



City of Hamilton
BOARD OF HEALTH REVISED

Meeting #: 19-011
Date: November 18, 2019
Time: 1:30 p.m.
Location: Council Chambers, Hamilton City Hall
71 Main Street West

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

1. CEREMONIAL ACTIVITIES

2. APPROVAL OF AGENDA

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

3. DECLARATIONS OF INTEREST

4. APPROVAL OF MINUTES OF PREVIOUS MEETING

4.1 October 18, 2019

5. COMMUNICATIONS

5.1 Correspondence from the Regional Municipality of Durham to Prime Minister Justin Trudeau respecting a Notion of Motion regarding the Opioid Overdose Emergency Resolution

Recommendation: Be endorsed with a letter to the Federal and Provincial Ministers of Health.

5.2 Correspondence from Kingston, Frontenac and Lennox & Addington Public Health respecting Comprehensive Measures to Address the Rise of Vaping in Canada

Recommendation: Be endorsed with a letter to the Minister of Health.

- 5.3 Correspondence from Kingston, Frontenac and Lennox & Addington Public Health, respecting a Resolution regarding the Immediate Removal of Regulation 268 of the Smoke-Free Ontario Act, 2017.

Recommendation: Be endorsed with a letter to the Ontario Minister of Health.

- 5.4 Correspondence from Southwestern Public Health to the Ontario Minister of Health regarding the Expansion of Alcohol Retail Outlets

Recommendation: Be received and referred back to Public Health Services staff for a report to the Board of Health on December 2, 2019.

- 5.5 Correspondence from the Anita Dubeau, Board Chair for the Simcoe Muskoka District Health Unit respecting Restrictions of Vaping Products and Flavoured E-cigarettes

Recommendation: Be endorsed with a letter to the Ontario Minister of Health.

- 5.6 Correspondence from the Windsor-Essex County Health Unit respecting the Harms of Vaping and the Next Steps for Regulation

Recommendation: Be endorsed with a letter to the Ontario Minister of Health.

- 5.7 Correspondence from the Anita Dubeau, Board Chair for the Simcoe Muskoka District Health Unit respecting the Prohibition of Vapour Production Promotion in Convenience Stores and Gas Stations

Recommendation: Be received.

6. DELEGATION REQUESTS

- 6.1 Germain Sophie Ngana, Sureka Pavalagantharajah and Angela Li, McMaster University, respecting support for Injectable Opioid Agonist Therapies (for today's meeting)

- *6.2 Alexander Kinkade, Anti-od.org, respecting new information on the Fentanyl Epidemic

7. CONSENT ITEMS

- 7.1 Food Advisory Committee Minutes - September 10, 2019

8. PUBLIC HEARINGS / DELEGATIONS

- 8.1 Noor Nizam, respecting the Ontario Seniors Dental Care Program (approved at the October 18, 2019 meeting)

9. STAFF PRESENTATIONS

9.1 Code Red Presentation to the Board of Health with Steve Buist and Dr. Neil Johnston

9.2 Public Health Priorities (BOH19034) (City Wide)

10. DISCUSSION ITEMS

10.1 Child and Adolescent Services Budget (BOH19036) (City Wide)

Discussion of Confidential Appendix "A" to BOH19036, respecting the Child and Adolescent Services Budget in Closed Session is pursuant to Section 8.1, Sub-section (b) of the City's Procedural By-law 18-270, and Section 239(2), Sub-section (b) of the *Ontario Municipal Act, 2001*, as amended, as the subject matter pertains to personal matters about an identifiable individual, including municipal or local board employees. (Confidential Appendix "A" to this report is listed as Item 14.1 on this agenda.)

11. MOTIONS

12. NOTICES OF MOTION

*12.1 Declaration of an Opioid Crisis in the City of Hamilton

13. GENERAL INFORMATION / OTHER BUSINESS

13.1 Amendments to the Outstanding Business List

13.1.a Items to be Removed

2019-J

Correspondence from the Ministry of Health and Long-Term Care respecting 2019-2020 Low Income Seniors Dental Additional Base Funding

June 17, 2019, 19-006 (Added Item 5.10)

Addressed at the October 2019 meeting

2019-M

Seniors Oral Health (BOH19026)

July 10, 2019, 19-007 (Item 7.4)

Addressed at the October 2019 meeting

14. PRIVATE AND CONFIDENTIAL

- 14.1 Appendix "A" to Report BOH19036 respecting Child and Adolescent Services Budget (distributed under separate cover)

Discussion of Confidential Appendix "A" to BOH19036, respecting the Child and Adolescent Services Budget in Closed Session is pursuant to Section 8.1, Sub-section (b) of the City's Procedural By-law 18-270, and Section 239(2), Sub-section (b) of the *Ontario Municipal Act, 2001*, as amended, as the subject matter pertains to personal matters about an identifiable individual, including municipal or local board employees.

15. ADJOURNMENT



BOARD OF HEALTH MINUTES 19-010

1:30 p.m.

Friday, October 18, 2019

Council Chambers

Hamilton City Hall

Present: Mayor F. Eisenberger (Chair), Councillor M. Wilson (Vice-Chair)
Councillors J. Farr, N. Nann, E. Pauls, J.P. Danko, B. Clark, M. Pearson, S. Merulla, C. Collins, T. Jackson and A. VanderBeek

**Absent with
Regrets:** Councillors J. Partridge and B. Johnson – City Business
Councillors L. Ferguson and T. Whitehead - Personal

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

1. COMMUNICATIONS (Items 5.1 and 5.2)

(Pearson/Jackson)

That the following correspondence items be endorsed:

- (i) Correspondence from the Kingston, Frontenac and Lennox & Addington Board of Health respecting Principles and Criteria for the Restructuring Process (Item 5.1)
- (ii) Correspondence from the Middlesex-London Board of Health respecting Essential Components for Strong Local Public Health (Item 5.2)

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Vice-Chair - Ward 1 Councillor Maureen Wilson
 YES - Ward 2 Councillor Jason Farr
 YES - Ward 3 Councillor Nrinder Nann
 YES - Ward 4 Councillor Sam Merulla
 YES - Ward 5 Councillor Chad Collins
 YES - Ward 6 Councillor Tom Jackson
 YES - Ward 7 Councillor Esther Pauls
 YES - Ward 8 Councillor John-Paul Danko
 YES - Chair Fred Eisenberger
 NOT PRESENT - Ward 15 Councillor Judi Partridge

NOT PRESENT - Ward 14 Councillor Terry Whitehead
NOT PRESENT - Ward 13 Councillor Arlene VanderBeek
NOT PRESENT - Ward 12 Councillor Lloyd Ferguson
NOT PRESENT - Ward 11 Councillor Brenda Johnson
YES - Ward 10 Councillor Maria Pearson
YES - Ward 9 Councillor Brad Clark

2. IDEAS (Informed Decisions Empowering Adolescents) Program (BOH16059(b)) (City Wide) (Item 7.1)

(Danko/Nann)

That Report BOH16059(b), respecting the IDEAS (Informed Decisions Empowering Adolescents) Program, be received.

CARRIED

3. Semi-Annual Public Health Services Performance and Monitoring Report (Q1 & Q2 2019) (BOH19030) (City Wide) (Item 7.2)

(Pearson/VanderBeek)

(i) That Report BOH19030, respecting the Semi-Annual Public Health Services Performance and Monitoring Report (Q1 & Q2 2019), be received; and,

(ii) ***That the Medical Officer of Health and the Mayor draft a letter to the Chief Medical Officer and the Minister of Health and Long-Term Care requesting weekly data reports on the actual public health experiences and medical incidents for both adults and youth connected to vaping related illnesses.***

Result: Main Motion AS AMENDED CARRIED by a vote of 11 to 0, as follows:

YES - Vice-Chair - Ward 1 Councillor Maureen Wilson
YES - Ward 2 Councillor Jason Farr
YES - Ward 3 Councillor Nrinder Nann
YES - Ward 4 Councillor Sam Merulla
YES - Ward 5 Councillor Chad Collins
YES - Ward 6 Councillor Tom Jackson
NOT PRESENT - Ward 7 Councillor Esther Pauls
YES - Ward 8 Councillor John-Paul Danko
YES - Chair Fred Eisenberger
NOT PRESENT - Ward 15 Councillor Judi Partridge
NOT PRESENT - Ward 14 Councillor Terry Whitehead
YES - Ward 13 Councillor Arlene VanderBeek
NOT PRESENT - Ward 12 Councillor Lloyd Ferguson
NOT PRESENT - Ward 11 Councillor Brenda Johnson
YES - Ward 10 Councillor Maria Pearson
YES - Ward 9 Councillor Brad Clark

4. **Annual Performance & Financial Report to the Public (BOH19033) (City Wide) (Item 7.4)**

(Farr/Pauls)

That Report BOH19033 respecting the Annual Performance & Financial Report to the Public, be received.

CARRIED

5. **Associate Medical of Health (AMOH) Coverage Plan (BOH19035) (City Wide) (Item 7.5)**

(Pauls/Merulla)

That Report BOH19035 respecting the Associate Medical of Health (AMOH) Coverage Plan, be received.

CARRIED

6. **Organizational Risk Management Plan: 2019 Progress Report (BOH18032(a)) (Item 7.6)**

(Jackson/Nann)

That Report BOH18032(a), respecting the Organizational Risk Management Plan: 2019 Progress Report, be received.

CARRIED

7. **Immunization of School Pupils Act Overview (BOH19029) (City Wide) (Item 9.1)**

(VanderBeek/Clark)

(a) That the Board of Health endorse the position of the Council of Ontario Medical Officers of Health in support of a seamless immunization registry, whereby health care providers directly input immunization information at the time of vaccine administration;

(b) That the Board of Health circulate Report BOH19029 to the Minister of Health, the Chief Medical Officer of Health, City of Hamilton Members of Provincial Parliament, the Association of Local Public Health Agencies, the Council of Ontario Medical Officers of Health and the other 34 Ontario Boards of Health.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Vice-Chair - Ward 1 Councillor Maureen Wilson
NOT PRESENT - Ward 2 Councillor Jason Farr
YES - Ward 3 Councillor Nrinde Nann
YES - Ward 4 Councillor Sam Merulla
YES - Ward 5 Councillor Chad Collins
YES - Ward 6 Councillor Tom Jackson
YES - Ward 7 Councillor Esther Pauls
YES - Ward 8 Councillor John-Paul Danko

YES - Chair Fred Eisenberger
NOT PRESENT - Ward 15 Councillor Judi Partridge
NOT PRESENT - Ward 14 Councillor Terry Whitehead
YES - Ward 13 Councillor Arlene VanderBeek
NOT PRESENT - Ward 12 Councillor Lloyd Ferguson
NOT PRESENT - Ward 11 Councillor Brenda Johnson
YES - Ward 10 Councillor Maria Pearson
YES - Ward 9 Councillor Brad Clark

8. Seniors Oral Health (BOH19026(a)) (City Wide) (Item 9.2)

(Jackson/Collins)

- (a) That the Board of Health authorize and direct the Medical Officer of Health to receive, utilize and submit reports for the approved capital from the Ministry of Health to support the service delivery plan for low-income seniors;
- (b) That the Board of Health authorize and direct the Medical Officer of Health to increase complement in the Public Health Services by 5.8 full time equivalents as outlined in BOH19026(a); and,
- (c) ***That the Board of Health opposes the introduction of a possible co-payment for dentures, and that a letter be sent to the Minister of Health and Long-Term Care, indicating their opposition.***

Result: Main Motion AS AMENDED CARRIED by a vote of 12 to 0, as follows:

YES - Vice-Chair - Ward 1 Councillor Maureen Wilson
YES - Ward 2 Councillor Jason Farr
YES - Ward 3 Councillor Nrinder Nann
YES - Ward 4 Councillor Sam Merulla
YES - Ward 5 Councillor Chad Collins
YES - Ward 6 Councillor Tom Jackson
YES - Ward 7 Councillor Esther Pauls
YES - Ward 8 Councillor John-Paul Danko
YES - Chair Fred Eisenberger
NOT PRESENT - Ward 15 Councillor Judi Partridge
NOT PRESENT - Ward 14 Councillor Terry Whitehead
YES - Ward 13 Councillor Arlene VanderBeek
NOT PRESENT - Ward 12 Councillor Lloyd Ferguson
NOT PRESENT - Ward 11 Councillor Brenda Johnson
YES - Ward 10 Councillor Maria Pearson
YES - Ward 9 Councillor Brad Clark

9. Code Red Presentation to the Board of Health (Added Item 11.1)

(Wilson/Farr)

WHEREAS, the neighbourhoods in the City of Hamilton were profiled for their socio-economic and health status and consumption of health services in the Hamilton Spectator's Code Red Project in 2010;

WHEREAS, the Code Red Project has been updated to see what has changed in Hamilton over the past decade;

WHEREAS, the purpose of the Code Red Project was to stimulate a community debate about the variation in health status between neighbourhoods in the City of Hamilton;

WHEREAS, Steve Buist (Investigations Editor, Hamilton Spectator) and Neil Johnston (Epidemiologist, Department of Medicine, McMaster University) designed and executed the Code Red Project; and

WHEREAS, the Code Red Project won a National Newspaper Award for special projects and was shortlisted for the Michener Prize and Steve Buist and Neil Johnston won the 2011 Hillman Prize for Journalism fostering social and economic justice for the Code Red Project;

THEREFORE BE IT RESOLVED:

That the Board of Health approve a presentation by Steve Buist and Dr Neil Johnston to discuss the findings of their Red Code Series to the Board of Health at the November 18, 2019 meeting.

Result: Motion CARRIED by a vote of 12 to 0, as follows:

YES - Vice-Chair - Ward 1 Councillor Maureen Wilson

YES - Ward 2 Councillor Jason Farr

YES - Ward 3 Councillor Nrinder Nann

YES - Ward 4 Councillor Sam Merulla

YES - Ward 5 Councillor Chad Collins

YES - Ward 6 Councillor Tom Jackson

YES - Ward 7 Councillor Esther Pauls

YES - Ward 8 Councillor John-Paul Danko

YES - Chair Fred Eisenberger

NOT PRESENT - Ward 15 Councillor Judi Partridge

NOT PRESENT - Ward 14 Councillor Terry Whitehead

YES - Ward 13 Councillor Arlene VanderBeek

NOT PRESENT - Ward 12 Councillor Lloyd Ferguson

NOT PRESENT - Ward 11 Councillor Brenda Johnson

YES - Ward 10 Councillor Maria Pearson

YES - Ward 9 Councillor Brad Clark

FOR INFORMATION:

(a) CERMONIAL ACTIVITIES (Item 1)

There were no ceremonial activities.

(b) CHANGES TO THE AGENDA (Item 2)

The Committee Clerk advised the Board of the following changes to the agenda:

9. STAFF PRESENTATIONS

9.2 Seniors Oral Health BOH19026(a)

Note that Item 10.1, Seniors Oral Health BOH19026(a) is incorrectly labelled and should be located under Staff Presentations as Item 9.2

12. NOTICES OF MOTION

12.1 Code Red Presentation to the Board of Health

(Pearson/Farr)

That the agenda for the October 18, 2019 Board of Health be approved, as amended.

Result: Motion CARRIED by a vote of 10 to 0, as follows:

YES - Vice-Chair - Ward 1 Councillor Maureen Wilson
YES - Ward 2 Councillor Jason Farr
YES - Ward 3 Councillor Nrinder Nann
YES - Ward 4 Councillor Sam Merulla
NOT PRESENT - Ward 5 Councillor Chad Collins
YES - Ward 6 Councillor Tom Jackson
YES - Ward 7 Councillor Esther Pauls
YES - Ward 8 Councillor John-Paul Danko
YES - Chair Fred Eisenberger
NOT PRESENT - Ward 15 Councillor Judi Partridge
NOT PRESENT - Ward 14 Councillor Terry Whitehead
NOT PRESENT - Ward 13 Councillor Arlene VanderBeek
NOT PRESENT - Ward 12 Councillor Lloyd Ferguson
NOT PRESENT - Ward 11 Councillor Brenda Johnson
YES - Ward 10 Councillor Maria Pearson
YES - Ward 9 Councillor Brad Clark

(c) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

(d) APPROVAL OF MINUTES OF PREVIOUS MEETING (Item 4)

(i) August 14, 2019 (Item 4.1)

(Clark/Nann)

That the Minutes of the August 14, 2019 meeting of the Board of Health be approved, as presented.

Result: Motion CARRIED by a vote of 10 to 0, as follows:

YES - Vice-Chair - Ward 1 Councillor Maureen Wilson
YES - Ward 2 Councillor Jason Farr
YES - Ward 3 Councillor Nrinder Nann
YES - Ward 4 Councillor Sam Merulla
NOT PRESENT - Ward 5 Councillor Chad Collins
YES - Ward 6 Councillor Tom Jackson
YES - Ward 7 Councillor Esther Pauls
YES - Ward 8 Councillor John-Paul Danko
YES - Chair Fred Eisenberger
NOT PRESENT - Ward 15 Councillor Judi Partridge
NOT PRESENT - Ward 14 Councillor Terry Whitehead
NOT PRESENT - Ward 13 Councillor Arlene VanderBeek
NOT PRESENT - Ward 12 Councillor Lloyd Ferguson
NOT PRESENT - Ward 11 Councillor Brenda Johnson
YES - Ward 10 Councillor Maria Pearson
YES - Ward 9 Councillor Brad Clark

(ii) Clerk's Report – September 16, 2019 (Item 4.2)

(Clark/Pauls)

That the Clerk's Report of September 16, 2019, be received.

CARRIED

(e) COMMUNICATIONS (Item 5)

(Pearson/Farr)

That the following Correspondence Items, be received:

- (i) Correspondence from the Ministry of Children, Community and Social Services respecting the Healthy Babies, Healthy Children Program Project Agreement (Item 5.3)
- (ii) Correspondence from the Ministry of Health respecting a Ministry of Health Public Health Funding and Accountability Agreement with the Board of Health for the City of Hamilton (Item 5.4)

- (iii) Correspondence from the Association of Local Public Health Units respecting their Fall Symposium and Meeting to be held on November 6 and 7, 2019 (Item 5.5)
- (iv) Correspondence from the Association of Local Public Health Agencies respecting a Public Health Cost Sharing Funding Model (Item 5.6)

CARRIED

(f) DELEGATION REQUESTS (Item 6)

- (i) **Delegation Request from Noor Nizam, respecting the Ontario Seniors Dental Care Program (for a future meeting) (Item 6.1)**

(Jackson/Pauls)

That the Delegation Request from Noor Nizam, respecting the Ontario Seniors Dental Care Program, be approved, for a future meeting.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Vice-Chair - Ward 1 Councillor Maureen Wilson
YES - Ward 2 Councillor Jason Farr
YES - Ward 3 Councillor Nrinder Nann
YES - Ward 4 Councillor Sam Merulla
YES - Ward 5 Councillor Chad Collins
YES - Ward 6 Councillor Tom Jackson
YES - Ward 7 Councillor Esther Pauls
YES - Ward 8 Councillor John-Paul Danko
YES - Chair Fred Eisenberger
NOT PRESENT - Ward 15 Councillor Judi Partridge
NOT PRESENT - Ward 14 Councillor Terry Whitehead
NOT PRESENT - Ward 13 Councillor Arlene VanderBeek
NOT PRESENT - Ward 12 Councillor Lloyd Ferguson
NOT PRESENT - Ward 11 Councillor Brenda Johnson
YES - Ward 10 Councillor Maria Pearson
YES - Ward 9 Councillor Brad Clark

(g) CONSENT ITEMS (Item 7)

- (i) **Semi-Annual Public Health Services Performance and Monitoring Report (Q1 & Q2 2019) (BOH19030) (City Wide) (Item 7.2)**

(Clark/Pearson)

That Report BOH19030 be amended by adding sub-section (b) as follows:

- (b) ***That the Medical Officer of Health and the Mayor draft a letter to the Chief Medical Officer and the Minister of Health and Long-Term Care requesting weekly data reports on the actual public health experiences and medical incidents for both adults and youth connected to vaping related illnesses.***

Result: Amendment CARRIED by a vote of 12 to 0, as follows:

YES - Vice-Chair - Ward 1 Councillor Maureen Wilson
YES - Ward 2 Councillor Jason Farr
YES - Ward 3 Councillor Nrinder Nann
YES - Ward 4 Councillor Sam Merulla
YES - Ward 5 Councillor Chad Collins
YES - Ward 6 Councillor Tom Jackson
YES - Ward 7 Councillor Esther Pauls
YES - Ward 8 Councillor John-Paul Danko
YES - Chair Fred Eisenberger
NOT PRESENT - Ward 15 Councillor Judi Partridge
NOT PRESENT - Ward 14 Councillor Terry Whitehead
YES - Ward 13 Councillor Arlene VanderBeek
NOT PRESENT - Ward 12 Councillor Lloyd Ferguson
NOT PRESENT - Ward 11 Councillor Brenda Johnson
YES - Ward 10 Councillor Maria Pearson
YES - Ward 9 Councillor Brad Clark

- (ii) **Physician Recruitment and Retention Steering Committee Report 19-001 - September 11, 2019 (Item 7.3)**

(VanderBeek/Jackson)

That Physician Recruitment and Retention Steering Committee Report 19-001 - September 11, 2019, be received.

CARRIED

- (h) **STAFF PRESENTATION (Item 9)**

- (i) **Immunization of School Pupils Act Overview (BOH19029) (City Wide) (Item 9.1)**

Bridget Woudstra and Mike Bush, Healthy and Safe Communities, addressed the Board respecting an Immunization of School Pupils Act Overview (BOH19029), with the aid of a PowerPoint presentation. A copy of the presentation has been included in the official record.

(Danko/Nann)

That the presentation respecting an Immunization of School Pupils Act Overview (BOH19029), be received.

CARRIED

The presentation is available at www.hamilton.ca, and through the Office of the City Clerk.

For further disposition, refer to Item 7.

(ii) Seniors Oral Health (BOH19026(a)) (City Wide) (Item 9.2)

Jen Vickers-Manzin, Director, Healthy and Safe Communities, addressed the Board respecting Seniors Oral Health (BOH19026(a)), with the aid of a PowerPoint presentation. A copy of the presentation will be included in the official record.

(Nann/Wilson)

That the presentation respecting Seniors Oral Health (BOH19026(a)), be received.

