BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

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

MISSION - MIDDLESEX-LONDON HEALTH UNIT

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

MEMBERS OF THE BOARD OF HEALTH

Matthew Newton-Reid (Chair)
Michael Steele (Vice-Chair)
Peter Cuddy
Aina DeViet
Skylar Franke
Tino Kasi
Michael McGuire
Selomon Menghsha
Michelle Smibert
Dr. Alexander Summers (Medical Officer of Health, ex-officio member)
Emily Williams (Chief Executive Officer, ex-officio member)

SECRETARY

Emily Williams

TREASURER

Emily Williams

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: July 20, 2023 – Board of Health meeting

Receive: July 20, 2023 – Performance Appraisal Committee meeting
July 20, 2023 – Governance Committee meeting
August 10, 2023 – Finance and Facilities Committee meeting
September 14, 2023 – Finance and Facilities Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1		**X**	**X**	Finance and Facilities Committee Meeting Summary (Report No. 49-23)	August 10 Agenda September 14 Agenda	To provide an update from the August 10, 2023 and September 14, 2023 Finance and Facilities Committee meetings. Lead: Committee Chair Mike Steele
2		**X**	**X**	Governance Committee Meeting Summary (Verbal)	September 21 Agenda	To provide an update from the September 21, 2023 Governance Committee meeting. Lead: Committee Chair Michelle Smibert
3		**X**	**X**	2022 Annual Report and Attestation (Report No. 50-23)	Appendix A	To provide information and seek Board of Health approval for the Middlesex-London Health Unit's 2022 Annual Report and Attestation. Leads: Emily Williams, Chief Executive Officer, Dr. Alexander Summers, Medical Officer of Health and Marc Resendes, Acting Manager, Strategy, Planning and Performance
4			**X**	Sexually Transmitted Infection Strategy (Report No. 51-23)		To provide an update on the Middlesex-London Health Unit's strategy on prevention of sexually transmitted infections in the community. Leads: Dr. Alexander Summers, Medical Officer of Health, Mary Lou Albanese, Director, Environmental Health and Infectious Diseases, Shaya Dhinsa, Manager, Sexual Health and Alison Locker, Manager, Population, Health, Assessment and Surveillance

5			**X**	MLHU Strathroy Dental Clinic – Final Project Update (Report No. 52-23)	Appendix A	To provide a final update on the Strathroy Dental clinic project. Leads: Emily Williams, Chief Executive Officer, Dr. Alexander Summers, Medical Officer of Health, Donna Kosmack, Manager, Oral Health, Warren Dallin, Manager, Procurement and Operations and Marc Resendes, Acting Manager, Strategy, Planning and Performance
6			**X**	Updates from Ontario's Ministry of Health in August 2023 (Report No. 53-23)	Appendix A Appendix B	To provide updates to the Board of Health on recent announcements and information from the Ontario Ministry of Health. Leads: Dr. Alexander Summers, Medical Officer of Health and Emily Williams, Chief Executive Officer
7		**X**	**X**	Strategic Prioritization for the Middlesex-London Health Unit (Report No. 54-23)	Appendix A	To seek Board of Health approval on principles and the methodology for strategic prioritization on work within the Middlesex-London Health Unit. Leads: Dr. Alexander Summers, Medical Officer of Health and Emily Williams, Chief Executive Officer
8			**X**	Current Public Health Issues (Verbal)		To provide an update on current public health issues in the Middlesex-London region. Lead: Dr. Alexander Summers, Medical Officer of Health
9			**X**	Medical Officer of Health Activity Report for July and August (Report No. 55-23)		To provide an update on external and internal meetings attended by the Medical Officer of Health since the last Board of Health meeting. Lead: Dr. Alexander Summers, Medical Officer of Health

10			**X**	Chief Executive Officer Activity Report for July and August (Report No. 56-23)		To provide an update on external and internal meetings attended by the Chief Executive Officer since the last Board of Health meeting. Lead: Emily Williams, Chief Executive Officer
Correspondence						
11			**X**	August and September Correspondence		To receive the following items for information: a) Thunder Bay District Health Unit re: *Physical Literacy for Healthy Active Children* b) Timiskaming Health Unit re: *Request for Air Quality Monitoring Stations in the Timiskaming District* c) Public Health Sudbury & Districts re: *Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023* d) Association of Local Public Health Agencies re: *Public Health Funding and Capacity Announcement* e) Simcoe-Muskoka District Health Unit re: *Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023* f) Middlesex-London Board of Health External Landscape for August and September g) Algoma Public Health re: *Income-based policy interventions to reduce household food insecurity* Response Correspondence from the July 20, 2023 Board of Health Meeting: • MLHU Public Health Funding – August 2, 2023 • Letter of Support - Ontario Public Health Association re Modernizing the Alcohol Marketplace and Product Sales– August 2, 2023

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, October 19, 2023 at 7 p.m.

CLOSED SESSION

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

(a) the security of the property of the municipality or local board;

(b) personal matters about an identifiable individual, including municipal or local board employees;

(c) a proposed or pending acquisition or disposition of land by the municipality or local board;

(d) labour relations or employee negotiations;

(e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;

(f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;

(g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;

(h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;

(i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;

(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or

(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board.

ADJOURNMENT

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, July 20, 2023 at 7 p.m.
Microsoft Teams (Virtual)

MEMBERS PRESENT:	Matthew Newton-Reid (Chair) Michael Steele (Vice-Chair) Selomon Menghsha Skylar Franke Tino Kasi Michael McGuire Emily Williams, Chief Executive Officer (ex-officio) Dr. Alexander Summers, Medical Officer of Health (ex-officio)
REGRETS:	Peter Cuddy Michelle Smibert Aina DeViet
OTHERS PRESENT:	Stephanie Egelton, Executive Assistant to the Board of Health (recorder) Sarah Maaten, Acting Director, Office of the Medical Officer of Health Mary Lou Albanese, Director, Environmental Health and Infectious Disease Jennifer Proulx, Acting Director, Healthy Start Cynthia Bos, Manager, Human Resources Ryan Fawcett, Manager, Privacy, Risk and Client Relations David Jansseune, Assistant Director, Finance Lisa Kenny, Comptroller Janet Roukema, Human Resources Specialist, Diversity and Inclusion Linda Stobo, Manager, Substance Use Program Team Dan Flaherty, Manager, Communications Alex Tyml, Online Communications Coordinator, Communications Parthiv Panchal, End User Support Analyst, Information Technology Katie DenBok, Partner, KPMG Dale Percival, Senior Manager, KPMG

Chair Matthew Newton-Reid called the meeting to order at **7:03 p.m.**

Chair Newton-Reid provided a brief update on provincial appointments, and that Board Member Selomon Menghsha's provincial appointment was received earlier this month with an extended appointment until September 2026.

Emily Williams, Chief Executive Officer introduced Ryan Fawcett, incoming Manager, Privacy, Risk and Client Relations to the Board of Health. R. Fawcett started at the Middlesex-London Health Unit on May 15 and has an extensive background in risk, privacy, and client relations, having held similar manager roles at the South Bruce Grey Health Centre and the St. Thomas Elgin General Hospital. R. Fawcett also holds a Green Belt in Lean Methodology and has had recent experience as a Quality Improvement Specialist at Windsor Regional Hospital.

DISCLOSURES OF CONFLICT OF INTEREST

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

It was noted at **7:24 p.m.** that Board Member Michael McGuire declared a conflict of interest to Report No. 42-23, due to a family operated business that may be financially impacted by activities outlined in Report No. 42-23. Board Member McGuire recused himself from discussion and voting on relevant motions associated.

APPROVAL OF AGENDA

It was moved by **M. McGuire, seconded by S. Franke,** *that the **AGENDA** of the July 20, 2023 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **S. Franke, seconded by T. Kasi,** *that the **MINUTES** of the May 18, 2023 Board of Health meeting be approved.*

Carried

It was moved by **M. Steele, seconded by S. Franke,** *that the **MINUTES** of the May 18, 2023 Performance Appraisal Committee meeting be received.*

Carried

CORRESPONDENCE

It was moved by **S. Franke, seconded by T. Kasi,** *that the Board of Health receive items a) through q) for information:*

a) *Honourable Senator Patrick Brazeau - Letter to New Democratic Party of Canada regarding Bill S-254*
b) *City of Hamilton Public Health Services - Declarations of Emergency in the Areas of Homelessness, Mental Health, and Opioid Overdoses and Poisoning*
c) *Public Health Sudbury & Districts - Saving Lives Through Lifejacket and Personal Flotation Device Legislation*
d) *Peterborough Public Health – 2024 Budget*
e) *Public Health Sudbury & Districts - Letter of Support for Improved Indoor Air Quality in Public Settings*
f) *June and July 2023 Middlesex-London Board of Health External Landscape*
g) *Algoma Public Health - Letter of Support for Bill S-254, an Act to amend the Food and Drug Act (warning labels on alcoholic beverages)*
h) *Public Health Sudbury & Districts - Letter of Support for Bill S-254, an Act to amend the Food and Drug Act (warning labels on alcoholic beverages)*
i) *Association of Local Public Health Agencies - Annual Report for 2023*
j) *Association of Local Public Health Agencies - 2023 Resolutions*
k) *Simcoe Muskoka District Health Unit - 2024 Simcoe Muskoka District Health Unit Budget*
l) *Public Health Sudbury & Districts - Public Health Funding*
m) *Public Health Sudbury & Districts - Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023*
n) *Simcoe Muskoka District Health Unit - 2023-24 Strategic Plan*
o) *Haliburton, Kawartha, Pine Ridge District Health Unit - 2024 Budget*
p) *Porcupine Health Unit - Request for Air Quality Monitoring Stations in the Porcupine Health Unit region*
q) *Association of Ontario Public Health Business Administrators - Call for Sustained Funding*

Carried

DRAFT

NEW BUSINESS

Governance Committee Meeting Summary from July 20, 2023 (Verbal)

Emily Williams, Chief Executive Officer (Secretary and Treasurer) provided a verbal update on reports that were heard by the Governance Committee at 6 p.m. There was no discussion on these reports.

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

1) *Receive Report No. 06-23GC re: "Governance Policy Review – Board of Health By-Laws" for information;*
2) *Receive Report No. 07-23GC re: "MLHU Q1 2023 Risk Register" for information; and*
3) *Approve the Q1 2023 Risk Register (Appendix A).*

Carried

It was moved by **M. McGuire, seconded by S. Franke,** *that the Board of Health amend G-B10 By-law No. 1 Management of Property through a first, second, third and final reading.*

Carried

It was moved by **M. Steele, seconded by S. Franke,** *that the Board of Health amend G-B20 By-law No. 2 Banking and Finance through a first, second, third and final reading.*

Carried

It was moved by **S. Franke, seconded by S. Menghsha,** *that the Board of Health amend G-B30 By-law No. 3 Proceedings of the Board of Health through a first, second, third and final reading.*

Carried

It was moved by **S. Franke, seconded by M. McGuire,** *that the Board of Health amend G-B40 By-law No. 4 Duties of the Auditor through a first, second, third and final reading.*

Carried

Government of Canada's Public Consultation on Single Use Plastic Waste (Report No. 41-23)

Dr. Alexander Summers, Medical Officer of Health noted that there are two (2) critical health aspects involved when discussing single use plastic waste within the local environment: 1) the evident impacts to the environment, specifically how single use plastics impact climate change; and 2) how the single use plastic industry is highly prevalent within the nicotine and vapour product industry. Dr. Summers introduced Linda Stobo, Manager, Substance Use Program Team to further discuss the response, which was sent to the Government of Canada.

L. Stobo explained that on April 18, 2023, the Canadian Government launched a consultation on a regulatory framework for the proposed Recycled Content and Labelling for Plastic Products Regulations. Health Unit staff submitted feedback on May 16, providing comments that pertain to the utilization of plastics within the commercial tobacco and vapour product industries. L. Stobo noted that it was important for the Health Unit to provide feedback, as the prevalence for young adults accessing disposable vapour products in retail locations has increased, and that cigarette filters are considered a plastic product as they are not biodegradable. It was noted that the submission was focused on the tobacco and vapour product industry because it is not currently named in the Government of Canada's proposed regulations.

Dr. Summers added that public health generally uses the strategies of prevention and cessation to decrease impacts of nicotine and vapour products, however opportunities for public health to play a role in industry in consultations such as the one discussed can assist with further limiting the negative impacts of highly addictive nicotine products.

DRAFT

It was moved by **S. Franke, seconded by S. Menghsha,** that the Board of Health *receive Report No. 41-23 re: "Government of Canada's Public Consultation on Single Use Plastic Waste" for information.*

Carried

Concerns Regarding Modernizing the Alcohol Marketplace and Product Sales (Report No. 42-23)

Dr. Summers highlighted ongoing concerns with shifting changes to the regulatory landscape regarding alcohol in Canada. It was reminded that the Board received a report earlier in the year (Report No. 18-23) on the burdens and harms of alcohol in Middlesex-London, and their impact to the community. Overall, impacts of alcohol are often unaddressed due to the 'drinking culture', which normalizes alcohol consumption, in Canada. Public health identifies alcohol as a drug, and it is vital to highlight to regulatory bodies, when provided the opportunity, the negative health impacts to individuals from increased alcohol use.

L. Stobo noted that evidence is clear that when availability to alcohol is increased, health and societal harms will increase due to increased alcohol consumption. Alcohol accounts for a significant number of injuries, illnesses, and deaths each year.

L. Stobo noted that while public health does not have specifics on which aspects the Government of Ontario is considering when changing regulatory access to alcohol, public health has learned through partners such as the Ontario Public Health Association the general ways in which the Ontario government plan to or have expanded the alcohol marketplace. These include:

- Expanding sales of beverage alcohol to more than 270 new retail outlets across Ontario since 2018;
- Permanently allowing licensed restaurants and bars to include alcohol with food as part of a takeout or delivery order;
- Freezing the basic beer tax rates that were set to be indexed to inflation;
- Permanently extending hours of operation for alcohol retail store locations; and
- Campaigning for alcohol to be sold in convenience stores.

L. Stobo added that in front of the Board was a recommendation to endorse a letter from the Ontario Public Health Association to share public health risks associated with alcohol marketplace expansion and evidence-informed policies to mitigate alcohol-related harms with the Ministries of Finance and Health.

Dr. Summers noted that addressing the use of alcohol can assist in decreasing other harms, such as intimate partner violence (prevention of violence against women). Dr. Summers added that the ideal landscape when reviewing a drug strategy is one of legalization, that is highly regulated and de-commercialized.

Board Member M. McGuire declared a conflict of interest to Report No. 42-23, due to a family operated business that may be financially impacted by activities outlined in Report No. 42-23. Board Member McGuire recused himself from discussion and voting on relevant motions associated.

Board Member Tino Kasi inquired if similar initiatives for vaping stigmatization have been considered. Dr. Summers noted that public health has had success with advocacy, education and harm reduction with cigarettes. Leading up to the legalization of cannabis, public health was heavily involved in significant consultation. It was reiterated that with substances such as cannabis, alcohol and tobacco, the goal is to legalize, highly regulate and de-commercialize. Dr. Summers noted that public health has not seen these goals fully manifesting at this time, but mechanisms such as providing opportunities for consultation will assist in moving forward. Public health also strives to de-normalize drug use while de-stigmatizing the individuals that use the drug.

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

1) *Receive Report No. 42-23, re: "Concerns Regarding Modernizing the Alcohol Marketplace and Product Sales" for information; and,*
2) *Endorse the Ontario Public Health Association's (OPHA) letter, attached as Appendix A, to share information about the public health risks associated with alcohol marketplace expansion and evidence-informed policies to mitigate alcohol-related harms with the Ontario Ministries of Finance and Health.*

Carried

MLHU Employment Systems Review Update: Employment Equity and Recruitment Policy (Report No. 43-23)

E. Williams introduced Janet Roukema, Human Resources Specialist, Diversity and Inclusion to present information on the Health Unit's Employment Systems Review, specifically the Employment Equity and Recruitment Policy. J. Roukema reminded the Board of the recommendation within the Employment Systems Review to develop a recruitment policy that improved diversity across employee groups within the organization. The accompanying procedure to this policy was approved by Senior Leadership and required the establishment of employee diversity targets with assistance from the Director, Public Health Foundations.

Targets and benchmarks were established by staff to help monitor progress. Targets are the incremental objectives to help monitor our progress towards the established benchmarks. Benchmarks are based on available census data with the goal being that staff composition meets or exceeds the diverse demographic representation of the clients the Health Unit serves. J. Roukema emphasized that targets are not quotas, and staff continue to seek the most qualified candidate for a job posting.

In the Health Unit, the current breakdown within permanent full-time and part-time employees and associated targets are as followed (based on 216 employees who responded to the Workforce Census):

- North American Indigenous - permanent full-time and part-time employee representation is <2%, target is 3% with a benchmark based on local census data of 5%;
- Racialized - employee representation is 14%, target is 18% with a benchmark of 20%;
- White/European - employee representation is 82%, target is 79% with a benchmark of 75%; and
- 2% of individuals preferred not to answer.

Procedures for the new policy were presented and trialed in the spring. A few variables impacted the procedure for the policy, such as the future size of the organization, budgetary uncertainty, changing demographics in Middlesex-London, and availability of diverse applicant pools. Another key variable is the ability to make the changes needed to ensure the organization is a safe and inclusive workplace that attracts and retains diverse employees. This work is actively occurring with the Health Equity and Indigenous Reconciliation Team, and the Equity, Diversion and Inclusion Advisory Committee.

Teams have been provided with information to explain the rationale and method used to set targets by their respective leader, and this will be reiterated during the month of July to all staff at a Town Hall. Staff will also continue to address recommendations and begin audits on competition files to ensure compliance.

Board Member T. Kasi inquired if there were any targets and benchmarks associated with bringing diversity specifically to leadership within the Health Unit. J. Roukema noted that with the Potential Leaders Program at the Health Unit, leaders are encouraged to approach equity seeking employees who have shown leadership potential and to provide mentorship both within and outside of the program.

It was moved by **S. Franke, seconded by T. Kasi,** *that the Board of Health receive Report No. 43-23 re: "MLHU Employment Systems Review Update: Employment Equity and Recruitment Policy" for information.*

Carried

Current Public Health Issues (Verbal)

Dr. Summers provided a verbal update on current public health issues within the region.

Strathroy Dental Clinic Opening
On June 26, MLHU held its Grand Opening for the new Strathroy Dental Clinic, within the Shops on Sydenham.

Health and Homelessness
Dr. Summers attended the Strategy and Accountability Table meeting on July 12 for the integrated hub work. Work is in progress on an implementation plan for the Hubs, which will be safe, supportive 24/7 places that provide immediate basic needs (clothing, food, rest, water, wound care, hygiene), wrap-around services (e.g. medical stabilization, integrated care planning, justice system support, income support), and intentional steps towards housing. Hubs are proposed to have lead agencies with the support of interdisciplinary, cross-sectional and multi-agency teams working to provide support and services.

COVID-19 Update
COVID-19 infections have increased, which is to be expected heading into respiratory season. Planning for the fall COVID-19 booster campaign is also underway. If it has been at least six months since a last dose or confirmed COVID-19 infection, individuals aged five years and older are eligible for a booster dose; however, they are encouraged to delay their COVID-19 booster dose until fall 2023 to maximize protection against COVID-19 during respiratory season.

Air Quality and Wildfires
Smoke from wildfires in Ontario and Quebec resulted in poor air quality in Middlesex-London throughout June. MLHU issued media releases throughout June regarding Special Air Quality Statements for Middlesex-London, with the following advice:

- Reducing outdoor activities if you have heart or respiratory problems, are an older adult, young child, or pregnant;
- Reducing or rescheduling strenuous outdoor activities if at lower risk for health outcomes;
- Listening to your body and going indoors if you experience shortness of breath, wheezing, severe cough, dizziness or chest pain; if you do not have access to a space with proper ventilation, taking a break from activities or moving to an indoor public space;
- Drinking plenty of water; and
- Contacting your healthcare provider if you experience symptoms that do not improve.

MLHU in the News
Dr. Summers highlighted the MLHU in the news since the last Board meeting:

- Wildfire smoke
- Opening of the Strathroy Dental Clinic
- Change of hours at the COVID-19 Vaccination clinic
- Tick bite safety
- Pandemic to endemic status of COVID-19

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

Carried

Medical Officer of Health Activity Report for May and June (Report No. 44-23)

Dr. Summers presented the Medical Officer of Health activity report for May and June. There was no further discussion on this report.

DRAFT

It was moved by **M. Steele, seconded by T. Kasi,** *that the Board of Health receive Report No. 44-23 re: "Medical Officer of Health Activity Report for May and June" for information.*

Carried

Chief Executive Officer Activity Report for May and June (Report No. 45-23)

E. Williams presented the Chief Executive Officer activity report for May and June. There was no further discussion on this report.

It was moved by **M. McGuire, seconded by S. Franke,** *that the Board of Health receive Report No. 45-23 re: "Chief Executive Officer Activity Report for May and June" for information.*

Carried

2024 Budget Projection (Report No. 46-23)

E. Williams provided a projection for the Health Unit's 2024 budget. It was noted that the Health Unit is projecting a shortfall for 2024, with the elimination of COVID-19 funding, mitigation funding, changing of the municipal funding formula for public health, inflationary pressures, and continued financial uncertainty as 2023 funding is unknown. E. Williams noted that this was important to advise the Board early on, as many public health units are advocating to the Ministry of Health for stable and sufficient funding, which the MLHU would also request to do so. It was further noted that the financial staff from the County of Middlesex and City of London are aware of the funding pressures and requesting for the mitigation funds will not be a surprise.

Dr. Summers highlighted that during 2023 budgeting process we anticipated 2024 would be a challenging financial year for the health unit. Lack of funding would be limiting the ability to provide services in all aspects of public health standards.

Chair Newton-Reid noted a lot of work being done from the advocacy side. The Board Chair, E. Williams and Dr. Summers are meeting with Members of Provincial Parliament to discuss the importance of funding for local public health and will have delegations with caucus leaders and Ministers at the upcoming Association of Municipalities of Ontario (AMO) conference in August.

Chair Newton-Reid further inquired what the percentage of the base budget funding was for previous years. E. Williams confirmed base funding last year was increased by 1% and prior to 2018, the Health Unit was receiving regular funding increases above this amount.

Board Member S. Franke requested if the Board would be able to send an advocacy letter to the City of London, County of Middlesex and local Members of Provincial parliament, and supported additional advocacy efforts for public health funding.

S. Franke inquired on further funding sources to the Health Unit aside from the Ministry of Health and municipalities. E. Williams noted that the Health Unit receives funding from Public Health Agency of Canada, Public Health Ontario and the Ministry of Children, Community and Social Services. This amount of funding is approximately $3 million and is separate from the cost-shared $20 million budget for mandatory programs.

DRAFT

It was moved by **M. Steele, seconded by M. McGuire,** *that the Board of Health:*

1) *Receive Report No. 46-23 re: "2024 Budget Projection" for information;*
2) *Direct staff to submit relevant business cases via the City of London Multi-year Budgeting Process, including one to reflect the loss of mitigation funding, and one to request an inflation-related increase; and*
3) *Direct staff to submit information to the County of Middlesex to support the 2024 budgeting process, to reflect the loss of mitigation funding, and to request for an inflation-related increase.*

Carried

Furthermore, it was moved by **M. McGuire, seconded by M. Steele,** *that the Board of Health draft a letter of advocacy for stable and sufficient funding for local Public Health and direct it to the Minister of Health, the Premier of Ontario, City of London Council, County of Middlesex Council, and local Members of Provincial Parliament.*

Carried

2022 Draft Financial Statements (Report No. 47-23)

David Jansseune, Assistant Director, Finance introduced Katie DenBok, Audit Partner and Dale Percival, Senior Manager of KPMG to discuss the MLHU Draft Financial Statements. D. Jansseune noted that the Board would have the opportunity in closed session to ask questions of the auditors.

K. DenBok provided an overview on the audit conducted on the Health Unit. The financial statements include:

- the statement of financial position as at December 31, 2022;
- the statement of operations and accumulated surplus for the year then ended;
- the statement of change in net debt for the year then ended;
- the statement of cash flows for the year then ended; and
- Notes to the financial statements, including a summary of significant accounting policies.

K. DenBok and D. Percival provided audit highlights for the Board to review. Highlights included:

- The audit being completed, except for the following outstanding procedures:
    - Journal entry testing
    - Review of lease commitment schedule
    - Final review and documentation of audit file
    - Receipt of the signed management representation letter (to be signed)
    - Completing our discussions with the Board of Directors, and
    - Obtaining evidence of the Board of Directors' approval of the financial statements (to be signed and completed after the meeting)
- No matters to report based on procedures performed to address the presumed fraud risk from management override of controls.
- No unusual transactions.
- No identified control deficiencies that were determined to be significant deficiencies in internal control over financial reporting.
- There was a change in the grouping of elements making up other revenue in the notes to the financial statement. This did not result in a change in the overall other revenue amount. There was also a corrected statement regarding payroll adjustments.
- Materiality of $1,080,000 (2021 -$1,177,000) was determined based on preliminary total expenses, resulting in an audit posting threshold of $54,000 (2021 -$58,850). A threshold of $216,000 has been used for reclassification misstatements in the current year.

DRAFT

It was moved by **M. McGuire, seconded by M. 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, 2022.*

Carried

OTHER BUSINESS

It was moved by **S. Menghsha, seconded by S. Franke,** *that the Board of Health cancel the Thursday, August 17, 2023 Board of Health meeting.*

Carried

The next meeting of the Middlesex-London Board of Health is on Thursday, September 21 at 7 p.m.

CLOSED SESSION

At **8:28 p.m.,** it was moved by **M. McGuire, seconded by M. Steele,** *that the Board of Health will move into a closed session to consider matters regarding labour relations or employee negotiations, personal matters about an identifiable individual, including Board employees, advice that is subject to solicitor-client privilege, including communications necessary for that purpose, litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board and to approve previous confidential Board of Health minutes.*

Carried

At **9:06 p.m.,** it was moved by **M. Steele, seconded by T. Kasi,** *that the Board of Health return to public session from closed session.*

Carried

ADJOURNMENT

At **9:06 p.m.,** it was moved by **M. McGuire, seconded by S. Franke,** *that the meeting be adjourned.*

Carried

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MATTHEW NEWTON-REID **EMILY WILLIAMS**
Chair **Secretary**

DRAFT

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

Thursday, July 20, 2023 at 5:30 p.m.
Microsoft Teams

MEMBERS PRESENT:	Matthew Newton-Reid (Chair) Michael Steele Tino Kasi
REGRETS:	Michelle Smibert Aina DeViet Dr. Alexander Summers, Medical Officer of Health (ex-officio) Emily Williams, Chief Executive Officer (ex-officio)
OTHERS PRESENT:	Stephanie Egelton, Executive Assistant to the Board of Health (recorder) Marc LaCoursiere, President, The Achievement Centre Michael McGuire, Board Member

At **5:30 p.m.,** Board Chair Matthew Newton-Reid called the meeting to order for Committee Chair Michelle Smibert.

