City of Hamilton
BOARD OF HEALTH

Meeting #: 18-008
Date: September 17, 2018
Time: 1:30 p.m.
Location: Council Chambers, Hamilton City Hall
71 Main Street West

Loren Kolar, Legislative Coordinator (905) 546-2424 ext. 2604

Pages

1. APPROVAL OF AGENDA

(Added Items, if applicable, will be noted with *)

2. DECLARATIONS OF INTEREST

3. APPROVAL OF MINUTES OF PREVIOUS MEETING

4. DELEGATION REQUESTS

5. CONSENT ITEMS

6. PUBLIC HEARINGS / DELEGATIONS

7. STAFF PRESENTATIONS

8. DISCUSSION ITEMS

9. MOTIONS

10. NOTICES OF MOTION

11. GENERAL INFORMATION / OTHER BUSINESS

12. PRIVATE AND CONFIDENTIAL

13. ADJOURNMENT

BOARD OF HEALTH
MINUTES 18-006

1:30 p.m.
Thursday, July 12, 2018
Council Chambers
Hamilton City Hall

Present:	Mayor F. Eisenberger Councillors A. Johnson, J. Farr, M. Green, S. Merulla, C. Collins, D. Conley, B. Johnson, L. Ferguson, A. VanderBeek, R. Pasuta and J. Partridge
Absent with regrets:	Councillors T. Jackson and T. Whitehead – City Business, Councillor M. Pearson - Personal

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

1. Supervised Consumption Sites in the City of Hamilton (BOH18021) (City Wide) (Item 8.1)

(Farr/Merulla)
That Report BOH18021, respecting Supervised Consumption Sites in the City of Hamilton, be received.

CARRIED

2. Child and Adolescent Services Budget and Base Funding Increase(BOH18024) (City Wide) (Item 8.2)

(Ferguson/Conley)
(a) That the Board of Health approve the 2018-2019 Child and Adolescent Services budget, which is 100% funded by the Ministry of Children and Youth Services, as outlined in the report (BOH18024);

(b) That the Medical Officer of Health be authorized and directed to receive, utilize and report on the use of these funds, and;

(c) That the Board of Health approve the increase of a permanent part-time 0.46 clinical therapist FTE.

CARRIED

3. Choices and Changes Budget (BOH18025) (City Wide) (Item 8.3)

(Ferguson/Conley)

(a) That the 2018-2019 Alcohol, Drug and Gambling Services Choices and Changes Program budget, as outlined in BOH18025, funded by the Ministry of Children and Youth Services be approved;

(b) That the Medical Officer of Health or delegate be authorized and directed to execute all 2018-2019 Provincial Service Agreements and any ancillary agreements and contracts required to give effect to the Choices and Changes Program as provided for in the budget outlined in BOH18025. This includes the authority to authorize the submission of budgets and quarterly/year-end reporting, the Service Agreement, and any other agreement required for the Choices and Changes Program between the City and the Ministry of Children and Youth Services, and the Children's Aid Societies in a form satisfactory to the City Solicitor;

(c) That the Medical Officer of Health or delegate be authorized and directed to submit reports as required by the Ministry of Children and Youth Services to meet accountability agreements;

(d) That the Board of Health approve the 2018-2019 Alcohol, Drug & Gambling Services Community Funding/Grants, Back on Track, Remedial Measures budget as outlined in BOH18025;

(e) That the Medical Officer of Health or delegate, be authorized and directed to execute all 2018-2019 Provincial Service Agreements and any ancillary agreements and contracts required to give effect to the Community Funding/Grants, Back on Track, Remedial Measures Program as provided for in the budget, in a form satisfactory to the City Solicitor, and;

(f) That the Medical Officer of Health, or delegate, be authorized and directed to submit reports as required by the Centre for Addiction and Mental Health to meet accountability agreements.

CARRIED

4. Correspondence from the Hamilton Niagara Haldimand Brant LHIN respecting Community Mental Health and Addictions Investment Funding Increase 2018-19 (Item 8.4)

(VanderBeek/Partridge)

That the Board of Health authorize and direct the Medical Officer of Health to receive, utilize, and report on the increased funding from the Ministry of Health and Long-Term Care to support the delivery of community mental health and addictions programs and services.

CARRIED

5. Correspondence to Mayor Fred Eisenberger from the Ministry of Health and Long-Term Care respecting additional base funding for HIV/AIDS programs in the 2018-19 Funding Year (Item 8.5)

(VanderBeek/Pasuta)
That the Board of Health authorize and direct the Medical Officer of Health to receive, utilize, and report on the increased funding from the Ministry of Health and Long-Term Care to support the delivery of HIV/AIDS programs and services.

CARRIED

6. Correspondence from the Assistant Deputy Minister, Ministry of Health and Long-Term Care, respecting Ontario Public Health Standards (Item 11.1)

(Farr/Green)
That the Correspondence from the Assistant Deputy Minister, Ministry of Health and Long-Term Care, respecting Ontario Public Health Standards, be received.

CARRIED

7. Appointment of Associate Medical Officer of Health (BOH18027) (City Wide) (Item 12.1)

(Pasuta/Farr)
That the recommendations of the Report respecting Appointment of Associate Medical Officer of Health (BOH18027) be approved and the recommendations remain private and confidential until approved by Council.

CARRIED

FOR INFORMATION:

(a) CHANGES TO THE AGENDA (Item 1)

The Clerk advised the Board of the following changes:

4. ADDED DELEGATION REQUESTS

4.1 Halima Al-Hatimy, respecting the FemCare Community Health Initiative (for a future meeting)

5. ADDED CONSENT ITEMS

5.2 Physician Recruitment & Retention Committee Report 18-001 - June 22, 2018

11. ADDED GENERAL INFORMATION / OTHER BUSINESS

11.1 Correspondence from the Assistant Deputy Minister, Ministry of Health and Long-Term Care, respecting Ontario Public Health Standards

Recommendation: Be received.

11.2 Amendments to the Outstanding Business List

Items to be marked as completed and removed from the Outstanding Business List

Item KK - Supervised Injection Site Study Update (BOH17004(b)) - Addressed in Item 8.1 on this agenda

(Green/Partridge)
That the agenda for the July 12, 2018 Board of Health be approved, as amended.

CARRIED

(b) DECLARATIONS OF INTEREST (Item 2)

There were no declarations of interest.

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

(i) May 14, 2018 (Item 3.1)

(VanderBeek/B. Johnson)
That the Minutes of the May 14, 2018 meeting of the Board of Health be received, as presented.

CARRIED

(d) DELEGATION REQUESTS (Item 4)

(i) Halima Al-Hatimy, respecting the FemCare Community Health Initiative (for a future meeting) (Added Item 4.1)

(Green/Collins)
That the delegation request from Halima Al-Hatimy, respecting the FemCare Community Health Initiative, be approved, for a future meeting.

CARRIED

(e) CONSENT ITEMS (Item 5)

(i) Minutes of the Food Advisory Committee (Item 5.1)

(A. Johnson/VanderBeek)
That the following minutes from the Food Advisory Committee meetings, be received as presented:

(a) February 13, 2018
(b) March 14, 2018
(c) April 11, 2018

CARRIED

(ii) Physician Recruitment & Retention Committee Report 18-001 – June 22, 2018 (Added Item 5.2)

(Farr/Conley)
That Report 18-001 of the Physician Recruitment & Retention Committee, be received.

CARRIED

(f) GENERAL INFORMATION / OTHER BUSINESS (Item 11)

(i) Amendments to the Outstanding Business List (Added Item 11.2)

(VanderBeek/Pasuta)
That the following Item be marked as completed and removed from the Outstanding Business List:

Item KK - Supervised Injection Site Study Update (BOH17004(b)) - Addressed in Item 8.1 on this agenda.

CARRIED

(g) PRIVATE AND CONFIDENTIAL (Item 12)

As the Board of Health determined that discussion of Item 12.1 was not required in Closed Session, the matter was addressed in Open Session, as follows:

(i) Appointment of Associate Medical Officer of Health (BOH18027) (City Wide)

For further disposition of this matter, refer to Item 7.

(h) ADJOURNMENT (Item 13)

(Conley/Partridge)
That, there being no further business, the Board of Health be adjourned at 1:46 p.m.

CARRIED

Respectfully submitted,

Mayor F. Eisenberger
Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 17, 2018
SUBJECT/REPORT NO:	Vaccine Program Review (BOH18022) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Julie Prieto (905) 546-2424, Ext. 3528
SUBMITTED BY: **SIGNATURE:**	Michelle Baird Director, Public Health Services - Epidemiology, Wellness and Communicable Disease Control Division Healthy and Safe Communities Department

Council Direction:

Not Applicable

Information:

Purpose

The purpose of this report is to inform the Board of Health (BOH) of key findings from the vaccine program review and provide an update on actions to date in bringing the vaccine program closer to full compliance with the Ontario Public Health Standards (OPHS).

Executive Summary

The Vaccine Program provides services under the Ontario Public Health Standards (2018) and associated protocols of Immunization for Children in Schools and Licensed Child Care Settings *(*2018) and Vaccine Storage and Handling (2018). These standards and protocols outline the requirements that the BOH must meet under the Public Health Funding and Accountability Agreement (PHFAA), as well as accountability indicators for compliance with legislation, immunization coverage and vaccine wastage. The goal of the Immunization Program Standard is “to reduce or eliminate the burden of vaccine preventable diseases through immunization” (MOHLTC, 2018, p.39).

As outlined in report (BOH16053), over the past several years, the Vaccine Program has increasing pressure as the Province has clarified and expanded its expectations for Public Health immunization programs. As a result, the program has not been in full compliance with the OPHS or the associated protocols. Reallocation of resources to the program in late 2016 provided for improved, but not complete compliance. A further program review was conducted to gain a more thorough understanding of the areas of continued non-compliance.

The findings from the review identified that there were two main areas of non-compliance with the OPHS. First, the Vaccine Program was not meeting one of the requirements outlined in the Immunization for Children in Schools and Licensed Child Care Settings Protocol. This requirement establishes the BOHs' responsibility to assess, maintain and report on the immunization status of children enrolled in licensed child care settings, as defined in the Child Care and Early Years Act, 2014; and those attending schools in accordance with the Immunization of School Pupils Act (ISPA). Secondly, the review identified that the Vaccine Program needed to improve vaccine inventory management through the use of monitoring strategies in order to reach full compliance with the Storage and Handling Protocol.

Identifying the main areas of non-compliance allowed for targeted actions to move the vaccine program closer to full compliance. With continued efforts, the Vaccine Program will be in full compliance by the end of 2019.

1) Immunization for Children in Schools and Licensed Child Care Settings Protocol

a) School Age Children (ISPA):

Ontario's Immunization of School Pupils Act (ISPA) requires that children and adolescents attending primary or secondary school be appropriately immunized against designated diseases, unless they have a valid exemption. All immunization requirements for school attendance align with Ontario's publicly funded immunization schedule.

There are approximately 83,000 students enrolled in Hamilton's 228 schools. Currently, all student immunization records reported to Public Health are entered into Panorama, a provincial immunization database. However, the program is not fully compliant with the requirement to screen all students to ensure they meet ISPA requirements. The Vaccine Program has been incrementally increasing the number of birth years included in the annual screening and suspension process from two in 2015/16 to seven in 2017/18. The program is working towards full compliance for the 2018/19 school year.

In order to achieve full compliance, the Vaccine Program has implemented several process changes including:

i) Engaging in preparatory screening efforts prior to the school year (during the summer months).

By identifying and notifying students with incomplete immunization records prior to the school year, the program has been able to lessen some of the workload associated with the process during the school year. Frontloading these efforts prior to the start of the school year helps to shift some of the workload from a season in which the program resources are most in demand to a time when there are more available resources.

ii) Providing Public Health run immunization clinics in secondary schools to address the high volume of students who do not have up-to-date immunizations.

These efforts resulted in approximately 2000 secondary students receiving vaccines and, subsequently, the avoidance of suspension. In addition to students receiving vaccines, nurses were also able to update vaccine records for students who had received vaccines via a healthcare provider. Because of the overwhelming positive response to these clinics, the number of students requiring this service in 2018/19 will have decreased by approximately fifty percent.

iii) Providing Public Health run immunization clinics the day before, day of, and day after suspension day.

These clinics are walk-in based for any student who requires vaccines to either prevent or rescind a suspension. For the 2017/18 school year, approximately 1050 students were seen at these clinics. The Vaccine Program will continue to provide this service in efforts to provide easy access to publicly funded vaccines and decrease the length of suspension.

b) Child Care Settings:

The vaccine program collects enrollment information from approximately 127 licensed child care centres and provides immunization information to all families enrolled. The Vaccine Program also provides operators with annual recommendations regarding immunization requirements for children, establishing the responsibility for centers to report the immunization status of all children to Public Health, including monthly attendance updates.

Historically there has been a three year backlog of entering and assessing child care centre records. In 2016/17, to ensure the backlog did not negatively impact children entering the elementary school system, the Vaccine Program prioritized records for those children who were entering the screening and suspension process associated with ISPA. This assisted the program in meeting the ISPA requirements, but resulted in delays for real time entry and assessment of records received and follow-up on incomplete immunization records for children remaining in day care.

In efforts to increase compliance, the Vaccine Program has implemented several process changes and realigned resources to allow for all childcare centre records to be entered into Panorama in real time and for records of children born in 2015 - 2018 to be assessed for non-compliance (missing vaccines or vaccines given outside of the publicly funded schedule). Nursing staff provide health teaching to parents regarding the publicly funded schedule and how to access vaccine from a health care provider (walk-in/community clinics, family doctors).

