products may have on their health (Canada Gazette, Part 1).

Under the proposed Regulations, TI statements will be required on all tobacco product packages, including those not subject to labelling requirements under present legislation (e.g. those for water pipe tobacco, blunt wraps, tobacco products intended for use with a device, the devices themselves and their parts, and any new tobacco products to enter the Canadian market in the future). Moreover, the Regulations will stipulate that TI statements must be written clearly, concisely and using plain language that would be accessible to more people (Canada Gazette, Part 1). **The MLHU and the SWTCAN recommend that Health Canada implement these proposed regulatory amendments without delay as part of their comprehensive approach to inform Canadians on the health harms associated with the use of pipe tobacco, waterpipe tobacco, blunt wraps, tobacco**

products intended for use with a device and the devices and component parts, and any products that are introduced into the Canadian market place in the future.

### **Rotational Messaging and the Opportunity to Refresh Based on Emerging Evidence**

The proposed rotation scheme for health warnings with multiple sets of labels, a pre-determined schedule for rotating those labels every 24 to 36 months, and incorporation of a Source Document by Health Canada to allow for more timely updates would help to achieve the desired goal of enhancing the novelty, relevance and impact of the health-related information. **In order to ensure that health warnings are continually renewed, the MLHU and SWTCAN recommend that Health Canada consider staggering the release of different health warning sets within a 24 to 36 month period. Additionally, the MLHU and the SWTCAN recommend that Health Canada provide guidance to manufacturers to ensure equal use of sets to ensure that all health warnings are used equitably, without overuse of those found to be less obtrusive or those found to best blend into the tobacco product package.**

**The MLHU and the SWTCAN supports the proposed, flexible approach to allow Health Canada to make future changes to health warnings on external packaging administratively, without the need for the more cumbersome approach of amending regulations. In addition, the MLHU and the SWTCAN recommend that the same approach be applied to health warnings printed directly on individual cigarettes. The permitting of changes administratively will provide Health Canada with the ability to quickly and easily update messaging and graphic elements (e.g. changes to the text colour from black to red, font size, or adding pictograms) to ensure universal communication and compliance with any accessibility requirements which may change to reflect emerging evidence and best practice.**

Thank you for the opportunity to provide feedback on the proposed regulatory amendments to the *Tobacco Product Packaging and Labelling Regulations*. We remain committed to work collaboratively with other public health units, non-governmental organizations, health care agencies and our municipal, provincial and federal governments to prevent smoking-related disease and death. Despite the significant policy and program advancements that have been made over the last twenty years, approximately 48,000 Canadians die from a tobacco-related disease every year. Being a global leader in comprehensive tobacco through the enactment of strict, precedent-setting health warning legislation will help us to achieve Canada's Tobacco Strategy target of less than 5% tobacco use by 2035. We remain committed to work with our partners at Health Canada to achieve this goal.

Sincerely,



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

### Citations

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TO: Chair and Members of the Board of Health

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

DATE: 2022 September 15

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## **SUPPORTING STUDENTS' DEVELOPMENT OF A POSITIVE RELATIONSHIP WITH FOOD IN SCHOOLS**

### **Recommendation**

*It is recommended that the Board of Health receive Report No. 52-22, re: "Supporting Students' Development of a Positive Relationship with Food in Schools" for information.*

### **Key Points**

- Evidence indicates that traditional healthy eating messages and practices in schools can cause harm by potentially triggering disordered eating behaviours, adversely impacting diet quality.
- Providing neutral food exposures, messages, and experiences in schools promotes eating competence and a positive relationship with food, as well as supports food acceptance over time.
- The Child Health and Young Adult teams' registered dietitians are leading a shift in the approach to food education to promote life-long positive relationships with food and body image among students in Middlesex-London. This approach is culturally sensitive, developmentally appropriate, protective against eating disorders/disordered eating, and promotes overall health and wellbeing.
- References for this report are located in [Appendix A](#).

### **Background**

It is well documented that children and youth do not eat the recommended servings of vegetables and fruit per day (Ontario Ministry of Health and Long-Term Care, 2009; Roblin, Smith, Loxley, 2021; Statistics Canada, 2019). Several diet-related non-communicable diseases, including cancer, heart disease, and stroke, are among the leading causes of death in Canada, making food and nutrition a significant public health and economic concern (Prowse et al., 2020). Dietary attitudes and behaviours are shaped during childhood and adolescence and are tracked into adulthood (Langford et al., 2014; Murimi et al., 2018; Ontario, 2018). Thus, supporting children and youth to foster a positive relationship with food can have lifelong health promoting impacts. Schools have been identified as an important and effective setting for health promotion strategies targeted for children and youth (Langford et al., 2014; Wolfenden et al., 2017).

### **Traditional Healthy Eating Approach**

Traditional healthy eating messages promoted in schools by public health and educators include teaching children and youth about the healthfulness of food and placing food into categories based on nutrition quality (e.g., labeling foods as good and bad foods). Evidence now demonstrates that this approach may not have been effective in improving diet quality or promoting positive eating habits (DeCosta et al., 2017; Frerichs, Intolubbe-Chmil, & Trowbridge, 2016; Larkin & Rice, 2005; Langelotto & Gupta, 2012; Maher et al., 2017; Welch & Leahy, 2018). Rather, research has linked the development of eating disorders to healthy eating and healthy weight messaging received in school (Chen & Couturier, 2019; Pinhas et al., 2013).

