



## **BOARD OF HEALTH REPORT 14-007**

**1:30 p.m.**

**Thursday, August 14, 2014**

**Council Chambers**

**Hamilton City Hall**

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**Present:** Mayor R. Bratina (Chair)  
Councillors J. Farr, R. Morrow, S. Merulla, C. Collins, T. Jackson,  
S. Duvall, B. Clark, M. Pearson, B. Johnson, R. Pasuta,  
J. Partridge, R. Powers, B. McHattie

**Absent with** Councillor T. Whitehead  
**Regrets:** Councillor L. Ferguson – City Business

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### **THE BOARD OF HEALTH PRESENTS REPORT 14-007 AND RESPECTFULLY RECOMMENDS:**

**1. Correspondence from Mili New, Director, West Central Region, Ministry of the Environment and Climate Change, respecting Air Monitoring Systems (Item 5.1)**

That the correspondence from Mili New, Director, West Central Region, Ministry of the Environment and Climate Change, respecting Air Monitoring Systems be received.

**2. Child and Adolescent Services Budget (BOH14042) (City Wide) (Item 5.2)**

- (a) That the 2014/2015 Child and Adolescent Services budget, which is 100% funded by the Ministry of Children and Youth Services, the Youth Justice Sector and the Ministry of the Attorney General, as outlined in the report BOH14024, be approved; and
- (b) That the Medical Officer of Health be authorized and directed to execute all 2014/2015 Provincial Service Agreements and any ancillary agreements and contracts required to give effect to the Child and Adolescent Services Budget as provided for in the budget outlined in report BOH14024. This includes the authority to authorize the submission of budgets and quarterly/year-end reporting.

**3. Capital Projects' Status Report as of June 30, 2014 (BOH14028) (City Wide) (Item 5.3)**

That Report BOH14028 respecting Capital Projects' Status Report as of June 30, 2014 be received.

**4. Food Strategy (BOH13001(a)) (City Wide) (Outstanding Business List Item) (Item 7.2)**

- (a) That Appendix A attached to Report BOH13001(a) respecting the *Food for All, A Food Charter for Hamilton* be endorsed by the Board of Health;
- (b) That the Board of Health endorse, in principle, the direction for the Interdepartmental Food Strategy Steering Team, to engage with community stakeholders to validate the proposed Food Strategy vision, principles, and goals;
- (c) That Public Health Services, on behalf of the Interdepartmental Food Strategy Steering Team, submit a funding request through the 2015 capital budget in the amount of \$50,000 to complete the community engagement process.

**5. Hamilton's Healthy Kids (Childhood Obesity) Strategy (BOH14007) (City Wide) (Item 7.3)**

That Report BOH14007 respecting Hamilton's Healthy Kids (Childhood Obesity) Strategy be received.

**6. A Request for Ongoing Funding for the Expanded Community Health Educator/Navigator Approach to Health Care (Item 9.1)**

WHEREAS, two in five Canadians will develop cancer in their lifetime and one in four will die of the disease;

AND WHEREAS, Public Health Services (PHS) is mandated to address lung, breast, cervix, colorectal and skin cancers through promotion of healthy eating, physical activity, and tobacco free living, protection against ultraviolet radiation exposure and other protective behaviours;

AND WHEREAS, having regular cancer screening tests for breast, cervix and colorectal cancer saves lives;

AND WHEREAS, some populations in the City of Hamilton (COH) face barriers to

accessing cancer screening, including language, disability, low income, resulting in later stage diagnosis, limited treatment options and poor prognosis;

AND WHEREAS, the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) has identified assistance with health system navigation as a priority, especially for people facing such barriers;

AND WHEREAS, the HNHB LHIN has shown its commitment to collaborate with the COH by funding a Community of Practice for Navigation in 2014;

AND WHEREAS, PHS has developed a successful Community Health Educator/Navigator (CHEN) approach to help address barriers and empower people to obtain health services such as cancer screening tests;

THEREFORE BE IT RESOLVED:

- (a) That staff from Public Health Services be directed to develop a business case to present the benefits, operational logistics, financial implications, staffing requirements, and return on investment of implementing an expanded Community Health Educator/Navigator approach within the City of Hamilton; and,
- (b) That the Mayor, on behalf of the Board of Health and Council, request ongoing funding for the expanded Community Health Educator/Navigator approach from the Honourable Rona Ambrose, Minister of Health, the Minister of Health and Long Term Care and the Hamilton Niagara Haldimand Brant Local Health Integration Network

**7. Phase 2 – Administrative Efficiencies (BOH14006(a)) (City Wide) (Item 12.1)**

- (a) That the Program Secretaries from the Clinical and Preventive Services, Family Health, Health Protection and Healthy Living Divisions be transferred to the Planning and Business Improvement Division;
- (b) That 2.0 FTE Administrative Supervisor positions be established within Planning and Business Improvement Division within the existing Public Health Services budget and complement;
- (c) That 1.0 FTE temporary Applications Analyst position be extended to June 30, 2015 within the existing Public Health Services budget and complement;
- (d) That the Medical Officer of Health report back to the Board of Health regarding the final re-organization of the administrative services incorporating recommendations made by MCC Workspace Solutions Inc. during the 2015 budget process;

- (e) That Report BOH14006(a) respecting Phase 2 - Administrative Efficiencies remain confidential and not be released as a public document as the information relates to labour relations or employee negotiations.

**FOR THE INFORMATION OF COUNCIL:**

**(a) CHANGES TO THE AGENDA (Item 1)**

The Committee Clerk advised of the following changes:

- (i) Added as Item 10.1 – Response to Aboriginal Health Issues in the City of Hamilton
- (ii) Added as Item 10.2 – Regulation of Drug Paraphernalia
- (iii) Added as Item 10.3 – Provincially Supported Universal Drug Programs

The agenda was approved, as amended.

**(b) DECLARATIONS OF INTEREST (Item 2)**

There were no declarations of interest.

**(c) APPROVAL OF MINUTES OF PREVIOUS MEETING (Item 3)**

**(i) July 10, 2014 (Item 3.1)**

The Minutes of the July 10, 2014 meeting of the Board of Health were approved, as presented.

**(d) DELEGATION REQUESTS (Item 4)**

**(i) Elizabeth McGuire, Campaign for Adequate Welfare & Disability Benefits, respecting the Good to Go Food Box Program (for a future meeting) (Item 4.1)**

The request from Elizabeth McGuire, Campaign for Adequate Welfare & Disability Benefits, respecting the Good to Go Food Box Program was approved for a future meeting.

**(ii) Jim McLean respecting the Good to Go Food Box Program (for a future meeting) (Item 4.2)**

The request from Jim McLean respecting the Good to Go Food Box Program was approved for a future meeting.

**(e) PRESENTATIONS (Item 7)**

**(i) Community Food Security Stakeholder Committee respecting Food Strategy (Item 7.1)**

Clare Wagner of the Community Food Security Stakeholder Committee presented support for the Food Strategy with the aid of a PowerPoint presentation. A copy of the presentation has been included in the public record. The presentation included, but was not limited to, the following:

**Food for All – A Food Charter for Hamilton**

- Community Food Security Stakeholder Committee
- City Hall & Backyards
- Food is Essential
- A Vision of a Food System
- The Food Charter
- Food Charter Endorsement

The presentation respecting the Community Food Security Stakeholder Committee's support for the Food Strategy was received.

**(ii) Food Strategy (BOH13001(a)) (City Wide) (Outstanding Business List Item) (Item 7.2)**

Dr. Tran, Associate Medical Officer of Health, presented Food Strategy with the aid of a PowerPoint presentation. A copy of the presentation has been included in the public record. The presentation included, but was not limited to, the following:

**Food Strategy**

- Why a Food Strategy?
- Methods
- Food Strategy Framework
- Community Food Centres
- The Next 10 Years

- Food System Principles
- Proposed Hamilton Food Strategy Goals
- Community Engagement

The presentation respecting the Food Strategy was received.