2) Vaccine Storage and Handling Protocol:

There are ten Vaccine Storage and Handling Protocol (2018) requirements that the Board of Health must meet. These apply to vaccine stored and handled on site at Public Health Services as well as vaccine stored and maintained with approximately 430 pharmacy and physician sites that provide publicly funded vaccines in the City of Hamilton.

At the time of review, the Vaccine Program was non-compliant with the requirement to ensure only a two month supply of vaccines is stored in the Vaccine Program's vaccine fridges. The purpose of this requirement is to prevent storage of too large of an inventory which increases the risk of wastage as a result of vaccine expiring prior to being ordered by health care providers. A performance monitoring process has been implemented to allow for compliance with this requirement. Vaccine use reports have been introduced, providing monthly vaccine expiry dates as well as physician ordering trends. This has allowed for increased inventory monitoring and informed vaccine ordering decisions. To further assist with more accurately predicting vaccine supply needs, a review of historical order forms from physicians was also conducted.

As a result of these increased monitoring efforts, the Vaccine Program is now compliant with the requirement to maintain no more than a two month supply of vaccine. This has subsequently resulted in a significant decrease in the total percentage of vaccine wastage (not including flu vaccine) reported to the Ministry from 8.8% in 2016 to 6.7% in 2017 with a further anticipated decrease in 2018. This

will bring the program closer to meeting the Ministry expectation of no more than 5% vaccine wastage annually.

A continuous quality improvement evaluation initiative was conducted with an objective of identifying means to better control publicly funded vaccine provided to health care provider facilities. The results of this evaluation led to a solution where Vaccine Program will have better control of the amount of publicly funded vaccine held in health care provider facilities through the use of Hedgehog, an inspection and facility management software with full reporting capabilities. This software will allow for more site-specific monitoring and evaluation, and further strategy development to decrease vaccine wastage at other health care facilities. This will be piloted for the remainder of 2018 with full implementation in 2019.

Other Findings

Immunization 2020:
In December 2015, the MOHLTC released Immunization 2020: Modernizing Ontario's Publicly Funded Immunization Program (MOHLTC, 2015a). This is a five year road map to a high performing, integrated immunization system in addition to ministry standards and protocols. Immunization 2020 includes 20 priorities that require collective action and commitment by all Public Health Units. A review of these priority areas indicates that the operationalization of this road map will require significant program resources to meet Immunization 2020's vision. As further information is provided on specific to Immunization 2020, staff will provide updates to the Board of Health.

ISPA Amendments:
As of September 2017, the MOHLTC requires health units to provide mandatory education for parents requesting non-medical immunization exemptions under ISPA. Currently, the program has a Public Health Nurse (PHN) and a Data Support Clerk dedicated to running these sessions one day every two weeks. Several ad-hoc sessions were also conducted over the last year to ensure parents were able to complete all legislated non-medical exemption requirements to prevent the suspension of their child. In the fall of 2018, weekly sessions will be provided as a result of informal feedback from parents identifying the need for more frequent sessions.

Staffing Issues:
There are numerous challenges to program staffing, more specifically nursing, which impact the program's ability to meet Ministry requirements. These challenges include:

- Difficulty recruiting and retaining Registered Nurse (RN) positions. As of January 2005, the entry-level requirement for new RNs became a baccalaureate degree in nursing from a university. Therefore nurses currently hired into the RN position often seek PHN positions to align with their current education and a higher rate of

pay. This result in time and resource implications related to staff turnover, including filling vacant positions.
- Fluctuating and uneven workloads throughout the year due to the annual cycle of school clinics and suspensions.

The program review included analysis of the current program staffing model. The results of this analysis will be used to develop a staffing model that will address the challenges noted above as well as continue moving the program towards full compliance with OPHS.

The Vaccine Program provides a wide range of services to achieve the overarching goal of "reducing or eliminating the burden of vaccine preventable diseases through immunization" (MOHLTC, 2018, p.39). The OPHS and associated protocols provide requirements for public health units to ensure this goal is met. The program review was a helpful tool in systematically reviewing the Vaccine Program and identifying the main areas of non-compliance with OPHS. With the efforts reported above and ongoing continuous quality improvement, the Vaccine Program is on target to meet the requirements outlined in the standards and associated protocols by the end of 2019.

References

Ministry of Health and Long-Term Care (2015a). Immunization 2020: Modernizing Ontario's publicly funded immunization program. Toronto, ON: Queen's Printer for Ontario; 2017. Accessed online at: http://www.health.gov.on.ca/en/common/ministry/publications/reports/immunization_2020/immunization_2020_report.pdf

Ministry of Health and Long-Term Care. (2018). Ontario public health standards: Requirements for programs, services, and accountability. Government of Ontario. Accessed online at: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf

Appendices and Schedules Attached

Not Applicable.

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 17, 2018
SUBJECT/REPORT NO:	Infectious Disease and Environmental Health Semi-Annual Report (BOH18028) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	James Macintosh (905) 546-2424, Ext. 7535
SUBMITTED BY: **SIGNATURE:**	Michelle Baird Director, Public Health Services – Epidemiology, Wellness & Communicable Disease Control Division Healthy and Safe Communities Department

Council Direction:

This report fulfils the Board of Health policy on communication between the Medical Officer of Health and the Board of Health, as outlined in Report (PH06038).

Information:

This is a summary report covering the period from January 1, 2018 to June 30, 2018 (Q1 and Q2, 2018). The Ontario Public Health Standards (OPHS) are the guidelines for the provision of mandatory health programs and services for Boards of Health in Ontario. Investigations completed by program areas for Infectious Diseases and Environmental Health in the OPHS are the focus for this report. These program areas are as follows:

Infectious Diseases
(Includes Reportable Diseases under the Health Protection and Promotion Act)

- Infectious Diseases Prevention and Control;
- Rabies Prevention and Control;
- Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV);
- Tuberculosis Prevention and Control; and,

- Vaccine Preventable Diseases.

Environmental Health

- Food Safety;
- Safe Water;
- Health Hazard Prevention and Management;
- Vector Borne Diseases Control; and,
- Tobacco Control.

Reportable disease cases are from people who reside in the City of Hamilton at the time of their diagnosis. Information in Appendix A has been extracted from the Ontario Ministry of Health and Long-term Care (MOHLTC) integrated Public Health Information System (iPHIS) database, and databases maintained by Public Health Services (PHS), and are subject to change due to case follow-up procedures and/or delayed diagnosis.

Appendix A provides information to the Board of Health (BOH) in a summarized format based on issues brought commonly to staff by BOH members. Appendix A includes data for three prior years, as well as the current year, which allows for trend monitoring. It is also organized to delineate information for routine monitoring of infectious diseases and environmental health issues (Part 1 and 2, respectively), and workload (Part 3).

Program Highlights (January 1st, 2018 – June 30, 2018)

Infectious Diseases Prevention and Control / Food Safety

In May 2018, the Infectious Diseases Program and Food Safety Program jointly investigated an outbreak of *Salmonella Heidelberg* linked to a local restaurant. Investigation of four laboratory confirmed cases of Salmonellosis identified food consumption at the restaurant as a potential exposure. An inspection of the restaurant revealed critical infractions related to cooking, preparation and cold holding of high risk foods.

Food samples collected from the premise revealed Salmonella Heidelberg in prepared chicken, and in other prepared food items in the restaurant, strongly indicating cross contamination of foods due to improper food preparation. The restaurant was issued a closure Order under Section 13 of the Health Protection and Promotion Act R.S.O. 1990 and a media release was issued informing the public of the outbreak and recommending patrons seek medical care if symptomatic. Further laboratory analysis of specimens from cases and food samples confirmed the link between the cases and food products. The premise came into compliance with the Food Premises Regulation 562 and was reopened in June 2018.

Sexual Health

Gonorrhea on the Rise:
Gonorrhea cases in Hamilton have been higher than normal and are increasing from previous years. This may be explained by improved screening and detection, along with growing antimicrobial resistance to first-line medications. More cases are reported in males aged 20 to 29 than in females because gonorrhea tends to be symptomatic more often in males than in females; this may motivate men to seek health care and get diagnosed. Infections among females under 20 are especially worrisome given that infertility is a potential outcome of gonorrhea, which may result in psychosocial and economic costs. Public Health Services provides free antibiotic treatment to all community physicians to assist with prompt sexually transmitted infection treatment. Free condoms, safer sex counselling, testing and treatment for gonorrhea and other sexually transmitted infections are all offered at the Sexual Health and street health clinics.

Safe Water

Arsenic in Drinking Water:
The Ontario drinking water quality standard for Arsenic was lowered from 25 ug/L (parts per billion) to 10 ug/L effective January 1 2018. Prior to and following the effective date, public health staff worked cooperatively with the owners and operators of five small drinking water systems to ensure the general public were not accessing drinking water with arsenic levels above the new maximum acceptable concentration. The arsenic concentrations in the municipal drinking water systems are well below the new drinking water standard for arsenic.

New Recreational Water E.coli Threshold:
It is notable that the Revised Recreational Water Protocol and new Operational Approaches for Recreational Water Guideline (OPHS) allow a higher concentration of E. coli bacteria in the water at public beaches. The previous allowable E. coli concentration was 100 E. coli bacteria per 100 ml of water whereas the new allowable limit is 200 E. coli bacteria per 100 ml. This change now aligns with the federal concentration limit.

Health Hazard Prevention and Management

Airshed Modelling:
On March 5, 2018 staff from the Health Hazards Team hosted the biennial Upwind Downwind Conference. The objective of the Conference was to bring together experts in the fields of air quality, public health, planning and engineering to collectively discuss and present on state-of-the-art science in air quality and climate change.

The 2018 conference focus was a presentation of the Hamilton Airshed Modelling Systems (HAMS) by Golder Associates Ltd., the firm retained by Hamilton Public Health Services in partnership with Hamilton Industrial Environmental Association (HIEA). HAMS helps us to understand both the types and place of origin of emissions to Hamilton's airshed and where to best advocate for policies to improve the air quality for the citizens of Hamilton (BOH18016). The conference was very well attended with approximately 100 attendees, including 13 exhibitors from Health Canada, The Lung Association, McMaster Centre for Climate Change, Mohawk College, RWDI Inc. and Environment Hamilton. The next Upwind Downwind Conference is scheduled in Q1/2020. It has already been requested that at that time, a follow-up presentation be done on the Hamilton Airshed Modelling System (HAMS) and the work and/or outcomes of using HAMS.

Tobacco

The Smoke-Free Ontario Act, 2017 (SFOA) was expected to come into effect on July 1, 2018 and intended to prohibit smoking of medical cannabis and the use of electronic cigarettes in the same areas where tobacco smoking is already prohibited. However, these changes to the SFOA have been halted in order to give the new government the opportunity to review the new regulations related to vaping. Public Health Units across Ontario are awaiting notification from the province regarding: expected timelines for legislative review; stakeholder engagement plans; and expected changes to the legislation. In the interim, The Smoke-Free Ontario Act, 2006 remains in place, as does the Electronic Cigarettes Act, 2015. Additionally, Ontario Public Health Units are monitoring the potential impacts on enforcement related to legalized cannabis scheduled to become law on October 17, 2018. Public Health Services will keep the City of Hamilton Board of Health informed of any Regulatory changes and impacts resulting in service delivery changes and/or pressures.

Appendices and Schedules Attached

Appendix A to Report BOH18028 – Infectious Disease and Environmental Health (Jan to Jun 2018)

Part 1: Mandatory Reporting

1a) Confirmed Cases of Mandatory Reportable Diseases

How It's Spread	2015	2016	2017	2018 (Jan – Jun)
Respiratory or Direct Contact[1]	1309	1477	1254	1328
Enteric, Foodborne & Waterborne	312	264	275	130
Vector borne and Zoonotic Diseases	17	13	19	3
Sexually Transmitted & Blood borne Infections	2038	2249	2420	1216
Other	21	29	36	3

1b) Confirmed Outbreaks Reportable to Public Health

Type of Outbreak	2015	2016	2017	2018 (Jan – Jun)
Community	4	6	5	1
Institutional[2]	129	80	125	109

Top 3 diseases for each disease category (January – June, 2018):

Respiratory/Direct Contact:
1. Influenza
2. Latent Tuberculosis
3. Invasive Group A Streptococcal

Enteric, Foodborne & Waterborne:
1. Salmonellosis
2. Campylobacter Enteritis
3. Giardiasis

Vector borne and Zoonotic:
1. Lyme Disease

Sexually Transmitted/Blood borne:
1. Chlamydial Infections
2. Gonorrhoea (All Types)
3. Hepatitis C

[1] The influenza season was dominated by influenza B and greatly contributed to the increase (445 cases vs 65 cases from January to June of 2017) in respiratory or direct contact cases.

[2] Influenza B also contributed to the increase in the number of institutional outbreaks observed during this time frame (30 of 109 institutional outbreaks were associated with influenza B compared to only 4 last year during this time).

Part 2: Environmental Health

2a) Mandatory Program Services

Programs	Areas	2015	2016	2017	2018 (Jan – Jun)
Vector borne Disease	**Animal Bites[3]**	1423	1508	1543	690
	Ticks Submitted[4]	352	297	892	425
Food	**Special Events[5]**	73	56	55	26
	Food Handler Certifications[6]	2602	2572	2390	854
	Red Signs Posted	31	25	23	18

[3] Stemming from the Ontario raccoon rabies outbreak that began in December of 2015, the continued high number of reported animal bites is likely the result of the increased awareness of rabies in the City of Hamilton.