Well-intended messages about “healthy eating” can inadvertently cause harm by leading to preoccupation and fear of food (Lytle et al., 1997; O’Dea, 2000; Pinhas et al., 2013). This knowledge cannot be ignored, especially since hospitalizations for eating disorders, disordered eating behaviours, weight preoccupation and weight-based discrimination have reportedly increased during the COVID-19 pandemic (Canadian Institute for Health Information, 2022; Pearl & Schulte, 2021; Zipfel, Schmidt, & Giel, 2022).

### **School-based Approaches to Healthy Eating in Schools: Why Change is Needed**

Children and youth make food decisions based on taste, preference, and familiarity. Research indicates that learning about the health benefits of eating certain foods is not likely to impact food decisions (Cooke, 2007; Frerichs, Intolubbe-Chmil, & Trowbridge, 2016). Food education in schools can be delivered in a way that is protective against disordered eating behaviours and supports the development of health promoting eating habits and a positive relationship with food in the long-term (Welch & Leahy, 2018). To achieve this, food education should focus on neutral food exploration and food literacy (Cunningham-Sabo & Lohse, 2014; DeCosta et al., 2017; Welch & Leahy, 2018).

Teaching about food in a neutral manner involves helping students to view all foods as morally equal, removing judgment, shame, labels, and fear around food and eating, as well as supporting the development of eating competence (Dietitians4Teachers, 2021; Satter, 2016). A food-neutral approach entails being curious about and exploring food using the five senses and refers to food by name rather than assigning labels such as ‘good’, ‘bad’, ‘junk’, or ‘healthy’ (Dietitians4Teachers, 2021). Labeling food, particularly with children under 12 years of age, can lead to worry about eating and fear of food (O’Dea, 2000; Lytle 1997). Eating competence is defined as being positive, comfortable, and flexible with eating. Individuals who are competent eaters reliably feed themselves enough enjoyable and nourishing food to feel satisfied (Satter, 2022). Eating competence involves being interested in and open to trying new foods, taking time to eat regularly throughout the day, and listening to hunger and fullness cues (Satter, 2022). Evidence states that competent eaters have higher quality diets, strong food resource management skills, and enhanced health and wellness indicators (Satter, 2022).

### **Next Steps**

The Child Health and Young Adult teams’ registered dietitians are working in partnership with Southwestern Public Health on adapting and creating curriculum resources that align with this recommended evidence-based approach to food education in schools. This approach promotes food exploration and strives to foster a positive relationship with food among students in a way that is culturally sensitive, meaningful, and health promoting. The goal of this approach is to support students’ food acceptance and positive eating behaviours in the long term (Healthy Schools BC, 2022). To achieve this, the registered dietitians will:

- Review and update internal nutrition resources and messages to ensure alignment with this approach. Discontinue use of programs and resources that do not align with this approach.
- Enhance promotion of existing internal programming and resources that align with this approach, including food literacy programming (Let’s Get Cookin’).
- Develop new resources to support educators and staff as appropriate, including input from educators whenever possible.
- Develop and facilitate training for Health Unit staff working in schools on this approach and commit to ensuring new staff are oriented to this approach.
- Work closely with school partners to increase awareness about the evidence linking traditional healthy eating educational approaches to eating disorders and disordered eating.



- Promote the discontinuation by school boards and school partners of curriculum, programs and resources that do not align with the new approach.
- Explore external training opportunities for educators and community stakeholders.
- Fulfill a leadership role in advocating to school staff, community partners, public health professionals, and relevant provincial organizations on this approach to food education.
- Share this approach with other Health Unit teams for consideration to ensure consistent messaging.

References for this report are located in [Appendix A](#).

This report was prepared by the School Health Team, Healthy Living Division.



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



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

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TO: Chair and Members of the Board of Health

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

DATE: 2022 September 15

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## INFECTION PREVENTION AND CONTROL (IPAC) HUB UPDATE AND 2022- 23 FUNDING AGREEMENT

### *Recommendation*

*It is recommended that the Board of Health receive Report No. 53-22 re: “Infection Prevention and Control (IPAC) Hub Update and 2022-23 Funding Agreement,” for information.*

### **Key Points**

- Since 2021, the Middlesex-London Health Unit has participated in the Ontario Health Infection Prevention and Control (IPAC) Hub initiative to provide support to congregate living settings in Middlesex-London.
- This initiative provides dedicated funding (\$270,067.82 in 2022-23) for partner agencies like public health, hospitals, and Ontario Health Teams to support congregate setting IPAC practices.
- In 2021, the Infectious Disease Control Team responded to 978 IPAC support requests from congregate living organizations.

### **Background**

As part of the province’s comprehensive [Keeping Ontarians Safe: Preparing for Future Waves of COVID-19](#), local networks of IPAC expertise (IPAC Hubs) were developed across the province to enhance IPAC practices in community-based, congregate living settings. The Southwest IPAC Hub is a collaboration between Middlesex-London Health Unit (MLHU), the Huron Perth and Area Ontario Health Team and Southwestern Public Health.

Ontario Health has identified organizations including hospitals, public health units and others from across the province to lead local IPAC Hubs. These organizations work with local partners from across the health system who have IPAC expertise to provide advice and guidance, and to direct support to congregate settings in the region. For southwestern Ontario, Southwest Public Health serves as the lead agency and MLHU functions as a satellite hub specifically for the Middlesex-London region.

MLHU provides services and support to enhance IPAC practices in congregate living settings. This includes congregate settings that are funded and overseen by the Ministry of Health (MOH), Ministry of Long-Term Care (MLTC), Ministry of Seniors and Accessibility (MSAA), Ministry of Municipal Affairs and Housing (MMAH) and the Ministry of Children, Community & Social Services (MCCSS). Settings include:

- Long-term care homes
- Retirement homes
- Group homes
- Shelters

- Supportive Housing
- Residential Treatment Centres
- Hospices

The Infectious Disease Control Team works collaboratively with partners to provide the following IPAC services and supports:

- Education and training
- Supportive visits and consults
- Assessments
- Best practice recommendations and implementation support
- Coaching/mentoring on IPAC practices
- Outbreak management planning
- Communities of practice

Further details can be found in the [Ministry of Health Infection Prevention and Control Hubs summary](#).