CARRIED

(Jackson/Collins)

That Report BOH19026(a), respecting Seniors Oral Health, be amended to add sub-section (c), to read as follows:

- (c) *That the Board of Health opposes the introduction of a possible co-payment for dentures, and that a letter be sent to the Minister of Health and Long-Term Care, indicating their opposition.***

Result: Amendment CARRIED by a vote of 12 to 0, as follows:

YES - Vice-Chair - Ward 1 Councillor Maureen Wilson
YES - Ward 2 Councillor Jason Farr
YES - Ward 3 Councillor Nrinder Nann
YES - Ward 4 Councillor Sam Merulla
YES - Ward 5 Councillor Chad Collins
YES - Ward 6 Councillor Tom Jackson
YES - Ward 7 Councillor Esther Pauls
YES - Ward 8 Councillor John-Paul Danko
YES - Chair Fred Eisenberger
NOT PRESENT - Ward 15 Councillor Judi Partridge
NOT PRESENT - Ward 14 Councillor Terry Whitehead
YES - Ward 13 Councillor Arlene VanderBeek
NOT PRESENT - Ward 12 Councillor Lloyd Ferguson
NOT PRESENT - Ward 11 Councillor Brenda Johnson
YES - Ward 10 Councillor Maria Pearson
YES - Ward 9 Councillor Brad Clark

The presentation is available at www.hamilton.ca, and through the Office of the City Clerk.

For further disposition of this matter, refer to Item 8.

(i) NOTICE OF MOTION (Item 12)

Councillor Wilson introduced the following Notice of Motion.

(i) Code Red Presentation to the Board of Health (Item 12.10)

(Wilson/Farr)

That the Rules of Order be waived to allow for the introduction of a motion reselecting Code Red Presentation to the Board of Health.

Result: Motion CARRIED by a vote of 12 to 0, as follows:

YES - Vice-Chair - Ward 1 Councillor Maureen Wilson
YES - Ward 2 Councillor Jason Farr
YES - Ward 3 Councillor Nrinder Nann
YES - Ward 4 Councillor Sam Merulla
YES - Ward 5 Councillor Chad Collins
YES - Ward 6 Councillor Tom Jackson
YES - Ward 7 Councillor Esther Pauls
YES - Ward 8 Councillor John-Paul Danko
YES - Chair Fred Eisenberger
NOT PRESENT - Ward 15 Councillor Judi Partridge
NOT PRESENT - Ward 14 Councillor Terry Whitehead
YES - Ward 13 Councillor Arlene VanderBeek
NOT PRESENT - Ward 12 Councillor Lloyd Ferguson
NOT PRESENT - Ward 11 Councillor Brenda Johnson
YES - Ward 10 Councillor Maria Pearson
YES - Ward 9 Councillor Brad Clark

For further disposition of this matter, refer to Item 9.

(j) GENERAL INFORMATION AND OTHER BUSINESS (Item 13)

(i) Amendments to the Outstanding Business List:

(Pearson/VanderBeek)

That the following amendments to the Board of Health Outstanding Business List, be approved:

(a) Revised Due Dates Required:

2015-A
Review of the City of Hamilton's Pest Control By-law
November 16, 2015 (Item 9.1)
Revised Due Date: December 2019

2016-A
Hamilton Airshed Modelling System (BOH18016) (City Wide)
April 16, 2018 18-004 (Item 7.1)
Revised Due Date: December 2019

2019-P
Pollution Surrounding the Parkview Community – Community Event
August 14, 2019 19-008 Items 6.1-6.13
Due Date: November 2019

(b) Items to be Removed:

2016-C
Contaminated Sites Management Plan
December 5, 2016, 16-012 (Item 5.1)
Based on clarification and additional information provided by staff on the Historic Land Use inventory, Contaminated Sites Management Plan, Record of site condition requirements and mitigation measures, in consultation with the Councillor, this item can be marked as completed and removed

2019-Q
Correspondence from the Windsor-Essex County Health Unit respecting Immunization for School Children - Seamless Immunization Registry
August 14, 2019, 19-008 (Item 5.1)
Addressed as Item 9.1 on this agenda

(c) Items to be placed on Hold:

Considering the resignation of the Director of Physician Recruitment, and that members of the Physician Recruitment and Retention Committee are working on a plan for the future role of the Director, the following items be put on hold:

2017-B
Physician Recruitment and Retention Steering Committee Report 17-001 - Annual Report / Key Performance Indicators and Current Statistics
(September 18, 2017 BOH 17-007, (Item 8.1) and (Item 8.1(i))

2018-E
Presentation by the Physician Recruitment Specialist to the Board of Health respecting the Physician Recruitment and Retention Sub-Committee December 10, 2018, 18-009, Item 13.1

Result: Motion CARRIED by a vote of 12 to 0, as follows:

YES - Vice-Chair - Ward 1 Councillor Maureen Wilson
YES - Ward 2 Councillor Jason Farr
YES - Ward 3 Councillor Nrinder Nann
YES - Ward 4 Councillor Sam Merulla
YES - Ward 5 Councillor Chad Collins
YES - Ward 6 Councillor Tom Jackson
YES - Ward 7 Councillor Esther Pauls
YES - Ward 8 Councillor John-Paul Danko
YES - Chair Fred Eisenberger
NOT PRESENT - Ward 15 Councillor Judi Partridge
NOT PRESENT - Ward 14 Councillor Terry Whitehead
YES - Ward 13 Councillor Arlene VanderBeek
NOT PRESENT - Ward 12 Councillor Lloyd Ferguson
NOT PRESENT - Ward 11 Councillor Brenda Johnson
YES - Ward 10 Councillor Maria Pearson
YES - Ward 9 Councillor Brad Clark

(k) ADJOURNMENT (Item 15)

(Danko/Wilson)

That, there being no further business, the Board of Health be adjourned at 3:17 p.m.

CARRIED

Respectfully submitted,

Mayor Fred Eisenberger
Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk



The Regional
Municipality of
Durham

Corporate Services
Department –
Legislative Services

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Level 1
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durham.ca

October 24, 2019

The Right Honourable Justin Trudeau
Prime Minister
House of Commons
Ottawa ON K1A 0A6

Honourable Sir:

**RE: Notice of Motion re: Opioid Overdose Emergency
Resolution Our File: P00**

Council of the Region of Durham, at its meeting held on October 23, 2019, adopted the following recommendations of the Health and Social Services Committee:

"Whereas the opioid overdose emergency is affecting communities across Ontario, including Durham Region; and

Whereas the prevalence of addiction and the incidence of emergency department visits and deaths associated with opioid use disorder have increased in recent years; and

Whereas addiction to prescription and illegal opioids is negatively affecting individuals, families and entire communities; and

Whereas on September 12, 2019, the Government of Ontario announced its plan to establish the Mental Health and Addictions Division (MHAD) under the leadership of Karen Glass, Assistant Deputy Ministry; and

Whereas the MHAD will lead the development and implementation of Ontario's Mental Health and Addictions Strategy; and

Whereas the Government of Ontario will be consulting key stakeholders and the public on modernizing public health and land ambulance services; and

Whereas public health programs and services demonstrate superior value for money and return on investment; and

Whereas the Federation of Canadian Municipalities (FCM) has identified a need for federal and provincial strategies that are comprehensive, coordinated and address the root causes of the opioid crisis; and

Whereas FCM has recommended an intergovernmental action plan that aligns federal, provincial/territorial and local strategies, responds to specific needs of indigenous communities and rapidly expand all aspects of the collective response; and

Whereas FCM has echoed the recommendations of the Mayor's Task Force on the Opioid Crisis; and

Whereas the Association of Municipalities Ontario (AMO) has identified the following recommendations for a provincial response to addressing the opioid overdose emergency in Ontario:

- i. That the Province publicly affirms the seriousness of the opioid overdose emergency and commit to take all necessary measures to save lives and prevent harm, including the provision of long-term funding for existing programs as well as new funding streams, where necessary;
- ii. That the Province undertakes an 'all of government' effort to develop a comprehensive provincial drug strategy that addresses the opioid overdose emergency, based on a public health approach that addresses the social determinants of health, and that takes a non-discriminatory approach to overdose prevention and harm reduction. This strategy should cascade down to guide local drug strategy development and implementation with accompanying resources so that municipalities in Ontario have comprehensive, multi-faceted, funded drug strategies in place led by dedicated local coordinators. Further, progress toward implementation should be measured with performance indicators and be evaluated for outcomes achieved;
- iii. That the Province examines, and its ministries provide, a coordinated 'all of government' response with adequate funding to address the root causes of addiction, including housing related factors, poverty, unemployment, mental illness, and trauma;
- iv. That the Ministry of Health provides more funding to support, enhance and expand evidence- based consumption, treatment and rehabilitation services, addiction prevention and education, and harm reduction measures in all areas of Ontario;
- v. That the Ministry of Health targets funding for addiction and mental health services that would assist in treating people with mental illness to reduce and/or eliminate self-medication and would provide services to help people overcome their addiction;
- vi. That the Ministry of the Solicitor General provides enhanced funding to enforce laws surrounding illicit drug supply, production, and distribution;

- vii. That the Province enhances funding for diversion programs, mobile crisis intervention teams, and further promote harm reduction approaches among police services;
- viii. That the Ministry of Health examines community paramedicine as a viable option to provide treatment and referral services;
- ix. That the Ministry of Health funds a public education campaign, including on social media, to complement the efforts of individual communities;
- x. That the provincial coordinator work with the Ministry of Education to add a health promoting youth-resiliency program to the school curriculum that includes coping skills to get through obstacles in life, e.g. social competence, conflict resolution, healthy relationships, and informed decision-making;
- xi. That the Ministry of Health fully funds (100%) Naloxone for all municipal first responders (paramedics, police, and fire services) and provide training in its use;
- xii. That the Ministry of Health and the Ministry of Children, Community and Social Services work together with municipal human service system managers to better link social service and health supports including to help people overcome addiction and address mental health;
- xiii. That the Ministry of Health works toward a goal of establishing and maintaining 30,000 supportive housing units in the province; and
- xiv. That the Province advocates to the federal government for appropriate and supportive measures that will support effective provincial and local responses;

Now therefore be it resolved that the Health & Social Services Committee recommends to Regional Council:

- A) That the Government of Canada and Ontario recognize, acknowledge and declare a national health epidemic in respect to the opioid overdose emergency across Canada;
- B) That AMO's recommendations with respect to Ontario's opioid overdose emergency be endorsed;
- C) That the Government of Ontario be urged to continue funding the important work of public health units to help address the current opioid crisis;

- D) That the Government of Canada and Ontario be advised that the opioid emergency is not limited to major urban centres and that federal and provincial representatives work directly with the Region of Durham, to develop and fund a full-suite of prevention and addiction services, affordable social and supportive housing to address the crisis in our communities; and
- E) That the Prime Minister of Canada, Ministers of Health and Children, Families and Social Development, and Minister Responsible for the Canada Mortgage and Housing Corporation, Durham's MPs, Chief Public Health Officer of Canada, Premier of Ontario, Deputy Premier & Minister of Health, Ministers of Children, Community and Social Services, Finance, and Municipal Affairs and Housing, Durham's MPPs, Chief Medical Officer of Health, AMO, alPHa, FCM, all local municipalities, and all Ontario boards of health be so advised as well as be provided with a copy of the presentation from M. Hutchinson, Manager, Population Health, regarding The Opioid Crisis: A Complex, Multifaceted Health and Social Issue."

As directed, attached is a copy of the presentation from M. Hutchinson, Manager, Population Health, regarding The Opioid Crisis: A Complex, Multifaceted Health and Social Issue.



Ralph Walton,
Regional Clerk/Director of Legislative Services

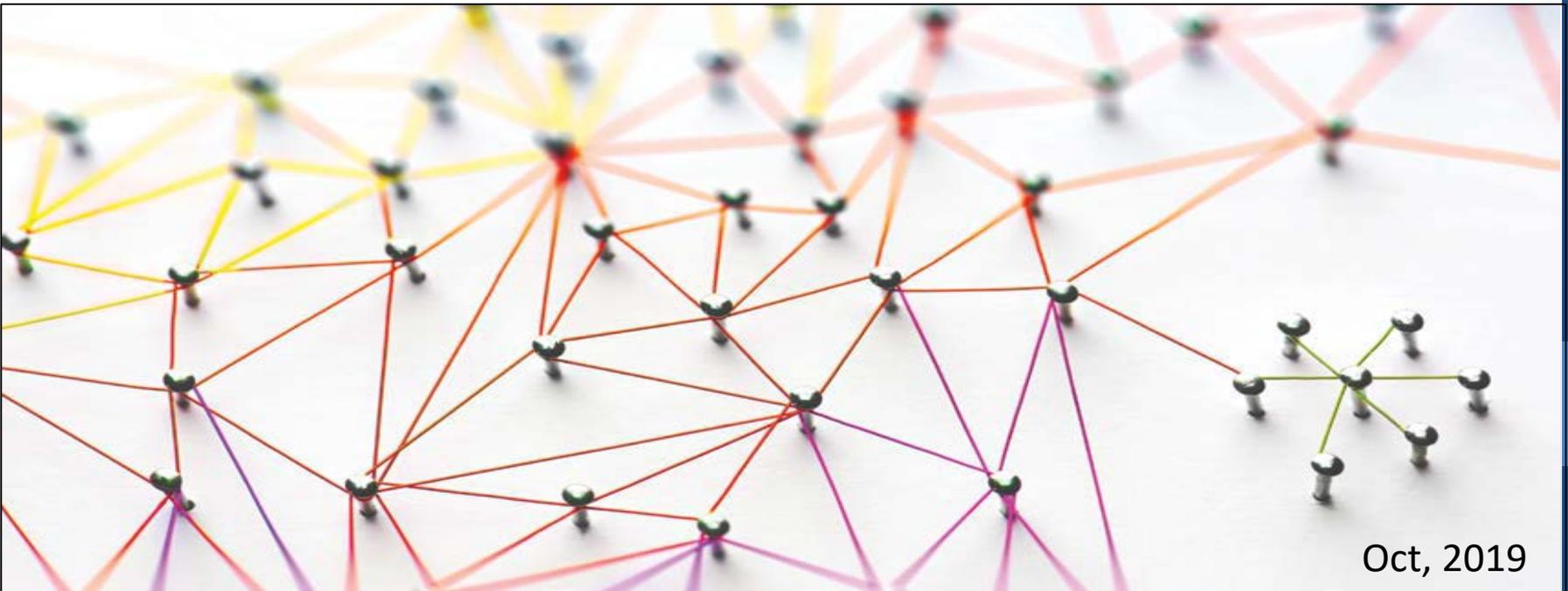
RW/np

Attach.

- c: The Honourable Ginette C. Petitpas Taylor, Minister of Health
The Honourable Jean-Yves Duclos, Minister of Families, Children
and Social Development and Minister Responsible for the Canada
Mortgage and Housing Corporation
Mark Holland, MP (Ajax)
Mr. Erin O'Toole, MP (Durham)
Jamie Schmale MP (Haliburton/Kawartha Lakes/Brock)
Philip Lawrence, MP (Northumberland/Peterborough South)
Dr. Colin Carrie MP (Oshawa)

Jennifer O'Connell, MP (Pickering/Uxbridge)
Ryan Turnbull, MP (Whitby)
Chief Public Health Officer of Canada
The Honourable Doug Ford, Premier of Ontario
The Honourable Christine Elliott, Deputy Premier & Minister of Health
The Honourable Todd Smith, Minister of Children, Community and
Social Services
The Honourable Rod Phillips, Minister of Finance
The Honourable Steve Clark, Minister of Municipal Affairs and
Housing
Rod Phillips, MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
Lindsey Park, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
Peter Bethlenfalvy, MPP (Pickering/Uxbridge)
David Piccini, MPP Northumberland-Peterborough South
Dr. David Williams, Chief Medical Officer of Health
Brian Rosborough, Executive Director, Association of Municipalities
of Ontario (AMO)
L. Ryan, Executive Director, Association of Local Public Health
Agencies (ALPHA)
C. Saab, Executive Director, Policy and Public Affairs, Federation of
Canadian Municipalities (FCM)
A. Harras, Acting Clerk, Town of Ajax
B. Jamieson, Clerk, Township of Brock
A. Greentree, Clerk, Municipality of Clarington
M. Medeiros, Acting Clerk, City of Oshawa
S. Cassel, City Clerk, City of Pickering
J.P. Newman, Director of Corporate Services/Clerk, Township of
Scugog
D. Leroux, Clerk, Township of Uxbridge
C. Harris, Clerk, Town of Whitby
Ontario boards of health
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

The Opioid Crisis: A Complex, Multifaceted Health and Social Issue



Opioid Overdose Crisis

History

- A very complex health and social issue
- Trauma and adverse childhood experiences greatly contribute to opioid use
- Overprescribing of prescription drugs and use of illegal opioids have contributed to the issue

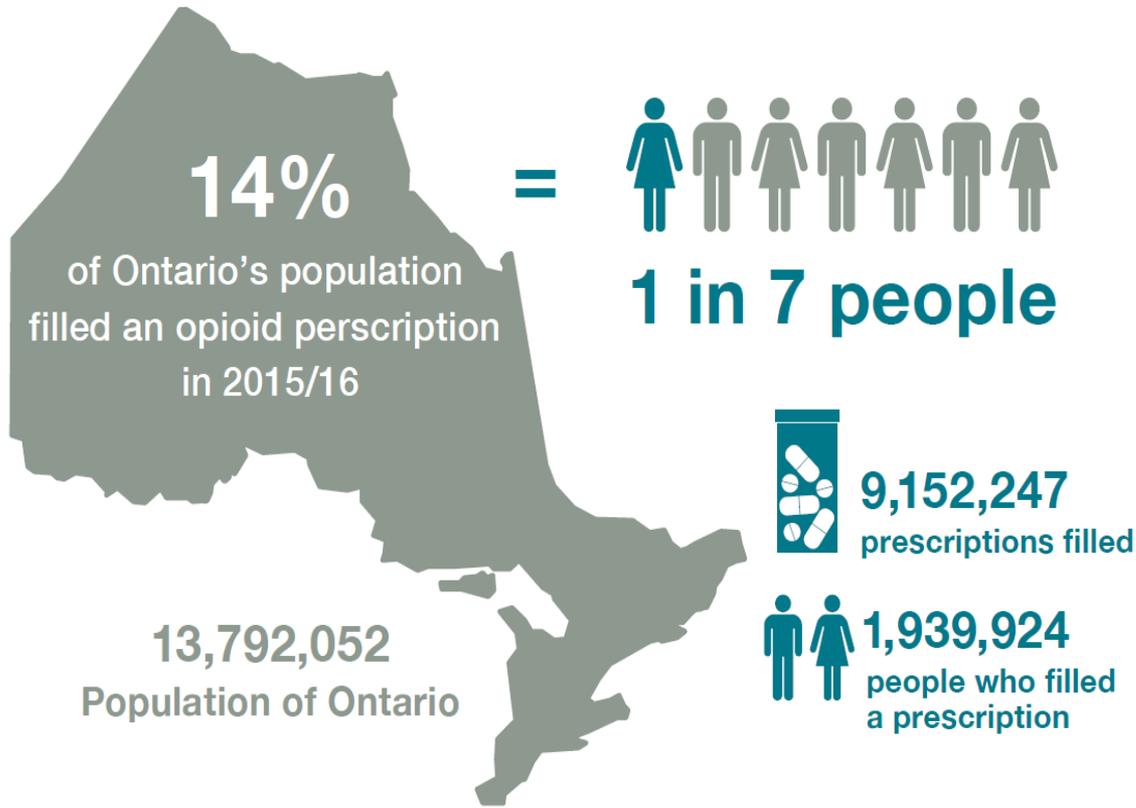
Risk Factors for Developing Opioid Addiction Include:

- Personal history of substance use
- Family history of substance use
- History of childhood trauma such as pre-adolescent sexual abuse
- History of mental illness

Canadian research studies have shown that up to 90% of women in treatment for substance use have experienced trauma. (Jean Tweed Centre, 2013)

Prescription Opioids

Number of people who filled an opioid prescription and number of prescriptions filled, 2015/16



9 Million Prescriptions

What we know about the growing use
of prescription opioids in Ontario

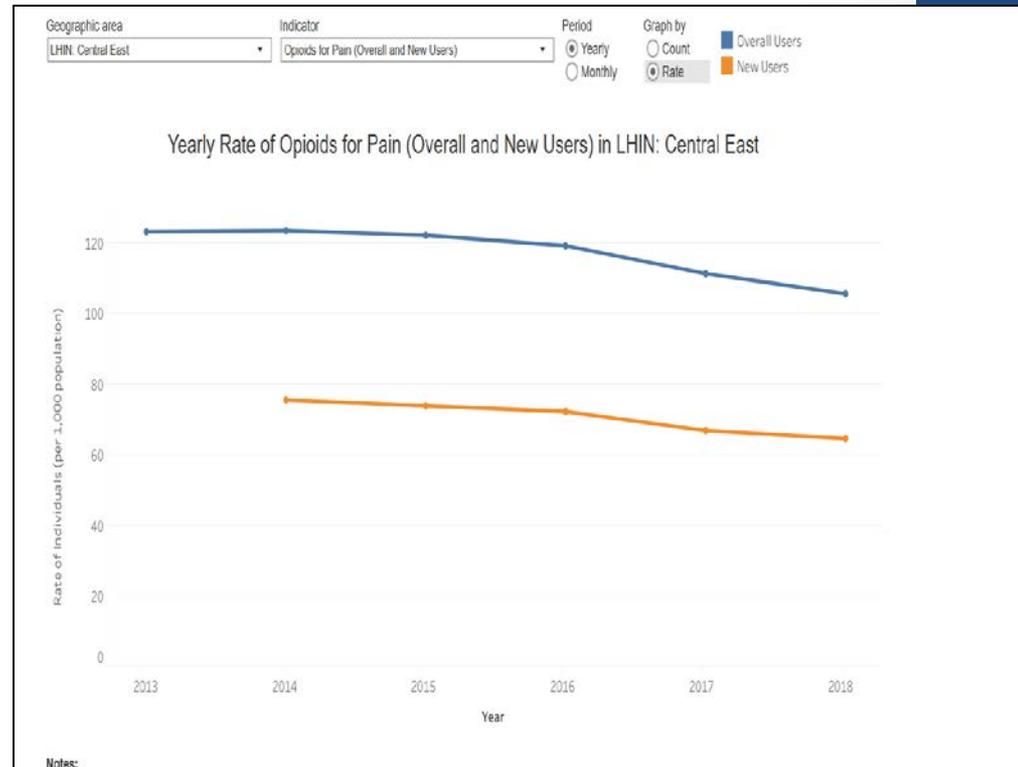
Health Quality
Ontario
Let's make our health system healthier