[4] The submission of ticks from the public continues to grow each year.. The most recent news release declaring Hamilton an estimated risk area (March 19, 2018) is likely a contributor to public awareness about ticks and the risk of Lyme disease. Similar to the past, American dog tick submissions (non-carriers of the Lyme disease causing bacteria) are the vast majority of ticks seen by Public Health Services.

[5] Over time, special events in the City of Hamilton have seen a change in size and popularity. Larger special events have gained popularity over smaller special events, resulting in a lower number of special events

Health Hazards	**Heat Alerts**	4	9	2	2	inspected over time. Also, the risk assessment process for special events has been refined resulting in lower number of special events requiring inspection. [6] The Food Safety program was tasked with coming up with efficiencies for the food handler certification program. In undertaking a program review, exam size and times offered were adjusted to align with regular business hours. This resulted in costing savings for the program and a decrease in the number of certifications issued.
	Heat Alerts	4	9	2	2	
	Cold Alerts	8	8	4	5	

2b) Inspection and Enforcement

Categories	2015	2016	2017	2018 (Jan – Jun)
Smoke Free Ontario Act inspections (legal enforcement)	1640	1465	1271	771
Electronic Cigarette Act inspections (legal enforcement)[7]	n/a	544	427	165
City of Hamilton By-law #11-080 Prohibiting Smoking within City Owned Parks and Recreation Property[8]	56	73	60	12
Food[9]	6616	5755	6141	3072
Water[10]	853	884	884	343
Residential Care Facilities	671	615	551	243
Personal Service Settings	971	1015	1020	441
Day Cares[11]	569	608	534	268
Other (e.g. funeral homes)	201	246	275	124
Infection Prevention and Control Lapses[12]	n/a	0	3	1

[7] The electronic cigarette act came in to effect on January 1st 2016. With this introduction the tobacco program has been working to educate the public on the act and enforce its requirements with vendors; likely the reason why the number of enforcement activities continues to decline over time.

[8] This city by-law has been in place for some time now (2011). Public awareness is likely contributing to the decrease in enforcement practices as a result.

[9] In January of 2017, enforcement of the Healthy Menu Choices Act began, resulting in more food safety inspections completed in 2017. Since then, the food safety team has incorporated these requirements into their routine inspections.

[10] The province of Ontario issued a revised public pool regulation in January of this year with an effective date of July 1st 2018. To prepare for the implementation of the revised regulations, cooling tower audits were deferred until the second half of this year. This contributed to the number of safe water inspections completed from January to June of this year.

[11] In 2017, the food premises portion of day cares were assessed using the food premise risk characterization tool. Some high risk premises (which require 3 inspections per year) were changed to moderate risk (requiring 2 inspections per year). This has resulted in fewer total inspections required. All day cares continue to receive 1 infection control inspection annually.

[12] The number of Infection Prevention and Control Lapses counted for 2017 was updated to reflect a change to the definition for this report category (see Appendix B).

Part 3: Workload

3a) Complaints

Categories	2015	2016	2017	2018 (Jan – Jun)
Smoke Free Ontario Act	335	274	213	122
Electronic Cigarette Act	n/a	17	8	9
City of Hamilton By-law #11-080 Prohibiting Smoking within City Owned Parks and Recreation Property[13]	39	28	25	5
Food[14]	316	249	214	258
Water	35	37	13	35
Vector Borne Disease	102	109	126	65
Infection Control	129	64	86	54
Health Hazards[15]	1502	1638	1429	666

3b) Education, Requests for Non-Routine Inspections, Consults, Referrals

Categories	2015	2016	2017	2018 (Jan – Jun)
Food	440	795	661	274
Water	480	487	562	268
Vector Borne Disease	48	44	47	31
Infection Control	580	1415	1097	498
Health Hazards	267	637	241	128

[13] This city by-law has been in place for some time now (2011). Public awareness is likely contributing to the decrease in the number of complaints as less people are smoking in City owned property.

[14] The food safety team has handled more complaints this year compared to the past as the food safety team inspectors are now required to follow up on suspect foodborne illness complaints. This responsibility in the past was undertaken by the infectious disease team and does not represent more food complaints received by Public Health Services.

[15] The majority of the health hazard complaints are related to pests (bed bugs, rats and cockroaches) which have been steadily increasing over time.

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 17, 2018
SUBJECT/REPORT NO:	2018 Annual Service Plan & Budget Performance Report (Q1 & Q2) (BOH18029) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Hilary Wren-Atilola (905) 546-2424, Ext. 5381
SUBMITTED BY: **SIGNATURE:**	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health, Public Health Services – Office of the Medical Officer of Health Healthy and Safe Communities Department

Council Direction:

Not Applicable.

Information:

Earlier this year, the Board of Health (BOH) approved and submitted the 2018 Annual Service Plan and Budget (ASP&B) (BOH17010(e)) to the Ministry of Health and Long-Term Care (MOHLTC) as required by the Ontario Public Health Standards. The ASP&B requires additional detail that is new for the BOH, including a detailed narrative of programs and services as well as indicators of success to measure performance.

Public health units have been told to expect to report on performance using program indicators in the ASP&B, at the end of Q2 and Q4 each year. That said, finalizing program performance indicators continues to be a work in progress. The MOHLTC is currently in the process of re-establishing consistent performance indicators for all public health units across the province. Locally, there is ongoing continuous improvement through both staff review and refinement, and feedback from the Province on Hamilton's ASP&B that is expected by October of this year.

The BOH, through the self-evaluation process, also asked for updates on the implementation of PHS business plans at least semi-annually. To keep the BOH informed on progress made in the 2018 ASP&B, this first report on ASP&B progress uses performance indicators to highlight both areas of success and opportunities for improvement across the public health divisions for the period of January 1 to June 30, 2018 (Q1 and Q2, 2018). Public Health Services (PHS) is also monitoring financial

performance against the ASP&B on a quarterly basis, addressing any variance throughout the year to optimize achievement of program commitments.

In this mid-year report, there are early indications of improvement in some program areas, such as vaccine wastage, while others are on track to meet year end targets that will continue to be monitored. Below are highlights of particular achievements to date, with further specific details of the 2018 ASP&B indicators, and program performance relative to those indicators outlined in Appendix A.

Harm Reduction: Harm reduction seeks to reduce the harms associated with addiction and substance use. Harm reduction programs in Hamilton can be accessed by people who inject drugs. Since 2012, Public Health Services (PHS) has supported a collaborative partnership with The AIDS Network. This includes supporting "The Van" needle pick up program which is a confidential service that travels anywhere in Hamilton. Demand for harm reduction services are increasing. In 2012, PHS gave out 580,000 clean needles. This more than doubled in 2017 when PHS gave out 1.36 million clean needles. PHS is observing the same trend for 2018 and has given out over 605,000 clean needles to date. Encouragingly, PHS has also observed an increase in return of needles for safe disposal. This increased from 53% in 2017 to 56% in 2018. PHS continues to explore how best to improve safe needle distribution and disposal by engaging community members and neighbourhood associations.

Vaccine Storage: Vaccine wastage due to spoilage or expiry is a concern for all immunization programs in the province. The MOHLTC mandates that wastage rates should not exceed 5% for any vaccine product. PHS is responsible for storing and handling publicly funded vaccines including monitoring any vaccine wastage. Historically, PHS has been unable to meet the 5% target and in 2016, PHS reported 8.8% vaccine wastage. To ensure continuous quality improvement, PHS introduced a vaccine monitoring report system and engaged in a review of historical orders from physicians and pharmacies as a means of more accurately predicting vaccine supply needs. With these efforts, the vaccine wastage rate was decreased to 6.7% in 2017. Notably for 2018, PHS is reporting 3.6% wastage. However, to ensure that PHS is in compliance with the 5% target by end of Q4, PHS will be introducing Hedgehog, a reliable electronic tool, to allow for specific monitoring and evaluation of vaccine inventory. Hedge Hog allows cold chain inspection data to be electronically archived which allows staff to quickly review a facilities historical compliance record, and to provide high risk sites with additional education and support. With this new electronic system, PHS anticipates overall decreases in vaccine wastage; allowing PHS to comply with the MOHLTC mandate.

Rabies Investigations: Raccoon rabies is caused by a variation of the rabies virus and is transmissible to other species, including humans. Since December 2015, Hamilton

has been dealing with an outbreak of raccoon rabies which is by far the largest to have occurred in Canada. In response, PHS has mobilized an outbreak response plan which is financially supported by the MOHLTC and includes additional staff in PHS and Animal Control. Additional staff has served to increase Hamilton's capacity to effectively respond to the outbreak. Moreover, there has been an increase in public awareness of the outbreak, and PHS has experienced an increased number of calls for potential rabies exposures. So far in 2018, 688 potential rabies exposures have been investigated by PHS of which 47% were dogs, 24% were cats and 11% were wildlife. It is expected that the raccoon rabies outbreak will continue through 2023, therefore a collaborative approach will continue to be instrumental in addressing the outbreak. PHS remains committed to preventing a human case of rabies from occurring in Hamilton.

Electronic Cigarettes: PHS enforces the Electronic Cigarette Act (ECA) which came into effect January 1st, 2016. Like other public health units across the province, PHS is required to conduct one inspection per vendor annually for e-cigarettes. The inspection targets sales of e-cigarettes to minors to help reduce youth access as it is against the law for anyone to sell or supply e-cigarettes to individuals less than 19 years of age. E-cigarettes are marketed and sold in various designs by a wide array of retailers, including stand-alone vape shops and more traditional convenience stores. The level of vendor awareness and compliance with their responsibilities under the ECA varies significantly. Vendors can become confused about what is and what is not permitted under the law. In 2017, PHS observed that 88% of vendors were in compliance with the ECA. To date, 80% of inspected vendors are in compliance with the ECA and PHS anticipates that compliance rates will meet the target of 90% by the end of Q4. PHS has witnessed an increased e-cigarette use among the public and therefore will continue to educate and work with operators towards compliance.

Pregnancy Screening: The Safe Transitions Initiative is a City-wide, cross sector collaborative whose goal is to promote optimal health outcomes for mothers, infants, and families in Hamilton. As part of the initiative, cross sector working groups (WG) have been developed. The Healthy Babies Healthy Children (HBHC) Prenatal Screening WG focuses on early screening of infants and connecting pregnant and parenting families to supports. In 2017, HBHC screened 6.4% of pregnancies. For 2018, the HBHC WG has identified a screening completion target of 16% of pregnancies in Hamilton. Q1-2 monitoring indicates PHS has achieved 46% of our target for 2018. Although, slightly below the anticipated 50% Q2 target, PHS forecasts reaching 16% by Q4. Existing resources are being used to meet this goal as well as additional city-wide strategies to promote the prenatal period and early screening.

Prenatal Classes: Prenatal classes are offered by PHS to pregnant mothers in Hamilton. Mothers can participate in-person or online. A comprehensive review of this

service was recently conducted by PHS and concluded that the most effective way to provide prenatal education is by offering a combination of in-person and online prenatal education versus one or the other alone. Data shows that 12% of pregnant mothers registered for prenatal classes by 2018 Q2 of which 53% registered for online classes and 47% registered for in person classes. This is above the PHS target of reaching 10% of pregnant mothers. It is anticipated that this percentage will increase by the end of Q4 as the new model of prenatal education was introduced by PHS in May 2018 as well as the removal of a fee for online classes. Strategies to promote the free online prenatal classes are underway and PHS is committed to ensuring class effectiveness.