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **M. Steele, seconded by T. Kasi,** *that the **AGENDA** for the July 20, 2023 Performance Appraisal Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved **T. Kasi, seconded by M. Steele,** *that the **MINUTES** of the May 18, 2023 Performance Appraisal Committee meeting be approved.*

Carried

CONFIDENTIAL

At **5:31 p.m.,** it was moved by **T. Kasi, seconded by M. Steele,** *that the Board of Health (Performance Appraisal Committee) will move in-camera to consider matters regarding personal matters about identifiable individuals, including municipal or local board employees, labour relations or employee negotiations and to approve previous confidential Performance Appraisal Committee minutes.*

Carried

At **6:24 p.m.,** it was moved by **M. Steele, seconded by T. Kasi,** *that the Performance Appraisal Committee return to public session from closed session.*

Carried

OTHER BUSINESS

The next meeting of the Performance Appraisal Committee is on Thursday, September 21, 2023 at 5 p.m.

ADJOURNMENT

At **6:25 p.m.**, it was moved by **M. Steele, seconded by T. Kasi,** *that the meeting be adjourned.*

Carried

MATTHEW NEWTON-REID	**MICHAEL STEELE**
Board Chair for Committee Chair Michelle Smibert	**Vice-Chair**

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

Thursday, July 20, 2023 at 6:30 p.m.
Microsoft Teams (Virtual)

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

REGRETS: Michelle Smibert
Aina DeViet

OTHERS PRESENT: Stephanie Egelton, Executive Assistant to the Board of Health (recorder)
Ryan Fawcett, Manager, Privacy, Risk and Client Relations
David Jansseune, Assistant Director, Finance

At **6:30 p.m.,** Board Chair Matthew Newton-Reid called the meeting to order for Committee Chair Michelle Smibert due to an unexpected conflict.

Emily Williams, Chief Executive Officer introduced Ryan Fawcett, incoming Manager, Privacy, Risk and Client Relations to the Governance Committee. R. Fawcett started at the Middlesex-London Health Unit on May 15 and has an extensive background in risk, privacy, and client relations, having held similar manager roles at the South Bruce Grey Health Centre and the St. Thomas Elgin General Hospital. R. Fawcett also holds a Green Belt in Lean Methodology and has had recent experience as a Quality Improvement Specialist at Windsor Regional Hospital.

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **M. Steele, seconded by T. Kasi,** *that the **AGENDA** for the July 20, 2023 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **T. Kasi, seconded by M. Steele,** *that the **MINUTES** of the April 20, 2023 Governance Committee meeting be approved.*

Carried

NEW BUSINESS

Governance By-Law Review (Report No. 06-23GC)

E. Williams provided an overview on the Governance Committee's review of the Board of Health's by-laws. E. Williams noted that under the *Health Protection and Promotion Act*, a Board of Health is required to have by-laws on management of property, banking, procedure and duties of the auditor.

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Through a review, it was determined that the four (4) Board of Health by-laws needed review from both legal counsel and the Governance Committee before going to the Board. The by-laws have not had significant changes to them since their adoption, except for housekeeping amendments from March 2020 until June 2022 to update changes to applicable legislation impacting the Board of Health, along with updated roles and responsibilities. Legal counsel from Harrison Pensa LLP reviewed the by-laws with the Board Chair and the Executive Assistant before being presented to the Committee for their pre-meeting review.

The by-laws that were reviewed were:

- G-B10 By-law No. 1 Management of Property
- G-B20 By-law No. 2 Banking and Finance
- G-B30 By-law No. 3 Proceedings of the Board of Health
- G-B40 By-law No. 4 Duties of the Auditor

While a detailed and thorough legal review was conducted, the proposed changes to the by-laws were to modernize and clarify the by-laws for the Board through housekeeping changes. Changes included:

- General housekeeping amendments
- Reversing order of template to have readings above signing/seal
- General summarizing and condensing of provisions
- Modernizing and consistency with Robert's Rules of Order and the *Municipal Act*
- Condensing and removing information already applicable in policy
- Quorum clarifications

The Governance Committee will continue to review these by-laws bi-annually and it is anticipated that this level of review of Board of Health by-laws from legal counsel will not be needed for many years.

Upon recommendation from the Governance Committee, the by-laws will require the Board to make a motion to amend, and formalize by giving a first, second, third and final reading of by-laws for their implementation.

It was moved by **M. Steele, seconded by T. Kasi,** *that the Governance Committee:*

1) *Receive Report No. 06-23GC re: "Governance Policy Review – Board of Health By-Laws" for information; and*
2) *Approve the Board of Health Governance By-Laws as amended through a first, second, third and final reading (Appendix B).*

Carried

Quarterly Risk Register Update (Report No. 07-23GC)

E. Williams introduced Ryan Fawcett, Manager, Privacy, Risk and Client Relations to present the Q1 Risk Registry to the Committee.

R. Fawcett provided an overview of the Q1 Risk Register for the Health Unit. There were twenty-four (24) risks identified in Q4 2022, (sixteen) 16 of which have been completed or mitigated. There are eight (8) risks identified on the Q1 2023 Risk Register, with five (5) being high risk and three (3) being medium risk.

The high risks include:

- Staff burnout
- High demand for public health professionals
- Financial strain on public health
- Turnover in Board of Health Members
- Public Health Modernization

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The medium risks include:

- Cyber security risks
- Class-action lawsuit against a long-term care home company and the Health Unit for COVID-19 response
- Information technology database tokens for security

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

1) *Receive Report No. 07-23GC re: "MLHU Q1 2023 Risk Register" for information; and*
2) *Approve the Q1 2023 Risk Register (Appendix A).*

Carried

OTHER BUSINESS

The next meeting of the Governance Committee will be held on Thursday, September 21, 2023 at 6 p.m.

ADJOURNMENT

At **6:40 p.m.,** it was moved by **M. Steele, seconded by T. Kasi,** *that the meeting be adjourned.*

Carried

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MATTHEW NEWTON-REID **EMILY WILLIAMS**
Board Chair, for Committee Chair Michelle Smibert **Secretary**

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PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
FINANCE AND FACILITIES COMMITTEE

Thursday, August 10, 2023 at 9:00 a.m.
Microsoft Teams

MEMBERS PRESENT:	Michael Steele (Chair) Matthew Newton-Reid Michael McGuire Emily Williams, Chief Executive Officer (ex-officio) Dr. Alexander Summers, Medical Officer of Health (ex-officio)
REGRETS:	Selomon Menghsha
OTHERS PRESENT:	Stephanie Egelton, Executive Assistant to the Board of Health (recorder) David Jansseune, Assistant Director, Finance Kaitlynn Van Diepen, Executive Assistant to the Chief Executive Officer Morgan Lobzun, Communications Coordinator Dr. Joanne Kearon, Associate Medical Officer of Health Carolynne Gabriel, Executive Assistant to the Medical Officer of Health

At **9 a.m.,** Chair Michael 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 **M. Newton-Reid, seconded by M. McGuire,** *that the **AGENDA** for the August 10, 2023 Finance & Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **M. McGuire, seconded by M. Newton-Reid,** *that the **MINUTES** of the May 11, 2023 Finance & Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

2023 Q2 Financial Update and Factual Certificate (Report No. 10-23FFC)

David Jansseune, Assistant Director, Finance presented the Finance and Facilities Committee the 2023 Q2 Financial Update and Factual Certificate.

D. Jansseune noted before his presentation to the Committee that information would be presented to the Committee in a different format to provide more visibility to the Board, reduce commentary, and provide more information on financial variances in the case that the Committee wished to provide a recommendation to the Board on potential changes to how any variances were used.

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D. Jansseune reminded the Committee that the Health Unit has three (3) financial segments, with two (2) reporting companies:

- MLHU – Shared Funded Programs
- MLHU – Four 100% Funded Programs (including the Ontario Seniors' Dental Program)
- MLHU2 – Four 100% Funded Programs

D. Jansseune added that it was suggested during mid-year financial reporting to focus on expenditures and variance (favourable and unfavourable).

Shared Funding Programs

The following updates were provided for shared funding programs for Q2:

- During the first half of 2023, the Finance team focused their efforts on ensuring employees were being financially allocated (charged) to the correct departments within the Health Unit's companies. There was a misalignment of approximately $209,000.
- General expenses are $418,647 (favourable), which includes $237,000 in professional services, $156,000 in program supplies, $136,000 in interest expenses, and $81,000 in occupancy costs.
- Salaries, overtime and benefits are $921,000 (favourable).
- The current gap is $769,658 (unfavourable) with a planned drawdown in the Employment Cost Reserve to partially offset wage increases.
- The forecast is based on information from January-May. The original Q2 forecast was at a $1,135,528 deficit, however upon review and revision, the forecast is now at a $175,000 deficit.

100% Funded Programs

The following updates were provided for 100% funded programs for Q2:

- The programs within the 100% shared funding company should be balanced and not have a surplus or deficit as any unspent funds are returned to the funder.
- Funding for 2023 has not been received at this time.
- The Q2 budget for 100% funded programs is $15,952,633.
- The COVID-19 budget is $10.7 million with a forecast of $8.2 million. The forecast is down from $20.3 million in 2022 due to less clinics planned. Expenditures at the end of June totaled $3.9 million. Any surplus from Shared Funded Programs will be used to reduce these expenses, which will result in reduced COVID-19 funding.
- The School Focused Nurses Initiative budget was $1.4 million with an annual forecast of $0.8 million. This funding officially ended on June 30 and no further funding has been provided.
- Ontario Seniors' Dental Care Program budget is $3.7 million with an annual forecast of $3.7 million. Spending was modest during the first six months but is expected to increase as the Strathroy office becomes fully operational.
- City of London Cannabis Legalization (CLIF) budget is $0.2 million with an annual forecast of $0.2 million. This funding is approved carry over from the City of London and future funding has ended.
- Funding for 3 out of the 4 programs will be ending, with Ontario Seniors' Dental Care Program remaining.

MLHU2 100% Funded Programs

The following updates were provided for 100% funded programs (MLHU2) for Q2:

- The programs within the 100% shared funding company MLHU2 should be balanced and not have a surplus or deficit as any unspent funds are returned to the funder.
- The MLHU2 results are not consolidated due to year end entry adjustments.
- The Q2 budget for 100% funded programs (MLHU2) is $2,859,543.

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- Funding for programs within this company are from the Public Health Agency of Canada (PHAC), Public Health Ontario (PHO) and the Ministry of Children, Community and Social Services (MCCSS).
- The Smart Start for Babies (PHAC) budget is $152,000. The total expenditures at June 30 (after 3 months) were $29,000 with a budget of $37,000. General expenses were underspent, and it is anticipated that there will be increased spending as the year progresses.
- The Best Beginnings (MCCSS) budget is $2,483,000 and is spending to budget.
- The Library Shared Services (PHO) budget is $108,000. The total expenditures at June 30 were $29,000 with a budget of $25,000 due to increased spending on supplies, but is on track to be on budget.
- The FoodNet Canada (PHAC) budget is $116,000 and is spending to budget.

Cashflow

The following updates were provided on cashflow in Q2:

- The 2023 opening bank balance was $4.2 million and the closing balance on June 30 was $4.6 million.
- As of June 30, the fixed loan of $3,050,000 has $2,740,000 owing and the variable loan of $1,150,000 has $1,006,000 owing.
- Significant cash events included: a clawback of $962,000 from the Ministry of Health from 2022 programs (January), receipt of 2022 COVID-19 funding for $6.7 million (February), additional Ministry of Health clawback of $278,000 from 2022 programs (February), receipt of 2023 School Focused Nurses Initiative funding for $494,000 (March) and Ministry of Health clawback of $2.4 million for 2022 COVID-19 programming.

Ministry of Health Updates

The following Ministry of Health updates for Q2 were provided:

- Approved funding is still known, with the potential for being released in September.
- Mitigation funding has been approved until December 31, 2023 with uncertainty to extend.
- School Focused Nurses Initiative funding ended on June 30.
- COVID-19 funding will be withheld until the Ministry of Health has reviewed the Health Unit's Q2 Standard Activity Report (SAR).
- 2022 Annual Reconciliation Report (ARR) is due on August 31.
- 2023 Q2 SAR was due July 31 and was submitted on July 27.

D. Jansseune further noted that the reportable matter on the factual certificate regarding the Cali Nails litigation was removed, as this matter was settled.

Committee Member Michael McGuire inquired if there was a fear of losing a program at the Health Unit due to late government funding. E. Williams noted that the Ministry of Health is signaling is that the Ontario Seniors' Dental Care program funding will be supported, as capital funding has already been invested. E. Williams added that pressures for 2024 such as the loss of mitigation funding, inflationary increases and COVID-19 being integrated into the base budget are a risk for reducing programming.

Chair Steele inquired the purpose of Schedule A-4 affixed to the report. D. Jansseune explained the Schedule A-4 was focused on departmental funding and is a new piece of financial informational which the Committee will be able to review. Finance is working to bring more exposure to internally generated revenue. Regarding departmental budgets, budget packages were provided to management for their review.

Committee Member Matthew Newton-Reid inquired why there is a surplus while still having financial pressures to the Health Unit. D. Jansseune noted that the surplus was mainly caused by job vacancies and

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at the same time managing mandatory program funding. E. Williams added that restructuring and newly created positions as a result of the restructuring were a factor of the job vacancies creating a surplus. Human Resources and Finance are conducting monthly workforce planning meetings to review staffing complements with divisions.

It was moved by **M. Newton-Reid, seconded by M. McGuire,** *that the Finance & Facilities Committee review and recommend to the Board of Health to receive Report No. 10-23FFC re: "2023 Q2 Financial Update and Factual Certificate" for information.*

Carried

City of London Budget: Assessment Growth Proposals (Report No. 11-23FFC)

E. Williams provided information on the Health Unit's pending submission to the City of London's Assessment Growth Fund. At the July 20, 2023 Board of Health meeting, the Board approved the submission of the 2024 MLHU budgetary requirements to the City of London which accounted for the discontinuation of provincial mitigation funding and inflationary increases. There is an additional opportunity provided to the Health Unit to request funding from the "Assessment Growth" fund through the submission of business cases, related to population growth that has direct impacts to programs and services. Business cases are due to the City of London on August 15.

Staff have prepared the following business cases to submit to the Assessment Growth Fund, with the total business case amount for submission being $604,634:

School Health Team
The 14.3% increase in school-aged children (10,000 more by 2021) has increased demand for Public Health Nurses (PHN) on the Secondary School Health Team. The proposal for the Secondary School Health Team is for 1.0 Full Time Equivalent (FTE) PHN to enable all Secondary Schools in London to have nursing support which equates to $93,089.

Vaccine Preventable Disease Team
The 70% increase in recent immigrants to London has had a notable impact on demand for Immunization Clinic appointments at the Health Unit, as many newcomers do not have access to primary care. The 14.3% increase in school-aged children compounds this issue, as the Health Unit is accountable for ensuring that all children are compliant with the Immunization for School Pupils Act. The proposal for the Vaccine Preventable Disease Team is for 1.0 FTE Program Assistant, 1.0 FTE Public Health Nurse, and 0.30 FTE Casual Nurse which equates to $176,965.

Infectious Disease Control Team
As part of the immigration process, newcomers are required to complete an Immigration Medical Examination (IME). If there are any abnormalities noted, public health will review the examination and conduct a medical history interview and symptom assessment. The 70% increase in recent immigrants to London has also had an impact on the volumes of suspected and active tuberculosis (TB) cases, requiring follow up by the Health Unit, with the number of active TB cases more than tripling since 2016, up from 8 per year to 23 by 2021. Each client requires very intensive investigation, requiring 50 hours of staff time. The number of new referrals to the Health Unit has increased by 28% over the same five years, from 76 in 2016 to 273 in 2021. The proposal for the Infectious Disease Control Team is for 1.0 FTE Public Health Nurse, which equates to $93,089.

Substance Use Program Team
On October 17, 2018, the *Smoke-Free Ontario Act, 2017 (SFOA, 2017)* came into effect to regulate the use and retail sale of tobacco and vapour products, and to regulate the smoking and vaping of cannabis products in Ontario. Tobacco Enforcement Officers (TEO) are designated by the Minister of Health to enforce the *SFOA, 2017*. There has been an increase of over 2000% in cannabis retailers and over 15% in

tobacco/vapour product retailers requiring inspection and education. The proposal for the Substance Use Program Team is 2.0 FTE TEO which equates to $148,402.

Healthy Families Home Visiting Team
Approximately 60% of Healthy Baby Healthy Children risk assessment screening completed at London Health Sciences Centre by the Health Unit qualify for follow-up with Home Visiting Nursing support. The 7.5% increase in births represents an additional 212 families that require home visiting. This is in addition to the increase of approximately 318 additional families that require low-risk breastfeeding home visiting. The proposal for the Healthy Families Home Visiting Team is 1.0 FTE Public Health Nurse, which equates to $93,089.

E. Williams thanked the Population, Health, Assessment and Surveillance team for their support with this work.

E. Williams noted that the Health Unit has never submitted business cases to the City of London to the Assessment Growth Fund and that the business cases are separate from mitigation funding requests to the City of London with the submissions being treated similar to a grant process.

Committee Member M. Newton-Reid inquired if the County of Middlesex has a similar fund for the Health Unit to apply and provide business cases to. E. Williams noted that the Health Unit was not aware of a similar fund with the County of Middlesex and would inquire with the County Treasurer.

It was moved by **M. McGuire, seconded by M. Newton-Reid,** *that the Finance & Facilities Committee recommend to the Board of Health to receive Report No. 11-23FFC re: "City of London Budget: Assessment Growth Proposals" for information.*

Carried

Annual 2022 Surplus – Alternate Use (Report No. 12-23FFC)

D. Jansseune added further clarification to Committee Member M. Newton-Reid's previous question regarding the reason for the increased surplus for the Health Unit. In addition to previously mentioned reasons for a surplus, $572,000 in savings was found during a general expense review and $523,000 was used to reduce the 2023 budget.

D. Jansseune provided information on a potential alternate use for the 2022 annual surplus (municipal funding portion). The 2022 surplus was $2,016,902 and split in the following way: $1,288,452 (Ministry of Health), $611,898 (City of London) and $116,552 (County of Middlesex). The Ministry of Health portion of the surplus will be used to reduced 2022 COVID-19 expenditures. Historically, surplus amounts have been refunded to City of London and the County of Middlesex at the end of the fiscal year.

In 2020, the Health Unit entered into an agreement for a fixed loan for $3,050,000 and a variable loan for $1,150,000 to enable the fit up of the new location at Citi Plaza. The amount owing on the variable loan is $1,001,458 with prime less 0.75% interest rate. With the current increase in interest rates, staff is seeking Board approval to redirect the municipal portions of the surplus to the Health Unit's lender (Canadian Imperial Bank of Commerce) to pay down the variable loan. If approved, the variable loan would be reduced to $273,008.

E. Williams noted that upon Board approval, staff would provide support to the County of Middlesex and the City of London as the redirection of funds would require notification, and potentially approval, of these councils.

Committee Member M. Newton-Reid noted that with the current interest rates, it would be beneficial for the Health Unit to be able to pay down the higher variable loan, however was concerned with how this

ask would be perceived by municipal funding partners due to the previous asks for additional funding to the Health Unit.

Committee Member M. McGuire requested that a briefing note, indicating the funding needs for the Health Unit and the current surplus situation for reference be provided when the matter would be heard by County of Middlesex Council. Chair Steele indicated that this request would need to be added to the proposed motion.

It was moved by **M. McGuire, seconded by M. Newton-Reid,** *that the Finance & Facilities Committee recommend to the Board of Health to:*

1) *Receive Report No. 12-23FFC re: "Annual 2022 Surplus – Alternate Use" for information;*
2) *Approve that the municipal portions of 2022 surplus funds be applied as payment on the Middlesex-London Health Unit's variable loan; and*
3) *Direct staff to engage in required proceedings with the City of London and the County of Middlesex to enable surplus funds to be redirected to the Canadian Imperial Bank of Commerce (CIBC) for payment to the Health Unit's variable loan in the following amounts:*
    a. *City of London: $611,898;*
    b. *The County of Middlesex: $116,552, and;*
4) *Direct staff to prepare a briefing note for the County of Middlesex and City of London Council regarding the alternate use of municipal surplus funds.*

Carried

OTHER BUSINESS

The next meeting of the Finance and Facilities Committee will be held on Thursday, September 14, 2023 at 9 a.m.

ADJOURNMENT

At **9:44 a.m.,** it was moved by **M. Newton-Reid, seconded by M. McGuire,** *that the meeting be adjourned.*

Carried

MICHAEL STEELE	**EMILY WILLIAMS**
Committee Chair	**Secretary**

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PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
FINANCE AND FACILITIES COMMITTEE

Thursday, September 14, 2023 at 9:00 a.m.
Microsoft Teams

MEMBERS PRESENT:	Michael Steele (Chair) Selomon Menghsha Michael McGuire Emily Williams, Chief Executive Officer (ex-officio) Dr. Alexander Summers, Medical Officer of Health (ex-officio)
REGRETS:	Matthew Newton-Reid
OTHERS PRESENT:	Stephanie Egelton, Executive Assistant to the Board of Health (recorder) David Jansseune, Assistant Director, Finance Carolynne Gabriel, Executive Assistant to the Medical Officer of Health Morgan Lobzun, Communications Coordinator Emily Van Kesteren, Acting Manager, Communications

At **9 a.m.,** Chair Michael 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 **M. McGuire, seconded by S. Menghsha,** *that the **AGENDA** for the September 14, 2023 Finance & Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **S. Menghsha, seconded by M. McGuire,** *that the **MINUTES** of the August 10, 2023 Finance & Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

MLHU2 Financial Statements (Report No. 13-23FFC)

Emily Williams, Chief Executive Officer introduced David Jansseune, Assistant Director, Finance to provide information on the draft MLHU2 Financial Statements (from April 1, 2022 to March 31, 2023).

The highlights from the draft financial statements included:

- Four (4) programs were audited, with a fully utilized budget of $2,837,993 (6% of the total operating budget):
    - Healthy Babies / Healthy Children (funded by Ministry of Children, Community & Social Services) with a budget of $2,483,313
    - Smart Start for Babies (funded by Public Health Agency of Canada) with a budget of $132,029

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- FoodNet Canada (funded by Public Health Agency of Canada) with a budget of $114,101
- Shared Library Services (funded by Public Health Ontario) with a budget of $108,550

D. Jansseune noted that the Finance team has been working to clean up the financial statements by removing historically funded programs that no longer exist.

Chair Steele confirmed if the audit was conducted by KPMG, as it was not noted on the draft statements. E. Williams confirmed it was conducted by KPMG and would ensure that the auditing firm would be noted for the final audited statements.

It was moved by **M. McGuire, seconded by S. Menghsha,** *that the Finance & Facilities Committee recommend to the Board of Health to approve the audited Financial Statements of Middlesex-London Health Unit for programs ended March 31, 2023.*

Carried

2023 Funding Update (Report No. 14-23FFC)

D. Jansseune provided an update on the provincial funding letter received August 29, 2023.

The highlights from this update included:

Operating

- Base funding was increased by 1% annually from 2023-2026, with 2023 funding prorated to $150,075.
- Funding ratio for municipalities and Ministry of Health was shifted from 70/30 to 75/25.
- Mitigation funding will be added to base budget and the Health Unit will keep $1,361,300.
    - The Health Unit was previously going to request the mitigation funding from the municipalities, and this is no longer necessary.
- Ontario Seniors' Dental Care Program was increased from approximately $2,200,000 to $3,500,000. 2023 funding was prorated to $3,166,500.
- School Focused Nurses Initiative was funded $550,000 from April 1 to June 30, 2023. Funding has ended as of June 30, 2023.

Capital

- There have been no changes to capital funding for the Strathroy Dental Clinic.
- $145,400 was provided from the Ontario Seniors' Dental Care Program for CitiPlaza expansion.
- COVID-19 funding was not included.

Committee Member Michael McGuire noted that the County of Middlesex discussed the correspondence letter from the Board of Health from August 2 in detail at their previous Council meeting. Council discussed concerns that at the time of the letter, funding had not been received for the Strathroy Dental Clinic.

E. Williams clarified that operating funding for the Strathroy Dental Clinic has been received as of August 29, 2023. The Health Unit asked the Ministry of Health for $1,500,000 and received $1,300,000 over 12 months, with $950,000 prorated for 9 months due to the fiscal year. E. Williams added that staff will be exploring what the $200,000 difference means for staffing operations at the clinic.

Dr. Alexander Summers, Medical Officer of Health added that the Board of Health would be reviewing the funding updates and associated impacts at the upcoming Board meeting. Dr. Summers noted that staff will be reviewing Oral Health programming for 2024 and modifying within budget allocation, in addition to reviewing community needs for 2024 and 2025. Dr. Summers added that as of today, funding for the dental clinics are in a much better position. E. Williams added that D. Jansseune and herself were meeting with the County of Middlesex Treasurer to discuss financial outlooks based on new information learned.

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Committee Member M. McGuire noted that Council are supportive of the Health Unit receiving funding in advance of needing to use the funds, and not having to request funding from the government after the project has started. E. Williams noted that the funding for the dental clinics was unique, as funding was received in 2020 and the Strathroy Dental Clinic Capital project could not be completed due to the pandemic. E. Williams explained that the Health Unit went ahead with the Strathroy Dental Clinic project without operating funds as there was a risk of losing capital funding, and the Ontario Seniors' Dental Care Program is a priority of the current government. Dr. Summers added that the cadence of funding is a challenge every fiscal year, and at times makes it difficult to conduct work – feedback will continue to be provided to the Ministry of Health on these challenges. Dr. Summers noted that there are ongoing conversations with the government on funding within the public health sector, and more details will be provided at the following Board meeting.