Ontario
with every breath

Data Sources: Narcotics Monitoring System, provided by the Ministry of Health and Long-Term Care; Population estimates, provided by the Ministry of Finance

The Root Cause of the Opioid Crisis

- **Although increased availability of prescription opioids fueled the overdose crisis, this does not adequately explain the situation nor does it adequately explore the source of the demand for these medicines**
- **Trends over the past 3 years show a decline in opioid prescribing rates across the province and CE LHIN, yet opioid overdose rates have not declined and in many areas continue to rise**



The Opioid Crisis... A Complex, Multifaceted Issue

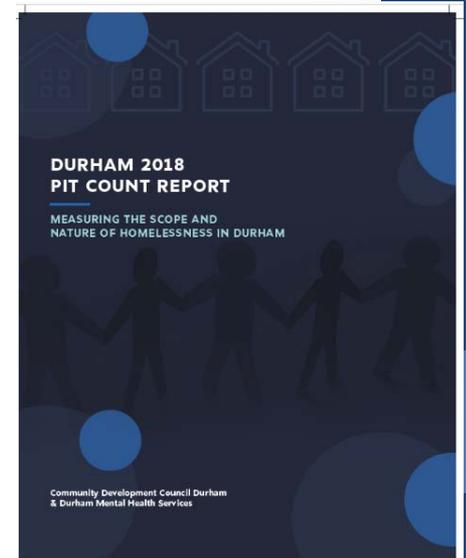
While increased opioid prescribing for chronic pain has contributed to the crisis, factors such as reduced economic opportunity, poor working conditions, and financial poverty are root causes of the misuse of opioid and other substances

Poverty and substance use problems operate synergistically



Durham Region 2018 Point-in-Time Count

- The 2018 Everybody Counts Report provides a snapshot of homelessness in Durham Region
- 291 individuals experiencing homelessness
- Most individuals surveyed were staying in an emergency shelter or experiencing hidden homelessness
 - 13% of individuals surveyed were unsheltered
 - 79% of individuals surveyed were single adults
 - 31% of individuals surveyed identified struggling with addiction of substance abuse



Social and Genetic Factors

- **Individuals living in low socioeconomic neighbourhoods are more likely to develop chronic pain after car crashes**
- **Evidence shows that people convert social stress and anxiety into physical pain**
- **Studies have looked at a group of people who use heroin and have previously been employed in a steel production plant which closed. The people cited economic hardship, social isolation and hopelessness as reasons for drug use**



Public Health Mandate

Ministry of Health and Long-Term Care

Substance Use Prevention and Harm Reduction Guideline, 2018

Population and Public Health Division,
Ministry of Health and Long-Term Care

Effective: January 1, 2018

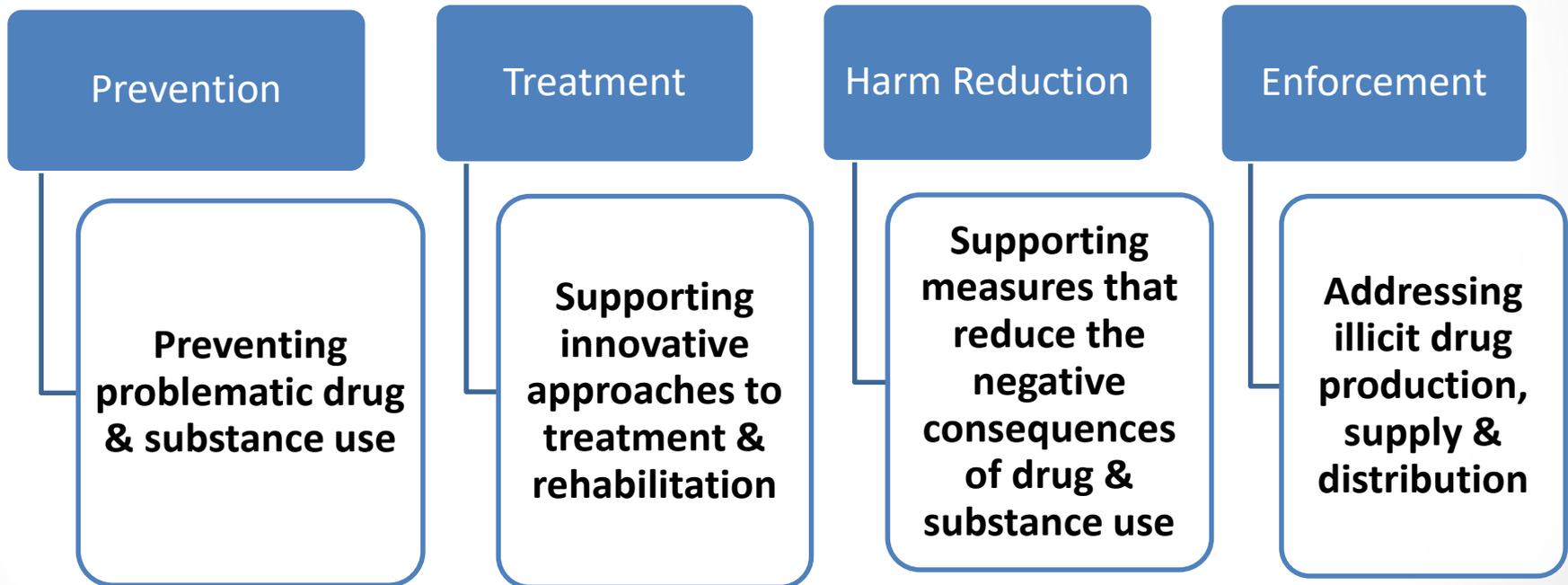


1. Develop a Local Opioid Response

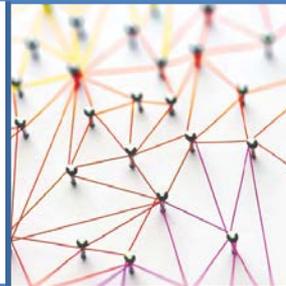
2. Naloxone Distribution

3. Develop an Early Warning & Surveillance System

Canadian Drugs & Substances Strategy Framework (Health Canada)



Durham Region Opioid Response Plan

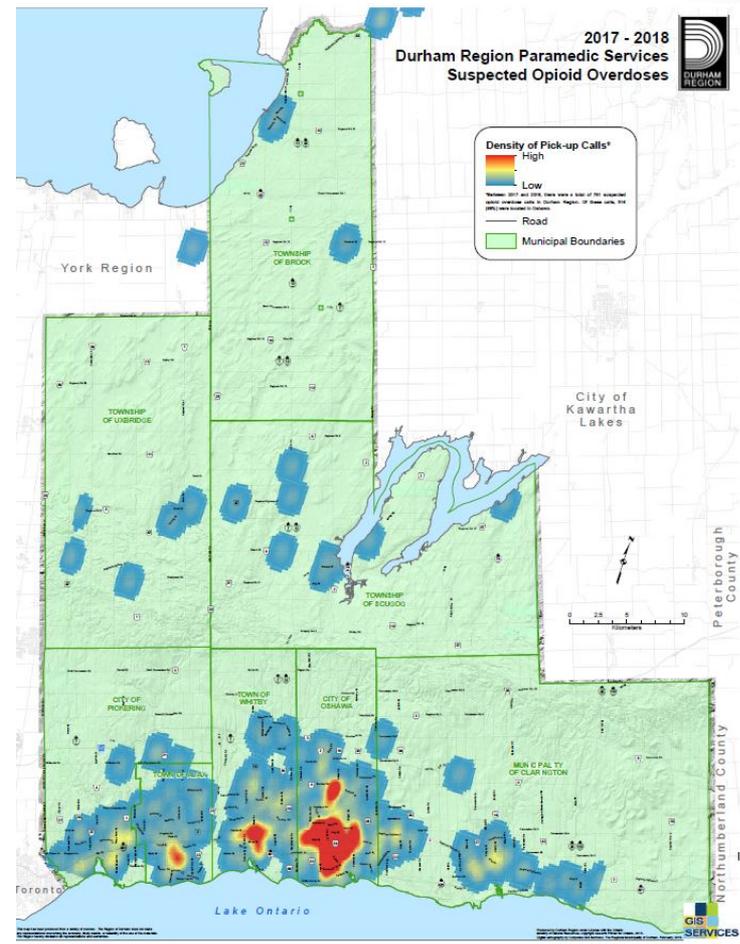
					
Coordinate surveillance activities & use of 'real-time' data from across sectors	Support ongoing knowledge exchange	Increase awareness of the connection between mental health, trauma & substance abuse	Increase treatment options	Develop a local evidence-based harm reduction strategy to foster coordination and access to services	Continue addressing illicit drug production, supply & distribution

DRHD Opioid Information & Data System (DROIS)

The screenshot shows the DROIS website with a navigation menu at the top including 'Living Here', 'Discovering Durham', 'Doing Business', 'Health and Wellness', and 'Regional Government'. The main header reads 'Durham Region Opioid Information System' with sub-links for 'Home / Health and Wellness / Alcohol, Cannabis, Drugs and Smoking / Opioids and Overdose Prevention'. The page is divided into three main sections:

- Region of Durham Paramedic Services (RDPS):** Includes statistics such as 'Between January 1 and August 9, 2019, RDPS received 372 calls related to suspected opioid overdoses, which is higher than 2018 (225 calls) for the same time period.' It also features a 'Map of RDPS calls related to suspected opioid overdoses'.
- Emergency department visits:** States 'There has been a general increase in the number of emergency department (ED) visits for opioid poisonings in Durham Region residents in the past two years, with the numbers fluctuating on a month-to-month basis. Between 2016 and 2017, the rate of ED visits in Durham Region due to opioid poisoning more than doubled to 57.0 visits per 100,000 people.' It includes input fields for 'Monthly number of opioid overdose visits' and 'Annual rate of opioid overdose visits'.
- Opioid-related deaths:** Notes 'The number of deaths related to opioid poisoning in Durham Region residents has been increasing over the past five years. In 2017, there were 58 deaths related to opioid poisoning in Durham Region, more than triple the number in 2013. In 2017, the rate of opioid-related deaths among Durham Region residents of 8.5 deaths per 100,000 people was consistent with Ontario's rate of 8.9 deaths per 100,000 people.' It includes an input field for 'Annual number of opioid-related deaths'.

Additional features include a 'Notes' section with a 'Data sources' field, a 'Receive email updates' button, and a 'Contact Us' link at the bottom.



Needle Exchange Program (NEP)

Harm reduction strategies aim to increase awareness of the risk of behaviour, and provide tools and resources to decrease a person's risk to themselves or others

Success is measured in terms of individual and community quality of health, not in the levels of substances use

Purpose:

- **Designed to reduce harm by preventing the transmission of deadly diseases such as HIV, hepatitis C (HCV) and hepatitis B (HBV)**
- **While NEP's are not designed to treat addictions, they do provide an access point for other addiction services, health and social services**

Services:

- **Provides sterile needles and other supplies**
- **Provides education and counselling to clients**
- **Provides referrals to addiction treatment and other health and social services**

Benefits of a Needle Exchange Services

Lower numbers of contaminated needles in a community

Reduced prevalence of new infectious diseases e.g. HIV

Increased access to education and drug treatment referral services

Increased access to testing and diagnostic services

Increased communication with hard-to-reach populations

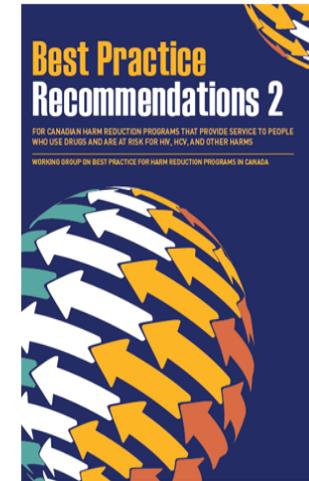
Best Practices for NEPs

Provide sterile needles in the quantities requested by clients without requiring clients to return used needles

Place no limit on the number of needles provided per client, per visit (one for one exchange is not recommended)

Encourage clients to return and /or properly dispose of used needles and syringes

Provide multiple, convenient locations for safe disposal of used syringes and equipment



[Resource Link](#)

Best Practices for NEPs

Educate clients about the benefits of regular testing, early diagnosis, and treatment for HIV, HCV, HBV, and TB

Refer clients to testing and counselling service providers in the community as well as substance use treatment programs

Educate program staff to assess and respond to client motivation and readiness for substance use treatment

Assess feasibility of co-locating low-threshold substance use treatment programs within needle exchange programs



Needle Exchange Programs

Numerous studies have searched for unintended consequences and found no convincing evidence to support common myths.

Evidence shows that needle exchange programs:

- Do not lead to greater injection frequency
- Do not increase illicit drug use
- Do not lead to a rise in syringe lending
- Do not result in recruitment of new injection drug users
- Do not lead to greater numbers of discarded used needles
- Do not increase the incidence of needle stick injuries in public places such as parks and playgrounds
- Do not lead to less motivation to change (reduce drug use)
- Do not lead to increased transition from non-injecting drug use to injection drug use

Needle Exchange Program

2018

8,730 repeat client visits; 261 new client visits

497,985 needles in through NEP + 30, 562 from City of Oshawa kiosks

618,791 needles out

715 referrals to treatment (addiction 486; medical 229)

38 referrals for testing (HIV 18; STI 20)

712 referrals for housing, employment

8,962 interactions (counselling & education)

2019

5,349 repeat client visits; 245 new client visits

258,797 needles in / City of Oshawa Kiosk numbers pending

324,751 needles out

1,350 referrals to treatment (addiction 767; medical 583)

20 referrals for testing (HIV 10; STI 10)

336 referrals for housing, employment

5,594 interactions (counselling/education)

Needle Exchange Program Return Rates

Year	Durham Region Return Rate for the Needle Exchange Program	Durham Region Return Rate NEP + City of Oshawa Community Kiosks	Provincial Return Rate for Ontario Needle Exchange Programs	Standings
2018	80.5%	85.4%	55% average	Durham Region's return rate is 30% higher than the provincial average
2019 (Jan to June)	76.4% return rate	Pending	Pending	Pending

Needle Exchange Sites in Durham Region

**John Howard Society Durham Region: Bowmanville;
Whitby; Oshawa**

**Pinewood Addiction Support Services & Community
Treatment Services: Oshawa, Bowmanville, Port
Perry, Ajax**

AIDS Committee of Durham Region: Oshawa

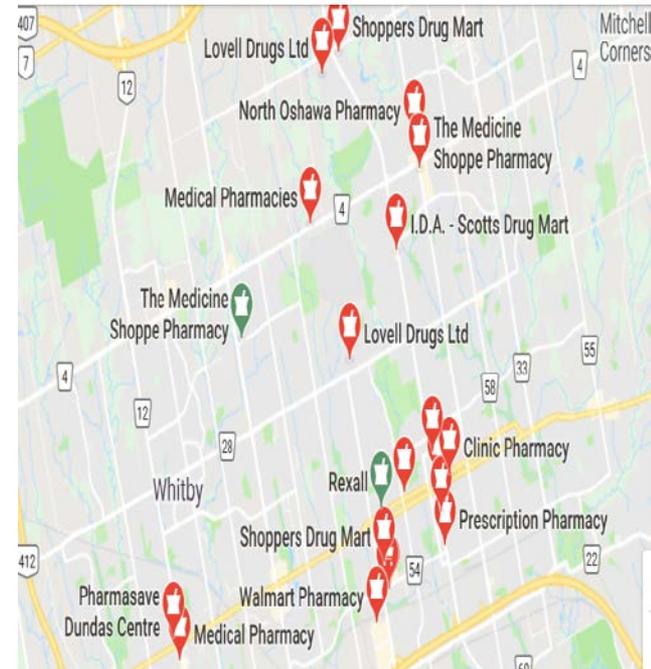
**Ontario Addiction Treatment Centre: Oshawa,
Beaverton**

3 Pharmacies: Oshawa



Community Options for Needle Return

- Any pharmacy in Durham Region
- Kiosks at many retail shopping centres and malls
- Local business e.g., local gym facilities, fast food/restaurant
- Public / outdoor Kiosks
- Libraries



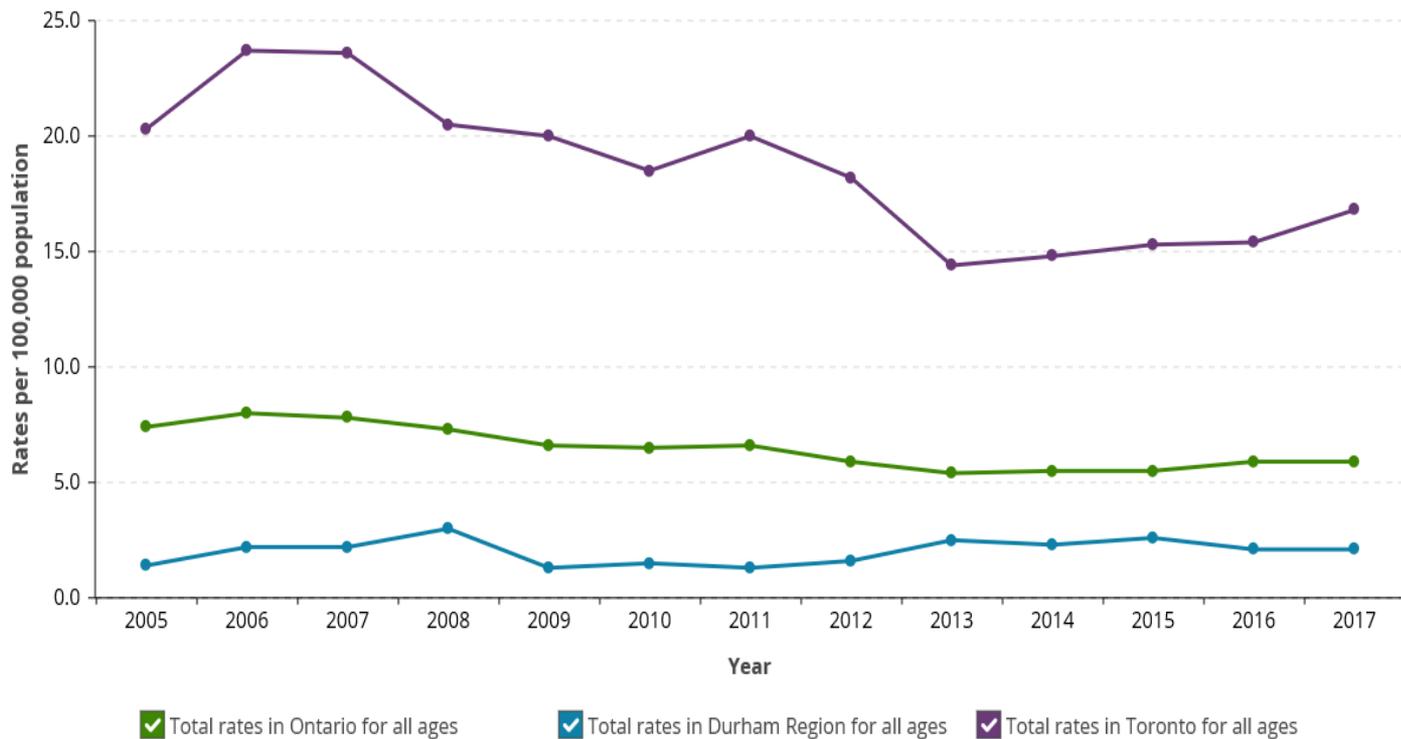
Risks Associated with Community Based Needlestick Exposure

- **The risk of blood-borne virus transmission from syringes discarded in the community is low**
- **To date, global data indicates there have been two case reports of HBV and three of HBC transmissions and no reported transmission of HIV following injuries by needles discarded in the community**

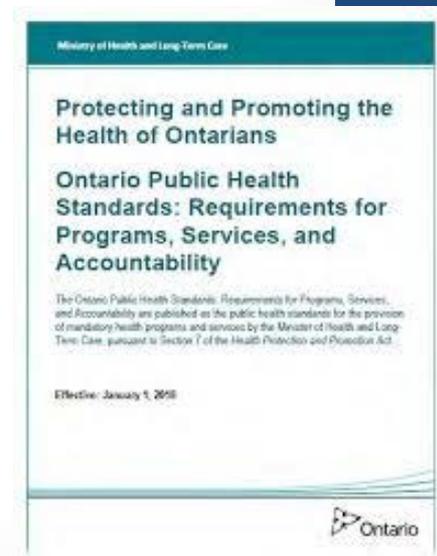
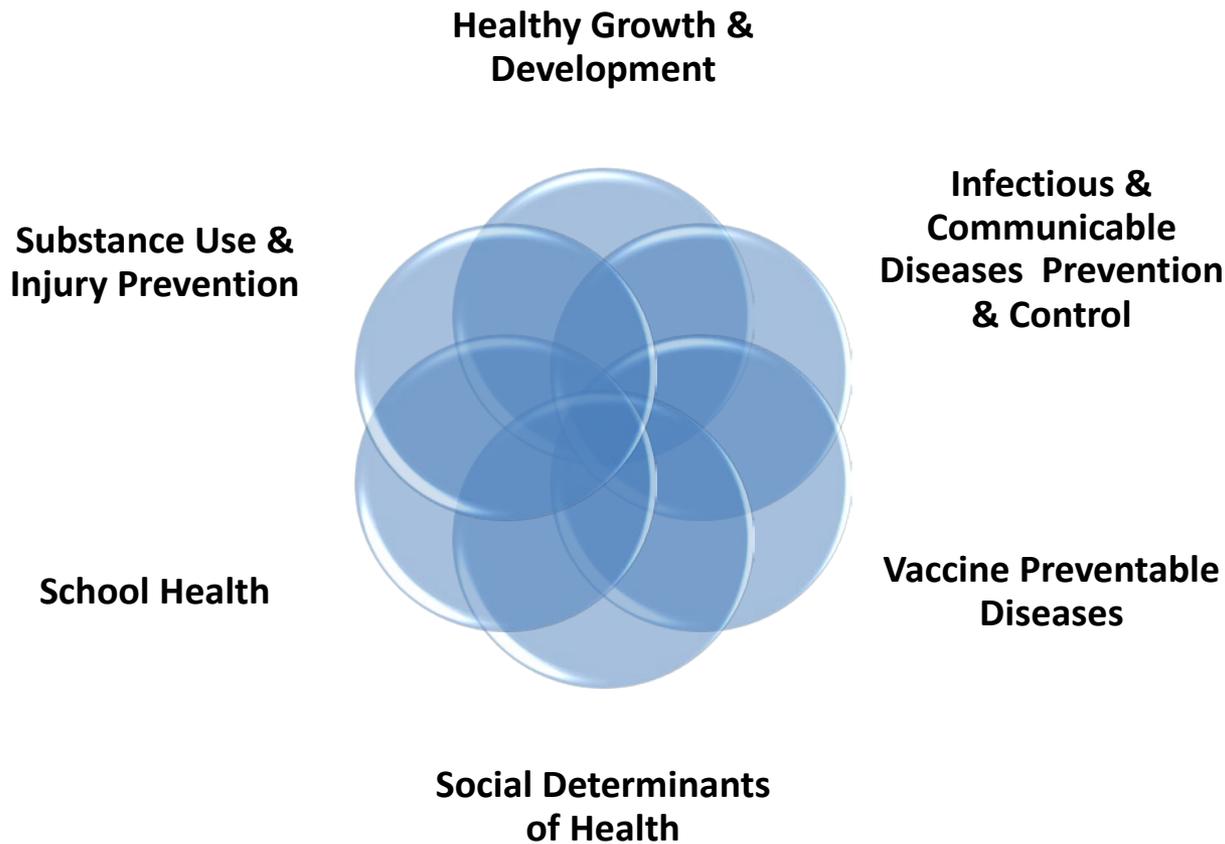


HIV Rates (All Ages, All Sexes)

HIV rates for all ages, for all sexes, in select areas



Public Health Services for Prevention and Early Intervention



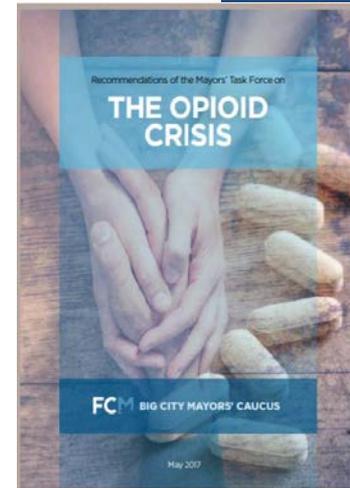
FCM Recommendations of the Mayor's Task Force on the Opioid Crisis, 2017

The Task Force is calling for a pan-Canadian action plan spanning all four pillars of the national drug strategy:

- **Harm reduction:** removing barriers to getting medical help during an overdose—and to accessing supervised consumption services
- **Treatment:** including better access to opioid substitution therapy and zero delays for getting into comprehensive treatment programs
- **Prevention:** starting with urgent public education on the risks of opioids, and to fight the stigma that stops people from getting help
- **Enforcement:** stopping the production and imports of non-prescription opioids and pill presses

All orders of government need to work together to address roots of addiction, with supportive housing, action on homelessness and access to crucial social services.