Appendices and Schedules Attached

Appendix A to Report BOH18029 – 2018 Indicators of Success (Q1 & Q2)

Indicators of Success (IOS)	Target	Performance	Comments
Epidemiology, Wellness & Communicable Disease Control Division			
Epidemiology & Evaluation (E&E)			
% of end-users (supervisors, managers, directors) who reported increased understanding and knowledge about health trends	90%	94% (15/16)	A survey was sent to all supervisors, managers, and directors that received any product containing public health data in 2018 Q1 and Q2.
% of projects where information provided by Epidemiology & Evaluation (E&E) team was used to inform program planning and decision-making	90%	71% (5/7)	Following internal requests to the E&E team, a survey was sent to inquire about product use for the purposes of program planning.
Health Strategy & Health Equity			
% of staff who complete required public health technical training	OnCore: 100% by the end of Q4 EIDM: 100%	Oncore: 49% (98/200) EIDM: 100% (20/20)	At the end of Q2, nearly half of target staff had completed OnCore, an introductory training to public health practice. By the end of Q4, it is expected that 200 staff will complete OnCore.
Infectious Diseases & Infection Control			
% of settings inspected by type Licensed Child Care Facilities (LCCF), and Personal Service Settings (PSS)	LCCF and PSS: 100% by the end of Q4	LCCF: 78% (181/232) PSS: 50% (384/772)	Inspected on a yearly basis. At the end of Q2, the program is on track to complete the yearly targets.
Sexual Health, Harm Reduction & Mental Health			
% of gonorrhea cases that were treated with 1st line of treatment (both azithromycin and ceftriaxone)	75%	75% (147/195)	Updated provincial gonorrhea treatment guidelines are expected to be released in Fall 2018.
% of needles distributed that are returned to the harm reduction program	53%	56% (341603/605595)	Clean needles are distributed and used needles are returned to multiple harm reduction program sites. At the end of Q2, 56% of needles were returned which shows improvement from 53% in 2017.
% of naloxone kits distributed that were used by clients	27%	25% (326/1292)	In Q1 and Q2, 1292 naloxone kits were distributed to either first time clients or as refills for used kits. Kits are given as a refill if Naloxone has been used to revive someone who has experienced an overdose. At the end of Q2, one fourth of kits distributed were used.
Vaccine Preventable Diseases			
% of doses wasted of publicly funded vaccine	< 5%	3.6% (3914/107365)	Annually, vaccine wastage rates are not to exceed 5% as per MOHLTC Vaccine Storage and Handling Protocol, 2018.
% of inspected vaccine storage refrigerators that meet MOHLTC storage and handling requirements	100%	96% (107/111)	This percentage reflects all inspected refrigerators storing publicly funded vaccines in Hamilton as of June 30, 2018 that meet storage and handling requirements.
% of refrigerators storing publicly funded vaccines that have	100% by the end of	31% (117/372)	At the end of Q2, one third of all refrigerators in

received a completed routine annual cold chain inspection	Q4		operation in Hamilton had been inspected. It is expected that 100% of refrigerators will receive an inspection by the end of Q4.
% of 7 and 17-year old students vaccinated for all Immunization of School Pupil's Act (ISPA) designated diseases	7 year olds: 100% 17 year olds: 100%	7 year olds: 95% (5475/5790) 17 year olds: 91% (5872/6440)	Almost all 7 and 17-year-old students have been vaccinated for designated diseases. The percentages reflect the compliance rate as of July 17th, 2018.
% of students with a valid religious or conscience exemption by ISPA designated disease	N/A	Diphtheria: 2.34% (286/12230) Tetanus: 2.34% (286/12230) Pertussis: 2.35% (287/12230) Measles: 2.36% (289/12230) Mumps: 2.36% (289/12230) Rubella: 2.36% (289/12230) Polio: 2.34% (286/12230) Meningitis: 2.36% (289/12230) Varicella: 2.68% (155/5790)	Less than 3% of students opt out of vaccination for a valid reason. The percentages reflect data as of July 19th, 2018.
% of school-aged children who have completed immunizations for hepatitis B	69%	77% (4532/5919)	More than three quarters of grade 7 students have completed their immunization series with the hepatitis B vaccine. This percentage reflects the data as of July 16th, 2018. Targets are set from the newly released Public Health Ontario Immunization Coverage Report for School Pupils in Ontario.
% of school-aged children who have completed immunizations for Human Papilloma Virus (HPV)	56%	64% (3790/5919)	Nearly two thirds of grade 7 students have completed all three doses of the HPV immunization. This percentage reflects the data as of July 16th, 2018.
% of school-aged children who have completed immunizations for meningococcus	80%	87% (5138/5919)	Almost all of grade 7 students have received the immunization for meningococcus. This percentage reflects the data as of July 16th, 2018.
Healthy Environments Division			
Food Safety			
% of high-risk food premises inspected once every 4 months while in operation	100%	100% (554/554)	Percentages reflect data from January to April, 2018 as per MOHLTC Operational Approaches for Food Safety Guidelines, 2018.
% of moderate-risk food premises inspected once every 6 months while in operation	100%	99.92% (1261/1262)	Percentages reflect data from January to April, 2018 as per MOHLTC Operational Approaches for Food Safety Guidelines, 2018.
Safe Water			
% of days per season beaches are posted	0 %	Beach Boulevard: 0.0% (0/30) Binbrook Cons.: 0.0% (0/30) Christie Cons. Area: 0.0% (0/30) Confederation Park: 0.0% (0/30)	Beach postings are public notices that indicate unsafe swimming conditions due to higher than normal bacteria levels. The season is all summer, however, at the end of Q2, the percentage reflects

		Pier 4 Park: 3.3% (4/30) Valens Cons. Area: 6.7% (2/30) Van Wagner's Bea.: 0.0% (0/30)	data only from June 2018. Data from July and August will be reported in Q4.
# episodes that fluoride concentration was below 0.6 ppm for more than 90 consecutive days	0	0	The MOHLTC Safe Drinking Water and Fluoride Monitoring Protocol, 2018 requires that the medical officer of health notify the BOH and the municipality if fluoride concentration is below 0.6 ppm for more than 90 consecutive days.
% of Small Drinking Water Systems (SDWS) where risk categories change from high risk to moderate or low risk indicating improvement in system performance	0 %	0 % (0/1)	This indicator pertains to a change in SDWS risk category, and is not dependent on re-inspection. Monitoring of risk is ongoing year-round.
% of high-risk SDWS inspections completed for those that are due for re-inspection	100 %	100% (1/1)	High risk SDWSs are re-inspected every two years, in compliance with MOHLTC standards.
% of adverse drinking water incidents that were resolved	100%	100% (72/72)	All adverse drinking water incidents are quickly resolved in less than 1 month timeframe.
# of drinking water advisories and boil water advisories that remain in effect	N/A	1	The Boil Water Advisory (BWA) was issued on February 28, 2018 at Westfield Heritage Village. The BWA remains in effect at this time.
Tobacco Control			
% of tobacco retailers in compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA) at time of last inspection	100%	99% (170/171)	Only 1 retailer inspected was not compliant in Q1-Q2 2018. Diligent inspection by Tobacco Enforcement Officers (TEOs) has reinforced tobacco retailer compliance with display, handling and promotion.
% of tobacco retailers inspected once per year for compliance with display, handling, and promotion sections of the SFOA	100% by the end of Q4	46% (80/175)	TEOs inspect tobacco retailers 1 time per year. At the end of Q2, almost 50% were complete.
% of tobacco retailers with tobacco sale convictions	N/A	3% (13/390)	Tobacco sale convictions act as a deterrent to prevent future sales of tobacco to minors. At the end of Q2, only 3% of licenced tobacco retailers had convictions.
% of electronic cigarette retailers in compliance with the Electronic Cigarette Act (ECA)	90%	80% (75/94)	Inspection by TEOs has reinforced the ECA. It is expected that the target of 90% compliance will be achieved by Q4.
% of complaints responded to within 24 hours	100%	100% (142/142)	Tobacco Control Program staff have responded to all tobacco related complaints received within a 24 hour period via email, telephone, and/or in person.
% of tobacco vendors in compliance with youth access legislation at the time of last inspection	90%	91% (333/365)	Inspection by TEOs has reinforced tobacco vendor compliance with youth access legislation and helped to prevent sales to minors.
% of smokers that have attended a Tobacco Cessation Clinic at least once after registering	43%	65% (867/1324)	1,324 smokers registered for a TCC in 2018 Q1-2. Of those, 65% attended at least once; thus

			demonstrating an attempt to quit smoking. Research indicates that it usually takes 30 quit attempts before a smoker quits smoking. Targets are based on Smoke Free Ontario Strategy Monitoring Report.
Vector Borne Disease			
# of potential rabies exposures investigated by PHS	N/A	688	Increased public awareness of rabies in Hamilton has led to over 600 calls regarding potential rabies exposure in 2018 Q1-2.
% of potential rabies exposures investigated within one day of notification	100%	100% (688/688)	PHS answers phones 24 hours a day, seven days a week to help determine risk of exposure to rabies.
% of wildlife animals, dogs, or cats investigated by PHS for potential rabies exposures	N/A	Wildlife: 10.7% (74/688) Dogs: 46.8% (322/688) Cats: 23.7% (163/688) Other animals: 4.7% (28/688) Missing data: 14.7% (101/688)	Rabies can be transmitted by both wild animals and pets. Pet vaccination may reduce the risk.
% of cats and dogs vaccinated at the time of exposure	50%	Dogs and Cats:46% (223/485)	262 cats and dogs were not vaccinated at the time of exposure. Increased public awareness may assist to increase knowledge about pet vaccination.
% of cats and dogs vaccinated after confinement	75%	Dogs and Cats: 55% (144/262)	Vaccination occurs in alignment with the mandatory rabies immunization requirements.
# of persons given rabies post-exposure prophylaxis (PEP)	N/A	53	The treatment for rabies after an exposure is PEP. The shots are free for all Hamilton residents
Healthy Families Division			
Child Health & Nutrition			
% of pregnancies in Hamilton screened by HBHC	16% at the end of Q4	7.4% (0.46 of 16%)	The program has achieved 46% (360/802) of the target for Q1-Q2. It forecasts reaching 16% by Q4.
% of first time, pregnant youth (≤ 21 years of age) who access the Nurse Family Partnership Program.	100% by end of Q4	57% (80/140)	With full staffing capacity, the program expects to reach 100% by end of Q4.
Dental Services			
% of all JK, SK and Grade 2 students receiving an oral health screening in all publicly funded schools	100% for all JK, SK and Grade 2 students	JK: 91% (4680/5169) SK: 92% (4873/5324) Grade 2: 94% (5055/5374) Total: 92% (14608/15867)	More than 90% of students were screened during the 2017-18 school year. Students who were absent at day of visit or who refused service were not screened.
Reproductive & Child Health, Prenatal & Early ID			
% of pregnant women who reported being more confident in their ability to breastfeed after attending prenatal class.	90%	71% (60/84)	Prenatal classes offer breastfeeding supports for residents of Hamilton.
% of pregnant women in Hamilton who registered for PHS prenatal class.	10%	11.6% (304/2612)	Of the women that registered for a prenatal class, to date, 53% registered for an online class and 47% registered for in person class.

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 17, 2018
SUBJECT/REPORT NO:	Ontario Public Health Standards Transparency Framework (BOH18030) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Carolyn Hureau (905) 546-2424, Ext. 4300
SUBMITTED BY: **SIGNATURE:**	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health, Public Health Services – Office of the Medical Officer of Health Healthy and Safe Communities Department

Council Direction:

Not Applicable

Information:

Background

The Ontario Public Health Standards (OPHS) includes a Transparency Framework, as outlined in Report (BOH17010(c)). The framework (Appendix A) outlines the information Boards of Health are required to share publicly. This framework was introduced to promote public confidence in the public health system through mandatory disclosure of the work that public health does to protect and promote individual and community health. In addition to meeting the OPHS, the framework also supports the City of Hamilton's direction towards enhanced transparency and building trust and confidence among Hamilton residents. As well, public disclosure helps people to make informed decisions to protect their health.

The Transparency Framework consists of two domains:
1) Public Reporting; and,
2) Protecting the Public's Health.

At this time, the Board of Health is fully compliant with the requirements in the Public Reporting domain and partially compliant with those in the Protecting the Public's Health domain. This report describes how the requirements within each domain are currently being met and outlines the actions needed to ensure full compliance by 2019.

Public Reporting

The Transparency Framework requires boards of health to demonstrate to the public how they are responding to local community needs through the public posting of the public health unit's strategic plan. The multi-year business plan acts as the strategic plan for the Board of Health and is available on the City of Hamilton website at https://www.hamilton.ca/budget-finance/multi-year-business-plans. The multi-year business plans are reviewed and updated annually.

It is also required that an annual performance and financial report is posted on the board of health website. In 2017, a Public Health Annual Report was created containing information on the health of the population in Hamilton, highlights from program areas, performance results and financial information. This report is available on the City of Hamilton website at https://www.hamilton.ca/public-health/reporting. A similar report will be generated and posted each year to ensure compliance with this requirement.

Protecting the Public's Health

The purpose of this domain is to increase public awareness of the work public health does to protect and promote both individual and community health. To achieve this, boards of health are required to disclose inspection results and convictions listed in Appendix A on their public websites by 2019.

At this time, the Board of Health is partially compliant with this requirement by making the following information available to the public on the City of Hamilton website:

- Routine inspections for food premises;
- Infection prevention and control lapses;
- Drinking water advisories for small drinking water systems; and,
- Status of beach water quality.

However, currently, there is no data posted publicly on convictions of tobacco and e-cigarette retailers or inspections for:

- Food premises (complaint-based);
- Public pools and spas;
- Personal services settings;
- Tanning beds;
- Recreational camps;

- Licensed child care settings; and,
- Small drinking water systems.

To become compliant with the disclosure requirements above, work is being done in collaboration with Information Technology Services and Digital Communications to develop processes for posting all required inspection and conviction data on the City of Hamilton website. As of January 7, 2019, required information will be made available through the Health Inspection Results webpage at https://www.hamilton.ca/healthinspections.

The Health Inspection Results webpage will include:

- Name of the premise inspected;
- Premise address;
- Date and type of inspection and / or conviction; and,
- Inspection results.

In addition, the Health Inspection Results webpage will have links to:

- Relevant regulations;
- Operating a Business webpage containing specific information for each inspection type; and,
- Public Health contact information.

As required by the Ontario Public Health Standards, all results will be posted within two weeks of the inspection and/or conviction date and will remain posted for a two-year period.

Given that online disclosure of health inspections is a new practice for public health and premise owner/operators, a communication plan will be implemented in the fourth quarter to support stakeholders and see this initiative to success. Overall, the communication plan will aim to raise awareness about the new disclosure requirements among the premise owners/operators, general public, and City of Hamilton staff. A variety of communication methods will be used to inform owners/operators of the specific disclosure requirements related to their type of premise. This will include direct mail to all owners/operators, and opportunities to connect directly with Public Health staff to have their questions answered.

The revised disclosure webpage (https://www.hamilton.ca/healthinspections) with all of the required inspection and conviction information will be launched January 7, 2019.