Chair Steele inquired on how the $150,000 capital funding received for the dental clinic at CitiPlaza fits in. E. Williams noted that the funds would be used to make improvements to the existing dental operatories, and potentially review fitting up a third operatory at CitiPlaza.

It was moved by **S. Menghsha, seconded by M. McGuire,** *that the Finance & Facilities Committee receive Report No. 14-23FFC re: "2023 Funding Update" for information.*

Carried

2023 Financial Update (Report No. 15-23FFC)

D. Jansseune provided a financial update for MLHU finances as at August 31, 2023.

<u>January to August – Expense Focus</u>

- Total expenses are approximately $937,000 unfavourable.
- Actuals for salaries, overtime and benefits are from January to August.
- Actuals for general expenses are from January to July, calculated January to August.
- Salaries are nearly balanced at approximately $17,000 unfavourable.

<u>Annual Forecast</u>

- Funding will see an approximate extra $189,000, and includes:
  - $150,000 with the 1% base budget increase
  - $19,000 for the Needle Exchange Program
  - $20,000 for the Public Health Inspector Practicum Program
- Salaries, overtime and benefits are being gapped (6.5 positions) to balance by year end, with year end projections currently $550,000 unfavourable.
- Reserves are approximately $100 favourable, because, due to financial constraints, the $100,000 contribution to the Stabilization Reserve will not be made.

<u>100% Funded Programs</u>

- COVID-19: approximate spending currently $4,496,000 and budgeted $7,001,000. The forecast is $8,372,000 and budgeted $10,655,000. No funding has been received so far this year from the Ministry of Health and discussions continue.
- School Focused Nurses Initiative: approximate spending currently $781,000 and budgeted $708,000. Funding was approved at $550,000 and is under review with the Ministry of Health (funding ended June 30, 2023).

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- Ontario Seniors' Dental Care Program: approximate spending currently $1,521,000 and budgeted $2,439,000. Funding was approved for 2023 at $3,167,000. Discussions on this forecast will take place with operations lead to ensure spending is optimized to year end.
- City of London Funding for Cannabis Legalization: approximate spending currently $67,000 and budgeted $124,000. Staff have sought City of London approval to carry over surplus funding to 2024.

D. Jansseune noted that this update was only for MLHU and not MLHU2, with a focus on expenses. D. Jansseune added that the total expenses for MLHU are nearly balanced, with approximately $937 to budget.

It was moved by **M. McGuire, seconded by S. Menghsha,** *that the Finance & Facilities Committee receive Report No. 15-23FFC re "2023 Financial Update" for information.*

Carried

OTHER BUSINESS

The next meeting of the Finance and Facilities Committee will be held on Thursday, November 9, 2023 at 9 a.m.

ADJOURNMENT

At **9:28 a.m.,** it was moved by **M. McGuire**, **seconded by S. Menghsha,** *that the meeting be adjourned.*

Carried

MICHAEL STEELE
Committee Chair

EMILY WILLIAMS
Secretary

DRAFT

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 49-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 September 21

FINANCE AND FACILITIES COMMITTEE MEETINGS – August 10 and September 14

The Finance and Facilities Committee (FFC) met at 9 a.m. on Thursday, August 10 and Thursday, September 14, 2023.

Reports	Recommendations for Information and Board of Health Consideration
Finance and Facilities Committee Meeting Reports from August 10, 2023	
2023 Q2 Financial Update and Factual Certificate **(Report No. 10-23FFC)**	It was moved by **M. Newton-Reid, seconded by M. McGuire,** *that the Finance & Facilities Committee review and recommend to the Board of Health to receive Report No. 10-23FFC re: "2023 Q2 Financial Update and Factual Certificate" for information.* Carried
City of London Budget: Assessment Growth Proposals **(Report No. 11-23FFC)**	It was moved by **M. McGuire, seconded by M. Newton-Reid,** *that the Finance & Facilities Committee recommend to the Board of Health to receive Report No. 11-23FFC re: "City of London Budget: Assessment Growth Proposals" for information.* Carried
Annual 2022 Surplus – Alternate Use **(Report No. 12-23FFC)**	It was moved by **M. McGuire, seconded by M. Newton-Reid,** *that the Finance & Facilities Committee recommend to the Board of Health to:* *1) Receive Report No. 12-23FFC re: "Annual 2022 Surplus – Alternate Use" for information;* *2) Approve that the municipal portions of 2022 surplus funds be applied as payment on the Middlesex-London Health Unit's variable loan; and* *3) Direct staff to engage in required proceedings with the City of London and the County of Middlesex to enable surplus funds to be redirected to the Canadian Imperial Bank of Commerce (CIBC) for payment to the Health Unit's variable loan in the following amounts:* *a. City of London: $611,898;* *b. The County of Middlesex: $116,552, and;* *4) Direct staff to prepare a briefing note for the County of Middlesex and City of London Council regarding the alternate use of municipal surplus funds.* Carried

Finance and Facilities Committee Meeting Reports from September 14, 2023	
MLHU2 Financial Statements **(Report No. 13-23FFC)**	It was moved by **M. McGuire, seconded by S. Menghsha,** *that that the Finance & Facilities Committee recommend to the Board of Health to approve the audited Financial Statements of Middlesex-London Health Unit for programs ended March 31, 2023.* Carried
2023 Funding Update **(Report No. 14-23FFC)**	It was moved by **S. Menghsha, seconded by M. McGuire,** *that the Finance & Facilities Committee receive Report No. 14-23FFC re: "2023 Funding Update" for information.* Carried
2023 Financial Update **(Report No. 15-23FFC)**	It was moved by **M. McGuire, seconded by S. Menghsha,** *that, that the Finance & Facilities Committee receive Report No. 15-23FFC re "2023 Financial Update" for information.* Carried

This report was prepared by the Chief Executive Officer.

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

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 50-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 September 21

2022 ANNUAL REPORT AND ATTESTATION

Recommendation

It is recommended that the Board of Health:

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

Key Points

- The Ontario Ministry of Health requires public health units to submit an Annual Report and Attestation.
- Staff at the Middlesex-London Health Unit (MLHU) have completed the ministry required template for the 2022 Annual Report and Attestation.
- The Board of Health Chair has completed a certificate of attestation to demonstrate compliance with the organization requirements outlined in the Ontario Public Health Standards.

Background

The Annual Report and Attestation is a funding and accountability reporting tool that Boards of Health are required to submit annually as per the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, and the Public Health Funding and Accountability Agreement. As per the Accountability Agreement, the ministry typically requires the Annual Report to be completed, and submitted, by the end of April of the subsequent year. However, given the demands of the pandemic, the due date for the 2022 report was extended to August 31, 2023 (Appendix A).

2022 Annual Report

The 2022 Annual Report and Attestation was completed by the MLHU leaders to reflect the work completed during 2022 which was a bridge between pandemic response and recovery. The program indicators are included, however there are some indicators that are not being provided because further development and renewal work is required. This work is planned for 2023/24. The attestation indicates that most requirements were met and for each requirement that was not met, or fully met, mitigation strategies are identified.

The financial information is consistent with the 2022 financial statements that were approved by the Board during July 2023. This information shows a surplus on Mandatory Programs and that this surplus was re-directed to reduce COVID-19 expenditures. The surplus resulted from reduced programs and staff that assisted with COVID-19, which left vacancies within the Mandatory Programs.

Conclusion

The Annual Report for 2022 reflects the significant demands of the COVID-19 pandemic and recovery from it on the capacity of the Health Unit to meet all components of the Ontario Public Health Standards.

Recovery strategies are underway in 2023, including the ongoing development of relevant indicators of the Health Unit's work.

Next Steps

The Annual Report and Attestation (Appendix A) was submitted as draft to the Ministry on August 31, 2023. The final will be submitted following Board approval.

This report was prepared by the Manager, Strategy, Planning and Performance, Public Health Foundations Division.

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

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 51-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 September 21

SEXUALLY TRANSMITTED INFECTION STRATEGY

Recommendation

It is recommended that the Board of Health receive Report No. 51-23 re: "Sexually Transmitted Infection Strategy" for information.

Key Points

- Sexually transmitted infections (STIs) continue to be a growing public health concern in Canada, with the rates of chlamydia, gonorrhea, and syphilis increasing across the population.
- The target and priority populations identified in local case incidence and risk factor data were predominately sexually active males and females of varying ages, depending on the infection:15-29 year olds (chlamydia), 15-44 year olds (gonorrhea), and 20-59 year olds (syphilis). Other important reported risk factors included those who have unprotected sex, new sexual partners, men who have sex with men, those who engage in anonymous sex, women who have sex with women, and marginalized sexually active females.
- The Middlesex-London Health Unit needs to work in partnership with the broader Middlesex-London community to address increasing STI rates.

Background

With increasing sexually transmitted infection (STI) rates in Middlesex London, a project team was pulled together to complete a review of the community context as well as the identification of potential effective strategies. The following sources were used to gather evidence and informed the next steps:

- a review of moderate to high quality systematic reviews and meta-analyses of public health interventions addressing STIs;
- community partner interviews and an environmental scan of other public health units; and
- a review of the Ontario Public Health Standards to identify any gaps in sexual health services and alignment of potential interventions with the current mandate.

An assessment of the rates of sexually transmitted infections (STIs) reported in Middlesex-London indicated that between 2013 and 2022, there were 17,404 chlamydia infections reported among Middlesex-London residents. The reported number likely underestimates the actual number of chlamydia infections in the population, since the number of confirmed cases is based only on those who were tested and does not include those with asymptomatic infections or those who did not access testing. **Across the 10-year time-period, the local number and rate of reported chlamydia infections consistently increased in all but two years, peaking in 2019 at 437 reported cases per 100,000 population.**

Between 2013 and 2022, there were 2,256 gonorrhea infections and 779 syphilis (all types) infections reported among Middlesex-London residents. The majority of the syphilis cases were considered infectious syphilis (76%, n=592). During that same time frame, the number and rate of reported syphilis infections (all types) among Middlesex-London residents, including infectious syphilis, increased in every year, except in

2021. **In the 10-year period, the local rate of reported gonorrhea cases more than tripled**, from 18 to 64 reported cases per 100,000 population, and **the rate of syphilis (all types) and infectious syphilis both increased six-fold**, from 6 to 33 reported cases per 100,000 population for syphilis (all types) and from 4 to 23 per 100,000 for infectious syphilis.

Identification of Effective Strategies

The strategies/interventions identified through the evidence review were synthesized using a SWOT analysis, (strengths, weaknesses, opportunities, and threats). Those interventions considered for the Middlesex-London community are:

- deliver interventions within partnerships and involve the target population in the design and implementation;
- increase STI testing, keeping in mind that the long-term impact on testing frequency and overall STI rate reduction is unclear;
- expand outreach services to include case management support for vulnerable syphilis clients; and
- ensure that sexual health education for children, adolescents, and young adults is comprehensive, and involves a multi-component approach including skill development.

Based on the comprehensive review and internal consultation the following interventions are being implemented:

- expanded distribution of up-to-date epidemiological data of increasing STI rates in Middlesex-London to health care providers, community partners, and the broader community;
- expanded efforts to mobilize community partnerships to take collective action to address STI rates within the identified target and priority populations;
- provision of screening and treatment information that health care providers and community partners need to support this work;
- development of additional testing options within the community to increase STI testing accessibility;
- assessment of potential expansion of MLHU outreach services to include case management support for vulnerable syphilis clients;
- continued support of sexual health programming in schools and review of the program; and
- ongoing commitment to community-wide initiatives to address the social determinants of health.

Next Steps

Increasing STI rates is a population public health concern in the Middlesex London Community. To address this issue, MLHU must work in partnership with the Middlesex-London community and key partners to address increasing STI rates. The 2023 review has provided a list of evidence-supported interventions to diagnose and prevent the ongoing transmission of sexually transmitted diseases more effectively. Work in this area will continue through 2023 and into 2024.

This report was prepared by Sexual Health Team, Environmental Health and Infectious Disease Division, and Population Health Assessment Surveillance Team, Public Health Foundations Division.

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

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 52-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 September 21

MLHU STRATHROY DENTAL CLINIC – FINAL PROJECT UPDATE

Recommendation

It is recommended that the Board of Health receive Report No. 52-23 re: "MLHU Strathroy Dental Clinic – Final Project Update" for information

Key Points

- To respond to capital funding received by the Ministry of Health to expand the Ontario Seniors Dental Care Program, the Middlesex-London Health Unit (MLHU) entered into a lease at The Shops on Sydenham (51 Front St, Strathroy) for the build of a new dental clinic.
- MLHU staff worked collaboratively over the last 10 months with the selected proponents, CCS Engineering & Construction Inc. and Henry Schein Inc., to proceed with building the dental clinic.
- MLHU completed a grand opening of the clinic on June 26, 2023. The project was completed within scope, on time and under budget.

Background

To address wait times and expand the Ontario Senior's Dental Care Program (OSDCP), the Middlesex-London Health Unit (MLHU) was issued capital funding in the amount of $1,050,000 from the Ministry of Health. In September 2022, an interdisciplinary team was created with membership from the Project Management Office, the Operations Team, and Oral Health Team to utilize the capital funding to design and build a new dental clinic in The Shops on Sydenham in Strathroy, Ontario.

The capital funding provided to MLHU covered all construction costs, as well as the procurement and installation of all dental equipment, furniture, and IT equipment in the clinic. Additional operating funds were requested from the Ministry of Health for staffing and the ongoing purchase of dental supplies. The MLHU requested $1,501,648 in operational funding and was awarded $1,300,000, prorated in 2023 to $975,000. This will inform the development of the program and budget for 2024.

Status Update

The status of the project is considered *complete*. The project team worked closely with the selected proponents, CCS Construction Inc. and Henry Schein Inc. to build the clinic.

In completing a project evaluation, the outcomes of the project were achieved (i.e., the clinic was built and is operational). There was minimal scope creep where project time was used to explore additional operatories for Citi Plaza.

The project was nearly delivered within the expected timeline. The goal was to open the clinic on May 31st, and it was opened on June 26th. Delays were related to completion of legal documents (i.e., lease, contracts) and acquisition of permits.

The project was completed within the approved budget and capital funding provided. More specifically, the budget was ~$49,000 under budget. The utilization of a closely monitored shadow budget by the Project Manager, with regular updates to the Project Sponsor (the CEO), helped to support budgetary decision-making throughout the project. Maintaining a contingency for unexpected costs was also imperative to ensuring the project remained under budget

The MLHU completed a grand opening of the clinic on June 26, 2023. This event was a success and included speakers such as Board Chair Matt Newton-Reid, Strathroy Mayor Colin Grantham, County Warden Cathy Burghardt-Jesson, and Dr. Summers.

From opening day until the end of August, 443 appointments have been completed in Strathroy. Additionally, the waiting list has decreased from 700 to 590 people since opening day. The addition of this clinical space has not only provided much needed service to the Middlesex-London region's residents but has also been instrumental in beginning to reduce wait times.

Progress photos of the clinic are attached as Appendix A.

Next Steps

To support initial operations, weekly operational touch base meetings will be held with all appropriate internal stakeholders, to continuously improve operations of the dental clinic, and serve the needs of the community.

With receipt of the 2023 funding letter, MLHU was notified of additional capital funding in the amount of $145,400 (available until March 31st, 2024) to expand the Citi Plaza clinic. Work on this project will begin imminently and will further assist the Oral Health Team with addressing wait times for the OSDCP.

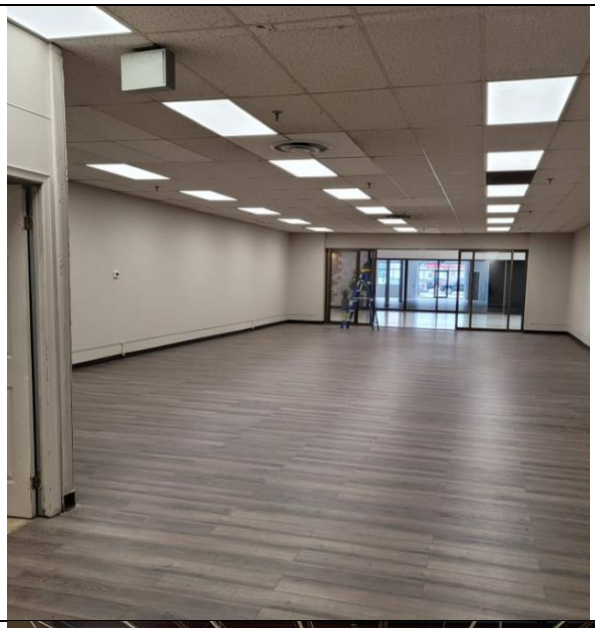
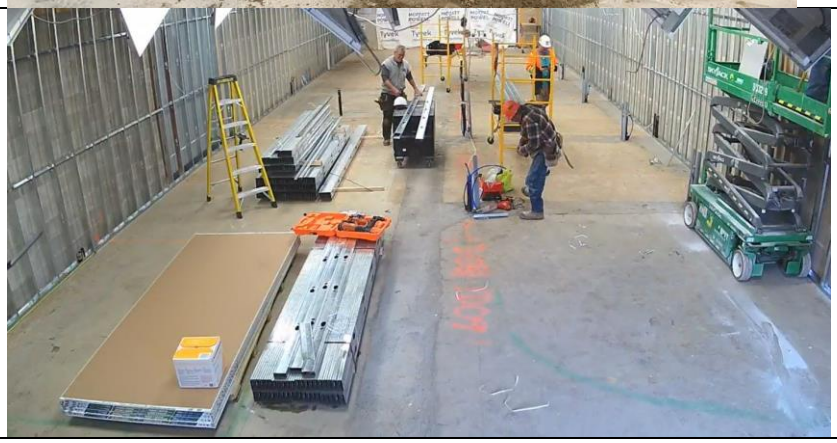
This report was prepared by Strathroy Dental Clinic Build Project Team (Project Management Office, Oral Health, and Operations & Procurement teams).

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

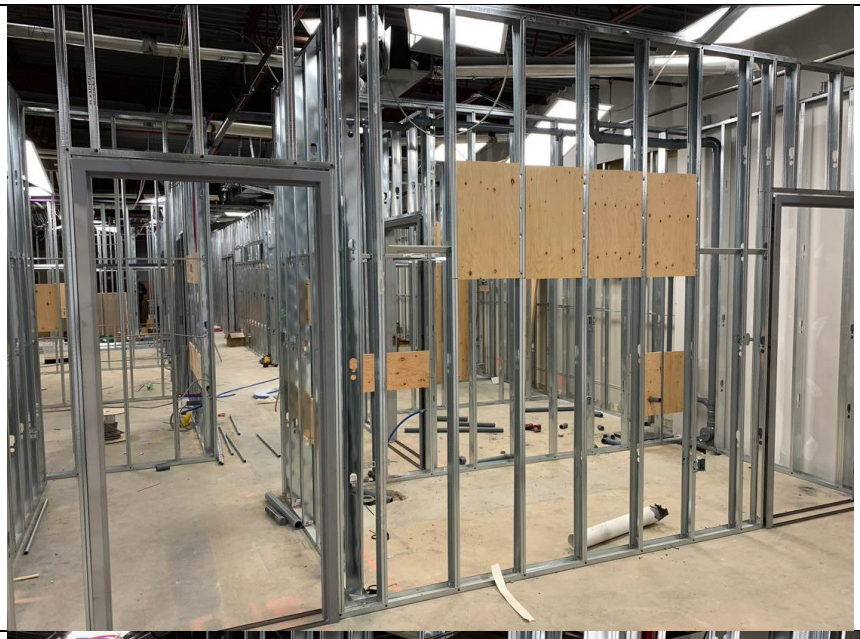
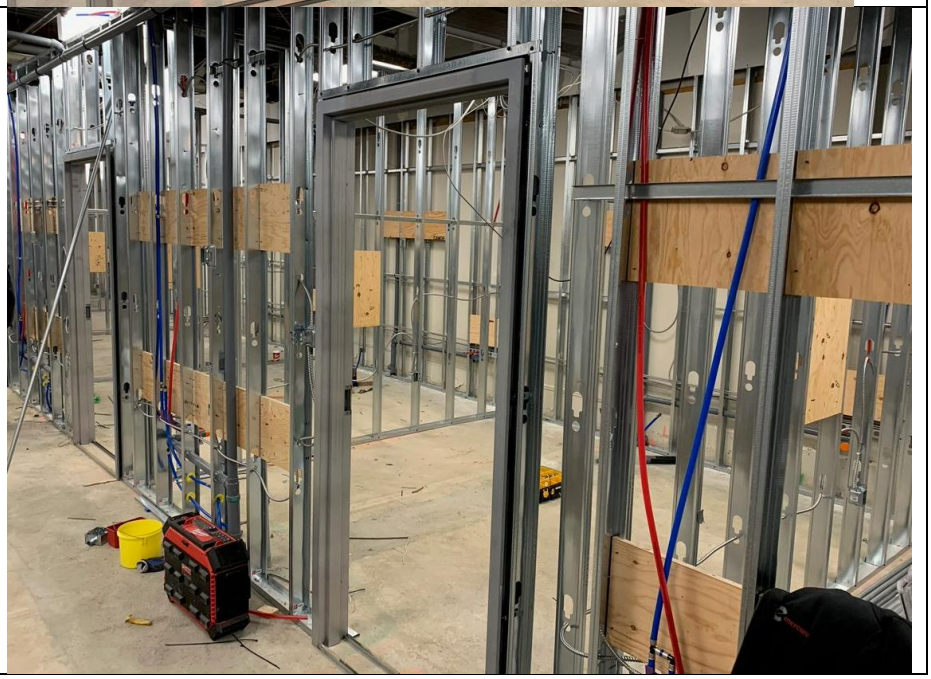
Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

Appendix A – Dental Clinic Progress Photos

November 15, 2023 Prior to demolition.	
March 7, 2023 Trenching of floors	
April 4, 2023 Start of framing	

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

April 19th, 2023 Framing complete	
April 19, 2023 Plumbing and Electrical installed	

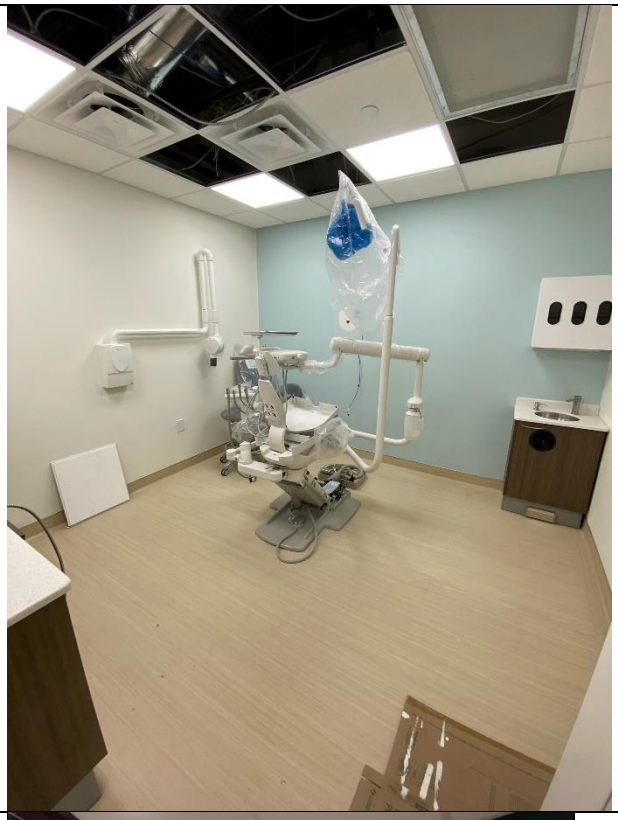
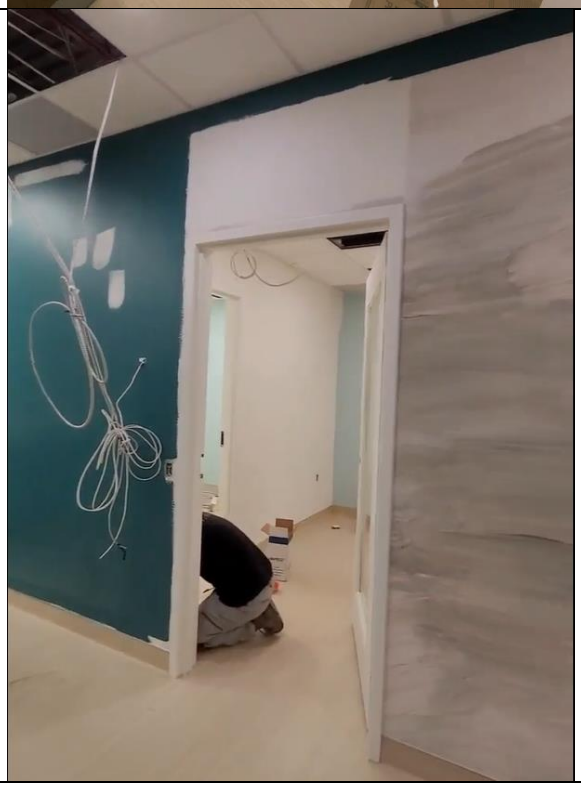
BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

May 2, 2023 Drywall install initiated	
May 24, 2023 Door hardware installation	

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

May 25, 2023 Priming and painting	
June 1, 2023 Cabinet installation	

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

June 11, 2023 Dental chair installation		
June 12, 2023 Flooring complete		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

June 14, 2023, and ongoing Getting the clinic operational		

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 53-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 September 21

UPDATES FROM ONTARIO'S MINISTRY OF HEALTH IN AUGUST 2023

Recommendation

It is recommended that the Board of Health receive Report No. 53-23 re: "Updates from Ontario's Ministry of Health in August 2023" for information.

Key Points

- In August 2023, two significant pieces of correspondence (Appendix A and Appendix B) from the Ministry of Health were received that have strategic implications for the future of the Middlesex-London Health Unit.
- These updates from the Ministry may impact the funding, programming, and jurisdiction of the Middlesex-London Health Unit.

Background

In August 2023, two significant pieces of correspondence from the Ministry of Health were received that have strategic implications for the future of the Middlesex-London Health Unit.