*Complete list of recommendations contained in appendices section



[Resource link](#)

Association of Municipalities of Ontario

- The Province take an ‘all of government’ effort to develop a comprehensive provincial drug strategy, based on a public health approach
- The Province examines and its ministries provide, a coordinated response with adequate funding to address the root causes of addiction, including housing related factors, poverty, unemployment, mental illness and trauma
- That the Ministry of Health provides more funding to support, enhance and expand evidence- based consumption, treatment and rehabilitation services, addiction prevention and education, and harm reduction measures in all areas of Ontario
- That the Ministry of Health funds a public education campaign, including on social media, to complement the efforts of individual communities



Addressing the Opioid
Overdose Emergency in
Ontario

Municipal Recommendations for a Provincial Response

September 4, 2019

[Resource Link](#)

Questions

Melissa Hutchinson MN, BA, RN

Program Manager

Durham Region Health Department

Population Health Division

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| melissa.hutchinson@durham.ca
 - durham.ca

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Appendix

- Best Practices for Needle Exchange Programs
- Number of Contacts By NEP Location
- Association of Municipalities Ontario: Addressing the Opioid Overdose Emergency in Ontario
- FCM Recommendations of the Mayor's Task Force on the Opioid Crisis
- Ontario Public Health Standards
- Local Opioid Reports-Durham Region Health Department

Best Practices for Needle Exchange Programs

Provide sterile needles in the quantities requested by clients without requiring clients to return used needles

Place no limit on the number of needles provided per client, per visit (one for one exchange is not recommended)

Encourage clients to return and /or properly dispose of used needles and syringes

Offer a variety of needle and syringe types by gauge, size and brand

Educate clients on the proper use of syringes

Educate clients about the risk of using non-sterile needles

Provide pre-packages safer injection kits and individual safe injection supplies concurrently.

Provide daily access to services using varied modes of program delivery i.e.) fixed sites with daily hours, mobile distribution, satellite sites.

Provide multiple, convenient locations for safe disposal of used syringes and equipment.

Best Practices for Needle Exchange Programs (cont'd)

Educate clients about the benefits of regular testing, early diagnosis, and treatment for HIV, HCV, HBV, and TB

Educate clients about the types of testing available to facilitate informed choice

Refer clients to testing and counselling service providers in the community

Establish and maintain relationships with a variety of testing and counselling service providers, in particular those with experience working with people who use drugs

Encourage peer workers with lived experience to participate in existing peer support/navigation programs or assist in developing and delivering peer support/navigation activities for clients

Educate clients about substance use treatment options (e.g., detoxification, drug substitution programs, and psychotherapy)

Refer clients to substance use treatment programs in the community

Establish and maintain relationships with a variety of agencies providing substance use treatment services, including services for illicit drug use as well as alcohol and/or tobacco use

Educate program staff on how to properly assess and respond to client motivation and readiness for substance use treatment

Assess feasibility of co-locating low-threshold substance use treatment programs within needle and syringe programs(NSPs)/harm reduction programs and vice versa

Number of Contacts By NEP Location

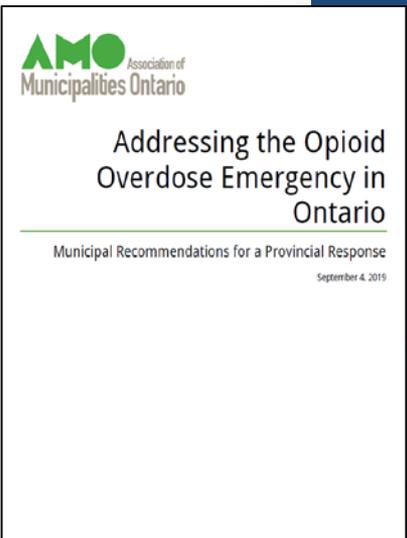
(Jan – Aug 31, 2019)

Location	Number of contacts
Ajax	149
Beaverton	60
Bowmanville	118
Courtice	22
Newcastle	2
Oshawa	7185
Pickering	10
Port Perry	4
Uxbridge	5
Whitby	225

Association of Municipalities Ontario: Addressing the Opioid Overdose Emergency in Ontario

Initial Foundational Steps: Recommended Action for 2019:

- 1. That the Province publicly affirms the seriousness of the opioid overdose emergency and commit to take all necessary measures to save lives and prevent harm, including the provision of long-term funding for existing programs as well as new funding streams, where necessary.**
- 2. That the Province undertakes an ‘all of government’ effort to develop a comprehensive provincial drug strategy that addresses the opioid overdose emergency, based on a public health approach that addresses the social determinants of health, and that takes a nondiscriminatory approach to overdose prevention and harm reduction. This strategy should cascade down to guide local drug strategy development and implementation with accompanying resources so that municipalities in Ontario have comprehensive, multi-faceted, funded drug strategies in place led by dedicated local coordinators. Further, progress toward implementation should be measured with performance indicators and be evaluated for outcomes achieved.**



Initial Foundational Steps: Recommended Action for 2019 (continued):

3. That the Ministry of Health appoint a dedicated coordinator focused solely on the provincial response to the emergency, and tasked with building partnerships between various sectors and act as a liaison between the government and the sectors.

4. That the provincial coordinator establishes formal means to engage with all relevant stakeholders, including municipal governments, public health units, and people with lived experience in order to hear advice and feedback on new and ongoing initiatives

Further Actions Based on Consultation with Stakeholders:

- 5. That the Province examines, and its ministries provide, a coordinated ‘all of government’ response with adequate funding to address the root causes of addiction, including housing related factors, poverty, unemployment, mental illness, and trauma.**

- 6. That the provincial coordinator undertakes a study scoping out the problem of drug misuse, documenting local responses, and identifying leading practices.**

- 7. That the provincial coordinator plays a role to help municipal governments share information with each other on successful elements of drug strategies and leading practices.**

- 8. That the provincial coordinator facilitates better utilization of real-time data reporting from local surveillance systems to inform and guide provincial and local responses including how to reach at-risk populations.**
- 9. That the provincial coordinator develops sub-strategies based on the data for specific populations over represented among drug users, with adequate consultation with these populations. Any sub-strategy seeking to support Indigenous peoples should be developed in consultation with Indigenous communities, Indigenous service providers with relevant local service providers including municipal governments, local Public Health agencies and District Social Service Administration Boards.**
- 10. That the Ministry of Health provides more funding to support, enhance and expand evidence- based consumption, treatment and rehabilitation services, addiction prevention and education, and harm reduction measures in all areas of Ontario.**
- 11. That the Ministry of Health targets funding for addiction and mental health services that would assist in treating people with mental illness to reduce and/or eliminate self-medication and would provide services to help people overcome their addiction.**
- 12. That the Ministry of the Solicitor General provides enhanced funding to enforce laws illicit drug supply, production, and distribution.**

13. That the Province enhances funding for diversion programs, mobile crisis intervention teams, and further promote harm reduction approaches among police services.

14. That the Ministry of Health ensures there is awareness of the opioid emergency throughout the health care transformation process and ensure necessary services are available through the Ontario Health Teams, including primary care, to treat addiction.

15. That the Ministry of Health examines community paramedicine as a viable option to provide treatment and referral services.

16. That the Ministry of Health should continue work with the medical community on appropriate pain management and prescribing of opioids.

17. That the Ministry of Health funds a public education campaign, including on social media, to complement the efforts of individual communities.

- 18. That the provincial coordinator work with the Ministry of Education to add a health- promoting youth-resiliency program to the school curriculum that includes coping skills to get through obstacles in life, e.g. social competence, conflict resolution, healthy relationships, and informed decision-making.**

- 19. That the Ministry of Health fully funds (100%) Naloxone for all municipal first responders (paramedics, police, and fire services) and provide training in its use.**

- 20. That the Ministry of Health and the Ministry of Children, Community and Social Services work together with municipal human service system managers to better link social service and health supports including to help people overcome addiction and address mental health.**

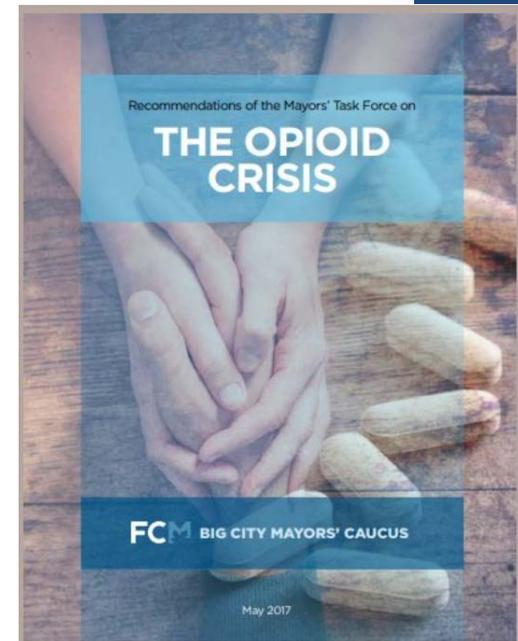
- 21. That the Ministry of Health works toward a goal of establishing and maintaining 30,000 supportive housing units in the province.**

- 22. That the Province advocates to the federal government for appropriate and supportive measures that will support effective provincial and local responses.**

FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (2017)

Recommendations for a Pan-Canadian Opioid Response:

- 1. The federal government immediately establishes and reports on comprehensive timelines, measures and definitive evidence-based targets for specific outcomes related to each of the four pillars of the Canadian Drugs and Substances Strategy identified below, prioritizing targets for reducing overdose and overdose fatalities and deliver a progress report on the establishment of such targets by September 2017.**
- 2. The adoption of a comprehensive and coordinated pan-Canadian action plan which addresses the root causes of the opioid crisis. An intergovernmental action plan should align federal, provincial/territorial (P/T) and local strategies, respond to the specific needs of Indigenous communities, and rapidly expand all aspects of the collective response.**
- 3. The pan-Canadian action plan should include concrete actions to meaningfully and urgently address all four pillars of the Canadian Drugs and Substances Strategy, including:**



[FCM resource link](#)

FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)

A. HARM REDUCTION

- I. Support and implement evidence-based practices in order to substantially reduce opioid-related overdoses including facilitating access to drug checking/testing technologies for fentanyl and other drugs including opioids.
- II. Eliminate barriers preventing people from seeking medical support during an overdose.
- III. Facilitate access to supervised consumption services, including through the expedited implementation of Bill C 37 and approval of existing applications as appropriate.

B. TREATMENT

- I. As an urgent priority, expand access to a range of treatment options including medically-supervised opioid substitution therapy (OST), including injectable options for people who have not found success with other interventions, and eliminate remaining barriers that limit access to OST.
- II. Eliminate delays in access to comprehensive, wrap-around treatment services and long-term recovery supports.

FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)

C. PREVENTION

- I. Work with stakeholders to implement national public education campaigns, before the end of 2017, including one focused on youth, to raise awareness of the risks of fentanyl and non-prescription opioid use, reduce stigma, and provide information on treatment and support options.**
- II. With the active involvement of people with lived experience, develop and implement evidence-based strategies to address stigma and discrimination against people who use drugs.**
- III. Continue with implementation of education programs and guidelines for physicians, pharmacists, nurses and other healthcare providers with respect to the proper use of opioids and alternative pain management techniques and the development of metrics to measure changes in prescribing practices.**
- IV. Ensure that any strategy to restrict access to prescription opioids balances the legitimate needs of patients so that access to pain treatment is not unnecessarily restricted and that harm reduction and treatment services are in place to mitigate against unintended consequences such as increased use of illicit drugs.**

FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)

D. ENFORCEMENT

- I. Continue expanded law enforcement efforts with respect to the production and importation of non-prescription opioids, including the new federal restrictions on the importation of pill presses contained in Bill C 37.
- II. Establish national evidence-based protocols for the remediation of contaminated scenes and the handling of fentanyl and carfentanyl.



FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)

4. Improved surveillance, data collection and reporting should be an immediate focus of the action plan with a progress report by September 2017, in support of the four pillars approach and the development of targets for key indicators:

- a. Immediately establish a standardized, pan-Canadian format for the collection of death and non-fatal overdose data with respect to the opioid crisis;**
- b. Ensure consistent and timely access to opioid-related death and overdose data by establishing a pan-Canadian reporting standard with a minimum of quarterly reports and a target of monthly reports in all provinces/territories; and**
- c. Expand efforts to improve the evidence-base by collecting and reporting on demographic data, including in particular the impact of the opioid crisis on Indigenous communities, with a focus on prevention and addressing social determinants of health.**

5. Ensuring a coordinated national response to the opioid crisis involving all orders of government by engaging cities and local public health officials in the Special Advisory Committee (SAC) process, with a focus on the objectives set forth in the four pillars and the need for improved data coordination.

FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)

- 6. Consulting with the Mayors' Task Force on priorities for new federal funding dedicated to the opioid crisis response (including the \$116 million announced in Budget 2017) to ensure that federal efforts are targeted to address local needs and delivered urgently.**
- 7. Working with cities to address the urgent need to develop more social and affordable housing, including supportive housing and housing employing a harm reduction approach, through the implementation of the federal government's National Housing Strategy and a long-term expansion of the Homelessness Partnering Strategy.**
- 8. Working with P/Ts, municipalities, indigenous organizations and stakeholders to develop, implement and monitor the Canadian Poverty Reduction Strategy, which should address both the root causes of addiction, as well as supports to alleviate the immediate consequences of addiction.**
- 9. Establishing an intergovernmental dialogue about access to substance use prevention, harm reduction and treatment options for individuals in Canada's correctional system, and the role of the criminal justice system in addressing the root causes of the opioid crisis.**

Ontario Public Health Standards



MINISTRY OF HEALTH AND LONG-TERM CARE

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Public Health

Health Care Professionals

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

Infectious Diseases Protocol 2018

Protocols and Guidelines

Reference Documents

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E-MAIL PRINT

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards)

[The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability \(Standards\)](#)

identify the minimum expectations for public health programs and services to be delivered by Ontario's 36 boards of health. The Standards are published by the Minister of Health and Long-Term Care as per Section 7 of the *Health Protection and Promotion Act*. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced therein.

The Standards consist of the following sections:

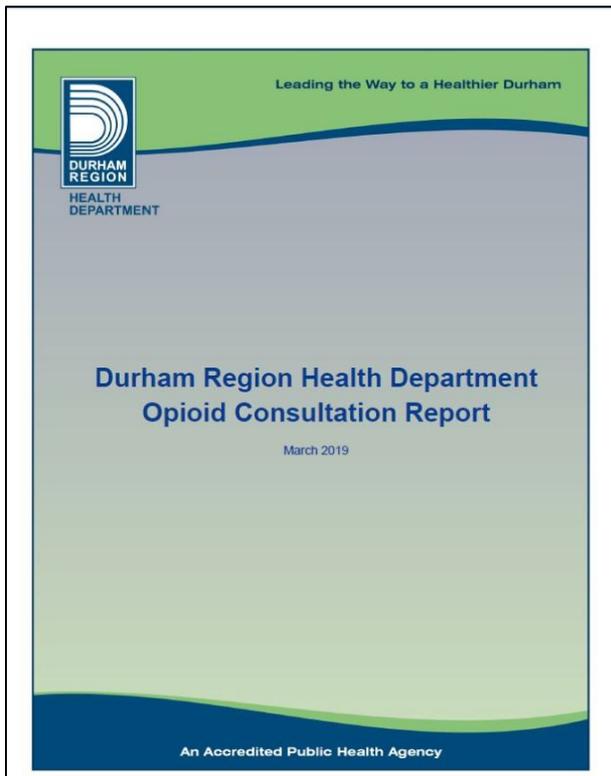
- Defining the work that public health does, which includes the Foundational and Program Standards;
- Strengthened accountability, which includes the Public Health Accountability Framework and Organizational Requirements; and
- Transparency and Demonstrating Impact, which includes the Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes and Transparency Framework: Disclosure and Reporting Requirements.

[Protocols](#) provide direction on how boards of health shall operationalize specific requirement(s) identified within the Standards. The aim is to have consistent implementation of specific requirements across all 36 boards of health. [Guidelines](#) provide direction on how boards of health shall approach specific requirement(s) identified within the Standards. The aim is to provide a consistent approach to/application of requirements across all boards of health, while also allowing for variability in programs and services across health units based on local contextual factors as defined in the guidelines.

[Reference Documents](#) include topic-specific documents that provide information and best practices relevant to operationalizing and implementing the Standards, Protocols and Guidelines.

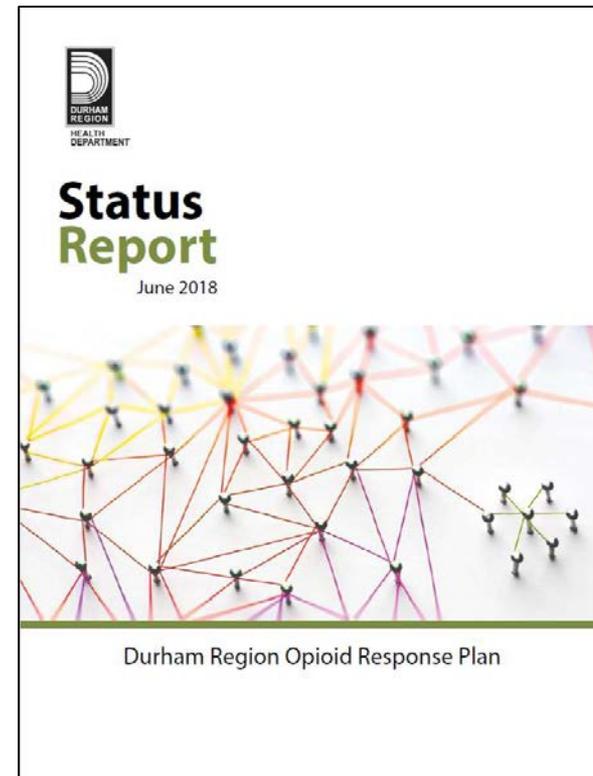
Local Opioid Reports

Opioid Consultation Report 2019



Available at: Durham.ca

Opioid Status Report 2018



Available at: Durham.ca

October 16, 2019

5.2

Via E-mail: Ginette.PetitpasTaylor@parl.gc.ca

The Honourable Ginette Petitpas Taylor, Minister of Health
Health Canada
Address Locator 0900C2
Ottawa, ON K1A 0K9

Dear Minister Petitpas Taylor:

Re: Comprehensive measures to address the rise of vaping in Canada

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health is writing to you to express deep concerns about the rising vaping rates among youth and young adults in Canada. The sharp increase in youth vaping rates is especially concerning given the availability and promotion of vapour products containing nicotine, the impact of nicotine on the developing brain, and the recent upward trending of cigarette smoking among this population. Our concerns are further compounded by the vaping-related pulmonary disease reports emerging in the United States and Canada.

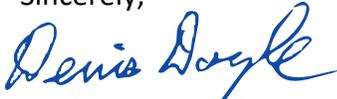
While vapour products are generally regarded as safer than combustible tobacco cigarettes, these products are not risk-free and are known to contain and emit potentially toxic substances. The emerging concerns surrounding vaping calls for a regulatory framework that provides equal protection for all Canadians.