Appendices and Schedules Attached

Appendix A to BOH18030 – Ontario Public Health Standards Transparency Framework Disclosure and Reporting Requirements

Ontario Public Health Standards Transparency Framework: Disclosure and Reporting Requirements

Goal	Promote awareness, understanding, and public confidence in Ontario's public health system.	
Domains	**Protecting the Public's Health**	**Public Reporting**
Objectives	The public knows of the work of public health to protect and promote individual and community health	The public knows how Boards of Health are responding to local community needs

BOH Responsibilities	Post on the board of health website:
	• Results of routine and complaint based inspections of:
	  ○ Food Premises
	  ○ Public Pools and Spas
	  ○ Recreational Water Facilities
	  ○ Personal Services Settings
	  ○ Tanning Beds
	  ○ Recreational Camps
	  ○ Licensed Child Care Settings
	  ○ Small Drinking Water Systems
	• Convictions of tobacco and e-cigarette retailers
	• Infection prevention and control lapses
	• Drinking water advisories for small drinking water systems
	• Status of beach water quality
		Post on the board of health website:
		• Strategic Plan
		• Annual performance and financial report

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 17, 2018
SUBJECT/REPORT NO:	Board of Health Self-Evaluation Results (BOH18011(a)) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Jennifer Hohol (905) 546-2424, Ext. 6004
SUBMITTED BY: **SIGNATURE:**	Michelle Baird, on behalf of Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health, Public Health Services - Office of the Medical Officer of Health Healthy and Safe Communities Department

Council Direction:

On April 16, 2018, staff presented Report (BOH18011) which provided an overview of the Board of Health (BOH) self-evaluation process established in compliance with organizational requirements in the Ontario Public Health Standards. This report outlines the results of the self-evaluation survey and next steps.

Information:

Executive Summary

The self-evaluation involved an electronic survey that BOH members completed anonymously. In the survey, BOH members were asked to reflect on and evaluate:

- BOH roles and responsibilities;
- Information sharing and decision making;
- Internal and external relations of the BOH;
- Planning; and,
- BOH strengths, challenges and opportunities for improvement.

Overall, internal and external relationships of the BOH were highlighted as a strength of the board, specifically, the positive working relationships between the BOH and public health staff.

The survey results also showed opportunities for improvement including:

- Greater understanding of BOH member roles and responsibilities;
- Increased familiarity with planning documents; and,
- Improved access to continuing education for BOH members.

To address these opportunities, it is recommended that the BOH consider the appointment of a consistent Vice-Chair for the Board of Health sub-committee throughout the term of Council. This will allow for consistency in understanding, leadership and advocacy of public health issues in the absence of the Mayor, Chair of the Board of Health.

In addition, many quality improvement initiatives will be implemented by staff to further support BOH good governance practices, including:

- An experiential learning approach to BOH orientation for both new and returning board members;
- Regular reporting on planning documents (Annual Service Plan & Budget, Multi-Year Business Plan);
- Continued use of BOH reports to highlight and clarify legislated roles and responsibilities of board members; and,
- An improved approach to the next BOH self-evaluation to increase participation.

Historical Background & Analysis

The Ontario Public Health Standards outline requirements that direct mandatory public health programs and services delivered by local public health units. In addition to program and service delivery requirements, the Ontario Public Health Standards outline organizational requirements of boards of health to demonstrate accountability to the Ministry of Health and Long-Term Care for the work they do, how they do it, and the results achieved. It is an organizational requirement that all boards of health conduct a self-evaluation process of its governance practices and outcomes that is completed at least every other year. The self-evaluation process must also include an analysis of the results, board of health discussion and implementation of recommendations for improvement.

The BOH conducted its first self-evaluation in 2014 (BOH14001) and repeated the evaluation again in 2016 (BOH16033). In Report (BOH18011), it was communicated that the self-evaluation process for 2018 would be conducted in a similar way to that used in previous years, as it was successful in raising considerations for the BOH and would allow for comparison across the years. BOH members had the opportunity to

complete an anonymous self-evaluation using an electronic survey tool. A meeting was held with Mayor Eisenberger as Chair of the Board of Health as well as Councillor Pearson as Chair of the Governance Review Sub-committee to review the results of the self-evaluation survey and provide perspective on the proposed recommendations for continuous improvement.

Overall, internal and external relationships of the BOH were highlighted as a strength of the board, specifically, the positive working relationships between the BOH and public health staff.

In addition, BOH members agreed:

- The appropriate committee structure exists to exercise its responsibilities;
- They are adequately prepared to oversee an emergency situation;
- They have an adequate process for handling urgent matters between meetings;
- They feel comfortable raising an issue that might be unpopular or controversial; and,
- A climate of mutual trust and respect exists between the BOH and the Medical Officer of Health.

The survey results also showed opportunities for improvement including a greater understanding of BOH member roles and responsibilities specifically around expectations under the Health Protection and Promotion Act, the Ontario Public Health Standards and the organizational requirements. In addition, a neutral response was noted to BOH members receiving appropriate information at the initial BOH orientation to carry out the BOH member role with confidence. Another area for improvement that was identified was the need for improved access to continuing education resources for BOH members. This includes access to population health information, provincial government structure and funding from oversight ministries, roles and responsibilities of board members and participation in education led by other organizations.

Next Steps

To address these opportunities for improvement, it is recommended that the BOH consider the appointment of a consistent Vice-Chair for the Board of Health sub-committee throughout the term of Council. This will allow for consistency in understanding, leadership and advocacy of public health issues in the absence of the Mayor, Chair of the Board of Health. The Vice-Chair role could also help to further the work started by the public health governance leads in being a champion and representing the board at governance tables, advocating for effective public health governance and healthy public policy and acting as a liaison for the BOH on governance matters. Over the past year, there has been extensive consultation of boards of health by the Ministry of Health and Long-Term Care regarding ongoing public

health system transformation. The Vice-Chair role will allow for a consistent point of contact to collect feedback from peers and work with staff to provide input back to the Ministry.

In addition, many quality improvement initiatives will be implemented by staff to further support BOH good governance practices. To begin, an experiential learning approach to BOH orientation for both new and returning board members will be used in the upcoming year. The orientation provided will cover roles and responsibilities of board members as well as other areas that were flagged as education needs in the survey results. Staff will continue to report regularly on planning documents and use BOH reports to highlight legislative responsibilities and build clarity around the roles and responsibilities of board members. Finally, as the self-evaluation process is required at least once every other year, staff will look for ways to improve the approach taken for the next self-evaluation to increase participation by board members.

Appendices and Schedules Attached:

Not Applicable.

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 17, 2018
SUBJECT/REPORT NO:	A Public Health Strategy for Non-Medical Cannabis (BOH18031) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Elissa Press (905) 546-2424, Ext. 7177
SUBMITTED BY: **SIGNATURE:**	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health, Public Health Services – Office of the Medical Officer of Health Healthy and Safe Communities Department

Council Direction:

Not Applicable.

Information:

On October 17, 2018, it will become legal to buy, possess and use cannabis for non-medical purposes. Prohibition has not been successful in preventing use, limiting youth access or deterring crime. While legalization is a necessary step to reduce existing harms associated with criminalization, legalization needs to be accompanied by measures to reduce the health and social harms that can occur due to problematic cannabis use.

The Ontario Public Health Standards (2018) provide guidelines for a Public Health approach to reduce the burden of preventable injuries and substance use.[1] The guidelines state that the upcoming legalization of cannabis underscores the importance of public health issues related to cannabis use "including co-occurring disorders (for example, co-occurring psychosis), respiratory problems, impaired driving and injury." [2]

The Guidelines task the Board of Health with:

- Preventing or delaying substance use;
- Preventing problematic substance use;

- Reducing harms associated with substance use;
- Re-orienting health services to meet population needs; and/or,
- Contributing to the planning of and referral to treatment and other services to meet population needs.

In collaboration with our community partners and the public at large, Hamilton Public Health will work to reduce the preventable harms due to cannabis consumption, especially among those who are most vulnerable such as our youth. This report outlines the framework that is being used, and describes the actions that will be taken under each of the four pillars; prevention, harm reduction, treatment and enforcement (BOH160435).

In areas that have legalized or decriminalized cannabis there is mixed evidence regarding the impact of this transition on prevalence rates of cannabis use and its associated harms.[3] As well, research suggests a negative correlation between perception of risk and prevalence of cannabis use among adolescents.[4] Mixed effects have also been reported regarding the impact of cannabis use on other substances. Legal cannabis may be associated with increasing tobacco (mainly co-) use.[5] Sixty percent of adults (18 or older) using cannabis report concurrent tobacco use.[6] There is also potential for select acute harm outcomes, (e.g. cannabis-impaired driving, hospitalization, and poisoning calls), to increase, as experienced by Colorado and Washington following legalization.[3,5]

The legalization and regulation of cannabis in Canada may result in changes in the prevalence and location of cannabis use; however it is difficult to forecast the direction, scale and consequences.[3] Public Health will continue to monitor local effects of this policy change.

Health Impacts of Cannabis Use

The overall health impacts for cannabis are smaller than for both legal drugs such as alcohol or tobacco, and other illicit substances. However, it remains considerable based on international and Canadian assessments.[5]

Research findings[7-9] show that:

- Use of cannabis in early adolescence increases the negative risks associated with cannabis use, such as the likelihood of addiction;
- Individuals who use cannabis frequently (e.g. daily or near daily) and over a long period of time tend to experience increased risks for brain functioning, mental health problems and dependence;
- Cannabis use during pregnancy can lead to lower birth weight and has been associated with mental health issues, short and long-term learning, development,

and behavioural issues including low IQ scores, and impulsivity and hyperactivity in childhood;
- Cannabis triggers and worsens psychosis in young people who are vulnerable to it;
- Use of cannabis is associated with increased motor vehicle risk (cannabis affects reaction time, attention and coordination); and,
- Cannabis smoke contains many of the same harmful substances as tobacco smoke and can result in respiratory complications such as chronic bronchitis.

High usage amongst youth is especially problematic as the brain continues to develop into a person's early 20s and cannabis can be harmful to brain development.[7]

The likelihood of an individual having a cannabis use disorder during their lifetime in Canada is 6.8%.[10] Approximately 50% of treatment seekers for cannabis use disorder also use tobacco.[6]

Over the last decade, the percentage of THC in cannabis (the psychoactive compound in cannabis responsible for producing the 'high') has increased from 3% to 16% or higher. Newer formulations or 'concentrates' made from butane hash oil extractions such as 'wax', 'shatter' and 'budder' can contain up to 90% THC.[11] The increase in THC content can result in higher levels of impairment and may account for increased cannabis-related emergency department visits and increases in fatal motor-vehicle accidents.[4]

The social and health harms to non-users also need to be considered. The majority of individuals in our society, four out of five, do not use cannabis but they remain susceptible to the potential harms associated with use.[5]

Overview of the Hamilton Public Health (HPH) Strategy for Addressing Cannabis Use

Hamilton Public Health's Cannabis Strategy, driven by the 2018 Ontario Public Health Standards, is underpinned by data and evidence-informed practice, and combines a four pillared approach, also used by the Hamilton Drug Strategy.

HPH Cannabis Strategy Goals:

- To educate the public on safe, legal and responsible use of cannabis;
- To prevent or delay the onset of cannabis use;
- To reduce the likelihood of harm from use, problematic use and/or overdose;
- To promote a culture of moderation;
- To increase knowledge of the impacts of consuming cannabis while parenting or pregnant; and,

- To equip trusted adults with the knowledge and resources to 'start the conversation' about cannabis use with youth.

1. Prevention:

Multiple education/awareness campaigns targeting diverse and at-risk audiences (e.g. youth, trusted adults, pregnant/breastfeeding women and individuals with a history of mental illness). These wide-reaching campaigns will be held over the next two to three years. Prevention initiatives will use consistent, evidence-informed communication campaigns and will aim to educate diverse audiences on the potential health risks, responsible use and safety.

To deliver credible messaging, our strategy will incorporate the principles of cannabis risk messaging developed by the National Collaborating Centre for Environmental Health:[12]

- Be first, be right, be credible;
- Use simple, plain, appropriate language;
- Target audiences for information and education;
- Get the terminology right;
- Understand the limits of evidence and use wisely;
- Don't stigmatize or normalize; and,
- Ensure that all individuals understand legal responsibilities and new Criminal Code offenses.

The cannabis strategy will utilize and disseminate existing resources when able and develop new resources only where needed to support local campaigns.

Hamilton's Strategy aligns with and complements prevention work being done at the Federal and Provincial levels to increase awareness about cannabis and its impacts. Raising awareness of programs and resources geared to youth, parents and families with take place in alignment with the Hamilton Drug Strategy prevention activities.

2. Harm Reduction:

Harm reduction aims to reduce the likelihood of harm from use, problematic use and/or overdose.

a) Internal staff education: A campaign will be undertaken to inform both PHS and other City staff about cannabis health and harm reduction messaging for clients. Information will be tailored to staff portfolios and how they interface with the public.
b) Promotion of Canada's Lower-Risk Cannabis Use Guidelines as well as recommendations from the Canadian Nurses Association for reducing the harms of non-medical cannabis use (cite rather than Appendix B).

c) Tailored harm reduction messaging for youth using strategies that youth have identified as effective: more fact-based information at an earlier age, information specific to cannabis (and not all drugs), and approaches that are aimed at reducing harms from cannabis use (rather than abstinence).[13] Parents and other trusted adults will be targeted since research indicates that youth are less likely to use cannabis when they have supportive adults in their lives.[14]
d) Messaging around how to properly store cannabis and cannabis products to prevent accidental and intentional cannabis ingestion by underage children and youth.