### **2022 – 2023 Memorandum of Agreement**

The Middlesex-London Health Unit will receive \$270,067.82 to provide IPAC Hub services between April 1, 2022, and March 31, 2023. Operationally, MLHU provides resources beyond the IPAC Hub funding to fully support the IPAC needs of congregate settings in our region. To date, costs beyond those allocated through Hub funding have been supplemented by COVID-19 exceptional funding. The funding agreement is attached as [Appendix A – IPAC Hub Agreement](#).

### **Next Steps**

MLHU will continue to work collaboratively with partners in the Hub initiative to enhance and provide infection prevention and control interventions within congregate settings in our community. Further clarity regarding the future of the IPAC Hub model is anticipated from the province at some point in the future.

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



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



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

**THIS AMENDING AGREEMENT** made as of the 26th day of May 2022.

BETWEEN:

**OXFORD ELGIN ST. THOMAS HEALTH UNIT o/a Southwestern Public Health**  
(hereinafter referred to as the “SWPH”)

OF THE FIRST PART;

-and-

Middlesex-London Health Unit  
(hereinafter referred to as the “the Service Provider”)

OF THE SECOND PART.

WHEREAS the Service Provider and SWPH are parties to a Memorandum of Agreement whereby SWPH is the transfer payment agency for the IPAC Hubs and Congregate Living Organizations initiative. Financial and accountability relationships are outlined in the Memorandum of Agreement, a copy of which Memorandum of Agreement is attached hereto as Appendix A.

AND WHEREAS the Memorandum of Agreement contained an effective term for the period from October 1, 2020 to December 31, 2021 with Amendments extending funding to March 31, 2022.

AND WHEREAS SWPH has received funding from the Ministry of Health for the fiscal period of April 1, 2022 to March 31, 2023;

NOW THEREFORE THIS AGREEMENT WITNESSETH that in consideration of the terms, covenants and provisions of this Agreement, and for other good and valuable consideration (the receipt and sufficiency of which is hereby acknowledged) the parties hereby agree as follows:

1. The Parties agree that the Term shall be extended from its current termination date of March 31, 2021 to a new termination date of March 31, 2023 (the “Term

Extension”);

2. SWPH agrees to distribute the funds to 2 Satellite Hubs as per Appendix B attached.
3. In all other respects, the parties hereto confirm the other terms and provisions set forth in the Memorandum of Agreement and agree that they shall perform and observe the covenants, provisos and stipulations in the Agreement as fully as if such covenants, provisos and stipulations had been repeated in full in this amending agreement.

IN WITNESS WHEREOF the parties hereto have caused this agreement to be executed as of the dates set forth below,

Signed on this 31<sup>st</sup> day of May \_\_\_\_\_ 2022.

For Southwestern Public Health



\_\_\_\_\_  
Cynthia St. John, Chief Executive Officer

For the Service Provider



\_\_\_\_\_  
Emily Williams, Chief Executive Officer  
Middlesex-London Health Unit

## **Appendix A – Memorandum of Agreement**

### **Memorandum of Agreement**

**BETWEEN:**

**Oxford Elgin St. Thomas Health Unit o/a Southwestern Public Health**

**and**

**Middlesex-London Health Unit**

## 1.0 INTRODUCTION

### 1.1 Purpose

1.1.1 The purpose of this Agreement is to clarify the accountability and financial relationship between Southwestern Public Health and the Service Provider with respect to one-time funding provided to the Service Provider by the South West IPAC Hub lead local agency (Southwestern Public Health) to support the South West IPAC Hubs and Congregate Living Organizations Model, pursuant to this Agreement.

1.1.2 The Southwestern Public Health and the Service Provider shall act according to the responsibilities set out for each in this Agreement. This Agreement shall not affect, modify or interfere with the responsibilities of either the South West IPAC lead local agency or the Service Provider under law.

### 1.2 Definitions

1.2.1 As used in this Agreement, the following terms have the following meanings:

**Agreement** means this Memorandum of Agreement;

**Applicable Law** means, with respect to any person, property, transaction, event or other matter, any rule, statute, regulation, by-law, order, judgment, decree, treaty or other requirement having the force of law relating or applicable to such person, property, transaction, event or other matter, and includes where appropriate, any interpretation of a rule, statute, regulation, order, decree, treaty or other requirement having the force of law by any person having jurisdiction over it, or charges with its administration or interpretation;

**COVID-19: Infection Prevention and Control Hub Program (100%)** means one-time funding from the Ministry of Health used for costs associated with developing local networks (using a Hub model) of Infection Prevention and Control (IPAC) to enhance IPAC practices in communitybased, congregate living settings/sites. Congregate living settings/sites include long-term care homes, retirement homes, residential settings for adults and children funded by the Ministry of Children, Community and Social Services (MCCSS), shelters, and supportive and residential housing funded by the Ministry of Health.