A suite of robust measures is needed to address the rise in vapour product use and to protect our most vulnerable populations from the harms associated with these products. We applaud the Government of Canada's pursuit of an evidence-informed regulatory framework through the numerous public consultations conducted in 2019. KFL&A Public Health submitted the following regulatory recommendations through the consultation process:

- Prohibit all additives and non-tobacco flavours in vaping products and e-liquids.
- Require the listing of all ingredients on product labels and packaging.
- Require health and toxicity warnings on vapour products.
- Restrict nicotine concentration in all vaping products.
- Require standardized and tamper proof packaging on all vapour products.
- Require mandatory testing and reporting for vapour products.
- Strengthen the advertising and promotion control regime so that it aligns with tobacco controls.
- Develop a robust and sustainable monitoring and surveillance strategy to ensure compliance with advertising and promotion controls and to identify emerging products.

The appeal and popularity of vapour products is concerning given their potential health risks, and the rise of youth vaping cannot continue unabated. Like tobacco control, there is no silver bullet to address vaping and its risks. The KFL&A Board of Health urges the Government of Canada to expedite a comprehensive set of controls for vapour products like those regulating tobacco products and to consider other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and effective public education and behaviour change campaigns to address this emerging public health issue.

Sincerely,



Denis Doyle, Chair
KFL&A Board of Health

*Copy to: Mark Gerretsen, MP Kingston and the Islands
Scott Reid, MP Lanark-Frontenac-Kingston
Mike Bossio, MP Hastings-Lennox and Addington
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health*

September 27, 2019

5.3

The Honourable Christine Elliott, Deputy Premier
Minister of Health
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

Recent reports of severe pulmonary illness associated with vaping in the United States and Ontario give rise to concerns about the use of these products, especially among youth. As such, at the September 25, 2019 meeting of the KFL&A Board of Health, the following motion was passed:

THAT the KFL&A Board of Health urge the Provincial Government to immediately remove Regulation 268 of the Smoke-Free Ontario Act, 2017, so that retailers of vaping products will not be allowed to promote them and so that the promotion and display of vape products are subject to the same prohibition as tobacco products.

Vaping rates among youth have been rising in Canada. In 2017, almost one in four Canadian youth (aged 15-19) reported having tried an e-cigarette. Rising youth use of e-cigarettes is especially concerning given the impact of nicotine on the developing brain.

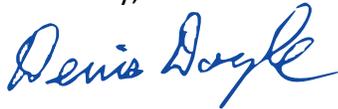
Youth and young adults in Ontario are frequently exposed to vaping advertising on the internet, in convenience stores and gas stations, as well as on television, magazines, billboards, and public transit. Exposure to e-cigarette marketing and advertising has been associated with lower harm perceptions and increased odds of trying e-cigarettes.

Immediate action is needed to curb the impacts of vaping given the increasing vaping rates among youth, widespread promotion of vaping products, and emerging concerns about vaping-related pulmonary illness. Display and promotion of vaping products should align with current restrictions on tobacco products.

Provincially, section 4.1 of the Smoke Free Ontario Act, 2017, prohibits both the display and promotion of vapour products in any place where vapour products are sold or offered for sale (2018, c. 12, Sched 4, s.3). However, regulation 268 outlines exemptions which allow for promotion of vapour products in speciality vape stores and in retail locations that sell vapour products (O. Reg 439/18, s.4).

The KFL&A Board of Health strongly urges the provincial government to remove Regulation 268 of the Smoke-Free Ontario Act, 2017 to restrict the marketing of vapour products to align with the advertisement of tobacco products. Such urgent action is needed to protect the health of youth in Ontario.

Sincerely,



Denis Doyle, Chair
KFL&A Board of Health

*Copy to: Ian Arthur, MPP Kingston and the Islands
Randy Hillier, MPP Lanark-Frontenac-Kingston
Daryl Kramp, MPP Hastings-Lennox and Addington
Mark Gerretsen, MP Kingston and the Islands
Scott Reid, MP Lanark-Frontenac-Kingston
Mike Bossio, MP Hastings-Lennox and Addington
Ginette Petitpas Taylor, Minister, Health Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health
Dr. Theresa Tam, The Chief Public Health Officer
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health*

September 11, 2019

christine.elliott@ontario.ca

The Honourable Christine Elliott
Minister of Health
College Park 5th Floor
777 Bay St.
Toronto, ON M7A 2J3

Dear Honourable Christine Elliott:

Re: Expanding alcohol retail outlets

The Government of Ontario continues to outline their plans to increase the accessibility of beverage alcohol in Ontario. Recently, the province announced plans to introduce legislation to end the near monopoly on beer sales and expand alcohol sales to corner, big-box, and more grocery stores, resulting in more retail outlets. Research has long established that increasing access to alcohol is related to a subsequent increase in alcohol use and, in turn, alcohol related harms (e.g., alcohol-related diseases, injuries, violence, crime, and traffic crashes). Therefore, this proposed change to legislation is concerning considering alcohol use is already a leading preventable cause of morbidity and mortality in Ontario.

Where alcohol privatization and deregulation has occurred elsewhere in Canada (e.g. Alberta and British Columbia), alcohol availability has risen significantly, with subsequent increases in consumption and related harms.^{1,2,3} Additionally, following the 2015 partial deregulation of alcohol sales in Ontario, increases in the number of alcohol outlets and longer average hours of operation were positively associated with increased emergency department visits attributable to alcohol.⁴ Alcohol costs to the individual and society are significant. A recently published document shows that alcohol costs Ontario \$5.34 Billion for healthcare, lost productivity, criminal justice and other direct costs.⁵

Furthermore, it is important to consider that the impacts of increased alcohol availability may disproportionately impact vulnerable populations. In British Columbia, privatization is associated to reduced compliance with age of sale policies, which can be observed by the low rates of compliance in privatized stores in comparison to government stores.⁶ The implication is that the sale of alcohol becomes easier for underage drinkers, increasing the risk of alcohol-related harms for a population that is already considered especially vulnerable to the negative impacts of alcohol.

We are requesting the Ontario government consider the impact of increasing the number of retail outlets on the health and safety of Ontarians before moving forward with more legislative changes.

We also request the Ontario Government consider the following recommendations proposed by the Council of Ontario Medical Officers of Health and The Centre for Addiction and Mental

Health to mitigate the potential harms associated with new policy and regulatory changes to increase alcohol availability in Ontario. We believe it is possible to create a culture of lower risk alcohol use in Ontario that balances interests in public health, government revenue, economic development and consumer preference.

Some measures we request be implemented include:

- Regulate retail availability, including the density, location, hours of sale, and access restrictions.
- Give municipalities the authority to restrict outlet density and hours and days of sale.
- Conduct a risk-based assessment for every tailgating event.
- Ensure operational compliance by expanding the current Mystery Shopper Program to encompass bi-annual visits to every alcohol outlet with publicly reported penalties that escalate with repeat offences.
- Conduct annual education visits to retail outlets.
- Implement pricing policies that will increase provincial revenue while also reducing alcohol-related harms.

Now is the time for Ontario to take leadership and address the harms of alcohol use. Therefore, as outlined in the government's report, we are interested in ensuring the government work with public health experts to ensure increasing convenience does not lead to increased social and healthcare costs related to alcohol. Thank you for your consideration.

Sincerely,



Larry Martin
Chair, Board of Health

- c. The Honourable Doug Ford, Premier of Ontario
Ernie Hardeman, MPP, Oxford
Jeff Yurek, MPP, Elgin-Middlesex-London
Pegeen Walsh, Executive Director, Ontario Public Health Association
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Association of Local Public Health Agencies
Ontario Boards of Health
Area municipalities served by Southwestern Public Health

References

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7. Centre for Addiction and Mental Health (2019). Alcohol Policy Framework. Toronto: CAMH.

September 18, 2019

Honourable Ginette Petitpas Taylor
Minister of Health of Canada
House of Commons
Ottawa, ON K1A 0A6

Honourable Christine Elliott
Minister of Health 10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Ministers:

On September 18, 2019 the Board of Health for the Simcoe Muskoka District Health Unit approved a motion to write to the Ontario and the federal Ministers of Health calling for stringent restrictions on the display and promotion of vaping products and to ban flavoured e-cigarettes to help prevent the further uptake of vaping (and with it, the potential risk of smoking commencement) by youth.

Vaping has been rapidly increasing in our youth. A 74% increase in vaping among youth aged 16-19 in Canada was reported from 2017 to 2018 (jumping to 14.6% from 8.4%).¹ Cigarette smoking in the same period increased 45% to reach 15.5% of youth in this age group from 10.7% a year earlier. This is a concerning given that surveys initiated prior to 2018 had reported an ongoing decline in youth smoking; a finding which is consistent with the conclusions of research suggesting that vaping increases the risk of smoking in youth.² Research has also demonstrated that marketing of vaping products at retail stores is associated with youth and young adult initiation of vaping.³

Although vaping is likely to be less harmful than smoking, vaping is not harm free. Vaping can cause ear, eye, and throat irritation. The fine particles and chemicals that are inhaled into the lungs can aggravate existing lung conditions making it harder to breathe.⁴ The risk of heart attack increases with vape use and using both cigarettes and e-cigarettes increases this risk further.⁵ Nicotine addiction is a significant concern associated with youth vaping. Nicotine can change how the teenage brain develops

¹ Hammond, D., Reid, J.L., Rynard, V.L., Fong, G.T., Gummings, K.M., McNeill, A., & O’Conner, R. (2019). Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys. *Bjm*, 365, I2219.

² <http://nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx>

³ Loukas, A, Paddock, M., Li, S., Harrell, M., Pasch, E., Perry, C (2019) Electronic Nicotine Delivery Systems Marketing and Initiation Among Youth and Young Adults

⁴ Health Canada. (2019-02-04). Vaping: Get the Facts.

⁵ Hess, CA., Olmedo, P., Navas-Acien, A., Goessier, W., Cohen, JE., & Rule, AM. E-cigarettes as a source of toxic and potentially carcinogenic metals. *Environmental Research*, 2017; 152:221 DOI: 10. 1016/j.envres.2016.09.026

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affecting cognitive functions like memory and concentration as well as impulse control and can cause behavioural problems⁶.

A number of serious lung issues associated with vaping occurring in the United States with an unknown etiology has also recently been reported. Health Canada warned in a recent safety alert that vaping products can carry a risk of pulmonary illness. This follows five recent deaths in the U.S. that have been linked to vaping. Health Canada reported that no similar pulmonary illness incidents have been reported in Canada, but the agency is in communication with the Centre for Disease Control (CDC) who is investigating 450 cases in 33 states which involve e-cigarettes or other vaping product use.⁷

Complicating matters further in lieu of regulation and restriction are flavoured vapour products. There are over 7000 flavours of e-juice available including candy and fruit flavoured varieties with names that appeal to youth.⁸ There is a strong body of evidence to support that flavours attract youth to e-cigarette use where research concludes that flavour influences youth to try and buy e-cigarettes and the appeal of ads promoting flavours is linked to uptake of vaping by youth.⁹

Presently, there are limited federal restrictions associated with the marketing and promotion of e-cigarettes. Unlike cigarettes, vaping advertising is currently permitted on main stream media including television, radio, newspapers, outdoor signs, print and billboards. There are some regulations to protect youth related to the sale, promotion and flavour of vaping products; however, these regulations are clearly not adequate to stem the increasing uptake of vaping by youth.

Provincially, the Smoke-Free Ontario Act, 2017 (SFOA, 2017) originally put comprehensive restrictions on the display and promotion of vaping products similar to tobacco. However, those restrictions were not implemented by the Ontario provincial government before the SFOA, 2017 was enacted. As a result, point of sale display and promotion of vapour products at corner convenience stores, gas stations and grocery chains is widespread and promotional materials from posters to three-dimensional cutouts and packaging displays.

In order to prevent a further increase of vaping among youth and non-smokers in Simcoe Muskoka and to prevent the associated possible risk of cigarette smoking uptake, bans on the display and promotion of vapour products at both the Federal and Provincial level are required immediately. Provincially, the Smoke-Free Ontario Act regulations need to be strengthened to include a ban on flavoured vape products, as well on the display and promotion of vapour products mirroring the ban on tobacco products. Federally, the Tobacco and Vaping Products Act (TVPA) should also be revised to ban display, promotion and advertising, also mirroring the restrictions on tobacco in the TVPA.

⁶ England, L.J., Bunnell, R.E., Pechacek, T.F., Tong, V.T. and McAfee, T.A., 2015. Nicotine and the developing human: a neglected element in the electronic cigarette debate. *American journal of preventive medicine*, 49(2), pp.286-293.

⁷ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

⁸ Zhu SH, Sun JY, Bonnevie E, Cummins SE, Gamst A, Yin L, Lee M. Four hundred and sixty brands of e-cigarettes and counting: implications for product regulation. *Tobacco Control*, 2014 Jul 1;23(suppl 3):e113-9

⁹ Vasiljevic M, Petrescu DC, Marteau TM. Impact of advertisements promoting candy-like flavoured e-cigarettes on appeal of tobacco smoking among children: An experimental study. *Tobacco Control*, 2016;25(e2):e107-e112.

Thank you for your attention to this very important matter for the protection of the health of our youth.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair

Cc: Ontario Boards of Health
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Tobacco Research Unit
Ontario Campaign for Action on Tobacco
Municipal Councils of Simcoe Muskoka
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network

October 21, 2019

The Honorable Christine Elliott
Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

On October 17, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **The Harms of Vaping and the Next Steps for Regulation**. **WECHU's resolution as outlined below calls for amendments to the SFOA restricting the promotion and marketing of vaping products, the sale of flavoured vaping products and asks for all regulations and protections for tobacco such as the Automatic Prohibition (AP) process be applied to vaping retailers:**

Whereas, the WECHU Board of Health has passed three previous resolutions related to vaping to encourage further regulation at the federal, provincial, and local levels of government;

Whereas, the WECHU has submitted feedback independently and through regional collaborations for the increase in regulations related to vaping products;

Whereas, there is evidence that vaping products have short-term negative health effects and contain harmful chemicals like nicotine;

Whereas, the restrictions on the promotion and display of tobacco products and the removal of tobacco flavouring from the retail marketplace has contributed to the reduction of tobacco smoking among young people;

Whereas, Individuals who do not smoke should not start vaping, especially youth, young adults, pregnant women, and those planning on becoming pregnant;

Whereas, vaping rates among young people have increased 74% between 2017 and 2018;

Whereas, Vaping products have the potential to re-normalize smoking and lead to tobacco use among youth;

Now therefore be it resolved that the Windsor-Essex County Board of Health supports the ban on the promotion of vaping products in the retail setting and online, and

Further that, the provincial government further restricts the sale of flavoured vaping products to include only tobacco flavours targeting current smokers who are looking to quit, and

Further that, all regulations related to protecting youth and young people from the harms of tobacco smoke be applied to vaping products.

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Hon. Doug Ford, Premier of Ontario
Hon. Ginette Petitpas Taylor, Minister of Health
Hon. David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Centre for Addiction and Mental Health
Association of Local Public Health Agencies – Loretta Ryan
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Local MP's – Brian Masse, Irek Kusmeirczyk, Chris Lewis

October 25, 2019

Honourable Christine Elliott
Minister of Health 10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Elliott:

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit I wish to commend your decision to prohibit the promotion of vapour products in convenience stores and gas stations effective January 1, 2020. This regulatory amendment to the *Smoke-Free Ontario Act, 2017* will have immediate and long-lasting benefits, protecting the health of the youth in our province.

Your leadership is in keeping with the letter from the Board of Health to you and the federal Minister of Health on September 18, 2019, calling for stringent restrictions on the display and promotion of vaping products and to ban flavoured e-cigarettes. This is to help prevent the further uptake of vaping (and with it, the potential risk of smoking commencement) by youth. The Board noted that vaping has been increasing rapidly in our youth which has been borne out in the evidence: A 74% increase in vaping among youth aged 16-19 in Canada was reported from 2017 to 2018.

In recognizing this significant amendment to display and promotion regulation, I renew the Board of Health's request to ban flavoured e-cigarettes. With thousands of flavours of e-liquid available, including candy and fruit-flavoured varieties, the evidence clearly supports that flavoured e-liquid is a significant factor in youth uptake and use .

The Ministry of Health's leadership in enacting the *Smoke-Free Ontario Act, 2017* one year ago has been critical to the protection of Ontario's citizens from the harms of tobacco, vaping and cannabis. The Board of Health recognizes this action as being an important step, and recommends the further development of a renewed comprehensive tobacco control strategy towards the tobacco endgame goal of achieving a smoking rate of less than 5% by 2035.

Thank you for your leadership on this very important public health matter.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair

☐ **Barrie:**
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Barrie, ON
L4M 6K9
705-721-7520
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FAX: 705-325-2091

Cc: Ontario Boards of Health
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Tobacco Research Unit
Ontario Campaign for Action on Tobacco
Municipal Councils of Simcoe Muskoka
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network

Form: Request to Speak to Committee of Council

Submitted on Monday, October 21, 2019 - 9:41 pm

==Committee Requested==

Committee: Board of Health

==Requestor Information==

Name of Individual: Germain Sophie Ngana, Sureka Pavalagantharajah, Angela Li.

Name of Organization: McMaster University

Contact Number: [REDACTED]

Email Address: sureka.pavalagantharajah@medportal.ca

Mailing Address:

[REDACTED]

Reason(s) for delegation request: As part of the McMaster Municipal Day of Action team, a group of medical students have been meeting with some of the city councillors to discuss our ask, which focuses on addressing the opioid crisis. Specifically, our ask is for the city councillors to write a letter to the Honorable Christine Elliott in support of injectable opioid agonist therapies, as the city of Toronto has done. Recent guidelines and evidence shows that this is an effective harm reduction strategy but it is not yet accessible to individuals who need it. We hope to present at the November Board of Health meeting to ask for support on this ask so that we can together reduce the impact that the opioid crisis is having on our city.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? Yes

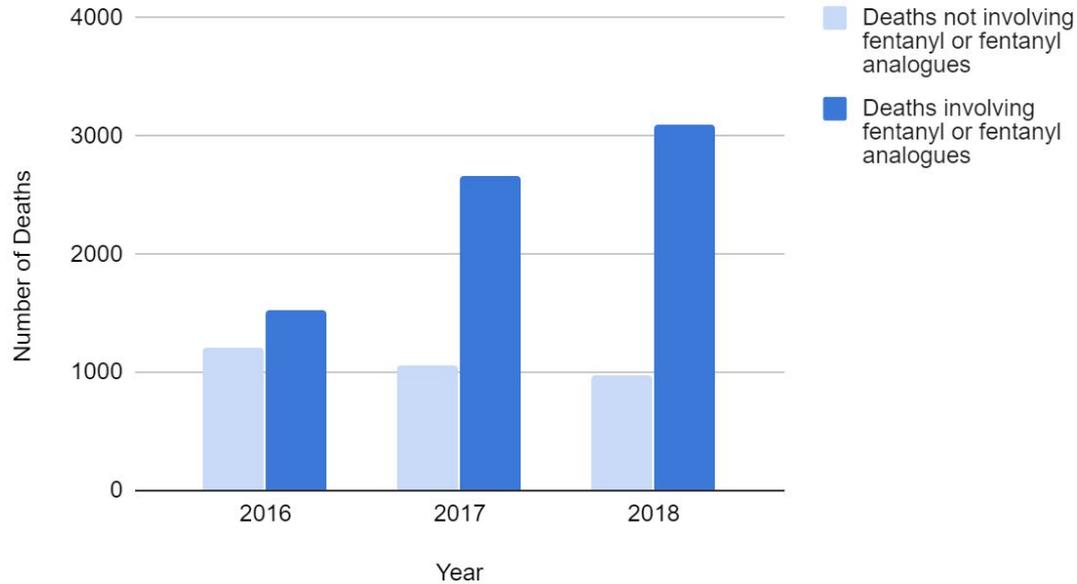
Supporting Managed Opioid Programs in Hamilton

Hamilton Board of Health
November 18, 2019

Angela Li, BHSc, MD Candidate
Sophie Ngana, MD/PhD Candidate
Sureka Pavalagantharajah, BHSc, MD Candidate

Impact of the Opioid Crisis - Federal

Number of accidental apparent opioid-related deaths involving or not involving fentanyl or fentanyl analogues in Canada



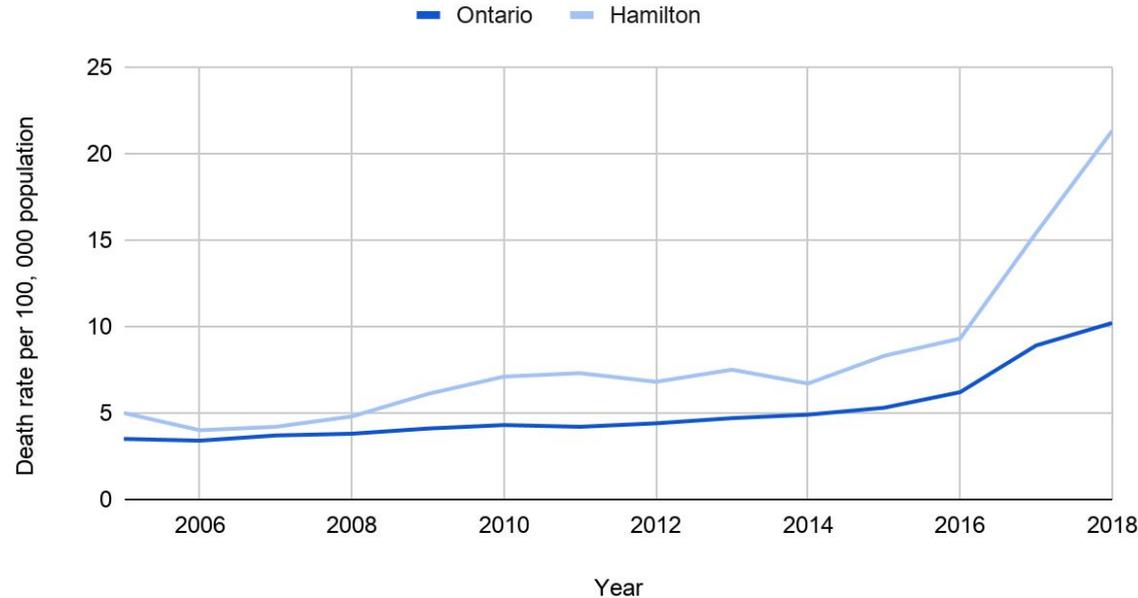
2018: 4,460 apparent opioid-related deaths (70% attributed to fentanyl/its analogues)

From January 2016 - March 2019: 12,800 apparent opioid-related deaths

*The Canadian Substance Use Costs and Harms project (2014) found that healthcare costs associated with opioid-use were **\$0.31 billion**, lost productivity costs **\$1.83 billion**, criminal justice costs **\$1.11 billion**, and other direct costs **\$0.23 billion**.*

Impact of the Opioid Crisis - Provincial and Local

Opioid-related death rates in Hamilton and Ontario



Hamilton was **ranked fourth** in the *number of opioid poisonings hospitalizations* in a metropolitan area

2016: Hamilton's opioid-related death rate was *48% higher than* Ontario; this increased to *72%* in **2017**

Current Opioid Agonist Therapies (OAT)

Methadone or Buprenorphine/Naloxone (Suboxone™)
(long-acting opioids)

PROS

- Prevents withdrawal
- Provides long term stable relief from opioid cravings
- Taken under the supervision of trained healthcare professionals
- Studies show it is an effective intervention for treatment of opioid dependence

CONS

- Some patients are unable to tolerate the treatment due to side effects
- Suboptimal long term retention rates
- Some patients continue to experience cravings despite optimal OAT dosing
- Individuals who do not respond well are at increased risk of infection, overdose and premature death

iOATs and MOPs

injectable Opioid Agonist Therapies (iOATs)

- iOAT prescribes individuals with treatment-resistant opioid use disorder (including OAT) injectable doses of hydromorphone or diacetylmorphine

Managed Opioid Programs (MOPs)

- Programs involving the provision of iOAT and other services such as case management and facilitated access to other supports (e.g. housing, primary care, trauma therapy)
- In MOPs patients self-inject these medications under direct medical supervision

iOATs versus OAT

Patient Retention

- **46-65%** of patients discontinue methadone treatment in the **first year**
- **40-70%** of patients discontinue Suboxone treatment in the **first six months**
- **67-88%** of patients are retained on diacetylmorphine in the **first year**

Patient and Societal Benefit

- A lifetime analysis showed that **hydromorphone was estimated to provide individuals with more than three additional years of life**, on average, **compared to methadone alone**
- Economic analysis indicated that over a lifetime, **the provision of hydromorphone could save society \$140,000 per individual** (*most savings occurring through reductions in associated property and violent crime*)

Our Ask

We ask that the Hamilton City Council **publicly support the implementation of managed opioid programs (MOPs)** in Hamilton and throughout Ontario given the urgency of the opioid poisoning crisis and as part of the continuum of care for opioid use disorder



We ask that the Hamilton City Council **write a letter to the Honourable Christine Elliott** (Ontario Minister for Health) in support of the following items:

1. Add **iOATs at their required concentrations to the Ontario Drug Benefit Formulary** for the treatment of opioid use disorder
2. Seek authority from Health Canada to **import diacetylmorphine** (pharmaceutical heroin) for use as a managed opioid program medication in Ontario
3. Ensure that **managed opioid medications are universally accessible** to all Ontarians who could benefit from these kinds of programs, and that cost is not a barrier.