Harm Reduction and Cannabis Distribution

The Ontario government is introducing legislation for a private retail model that, if passed, would be launched by April 1, 2019. Public Health Services will work with Licensing and By-Law Services to ensure that a public health perspective that reflects best harm reduction practices is considered in by-laws drafted for private retail licenses and growth. Private retail models are profit-seeking and, despite strict government controls, may be at odds with public health objectives. Analyses suggest that increased cannabis use is correlated with cannabis commercialization rather than a change in legal status per se.[15]

There is ample research suggesting a positive association between alcohol outlet density and excessive alcohol consumption.[16] It is also widely acknowledged that limiting alcohol outlet density through the use of a regulatory authority (e.g. licensing and zoning) can reduce or control over-consumption of alcohol and related harms. [16-18] Therefore, there is reason to believe that limiting or controlling cannabis outlet density would have a similar impact.

Harms to vulnerable populations associated with proximity to and clustering of cannabis retail outlets can be reduced through controls on siting and separation from sensitive uses. Research on tobacco has shown that schools with a greater number of retailers surrounding them have higher smoking rates.[19] Research also indicates that there is a larger concentration of tobacco retailers in lower income neighbourhoods.[19] Public Health will work with Licensing and By-Law Services to discuss policies for:

- Specified areas where non-medical cannabis retail outlets can open.
- License restrictions for non-medical cannabis retail outlets to prohibit harmful density or growth.
- Separation distances from schools, parks, community centres, other cannabis-selling establishments.

3. Treatment:

Treatment includes supporting innovative approaches to treatment and rehabilitation. Hamilton Public Health is working with the wider Hamilton Drug Strategy to:

- Conduct an environmental scan of addiction programs and resources in the City;
- Identify gaps in services;
- Raise awareness of services to agencies and individuals;
- Investigate screening and referral pathways for substance use utilizing a 'no wrong door' philosophy; and,
- Supporting individuals involved in the justice system with the treatment and resources they require.

The Hamilton Drug Strategy will be making a presentation on the overall drug strategy to the Board of Health in December, and will include further information on areas of action related to cannabis treatment.

4. Enforcement:

One of the main reasons cited for legalizing non-medical cannabis is to protect youth. To keep youth (12-18) out of the justice system, Ontario has established a diversionary program for young people caught in possession of cannabis. The City of Hamilton Police currently consider pre-charge diversion for youth involved in non-violent, petty-related crime such as substance use. The enforcement pillar of the Drug Strategy is exploring the opportunity to advocate for funding and expansion of diversion programs, opportunities to incorporate enhanced addiction information into enforcement training, as well as the possibility of developing a diversion screening tool to better direct individuals to appropriate care.

Once provincial enforcement of cannabis has been clarified, enforcement-related departments and organizations engaged with the Hamilton Drug Strategy will collaborate to develop a comprehensive approach to cannabis enforcement in Hamilton.

Public Health Initiatives Completed To Date

Hamilton Public Health prevention initiatives that have already been undertaken in preparation for cannabis legalization include:

- Ongoing Public Health Services staff education;
- Updating City of Hamilton policies to incorporate elements of new legislation;
- Developing substance-related screening questions and resources for pregnant women;
- Promoting resources for use in schools and workplaces in Hamilton;

- Public education campaigns (e.g. 'Smoke is Smoke', 'Impaired is Impaired');
- Participating in public education initiatives (e.g. Town Hall, website updates);
- Working with landlords to include cannabis in lease agreements, including City Hamilton Housing (through collaborative efforts between the Mental Health & Harm Reduction and Tobacco Teams); and,
- Informing senior leadership of municipal government's responsibilities regarding legal cannabis as well as policy and regulatory options.

Monitoring & Evidence-Informed Decision Making

In preparation for legalization, Canada has engaged in a number of monitoring and research activities:

- Development and implementation of a core and expanded set of baseline data indicators;
- Canadian Cannabis Survey/National Cannabis Survey;
- Canadian Surveillance System for Poison Information;
- Development of a National Drugs Observatory; and,
- Development of a National Research Agenda on cannabis for non-medical purposes.[20]

Hamilton Public Health conducts periodic population health assessments. The tables below depict the number of emergency department visits for cannabis in 2017.

Table 1:
Number and rate of ED visits for acute cannabis poisoning, City of Hamilton*, 2012-2017

Year	Number	Crude Rate
2012	21	3.9
2013	25	4.6
2014	34	6.2
2015	41	7.4
2016	51	9.1
2017	68	12.0

Table 2:
Number and rate of ED visits for mental and behavioural disorders due to the use of cannabis, City of Hamilton*, 2012-2017

Year	Number	Crude Rate
2012	255	47.1
2013	279	51.0
2014	274	49.7
2015	207	37.2
2016	227	40.4
2017	300	52.8

* Based on residence of the patient, not where the ED visit occurred. Source: IntelliHelath, MOHLTC

Hamilton Public Health seeks to understand the social and health impacts of cannabis for Hamiltonians. Indicators such as frequency, potency, and modality of use in our community (especially among young people), harm indicators (collisions, dependence, treatment) and social equity indicators (how or if different populations experience

different impacts) will be explored and monitored where able. This information will be used by staff and the broader Hamilton Drug Strategy to further identify areas for action and tailor activities to areas of highest need.

Conclusion

Paracelsus, the father of toxicology, stated "*All things are poison, and nothing is without poison, the dosage alone makes it so a thing is not a poison*." As legalization approaches, we have a responsibility to work towards a culture of moderation and to educate our citizens on safe, legal and responsible cannabis use. The harms and risks from use, especially to a smaller subset of vulnerable groups, are significant and need to be addressed.

Hamilton Public Health Services is utilizing a comprehensive cannabis strategy that complements federal and provincial initiatives. An ongoing and sustainable collaborative approach will ensure that cannabis continues to be perceived as a health matter while no longer being treated as a crime. This strategy will include prevention, harm reduction, treatment, and enforcement initiatives, along with monitoring of local use and social and health harms related to cannabis so that Hamilton remains “the best place to raise a child and age successfully.”

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Appendices and Schedules Attached

Appendix A to Report BOH18031 – Canada's Low Risk Cannabis Use Guidelines

Recommendations

- **Cannabis use has health risks best avoided by abstaining**
- **Delay taking up cannabis use until later in life**
- **Identify and choose lower-risk cannabis products**
- **Don't use synthetic cannabinoids**
- **Avoid smoking burnt cannabis—choose safer ways of using**
- **If you smoke cannabis, avoid harmful smoking practices**
- **Limit and reduce how often you use cannabis**
- **Don't use and drive, or operate other machinery**
- **Avoid cannabis use altogether if you are at risk for mental health problems or are pregnant**
- **Avoid combining these risks**

Reference

Fischer, B., Russell, C., Sabioni, P., van den Brink, W., Le Foll, B., Hall, W., Rehm, J. & Room, R. (2017). Lower-Risk Cannabis Use Guidelines (LRCUG): An evidence-based update. *American Journal of Public Health, 107*(8). DOI: 10.2105/AJPH.2017.303818.

Endorsements

The LRCUG have been endorsed by the following organizations:

Association Médicale Canadienne / Canadian Medical Association

CPHA ACSP — Canadian Public Health Association / Association canadienne de santé publique

CSAM SMCA — Canadian Society of Addiction Medicine / La Société Médicale Canadienne sur l'Addiction

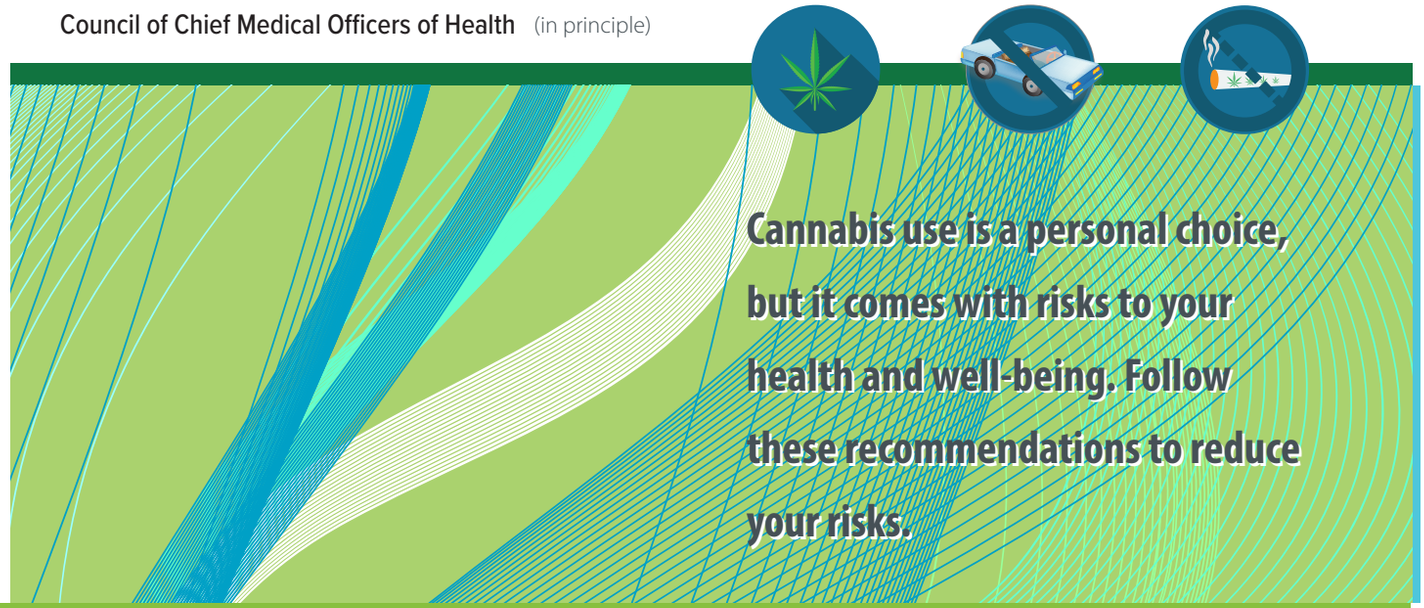
camh — Centre for Addiction and Mental Health / Centre de toxicomanie et de santé mentale

Canadian Centre on Substance Use and Addiction — Evidence. Engagement. Impact.

Centre canadien sur les dépendances et l'usage de substances — Données. Engagement. Résultats.

Council of Chief Medical Officers of Health (in principle)

Canada's Lower-Risk Cannabis Use Guidelines (LRCUG)



Acknowledgment

The Lower-Risk Cannabis Use Guidelines (LRCUG) are an evidence-based intervention project by the Canadian Research Initiative in Substance Misuse (CRISM), funded by the Canadian Institutes of Health Research (CIHR).

A longer evidence summary of the guidelines, aimed at health professionals, is available at **camh.ca**.

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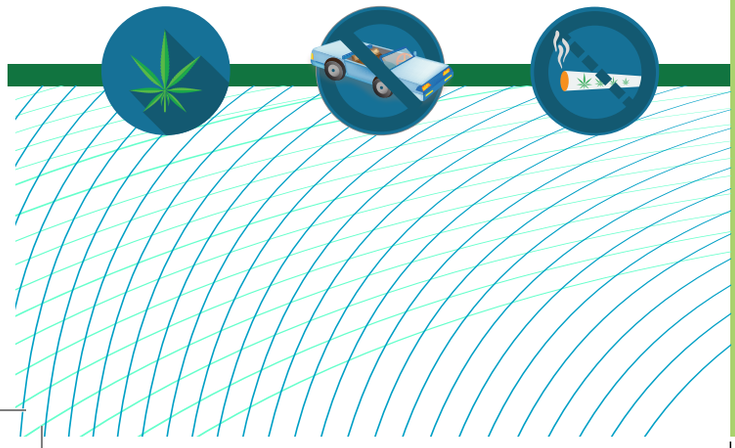
CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE | INITIATIVE CANADIENNE DE RECHERCHE EN ABUS DE SUBSTANCE

camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Health risks of cannabis use

There is strong scientific evidence that cannabis use is associated with a variety of health risks. The risks depend on your constitution, which kinds of cannabis products you use and how or how often you use them. Some of the main health risks are:

- **problems with thinking, memory or physical co-ordination**
- **impaired perceptions or hallucinations**
- **fatal and non-fatal injuries, including those from motor-vehicle accidents, due to impairment**
- **mental health problems and cannabis dependence**
- **chronic respiratory or lung problems**
- **reproductive problems.**



Reducing health risks related to cannabis use

When choosing to use cannabis, you can actively take steps to reduce risks to your health. Below are 10 science-based recommendations for how to do so. These recommendations are aimed mainly at non-medical cannabis use.

Cannabis use has health risks best avoided by abstaining

To avoid all risks, do not use cannabis. If you decide to use, you could experience immediate, as well as long-term risks to your health and well-being. Any time you choose not to use, you avoid these risks.

Delay taking up cannabis use until later in life

Using cannabis at a young age, particularly before age 16, increases the likelihood of developing health, educational and social problems. Avoid cannabis use during adolescence. Generally, the later in life you begin to use cannabis, the lower the risk of problems.

Identify and choose lower-risk cannabis products

High-potency cannabis products, with high tetrahydrocannabinol (THC) content, are more likely to result in harms. Some products contain a higher dose of cannabidiol (CBD), which counteracts some of THC's adverse effects. This means that products with high CBD-to-THC ratios reduce some of the risks. Know what you're using. Ideally, choose cannabis products with lower risk of harms.