**Hub Partner (Satellite Hub)** means, hospitals and local public health units operating in the satellite hub areas of Grey-Bruce, Huron-Perth and Middlesex-London who will work to coordinate and collaborate with Southwestern Public Health on this initiative;

**Lead Local IPAC Hub** means, Southwestern Public Health who has been provided one-time funding by the Ministry of Health for the 2020-21 funding year to support the



development of local networks to enhance Infection Prevention and Control practices in community-based, congregate living settings in the satellite hubs areas of Grey-Bruce, Huron-Perth and MiddlesexLondon;

**Service Provider** means a party named in this Agreement that the Southwestern Public Health enters into a contract with;

**Funding** means the funding from the Southwestern Public Health to fund the Service Provider as outlined in Schedule A, attached;

**Losses** mean any and all costs, losses, damages, judgments, claims, demands, suits, actions, causes of action, contracts, or other proceedings of any kind or nature, costs and expenses (including reasonable legal fees and disbursements);

**Ministry** means the Ministry of Health;

### 1.3 Guiding Principles

1.3.1 Southwestern Public Health recognizes that the Service Provider conducts its operations in accordance with the mission and philosophy of the Service Provider.

1.3.2 The Service Provider acknowledges that it is accountable to Southwestern Public Health for the administration of the Funding that is received from Southwestern Public Health.

1.3.3 The Service Provider recognizes its high degree of responsibility to ensure that public funds received from the Ministry via Southwestern Public Health are used responsibly, cost-effectively and appropriately, and in accordance with this Agreement.

1.3.4 The Service Provider is responsible for promoting and supporting the IPAC Hub activities with community-based, congregate living organizations, as outlined in Schedule A, and in accordance with this Agreement.

### 1.4 Currency

1.4.1 All funding or other payments contemplated pursuant to this Agreement shall be made in Canadian currency and all Funding referred to herein is in Canadian currency.

## 2.0 TERM OF AGREEMENT

### 2.1 Effectiveness of Agreement

2.1.1 This Agreement is effective for the period from October 1, 2020, to March 31, 2021.

## 3.0 ACCOUNTABILITY RELATIONSHIPS

- 3.1.1 Southwestern Public Health is the transfer payment agency for the IPAC Hubs and Congregate Living Organizations initiative.
- 3.1.2 Southwestern Public Health is accountable to ensure that funding is flowed to the Service Provider in accordance with Southwestern Public Health funding guidelines, and Southwestern Public Health is accountable to the Ministry for specific deliverables associated with this Funding.
- 3.1.3 The Service Provider is accountable to Southwestern Public Health to ensure that Funding for Services pursuant to this Agreement is used solely for the purpose for which the funds were intended and that the Service Provider complies with this Agreement.
- 3.1.4 The Service Provider has entered into this Agreement with Southwestern Public Health solely for the purposes and to the extent set forth in this Agreement and the relationship between the Service Provider and Southwestern Public Health is and shall, at all times during the term of this Agreement, be that of independent contractors. Nothing in this Agreement shall be construed to constitute the Service Provider or any Personnel as a partner, employee or agent of Southwestern Public Health for any purpose, and neither the Service Provider nor any Personnel has any authority to bind the Southwestern Public Health in any manner whatsoever.

#### **4.0 ROLES AND RESPONSIBILITIES**

4.1 The Service Provider is responsible for:

- (a) Working collaboratively with Southwestern Public Health and hub partners. The service providers will be responsible for supporting the IPAC hub activities, as outlined in Schedule A.

#### **5.0 ADMINISTRATIVE RESPONSIBILITIES**

5.1.1 The Service Provider is responsible for all of its business operations.

5.1.2 The Service Provider shall comply with all Applicable Laws.

#### **6.0 PUBLICITY AND ADVERTISING**

6.1.1 Any publicity or publications relating to the Funding by the Southwestern Public Health and all other matters arising out of this Agreement must have the prior written consent of Southwestern Public Health.

6.1.2 The Service Provider shall acknowledge the support of Southwestern Public Health in copies of reports and other written materials and advertising and publicity relating to the provision of IPAC expertise, collaborative assistance and just-in-time advice, guidance,

and direct support on IPAC practices.

## **7.0 FINANCIAL ARRANGEMENTS**

### **7.1 Service Provider Funding**

7.1.1 Southwestern Public Health shall allocate to the Service Provider for the Services under this Agreement as a one-time payment prior to March 31, 2021, for deliverables (as outlined in Schedule B) associated with the IPAC hub initiative for which the Southwestern Public Health is accountable to the Ministry.

7.1.2 The Service Provider shall use such Funding solely for the purpose of providing financial support to hub partners, as defined under this Agreement.

7.1.3 Without limiting the obligations of the Service Provider contained elsewhere in this Agreement, the Service Provider shall be responsible for:

- (a) Reporting on the use of the funds and IPAC hub activities to Southwestern Public Health using a template prescribed by the Ministry of Health.
- (b) Ensuring that all financial records with respect to the administration of the funding are available to Southwestern Public Health upon request.

## **8.0 INDEMNIFICATION**

8.1.1 The Service Provider shall indemnify and save harmless Southwestern Public Health and its employees, independent contractors, subcontractors and agents from and against all claims, losses, damages costs, demands, expenses, contracts, actions for other proceedings, made, sustained, brought, prosecuted, threatened to be brought or prosecuted, in any manner based upon, occasioned by or attributable to anything done or omitted to be done on the part of the Service Provider, its directors, officers, employees, independent contractors, subcontractors or agents in connection with the responsibilities of the Service Provider or its directors, officers, independent contractors or agents in connection with this Agreement.

8.1.2 The indemnity set out in 8.1.1 shall not extend to any claims, losses, damages, costs, demands, expenses, contracts, actions for other proceedings of any kind or nature to the extent that they are based on, occasioned by, or attributable to anything negligently done or omitted to be done by Southwestern Public Health or its employees, independent contractors, subcontractors or agents in connection with this agreement.