Contact Information

Angela Li: angela.li1@medportal.ca / 647-784-1858

Sophie Ngana: sophie.ngana@medportal.ca / 647-385-2507

Sureka Pavalagantharajah: sureka.pavalagantharajah@medportal.ca /
416-838-9150

Form: Request to Speak to Committee of Council

Submitted on Tuesday, November 12, 2019 - 12:58 pm

==Committee Requested==

Committee: Board of Health

==Requestor Information==

Name of Individual: Alexander Kinkade

Name of Organization: Anti-od.org

Contact Number: [REDACTED]

Email Address: [REDACTED]

Mailing Address: [REDACTED]

Reason(s) for delegation request:

To present new information on the fentanyl epidemic

Will you be requesting funds from the City? Yes

Will you be submitting a formal presentation? Yes

Good day Board of health city council Hamilton, today I'm speaking on behalf of anti-od.org, the non profit organization I founded. Namely about what I spoke previously last March 2019. This delegation meeting I'm speaking In regards to the AIDS network of Hamilton which distributes clean needles, collects dirty ones and hands out condoms to reduce a great deal of disease. I'm also speaking in regards to the urban core safe injection site which monitors roughly 900 visits each month, where their monitoring has reduced overdoses greatly and helped addicts seek out recovery when they're ready.

What I'm proposing is that each the AIDS network and urban core safe injection site receive funding for fentanyl test strips. Test strips would give users of every nature the opportunity to safely test their narcotics for fentanyl, and fentanyl analogues. Test strips cost only a dollar or so and can be bought in bulk. Test strips can detect any powder or liquid narcotic.

A naloxone needle costs around \$5-25 dollars and the nasal spray \$125 dollars for two doses.

So far in 2019 12,843 narcan kits I Hamilton alone, have been distributed, reviving 1,612 lives.

Comparatively in 2018 6,412 naloxone kits were distributed and 568 lives were revided.

The number of overdoses is steadily doubling each year and few preventative measures are being taken seriously to prevent further overdoses from fentanyl.

Paramedics responded to 516 calls for opioid related overdoses.

In 2018 123 Hamilton residents died of opidoids

In 2018 Hamilton's opioid related deaths are 109% higher than the provinces average.

People are going to use narcotics no matter the legality; and people are dying every day from drug overdoses that aren't being properly addressed.

You, the board of health have the opportunity to make a difference, make a change in the urban core and Hamilton as a whole. The nation will take notice of our triumphs and perhaps one day follow suit, all I ask is that you consider the weight of ignoring the issue and how many more lives will be lost if fentanyl test strips are not provided to users of every creed and culture. To help addicts we can reduce stigma for the urban core and the AIDS network, help people receive trauma therapy and help them receive care to clinics and half way houses people can get better in.

Since the AIDS network is not a safe injection site, the government will not pay for their test kits, you the city have the opportunity to provide funding in order to reach out to thousands of individuals.

I leave you with a quote;

"Every man must decide whether he will walk in the light of creative altruism or in the darkness of destructive selfishness." Martin Luther King Jr.

Thank you for your time. Please feel free to ask any questions.



Hamilton

Minutes FOOD ADVISORY COMMITTEE

September 10, 2019

7:00 – 9:00 p.m.

City Hall, Rooms 192-193, 1st Floor

71 Main Street West, Hamilton

Present: Elly Bowen (Co-chair), Krista D'aoust, Vicky Hachey, Laurie Nielsen, Barbara Stares, Frank Stinellis, Kyle Swain, Maria Biasutti, Jordan Geertsma, Drew Johnston, Biniam Mehretab, Mary Ellen Scanlon, Jennifer Silversmith, Andrew Sweetnam, Edward Whittall, Brian Tammi (Secretary), Vivien Underdown (Chair), Sandy Skrzypczyk (Staff Liaison)

Absent with Regrets: Councillor Merulla

1. CHANGES TO THE AGENDA

Addition to the agenda: Updates from the Legislative Office on procedures for Advisory Committees.

CARRIED

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. APPROVAL OF MINUTES OF PREVIOUS MEETING

(Whittall/Stares)

That the minutes of the July 9, 2019 meeting of the Food Advisory Committee be approved as presented.

CARRIED

4. PRESENTATION

None

5. DISCUSSION ITEMS

5.1 Updates on Procedures for Advisory Committees

S. Skrzypczyk updated the members on how all advisory committees will have to create their agendas on eSCRIBE software used by the City, which posts agendas on the City's website to be available to the general public. Staff liaisons for the advisory committees have received training for this task, and eventually committee minutes will

also be available through this process. In addition, the procedure now for anyone wishing to address the advisory committees is that they need to apply using the delegation request online form, which is passed to the staff liaison to put on an agenda for consideration by the committee. A vote is taken to accept or refuse the delegation and the delegate is informed when they will be on a future agenda to address the committee.

5.2 Food Literacy Month Event Workgroup Update and Discussion

The working group informed the members that they met in person over the summer once and continued with planning via email. The topic the Committee will focus on at the Oct. 5 event is reducing food waste. The expected audience is ~200 people. We will offer a quiz on food waste and people who answer 3 of 4 questions correctly will receive a reusable cotton tote bag. Children who attend will be offered an ugly/unloved vegetable, so they can learn that less desirable produce is still perfectly usable. After the quiz participants will be asked if they have learned anything that will affect the way they view food waste and perhaps alter some of their choices that lead to waste. Working budget to date is ~\$400:

- graphics – complementary by Public Health Services
- 200 reusable tote bags - \$250-\$300
- ugly/unloved produce - \$100
- contribution to draw at event – TBD

Discussion of this event was brief and contained to event details. The working group invited members to help staff the display table at the event and several members expressed interest.

5.3 Food Strategy Forum Workgroup Update and Discussion

The working group informed members about planning underway for the Nov 6 Food Strategy Forum (“FSF”). The event takes place from 8am – 3pm at Waterfront Banquet Centre/Royal Hamilton Yacht Club and seeks to connect individuals already engaged in food related work in Hamilton with the goal of increased collaboration and effectiveness. The keynote speaker is Debbie Field, former Executive Director of Foodshare Toronto. The FSF features lightning talks with panellists focusing on four main themes, two of which were recommended by the working group (last two themes listed below):

- Growing food in Hamilton (rural and urban)
- Food Literacy
- Indigenous Food
- Climate Change and Food

The event is being planned by the Food Strategy team at Public Health and further details will be delivered to the Committee as they are available. We are contributing to the event to allow our budget expenditures to have more impact per dollar by piggybacking on a larger event. The FSF is open to anyone; however, the goal is to engage with stakeholders who are enacting food actions versus an event to educate the general public about food issues. An event agenda will be sent to FAC when it is available. Working Budget estimated at \$840

- Panellist Honorarium - \$300

- Sponsored Tickets (n=10) - \$200
- Tickets FAC members (n=17) \$340

Discussion of the Forum centred on the many unanswered questions of members. There was some confusion about the event's purpose and goal; however, S. Skrzypczyk was able to address most the issues. The idea of sponsoring 1 or 2 panellists was brought up and 2 local farmers, Russ Ohrt and Chris Krucker, were suggested as potential panellists for the Forum organizers. Thus far one panellist, Brian Morris, is confirmed and discussions are in the works with other potential panelists.

Concerns were brought up about approaching the Indigenous component of the Forum properly, about how to measure the effectiveness of our participation in the FSF and the importance of thinking about smaller individual actions as part of a larger system of actions. S. Skrzypczyk informed the members that her team has been collaborating with the project manager attached to the City's Urban Indigenous Strategy to ensure this theme is culturally appropriate and that the Indigenous community is encouraged to attend the Forum.

Members were asked to submit suggestions for panelists to Sandy and Vivien by the end of the week of September 10, 2019. They will then collate the suggestions, send the suggested panelists to the Forum organizers for consideration, and report back at the October meeting V. Underdown asked for a show of hands to indicate who wished to attend the Forum and all members (n=17) raised their hands.

5.4 Work Plan – Short Term Priorities and Next Steps

V. Underdown informed members of the executive's plan to have presenters address the Committee to bring members "up to speed" on the measures and actions currently underway pertinent to the Hamilton Food Strategy ("FS"). The FAC executive wishes for the members to be fully informed about the implementation of the FS and will schedule presenters currently involved in FS actions. The FAC executive wishes to have these presentations at the remaining meetings for 2019.

FAC members responded positively to this approach and commented that the Committee can be more effective if all members are well informed. Members agreed that commencing long-term planning in Jan 2020 after these presentations would work well.

The Committee budget has ~ \$1000 unallocated; it was previously decided to try to spend all funds because concern that this will affect future budget requests. There was open discussion centered around small, easily executed actions that we can spend the remaining budget on. V. Underdown asked the group for suggestions for events we can attend this autumn. B. Mehretab suggested tabling at a fall festival and setting up similar quiz to the Oct 5 event as it is already planned and could be repeated. K. Swain suggested buying more cotton bags for use at more events next year. These suggestions were met with a positive response from members, especially buying bags for future use. S. Skrzypczyk brought up that the previous FAC use some of their budget to bring in someone from the Toronto Food Policy Council to facilitate a planning workshop, which was catered, for the members; however, this idea was met with a negative response.

V. Underdown called a vote on whether the Committee agrees to sponsor a Food Strategy Forum panellist and it passed. She then called a vote on whether the Committee approves to give away 10 free tickets to the Forum and it passed. In addition, the Chair called a vote on approving \$600 for a future autumn event and it passed.

6. NOTICES OF MOTION

None

7. GENERAL INFORMATION & OTHER BUSINESS

V. Underdown asked the group to suggest presenters who can inform the Committee regarding food actions taking place in Hamilton presently. Several names were added to a list and we agreed to contact them. V. Underdown read off our short-term goals generated at a previous meeting and asked members to keep a look out for articles and actions of significance to bring to future meetings.

8. ADJOURNMENT

(Biasutti/Nielsen)

That there be no further business, the Food Advisory Committee be adjourned at 9:00 PM.

CARRIED

Respectfully submitted,

V. Underdown, Chair
Food Advisory Committee

Sandy Skrzypczyk
Staff Liaison
Public Health Services

It is noted carefully that the "AWARENESS" of this program needs much attention that is highlighted in the report/power-point presented.

The Public Health Services - Hamilton should give due consideration to include/adopt practical applications to bring about "real" awareness of this program to the targeted beneficiaries, especially the Senior women of the diverse communities and vulnerable groups that will be left behind because of language barriers and the lack of English knowledge. The vulnerable groups such as the "HOMELESS SENIORS" and "ISOLATED SENIORS" are examples of even been left out under the present facilities and services available to the low income/vulnerable and needed Seniors provided by the Hamilton City Hall Dental Health care program are not known to the targeted recipients/citizens because of the weakness of the "AWARENESS REACH-OUT PROGRAMS" and the lack of the communication languages used to reach-out the "MESSAGE" to the targeted recipients. In the new program provided by the Ministry of Health and Long-Term Care (MOHLTC) which includes Eligibility and Enrolment - (p.4) and Client Journey - (p.5), Special attention should be given to the application form been suggested because this is a new program and has to be include the "TERM" *Fully funded at 100% provincial funding - (p.6 info)*. All informative and awareness print and electronic material should include in the native languages of the diverse community low-income citizens. Dr. Ninh Tran, Associate Medical Officer of Health, Public Health Services - Hamilton to a questions raised regarding how much of funds will be used for awareness and administrative costs - stated that 10% (nearly \$. 250,000) of the funds will be utilized for promotional and awareness (Public Communication) and about 10% (nearly \$. 250,000) will be utilized for administrative expenditure. It is proposed that the awareness program should use the Family Doctors/Physicians clinics, Pharmacies and Community activity facilities to spread the "message" of this wonderful Ontario Seniors Dental Care Program.

Services to be delivered by salaried dental providers in PHUs, CHCs, and AHACs has to be revised because recruiting such staff and specialists will post-poned the immediate implementation of the demand that will arise once the program is fully published and decimated among the targeted community. **Therefore it is suggested to include Dentists and Endodontists practicing in the main cities/rural cities in Hamilton who can volunteer to be included in the program, who will be remunerated under this program for the services that they will provide to their patients/clients.** This will be a temporary arrangement until discussions with all CHCs and AHACS in their local jurisdiction to ascertain the feasibility of a service partnership is concluded. This will fall within the Ministry advised program to include leveraging existing infrastructure with the inclusion of the Dentists and Endodontists mentioned above, to provide dental care to the newly included eligible low-income Seniors at PHUs, CHCs, and AHACs under the first phase of the program and to enable the **first phase to begin late summer 2019.**

(p.01)

Estimated number of Seniors eligible for low income dental coverage in the City of Hamilton is **10,230** as indicated in the Ontario Seniors Dental Program submitted to the Seniors Advisory Committee (p.7). **In the same report it is stated that in 2018 there were 102,500 Seniors living in Hamilton, and 60% of the Seniors do not have dental coverage.** The report also indicates that in **2018** the **dental clinic** and the **dental health bus provided 1014 appointments for 490 Seniors** under the services/facilities provided by the City of Hamilton. In another document (Appendix "B" to BOH 19026) **681 Seniors** have obtained Dental Care Services from the City of Hamilton's dental services in **2018**. The report also says that **333 Seniors** have been provided Seniors Oral dental service under the Dental Health **Bus** facility in **2018**. If 60% of the 102,500 Seniors living in Hamilton do not have dental coverage, that means **nearly 60,000 Seniors** should be eligible and **"NOT"** 10,230 Seniors as stated in the both reports (Seniors Oral Health (BOH 190260 (City Wide) report - p.5 and Ontario Seniors Dental Care Program - p.7). * Note: There is no indication of how many Seniors fall under the new MOHLTC "LOW-INCOME" Dental Care program and the analysis cannot be made clearer. But if you deduct the 10,230 low-income Seniors from the 60,000 Seniors, the figure of **50,000** shows the number of Seniors in need of Dental disease prevention, complications and hospitalizations and to reduce unnecessary trips to the hospital, prevent chronic disease and increase quality of life for Seniors.

Again the Ontario Seniors Dental Care Program - (p.7). report, it is stated that MOHLTC is estimating **40% of target 10,230** will access the program which means nearly **3986** "Low-income Seniors" in Hamilton will access the new Ontario's Seniors Dental Care program from late Summer 2019. Considering the facts presented in the para above, **if we consider/assume * 25,000 (which is 50% of the 50,000) as the figure, then 40 % of 25,000 will indicate the numbers of Low-income Seniors that will need/seek/should be targeted to benefit from this/ MOLTC - Ontario's Seniors Dental Care Program. It is not clear in the report/documents provided whether the sum of \$.2.248,100 million funding is for 2019 "ONLY" or for a period of 12 months from the date the letter addressed by Ms. Christine Elliott - Deputy Premier and Minister of Health and Long-Term Care to Mayor Fred Eisenberger - Chair, Board of Health, City of Hamilton, Public Health Services, dated June the 7th., 2019.**

In the Report - Ontario Seniors Dental care Program handed to all the Seniors Advisory Committee members at the meeting held on Friday August 2nd., in page 7 it is stated that the BOH (Board of Health) approved/acknowledged receipt of up to 2.24 M in operating funds for 2019. Scrutinizing this document with the letter received by the Mayor, says very clearly the \$. 2.248.100 million has been given/granted for use for years 2019 - 2020. Thus it can be assumed **that this** funding is for "Phase 1" and "Phase 2" of this new Seniors Dental care Program.

MORE CLARITY AND A WELL PLANNED IMPLEMENTATION PROGRAM/SCHEDULE IS KINDLY SUGGESTED TO BE PRESENTED IN ACCORDANCE WITH PROPOSAL OUTLINED IN Page.17 WITH CLEAR FINANCIAL COMMITMENT PROPOSED EXPENDITURE DETAILS OF THE ONTARIO SENIORS DENTAL CARE PROGRAM, PHASE 1 & PHASE 2. BEFORE THE BOARD OF HEALTH COULD SUPPORT/APPROVE OR AGREE TO CONSIDER THIS REPORT ACCEPTABLE.

Under Phase 1 (Stage One), facilities to extend the Dental Health Bus facility is suggested to be extended to also include service schedules in Dundas, Flambrough and Greenville, if such facilities/services are not in the City Dental Service program.

Under Phase 2 (Stage 2), it is suggested/proposed to set-up at least 3 more dental clinics in the areas where the need is high, after appropriate studies are done by the experts. Consideration to set-up one such Dental clinic in Dundas is strongly suggested.

Submitted by Noor Nizam.



CODE
RED



thespec.com |

THE
HAMILTON SPECTATOR

TEN YEARS LATER

This is our city, Hamilton. It looks like this:



And this:



And this:



Unfortunately, our city also looks like this:



And this:



And this:



We pride ourselves on our so-called
“universal” health care system.

But we mistakenly think “universal” health care
means equal health care.

We pride ourselves on our so-called “universal” health care system.

But we mistakenly think “universal” health care means equal health care.

I’m about to show you that there is nothing equal about health care in Canada.

We pride ourselves on our so-called “universal” health care system.

But we mistakenly think “universal” health care means equal health care.

I’m about to show you that there is nothing equal about health care in Canada.

And there’s certainly nothing equal about the health of people here in Hamilton.

In April 2010, we started a discussion in Hamilton that we called Code Red.

In April 2010, we started a discussion in Hamilton that we called Code Red.

Using health and socioeconomic data from **2006** and **2007**, we mapped the health of Hamilton down to the level of neighbourhoods.

In April 2010, we started a discussion in Hamilton that we called Code Red.

Using health and socioeconomic data from **2006** and **2007**, we mapped the health of Hamilton down to the level of neighbourhoods.

We showed the strong connections between **health, wealth and where you live.**

HIGHLIGHTS

21-year difference in life expectancy between best/worst neighbourhoods.

WEEKEND READER
THE HAMILTON SPECTATOR ■ SATURDAY, APRIL 10, 2010 ■ THESPEC.COM

Worlds apart
Glaring disparities in wealth and health have taken a shocking toll on a huge number of Hamilton's people.

BY STEVE BURST

Two neighbourhoods, separated by just five kilometres as the crow flies. They might as well be worlds apart.

Between these Hamilton neighbourhoods, representing two ends of the spectrum, there's a difference of 21 years in average age at death.

Basically, it's a crude measure of life expectancy across this city, which is important because there's no clearer measure of health than whether you're dead or alive.

Of all the glaring disparities between Hamilton's neighbourhoods uncovered in this groundbreaking health mapping project, the gap in life expectancy is the most disturbing. That 21-year difference represents an entire generation lost between those neighbourhoods at the top and bottom.

At one extreme is the west Mountain neighbourhood bounded by Upper Paradise Road, the Mountain brow, Rice

CODE RED
WHERE YOU LIVE AFFECTS YOUR HEALTH

Avenue and Mohawk Road West, where the average age at death was 86.3 years, based on death statistics collected from 2000 to 2008. That's five years better than Canada's average life expectancy.

At the other extreme is the neighbourhood tucked between Wellington Street North, the harbourfront, Sherman Avenue North and the railway tracks near Barton Street, where the average age at death for the same period was 65.5 years.

Put another way, that same North End neighbourhood would rank 163th in the world for life expectancy, tied with Nepal, just ahead of Pakistan and worse than India, Mongolia and Turkmenistan.

"There's your story right there," said Neil Johnston, a Hamilton health researcher who has collaborated on this project for

three years and acted as the chief data analyst.