Memorandum – Provincial Strategy to Strengthen Public Health (Appendix A)
On August 22, 2023, the Chair of the Board, the Medical Officer of Health, and the Chief Executive Officer received a memorandum from the Chief Medical Officer of Health of Ontario, Dr. Kieran Moore. Titled 'Provincial Strategy to Strengthen Public Health in Ontario', the memorandum highlighted key initiatives intended to "optimize capacity, stability and sustainability in the public health sector." The key initiatives of the strategy include clarifying roles and responsibilities through the Ontario Public Health Standards (OPHS), supporting voluntary mergers among local public health agencies, and providing stable, sustainable funding to local public health agencies.

Specifically, with regards to the stabilization of funding, the Province announced that base funding previously downloaded to municipalities in 2020, and covered by mitigation funding since that time, will be restored. For the MLHU, this is $1,361,300. Additionally, the province announced that local public health agencies will be provided with growth base funding of 1% annually over the next 3 years.

Funding and Accountability Agreement for 2023-24 (Appendix B)
On August 29, 2023, the Chair of the Board, the Medical Officer of Health, and the Chief Executive Officer received the updated schedules to the Funding and Accountability Agreement. Beyond increases to capital ($177,200) and operational ($1,300,000) funds for the Ontario Seniors Dental Care Program, the MLHU received a 1% increase to its mandatory cost-shared program budget ($200,100).

Implications for the Middlesex-London Health Unit

These announcements have the following impacts on the Middlesex-London Health Unit.

- **Funding**
  - The clarity regarding funding for the next three years is helpful for planning and prioritization. However, the incremental increases to the base budget of 1% annually is insufficient for the agency to maintain its current or historic service levels given the ongoing inflationary pressures.
  - This pressure will be acutely felt. Despite the recent Provincial announcements, the anticipated budgetary shortfall for 2024 is between $2,600,000 to $2,800,000.
  - The restoration of the previously downloaded base funding avoids further increases to municipal contributions. However, it does not reflect a return to the previous cost-share formula of 75:25, as the actual funding amount provided has not been adjusted since the third quarter of 2018, while significant inflationary pressures have continued since that time.

- **Programs and Interventions**
  - The Province will be seeking to refine, refocus and re-level the roles and responsibilities of local public health. This will result in an updated and revised Ontario Public Health Standards, anticipated by January 1, 2025.
  - Regrettably, given the fiscal realities facing the agency this fall, the MLHU will need to independently identify strategic areas for disinvestments (see Report No. 0XX-22 re Strategic Prioritization for the Middlesex-London Health Unit).

- **Voluntary mergers**
  - The Province will be providing resources to incentivize mergers between local public health agencies in order to increase capacity in the sector.
  - This fall, the Province will be developing criteria to inform the merger process (i.e. optimal population size, minimum capacity requirements).
  - In the absence of provincial criteria, it is unclear at this time if the MLHU would be considered a candidate for merging. Additionally, it is unclear how the size and capacities of neighbouring public health agencies would influence expectations for the MLHU to consider mergers.
  - In 2019, in response to the amalgamations and budgetary changes proposed in the 2019 budget, the MLHU submitted a report outlining its recommendation regarding public health modernization in Ontario (see Report No. 06-20 for more information). These recommendations may still be relevant in the current context.

Next Steps

The Ministry has signalled the creation of working groups to address each of the key initiatives outlined in the *Provincial Strategy to Strengthen Public Health*. Senior leadership at the MLHU will continue to engage and support this work, and provide relevant updates to the Board, specifically regarding the expectations of the Province regarding mergers.

This fall, the MLHU will undertake a prioritization process in order to independently identify strategic areas for disinvestments (see Report No. 54-23 for more information).

This report was jointly prepared by the Medical Officer of Health and Chief Executive Officer.

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

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

Ontario

Ministry of Health

Office of Chief Medical Officer of Health, Public Health

Box 12
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Ministère de la Santé

Bureau du médecin hygiéniste en chef, santé publique

Boîte à lettres 12
Toronto, ON M7A 1N3

Téléc. :416 325-8412

August 22, 2023

MEMORANDUM

TO: Local Public Health Agency (LPHA) Board Chairs, Medical Officers of Health, Associate Medical Officers of Health, and Chief Executive Officers, Business Administrators

FROM: Dr. Kieran M. Moore, Chief Medical Officer of Health of Ontario and Assistant Deputy Minister, Public Health, Ministry of Health

RE: Provincial Strategy to Strengthen Public Health In Ontario

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Dear Colleagues,

Earlier today, at the 2023 Association of Municipalities of Ontario Conference, the government announced that the province is moving forward with a strategy to strengthen Ontario's public health sector.

I am excited to follow-up with some further details on the key initiatives of this strategy, which are aimed at optimizing capacity, stability and sustainability in the public health sector.

Since the SARS pandemic in 2003, there have been a series of reports that have consistently called for strengthening public health to address critical challenges

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such as a lack of capacity and critical mass, structural governance challenges, misalignment of the public health sector with other health and social services, as well as challenges with the public health workforce, including recruitment, retention and leadership. The COVID-19 pandemic reinforced the critical importance of a robust public health sector while once again highlighting these challenges.

Through the strategy announced today, the public health sector has an opportunity to demonstrate leadership in addressing these challenges. This strategy is grounded in a locally-driven approach, equipped with the provincial supports and resources needed to facilitate change while ensuring that we retain and strengthen front-line jobs and local public health programs and services.

Key initiatives of this strategy include:

1. **Clarifying roles and responsibilities through the Ontario Public Health Standards (OPHS)**
    - Working in close collaboration with the public health sector, the government will initiate a review of the OPHS in order to refine, clarify and strengthen local public health roles and responsibilities, including relationships and alignment across and beyond the broader health care system.
    - As part of this review, the government will seek to support Local Public Health Agencies (LPHAs) by exploring opportunities to shift some roles and responsibilities to a regional or provincial level.
2. **Supporting voluntary mergers among local public health agencies**
    - Mergers among LPHAs have been demonstrated to be an effective solution to long-standing capacity challenges as they have significant potential to increase program delivery resources, including through the pooling of resources, greater ability to recruit and retain staff for specialized roles, and greater ability to manage surge capacity.

...3

- Beginning this fall, the government will work collaboratively with the public health and municipal sectors, and other stakeholders to develop criteria, parameters and accountability mechanisms to support a coordinated approach to voluntary mergers, informed by lessons learned from previous mergers.
- LPHAs will then have the opportunity to submit proposals to the government based on established guidelines and criteria through current reporting mechanisms (e.g., 2024 Annual Service Plan and Budget Submission).
- Where there is agreement between LPHAs to merge, the government will provide time-limited supports and resources to facilitate the merger process and support business continuity to ensure program and service delivery stability while change is underway. Any savings realized through mergers can be reinvested by the successor LPHAs to further support capacity and program and service delivery.

3. **Providing stable, sustainable funding to LPHAs**
   - Recognizing the urgent need for stability, the government will restore $47M in provincial base funding to LPHAs, effective January 1, 2024. This will restore funding for those impacted LPHAs and municipalities to the level previously provided under the 2020 cost-share formula.
   - The province will also provide all LPHAs with growth base funding of 1% annually over the next 3 years to further support stabilization while collaborative processes are underway to review roles and responsibilities and facilitate mergers.

These initiatives will lay the groundwork for a longer-term approach to sustainable funding, including a review of the ministry's funding methodology for public health, based on a renewed and strengthened sector.

The Office of Chief Medical Officer of Health, Public Health is committed to collaborating with you to implement these initiatives and will be scheduling

meetings in the coming days to facilitate further discussion. If you have any immediate questions, please reach out to Colleen Kiel, Director, Public Health Strategic Policy, Planning and Communications Branch, at Colleen.Kiel@Ontario.ca, and Brent Feeney, Director, Accountability and Liaison Branch, at Brent.Feeney@ontario.ca.

As always, thank you for your continued support as we work to strengthen the public health sector in Ontario.

Yours truly,

Dr. Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health and Assistant Deputy Minister, Public Health, Ministry of Health

c:

- Dr. Catherine Zahn, Deputy Minister, Ministry of Health
- Loretta Ryan, Executive Director, Association of Local Public Health Agencies
- Elizabeth Walker, Executive Lead, Ministry of Health
- Colleen Kiel, Director, Ministry of Health
- Brent Feeney, Director, Ministry of Health
- Dr. Barbara Yaffe, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. Daniel Warshafshy, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. David McKeown, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. Michelle Murti, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. Wajid Ahmed, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. Fiona Kouyoumdjian, Associate Chief Medical Officer of Health, Ministry of Health

New Schedules to the Public Health Funding and Accountability Agreement

BETWEEN THE PROVINCE AND THE BOARD OF HEALTH

(BOARD OF HEALTH FOR THE MIDDLESEX-LONDON HEALTH UNIT)

EFFECTIVE AS OF THE 1ST DAY OF JANUARY 2023

Issued August 2023

Schedule A
Grants and Budget

Board of Health for the Middlesex-London Health Unit

DETAILED BUDGET - MAXIMUM BASE FUNDS (GRANTS TO BE PAID SEMI-MONTHLY, FOR THE PERIODS OF JANUARY 1ST TO DECEMBER 31ST AND APRIL 1ST TO MARCH 31ST)			
Programs / Sources of Funding	**Grant Details**	**2023 Grant ($)**	**2023-24 Grant ($)**
Mandatory Programs (Cost-Shared)	• The 2023 Grant includes a pro-rated increase of $150,075 for the period of April 1, 2023 to December 31, 2023 • Per the Funding Letter, the 2023-34 Grant includes an annualized increase of $200,100 for the period of April 1, 2023 to March 31, 2024	20,154,675	20,204,700
MOH / AMOH Compensation Initiative (100%)	Cash flow will be adjusted to reflect the actual status of Medical Officer of Health (MOH) and Associate MOH positions, based on an annual application process.	85,800	85,800
Ontario Seniors Dental Care Program (100%)	• The 2023 Grant includes a pro-rated increase of $975,000 for the period of April 1, 2023 to December 31, 2023 • Per the Funding Letter, the 2023-34 Grant includes an annualized increase of $1,300,000 for the period of April 1, 2023 to March 31, 2024	3,166,500	3,491,500
Total Maximum Base Funds		**23,406,975**	**23,782,000**

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (GRANTS TO BE PAID SEMI-MONTHLY, FOR THE PERIOD OF APRIL 1, 2023 TO MARCH 31, 2024, UNLESS OTHERWISE NOTED)			
Projects / Initiatives			**2023-24 Grant ($)**
Cost-Sharing Mitigation (100%) (For the period of January 1, 2023 to December 31, 2023)			1,361,300
Mandatory Programs: Needle Syringe Program (100%)			19,000
Mandatory Programs: Public Health Inspector Practicum Program (100%)			20,000
Capital: Seniors Dental Expansion of Existing Operatories (Citi Plaza) (100%)			145,400
Ontario Seniors Dental Care Program Capital: New Dental Operatories - Strathroy (100%)			31,800
School-Focused Nurses Initiative (100%) (For the period of April 1, 2023 to June 30, 2023)	# of FTEs	22	550,000
Total Maximum One-Time Funds			**2,127,500**

Total Maximum Base and One-Time Funds[1]	**25,909,500**

2022-23 CARRY OVER ONE-TIME FUNDS[2] (CARRY OVER FOR THE PERIOD OF APRIL 1, 2023 to MARCH 31, 2024)		
Projects / Initiatives	**2022-23 Grant ($)**	**2023-24 Approved Carry Over ($)**
Ontario Seniors Dental Care Program Capital: New Dental Operatories - Strathroy (100%)	600,000	150,000
Ontario Seniors Dental Care Program Capital: New Dental Operatories - Strathroy (100%)	318,300	318,300
Total Maximum Carry Over One-Time Funds	**918,300**	**468,300**

NOTES:

(1) Cash flow will be adjusted when the Province provides a new Schedule "A".

(2) Carry over of one-time funds is approved according to the criteria outlined in the provincial correspondence dated March 17, 2023.

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding ***Base Funding***

Provincial base funding is provided to the Board of Health for the purposes of delivering public health programs and services in accordance with the Health Protection and Promotion Act (HPPA), Regulations under the HPPA, Ontario Public Health Standards, and the Agreement. Provincial base funding is also provided to the Board of Health for the purposes of delivering related public health programs and initiatives in accordance with Schedule B.

Mandatory Programs: Harm Reduction Program Enhancement

The scope of work for the Harm Reduction Program Enhancement is divided into three components:

1. Local Opioid Response;
2. Naloxone Distribution and Training; and,
3. Opioid Overdose Early Warning and Surveillance.

Local Opioid Response

Base funding must be used to build a sustainable community outreach and response capacity to address drug and opioid-related challenges in their communities. This includes working with a broad base of partners to ensure any local opioid response is coordinated, integrated, and that systems and structures are in place to adapt/enhance service models to meet evolving needs.

Local response plans, which can include harm reduction and education/prevention, initiatives, should contribute to increased access to programs and services, and improved health outcomes (i.e., decrease overdose and overdose deaths, emergency room visits, hospitalizations). With these goals in mind, the Board of Health is expected to:

- Conduct a population health/situational assessment, including the identification of opioid-related community challenges and issues, which are informed by local data, community engagement, early warning systems, etc.
- Lead/support the development, implementation, and evaluation of a local overdose response plan (or drug strategy). Any plan or initiative should be based on the needs identified (and/or gaps) in your local assessment. This may include building community outreach and response capacity, enhanced harm reduction services and/or education/prevention programs and services.
- Engage stakeholders – identify and leverage community partners to support the population health/situational assessment and implementation of local overdose response plans or initiatives. Community stakeholders, including First Nations, Métis and Inuit communities and persons with lived experience, should be meaningfully engaged in the planning and implementation of all initiatives, where appropriate.

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding ***Base Funding***

- Adopt and ensure timely data entry into the Ontario Harm Reduction Database, including the Transition to the Ontario Harm Reduction Database and ensure timely collection and entry of minimum data set as per direction from the Province.

Naloxone Kit Distribution and Training

The Board of Health (or their Designate) must be established as a naloxone distribution lead/hub for eligible community organizations, as specified by the Province, which will increase dissemination of kits to those most at risk of opioid overdose.

To achieve this, the Board of Health is expected to:

- Order naloxone kits as outlined by the Province; this includes naloxone required by eligible community organizations distributing naloxone.
- Coordinate and supervise naloxone inventory, including managing supply, storage, maintaining inventory records, and distribution of naloxone to eligible community organizations, and ensuring community organizations distribute naloxone in accordance with eligibility criteria established by the Province.
- With the exception of entities (organizations, individuals, etc.) as specified by the Province:
    - Train community organization staff on naloxone administration, including how to administer naloxone in cases of opioid overdose, recognizing the signs of overdose and ways to reduce the risk of overdose. Board of Health staff would also instruct agency staff on how to provide training to end-users (people who use drugs, their friends and family).
    - Train community organization staff on naloxone eligibility criteria, including providing advice to agency staff on who is eligible to receive naloxone and the recommended quantity to dispense.
    - Support policy development at community organizations, including providing consultation on naloxone-related policy and procedures that are being developed or amended within the eligible community organizations.
    - Promote naloxone availability and engage in community organization outreach, including encouraging eligible community organizations to acquire naloxone kits for distribution to their clients.

Use of naloxone (NARCAN® Nasal Spray and injectable naloxone formulations)

The Board of Health will be required to submit orders for naloxone to the Province in order to implement the Harm Reduction Program Enhancement. By receiving naloxone, the Board of Health acknowledges and agrees that:

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding ***Base Funding***

- Its use of naloxone is entirely at its own risk. There is no representation, warranty, condition or other promise of any kind, express, implied, statutory or otherwise, given by her Majesty the Queen in Right of Ontario as represented by the Ministry of Health, including Ontario Government Pharmaceutical and Medical Supply Service in connection with naloxone.
- The Province takes no responsibility for any unauthorized use of naloxone by the Board of Health or by its clients.
- The Board of Health also agrees to:
    - Not assign or subcontract the distribution, supply or obligation to comply with any of these terms and conditions to any other person or organization without the prior written consent of the Province.
    - Comply with the terms and conditions as it relates to the use and administration of naloxone as specified in all applicable federal and provincial laws.
    - Provide training to persons who will be administering naloxone. The training shall consist of the following: opioid overdose prevention; signs and symptoms of an opioid overdose; and, the necessary steps to respond to an opioid overdose, including the proper and effective administration of naloxone.
    - Follow all provincial written instructions relating to the proper use, administration, training and/or distribution of naloxone.
    - Immediately return any naloxone in its custody or control at the written request of the Province at the Board of Health's own cost or expense, and that the Province does not guarantee supply of naloxone, nor that naloxone will be provided to the Board of Health in a timely manner.

<u>Opioid Overdose Early Warning and Surveillance</u>

Base funding must be used to support the Board of Health in taking a leadership role in establishing systems to identify and track the risks posed by illicit opioids in their jurisdictions, including the sudden availability of illicit synthetic opioids and resulting opioid overdoses. Risk based information about illicit synthetic opioids should be shared in an ongoing manner with community partners to inform their situational awareness and service planning. This includes:

- Surveillance systems should include a set of "real-time" qualitative and quantitative indicators and complementary information on local illicit synthetic opioid risk. Partners should include, but are not limited to: emergency departments, first responders (police, fire and ambulance) and harm reduction services.
- Early warning systems should include the communication mechanisms and structures required to share information in a timely manner among health system and community

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding ***Base Funding***

partners, including people who use drugs, about changes in the acute, local risk level, to inform action.

Mandatory Programs: Healthy Smiles Ontario Program

The Healthy Smiles Ontario (HSO) Program provides preventive, routine, and emergency and essential dental treatment for children and youth, from low-income families, who are 17 years of age or under.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that the following requirements are met:

- The Board of Health is responsible for ensuring promotional/marketing activities have a direct and positive impact on meeting the objectives of the HSO Program.
- The Board of Health is reminded that HSO promotional/marketing materials approved by the Province and developed provincially are available for use by the Board of Health in promoting the HSO Program.
- The overarching HSO brand and provincial marketing materials were developed by the Province to promote consistency of messaging, and "look and feel" across the province. When promoting the HSO Program locally, the Board of Health is requested to align local promotional products with the provincial HSO brand. When the Board of Health uses the HSO brand, it is required to liaise with the Ministry of Health's Communications Division to ensure use of the brand aligns with provincial standards.
- The Board of Health is required to bill back relevant programs for services provided to non-HSO clients. All revenues collected under the HSO Program, including revenues collected for the provision of services to non-HSO clients such as Ontario Works adults, Ontario Disability Support Program adults, municipal clients, etc., must be reported as income in financial reports as per Schedule C of the Agreement.
- For the purposes of reporting and monitoring for the HSO Program, the Board of Health must use the following provincial approved systems or mechanisms, or other as specified by the Province.
    - Aggregate screening, enrolment, and utilization data for any given month must be submitted by the 15th of the following month to the ministry in the ministry-issued template titled Dental Clinic Services Monthly Reporting Template.
    - Client-specific clinical data must be recorded in either dental management software (e.g., ClearDent, AbelDent, etc.) or in the template titled HSO Clinic Treatment Workbook that has been issued by the ministry for the purposes of recording such data.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centre, Aboriginal Health Access Centre, etc.)

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding ***Base Funding***

delivering services as part of the HSO Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and local partner, and ensure accountability for public funds.

- Any significant change to previously approved HSO business models, including changes to plans, partnerships, or processes, must be approved by the Province before being implemented. Any contract or subcontract entered into by the Board of Health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

Mandatory Programs: Nursing Positions

Base funding may be utilized to support Chief Nursing Officer, Infection Prevention and Control, and Social Determinants of Health Nursing positions, as well as other nursing positions at the Board of Health.

The Board of Health shall only employ a Chief Nursing Officer with the following qualifications:

- Registered Nurse in good standing with the College of Nurses of Ontario;
- Baccalaureate degree in nursing;
- Graduate degree in nursing, community health, public health, health promotion, health administration or other relevant equivalent OR be committed to obtaining such qualification within three years of designation;
- Minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health; and,
- Member of appropriate professional organizations (e.g., Registered Nurses' Association of Ontario, Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario-Public Health Nursing Management, etc.).

The Chief Nursing Officer role must be implemented at a management level within the Board of Health, reporting directly to the Medical Officer of Health or Chief Executive Officer and, in that context, will contribute to organizational effectiveness.

The Board of Health shall only employ an Infection Prevention and Control Nurse with the following qualifications:

- The position is required to have a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class); and,
- Certification in Infection Control (CIC), or a commitment to obtaining CIC within three years of beginning of employment.

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding ***Base Funding***

The Board of Health shall only employ a Social Determinants of Health Nurse with the following qualifications:

- The position is required to be to be a Registered Nurse; and,
- The position is required to have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the HPPA and section 6 of Ontario Regulation 566 under the HPPA.

Mandatory Programs: Smoke-Free Ontario

Smoke-Free Ontario is a comprehensive approach that combines programs, policies, social marketing, and legislation to reduce the use of tobacco and vapour products and lower health risks by protecting Ontarians from second-hand smoke and vapour, and to keep harmful products out of the hands of children and youth.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that it complies with any written directions provided by the Province on the interpretation and enforcement of the Smoke-Free Ontario Act, 2017.

Medical Officer of Health / Associate Medical Officer of Health Compensation Initiative (100%)

The Province provides the Board of Health with 100% of the additional base funding required to fund eligible Medical Officer of Health (MOH) and Associate Medical Officer of Health (AMOH) positions within salary ranges initially established as part of the 2008 Physician Services Agreement and continued under subsequent agreements.

Base funding must be used for costs associated with top-up for salaries and benefits, and for applicable stipends, to eligible MOH and AMOH positions at the Board of Health and cannot be used to support other physicians or staffing costs. Base funding for this initiative continues to be separate from cost-shared base salaries and benefits.

The maximum base funding allocation in Schedule A of the Agreement does not necessarily reflect the cash flow that the Board of Health will receive. Cash flow will continue to be adjusted regularly by the Province based on up-to-date application data and information provided by the Board of Health during a funding year. The Board of Health is required to notify the Province if there is any change in the eligible MOH and/or AMOH(s) base salary, benefits, FTE and/or position status as this may impact the eligibility amount for top-up.

The Board of Health must comply and adhere to the eligibility criteria for the MOH/AMOH Compensation Initiative as per the Policy Framework on Medical Officer of Health

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

Appointments, Reporting, and Compensation, including requirements related to minimum salaries to be eligible for funding under this Initiative.

Ontario Seniors Dental Care Program (100%)

The Ontario Seniors Dental Care Program (OSDCP) provides comprehensive dental care to eligible low-income seniors to help reduce unnecessary trips to the hospital, prevent chronic disease and increase quality of life for seniors. The program is being implemented through a phased approach.

The government announced the launch and staged implementation of the OSDCP on November 20, 2019. During the first stage of implementation, dental services were available for eligible seniors through Boards of Health, participating Community Health Centres and Aboriginal Health Access Centres. Through Stage 1, dental care was initiated and provided to eligible low-income seniors through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres based on increasing Board of Health operational funding and leveraging existing infrastructure. The second stage of the program, which began in winter 2020, expanded the program by investing in new dental clinics to provide care to more seniors in need. This included new dental services in underserviced areas, including through mobile dental buses and an increased number of dental suites in Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres. The second stage of the program will continue throughout 2023-24, with consideration being given to the implementation challenges following the COVID-19 response.

<u>Program Enrolment</u>

Program enrolment is managed centrally and is not a requirement of the Board of Health. The Board of Health is responsible for local oversight of dental service delivery to eligible clients under the program within the Public Health Unit area.

In cases where eligible seniors present with acute pain and urgent need, and are not already enrolled in the program, OSDCP providers, at the clinical discretion of the attending dental care provider, may support timely access to emergency dental treatment by providing immediate services following the seniors' signing of an emergency need and eligibility attestation. This attestation and enrollment process is to be administered at the local level. Following the delivery of emergency treatment, all seniors will need to submit an OSDCP application, be determined eligible, and be enrolled to receive any further non-emergency dental care through the OSDCP.

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

Program Delivery

The OSDCP is delivered through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres across the province. These service delivery partners are well positioned to understand the needs of priority populations and provide high quality dental care to low-income seniors in their communities.

With respect to Board of Health service delivery under the OSDCP, the Board of Health may enter into partnership contracts with other entities/organizations or providers/specialists as needed (e.g., to address potential access issues) to provide services to enrolled clients in accordance with the OSDCP Schedules of Services for Dentist and Non-Dentist Providers on behalf of the Public Health Unit.

Where OSDCP client service access issues exist, as evidenced by waiting lists, for example, the Board of Health must take prompt action as feasible to establish OSDCP partnership agreements to address these access issues, including engaging in outreach and consultation with local dental providers and in compliance with the Board of Health or municipal procurement processes.

Base funding for the OSDCP must be used in accordance with the OSDCP-related requirements of the Oral Health Protocol, 2018 (or as current), including specified requirements for service delivery, oral health navigation, and data collection and analysis. The Board of Health may allocate base funding for this Program across the program expense categories, with every effort made to maximize clinical service delivery and minimize administrative costs.

Planning for delivery of the OSDCP began when the program was announced in April 2019 with clinical service delivery beginning with the program launch in November 2019.

As part of implementation, eligible expense categories under this Program also include:

- *Clinical service delivery costs*, which are comprised of:
    - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which provide clinical dental services for the Program.
    - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which undertake ancillary/support activities for the Program, including: management of the clinic(s); financial and programmatic data collection and reporting for the clinic(s); and, general administration (e.g., reception services) at the clinic(s).

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

- Overhead costs associated with the Program's clinical service delivery such as: clinical materials and supplies; building occupancy costs; maintenance of clinic infrastructure; staff travel associated with clinical service delivery (e.g., portable clinics, mobile clinics, long-term care homes, if applicable); staff training and professional development associated with clinical staff and ancillary/support staff, if applicable; office equipment, communication, and information and information technology.

- *Oral health navigation costs*, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff engaged in: client enrolment assistance for the Program's clients (i.e., assisting clients with enrolment forms); program outreach (i.e., local-level efforts for identifying potential clients); and, oral health education and promotion to the Program's clients.
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities related to oral health navigation: management, financial and programmatic reporting, and general administration (if applicable).
  - Overhead costs associated with oral health navigation such as: materials and supplies; building occupancy costs incurred for components of oral health navigation; staff travel associated with oral health navigation, where applicable; staff training and professional development associated with oral health navigation and ancillary/support staff, if applicable; office equipment, communication, and information and information technology costs associated with oral health navigation.
  - Client transportation costs in order to address accessibility issues and support effective program delivery based on local need, such as where the enrolled OSDCP client would otherwise not be able to access dental services. Boards of Health will be asked to provide information on client transportation expenditures through in-year reporting and should track these expenditures and the number of clients accessing these services accordingly.