For disposition of this matter, refer to Item 4.

At this time Mayor R. Bratina relinquished the Chair to Councillor Powers.

**(iii) Hamilton's Healthy Kids (Childhood Obesity) Strategy (BOH14007)  
(City Wide) (Item 7.3)**

Rosanna Morales, Project Manager, Healthy Kids Strategy, presented Hamilton's Healthy Kids (Childhood Obesity) Strategy with the aid of a PowerPoint presentation. A copy of the presentation has been included in the public record. The presentation included, but was not limited to, the following:

**Hamilton's Healthy Kids (Childhood Obesity) Strategy**

- Why Address Obesity?
- Adult (18+) Obesity Rates
- Childhood (2-17) Obesity & Overweight Rates
- Childhood Obesity Rates
- Hamilton's Healthy Kids: A Strategic Priority
- Childhood Obesity vs. Healthy Kids
- Ontario's Healthy Kids Panel (HKP)

The presentation respecting Hamilton's Healthy Kids (Childhood Obesity) Strategy was received.

Staff were directed to provide a report, to the 2014-2018 Council, respecting the review of calorie counting menus at food establishments within the City of Hamilton.

For disposition of this matter, refer to Item 5.

**(f) MOTIONS (Item 9)**

- (i) A Request for Ongoing Funding for the Expanded Community Health Education/Navigator Approach to Health Care (Item 9.1) (TABLED on July 10, 2014)**

The Motion respecting A Request for Ongoing Funding for the Expanded Community Health Education/Navigator Approach to Health Care was lifted from the table.

For disposition of this matter, refer to Item 6.

- (ii) Gasification Process Operation in Hamilton (Item 9.2) (TABLED on May 22, 2014)**

Councillor Morrow requested the following motion remain tabled:

That the City of Hamilton formally oppose the gasification process operation planned for the Sherman Avenue and Burlington Street area.

**(g) NOTICES OF MOTION (Item 10)**

- (i) Response to Aboriginal Health Issues in the City of Hamilton (Item 10.1)**

Councillor McHattie introduced the following Notice of Motion:

WHEREAS, Aboriginal people living in Hamilton experience higher rates of poverty and disproportionate rates of chronic disease and associated risk factors than the general population. Poverty rates are associated with the challenges linked to the determinates of health including access to health care, housing and food security (Social Planning and Research Council (SPRC), Our Health Counts, 2011); and

WHEREAS, Public Health Services (PHS) is mandated to reduce the burden of preventable chronic diseases; and

WHEREAS, PHS has worked with our Aboriginal communities regarding cancer prevention and screening since 2007; and  
WHEREAS, PHS has recently had a successful partnership with over ten Aboriginal service providers/agencies to engage Aboriginal communities, promote cancer screening, and help mentor the CASTLE Project Community Health Educator/Navigator (CHEN) to address low cancer screening rates from April 2013- April 2014; and

WHEREAS, PHS Chronic Disease Prevention Program staff are planning to re-convene with the CASTLE Aboriginal Partners in the fall of 2014 to plan how to continue to address health disparities regarding cancer rates and health access; and

WHEREAS, the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) is mandated to work with Aboriginal communities for improved health and wellness:

*“Local Health Integration Networks are mandated to work with Aboriginal communities for improved health and wellness. The HNHB LHIN has a responsibility to learn about and respect Aboriginal communities’ approach to health and wellness and how this approach guides the identification of health needs and solutions”*

Therefore be it resolved:

- (a) That staff from PHS engage with urban Aboriginal leaders to explore opportunities to address relevant health issues through culturally sensitive solutions; and
- (b) That the Mayor, on behalf of the Board of Health and Council, request support from the LHIN to continue/renew funding for an Aboriginal Community Health Educator/Navigator focused on Chronic Disease Prevention.