Don't use synthetic cannabinoids

Compared with natural cannabis products, synthetic cannabis products (e.g., K2 or Spice) can lead to more severe health problems, even death. If you use, give preference to natural cannabis products and abstain from synthetics.

Avoid smoking burnt cannabis—choose safer ways of using

Smoking burnt cannabis, especially when combined with tobacco, can harm your lungs and respiratory system. Choose other methods, such as vaporizers or edibles instead—but recognize that they also come with some risks. For example, edibles are safer for your lungs, but you may consume larger doses and experience more severe impairment because psychoactive effects are delayed.

If you smoke cannabis, avoid harmful smoking practices

If you smoke cannabis, avoid "deep inhalation" or "breath-holding." These practices are meant to increase psychoactive experiences, but they increase the amount of toxic material absorbed by your lungs and into your body.

Limit and reduce how often you use cannabis

Frequent cannabis use (i.e., daily or almost every day) is strongly linked to a higher risk of health and social problems. Limit yourself—and ideally your friends or others you may be using with—to occasional use, such as on weekends or one day a week at most.

Don't use and drive, or operate other machinery

Driving while impaired by cannabis substantially increases your risk of being involved in a motor-vehicle accident resulting in injury or death. Don't use and drive, or use other machinery. Wait at least six hours after using cannabis—or even longer if you need. Combining cannabis and alcohol further increases impairment, so be sure to avoid this combination if you plan to drive.

Avoid cannabis use altogether if you are at risk for mental health problems or are pregnant

Some individuals should not use cannabis because of specific risk profiles. If you or an immediate family member has a history of psychosis or substance use disorder, your risk of cannabis-related mental health problems increases, and you should abstain from use. Pregnant women should not use cannabis because it could harm the fetus or newborn.

Avoid combining the risks identified above

The more of these risky behaviours you engage in when using cannabis, the higher your risk of harms. For example, initiating cannabis use at a young age and smoking high-potency products every day puts you at much higher risk of both immediate and long-term problems. Avoid combining these high-risk choices.

CITY OF HAMILTON

Public Health Services

Office of the Medical Officer of Health

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 17, 2018
SUBJECT/REPORT NO:	Public Health Risk Management Plan (BOH18032) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Jennifer Hohol (905) 546-2424, Ext. 6004
SUBMITTED BY: **SIGNATURE:**	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health, Public Health Services - Office of the Medical Officer of Health Healthy and Safe Communities Department

RECOMMENDATION

(a) That Appendix A to Report BOH18032 Public Health 2019 Risk Management Plan be approved by the Board of Health; and,

(b) That the Medical Officer of Health be directed to submit Appendix A Public Health 2019 Risk Management Plan to the Ministry of Health and Long-Term Care to fulfil risk reporting requirements.

EXECUTIVE SUMMARY

As part of the Public Health Accountability Framework and Organizational Requirements, the Board of Health is required to develop a risk management framework, create action plans to mitigate risks, and submit an annual risk management report to the Ministry of Health and Long-Term Care (MOHLTC). There are two types of risk that boards of health regularly encounter: issues that may be creating a risk to the public's health, and issues that place the organization at risk of not meeting established business objectives. Public health puts significant effort in working to reduce risks to the public's health through delivering effective programs and services that are informed by population health assessment, evidence and ongoing surveillance and monitoring. In addition, an established structure and plans for responding to emergencies are in

place to support the organization in mitigating serious risks to the public's health as they arise.

The Public Health Risk Management Plan identifies and mitigates issues that put the Board of Health at risk of not meeting established business objectives. In 2018, action plans were developed to mitigate and monitor risks that had the highest likelihood of occurring and the greatest potential to impact operational capabilities (BOH17039(a)). These risks included financial, human resource, technology, organizational and stakeholder risks. Progress made in risk reduction strategies throughout 2018 are outlined in Appendix B.

After review of the Public Health Risk Management Plan, the greatest organizational risks in 2019 are that the Board of Health may be at risk due to:

- Unreliable information management systems and practices;
- Use of unsupported technology;
- Challenges elected officials may experience balancing their municipal responsibilities with their responsibilities for public health; and,
- Changes in positions having influence over public health operations.

Action plans for the risks listed above will be implemented in 2019 and monitored semi-annually by the Public Health Leadership Team. Risk management action plans will continue to be reviewed, updated and reported to the Board of Health and the MOHLTC annually.

Alternatives for Consideration – See Page 7

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: No financial implications.

Staffing: No staffing implications. Current staffing levels will be used to implement identified mitigation strategies within the Public Health 2019 Risk Management Plan.

Legal: Approval and submission of the Public Health 2019 Risk Management Plan will ensure compliance with the Public Health Accountability Framework and Organizational Requirements which the Board of Health is held accountable to through the Public Health Funding and Accountability Agreement. It also supports the Board of Health in practicing good governance and due diligence by mitigating potential organizational risk.

HISTORICAL BACKGROUND

In November 2015, the MOHLTC formally announced a review and modernization of the Ontario Public Health Standards (Standards) to support ongoing transformation of the public health system in Ontario. On March 20, 2017, Report BOH17010 was brought forward to the Board of Health to introduce the new Standards. In addition, the MOHLTC developed the Public Health Accountability Framework and Organizational Requirements to ensure that boards of health have the necessary foundations within the four domains of program and service delivery, financial management, governance and public health practice to successfully implement the Standards (BOH17010(b)).

As part of the Public Health Accountability Framework and Organizational Requirements, public health units must have a formal risk management framework in place to identify, assess and address risks. To demonstrate compliance with this requirement, boards of health must submit a risk management report annually to the MOHLTC.

In October 2017, the Board of Health received a report and presentation on risk management (BOH17039). The Public Health Leadership Team then worked to develop the Public Health 2018 Risk Management Plan that identified organizational risk across public health within 14 risk categories. This plan was based on the Ontario Public Service Risk Management Framework as outlined in Report BOH17039.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Development of a risk management plan and submission of an annual risk management report to the MOHLTC is a requirement within the Public Health Accountability Framework and Organizational Requirements. The Board of Health is held accountable to these requirements through the Public Health Funding and Accountability Agreement.

RELEVANT CONSULTATION

Consultation on the development of the Public Health 2018 Risk Management Plan (BOH17039(a)), was conducted with Corrine Berinstein, Senior Audit Manager, Health Audit Services Team of the Ontario Internal Audit Division for guidance on the interpretation and use of the Ontario Public Service Risk Management Framework. Consultation was also sought from Charles Brown, Director of Audit Services, City of Hamilton to ensure the Public Health 2018 Risk Management Plan is in alignment with the future direction for enterprise risk management at the City of Hamilton. The same framework used in the Public Health 2018 Risk Management Plan has been applied to the updated version in 2019.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

The Public Health Risk Management Plan focuses on organizational risk, supporting the Board of Health in identifying and mitigating issues that place the department at risk of not meeting established business objectives. Of the identified risks in the Public Health 2018 Risk Management Plan, action plans for mitigation and monitoring were developed for those risks that have the highest likelihood of occurring and greatest potential to impact operational capabilities. These risks, supporting mitigation strategies and progress on action plans are outlined in Appendix B.

Reassessment of all organizational risk was conducted by the Public Health Leadership Team and emerging risks were identified to inform the Public Health 2019 Risk Management Plan. Action plans for mitigation and monitoring were again developed for those risks that have the highest likelihood of occurring, and potential for greatest impact on operations. These risks and supporting mitigation strategies are described below.

Information / Knowledge Risk

Risk Description:	The Board of Health may be at risk due to unreliable information management systems and practices.
Source of Risk:	Varying information management practices and absence of formalized processes in this area could lead to loss of information, prevent staff from accessing information, privacy breaches or non-compliance with records retention schedule.
Risk Rating:	**High:** Likelihood 4, Impact 4
Action Plan:	• Develop and implement Records and Information Management Framework • Create and rollout policies to support Records and Information Management Framework • Approval of public health revisions to Records Retention By-Law • Coordinated cleanup of staff personal drives • Establish and implement consistent practices for information management on shared drives • Monitor compliance with policies and procedures
Residual Risk:	**Medium**: Likelihood 2, Impact 2

Technology Risk

Risk Description:	The Board of Health may be at risk of data loss due to use of unsupported technology
Source of Risk:	End of life applications, non-supported programs (OSCAR)
Risk Rating:	**High:** Likelihood 3, Impact 5
Action Plan:	• Procure contractor to support OSCAR application • Identify alternatives for client interaction documentation (OSCAR replacement)
Residual Risk:	**Medium**: Likelihood 2, Impact 5

Governance / Organizational Risk

Risk Description:	The Board of Health may be at risk due to challenges elected officials may experience balancing their municipal responsibilities with their responsibilities for public health.
Source of Risk:	Board members may not have the necessary time to fulfil all their responsibilities as Board members.
Risk Rating:	**High:** Likelihood 4, Impact 4
Action Plan:	• Implement a revised experiential approach to Board of Health orientation in addition to overview of formal roles and responsibilities • Ongoing education built into Board of Health reports and presentations. • Recommend appointment of a Vice Chair for the BOH similar to other standing committees to assist the chair and provide continuity
Residual Risk:	**Medium**: Likelihood 3, Impact 3

Governance / Organizational Risk

Risk Description:	The Board of Health may be at risk of increased workload and shifting priorities and programs due to changes in positions having influence over public health operations.
Source of Risk:	Coinciding changes due to recent provincial and upcoming municipal elections as well as local leadership changes could lead to significant shifts in local public health priorities with related impacts on Public Health programs and services.
Risk Rating:	**High:** Likelihood 4, Impact 3
Action Plan:	• Implement a revised experiential approach to Board of Health orientation in addition to overview of formal roles and responsibilities • Ongoing education built into Board of Health reports and presentations. • Ongoing discussion throughout leadership changes about strategic priorities • Identify opportunities for advocacy to provincial government • Engage in provincial consultation processes as available to provide feedback on public health issues and operations
Residual Risk:	**Medium**: Likelihood 2, Impact 3

ALTERNATIVES FOR CONSIDERATION

The Board of Health could choose not to approve the Public Health 2019 Risk Management Plan. This alternative would have no financial or staffing implications, however, the Board of Health would be non-compliant with their accountability requirements for risk management through the Public Health Accountability Framework and Organizational Requirements, and face greater risks and liabilities due to inaction.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities
Hamilton is a safe and supportive city where people are active, healthy, and have a high quality of life.

Our People and Performance
Hamiltonians have a high level of trust and confidence in their City government.

APPENDICES/SCHEDULES ATTACHED

Appendix A to Report BOH18032 – Public Health 2019 Risk Management Plan

Appendix B to Report BOH18032 – Public Health 2018 Risk Management Plan Progress

City of Hamilton Public Health Services Organizational 2019 Risk Management Action Plan

Overall Objective: PHS will use a formal risk management framework that identifies, assesses and addresses risk

RISK IDENTIFICATION				RISK ASSESSMENT		RISK REDUCTION		
ID #	**Risk Exposure**	**Description of Risk**	**Cause/Source of Risk**	**Current Mitigation Strategies (what are we doing)**	**Rating Scale (1-5) Likelihood (L) Impact (I)**	**Action Plan (what else can we do?)**	**Timelines**	**Residual Risk (likelihood x impact)**
1. Financial Risks								
5.2	The Board of Health may be at risk due to unreliable information management systems and practices.	Varying information management practices and absence of formalized processes in this area could lead to loss of information, prevent staff from accessing information, privacy breaches or non-compliance with records retention schedule.	Absence of formalized and up to date information management systems and practices.	Internal Privacy, Security and Information Management work group within PHS to address information management concerns. Continue to collaborate with corporate initiatives to improve information management systems and practices.	**L4, I4**	1. Develop and implement Records and Information Management Framework 2. Create and rollout policies to support Records and Information Management Framework 3. Submit public health revisions to Records Retention By-Law for approval 4. Coordinated clean up of staff personal drives (m-drive) 5. Establish and implement consistent practices for information management on shared drives 6. Monitor compliance with policies and procedures	1. Q3 / 2018 2. Q3 / 2018 3. Q3 / 2018 4. Q4 / 2018 5. Q4 / 2019 6. Q3 2018 and ongoing	**L2, I2**
8. Technology Risks								
8.2	The Board of Health may be at risk due to use of unsupported technology.	Data loss and business disruption may occur as a result of a failure in a program/application not supported by IT or when applications/datasets reach end of life.	End of life applications, non-supported programs (OSCAR).	Creation of a metadata base for long-term data management planning.	**L3, I5**	1. Procure contractor to support OSCAR application 2. Identify alternatives for client interaction documentation (OSCAR replacement)	1. Q1 / 2019 2. Q4 / 2019	**L2, I5**

City of Hamilton Public Health Services Organizational 2019 Risk Management Action Plan