8.1.3 The Service Provider's ability to indemnify or reimburse Southwestern Public Health shall not affect or prejudice Southwestern Public Health from exercising any other rights under the Applicable Law.

## 9.0 GENERAL PROVISIONS

### 9.1 Entire Agreement

9.1.1 This Agreement and the Schedules hereto constitute the entire agreement between the parties pertaining to the subject matter hereof and supersedes all prior agreements and understanding, collateral, oral, or otherwise. There are no other agreements among the parties in connection with the subject matter of this Agreement, except as specifically set forth in this Agreement and the Schedules and Appendices hereto.

**IN WITNESS WHEREOF**, the parties have duly executed this Agreement.



April 28, 2021

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Cynthia St. John  
CEO  
Southwestern Public Health

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Date



April 15, 2021

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Emily Williams  
CEO (Interim)  
Middlesex-London Health Unit

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Date

SCHEDULE A: Infection Prevention and Control Hub Initiative

Facility #	Legal Name of Service Provider	2020-21 Funding One-Time
235	Middlesex-London Health Unit	\$328,520
<b>TOTAL</b>		<b>\$328,520</b>

**This funding is part of the government's comprehensive plan Keeping Ontarians Safe: Preparing for Future Waves of COVID-19 to prepare for the immediate challenges of the fall with the second wave of COVID-19 along with the flu and other respiratory infections.**

Southwestern Public Health shall:

- Fund the service providers to implement local IPAC Hubs within London Middlesex consistent with the plan developed by Ontario Health.
- Ensure the service providers use these funds to implement the IPAC Hubs and provide IPAC services to congregate living settings/sites in their catchment area. Congregate living settings/sites include long-term care homes, retirement homes, residential settings for adults and children funded by Ministry of Children, Community and Social Services (MCCSS), shelters, supportive and residential housing funded by the Ministry of Health.
- Report on hub planning, implementation, activities and outcomes to the Ministry of Health as part of Southwestern Public Health accountability agreement requirements.

Upon review and reconciliation, should the Ministry deem expenses ineligible (i.e., did not meet the deliverables outlined in Schedule B), or able to be managed through offsets, the Ministry will recover funds already paid and subsequently, the Southwestern Public Health will recover the same from the Service Provider.

The funding associated with the COVID-19 IPAC Hubs in each satellite hub area is being provided with the expectation that the satellite hub areas are working together in a partnership that builds on these one-time investments to implement IPAC Hubs to respond to the needs for expertise and support from community-based congregate living settings.

## Schedule B: Infection Prevention and Control Hub Initiative Deliverables

1. Provide education and training;
2. Support or develop community/ies of practice to support information sharing, learning and networking among IPAC leaders within congregate living settings;
3. Support the development of IPAC programs, policy and procedures within sites;
4. Support assessments and audits of IPAC programs and practice;
5. Provide recommendations to strengthen IPAC programs and practices;
6. Provide mentoring of IPAC service delivery within homes;
7. Work with public health partners and congregate living settings to develop outbreak management plans;
8. Support the congregate living setting to implement IPAC recommendations; and
9. Provide weekly reports on the use of the funds and IPAC hub activities to Southwestern Public Health using a Ministry of Health template.

## Appendix B

### Calculation of Funds Distribution

Review of Number of Congregate Living Organizations Completed on January 6, 2022	Number of Congregate Living Organizations	% of Total
Middlesex London	258	52
Huron Perth	113	22
Elgin Oxford	128	26
<b>Total Number of CLOs in SW IPAC Hub</b>	<b>499</b>	

Facility #	Legal Name of Service Provider	2022-23 Funding One-Time
258	Middlesex-London Health Unit April 1, 2022 to March 31, 2023	\$270,067.82
<b>TOTAL</b>		\$270,067.82



TO: Chair and Members of the Board of Health

FROM: Alexander Summers, Medical Officer of Health

DATE: 2022 September 15

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## MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR JULY AND AUGUST

### **Recommendation**

*It is recommended that the Board of Health receive Report No. 54-22, re: “Medical Officer of Health Activity Report for July and August” for information.*

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The following report presents activities of the Medical Officer of Health (MOH) for the period of July 1-September 1, 2022. As of September 1, the formal Minister of Health’s appointment of Dr. Alexander Summers as Medical Officer of Health is pending.

On July 30, the Medical Officer of Health received non-admitting hospital privileges for sites at London Health Sciences Centre and St. Joseph’s Healthcare London for the purpose of gathering mandated information relating to infectious diseases and environmental hazards cases.

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

The Medical Officer of Health, along with other team members, continues to host a weekly Middlesex-London Health Unit (MLHU) Staff Town Hall (Friday) and presents on many topics, including COVID-19.

The Medical Officer of Health also participated in the following:

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

- July 4** Interview with Angela McInnes (CBC London) on influenza locally.  
Interview with Mike Stubbs (AM980) on availability of fourth doses of COVID-19 vaccine.  
Attended meeting with Ministry of Health on Monkeypox vaccination.  
Worked evening Sexually Transmitted Infection (STI) Clinic at Citi Plaza.
- July 5** Visited with clients and public health nurses at MLHU’s Smart Start for Babies program at South London Neighbourhood Resource Centre  
Attended Ministry of Health COVID-19 Public Health coordination call.
- July 8** Participated in City of London’s Emergency Operations Centre (control group) meeting on the Rogers network outage.  
Interview with Dan Brown (London Free Press) on COVID-19 subvariants.
- July 11** Worked evening Sexually Transmitted Infection (STI) Clinic at Citi Plaza.