Operational expenses that are not eligible under this Program include:

- Staff recruitment incentives;
- Billing incentives; and,
- Costs associated with any activities required under the Ontario Public Health Standards, including the Oral Health Protocol, 2018 (or as current), which are not related to the OSDCP.

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

Other Requirements

Marketing

- When promoting the OSDCP locally, the Board of Health is required to align local promotional products with the provincial Program brand and messaging. The Board of Health is required to liaise with the Province to ensure use of the brand aligns with provincial standards.

Revenue

- While priority must be given to clients eligible under this Program, the Board of Health may provide services to non-OSDCP clients using resources under this Program. If this occurs, the Board of Health is required to bill-back relevant programs for services provided to non-OSDCP clients using resources under this Program. All revenues collected under the OSDCP, including revenues collected for the provision of services to non-Program clients such as Ontario Works adults, Ontario Disability Support Program adults, Non-Insured Benefits clients, municipal clients, HSO clients, etc., with resources under this Program must be reported as an offset revenue to the Province. Priority must always be given to clients eligible under this Program. The Board of Health is required to closely monitor and track revenue from bill-back for reporting purposes to the Province.
- A client co-payment is required on new denture services. Co-payment amounts are specified by the Province in Appendix A of the OSDCP Denture Services Factsheet for Providers (Factsheet), which applies to both dentists and denturists. It is the Board of Health's responsibility to collect the client co-payment for the codes outlined in Appendix A of the Factsheet. The Board of Health may determine the best mechanism for collecting co-payments, using existing payment and administration processes at the local level, in collaboration with OSDCP service delivery partners (e.g., Community Health Centre, Aboriginal Health Access Centre), as needed. The remaining cost of the service, after co-payment, is to be absorbed by the Board of Health through its operating base funding for the OSDCP. The revenue received from client co-payments for OSDCP service(s) is to be used to offset OSDCP program expenditures. Co-payment revenues are to be reported as part of the financial reporting requirements to the Province.

Community Partners

- The Board of Health must enter into discussions with all Community Health Centres and Aboriginal Health Access Centres in their catchment area to ascertain the feasibility of a partnership for the purpose of delivering this Program.

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centres, Aboriginal Health Access Centres) delivering services under this Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for public funds.
- The Board of Health must ensure that base funding is used to meet the objectives of the Program, with a priority to deliver clinical dental services to clients, while staying within the base funding allocation.

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time Funding***

Cost-Sharing Mitigation (100%)

One-time cost-sharing mitigation funding must be used to offset the increased costs of municipalities as a result of the cost-sharing change for mandatory programs.

Mandatory Programs: Needle Syringe Program (100%)

One-time funding must be used for extraordinary costs associated with delivering the Needle Syringe Program. Eligible costs include purchase of needles/syringes, associated disposal costs, and other operating costs.

Mandatory Programs: Public Health Inspector Practicum Program (100%)

One-time funding must be used to hire at least one (1) or more Public Health Inspector Practicum position(s). Eligible costs include student salaries, wages and benefits, transportation expenses associated with the practicum position, equipment, and educational expenses.

The Board of Health must comply with the requirements of the Canadian Institute of Public Health Inspectors Board of Certification for field training for a 12-week period; and, ensure the availability of a qualified supervisor/mentor to oversee the practicum student's term.

Capital: Seniors Dental Expansion of Existing Operatories – Citi Plaza (100%)

One-time funding must be used to retrofit a clinical consultation room into a dental operatory at the Board of Health's Citi Plaza office location. Eligible costs include project management fees, equipment, materials, labour, installation, new chair location, etc.

Other requirements of this one-time funding include:

- Any changes to the scope of the project, including anticipated timelines, require, prior review and approval by the Province.
- One-time funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.
- The Board of Health must ensure that any goods and services acquired with this one-time funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection prevention and control practices as appropriate to the programs and services being delivered within the facility.

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding ***One-Time Funding***

Ontario Seniors Dental Care Program Capital: New Dental Operatories - Strathroy (100%)

As part of the OSDCP, capital funding is being provided to support capital investments in Boards of Health, Community Health Centres and/or Aboriginal Health Access Centres across the province for enhancing infrastructure to increase clinical spaces and capacity to deliver dental care services for eligible seniors.

One-time funding must be used for the construction of four (4) new dental operatories in Strathroy. Eligible costs include building 4 new dental operatories, an x-ray room, a reprocessing room, waiting area, counselling room and a pump room. Other eligible costs include furniture and other dental equipment and dental instruments.

Other requirements of this one-time funding include:

- Any changes to the scope of the project, including anticipated timelines, require, prior review and approval by the Province.
- One-time funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.
- The Board of Health must ensure that any goods and services acquired with this one-time funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection prevention and control practices as appropriate to the programs and services being delivered within the facility.

School-Focused Nurses Initiative (100%)

The School-Focused Nurses Initiative was created to support additional nursing FTE capacity in every Board of Health to provide rapid-response support to school boards and schools, child care, and camps in facilitating public health preventative measures related to the COVID-19, including screening, testing, tracing, vaccination, education and mitigation strategies.

The school-focused nurses contribute to the following activities in support of school boards and schools:

- Providing support in the development and implementation of COVID-19 health and safety plans;
- Providing sector specific support for infection prevention; vaccinations, surveillance, screening and testing; outbreak management; case and contact management; and,

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time Funding***

- Supporting communication and engagement with local school communities, as well as the broader health care sector.

While the priority focus is on the COVID-19 response, the additional nurses may also support the fulfilment of Board of Health requirements to improve the health of school-aged children and youth as per the School Health Program Standard and related guidelines and protocols under the Ontario Public Health Standards. The additional FTEs may also support childcare centres, home childcare premises and other priority settings relating to the health of school-aged children and youth.

The initiative is being implemented with the following considerations:

- Recruitment of Registered Nurses to the extent possible;
- French language and Indigenous (First Nation, Métis, Inuit) service needs;
- Capacity for both in-person and virtual delivery;
- Consistency with existing collective agreements; and,
- Leveraging the Chief Nursing Officer role as applicable in implementing this initiative, as well as coordinating with existing school health, nursing, and related programs and structures within the Board of Health (e.g., School Health Teams, Social Determinants of Health Nurses, Infection Prevention and Control Nurses, and school-based programs such as immunization, oral and vision screening, reproductive health, etc.).

Qualifications required for these positions are:

- Current registration with the College of Nurses of Ontario (i.e., Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class).

One-time funding must be used to continue the new temporary FTEs for school-focused nurses as specified in Schedule A of the Agreement. Funding is for nursing salaries, wages, and benefits only and cannot be used to support other operating costs. Additional costs incurred by the Board of Health to support school re-opening initiatives that cannot be managed within the existing budget of the Board of Health, are admissible through the COVID-19 extraordinary costs process.

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding ***Other***

Infectious Diseases Programs Reimbursement

Funding for Infectious Diseases Programs will be provided on a case-by-case basis through direct reimbursement. These funds are provided to offset the costs of treatment medications not made available through the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS).

To be reimbursed, original receipts and client identification information needs to be submitted to the Infectious Diseases Section of the Health Protection and Surveillance Policy and Programs Branch (Office of Chief Medical Officer of Health, Public Health). Clients will not be directly reimbursed.

Questions about the reimbursement process and expense eligibility can be submitted to the following email: IDPP@ontario.ca.

Leprosy

The Board of Health may submit claims on a case-by-case basis for medication costs related to the treatment of Leprosy. As per Chapter A: Leprosy, of the Infectious Diseases Protocol, 2018 (or as current), treatment should be under the direction of an infectious disease specialist and should refer to World Health Organization (WHO) treatment recommendations.

Tuberculosis

The Board of Health may submit claims on a case-by-case basis for second-line and select adjunct medications related to the treatment of active tuberculosis and latent tuberculosis infection. For more information on the reimbursement process, see section 9 of the Tuberculosis Program Guideline, 2018 (or as current).

Vaccine Programs Reimbursement

Funding on a per dose basis will be provided to the Board of Health for the administration of influenza, meningococcal, and human papillomavirus (HPV) vaccines.

In order to claim the vaccine administration fees, the Board of Health is required to submit, as part of the Standards Activity Reports or other reports as requested by the Province, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information.

The Board of Health is required to ensure that the vaccine information submitted in the Standards Activity Reports, or other reports requested by the Province, accurately reflects the vaccines administered.

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding ***Other***

Influenza

- The Province will continue to pay $5.00/dose for the administration of the influenza vaccine.
- All doses administered by the Board of Health to individuals aged 6 months or older who live, work or attend school in Ontario.

Meningococcal

- The Province will continue to pay $8.50/dose for the administration of the meningococcal vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12.
- Men-C-C doses if given in substitution of Men-C-ACYW135 for routine doses.

Note: Doses administered through the high-risk program are not eligible for reimbursement.

Human Papillomavirus (HPV)

- The Province will continue to pay $8.50/dose for the administration of the HPV vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12.
- High-risk program: MSM <26 years of age.

SCHEDULE C
REPORTING REQUIREMENTS

The reports mentioned in this Schedule are provided for every Board of Health Funding Year unless specified otherwise by the Province.

The Board of Health is required to provide the following reports/information in accordance with direction provided in writing by the Province (and according to templates provided by the Province):

Name of Report	Reporting Period	Due Date
1. Annual Service Plan and Budget Submission	For the entire Board of Health Funding Year	March 1 of the current Board of Health Funding Year
2. Quarterly Standards Activity Reports		
Q2 Standards Activity Report	For Q1 and Q2	July 31 of the current Board of Health Funding Year
Q3 Standards Activity Report	For Q3	October 31 of the current Board of Health Funding Year
Q4 Standards Activity Report	For Q4	January 31 of the following Board of Health Funding Year
3. Annual Report and Attestation	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
4. Annual Reconciliation Report	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
5. MOH / AMOH Compensation Initiative Application	For the entire Board of Health Funding Year	As directed by the Province
6. Other Reports and Submissions	As directed by the Province	As directed by the Province

Definitions

For the purposes of this Schedule, the following words shall have the following meanings:

"Q1" means the period commencing on January 1st and ending on the following March 31st
"Q2" means the period commencing on April 1st and ending on the following June 30th
"Q3" means the period commencing on July 1st and ending on the following September 30th
"Q4" means the period commencing on October 1st and ending on the following December 31st

Report Details

Annual Service Plan and Budget Submission

- The Annual Service Plan and Budget Submission Template sets the context for reporting required of the Board of Health to demonstrate its accountability to the Province.
- When completed by the Board of Health, it will: describe the complete picture of programs and services the Boards of Health will be delivering within the context of the Ontario Public Health Standards; demonstrate that Board of Health programs and services align with the priorities of its communities, as identified in its population health assessment; demonstrate

SCHEDULE C
REPORTING REQUIREMENTS

accountability for planning – ensure the Board of Health is planning to meet all program requirements in accordance with the Ontario Public Health Standards, and ensure there is a link between demonstrated needs and local priorities for program delivery; demonstrate the use of funding per program and service.

Quarterly Standards Activity Reports

- The Quarterly Standards Activity Reports will provide financial forecasts and interim information on program achievements for all programs governed under the Agreement.
- Through these Standards Activity Reports, the Board of Health will have the opportunity to identify risks, emerging issues, changes in local context, and programmatic and financial adjustments in program plans.
- The Quarterly Standards Activity Reports shall be signed on behalf of the Board of Health by an authorized signing officer.

Annual Report and Attestation

- The Annual Report and Attestation will provide a year-end summary report on achievements on all programs governed under the Agreement, in all accountability domains under the Organizational Requirements, and identification of any major changes in planned activities due to local events.
- The Annual Report will include a narrative report on the delivery of programs and services, fiduciary requirements, good governance and management, public health practice, and other issues, year-end report on indicators, and a board of health attestation on required items.
- The Annual Report and Attestation shall be signed on behalf of the Board of Health by an authorized signing officer.

Annual Reconciliation Report

- The Board of Health shall provide to the Province an Annual Reconciliation Report for funding provided for public health programs governed under the Accountability Agreement.
- The Annual Reconciliation Report must contain: Audited Financial Statements; and, Auditor's Attestation Report in the Province's prescribed format.
- The Annual Reconciliation Report shall be signed on behalf of the Board of Health by an authorized signing officer.

MOH / AMOH Compensation Initiative Application

- The Board of Health shall complete and submit an annual application to participate in this Initiative and be considered for funding.
- Supporting documentation such as employment contracts must be provided by the Board of Health, as requested by the Province.
- Application form templates and eligibility criteria/guidelines shall be provided by the Province.

SCHEDULE D

BOARD OF HEALTH FINANCIAL CONTROLS

Financial controls support the integrity of the Board of Health's financial statements, support the safeguarding of assets, and assist with the prevention and/or detection of significant errors including fraud. Effective financial controls provide reasonable assurance that financial transactions will include the following attributes:

- **Completeness** – all financial records are captured and included in the Board of Health's financial reports;
- **Accuracy** – the correct amounts are posted in the correct accounts;
- **Authorization** – the correct levels of authority (i.e., delegation of authority) are in place to approve payments and corrections including data entry and computer access;
- **Validity** – invoices received and paid are for work performed or products received and the transactions properly recorded;
- **Existence** – assets and liabilities and adequate documentation exists to support the item;
- **Error Handling** – errors are identified and corrected by appropriate individuals;
- **Segregation of Duties** – certain functions are kept separate to support the integrity of transactions and the financial statements; and,
- **Presentation and Disclosure** – timely preparation of financial reports in line with the approved accounting method (e.g., Generally Accepted Accounting Principles (GAAP)).

The Board of Health is required to adhere to the principles of financial controls, as detailed above. The Board of Health is required to have financial controls in place to meet the following objectives:

1. Controls are in place to ensure that financial information is accurately and completely collected, recorded, and reported.

Examples of potential controls to support this objective include, but are not limited to:

- Documented policies and procedures to provide a sense of the organization's direction and address its objectives.
- Define approval limits to authorize appropriate individuals to perform appropriate activities.
- Segregation of duties (e.g., ensure the same person is not responsible for ordering, recording, and paying for purchases).
- An authorized chart of accounts.
- All accounts reconciled on a regular and timely basis.
- Access to accounts is appropriately restricted.
- Regular comparison of budgeted versus actual dollar spending and variance analysis.
- Exception reports and the timeliness to clear transactions.
- Electronic system controls, such as access authorization, valid date range test, dollar value limits, and batch totals, are in place to ensure data integrity.
- Use of a capital asset ledger.
- Delegate appropriate staff with authority to approve journal entries and credits.
- Trial balances including all asset accounts that are prepared and reviewed by supervisors on a monthly basis.

SCHEDULE D

BOARD OF HEALTH FINANCIAL CONTROLS

2. Controls are in place to ensure that revenue receipts are collected and recorded on a timely basis.

Examples of potential controls to support this objective include, but are not limited to:

- Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances.
- Separate accounts receivable function from the cash receipts function.
- Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Original source documents are maintained and secured to support all receipts and expenditures.

3. Controls are in place to ensure that goods and services procurement, payroll and employee expenses are processed correctly and in accordance with applicable policies and directives.

Examples of potential controls to support this objective include, but are not limited to:

- Policies are implemented to govern procurement of goods and services and expense reimbursement for employees and board members.
- Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives.
- Segregation of duties is used to apply the three (3) way matching process (i.e., matching 1) purchase orders, with 2) packing slips, and with 3) invoices).
- Separate roles for setting up a vendor, approving payment, and receiving goods.
- Separate roles for approving purchases and approving payment for purchases.
- Processes in place to take advantage of offered discounts.
- Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits.
- Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts.
- Original source documents are maintained and secured to support all receipts and expenditures.
- Regular monitoring to ensure compliance with applicable directives.
- Establish controls to prevent and detect duplicate payments.
- Policies are in place to govern the issue and use of credit cards, such as corporate, purchasing or travel cards, to employees and board members.
- All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner.
- Separate payroll preparation, disbursement and distribution functions.

SCHEDULE D

BOARD OF HEALTH FINANCIAL CONTROLS

4. Controls are in place in the fund disbursement process to prevent and detect errors, omissions or fraud.

Examples of potential controls include, but are not limited to:

- Policy in place to define dollar limit for paying cash versus cheque.
- Cheques are sequentially numbered and access is restricted to those with authorization to issue payments.
- All cancelled or void cheques are accounted for along with explanation for cancellation.
- Process is in place for accruing liabilities.
- Stale-dated cheques are followed up on and cleared on a timely basis.
- Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments.
- Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 54-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 September 21

STRATEGIC PRIORITIZATION FOR THE MIDDLESEX-LONDON HEALTH UNIT

Recommendation

It is recommended that the Board of Health:

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

Key Points

- The Middlesex-London Health Unit is facing significant budget pressures in 2024 and will no longer be able to sustain its current or historic levels of service.
- The agency must identify strategic areas for disinvestments in order to balance the budget. This will impact service delivery, with labour relations consequences and potential changes to the structure of the agency.
- In anticipation of the 2024 budget, principles for prioritization and a process for the Middlesex-London Health Unit to evaluate its work and prioritize its resources have been proposed (Appendix A).

Background

The Middlesex-London Health Unit is facing significant budget pressures in 2024 and will no longer be able to sustain its current or historic levels of service. Given the recent Provincial announcements regarding funding to local public health agencies, the anticipated shortfall for 2024 is between $2,600,000 to $2,800,000.

To address this, the agency must identify strategic areas for disinvestments, as opposed to marginal disinvestments, in order to balance the budget. This will impact service delivery, with labour relations consequences and potential changes to the structure of the agency.

A comprehensive process for the Middlesex-London Health Unit to evaluate its work and prioritize its resources is described in the report found in Appendix A.

Goals and Principles for Strategic Prioritization

In order to identify strategic areas for disinvestments, goals have been described and a series of principles for prioritization have been proposed.

The goals of the strategic prioritization process are to:

- Assess and define the current work of the agency;
- Utilizing well-articulated principles, prioritize the work of the agency to determine areas for strategic disinvestment;
- Ensure that the remaining interventions are sufficiently resourced;
- And restructure the organization as appropriate.

The work of the agency will be reviewed and prioritized within the following commitments:

- We will focus on the core work of local public health.
- The work that we do must be definable and clearly articulated.
- The work must have an impact on our community.
- We will consolidate our resources to that core work to ensure that we 'do what we do well.'
- Insomuch as the work fits within the core work of local public health, we will adjust our work to meet the gaps, needs, and expectations of our funders and community.

Methodology for Prioritization

Strategic recommendations will be developed by the Medical Officer of Health and Chief Executive Officer for consideration by the Board of Health. The strategic prioritization and, if necessary, restructuring process will be staged and consist of **Assessment and Planning**, **Implementation**, and **Evaluation and Optimization**.

Next Steps

With Board approval of the strategic prioritization principles and process, the MOH and CEO will provide recommendations regarding prioritized programs and interventions at the October 2023 Board of Health meeting. With approval of those priorities, a fulsome draft organizational structure and model will be developed. The final draft, including financial and labour relations impacts, will then be presented to the Board of Health for review and approval at the November or December Board of Health meeting.

This report was jointly prepared by the Medical Officer of Health and Chief Executive Officer.

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

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

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

Briefing Note: Strategic Prioritization for the Middlesex-London Health Unit

September 2023

Author: Dr. Alex Summers, Medical Officer of Health

The Problem

The Middlesex-London Health Unit is facing significant budget pressures in 2024 and will no longer be able to sustain its current or historic levels of service.

These pressures are the result of the following:

- *Enduring structural deficit*
    - The expenses of the agency, despite significant efforts to find efficiencies, continue to rise. This is the result of population growth which has increased the demand for health unit services, and inflation which has resulted in increased salaries and corporate expenses.
    - Despite the rise of expenses, funding has not kept pace.
        - In 2011, the population of the Middlesex-London region was 436,947 people, and the cost-shared budget was $25,313,964. This represents a per-capita funding rate of $57.93 per Middlesex-London resident.
        - By 2021, if funding had increased to account for inflation and population growth, per-capita funding would have increased to $68.37 per Middlesex-London resident. Given the increase in population to 500,434 people, the 2021 cost-shared budget would have been $34,214,673.
        - Instead, the budget had risen only to $27,824,702, representing a significant decline in per-capita funding to $55.60 per Middlesex-London resident.
    - This represents a structural deficit of $6,389,971 in 2021. This deficit will have worsened by 2023, given the ongoing rise in both inflation and population, with minimal increases to the base budget.
    - For 2024, given negotiated contracts with unionized employees, health unit policy of wage parity for non-union staff, and continued corporate inflation, the specific inflationary pressures account for ~$800,000.
- *Discontinuation of COVID-19 associated funding despite the continuation of COVID-19 associated work*
    - The COVID-19 virus is here to stay, and although the magnitude of the response is not nearly as substantial as it was from 2020 to 2023, the agency must continue to provide enhanced outbreak management, infection prevention and control support, and immunization support. Except for IPAC Hub funding, the extraordinary funding that had been temporarily provided to fund these services will cease at the end of 2023, requiring the agency to fund this work from the pre-existing cost-shared base budget.

    - Investments are specifically required for the Infectious Disease Control, Vaccine Preventable Disease and Healthy Organization teams in order to ensure a robust and sustained response to COVID-19.
    - For 2024, this accounts for a pressure of ~$1,160,00.
- *Reduction in the budgeted gap*
    - The budget gap is a mechanism that anticipates vacancies and underspending of program funds throughout the year and allows for the redistribution of funds across the agency. Through the pandemic, the gap was higher to account for an increased number of staff and significant challenges in the recruitment and retention of temporary staff.
    - Moving forward to 2024, the gap must be reduced to account for both a reduction in staff and a reduced vacancy rate, accounting for a pressure of ~$540,000.
- *Budget adjustments*
    - Through a zero-based budgeting exercise and examination of the budget, staff have identified the need to adjust the budget. Specifically, funding for the IPAC Hub had to be correctly accounted for, and staffing costs were realigned to the correct MLHU company, accounting for a pressure of ~$800,000.

In total, these pressures account for an approximately $3,240,000 shortfall if additional revenue or funding is not identified.

The following assumptions have been considered regarding funding for 2024:

- Increase in municipal contributions by 3%
- Increase in provincial contribution by 1%

Given these assumptions, the anticipated shortfall shifts to approximately $2,600,000 to $2,800,000.

This remains a substantial shortfall, representing approximately 10% of the cost-shared base budget. Historically, the agency has engaged in Program Budget Marginal Analysis (PBMA), a process by which teams identified efficiencies and opportunities for marginal disinvestments. Additionally, a zero-based review of General Expenses yielded significant savings in 2023. The PBMA approach will no longer be impactful, and there is unlikely any further efficiencies to be found via zero-based budgeting. Therefore, the agency must identify strategic areas for disinvestments, as opposed to marginal disinvestments, in order to balance the budget. This will notably impact service delivery, with labour relations consequences and potential changes to the structure of the agency.

Goals and Objectives

The goals of this project are to:

- Assess and define the current work of the agency;
- Utilizing well-articulated principles, prioritize the work of the agency to determine areas for strategic disinvestment;

- Ensure that the remaining interventions are sufficiently resourced;
- And restructure the organization as appropriate.

Principles for Prioritization

As we make thoughtful decisions about prioritization, we commit to the following:

- We will focus on the core work of local public health.
- The work that we do must be definable and clearly articulated.
- The work must have an impact on our community.
- We will consolidate our resources to that core work to ensure that we 'do what we do well.'
- Insomuch as the work fits within the core work of local public health, we will adjust our work to meet the gaps, needs, and expectations of our funders and community.

Understanding core work of a local public health agency

Public health has nearly an infinite scope. Given the impact of our social, economic, and physical environments on health (i.e. the social and structural determinants of health), everything can rightly be considered a 'public health issue'.

However, the role of a local public health agency in addressing a 'public health issue' is highly differential. The work of local public health agencies, like the Middlesex-London Health Unit, is scoped by their expertise, their mandate, and their resources. For some issues, the local public health agency is well positioned to take the lead (ex. outbreak management); for others, the agency may be a key contributor (ex. early childhood development) , and for others, perhaps only a resource (ex. housing and homelessness, climate change).

At the local level, public health action:

- Protects and promotes the health of the community;
- Is grounded in a population health approach with a population-level impact on health;
- Is unified by its focus on prevention, upstream interventions, and societal factors that influence health. In other words, public health aims to prevent people from getting sick in the first place and is focused on primordial and primary prevention; and
- Is equity oriented.

The work of public health is different and distinct from the work of primary care and the health care system. As public health, we generally want our work to be focused at the community and population-level. However, public health interventions can still occur at the individual level, and public health work and primary care work can overlap.

Public health's one-to-one, individual-oriented interventions must be a component of a population-wide or priority-population focused program. They must be scalable (within resources) to have a population-level impact. They should have an impact beyond the individual receiving the intervention, meaning that in addition to 'treating a client or patient' for their own

health, the goal of our intervention is to also improve the health of those around the client, and therefore, the broader community and population.

Defining our work

Public health work is active and must be clearly articulated with explicitly defined goals and objectives. If we are not able to clearly explain aspects of our work, even if it is complicated, then we can no longer afford to prioritize resources for that intervention.

Public health interventions focus on the work that we do for the community. They are intentional, action-oriented, outward facing, and for the community. For the Middlesex-London Health Unit, our common intervention types are:

- Communication and Social Marketing
- Education and Skill Building
- Healthy Public Policy Development
- Community and Partner Mobilization
- Surveillance
- Inspections
- Investigations
- Case, Contact, and Outbreak Management
- Clinical Services Delivery
- Health Resource Inventory Management
- Vector Control

Making an impact - consolidating our resources and doing our work well

There is little point in doing the work of local public health if we do not do it well. Stretching our limited resources too thinly compromises public trust in our work, minimizes our collective impact, and pushes staff to burnout and frustration. To do our work well, our interventions must have sufficient resources allocated to them to enable the appropriate dose and intensity to generate reasonable impact; in other words, we're either in the game or we're out of the game. As much as we can, we must avoid having one leg on the bench and one leg on the ice. Given the limited resources we have, we must consolidate our resources in prioritized areas, which means displacing resources in other areas. And this means that we must stop doing things we've been doing previously, even if some of those things could make a difference in our community.