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RISK IDENTIFICATION				RISK ASSESSMENT		RISK REDUCTION		
ID #	**Risk Exposure**	**Description of Risk**	**Cause/Source of Risk**	**Current Mitigation Strategies (what are we doing)**	**Rating Scale (1-5) Likelihood (L) Impact (I)**	**Action Plan (what else can we do?)**	**Timelines**	**Residual Risk (likelihood x impact)**
9. Governance / Organizational Risks								
9.1	The Board of Health may be at risk due to challenges elected officials may experience balancing their municipal responsibilities with their responsibilities for public health.	Board members may not have the necessary time to fulfil all their responsibilities as Board members.	Workload pressure.	Agenda review prior to board meetings, board member orientation and continuing education, Board of Health self-evaluation.	**L4, I4**	1. Implement a revised experiential approach to Board of Health orientation in addition to overview of formal roles and responsibilities 2. Ongoing education build into Board of Health reports and presentations. 3. Recommend appointment of a Deputy Chair for the BOH similar to other standing committees to assist the chair and provide continuity.	1. Q1 / 2019 2. Q1 / 2019 - Q3 / 2022 3. Q4 / 2018	**L3, I3**
9.4	The Board of Health may be at risk of increased workload and shifting priorities and prgrams due to changes in positions having influence over public health operations.	Coinciding changes due to recent provincial and upcoming municipal elections, as well as local leadership changes could lead to significant shifts in local public health priorities, with the attendant impacts on Public Health programs and services.	Newly elected provincial government, upcoming municipal election, local senior leadership changes.	Board of Health orientation and ongoing education, advocacy to province on public health issues.	**L4, I3**	1. Implement a revised experiential approach to Board of Health orientation in addition to overview of formal roles and responsibilities 2. Ongoing education build into Board of Health reports and presentations. 3. Ongoing discussion through leadership changes about strategic priorities. 4. Identify opportunities for advocacy to provincial government 5. Engage in provincial consultation processes as available to provide feedback on public health issues and operations	1. Q1 / 2019 2. Q1 / 2019 - Q3 / 2022 3. Ongoing 4. Ongoing 5. Ongoing	**L2, I2**

2018 Public Health Risk Management Plan

Overall Objective: PHS will use a formal risk management framework that identifies, assesses and addresses risk

RISK IDENTIFICATION		Risk Assessment	RISK REDUCTION		
ID #	**Risk Exposure**	**Rating Scale (1-5) Likelihood (L) Impact (I)**	**Action Plan**	**Progress Reporting**	**Current Risk Assessment & Status**
1. Financial Risks					
1.1	The Board of Health may not be able to maintain current service delivery levels due to ongoing budget pressures.	**L2, I3**	1. Use the current review of the Standards for Public Health Programs and Services (Standards) to: - Identify services PHS is providing that are no longer mandated -Identify areas where current service delivery exceeds expectation within the Standards or where there are opportunities to improve service delivery models 2. Evaluate departmental vacancies 3. Develop an evaluation and continuous quality improvement strategy to ensure regular review of programs and service for effectiveness and efficiency 4. Reallocate resources to high priority mandated services based on evidence	1. A review of all programs and services has been completed against the requirements in the new Ontario Public Health Standards. Through the review, it was identified where requirements were not being meet, partially met, met or exceeded. Opportunities for improvement were captured in relevant Program Plans within the Annual Service Plan & Budget. Areas exceeding requirements and those no longer mandated were discussed by the Public Health Leadership Team to support resource allocation. 2. All vacancies were reviewed by the Public Health Leadership Team from October 2017 - December 2017 to consider impact of filling each position across public health. Vacancies continue to be discussed by Division Management Teams. 3. A Continuous Quality Improvement Framework was developed and approved by Public Health Leadership Team in alignment with quality improvement requirements within the Standards and the City of Hamilton Continuous Improvement Program. Implementation of framework has started with introduction to continuous quality improvement at leadership forum. Commitment to complete two quality improvement projects per division by end of 2018. Implementation of Corporate Continuous Improvement Program in progress to help identify quality improvement ideas, track project progress and communicate business benefits. 4. For 2018, resources were reallocated across the department to support the Vaccine Program in achieving compliance with legislated requirements. Reallocation discussions of public health resources will continue to inform the 2019 Program Plans and budget.	Acceptable Risk

2018 Public Health Risk Management Plan

Overall Objective: PHS will use a formal risk management framework that identifies, assesses and addresses risk

RISK IDENTIFICATION		Risk Assessment	RISK REDUCTION		
ID #	**Risk Exposure**	**Rating Scale (1-5) Likelihood (L) Impact (I)**	**Action Plan**	**Progress Reporting**	**Current Risk Assessment & Status**
3. People and Human Resources Risks					
3.1	The Board of Health may be at risk due to inadequate acquisition and retention of key personnel.	**L3, I3**	**Workload Management** 1. Prioritize work to address immediate workload concerns 2. Hire vacancies in key positions **Culture/Work Environment** 3. Create and implement Our People Survey action plans 4. Further work of Public Health Services Culture Action Work Group **Job Security** 5. Use attrition strategies where possible to mitigate impact on workforce	1. Document created to identify priority work and highlight areas of increased workload. Solutions developed and implemented to address workload concerns. Rollout of workforce planning in Fall 2018 will help to further reduce likelihood of risk occurring in the future. 2. Identified key positions and have successfully hired. 3. The Culture Action Work Group promoted completion of the Our People Survey across public health resulting in an 88% response rate. Sharing results of the Our People Survey has been completed. All teams expected to have action plans by end of August 2018 with implementation of action plans by end of year. Use of the corporate action planning template to monitor action plans. 4. The work of the Public Health Services Culture Action Work Group was focused on Phase 1 rollout of the Our People Survey, engaging staff to increase survey participation rates. Moving forward, Directors and Managers are accountable through the Performance Accountability and Development process for the development and implementation of action plans in response to survey results. Due to this and the creation of the new Healthy & Safe Communities Department, the Public Health Services Culture Action Work Group has been disbanded. 5. Attrition strategies implemented in 2018 budget to reallocate resources across public health where there were existing vacancies to invest in the Vaccine Program to support in achieving compliance with legislated requirements. This strategy will continue to be used in reallocation discussions of department resources to inform the 2019 Program Plans and budget.	Acceptable Risk

2018 Public Health Risk Management Plan

Overall Objective: PHS will use a formal risk management framework that identifies, assesses and addresses risk

RISK IDENTIFICATION		Risk Assessment	RISK REDUCTION		
ID #	**Risk Exposure**	**Rating Scale (1-5) Likelihood (L) Impact (I)**	**Action Plan**	**Progress Reporting**	**Current Risk Assessment & Status**
8. Technology Risks					
8.2	The Board of Health may be at risk due to use of unsupported technology.	**L3, I5**	1. Finalize and populate Metadatabase for all public health applications 2. Use Metadatabase to prioritize Information Technology Advisory Board requests to prevent data loss/disruption 3. Procure contractor to support OSCAR application 4. Identify alternatives for client interaction documentation (OSCAR replacement) 5. Renew Service Level Agreements with IT Services to ensure all public health applications are included and service is being maintained	1. A metadatabase has been developed and is being populated. Contains a list of all access databases as well as large public health applications. 2. Metadatabase to be populated before it can be used to prioritize ITAB requests. Metadatabase being populated, on track for completion by December 2018. Maintenance plan for metadatabase to be developed and information will be reviewed at least once annually at Information Technology Advisory Board in order to plan for end of life applications accordingly. 3. Working with OSCAR developer to develop plan for ongoing maintenance support for OSCAR. 4. Provincial recognition for support needed to implement Electronic Medical Record systems in public health units. Working to secure potential funding from the Province to support this work. Representation on provincial work groups related to technology solutions for public health units across the province. 5. In process of renewal with draft document being finalized Q2/2018. In final review with IT. Minor changes to be made before sign-off (expected Q3).	Risk Reduction In Progress

2018 Public Health Risk Management Plan

Overall Objective: PHS will use a formal risk management framework that identifies, assesses and addresses risk

RISK IDENTIFICATION		Risk Assessment	RISK REDUCTION		
ID #	**Risk Exposure**	**Rating Scale (1-5) Likelihood (L) Impact (I)**	**Action Plan**	**Progress Reporting**	**Current Risk Assessment & Status**
9. Governance / Organizational Risks					
9.3	The Board of Health may be at risk of non-compliance with the Standards due to the pending organizational restructure within the City of Hamilton.	**L1, I3**	1. Continue to share relevant information with decision makers to support arrival at the most effective organizational structure 2. Develop and implement change management strategies to support department through change	1. Communication regarding new structure and timelines have been sent on a regular basis to all of public health by the General Manager. General Manager attended two Public Health Town Halls as an introduction and opportunity for questions as well as attendance at many Division Management Teams and program meetings throughout the public health divisions. 2. Currently no change management plan has been developed. Will continue to assess need for change management plan as changes are planned for implementation.	Acceptable Risk
11. Stakeholder / Public Perception Risks					
11.3	The Board of Health may be at risk of negative public perception from divestment in services and programs traditionally offered.	**L2, I2**	1. Build a strong business case before divestment: -Identify service availability and capacity elsewhere in the community -Communications plan -Evidence support	1. 2018 budget process reallocated resources from breastfeeding services, school health and nutrition to support the Vaccine Program. In 2017, the breastfeeding service delivery model was changed based on client feedback to better serve clients in the home, a preferred service delivery location. The new service delivery model increased efficiencies to allow for reallocation of resources. A similar approach was taken in school health where the new approach to offer both universal and targeted services allowed for improved efficiency to reallocate resources to areas with greater need. Have identified need and built opportunities to engage with stakeholders early in the current priority work focused in the areas of mental health and addictions, healthy weights and health equity.	Acceptable Risk

CITY OF HAMILTON

PUBLIC HEALTH SERVICES

Epidemiology, Wellness and Communicable Disease Control Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 17th, 2018
SUBJECT/REPORT NO:	Alcohol, Drug and Gambling Services and Hamilton Health Sciences Addiction Initiative (BOH18034) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Susan Boyd, (905) 546-2424, Ext. 2888
SUBMITTED BY: **SIGNATURE:**	Michelle Baird Director, Public Health Services - Epidemiology, Wellness and Communicable Disease Control Division Healthy and Safe Communities Department

RECOMMENDATION

(a) That the Board of Health authorize and direct the Medical Officer of Health to receive, utilize and report on funding from Hamilton Health Sciences for up to a 1.2 FTE social work position in the Alcohol, Drug & Gambling Services program, and enter into an agreement between the City of Hamilton and Hamilton Health Sciences for an ongoing addiction position, satisfactory in form to the City Solicitor; and,

(b) That the Board of Health authorize and direct the Medical Officer of Health to increase the complement in Alcohol, Drug & Gambling Services program by 1.2 FTE, for the term of the agreement and the time of renewal.

EXECUTIVE SUMMARY

Misuse of alcohol and drugs is a significant issue that impacts the health and well-being of individuals in our community. The harmful health effects of substance misuse can include acute health issues, involving intoxication and withdrawal symptoms, or potentially longer term impacts such as liver problems, heart problems, or an increased risk for certain cancers.

As a result of health and social impacts from substance misuse, some individuals access hospital services to manage symptoms. Hospital services include the Emergency Department, inpatient units and follow-up from specialized outpatient services to treat complications from substance use.

Hamilton Health Sciences had previously identified that timely and specialized addiction follow-up was needed during or after a hospital intervention and approached the Alcohol, Drug & Gambling Services program (ADGS) to engage in a pilot initiative. This initiative involved an ADGS staff member working with the Hamilton Health Sciences Outreach team and individuals experiencing addictions issues with repeat hospital visits. The pilot occurred from mid-January 2018 until March 31, 2018 and showed positive outcomes.

Hamilton Health Sciences has approached ADGS to continue with the partnership and have ADGS staff provide addiction services to individuals accessing the Emergency Department, Inpatient units and the Outreach team. Hamilton Health Sciences has requested coverage for Monday through Sunday.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: There are no financial implications associated with Report (BOH18043).

Staffing: Hamilton Health Sciences will provide funding for 1.2 FTE and 0.2 FTE will be re-aligned from the ADGS budget.

Legal: There are no legal implications associated with Report (BOH18043).

HISTORICAL BACKGROUND

Public Health Services, through the ADGS program, provides assessment, referral, case management, and treatment for individuals experiencing concerns with alcohol, drugs and gambling. Many individuals who access services experience acute and ongoing health concerns related to their use of substances. ADGS staff have expertise to assist individuals in working through potential barriers that may prevent them from be able to change their use of substances, as well as, to help people decide what services are right for them. Hamilton Health Sciences has been working towards enhancing services provided to individuals presenting with addiction issues and approached ADGS to continue the partnership to develop further specialized services. This work is well aligned with the work of ADGS and it is hoped will allow for more timely access to ADGS services.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

This agreement will be implemented in accordance to City of Hamilton Purchasing and Finance & Administration policies.

RELEVANT CONSULTATION

Kelly O'Halloran, Director Community and Population Health Services, Hamilton Health Sciences advised that there is a need for ongoing specialized services targeted towards repeat admissions related to addictions issues.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

ADGS has a longstanding history of providing specialized services to individuals who misuse or abuse substances. The addiction services that Hamilton Health Sciences are seeking for their patients are services currently provided by ADGS, however, the ability to offer these services in a timely manner needed for this initiative is limited. ADGS also has experience in providing off-site programming with current partnerships including; local Children Aids Societies, Hamilton Family Health Team, Addiction Services Initiative with Ontario Works and the Harm Reduction Program, Street Health Clinic.

Many individuals accessing services through the hospital system may have difficulty navigating and accessing services of a community addiction treatment agency following a hospital admission. The collaboration between ADGS and Hamilton Health Sciences would provide a continued opportunity to increase capacity to work more intensely with individuals to help them navigate care following a hospital contact, helping individuals connect with services that can help with recovery from substance use problems.

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APPENDICES AND SCHEDULES ATTACHED

Not Applicable.