- July 12** Hosted Healthcare Provider webinar, with the Healthcare Provider Outreach team. Attended Ministry of Health COVID-19 Public Health coordination call.
- July 13** Met with Dr. Vladimir Hachinski of Robarts Research Institute to discuss the Dementia Prevention Initiative.  
Attended an Infection Prevention and Control working group meeting.  
Interviews with Angela McInnes (CBC London), Jennifer Basa (CTV London), Jennifer Bieman (London Free Press), Mike Stubbs (AM980) and Allison Devereaux (CBC London) on the expansion of eligibility for a fourth doses of COVID-19 vaccine.
- July 14** Attended meeting with Ministry of Health on Monkeypox vaccination.  
Interview with Jennifer Bieman (London Free Press) on the status of booking a COVID-19 vaccination appointment.
- July 15** Attended meeting with community partners on the status of opioid use in the community.
- July 18** Attended Southwest Medical Officer of Health meeting hosted by MLHU.  
Worked evening Sexually Transmitted Infection (STI) Clinic at Citi Plaza.
- July 19** Attended Ministry of Health COVID-19 Public Health coordination call.
- July 21** Attended meeting with the Provincial Emergency Operations Center to discuss COVID-19 fall preparedness planning.
- July 22** Meeting with Ministry of Health and Public Health Ontario on case and contact management.  
Attended meeting with Ministry of Health on Monkeypox vaccination.
- July 23** Visited MLHU staff working at the London Pride event.
- August 8** Interview with Andrew Graham (980 CFPL) on the provincial decision to mandate masks being worn by students in school in September.
- August 9** Hosted Healthcare Provider webinar with the Healthcare Provider Outreach team.  
Attended Ministry of Health COVID-19 Public Health Coordination call.  
Interview with Brent Lale (CTV London) on COVID-19 outbreaks in long term care homes locally.
- August 10** Attended London-Middlesex Primary Care Association meeting.
- August 11** Meeting with Fanshawe College leadership on fall semester preparations.
- August 12** Meeting with Western University leadership on fall semester preparations.
- August 15** Meeting with Middlesex-London Ontario Health Team on access to primary care.  
Worked evening Sexually Transmitted Infection (STI) Clinic at Citi Plaza.
- August 17** Attended meeting with Ministry of Health on Monkeypox vaccination.  
Interview with Colin Butler (CBC London) on COVID-19 matters.
- August 18** Interviews with Jennifer Basa (CTV London) and Jane Sims (London Free Press) on the COVID-19 Assessment Centre being relocated to Victoria Hospital.

- August 22** Meeting with Paul Cobb of Climate Risk Institute to discuss a climate-health funding project with Public Health Agency of Canada.  
Meeting with London Community Foundation to discuss their vital signs data project.
- August 23** Interview with Marek Sutherland (CTV London) on masking at Western University.  
Attended Ministry of Health COVID-19 Public Health Coordination call.
- August 24** Meeting with Lynne Livingstone, City Manager of the City of London to discuss public health and London matters.
- August 25** Attended funding announcement for the iHeal Program at Western University.  
Attended Schulich School of Medicine and Dentistry's Master of Public Health program showcase.
- August 26** Participated in research interview with students from the University of Saskatchewan on variants of concern.
- August 29** Participated in research interview with research team from the University of Toronto on vaccine confidence.  
Participated in Community Health Impacts meeting, hosted by the City of London.  
Worked evening Sexually Transmitted Infection (STI) Clinic at Citi Plaza.
- August 30** Attended Ministry of Health COVID-19 Public Health Coordination call.
- August 31** Attended meeting with Ministry of Health on Monkeypox vaccination.  
Interviews with Brent Lale (CTV London) and Matthew Trevithick (AM980) on International Overdose Awareness Day.

**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:*

- July 4** Supervision of medical student during their public health rotation at the Schulich School of Medicine and Dentistry.
- July 7** Attended Public Health Ontario's Grand Rounds, discussing syphilis in Ontario.
- July 12** Attended MLHU Leadership Team meeting.
- July 13** Attended Office of the Medical Officer of Health (OMOH) Management meeting.
- August 10** Attended Office of the Medical Officer of Health (OMOH) Management meeting.
- August 15** Supervision of medical student during their public health observership at the Schulich School of Medicine and Dentistry.
- August 22** Greeted new MLHU employees at their first day orientation.  
Attended Public Health Ontario webinar on Blastomycosis in Ontario.
- August 24** Attended Office of the Medical Officer of Health (OMOH) Management meeting.

**August 30** Supervision of medical resident during their public health rotation at the Schulich School of Medicine and Dentistry.

**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:*

**July 6** Attended Board of Health Agenda Review and Executive meeting.

**July 7** Attended Finance and Facilities Committee meeting.  
Attended Special meeting of the Board of Health.

**July 14** Attended Board of Health meeting.

**July 15** Attended Association of Local Public Health Agencies (alPHa) Board meeting.

**August 18** Attended Council of Medical Officers of Health (COMOH) Executive meeting.

This report was prepared by the Medical Officer of Health.



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



TO: Chair and Members of the Board of Health  
FROM: Emily Williams, Chief Executive Officer  
DATE: 2022 September 15

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## CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR JULY AND AUGUST

### **Recommendation**

*It is recommended that the Board of Health receive Report No. 55-22, re: “Chief Executive Officer Activity Report for July and August” for information.*

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The following report highlights activities of the Chief Executive Officer for the period of July 1, 2022-September 1, 2022.

Standing meetings include weekly Healthy Organization leadership team meetings, SLT (Senior Leadership Team) meetings, MLT (MLHU Leadership Team) meetings, Virtual Staff Town Hall meetings and C3 (COVID Collaborative Committee) meetings.