Building on our understanding of the core work of local public health, we have previously stratified the work of the health unit into broad categories of legacy work, aspirational work, essential work, and critical work.

- **Critical work** is our truly mandatory work. It is work that is clearly defined within the *Health Protection and Promotion Act* and the Ontario Public Health Standards and aligns with our core understanding of local public health agency work. It is also work that is part of our critical business infrastructure. This is our 'keep the lights on' work that continues through the winter closure or redeployments.

- **Essential work** is the work that fundamentally aligns with our core understanding of the work of a local public health agency and is largely defined or referred to within the *Health Protection and Promotion Act* and the Ontario Public Health Standards. This work fits within our organizational strategy.
- **Aspirational work** is the work that may fit a community need but doesn't necessarily align with our core understanding of 'public health work'; it might be novel or new work that we would explore if we had additional resources.
- **Legacy work** is the work that we've been doing for a long-time that no longer fits within the mandate of a health unit, nor does the community need for us to do the work.

As of 2023, the MLHU is no longer doing work that fits in the aspirational or legacy categories; all that remains can be captured in the critical and essential categories.

The need to prioritize work within the critical and essential categories highlights the tight fiscal reality currently faced by the MLHU. To balance the budget, we will no longer be able to fulsomely fulfill the spirit of the Ontario Public Health Standards.

As we attempt to prioritize this critical and essential work, we recognize that local public health agencies build our credibility and political capital by responding effectively to acute and emerging risks. This credibility positions us to work further 'upstream' and advance solutions that can address more distant and long-term health outcomes.

Meeting the gaps, needs, and expectations of our funders and community
Sometimes, local public health agencies need to provide interventions or programs that fill a gap in the community. This can be an important role that we play. However, when we fill these gaps, the interventions still must generally fit within the core understanding of our work; filling gaps in the community do not, in isolation, justify an intervention.

The Provincial government has generally indicated that the priorities of local public health agencies should include immunization, emergency preparedness (for both communicable diseases and health hazards), health system integration, substance use, and child development.

Methodology for Prioritization

To balance the budget and realize the necessary budget savings for 2024, significant strategic prioritization is necessary.

Historically, the MLHU has utilized the Program-Based Marginal Analysis (PBMA) process to find efficiencies in the organization. This process relies on staff and manager-driven solutions and proposals, which are fed up to senior leaders for decision making. It is relatively inclusive and democratic and can, as the name suggests, redistribute marginal resources throughout the organization to maximize impact. However, it has proven relatively ineffectual in the face of significant budget shortfalls as it does not empower large strategic decisions. It can result in spreading resources too thin across the organization, rather than making the hard decisions to stop doing something in order to do something else well.

For the strategic prioritization that is necessary at this time, staff and middle management are poorly positioned to provide significant proposals for disinvestments, given the inherent and understandable passion most have for their work, and the inherent conflicts of interest associated with their own positions within the organization. A PBMA-style process would be fundamentally unable to deliver solutions, and furthermore, would compromise the morale of the organization.

Instead, strategic recommendations will be developed by the Medical Officer of Health and Chief Executive Officer for consideration by the Board of Health. The strategic prioritization and, if necessary, restructuring process will consist of **Assessment and Planning**, **Implementation**, and **Evaluation and Optimization**.

Assessment and Planning

1. *Assessment of the work of the Middlesex-London Health Unit and local public health in Ontario*

Since the beginning of 2022, substantial efforts have been taken to review and assess the work of the agency, including:

- The development of a 2023-2024 Provisional Plan.
- The documentation of all the interventions of the agency, and preliminary descriptions of the work that is performed.
- The development of common ways to describe the work of the agency.
- Meetings of the MOH and the CEO with every manager to review the compositions of each team and the daily and weekly activities of the team.

Work is also underway to review how other public health agencies in Ontario and beyond deliver public health services, including:

- Comprehensive environmental scan of Ontario public health units and their priorities and organizational structures.
- Literature review of the effectiveness of health promotion interventions.
- Consultation with provincial partners regarding priorities.

Lastly, prioritization principles have been developed, as described previously, that will inform the determination of priorities of the agency. These principles align with the goals and direction of the 2023-2024 Provisional Plan.

2. *Prioritization of the work of the Agency*

Using the principles for prioritization and knowledge of the work of the agency, the Medical Officer of Health will develop a draft proposal for prioritized and de-prioritized programs/topics, settings, and/or interventions. This proposal will be presented to the CEO and the Senior Leadership Team for feedback.

The MOH and CEO will make the final decision regarding the recommendations of prioritized programs and interventions to the Board of Health. The priorities will be presented to the Board for approval.

3. Redistribution of resources and development of a new organizational structure

Form should follow function, and therefore the prioritized work will inform the organizational structure of the agency. Upon approval of the priorities by the Board, the MOH and CEO will develop a draft organizational structure, including the distribution of staff and leadership to specific teams and interventions. For areas of the organization in which work has been deprioritized, this process will include a comprehensive assessment of the model of service delivery, and the specific allocation of resources to align with assigned activities. This will be specifically supported by the AMOH, the Director, Public Health Foundations, and other members of the Senior Leadership Team, as appropriate.

Utilizing a zero-based budgeting process, the cost of the draft organizational structure will be determined with the support of the Associate Director, Finance. The anticipated budget will be compared to the estimated funding of the agency, and necessary modifications and additional prioritization will be made.

The draft organizational structure and model will then be confidentially reviewed with select external consultants and experts, before confidential feedback is solicited from the Senior Leadership Team.

Labour relations impacts will be assessed by the CEO and the Manager, Human Resources, with legal consultation. Impacted staff and the costs of severance fees will be determined. Every effort will be made to minimize impact to staff, including exploring the feasibility of retirement incentives with each union group.

The final draft, including labour relations impacts, will then be presented to the Board of Health for review and approval.

4. Development of the implementation and evaluation plan

Following Board of Health approval, an implementation and evaluation plan will be developed. External consultation will be considered for support. This will include a comprehensive communications and employee support strategy.

Implementation

The new organizational structure will be implemented in early 2024, following the implementation plan. Management will be informed shortly before the broad roll-out to staff; this will ensure that leadership is in place to support staff at the time of the announcement. There will be minimal time between the announcement of the new organizational structure and the date of time in which the new structure comes into effect.

Evaluation and Optimization

The effectiveness of the new structure will be evaluated through the organizational performance management system throughout 2024 and early 2025. The intersection of this evaluation with the strategic planning process of the organization will need to be considered.

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

Conclusion

The 2024 budget pressures provide an opportunity for the Middlesex-London Health Unit to evaluate its work and prioritize its resources. The principles and process outlined in this report will ensure that the agency continues to meet its mission to protect and promote the health of the residents of Middlesex-London.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 55-23

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health

DATE: 2023 September 21

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR JULY AND AUGUST

Recommendation

It is recommended that the Board of Health receive Report No. 55-23 re: "Medical Officer of Health Activity Report for July and August" for information.

The following report highlights activities of the Medical Officer of Health for the period of July 9, 2023 – August 31, 2023.

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

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

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

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

July 11	Attended a meeting of the Public Health Sector Coordinating Table.
July 12	Attended a Strategy and Accountability Table meeting as part of the Whole of Community Response Plan.
July 14	Interview with Mary Eseoghene, Fanshawe Interrobang, regarding the importance of students in London getting the influenza vaccine as well as information about the COVID-19 vaccine in the fall.
July 23	Participated in the London Pride Parade.
July 27	Attended the monthly COMOH Executive meeting.
July 31	Interview with Kate Dubinski, CBC London, regarding the Board of Health report about modernizing the alcohol marketplace and product sales.
	Attended presentations by Fanshawe students conducting a project on clinical process improvements.
August 2	Attended a Strategy and Accountability Table meeting as part of the Whole of Community Response Plan.

August 3 Participated in a call with Dr. Natalie Bocking, Medical Officer of Health, Haliburton, Kawartha, Pine Ridge District Health Unit.

August 4 Met with Lynne Livingstone, Manager, City of London.

August 8 With Emily Williams, CEO, Dr. Joanne Kearon, Associate Medical Officer of Health, and Sarah Maaten, Director, Public Health Foundations, met with representatives from London Health Sciences Center regarding public health information systems.

August 9 Participated in a call with Dr. Vera Etches, Medical Officer of Health, and Brent Moloughney, Deputy Medical Officer of Health, Ottawa Public Health.

Interview with Jennifer Bieman, London Free Press, regarding a COVID-19 update for the fall.

August 11 Met with Middlesex-London Paramedic Services to discuss the Middlesex Paramedic Outreach Program.

August 14 Interview with Mike Stubbs, 980 CFPL, regarding back to school and vaccines.

Met with Megan Walker to discuss intimate partner and gender-based violence in London-Middlesex.

August 16 Met with Andrew Lockie, CEO, YMCA Southwestern Ontario.

August 18 Participated in a call with Dr. Mehdi Aloosh, Medical Officer of Health, Windsor-Essex County Health Unit.

Met with Dr. Al Mutawa, London Health Sciences Centre, to discuss providing a joint session on outbreaks and public health for first year medical students.

August 23 Attended a meeting to prepare for participating in the Health and Homelessness Whole of Community Response Community Engagement sessions.

August 24 Participated in a provincial Public Health Leadership Table meeting, organized by the Office of the Chief Medical Officer of Health.

August 25 Interview with Allison Devereaux, CBC London, regarding COVID-19 in the fall.

Participated in a call with Dr. Natalie Bocking, Medical Officer of Health, Haliburton, Kawartha, Pine Ridge District Health Unit.

Attended a meeting with the Chief Medical Officer of Health.

August 29 Attended a meeting of the Urban Public Health Network Strategic Planning Committee.

August 30 Met with Sean Warren, London InterCommunity Health Centre, Care Facilitator, Safer Opioid Supply Program.

Participated in a call with Dr. Mary Choi, Acting Associate Medical Officer of Health, Peel Region Public Health.

Interview with Bryan Bicknell, CTV London, to comment on an op-ed about safe supply.

With Alison Locker, Manager, Population Health Assessment and Surveillance team and Shaya Dhinsa, Manager, Sexual Health, attended a meeting to discuss MLHU's participation in the Tracks PWID Phase 5 Study, organized by the Public Health Agency of Canada.

Attended a meeting with regional Medical Officers of Health.

August 31 Attended a Strategy and Accountability Table meeting as part of the Whole of Community Response Plan.

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

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 10 With Emily Williams, CEO, facilitated a meeting with Julie Goverde, Acting Manager, Community Health Promotion team to discuss daily program operations.

With Emily Williams, CEO, facilitated a meeting with Rhonda Brittan, Acting Manager, Healthy Beginnings Visiting and Group Programs team to discuss daily program operations.

Attended the monthly Social Determinants of Health Project Sponsor meeting.

July 12 With Emily Williams, CEO, facilitated a meeting with Anita Cramp, Manager, Secondary School team to discuss daily program operations.

July 13 Attended the monthly Provisional Plan sponsor check-in meeting.

Attended a meeting to discuss the Social Determinants of Health Project and its implementation with the Infectious Disease Control team.

July 14 With Emily Williams, CEO, facilitated a meeting with Alison Locker, Manager, Population Health Assessment and Surveillance team to discuss daily program operations.

July 20 Participated in a call with Heather Lokko, Acting Chief Nursing Officer, London Health Sciences Centre.

July 31 Met with and provided orientation to a Pre-clerkship Medical Student.

August 3 With Emily Williams, CEO, facilitated a meeting with Tracey Gordon, Manager, Vaccine Preventable Diseases team to discuss daily program operations.

August 9 With Emily Williams, CEO, facilitated a meeting with Amanda Harvey, Manager, Strategy, Planning, and Performance team to discuss daily program operations.

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

August 10 Participated in a meeting to discuss a fall vaccine campaign.

August 11 With Emily Williams, CEO, facilitated a meeting with Isabel Resendes, Jennifer Wyscarver, and Rebecca Evans, Management team, Best Beginnings, Healthy Babies Healthy Children West team, to discuss daily program operations.

August 14 Attended a meeting to discuss work with the Health Unit's work in food systems.

Attended the monthly Social Determinants of Health Project Sponsor meeting.

August 16 With Emily Williams, CEO, facilitated a meeting with Linda Stobo, Manager, Substance Use Program team to discuss daily program operations.

August 17 Attended the monthly Provisional Plan Sponsor meeting.

August 18 With Emily Williams, CEO, facilitated a meeting with David Jansseune, Assistant Director, Finance team to discuss daily program operations.

August 24 Attended a meeting to discuss the work of the MOS Implementation Working Group.

August 28 Chaired the meeting of the First Nations Communities Working Group.

August 29 Attended a meeting to discuss MLHU's Medical Education Policy.

Attended a meeting to discuss on-call coverage and scheduling for 2024.

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

July 20 Participated in the PHO Grand Rounds, Measuring Climate Resilience of Health Systems.

August 8 Participated in the PHO Grand Rounds, Blood Donor Surveillance.

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 11 Attended the monthly Board of Health agenda review and executive meetings.

July 14 Attended the monthly one-on-one meeting with the Board Chair.

July 20 Attended the July Governance Committee meeting.

Attended the July Board of Health meeting.

August 1 Attended a meeting with Emily Williams, CEO, Michael Steele, Chair of the Finance and Facilities Committee, and Matt Newton-Reid, Board Chair to discuss meeting with local MPPs.

August 10 Attended the August Finance and Facilities Committee meeting.

With Emily Williams, CEO, and Matt Newton-Reid, Board Chair, met with MPP Peggy Sattler.

August 15 With Donna Kosmack, Manager, Oral Health and Warren Dallin, Manager, Procurement and Operations, presented a delegation to the Middlesex County Council meeting regarding the Strathroy Dental Clinic.

August 16 With Emily Williams, CEO, and Matt Newton-Reid, Board Chair, met with MPP Teresa Armstrong.

August 17 Attended the monthly one-on-one meeting with the Board Chair.

August 20 With Emily Williams, CEO, and Matt Newton-Reid, Board Chair, attended a delegation with Minister Michael Parsa and Associate Minister Charmaine Williams, Children, Community and Social Services.

August 21-23 Attended the Association of Municipalities of Ontario Annual General Meeting and Conference.

August 21 With Emily Williams, CEO, and Matt Newton-Reid, Board Chair, attended a delegation with the Green Party of Ontario caucus.

With Emily Williams, CEO, and Matt Newton-Reid, Board Chair, attended a delegation with the Ontario Liberal Party caucus.

August 22 With Emily Williams, CEO, and Matt Newton-Reid, Board Chair, attended a delegation with Minister Sylvia Jones, Health.

With Emily Williams, CEO, and Matt Newton-Reid, Board Chair, attended a delegation with the New Democratic Party of Ontario caucus.

This report was prepared by the Medical Officer of Health.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 56-23

TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer

DATE: 2023 September 21

CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR JULY AND AUGUST

Recommendation

It is recommended that the Board of Health receive Report No. 56-23 re: "Chief Executive Officer Activity Report for July and August" for information.

The following report highlights activities of the Chief Executive Officer (CEO) for the period of July 9 – August 31st, 2023.

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

The CEO 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 11	The CEO attended the Public Health Sector Coordination Table meeting to discuss public health sector-level information.
July 12	The CEO attended the Strategy and Accountability Table meeting of the Health and Homelessness work organized by the City of London.
July 13	The CEO met with a Health Sciences student to discuss Public Health, the organization, healthcare management and volunteer opportunities.
July 18	The CEO participated in an interview with Jen Bieman, London Free Press regarding the 2024 budget.
July 21	The CEO, along with the Director, Public Health Foundations and Manager, Strategy, Planning and Performance met to discuss the City of London Strategic Plan and the associated impacts for the MLHU.
July 24	The CEO, along with Assistant Director, Finance, met with the City of London to discuss the 2024 budget.
July 25	The CEO participated in the Strathroy Dental Steering Committee meeting.

July 26 The CEO, along with the Director, Public Health Foundations, attended the REAl + Safe London Implementation Plan Development (part of the City of London Strategic Plan) meeting.

August 8 The CEO, along with the Medical Officer of Health, Assistant Medical Officer of Health, and Director, Public Health Foundations, attended a meeting with London Health Sciences Centre (LHSC) to discuss public health information systems.

August 15 The CEO met with the CEO, Pillar Nonprofit Network to discuss strategic planning processes.

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 10 The CEO, along with the Medical Officer of Health, met with the Acting Manager, Community Health Promotion (CHP) to discuss daily program operations.

The CEO, along with the Medical Officer of Health met with the Acting Manager, Healthy Beginnings Visiting & Group Programs Team (HBVG) to discuss daily program operations.

July 12 The CEO, along with the Medical Officer of Health met with the Manager, Young Adult Team (YA) to discuss daily program operations.

July 14 The CEO, along with the Medical Officer of Health met with the Manager, Population Health Assessment and Surveillance Team (PHAS) to discuss daily program operations.

July 17 The CEO participated in the Employment Systems Review (ESR) Steering Committee Meeting.

July 19 The CEO participated in a discussion related to confidential HR matters.

July 20 The CEO attended a Substance Use Program Team meeting to provide updates on the 2023-2024 Provisional Plan.

The CEO attended a Finance Team meeting to provide updates on the 2023-2024 Provisional Plan.

The CEO attended the Strathroy Dental Project Close Out meeting.

July 27 The CEO participated in a meeting regarding alignment of leadership competencies to levels of leadership, in preparation for the new leader performance appraisal framework.

August 9 The CEO, along with the Medical Officer of Health met with the Manager, Strategy, Planning and Performance to discuss daily program operations.

The CEO, along with the Medical Officer of Health, Director Public Health Foundations, Assistant Director, Finance, and Manager, Strategy, Planning and Performance, met to

discuss Key Performance Indicators (KPI) and budget reporting, as part of the Management Operating System.

August 11 The CEO, along with the Medical Officer of Health met with the Manager, Best Beginnings team to discuss daily program operations.

August 16 The CEO, along with the Medical Officer of Health met with the Manager, Substance Use Program (SUP) team to discuss daily program operations.

August 18 The CEO, along with the Medical Officer of Health met with the Assistant Director, Finance team to discuss daily program operations.

August 14 The CEO participated in the Equity, Diversity, and Inclusion (EDI) Committee meeting.

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

July 11 The CEO attended the monthly Board of Health agenda review and executive meetings.

July 13 The CEO attended the monthly Provisional Plan Sponsor meeting.

The CEO chaired the Public Health Roles Advisory Workgroup meeting, providing an update on the job description project.

The CEO participated in a confidential discussion with CUPE.

July 14 The CEO attended a meeting with other MOHs and CEOs from across the province to discuss public health matters.

The CEO attended the July Governance Committee meeting.

The CEO attended the July Board of Health meeting.

July 17 The CEO, along with Director, Public Health Foundations, and Manager, Strategy, Planning and Performance met to discuss the Management Operating System (MOS).

The CEO and Chair Newton-Reid met for the monthly 1-on-1 meeting.

July 19 The CEO attended a meeting with other MOHs and CEOs from across the province to discuss public health matters.

July 20 The CEO, along with the Manager, HR and Assistant Director, Finance met with benefit brokers from AON for a client service meeting.

The CEO provided a briefing related to 2024 budget to Board Member, Peter Cuddy, given he was going to be absent for the related Board meeting.

July 21 The CEO met with members of the Finance team to discuss workforce planning and budget reallocation.

July 25 The CEO attended a meeting with other MOHs and CEOs from across the province to discuss public health matters.

July 27 The CEO met with the Assistant Director, Finance, to review the Q2 Standard Activity Report (SAR).

The CEO participated in a discussion regarding confidential legal matters.

August 1 The CEO, with the Medical Officer of Health, Michael Steele, Chair of the Finance and Facilities Committee, and Matt Newton-Reid, Boad Chair, met to discuss meeting with local MPPs.

August 9 The CEO attended a meeting with other MOHs and CEOs from across the province to discuss public health matters.

The CEO attended a meeting related to confidential legal matters.

August 10 The CEO attended the August Finance and Facilities Committee meeting.

The CEO, along with Chair Newton-Reid and the Medical Officer of Health, met with MPP Peggy Sattler regarding advocacy efforts for public health.

August 14 The CEO attended a confidential meeting related to a potential project opportunity.

August 16 The CEO attended a meeting with other MOHs and CEOs from across the province to discuss Public Health matters.

The CEO, along with Manager, HR, attended a meeting with AON for a consulting update.

The CEO, along with Chair Newton-Reid, and the Medical Officer of Health, met with MPP Theresa Armstrong regarding advocacy efforts for public health.

August 17 The CEO and Chair Newton-Reid met for the monthly 1-on-1 meeting.

August 18 The CEO met with the CEO, Southwestern Public Health, to discuss public health matters.

August 20 The CEO, with the Medical Officer of Health and Matt Newton-Reid, Board Chair, attended a delegation with Minister Michael Parsa and Associate Minister Charmaine Williams, Children, Community and Social Services.

August 21-23 The CEO attended the Association of Municipalities of Ontario Annual General Meeting and Conference.

August 21 The CEO, with the Medical Officer of Health and Matt Newton-Reid, Board Chair, attended a delegation with the Green Party of Ontario caucus.

The CEO, with the Medical Officer of Health and Matt Newton-Reid, Board Chair, attended a delegation with the Ontario Liberal Party caucus.

August 22 The CEO, with the Medical Officer of Health and Matt Newton-Reid, Board Chair, attended a delegation with Minister Sylvia Jones, Health.

The CEO, with the Medical Officer of Health and Matt Newton-Reid, Board Chair, attended a delegation with the New Democratic Party of Ontario caucus.

This report was prepared by the Chief Executive Officer.

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

Thunder Bay District
Health Unit

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TBDHU.COM

July 14, 2023

VIA ELECTRONIC MAIL

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

Dear Minister Jones:

RE: Letter of Support – Physical Literacy for Healthy Active Children

On May 17, 2023, at the regular meeting of the Board of Health of the Thunder Bay District Health Unit, the Board considered a report on "Physical Literacy Endorsement" and a letter from Public Health Sudbury & Districts to Directors of Education, Local School Boards, Sports and Recreation Organizations and Early Learning Centres, encouraging them to work to improve physical activity levels among children and youth, including agencies that provide comprehensive physical literacy training to teachers, coaches, recreation providers and early childhood educators.

The following Resolution was carried:

> *THAT with respect to Report No. 27-2023 (Healthy Living and School Health) we recommend that the Board of Health endorse correspondence from Public Health Sudbury and Districts, entitled "Physical Literacy for Healthy Active Children;"*
>
> *AND THAT the Thunder Bay District Board of Health write a letter of support to the Minister of Health and Deputy Premier;*
>
> *AND THAT a copy of the letter be sent to the Minister of Education, Local School Boards, Sports and Recreation Organizations, Early Learning Centres and local Members of Provincial Parliament.*

Supporting programs that build Physical Literacy among children and youth at the community, recreation, school, and early-years levels will have a positive impact on physical activity levels, academic outcomes,

…/2

mental health, and chronic disease prevention. The Thunder Bay District Health Unit fully supports collaboration between agencies to promote physical literacy among children and youth, and thanks you for your consideration.

Sincerely,

Don Smith, Chair
Board of Health
Thunder Bay District Health Unit

cc. Hon. Stephen Lecce, Minister of Education
Thunder Bay and District Directors of Education
Loretta Ryan, Executive Director, alPHa
Ontario Boards of Health
Lise Vaugeois, MPP
Kevin Holland, MPP
Thunder Bay and District Social Services Administration Board – Childcare Services
Local Recreation providers

Attachment

Thunder Bay District Health Unit

Issue Report

Correspondence A

PROGRAM/ DIVISION	Healthy Living and School Health Health Promotion	***REPORT NO.***	27-2023
MEETING DATE	May 17, 2023	***MEETING TYPE***	Regular
SUBJECT	Physical Literacy Endorsement		

RECOMMENDATION

THAT with respect to Report No. 27-2023 (Healthy Living and School Health) we recommend that the Board of Health endorse correspondence from Public Health Sudbury & Districts, entitled “Physical Literacy for Healthy Active Children;”

AND THAT the Thunder Bay District Board of Health write a letter of support to the Minister of Health and Deputy Premier;

AND THAT a copy of the letter be sent to the Minister of Education, Local School Boards, Sports and Recreation Organizations, Early Learning Centres and local Members of Provincial Parliament.

REPORT SUMMARY

To provide the Board of Health with information relative to the request to endorse a letter from Public Health Sudbury & Districts, entitled “Physical Literacy for Healthy Active Children.”

BACKGROUND

On December 30, 2022, Public Health Sudbury & Districts submitted a letter to Directors of Education, Local School Boards, Sports and Recreation Organizations and Early Learning Centres, encouraging working together to improve physical activity levels among children and youth through collaboration with agencies that provide comprehensive Physical Literacy training.

The Thunder Bay District Health Unit (TBDHU) is mandated to deliver programs and services that reduce the burden of preventable chronic diseases of public health importance and improve the health of school-aged children and youth. The health of individuals and communities is significantly influenced by complex interactions between social and economic factors, the physical environment, and individual behaviours and conditions. Participating in regular physical activity, and having the knowledge, skills, and opportunities to participate in physical activity, can reduce the risk of chronic disease, improve academic outcomes and support positive mental health.

Physical Activity Levels

Canadian children are not getting enough physical activity. As highlighted by the 2020 ParticipACTION Report Card on Physical Activity and Youth, approximately one-third of children and youth between the ages of 5 and 17 are meeting the recommended 60 minutes of daily physical activity.

Since 2005 the Ontario Ministry of Education has required that all students in Grades 1-8 have a minimum of 20 minutes of daily physical activity (DPA) during instructional time. A 2013-2014 evaluation indicated only 50% of classrooms in the province met the DPA policy, supporting the need for public health efforts to improve physical activity levels.

According to the 2021 Ontario Student Drug Use and Health Survey report, among students in grade 7-12:

- 21% of students are physically active on a daily basis for at least 60 minutes;
- 20% of students in grades 7-12 rate their physical health as “fair” or “poor” compared to 11% in the 2019 survey; and
- 83% of students spend 3 hours or more a day in front of an electronic screen in their recreational time, compared to 71% in the 2019 survey.