**(ii) Regulation of Drug Paraphernalia (Item 10.2)**

Councillor Merulla introduced the following Notice of Motion:

That Public Health Services (Healthy Living) and the Planning Department (Licensing, Municipal Law Enforcement) be directed to report to the Board of Health on the following:

- (a) regulating, under the Food Premises Schedule of the Business Licensing By-law, convenience store sales of devices such as bongs which facilitate the smoking of drugs by:
  - (i) restricting the display of the devices
  - (ii) prohibiting the sale of the devices to persons under 18 years of age; and



- (b) opportunities for educating young people and their parents about the dangers of illicit drug use.

**(iii) Provincially Supported Universal Drug Programs (Item 10.3)**

Councillor Merulla introduced the following Notice of Motion:

WHEREAS, the Canadian Medical Association (CMA) identified and stated in their 2013 Health Care Reform, Change that Works document that, “Crucial to improved care is (A) universal access to comprehensive prescription drug coverage” (page 15),;

AND WHEREAS, there are segments of the population that report barriers to acquire financial support for drugs that are deemed required by an authorized health care professional and it is difficult to ensure access is obtained,

Therefore be it resolved:

That the Mayor write to the Ontario Provincial Minister of Health and Federal Minister of Health on behalf of City Council requesting that this matter be brought forward to the appropriate provincial and federal government officials to establish an action plan that would be considered consistent with the following CMA recommendations on page 15 of their report:

“Governments, in consultation with the life and health insurance industry and the public, should establish a program of comprehensive prescription drug coverage to be administered through reimbursement of provincial/territorial and private prescription drug plans to ensure that all Canadians have access to medically necessary drug therapies.

Such a program should include the following elements:

- a mandate for all Canadians to have either private or public coverage for prescription drugs
- uniform income-based ceiling (between public and private plans and across provinces/territories) on out-of-pocket expenditures on drug plan premiums and/or prescription drugs (e.g., 5% of after-tax income)
- federal/provincial/territorial cost-sharing of prescription drug expenditures above a household income ceiling, subject to capping the total federal and/or provincial/territorial contributions either by adjusting the federal/provincial/territorial sharing of reimbursement

or by scaling the household income ceiling or both

- group insurance plans and administrators of employee benefit plans to pool risk above a threshold linked to group size
- a continued strong role for private supplementary insurance plans and public drug plans on a level playing field (i.e., premiums and co-payments to cover plan costs)

Furthermore the federal government should:

- establish a program for access to expensive drugs for rare diseases where those drugs have been demonstrated to be effective
- assess the options for risk pooling to cover the inclusion of expensive drugs in public and private drug plan formularies
- provide adequate financial compensation to the provincial and territorial governments that have developed, implemented and funded their own public prescription drug insurance plans
- provide comprehensive coverage of prescription drugs and immunization for all children in Canada
- mandate the Canadian Institute for Health Information (CIHI) and Statistics Canada to conduct a detailed study of the socio-economic profile of Canadians who have out-of-pocket prescription drug expenses, in order to assess barriers to access and to design strategies that could be built into a comprehensive prescription drug coverage program”

**(h) GENERAL INFORMATION/OTHER BUSINESS (Item 11)**

**(i) Heroin Overdoses and Naloxone Prevention Kits (Added Item 11.1)**

Dr. Richardson provided a verbal update of the press release of August 14, 2014, Heroin Overdoses and Naloxone Prevention Kits, respecting prevention and harm reduction initiatives.

**(i) PRIVATE AND CONFIDENTIAL (Item 12)**

**(i) Phase 2 – Administrative Efficiencies (BOH14006(a)) (City Wide) (Item 12. 1)**

For disposition of this matter, refer to Item 7.

**(j) ADJOURNMENT (Item 13)**

There being no further business, the Board of Health adjourned at 3:05 p.m.

Respectfully submitted,

Mayor R. Bratina  
Chair, Board of Health

Jasmine Branton  
Legislative Coordinator  
Office of the City Clerk