As part of the MLHU on-call leadership system, the CEO provided on-call coverage from July 11 to July 17.

As part of the MOH’s vacation, the CEO provided OMOH administrative and corporate media coverage on behalf of the MOH from July 24 to August 8.

The CEO was on vacation from August 22 to September 5.

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:*

**July 14** As part of the London Health Sciences (LHSC) Master Plan, the CEO met with LHSC’s consultant to discuss MLHU’s input for the plan.

**July 24** The CEO, with MLHU staff, participated in the 2022 London Pride Parade.

**July 25** The CEO attended the City of London Strategic Plan meeting to review the Community Profile.

The CEO met with Niagara Region Public Health staff to discuss Profile and Verto software integration.

**July 27** The CEO, with the Associate Director of Finance, met with Cindy Howard from the Middlesex County to discuss the MLHU Budget.

**July 28** The CEO attended the Western Ontario Health Team Coordinating Council Meeting.

**August 4** The CEO, with MLHU staff, attended the City of London Immediate Action to Support London's Most Vulnerable meeting to provide MLHU's feedback and input.

**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:*

- July 7** As part of the Employment Systems Review (ESR) recommendations, the CEO met with the ESR Project Steering Committee.
- As part of the Joy in Work Update BOH report, specific to the Camaraderie & Teamwork action item follow up, the CEO attended the MLT Social Evening.
- July 12** The CEO attended and chaired the July MLT meeting.
- July 14** The CEO, with the MOH, met with Legacy Executive Search Partners to discuss the Associate Medical Officer of Health (AMOH) recruitment.
- The CEO met with HR staff to discuss MLHU's Internal Response Team.
- July 18** As part of MLHU's Job Description review initiative, the CEO, with the CNO, met to discuss public health roles.
- July 25** The CEO met with the CUPE union leadership.
- July 26** The CEO attended the monthly Be Well Committee meeting to discuss staff events.
- July 27** As part of the Strathroy Seniors Dental Project, the CEO met with MLHU stakeholders to discuss project updates and next steps.
- July 28** The CEO met with legal to discuss a confidential labour relations matter.
- August 5** The CEO met with the MLHU's Emergency Management Specialist to discuss the staff notification process for emergencies, such as the recent Rogers service outage.
- August 8** As part of the Strathroy Seniors Dental Project kick off, the CEO met with the Strathroy Dental Steering Committee to discuss the status and ongoing tasks.
- The CEO met with the MOH to debrief during the MOH's vacation.
- The CEO met with the Associate Director of Finance to discuss the budget process for 2023. In addition, the CEO and the Associate Director met with the MOH to discuss the process.
- August 15** The CEO met with the MOH to discuss MLHU's input for the City of London's Strategic Plan.

- August 16** As part of the Employment Systems Review (ESR) recommendations, the CEO met with the ESR Project Steering Committee.
- August 17** The CEO met with MLHU staff to discuss the Incident Reporting policy.
- August 18** The CEO attended and chaired the September MLT planning meeting.  
The CEO attended Be Well's Virtual Coffee Break.

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

- August 18** The CEO attended the MLHU Basic SharePoint Training.

**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:*

- July 6** The CEO attended the MLHU Board of Health July Agenda Review and Executive meeting with the Board Chair and Vice-Chair.
- July 7** The CEO attended the Finance and Facilities Committee meeting.
- July 14** The CEO met with MLHU's IT service provider, Stronghold IT Services, to discuss updates.  
The CEO attended the Board of Health meeting.
- August 4** The CEO attended the Finance and Facilities Committee meeting.
- August 16** The CEO met with Board Chair as part of their monthly update.

This report was prepared by the Chief Executive Officer.



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

## **CORRESPONDENCE – September 2022**

- a) **Date:** July 15, 2022  
**Topic:** Letter Addressing Substance Use Harms Decriminalization  
**From:** Timiskaming Health Unit  
**To:** The Hon. Jean-Yves Duclos, Minister of Health

***Background:***

At its June 8, 2022 regular meeting, the Timiskaming Board of Health passed a motion to support the call on the federal government to decriminalize the possession of all illicit drugs for personal use and support the immediate scale up of prevention, harm reduction, and treatment services.

***Recommendation: Receive.***

- b) **Date:** July 15, 2022  
**Topic:** THU Letter of Support – Response to the Opioid Crisis in Ontario-Wide  
**From:** Timiskaming Health Unit  
**To:** The Hon. Sylvia Jones, Minister of Health and Deputy Premier

***Background:***

At its June 8, 2022 regular meeting, the Timiskaming Board of Health passed a motion to support the correspondence from Simcoe Muskoka District Health Unit (SMDHU) in response to the province-wide Opioid Crisis. The correspondence from SMDHU was endorsed by the Middlesex-London Board of Health in April, 2022.

***Recommendation: Receive.***

- c) **Date:** August 11, 2022  
**Topic:** SMDHU Letter – Indirect Impacts Surveillance Dashboard  
**From:** Simcoe Muskoka District Health Unit  
**To:** Boards of Health in Ontario

***Background:***

Simcoe Muskoka District Health Unit (SMDHU) has developed the Indirect Impacts Surveillance Dashboard which provides relevant local data on priority indicators for the COVID-19 pandemic's impact on various domains of population health and health equity. The dashboard is intended for SMDHU, community partners, and municipalities to consider in priority setting and planning.

***Recommendation: Receive.***



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July 15, 2022

Hon. Jean-Yves Duclos  
Minister of Health  
House of Commons  
Ottawa, ON K1A 0A6

Dear Minister Duclos:

**Re: Decriminalization of Personal Possession of Illicit Drugs**

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On June 8, 2022, at a regular meeting of the Board for the Timiskaming Health Unit, the Board considered a staff report related to addressing substance use related harms.