Physical Activity and Physical Literacy

Engaging in regular physical activity is an important protective factor against chronic diseases. Increased physical activity levels also support cognitive development, brain health, and academic achievement and are associated with improved mental health.

“Physical Literacy” is often used interchangeably with terms such as “physical education”, “fundamental movement skills” or “motor skill development”. To ensure a consistent definition and understanding of the term, the International Physical Literacy Association released a consensus statement on the definition of physical Literacy in 2014:

> *“Physical Literacy is the motivation, confidence, physical competence, knowledge and understanding to value and take responsibility for engagement in physical activities for life.”*

Public health interventions that support the development of Physical Literacy among children and youth can have an effect on physical activity levels later in life. When children and youth have the confidence, competence, and motivation to be physically active, they are more likely to sustain the behaviour change into adulthood.

COMMENTS

TBDHU plans, implements, and evaluates a variety of interventions to promote physical activity and Physical Literacy. In 2018, the City of Thunder Bay and the

Thunder Bay District Health Unit received a grant from the Ontario Sport and Recreation Communities Fund to work on a project called “Building Physical Literacy Capacity in Thunder Bay.” Partnering with Sport 4 Life, the project built Physical Literacy capacity in the community by training passionate leaders who work with children in the early years (0 to 6 years) to incorporate Physical Literacy into their programming. These Physical Literacy “Master Trainers” also gained knowledge, resources, and tools to train staff within their own workplace or organization. Sixty-six Master Trainers completed the program from 2018-2020.

Following a gap in Physical Literacy programming from 2020-2022 related to the COVID-19 response and staff re-deployment, Physical Activity Promoters from the Healthy Living Team and Public Health Nurses from the School Health team have resumed collaboration on physical activity and Physical Literacy interventions in schools:

- Currently, a 4-week Daily Physical Activity and Food Literacy Challenge called “Walk Broc and Roll” is running in 20 schools (including 3 District Schools and 2 First Nation Schools). Results of the challenge will be evaluated in June 2023 to determine effectiveness.

- The Healthy Schools Team is fostering environments that promote physical activity during the school day by providing support for the Active Recess program at local schools. Public Health Nurses provide training to peer leaders to organize and lead indoor or outdoor games during recess with an emphasis on inclusion, safety, fun and Physical Literacy.

- Additional plans for Physical Literacy promotion in 2023 include the development of an online Resource Portal for educators and early years providers, a Community of Practice for Physical Literacy Master Trainers, a Social Media Campaign, and Community Events related to Physical Literacy.

FINANCIAL IMPLICATIONS

There are no financial implications with this report.

STAFFING IMPLICATIONS

There are no staffing implications with this report.

CONCLUSION

It is concluded that supporting programs that build Physical Literacy among children and youth at the community, recreation, school, and early-years levels will have a positive impact on physical activity levels, academic outcomes, mental health, and chronic disease prevention;

It is further concluded that the Board of Health should endorse the correspondence from Sudbury & Districts Public Health entitled “Physical Literacy for Healthy Active Children”.

LIST OF ATTACHMENTS

Attachment 1: Letter from Sudbury & Districts Public Health.

PREPARED BY: Joanna Carastathis, Manager - Healthy Living,
Marianne Stewart, Manager - Family & School Health

THIS REPORT RESPECTFULLY SUBMITTED BY: ***DATE:***

Shannon Robinson, Director – Health Promotion May 17, 2023

_____

Medical Officer of Health/Chief Executive Officer

ATTACHMENT 1

LETTER FROM SUDBURY & DISTRICTS PUBLIC HEALTH

Public Health
Santé publique
SUDBURY & DISTRICTS

December 30, 2022

VIA ELECTRONIC MAIL

Directors of Education, Local School Boards
Sports and Recreation Organizations
Early Learning Centres

Dear Recipient:

Re: Physical Literacy for Healthy Active Children

At its meeting on October 20, 2022, the Board of Health carried the following resolution #29-22:

> *WHEREAS being physically active every day helps children and youth perform better in school, learn new skills, build strong muscles, improve blood pressure and aerobic fitness, strengthen bones and reduce the risk of depression[i]; and*
>
> *WHEREAS the implementation of stay-at-home orders, closures of schools, and indoor and outdoor spaces to mitigate the spread of COVID-19 is the reduction of physical activity levels in all age groups[ii]; the percentage of youth meeting the Canadian physical activity recommendations for children and youth fell from 50.8% in 2018 to 37.2% in 2020[iii]; and*
>
> *WHEREAS the Government of Canada's national policy document Common Vision for Increasing Physical Activity and Reducing Sedentary Living in Canada: Let's Get Moving identifies physical literacy as the foundation for an active lifestyle[iv]. Studies show that children who have high physical literacy scores are more likely to meet national physical activity or sedentary behaviour guidelines[v]; and*
>
> *WHEREAS physically literate individuals have been shown to have the motivation, confidence, physical competence,*

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phsd.ca

knowledge and understanding to value and take responsibility for engaging in physical activities for life[vi] *and these skills help them make healthy, active choices that are both beneficial to and respectful of their whole self, others, and their environment*[vii]*; and*

WHEREAS the school community offers one of the best opportunities to improve the quality of sport and physical activity participation for children and youth; and

WHEREAS the Ontario Public Health Standards require that: "community partners have the knowledge of and increased capacity to act on the factors associated with the prevention of chronic diseases and promotion of wellbeing, including healthy living behaviours, healthy public policy, and creating supportive environments." [viii] *This includes knowledge of the importance and impact of physical literacy on increasing physical activity participation thereby reducing the risk of chronic disease;*

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts encourage all area school boards, sport and recreation organizations, and early learning centres to work to improve physical activity levels among children and youth across Sudbury and districts, including through collaboration with Sport for Life Society, Active Sudbury and Public Health Sudbury & Districts, agencies that provide comprehensive physical literacy training to teachers, coaches, recreation providers and early childhood educators; and

FURTHER THAT a copy of this motion be shared with the Sport for Life Society, Active Sudbury, local members of Provincial Parliament, all Ontario Boards of Health, and area school boards, early learning centres and sport and recreation organizations.

As we look ahead to increase physical activity and to decrease sedentary behaviours in the population; the need for improving physical literacy is greater than ever before. It is crucial that we embrace physical literacy as a catalyst for children and youth to be active and healthy. We know that *it takes a village to raise a child* and the collaboration of multiple sectors to embed physical literacy development in plans, programs, and policies. Therefore the Board of Health for Sudbury & Districts encourages all area school boards, sport and recreation organizations, and early learning centres across Sudbury and districts to work to

improve physical activity levels among children and youth through collaboration with agencies that provide comprehensive physical literacy programming, including the Sport for Life Society, Active Sudbury and Public Health Sudbury & Districts.

Sincerely,

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

cc: Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
All Ontario Boards of Health
Constituent Municipalities

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[i] Centre for Disease Control and Prevention. Healthy Benefits of Physical Activity for Children (2021). Taken from: https://www.cdc.gov/physicalactivity/basics/adults/health-benefits-of-physical-activity-for-children.html

[ii] Science Table. The Impact of Physical Activity on mental Health Outcomes during the COVID-19 Pandemic. (2022) taken from : The Impact of Physical Activity on Mental Health Outcomes during the COVID-19 Pandemic - Ontario COVID-19 Science Advisory Table (covid19-sciencetable.ca)

[iii] Statistics Canada. The unequal impact of the CVID-19 pandemic on the physical activity habits of Canadians. (2022) Taken from: https://www150.statcan.gc.ca/n1/pub/82-003-x/2022005/article/00003-eng.htm

[iv] Government of Canada. A common Vision for increasing physical activity and reducing sedentary living in Canada: Let's Get Moving. (2018) Taken from: https://www.canada.ca/en/public-health/services/publications/healthy-living/lets-get-moving.html

[v] Tremblay MS, Longmuir PE, Barnes JD, Belanger K, Anderson KD, Bruner B, Copeland JL, Delisle Nyström C, Gregg MJ, Hall N, Kolen AM, Lane KN, Law B, MacDonald DJ, Martin LJ, Saunders TJ, Sheehan D, Stone MR, Woodruff SJ. Physical literacy levels of Canadian children aged 8-12 years: Descriptive and normative results from the RBC Learn to Play-CAPL project. BMC Public Health. 2018;18(Suppl 2):1036.

[vi] The International Physical Literacy Association, May 2014. Taken from: https://physicalliteracy.ca/physical-literacy/

[vii] Government of Ontario HEALTH AND PHYSICAL EDUCATION, 2019 | The Ontario Curriculum, Grades 1–8. 2019 taken from: https://preview-assets-us-01.kc-usercontent.com/fbd574c4-da36-0066-a0c5-849ffb2de96e/db4cea83-51a1-458d-838a-4c31be56bc35/2019-health-pysical-education-elem-PUBLIC.pdf

[viii] Government of Ontario. (June, 2021) Ontario Public Health Standards: requirements for Programs, Services and Accountability. Taken from: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/

Services de santé du TIMISKAMING Health Unit
Enhancing your health in so many ways.

Correspondence B

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Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

www.timiskaminghu.com

August 1, 2023

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

Sent Via E-mail

Subject: Request for Air Quality Monitoring Station in the Timiskaming Health Unit region

We are writing to request the installation of a traditional National Air Pollution Surveillance (NAPS) air quality monitoring station within the Timiskaming Health Unit catchment area. The recent smoke from Quebec, Ontario and western Canada wildfires has identified that there is a significant gap in monitoring stations in northern Ontario. This gap in air monitoring and subsequent lack of access to the provincial Air Quality Health Index (AQHI) measurement tool makes it very challenging for agencies and community members to make informed decisions to mitigate negative health outcomes during poor air quality events.

The implementation of a NAPs air monitoring station is crucial to ensure that accurate air quality monitoring data is available to best protect our communities during poor air quality events due to forest fire smoke. The implementation of a NAPS air monitor will provide local community partners with accurate data to increase public awareness and knowledge regarding air quality and its impact on health. Additionally, a NAPs air monitor will enable residents, especially those who are higher risk or caring for those who are higher risk such as children, elderly, and individuals with pre-existing cardiac and respiratory conditions, to make informed decisions during poor air quality events.

As the impacts from climate change continue to rise, the frequency, extent, timing, and duration of the forest fire season is expected to substantially increase[1], further heightening the urgency for effective air quality monitoring in northern Ontario. Monitoring air quality will improve our understanding of the complex interactions between climate change, forest fire smoke and air pollution across the Timiskaming Health Unit region and support the development of targeted strategies to address these interconnected issues.

Please consider this request for the timely installation of a NAPS air quality monitoring station in the Timiskaming Health Unit area. Access to air quality monitoring data will also enable Timiskaming Health Unit to fulfill obligations under the Ontario Public Health Standards (OPHS) to protect the health and well-being of our local communities. Furthermore, local air monitoring technology will enhance local public health capacity to mitigate environmental health risks[2] such as adverse population health outcomes resulting from poor air quality.

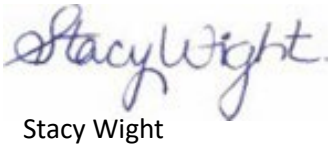
Air monitoring technology will also ensure that our residents will have access to accurate and real time air quality data that will empower our communities to make informed decisions, reduce exposure to pollutants and improve overall health outcomes.

Thank you for your attention to this matter. We look forward to your positive response and discussing the next steps in implementing air quality monitoring stations in the Timiskaming Health Unit region.

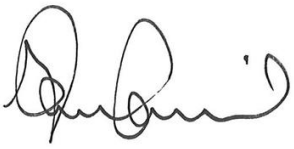
References:

1. Douglas, A.G. and Pearson, D. (2022). Ontario; Chapter 4 in Canada in a Changing Climate: Regional Perspectives Report, (ed.) F.J. Warren, N. Lulham, D.L. Dupuis and D.S. Lemmen; Government of Canada, Ottawa, Ontario.
2. Ontario Ministry of Health and Long-Term Care. Healthy Environments and Climate Change Guideline, 2018. Retrieved from: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Healthy_Environments_and_Climate_Change_Guideline_2018_en.pdf

Yours sincerely,



Stacy Wight
Board of Health Chair



Dr. Glenn Corneil
Acting Medical Officer of Health/CEO

Copy: Honourable Doug Ford, Premier of Ontario
Honourable Sylvia Jones, Deputy Premier of Ontario, Minister of Health
Honourable Steven Guibeault, Minister of Environment and Climate Change
Bernard Derible, Parliamentary Deputy Minister, Emergency Management, Treasury Board Secretariat Commissioner of Emergency Management
Honourable John Vanthof, Member of Provincial Parliament Timiskaming - Cochrane
Honourable Charlie Angus, Member of Parliament Timmins
Honourable Jean-Yves Duclos, Member of Parliament, Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Executive Director, Association of Local Health Agencies (alPHa)
All Ontario Boards of Health
All Member Municipalities of the Temiskaming Health Unit

Public Health
Santé publique
SUDBURY & DISTRICTS

June 28, 2023

VIA ELECTRONIC MAIL

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

Dear Premier Ford:

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

Teen vaping has increased steadily across the nation and within Sudbury and districts since 2017. There are significant health risks associated with vaping and nicotine use including lung damage, changes to the brain, dependence or addiction, difficulty learning, and increased anxiety and stress. Furthermore, there is an increased risk for future tobacco cigarette use among youth who vape (Ontario Agency for Health Protection and Promotion, 2018).

Bill 103 aims to prevent youth from starting to vape and seeks to decrease vaping rates through a number of important actions, including prohibiting the promotion of vapour products, and raising the minimum age for purchasing vapour products.

At its meeting on June 15, 2023, the Board of Health carried the following resolution #35-23:

> *WHEREAS vaping poses substantial health risks linked to the development of chronic illness, addiction, polysubstance use, as well as risks for injury and death; and*
>
> *WHEREAS vaping rates among youth have grown with 30.6% of Grade 7 to 12 students in Northern Ontario reporting having used electronic cigarettes(vaping) in 2019, compared with 22.7% for the province; and*
>
> *WHEREAS Board of Health motion 48-19 noted the Board's longstanding history of proactive and effective action to prevent tobacco and emerging product use and urged the adoption of a comprehensive tobacco and e-cigarette strategy; and*

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Sudbury East / Sudbury-Est
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phsd.ca

WHEREAS Bill 103 – Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023 aims to prevent youth from initiating vaping and decrease the current usage of vaping products by targeting legislation changes, including banning the retail of flavoured vaping products, increasing minimum purchasing age to 21, and prohibiting the promotion of vapor products;

THEREFORE, BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse Bill 103 - Smoke Free Ontario Amendment Act (Vaping is not for Kids), 2023; and

FURTHER THAT this endorsement be shared with relevant stakeholders.

Vaping among youth is a complex public health issue that requires immediate action. This suggests that a single intervention or approach will be insufficient to address the high rates of vaping among youth. At Public Health Sudbury & Districts, our efforts in addressing youth vaping involve a multi-faceted, comprehensive, upstream, and strengths-based approach that supports positive youth development. Strategies are community and school-driven and influence risk and protective factors associated with vaping. The strategies include education, policy development, prevention programs, research, collaboration, and enforcement activities, fostering the development of supportive social and physical environments in which youth can thrive and flourish. Yet, this is just one piece in a comprehensive approach addressing youth vaping.

The legislative solutions of Bill 103 are designed to make vaping less available and desirable for youth to address the increase in rates of vaping and to prevent the associated harms of vaping.

We thank you for your attention to this important health promotion initiative, and we continue to look forward to opportunities to work together to promote and protect the health for everyone.

Sincerely,

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

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

alPHa
Association of Local
PUBLIC HEALTH
Agencies

alPHa's members are the public health units in Ontario.

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

Correspondence D

480 University Ave., Suite 300
Toronto, Ontario M5G 1V2
Tel: (416) 595-0006

August 23, 2023

Hon. Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
College Park 5th Flr, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Jones,

Re: Public Health Funding and Capacity Announcement

On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health Section, Boards of Health Section, and Affiliate Associations, I am writing to thank you for the commitments you made to local public health as part of your address to the Association of Municipalities of Ontario (AMO) on August 22, 2023.

A healthier population contributes to a stronger economy and reduces demand for costly and scarce health care resources. Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. One of our foundational positions is that, regardless of the sources of funding for public health in Ontario, mechanisms must be included to ensure the total funding envelope is stable, predictable, protected, and sufficient for the full delivery of all public health programs and services.

alPHa is pleased about the restoration of the $47 million in provincial annual base funding and to hear your message to our public health unit members that they can expect a guaranteed increase of 1% of the base funding in each of the next three years and it is a positive step forward. While this may not be sufficient to completely meet our mandate, we do appreciate knowing what our thresholds will be when planning our budgets during this time. alPHa notes your observation this will afford the opportunity and time to work together to address long-standing challenges in the system.

Thank you for recognition of the value of local public health expertise and for the opportunity to help shape the future of local public health. alPHa is committed to our work that supports the Ontario government's goals to be efficient, effective, and provide value for money.

We appreciated our recent meeting with you and look forward to collaborating with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Sincerely,

Dr. Charles Gardner,
President

Copy: Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Elizabeth Walker, Executive Lead, Office of the CMOH
Brent Feeney, Director, Accountability and Liaison, Office of the CMOH

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHa represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

simcoe muskoka
DISTRICT HEALTH UNIT

September 7, 2023

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

Dear Minister Jones:

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

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

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

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

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

enforcement efforts which are required to manage increasing youth vaping rates through strategies that prevent nicotine addiction such as the Not An Experiment initiative.

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

Sincerely,

ORIGINAL Signed By:

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

AMK:CG:SR:sh

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

References

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Berenbaum E, Keller-Olaman S, Manson H, Moloughney B, Muir S, Simms C, Singh H, Watson K. Current evidence on e-cigarettes: a summary of potential impacts. Toronto, ON: Queen's Printer for Ontario; 2018.

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

Middlesex-London Board of Health
External Landscape Review – August and September 2023

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

Local Public Health News

Porcupine and Timiskaming Health Units Moving Towards a Voluntary Merger

Porcupine and Timiskaming Health Units announced on August 30 that they would begin the voluntary merger process to merge their public health units.

"While several reports over many years have recommended a merger between our health units, recent events including the COVID-19 pandemic have confirmed the benefits of a merger to increase staff capacity to deliver public health programming and to respond to surges and emergencies," states Dr. Lianne Catton, Medical Officer of Health and Chief Executive Officer for the Porcupine Health Unit.

"The merger will strengthen local public health programs and services while increasing efficiencies," says Dr. Glenn Corneil, Acting Medical Officer of Health for the Timiskaming Health Unit. "Programs and services will continue as is in local health unit offices in both regions during the merger process."

To view the full media releases, please visit either the Porcupine Health Unit or Timiskaming Health Unit website.

Impact to MLHU Board of Health
On August 22, 2023, the Ontario Ministry of Health (through Minister Sylvia Jones) announced the plan regarding the future of the public health sector. This included providing financial support to public health units interested in a voluntary merger process. Boards of Health will need to determine if a merger with another health unit is beneficial to improve capacity and better serve the needs of the community.

New Medical Officer of Health in Chatham-Kent

On September 5, it was announced that Chatham-Kent Public Health Unit's new Medical Officer of Health is **Dr. Shanker Nesathurai**. He received his Doctor of Medicine from McMaster University in Hamilton, and his Master of Public Health from Harvard School of Public Health in Boston, MA. He served as the Medical Officer of Health for Haldimand-Norfolk Health Unit from 2018-2021, and most recently as the Acting Medical Officer of Health for Windsor-Essex County Health Unit. In addition to training in public health, Dr. Nesathurai is a specialist in physical medicine and rehabilitation.

To view the full media release, please visit Chatham-Kent Public Health's website.

Impact to MLHU Board of Health
The Board supports collaboration and connection with other public health units in the province and encourages MLHU's Medical Officer of Health to work with other Medical Officers of Health as necessary for advocacy and idea sharing.

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

National, Provincial and Local Public Health Advocacy

Ontario Investing in a Stronger Public Health Sector

At the Association of Municipalities of Ontario Conference on August 22, 2023, the Ontario Government (through Minister of Health, Sylvia Jones) announced updates to funding for public health units in Ontario.

Changes to funding include:

- Permanent return of mitigation funding to public health units, with subsequent adjustments to the municipal cost sharing ratio;
- An increase in base funding for public health units by 1% annually; and
- Funding to health units who participate in voluntary public health unit mergers.

To view the full media release, please visit the Ontario (Ministry of Health) Newsroom online.

Impact to MLHU Board of Health
Boards of Health in Ontario are experiencing financial pressures post-pandemic and will need to assess the impacts of this funding announcement on their respective health unit.

AMO 2023 Annual General Meeting & Conference

From August 21-23, more than 2,500 municipal leaders, government officials, public servants, sponsors, exhibitors, and media gathered in the City of London to take part in the 2023 AMO Conference. MLHU was represented by Chair Newton-Reid, Chief Executive Officer, Emily Williams and Medical Officer of Health, Dr. Alex Summers.

Impact to MLHU Board of Health
MLHU Delegates also met with Minister Sylvia Jones (Health) and Minister Michael Parsa (Children, Community and Social Services) on public health matters.

MLHU News

Health Unit Reports the Year's First Local Human Case of West Nile Virus

On September 1, 2023, The Middlesex-London Health Unit reported the first locally acquired human case of West Nile Virus (WNV) for the summer of 2023. According to Public Health Ontario, to date, there have been five probable and confirmed human cases of WNV in Ontario, as well as 222 WNV-positive mosquito pools.

The Vector-Borne Disease Team has administered three rounds of treatment on approximately 113,780 catch basins. The team has also completed 695 surface water treatments at approximately 195 sites on public property. The Health Unit will continue its surveillance and control efforts throughout the region and is reminding people in all areas of London and Middlesex County that West Nile Virus is still present in our community.

To see the full media release, visit our website.

Impact to MLHU Board of Health
West Nile Virus is a reportable disease of public health significance (DOPHS) which a Board of Health (public health unit) is required to report. It is vital for the Board of Health and the community to be made aware of such illnesses in order to spread awareness, education and prevention.

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

New Associate Medical Officer of Health, Dr. Joanne Kearon

On July 24, 2023, **Dr. Joanne Kearon** began her role as the Associate Medical Officer of Health at the Middlesex-London Health Unit. Dr. Kearon trained as a physician in Public Health and Preventive Medicine, including Family Medicine, at McMaster University. She also has a Master of Public Health from McMaster and completed her undergraduate at Queen's University.

Dr. Kearon will be part of the Senior Leadership Team and provide leadership across the organization and in the community. As the AMOH, she will provide significant support to the EHID and Public Health Foundations Divisions, while also taking on emerging initiatives and projects.

Impact to MLHU Board of Health
The Board of Health appointed Dr. Joanne Kearon as the Associate Medical Officer of Health, per their obligations under the *Health Protection and Promotion Act*. The Board welcomes Dr. Kearon to her new role to support the Middlesex-London Health Unit.

Learning Opportunities

Michael G. DeGroote Health Leadership Academy | McMaster University

Collaborative Health Governance Program – McMaster University
The Collaborative Health Governance (CHG) program at McMaster University's DeGroote Health Leadership Academy has been designed with an understanding of the new world of governance, and the unique responsibilities and challenges confronting today's health and social service sector boards.

The CHG program is designed as a highly interactive, 3.5-day, virtual learning, experience using The Directors College proven delivery model. 90-minute learning sessions are led by experienced governance experts, health care leaders, and board directors.

For more information, please visit the Collaborative Health Governance Program website.

Impact to MLHU Board of Health
The Board of Health can be provided with learning and professional development opportunities to learn more about their roles as a local governing board.

Correspondence G

Algoma PUBLIC HEALTH
Santé publique Algoma
www.algomapublichealth.com

July 4, 2023

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

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

The Honourable Michael Parsa
Minister of Children, Community and Social Services
Delivered via email: michael.parsaco@pc.ola.org

Dear Premier Ford, Deputy Premier and Minister Jones, and Minister Parsa:

Re: Income-based policy interventions to effectively reduce household food insecurity (HFI)

On June 28, 2023, the Board of Health for Algoma Public Health (APH) passed a resolution endorsing income-based policy interventions to effectively reduce household food insecurity (HFI), which is an urgent public health problem that imposes serious consequences to the health and well-being of Ontarians.

HFI is inadequate or insecure access to food due to household financial constraints.[1, 2] It is a sign of poverty, rooted in a lack of adequate and stable income to make ends meet. In 2022, more than 2.8 million Ontarians were food insecure, and this will only get worse with recent sky-rocketing inflation.[3]

Locally, APH monitors food affordability as required by the *Ontario Public Health Standards*. Our local data shows that low-income households, especially those receiving Ontario Works (OW) and Ontario Disability Support Program (ODSP), struggle to afford basic costs of living and will be increasingly vulnerable as food prices continue to rise.[4]

Not being able to afford adequate food has profound adverse effects on people's physical and mental health and their ability to lead productive lives. This creates a heavy burden on the health care system with adults living in severely food insecure households incurring 121% higher health care costs compared to food secure households.[5] Effective income policies to reduce food insecurity could offset considerable public expenditures on health care and improve overall health.

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Fax: 705-356-2494

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294 Willow Avenue
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TF: 1 (888) 211-8074
Fax: 705-856-1752

Food charity is NOT a solution to the problem. Food banks may provide temporary food relief but do not address the root causes. Only about one-quarter of households experiencing food insecurity go to food banks and for those who do use them, food insecurity does not go away.[2]

We urge the province to collaborate across sectors to implement income-based policies that effectively reduce food insecurity, such as[1, 2, 5]

- increasing minimum wage to a rate that better reflects costs of living, such as a living wage,
- raising social assistance to reflect costs of living,
- indexing Ontario Works to inflation, and
- reducing income tax rates for the lowest income households.

Such income policies preserve dignity, address the root cause of the problem, give choice of which foods to buy, and ensure the basic right to food.

Sincerely,

Sally Hagman
Chair, Board of Health,

cc: Dr. J. Loo, Medical Officer of Health and Chief Executive Officer for Algoma Public Health
Local Councils
Local MPs
The Association of Local Public Health Agencies
Ontario Boards of Health

References:

1. Tarasuk V, Li T, Fafard St-Germain A-A. Household food insecurity in Canada, 2021. 2016. https://proof.utoronto.ca/wp-content/uploads/2022/08/Household-Food-Insecurity-in-Canada-2021-PROOF.pdf
2. ODPH Position Statement on Responses to Food Insecurity: Ontario Dietitians in Public Health. 2023. Available from: https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1.
3. New data on household food insecurity in 2022. PROOF, 2023.https://proof.utoronto.ca/
4. Food affordability in Algoma infographic. 2023.
5. alPHa Resolutions- Determinants of health. Resolution A05-18, Adequate Nutrition for works and Ontario Disability Support Program Participants and Low Wage Earners; Resolution A15- 4, Public Health Support for a Basic Income Guarantee; Resolution A18-2, Public Health Support for a Minimum Wage that is a Living Wage. Association of Local Public Health Agencies, 2009.https://www.alphaweb.org/page/Resolutions_SDOH

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

August 2, 2023

John Atkinson, Executive Director
Ontario Public Health Association
57 Marion Avenue
Hamilton, ON L8S 4G2

Re: Support for May 31 Correspondence Item on Modernizing the Alcohol Marketplace and Product Sales

Dear Mr. Atkinson,

At the July 20, 2023 meeting, the Middlesex-London Board of Health moved to endorse your correspondence from May 31:

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

1) *Receive Report No. 42-23, re: "Concerns Regarding Modernizing the Alcohol Marketplace and Product Sales" for information; and,*
2) *Endorse the Ontario Public Health Association's (OPHA) letter, attached as Appendix A, to share information about the public health risks associated with alcohol marketplace expansion and evidence-informed policies to mitigate alcohol-related harms with the Ontario Ministries of Finance and Health.*

The Middlesex-London Board of Health received a report at the July 20, 2023 Board of Health meeting titled "Concerns Regarding Modernizing the Alcohol Marketplace and Product Sales". This report outlined the activities that the Province of Ontario wish to undertake to modernize the alcohol marketplace:

- Expanding sales of beverage alcohol to more than 270 new retail outlets across Ontario since 2018.
- Permanently allowing licensed restaurants and bars to include alcohol with food as part of a takeout or delivery order.
- Freezing the basic beer tax rates that were set to be indexed to inflation.
- Permanently extending hours of operation for alcohol retail store locations.
- Campaigning for alcohol to be sold in convenience stores.

Alcohol is the most commonly used drug in our community with 80% of Middlesex-London residents, aged 12 years and older, identifying themselves as current drinkers (i.e., had 1 or more drinks in the past 12 months) and 30% are drinking alcohol above what is considered a low-risk level (i.e., had 3 or more drinks in the past 7 days) based on the new Canadian Guidance on Alcohol and Health (Public Health Ontario (PHO) Snapshot, 2018-19). Of those reporting alcohol consumption above the low-risk levels in Middlesex-London, 15% report moderate risk drinking (3-6 drinks in the last week) and 15% report increasingly high-risk drinking levels (7 or more drinks in the last week) (PHO Snapshot, 2018-19).

The Middlesex-London Health Unit is an active member of the Ontario Public Health Association's Alcohol Policy Working Group and works collaboratively to communicate support for the maintenance and strengthening of alcohol policies and to increase awareness of health harms associated with alcohol consumption. It is vital to share the public health consequences of continued increases to alcohol access and the importance of reducing alcohol-related harms.

For further information on the Middlesex-London Health Unit's concerns of modernizing the alcohol marketplace, please see Report No. 42-23 attached to this letter.

Sincerely,

Matt Newton-Reid
Board Chair
Middlesex-London Health Unit

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

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

CC: Minister Peter Bethlenfalvy, Ministry of Finance of Ontario
Minister Sylvia Jones, Minister of Health of Ontario
Dr. Kieran Moore, Chief Medical Officer of Ontario
Linda Stobo, Manager, Substance Use Program Team

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 42-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 July 20

CONCERNS REGARDING MODERNIZING THE ALCOHOL MARKETPLACE AND PRODUCT SALES

Recommendation

It is recommended that the Board of Health:

1) ***Receive Report No. 42-23, re: "Concerns Regarding Modernizing the Alcohol Marketplace and Product Sales" for information; and***
2) ***Endorse the Ontario Public Health Association's (OPHA) letter, attached as Appendix A, to share information about the public health risks associated with alcohol marketplace expansion and evidence-informed policies to mitigate alcohol-related harms with the Ontario Ministries of Finance and Health.***

Key Points

- The Ontario government continues to explore ways to modernize and expand the alcohol market in Ontario which will make alcohol increasingly accessible.
- In 2018/2019, 30% of Middlesex-London residents aged 12 years and older were drinking alcohol above what is considered a low-risk level.
- Research confirms that increased alcohol availability leads to increased alcohol consumption and alcohol-related health and social harms.
- The OPHA has submitted a letter, attached as Appendix A, to the Ministry of Health and the Ministry of Finance to share information about the public health risks associated with alcohol marketplace expansion and evidence-informed policies to mitigate alcohol-related harms.

Background

The Ontario government continues to explore ways to modernize and expand the alcohol market, which will make alcohol increasingly accessible including:

- Expanding sales of beverage alcohol to more than 270 new retail outlets across Ontario since 2018.
- Permanently allowing licensed restaurants and bars to include alcohol with food as part of a takeout or delivery order.
- Freezing the basic beer tax rates that were set to be indexed to inflation.
- Permanently extending hours of operation for alcohol retail store locations.
- Campaigning for alcohol to be sold in convenience stores.

While the government's stated goal is to "expand choice and convenience for consumers while giving businesses more opportunities", the public health consequences of continued increases to alcohol access

must be considered. Decades of research substantiate that increased alcohol availability leads to increased alcohol consumption, which results in increased alcohol-related harms. Furthermore, these harms are disproportionately felt by populations experiencing health inequities, also known as the alcohol paradox.

Alcohol Use and Consequences

We have a culture of drinking in Canada where alcohol consumption has become normalized. Alcohol is used to celebrate, commiserate, cope, and can even be seen as a rite of passage. As such, alcohol is the most commonly used drug in our community with 80% of our Middlesex-London residents, aged 12 years and older, identifying themselves as current drinkers (i.e., had 1 or more drinks in the past 12 months) and 30% are drinking alcohol above what is considered a low-risk level (i.e., had 3 or more drinks in the past 7 days) based on the new Canadian Guidance on Alcohol and Health (Public Health Ontario (PHO) Snapshot, 2018-19). Of those reporting alcohol consumption above the low-risk levels in Middlesex-London, 15% report moderate risk drinking (3-6 drinks in the last week) and 15% report increasingly high-risk drinking levels (7 or more drinks in the last week) (PHO Snapshot, 2018-19).

Alcohol accounts for a significant number of injuries, illnesses, and deaths each year. In 2020, there were 6,202 deaths and 319,580 emergency room & hospital visits in Ontario related to alcohol (Canadian Alcohol Policy Evaluation, 2023). Alcohol has been classified as a type 1 carcinogen by the International Agency for Research on Cancer since 1988 and has been causally related to 7 types of cancer (Canadian Centre for Substance Use and Addiction (CCSA), 2023). Unfortunately, a large portion of Canadians are not aware of this fact putting many lives at risk given there are an estimated 7,000 cancer deaths due to alcohol consumption each year in Canada (CCSA, 2023). In addition to the human costs related to alcohol, there are significant financial implications. In 2020, alcohol cost Ontario taxpayers $7.109 billion in direct (e.g., healthcare and enforcement) and indirect (e.g., lost productivity) costs. Despite perceptions that alcohol is a large revenue generator for the province, in 2020-21, alcohol only produced $5.162 billion in returns for the province of Ontario, creating a $1.947 billion deficit for the province (CAPE, 2023).

Best Practice Alcohol Policies

Recently, the OPHA sent a letter, attached as Appendix A, to the Ministries of Health and Finance to share information about the public health risks associated with alcohol marketplace and product sale expansion. Additionally, OPHA highlighted five essential policy measures to decrease alcohol harms to Ontarians:

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

OPHA's Alcohol Policy Working Group, of which the Middlesex-London Health Unit is an active member, works collaboratively to communicate support for the maintenance and strengthening of alcohol policies and to increase awareness of health harms associated with alcohol consumption. By endorsing the OPHA letter, the Middlesex-London Board of Health is communicating the need to consider the public health consequences of continued increases to alcohol access and the importance of reducing alcohol-related harms.

This report was submitted by the Healthy Living Division and the Office of the Medical Officer of Health.

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

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

The mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

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l'Association pour la santé publique de l'Ontario
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Alliance for Healthier Communities (AHC)

Association of Public Health Epidemiologists in Ontario (APHEO)

Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO)

Canadian Institute of Public Health Inspectors - Ontario Branch (CIPHI-O)

Community Health Nurses' Initiatives Group (RNAO)

Health Promotion Ontario (HPO)

Ontario Association of Public Health Dentistry (OAPHD)

Ontario Association of Public Health Nursing Leaders (OAPHNL)

Ontario Dietitians in Public Health (ODPH)

Ontario Public Health Libraries Association (OPHLA)

Charitable Registration Number 11924 8771 RR0001

Minister Peter Bethlenfalvy, Ministry of Finance of Ontario
Minister Sylvia Jones, Minister of Health
Sent by email to: peter.bethlenfalvy@ontario.ca and sylvia.jones@ontario.ca

May 31, 2023

Dear Minister Bethlenfalvy and Minister Jones,

Re: Modernizing alcohol marketplace and product sales

On behalf of the leaders and members of the Ontario Public Health Association (OPHA), we are writing to you to express our serious concerns about the impact that increasing alcohol availability and affordability will have on the health of Ontarians. We were recently invited to participate in closed door consultations by the Ministry of Finance, but were unable to given that the non-disclosure agreement would have prevented us from letting our members know about our participation or the kinds of input we would provide. Given that the government is conducting consultations regarding potential continued "modernization" of the alcohol marketplace, we are writing to highlight the inevitable consequences of illnesses, deaths and social harms to our citizens that will follow with increased sales and consumption of alcohol in Ontario. We implore the Government of Ontario to not increase access, availability or affordability of alcohol in light of the evidence below.

Research and real world evidence shows that when alcohol becomes more available and cheap, the following increases: street/domestic violence, chronic diseases, sexually transmitted infections, road crashes, youth drinking and injury (1) and suicide. (2,3) Along with increased costs from healthcare, lost productivity, criminal justice and other direct costs also increase. (4)

OPHA recommends that the government implement the following policy measures to mitigate these harms:

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

The final report on Canada's Guidance on Alcohol and Health states that alcohol contributed to 18,000 deaths in Canada in 2017. (5) The evidence overwhelmingly proves that less is better when it comes to drinking alcohol. (5) Alcohol consumption causes 200 health and injury conditions, (6) and is identified by the World Health Organization (WHO) as a class 1 carcinogen in the same class as tobacco smoke and asbestos. (7) Most Canadians are not aware of this fact, which is concerning given that there are 7,000 cancer deaths due to alcohol consumption each year in Canada. (5) Not only does alcohol cause a high burden of disease, it also has significant social and economic consequences. Furthermore, impairment by alcohol is strongly associated with increased risk of unintentional injuries, violence and other second-hand effects, which impacts not only those consuming alcohol but also persons who have not decided to drink alcohol, including children. (5)

While the cost and harms of tobacco are decreasing for the first time, alcohol costs and harms are increasing. In Canada, the per-person healthcare costs attributable to alcohol rose from $117 to $165, increasing by 40.5% between 2007 and 2020, compared to tobacco, the per-person healthcare costs decreased from $167 to $143 during the same time. This fact helps create context to policy decisions being made; while tobacco has had increasing restrictions placed on it, such as increased taxes, product labelling and advertising bans/restrictions, alcohol has no such policies. The current alcohol policies are staying stagnant or being dismantled. (8)

We are asking for the government to strengthen its policy on alcohol. We must implement high standards to protect the people of Ontario from the harms alcohol contributes to and to ensure the businesses that perpetuate these harms do not obtain commercial gains or profits at the expense of Ontarians' health.

1. **OPHA recommends reducing retail density, especially in low socio-economic status (SES) neighbourhoods.**

Restrict the number and location of alcohol outlets to reduce alcohol related problems, and/or enable municipalities to do so. Proof of strong effectiveness and a large breadth of research exist to support this fact. (1) Changes involving increased access through a greater number of alcohol outlets, such as permitting sales in supermarkets, influence both alcohol consumption and harm. (1) This is concerning, being that Ontario increased access in 2015, where the number of locations authorized to sell beer increased by 450 stores. (9) Since that time, the government has expanded sales of beverage alcohol further to more than 270 new retail outlets across Ontario since 2018, including 191 LCBO convenience outlets and 87 grocery stores. (10)

Research shows that once Ontario started selling alcohol in grocery stores in 2015, there were over 24,000 more alcohol related emergency room visits than in the two years before. (11) Alcohol availability in the province increased by 22% between 2007 and 2017. (12) Changes to rules that made it easier to buy alcohol during the COVID-19 pandemic have become permanent and have increased alcohol availability. (13)

A recent analysis using the Cancer Risk Factors Atlas of Ontario documented that in Toronto, higher alcohol intake was found in areas where residents lived within 500 m of off-premise alcohol retailers, compared with areas with retailers over 1 kilometre away. Regardless of neighbourhood socio-economic status, access to off-premise alcohol retailers was related to excess alcohol consumption in Toronto neighbourhoods. (14) Despite what this analysis found, a health equity lens should be applied in alcohol policy changes as people of lower socio-economic status and other priority groups (e.g., youth) (1,15) are typically disproportionately affected by policies that increase alcohol access in their neighbourhoods. (1,16)

The CAPE report cards are a research project that provides assessments of provincial, territorial and the federal governments in Canada implementing policies proven to reduce harms due to alcohol. (17) Ontario's report card was recently (December 2022) downgraded to an F for this alcohol policy area. The previous report cautions against expansion of alcohol availability in corner stores and more grocery outlets. (17) The current report advises the following for alcohol availability:

- Strengthen and reduce existing density limits for off-premise outlets and introduce density limits for on-premise establishments. (17)
- Introduce placement limits for all premises (17)
- Prohibit on-premise alcohol takeout. (17)
- Prohibit alcohol home delivery from all premises. (17)

2. OPHA recommends maintaining or decreasing hours of sale, with no exceptions.

Similar to the Centre for Addiction and Mental Health, OPHA has concerns around increasing hours of sale. (18) Extensions of as little as one to two hours have been observed to result in increased harms. (19) (20) Extended hours of sale attract a younger drinking crowd and result in higher blood alcohol content (BAC) levels for males. (21) Controls on retail hours and days of sale have been shown to be effective in reducing consumption and alcohol-related harms (22) and evidence suggests a potential direct effect of policies that regulate alcohol sales times in the prevention of heavy drinking, injuries, motor vehicle incidents, alcohol-related hospitalizations, assaults, homicides and violent crime. (23,22,24,25)

Furthermore, research for on-premise outlets (e.g., licensed establishments) show that extended hours of alcohol service are associated with increased alcohol consumption and increased alcohol-related harms. (1) (17) Evidence indicates a higher risk of ambulance calls for trauma in areas with highest density of on-premise licensed alcohol establishments (26) with alcohol-related violence most likely occurring between 22:00 and 2:00 hours. (27) It has also been suggested that emergency calls for injury and intoxication may be reduced by limiting the hours of operation of licensed alcohol establishments. (26)

In Germany, banning sale of alcohol between 10 pm and 5 am in retail settings resulted in a significant decrease in alcohol-related hospitalizations among adolescents and young adults, as well as hospitalizations due to violent assault. (28)

The 2023 CAPE report card rated Ontario with an F for this alcohol policy area and recommended the following:

- Reduce and legislate maximum trading hours allowed per week.
- Implement the following hours of sale: 11 am to 8 pm for off-premise and 11 am to 1 am for on-premise with no extensions. (2)

3. OPHA recommends strengthening Ontario's alcohol pricing policies.

Alcohol pricing policy is a highly cost-effective intervention which is underutilized by governments. Decades of international and Canadian research show that raising the price of alcohol is one of the most cost-effective approaches for reducing consumption and thereby alcohol-related health and social harms. This is done through policy actions such as excise taxes, minimum pricing, and regularly adjusting alcohol prices for inflation. (2) Another innovative action would be to implement a dedicated, earmarked, or surcharged tax on alcohol to help cover the health and social costs. (29)

There have been eight meta-analyses that have systematically reviewed the results of applicable econometric studies. It was consistently reported in all eight reviews that a price increase leads to decreases in consumption. (1) This can also be corroborated by research on tobacco pricing, which has the same mechanism of action, only for a different substance. (30) Higher prices on alcohol encourages less consumption by drinkers and hinders non-drinkers to start drinking. (1)

The above was demonstrated in British Columbia where a 10 per cent increase in minimum alcohol prices was associated with a 32 per cent drop in alcohol-related deaths. (31) In Saskatchewan, a 10 per cent increase in minimum prices significantly reduced consumption of all types of alcoholic beverages by almost 8.5 per cent, thereby decreasing harms as well. (1,32) A recent major international study found that, on average, a 1 per cent increase in overall alcohol prices was associated with a 0.5 per cent reduction in alcohol use and resulted in increases in both industry profits and government revenues. (33)

Pricing controls have been demonstrated to be particularly effective for susceptible populations, such as young people, and heavy drinkers. (1,15) For young people, a price increase leads to reduced rates of suicide, traffic injuries and sexually transmitted diseases with the opposite effect with price decrease. (1) Alcohol harms that are typically attributed to long term heavy drinking are also found to change in response to tax changes. (1) Generally, research proposes that alcohol taxes have a greater fiscal impact on lower income people than those with higher income. (1)

It has been identified that corporations, such as those involved with Big Alcohol, create narratives to interfere with policy decisions. This practice is referred to as **argument-based discursive strategies**, where corporations, for example, stress the crucial role that the industry plays in the economy, or promote industry-preferred solutions such as education and voluntary initiatives. (34) It is not surprising then that the story created around increasing alcohol prices is that it will have negative impacts on the economy and employment.

This narrative has been challenged with the argument that if people buy less alcohol, they will spend more money on other goods, which will create jobs elsewhere in the economy. (29) It is also wise to be cautious when relying on employment estimates from the alcohol industry research stating how many jobs are involved with alcohol production - similar industries have exaggerated these estimates in the past. Research for the World Bank revealed that numbers reported to be employed by the tobacco industry were three times the actual number of FTEs. (29)

The 2023 CAPE report card rated an F for this alcohol policy area, and recommended improvement through the following:

- Increase minimum prices to a price per standard drink (e.g. 17.05 mL pure alcohol) of at least $2.04* for alcohol sold at off-premise stores and $4.07* for alcohol sold at on-premise establishments, after taxes (*2023 price). (17)
- Include on-premise alcohol and beer sold off-premise to automatic indexation. (17)
- Set minimum prices by ethanol content (e.g. $/L ethanol). (17)
- Tax alcohol at a higher rate than consumer goods, update general alcohol prices yearly to reflect Ontario specific inflation rates, and increase alcohol sales taxes. (17)
- Set off-premise minimum retail markups to be at least 100% of the landed cost across all beverage types and set on-premise markups at or above the off-premise retail price. (17)

The World Health Organization has a resource tool on alcohol taxation and pricing policies to inform the above actions. (29)

4. OPHA recommends against further privatization of alcohol sales.

Government retail monopolies are an effective way to limit alcohol consumption and harm at the population level. (1,2) Proof of strong effectiveness and a large breadth of research exist to support this fact. (1) In Canadian jurisdictions where government retail monopolies have been dismantled and partial or full privatization have been introduced, increases in alcohol consumption and harms have been observed. (2) With governmental monopolies, the priority can be given to public health and public safety goals rather than a focus on profits and increasing sales. Not only does government monopolies on alcohol support population health it also provides governments with a means of income. (1)

In Sweden, modelling was done to predict the potential impact of privatizing Sweden's alcohol monopoly, along with other policy impacts. Stockwell et al. (2018) estimated that privatization could lead to increases in consumption of between 20% and 31% and in mortality of up to 80%. (1) Evidence from Finland demonstrates that removing even a single beverage from government monopoly control can have dramatic impacts. (1) The positive effects of re-monopolization cannot be ignored as well. Re-monopolization is associated with a decrease in alcohol-related harms including suicides, falls and motor vehicle collisions. (2)

The 2023 CAPE report card rated an F for this alcohol policy area for the province and recommended that Ontario:

- Maintain the present network of government-owned and government-run LCBO retail stores with a mandate to protect health and safety. (17)
- Ensure that new legislation/regulations do not further privatize alcohol sales (e.g. convenience stores, more grocery stores and big box stores). (17)

5. OPHA recommends applying a whole of government, health-in-all-policies approach to alcohol modernization.

Bring all government ministries together when developing new public policy or making changes to existing policies to ensure health and safety implications are considered. Establish baselines, monitor, measure and review the impact of changes to alcohol policy to other government priorities and goals. To illustrate, policing costs were ranked as the second biggest cost caused by alcohol at 11.1% of the total costs of alcohol. (35) The Ontario Government is increasing police funding to deal with violent crime, as quoted by Premier Ford: "As crime continues to rise in communities across Ontario, we're taking action to get more boots on the ground…to address crime and keep people safe." (Twitter) If the Ontario Government is looking to decrease crime, increasing access to alcohol would be in direct opposition to this goal. (36,37) Having better collaboration and understanding among Ministry areas would help with aligning goals and decrease competing priorities.

In summary, the Ontario Public Health Association recommends the following:

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

The people of Ontario deserve communities that support, not undermine their health and well-being. When it comes to alcohol sales, the government must forego the objectives of "expanding choice and convenience for consumers" in favour of the health of Ontarians. The majority of the public does not yet recognize or know the extent of the harms that alcohol causes (38), and the government has an obligation to protect people. OPHA has previously provided the government with the information needed to make informed and balanced decisions regarding alcohol policy and we trust that the enclosed information and our recommendations will end further "modernization" of the alcohol market.

Government spending to meet the growing costs from alcohol-related harms is not sustainable. Industry interests support greater access and increased consumption. The Government of Ontario's legacy can be one that puts the health of Ontarians first, and over the interests of industry. We urge the government to work across ministries and in close collaboration with employers, healthcare providers and community stakeholders to strengthen alcohol policies or at least prevent further erosion. We would welcome the opportunity to meet with you and/or your ministries to discuss our recommendations further and the government's move towards progressive alcohol control policies.

Sincerely,

John Atkinson
Executive Director

Cc: Dr. Kieran Moore, Chief Medical Officer of Health
Fausto Iannialice, Director, Alcohol Policy and Strategic Initiatives Branch
Dr. Eileen DeVilla, Chair, Council of Medical Officers of Health (COMOH)

More about the Ontario Public Health Association

OPHA has established a strong record of success as the voice of public health in Ontario. We are a member-based, not-for-profit association that has been advancing the public health agenda since 1949. OPHA provides leadership on issues affecting the public's health and strengthens the impact of those who are active in public and community health throughout Ontario. OPHA does this through a variety of means including advocacy, capacity building, research and knowledge exchange. Our membership represents many disciplines from across multiple sectors.

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BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

August 2, 2023

Attention:
The Honourable, Doug Ford, Premier of Ontario
The Honourable Sylvia Jones, Deputy Premier and Minister of Health of Ontario
City of London Council
County of Middlesex Council
Teresa Armstrong, Member of Provincial Parliament for London Fanshawe
Terence Kernaghan, Member of Provincial Parliament for London North Centre
Peggy Sattler, Member of Provincial Parliament for London West
Rob Flack, Member of Provincial Parliament for Elgin-Middlesex-London
Monte McNaughton, Member of Provincial Parliament for Lambton-Kent-Middlesex

RE: Middlesex-London Health Unit 2024 Budget

Dear Premier, Honourable Ministers, Members of Provincial Parliament, City of London Council, and County of Middlesex Council,

The Middlesex-London Health Unit (MLHU) is grateful to the provincial government for its continued commitment to keeping the health and safety of Ontarians a top priority, with steadfast financial support for the Health Unit throughout the pandemic. Public health provides a critical foundation for the broader public healthcare system, during pandemics and beyond, through the provision of efficient and effective interventions that keep Ontarians out of emergency departments and hospital beds. Within its mission to protect and promote the health of people in Middlesex-London, the team at the MLHU helps to prevent the spread of infectious diseases, prevent illnesses associated with environmental exposures, promote healthy growth and development for babies, children, and youth (including mental health), prevent injuries and chronic diseases, and ensure system readiness for public health emergencies. Investing in public health is therefore a critical long-term, sustainable approach to building a strong healthcare system.

The MLHU Board of Health wants to ensure the province was aware of the significant funding shortfall facing the MLHU in 2024. The MLHU anticipates funding reductions in 2024 with the end of the School Focused Nurses Initiative and COVID-19 Extraordinary Expense Funding. The proposed shift of Mitigation Funding to municipal partners introduces pressures beyond the funding increases required to keep pace with inflation, currently forecasted at 3.9% for 2024. Further, the rapidly increasing population creates greater need; between 2016 and 2021 the population of Middlesex-London grew by 10%.

Without adequate funding, it is anticipated that it will not be possible for the MLHU to execute substantial components of the Ontario Public Health Standards in 2024. One recent example is the MLHU Strathroy Dental clinic, recently opened in June 2023, with capital funds from the Ontario Seniors' Dental Care Program to support low-income seniors and low-income children 17 and under. This is a vital program in Middlesex County and has a large waitlist of clients interested in seeking dental care. To date, operational funding has not been provided for this clinic, adding to the list of significant financial pressures facing the MLHU in 2024.

The MLHU shares the concerns of its public health colleagues from across Ontario regarding our collective ability to meet the *Ontario Public Health Standards*, the legislative guideposts to ensure the health of Ontarians, set out by the Ministry of Health. We ask that the Ministry return the funding to the previous 75:25 Provincial/Municipal allocation, provide an increase to base funding sufficient to reflect ongoing accountability for managing COVID-19 as a Disease of Public Health Significance, and increase funding to address inflationary pressures. Sufficient and stable funding for public health is required to maintain the public health services that are essential to the health of our communities, now and into the future.

Sincerely,

Matt Newton-Reid
Board Chair
Middlesex-London Health Unit

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

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

CC: All Ontario Boards of Health
Middlesex-London Board of Health Members
David Jansseune, Assistant Director, Finance, Middlesex-London Health Unit