Motion (#25R-2022) was passed which included the following:

**That the Timiskaming Board of Health support the call on the federal government to decriminalize the possession of all illicit drugs for personal use as an evidence-informed approach that acknowledges that substance use is a health issue and not one of morality, will power or criminal justice and, further that the federal government support the immediate scale up of prevention, harm reduction, and treatment services...**

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

Sincerely,

Carman Kidd, Board of Health Chair

C: Hon. Carolyn Bennett, Minister of Mental Health and Addictions / Associate Minister of Health  
Hon. Anthony Rota, Member of Parliament Nipissing-Timiskaming  
Hon. Charlie Angus, Member of Parliament Timmins-James Bay  
Jeff McGuire, Executive Director, Ontario Association of Chiefs of Police  
Aviva Rotenberg, Executive Director, Canadian Association of Chiefs of Police  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies



March 16, 2022

The Honourable Christine Elliott  
Minister of Health  
House of Commons  
Ottawa, ON K1A 0A6

Dear Minister Elliott:

**Re: Response to the Opioid Crisis in Simcoe Muskoka and Ontario-wide**

On March 16, 2022, the Simcoe Muskoka District Health Unit (SMDHU) Board of Health endorsed a set of provincial recommendations to help address the ongoing and escalating opioid crisis experienced within Simcoe Muskoka and province-wide. Despite regional activities in response to the opioid crisis, there remains an urgent need for heightened provincial attention and action to promptly and adequately address the extensive burden of opioid-related deaths being experienced by those who use substances.

In the 19 months of available data since the start of the pandemic (March 2020 to September 2021) there have been 245 opioid-related deaths in Simcoe Muskoka. This is nearly 70% higher than the 145 opioid-related deaths in the 19 months prior to the start of the pandemic (August 2018 to February 2020), when our communities were already struggling in the face of this crisis. The first nine months of 2021 saw an opioid-related death rate more than 33% higher than the first nine months of 2020, suggesting the situation has not yet stabilized.

As such, the SMDHU Board of Health urges your government to take the following actions:

1. Create a multisectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination.
2. Expand access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer opioid supply options.
3. Explore revisions to the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods.
4. Expand access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments), and a variety of medication options.
5. Provide a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders.
6. Address the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels.

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7. Increase investments in evidence-informed substance use prevention and mental health promotion initiatives, that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood.
8. Fund a fulltime position of a Drug Strategy Coordinator/Lead for the Simcoe Muskoka Opioid Strategy.

The SMDHU Board of Health has endorsed these recommendations based on the well-demonstrated need for a coordinated, multi-sectoral approach that addresses the social determinants of health and recognizes the value of harm reduction strategies alongside substance use disorder treatment strategies, as part of the larger opioid crisis response. Evidence has shown that harm reduction strategies can prevent overdoses, save lives, and connect people with treatment and social services. Further, there is an urgent need to change the current Canadian drug policy to allow a public health response to substance use, through decriminalization of personal use and possession paired with avenues towards health and social services, as our Board called for in 2018. These recommendations collectively promote effective public health and safety measures to address the social and health harms associated with substance use.

Sincerely,

**ORIGINAL Signed By:**

Anita Dubeau  
Board of Health Chair  
Simcoe Muskoka District Health Unit

cc: Associate Minister of Mental Health and Addictions  
Attorney General of Ontario  
Chief Medical Officer of Health  
Association of Local Public Health Agencies  
Ontario Health  
Ontario Boards of Health  
Members of Parliament in Simcoe Muskoka  
Members of Provincial Parliament in Simcoe Muskoka  
Mayors and Municipal Councils in Simcoe Muskoka

August 11, 2022

To Community Partners and Stakeholders:

**Re: Indirect Impacts Surveillance Dashboard**

Early in the pandemic, the Simcoe Muskoka District Health Unit (SMDHU) conducted a situational assessment to understand the indirect population health impacts of the COVID-19 pandemic. A report entitled '[Mitigating Harms of COVID-19 Public Health Measures](#)' was released in September 2020, and outlined key findings, mitigation strategies and recommendations. It also included an epidemiological data summary, local environmental scan, as well as literature reviews conducted by SMDHU, Public Health Ontario, Timiskaming Health Unit and Southwestern Public Health.

Based on the report's recommendation to continue surveillance of the pandemic's impact on various domains of population health and health equity, SMDHU identified priority indicators and developed a tool to communicate the data. The result is the development of the [Indirect Impacts Surveillance Dashboard](#). The dashboard provides relevant data for SMDHU, community partners and municipalities to consider in priority setting and planning through future pandemic waves, recovery and beyond.

The dashboard presents analyzed data and describes the change from pre-pandemic values across eight indicator categories. These eight categories include basic needs, child and family health, substance use, mental health, immunizations, oral health, infectious disease, and general health. The dashboard uses local data where possible, and displays indicators for Simcoe Muskoka, Simcoe County, Muskoka District and Ontario. SMDHU will continue to monitor the indicators and update the dashboard twice per year. COVID-19 data can also be accessed via [SMDHU's HealthSTATS](#) pages.

I hope the dashboard and situational assessment will be of value to your organization. If you have questions please direct them to Brenda Guarda, Manager Population Health Assessment, Surveillance and Evaluation at [brenda.guarda@smdhu.org](mailto:brenda.guarda@smdhu.org).

Sincerely,

**ORIGINAL Signed By:**

Charles Gardner, MD, CCFP, MHSc, FRCPC  
Medical Officer of Health

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