The huge gap in life expectancies across the city is one important piece of a much larger story concerning the health of Hamilton's neighbourhoods.

The Spectator's comprehensive analysis of more than 400,000 pieces of hospital and death data for Hamilton residents shows staggering disparities between the best and poorest-performing neighbourhoods.

In parts of the lower-central portion of Hamilton, where poverty is deeply entrenched, some neighbourhoods live with Third World health outcomes and Third World lifespans — all the more shocking in a city with a major medical school and top-teaching hospitals, in a country with universal, publicly funded health care.

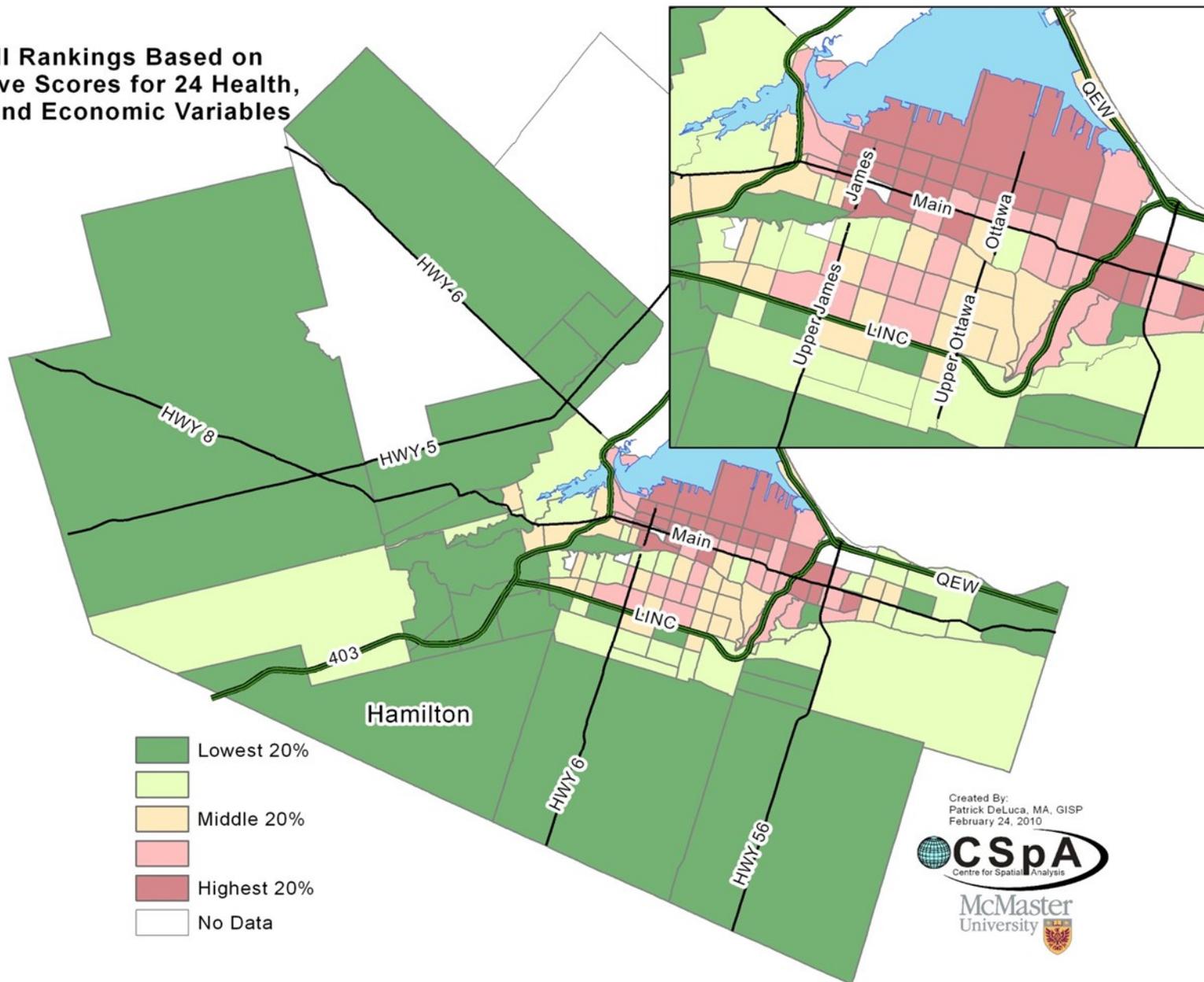
"It's absolutely appalling," said Johnston, an expert in analysing and mapping health data.

"In the current circumstances, it may not be avoidable and that's the tragedy."

CODE RED continues W-2



Overall Rankings Based on
Cumulative Scores for 24 Health,
Social and Economic Variables



BORN

A CODE RED PROJECT



A tale of two cities

The Golden Horseshoe is a study in contrasts, with Hamilton's lower city posting one of the highest urban teen mother rates in the province while neighbouring Burlington has one of the lowest.

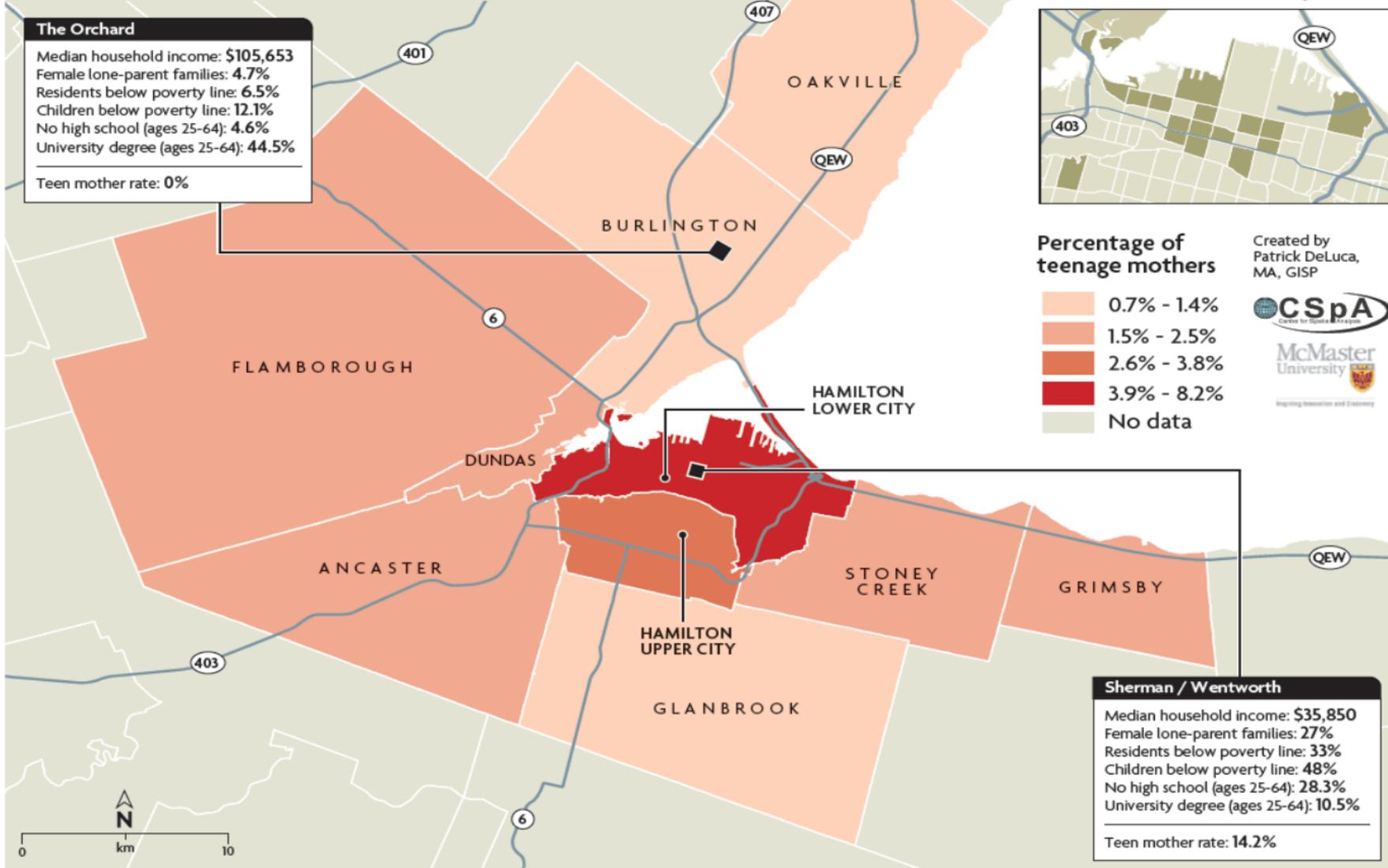
The core of the problem

Hamilton neighbourhoods where at least 10% of all mothers are teenagers

The Orchard

- Median household income: **\$105,653**
- Female lone-parent families: **4.7%**
- Residents below poverty line: **6.5%**
- Children below poverty line: **12.1%**
- No high school (ages 25-64): **4.6%**
- University degree (ages 25-64): **44.5%**

Teen mother rate: **0%**



Percentage of teenage mothers

- 0.7% - 1.4%
- 1.5% - 2.5%
- 2.6% - 3.8%
- 3.9% - 8.2%
- No data

Created by Patrick DeLuca, MA, GISP



Sherman / Wentworth

- Median household income: **\$35,850**
- Female lone-parent families: **27%**
- Residents below poverty line: **33%**
- Children below poverty line: **48%**
- No high school (ages 25-64): **28.3%**
- University degree (ages 25-64): **10.5%**

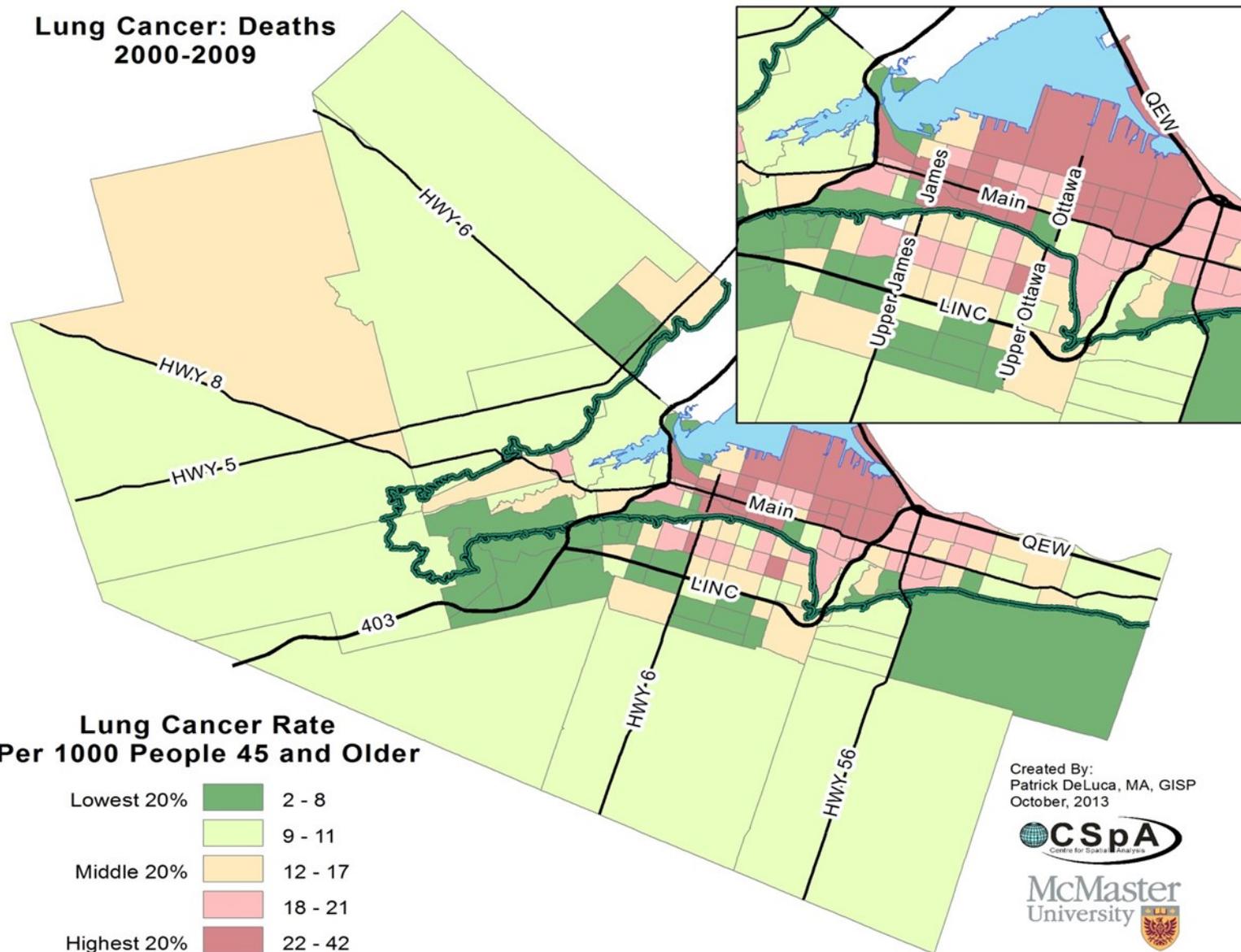
Teen mother rate: **14.2%**



HIGHLIGHTS

- Cancer mortality rate in inner-city core 90% higher than Ancaster.
- Mortality rate in worst neighbourhood **4X** higher than best neighbourhood.
- Lung cancer mortality rate in worst neighbourhood **15X** higher than best.

**Lung Cancer: Deaths
2000-2009**



Created By:
Patrick DeLuca, MA, GISP
October, 2013



Ten years on from the original data, we are back with a new question:

What has changed over the past decade?

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What has changed over the past decade?

Sadly, not much.

Ten years on from the original data, we are back with a new question:

What has changed over the past decade?

Sadly, not much.

In fact, **10** of **13** health outcomes actually worsened.

HIGHLIGHTS

1. Emergency Department use.

HIGHLIGHTS

1. Emergency Department use.
2. Psychiatric-related issues.

HIGHLIGHTS

1. Emergency Department use.
2. Psychiatric-related issues.
3. Hospital admissions.

HIGHLIGHTS

1. Emergency Department use.
2. Psychiatric-related issues.
3. Hospital admissions.
4. Life span.

HIGHLIGHTS

1. Emergency Department use.
2. Psychiatric-related issues.
3. Hospital admissions.
4. Life span.
5. ALC days.

HIGHLIGHTS

1. Emergency Department use.
2. Psychiatric-related issues.
3. Hospital admissions.
4. Life span.
5. ALC days.
6. Low birth weights.

HIGHLIGHTS

1. Emergency Department use.
2. Psychiatric-related issues.
3. Hospital admissions.
4. Life span.
5. ALC days.
6. Low birth weights.
7. Family physician accessibility.

HIGHLIGHTS

1. Emergency Department use.
2. Psychiatric-related issues.
3. Hospital admissions.
4. Life span.
5. ALC days.
6. Low birth weights.
7. Family physician accessibility.
8. Socioeconomic factors.

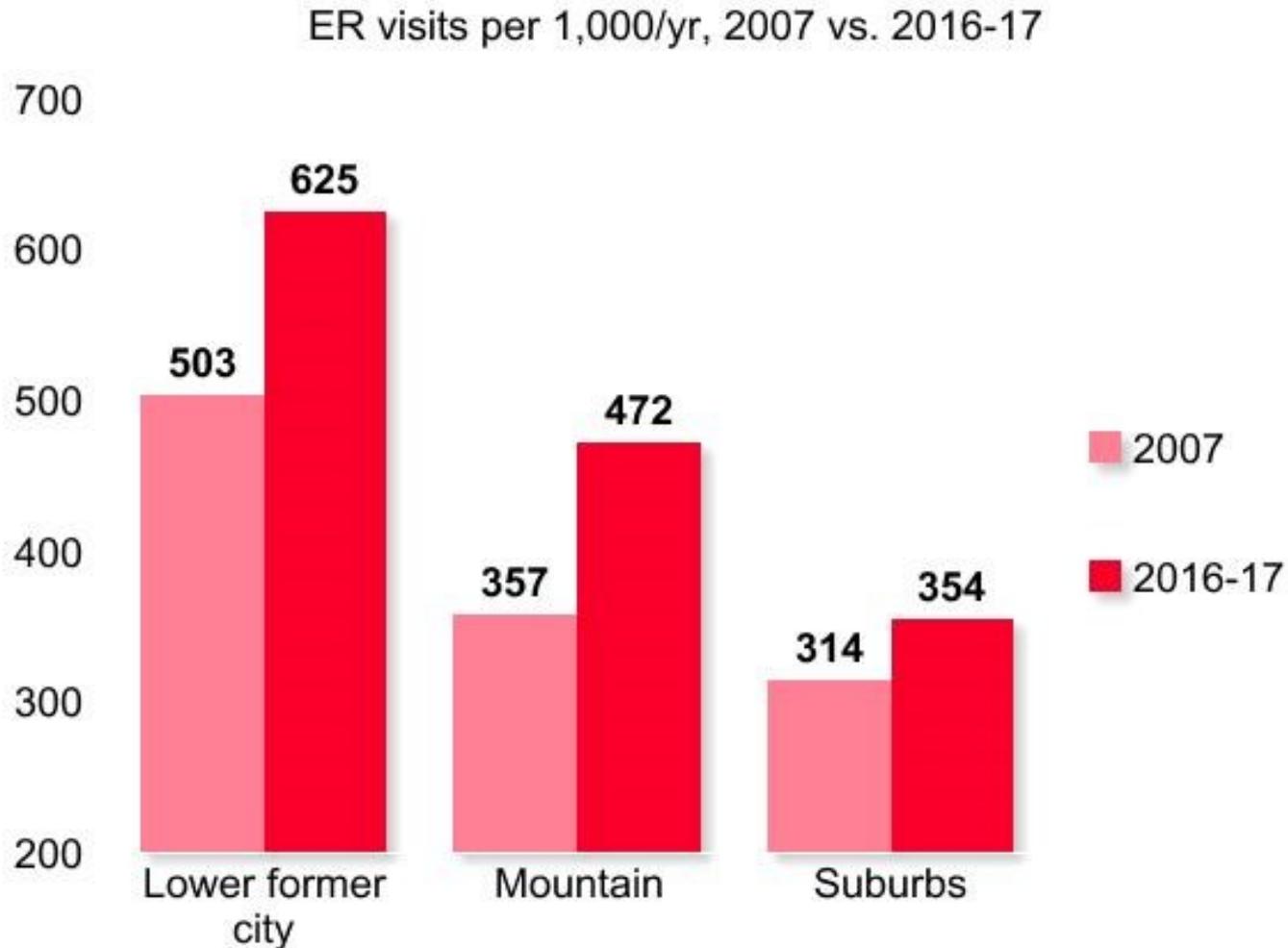
1. Emergency Department use:

1. Emergency Department use:

FY 2006-07: **200,000 visits/yr**

2016-17: **255,000 visits/yr**

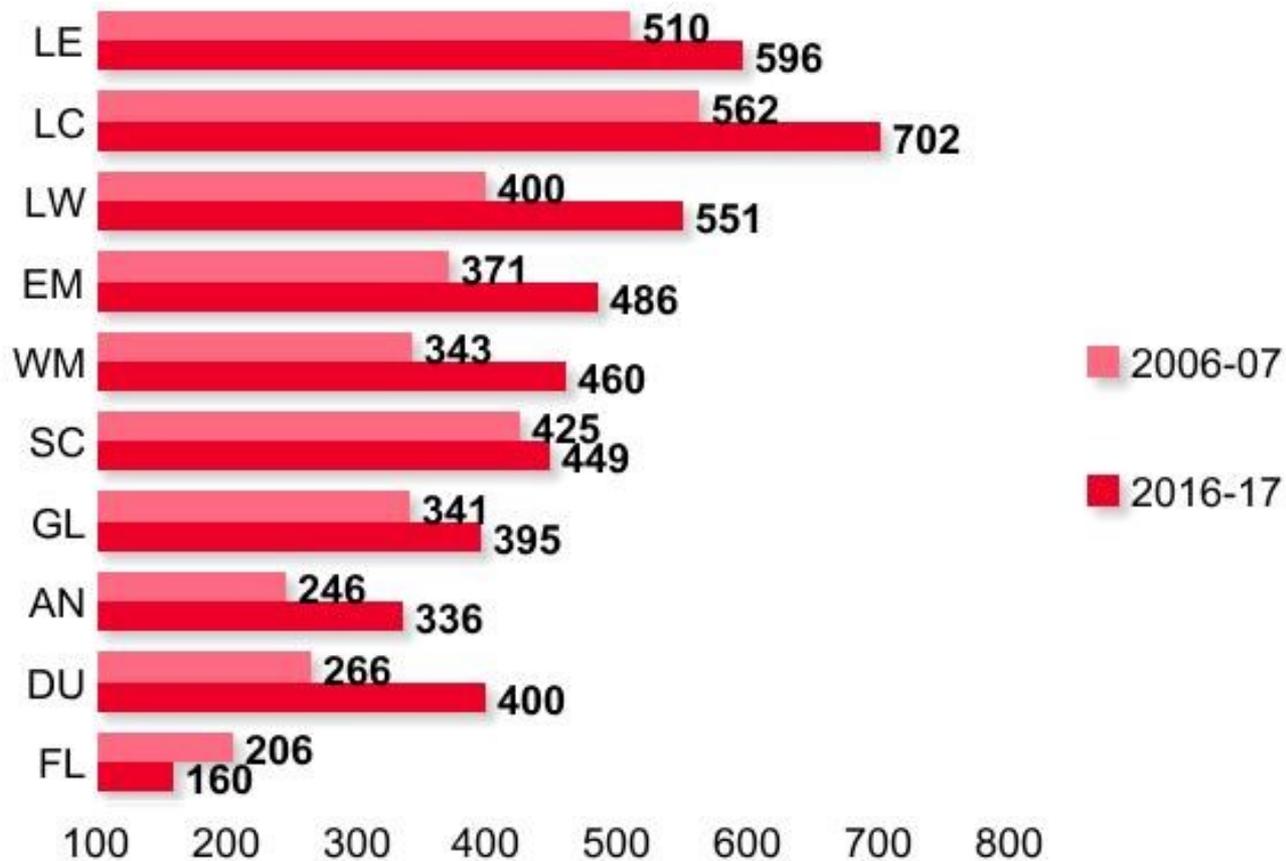
1. Emergency Department use:



SOURCE: CIHI / Hamilton Health Sciences

1. Emergency Department use:

ER visits per 1,000/yr, 2006-07 vs. 2016-17, by area

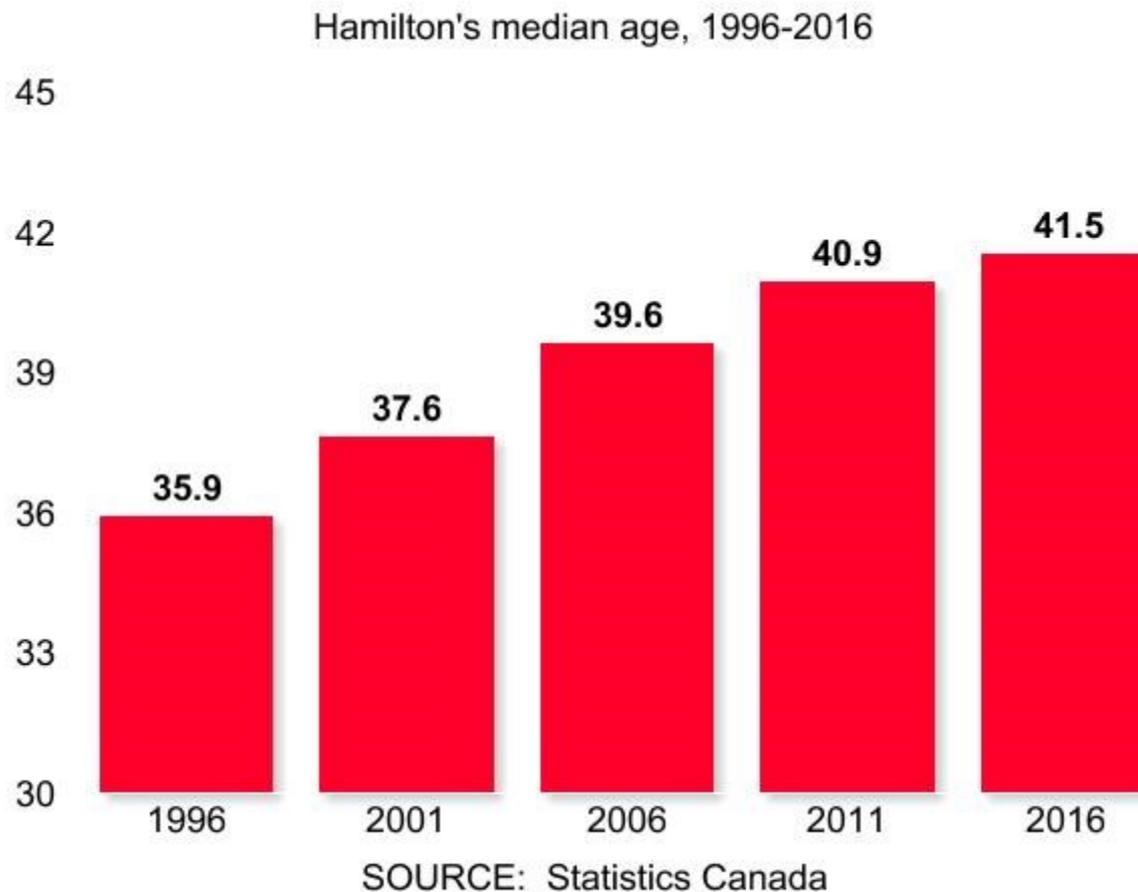


SOURCE: CIHI / Hamilton Health Sciences

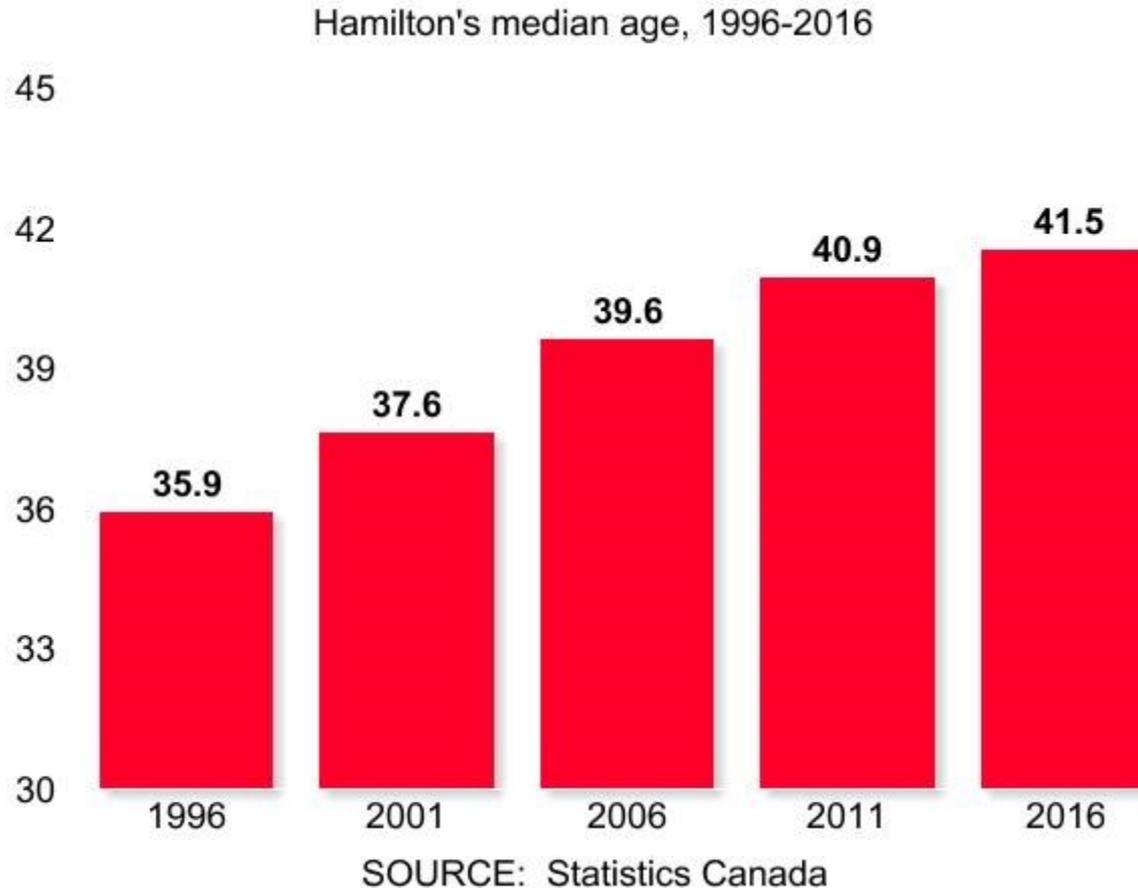
1. Emergency Department use:

Possible reason?

1. Emergency Department use:



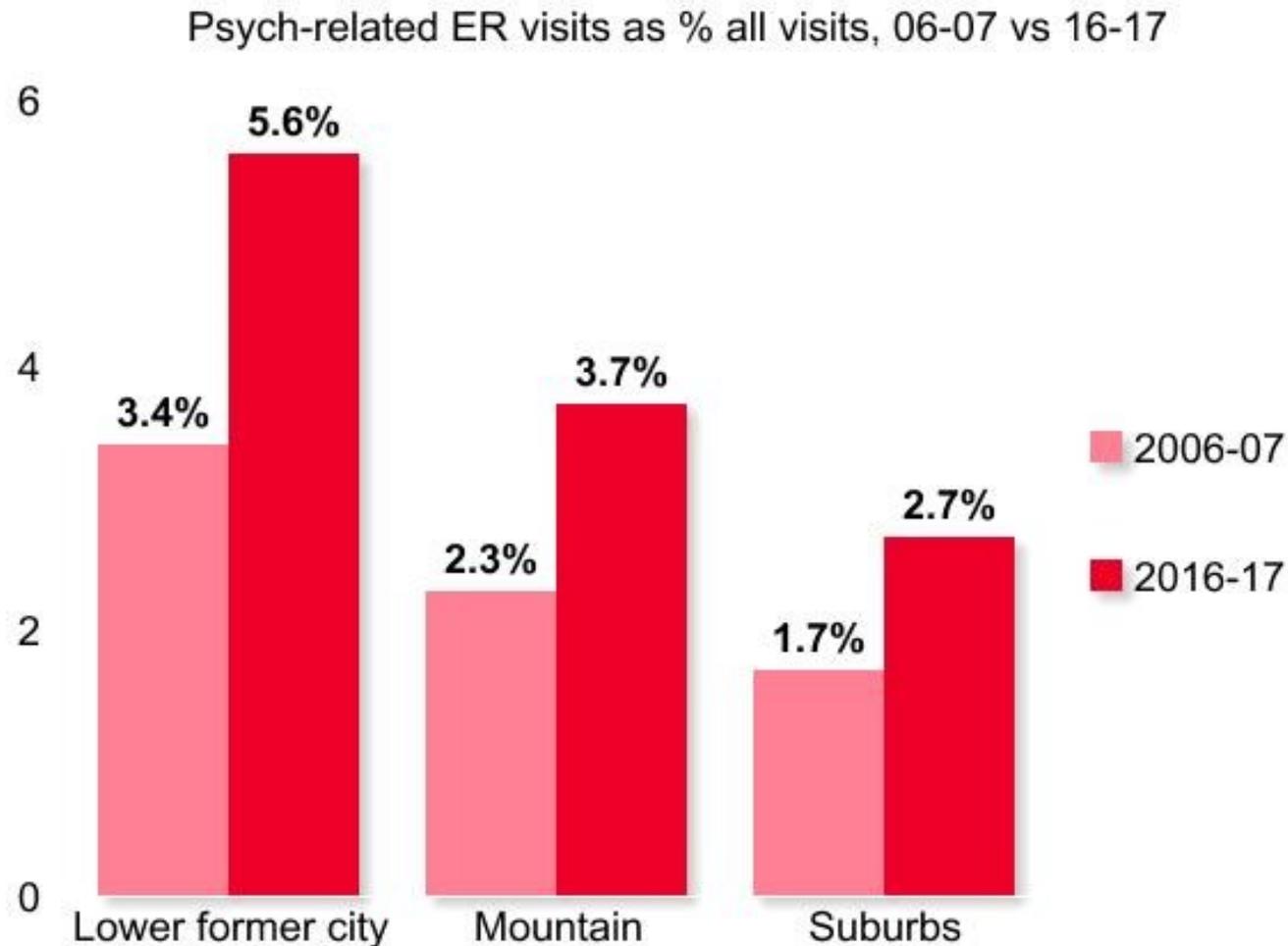
1. Emergency Department use:



93,000 people (17.3% of pop.) in Hamilton are 65 and older

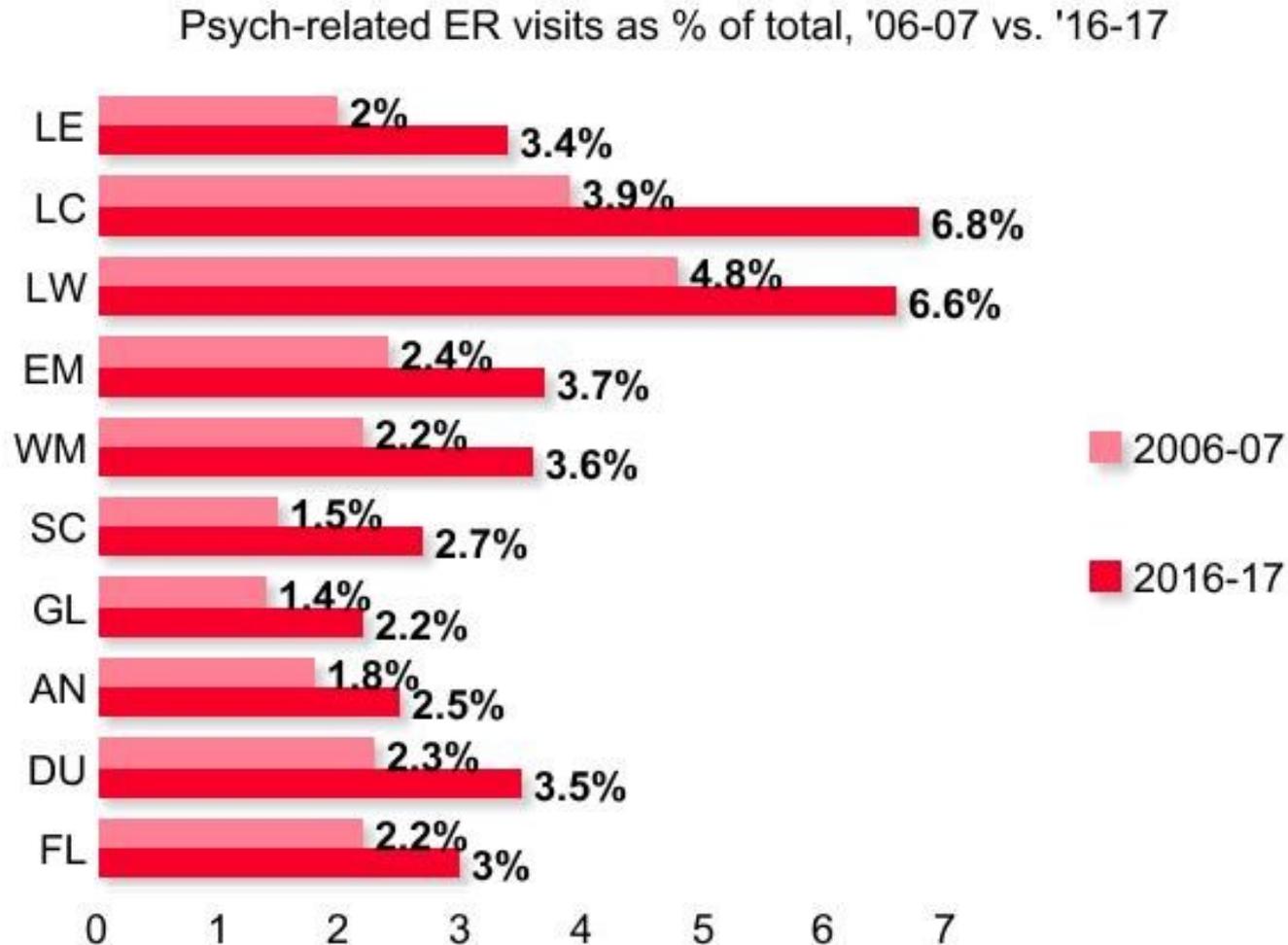
2. Psychiatric-related issues:

2. Psychiatric-related issues:



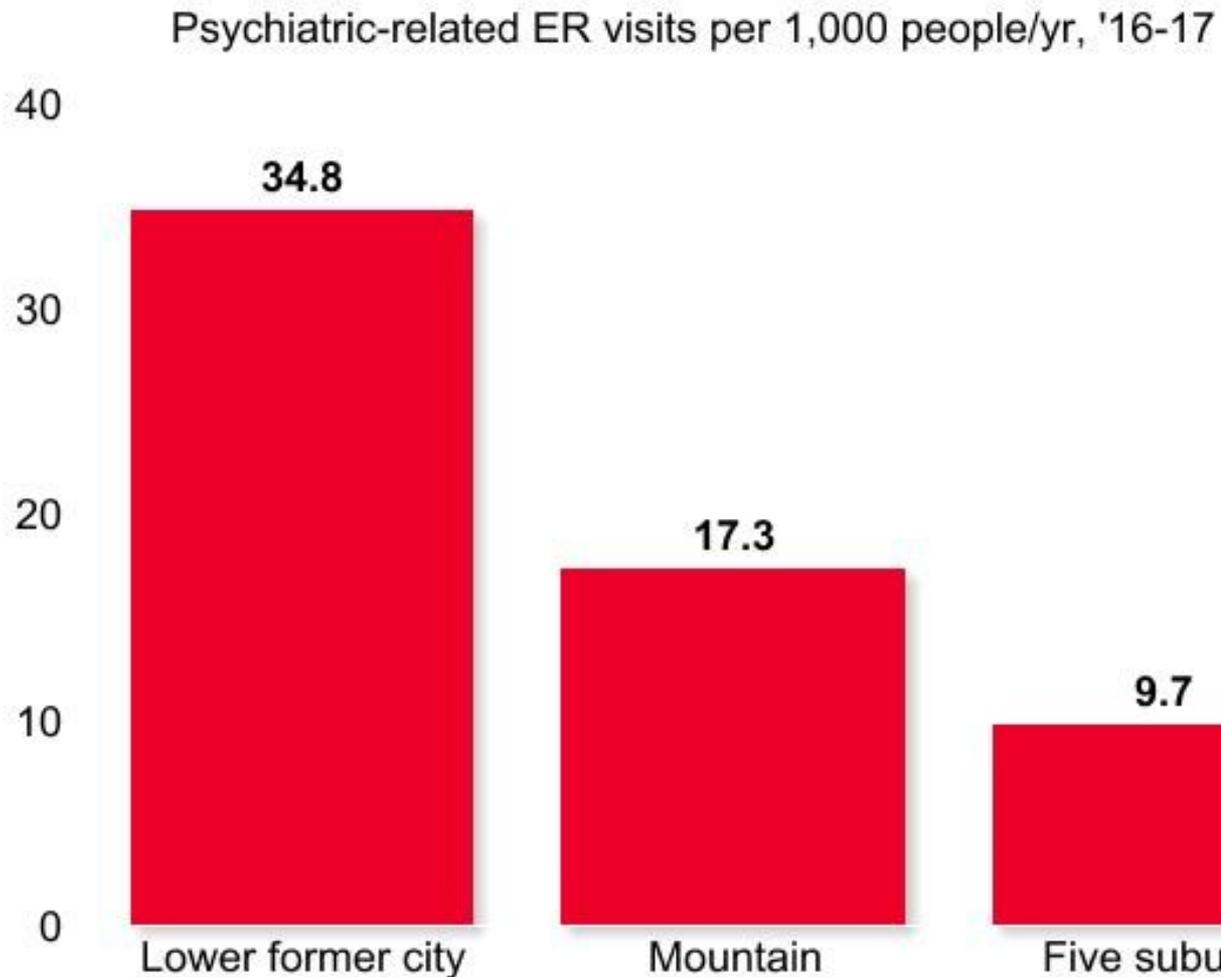
SOURCE: CIHI / Hamilton Health Sciences

2. Psychiatric-related issues:



SOURCE: CIHI / Hamilton Health Sciences

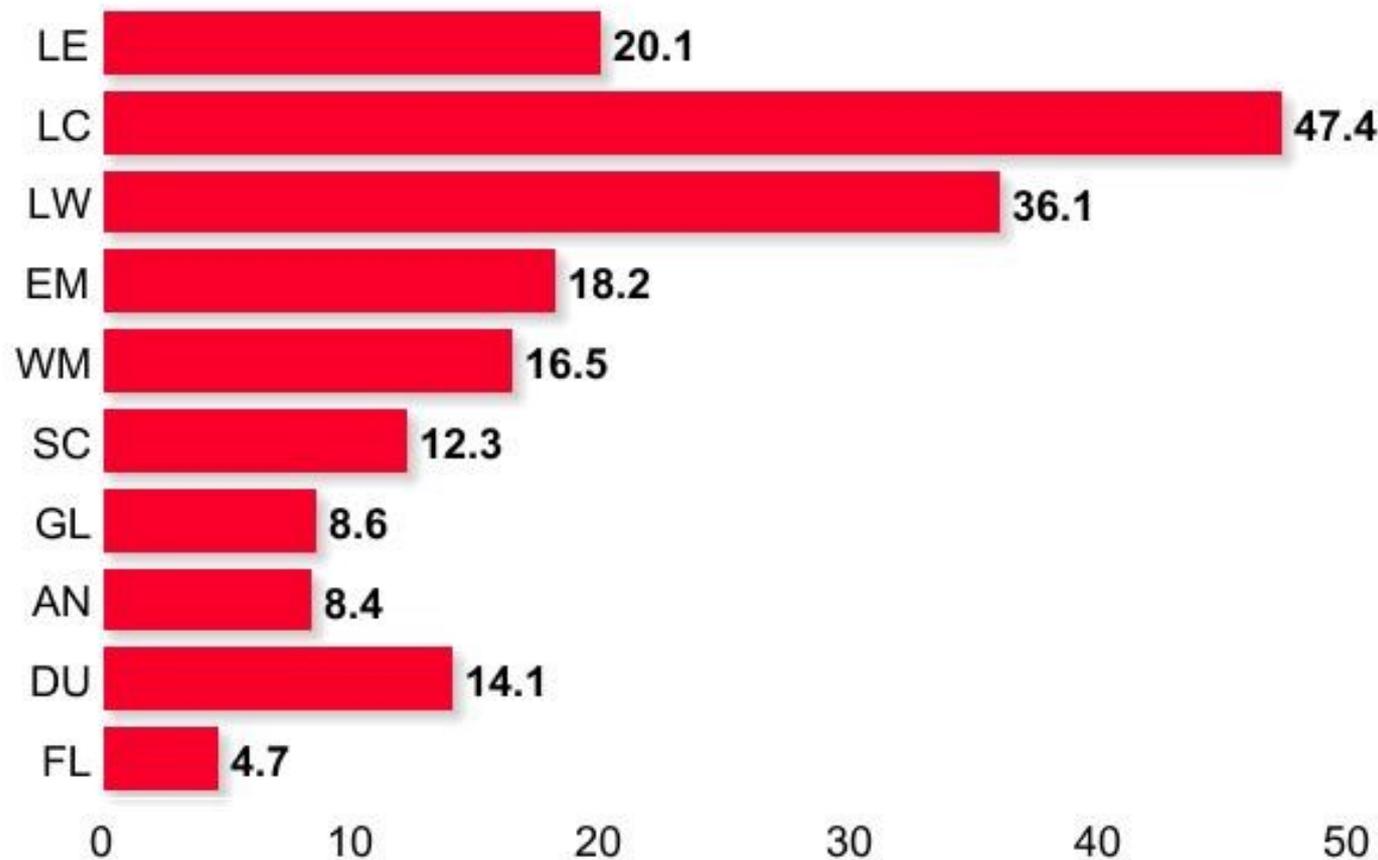
2. Psychiatric-related issues:



SOURCE: Hamilton Health Sciences

2. Psychiatric-related issues:

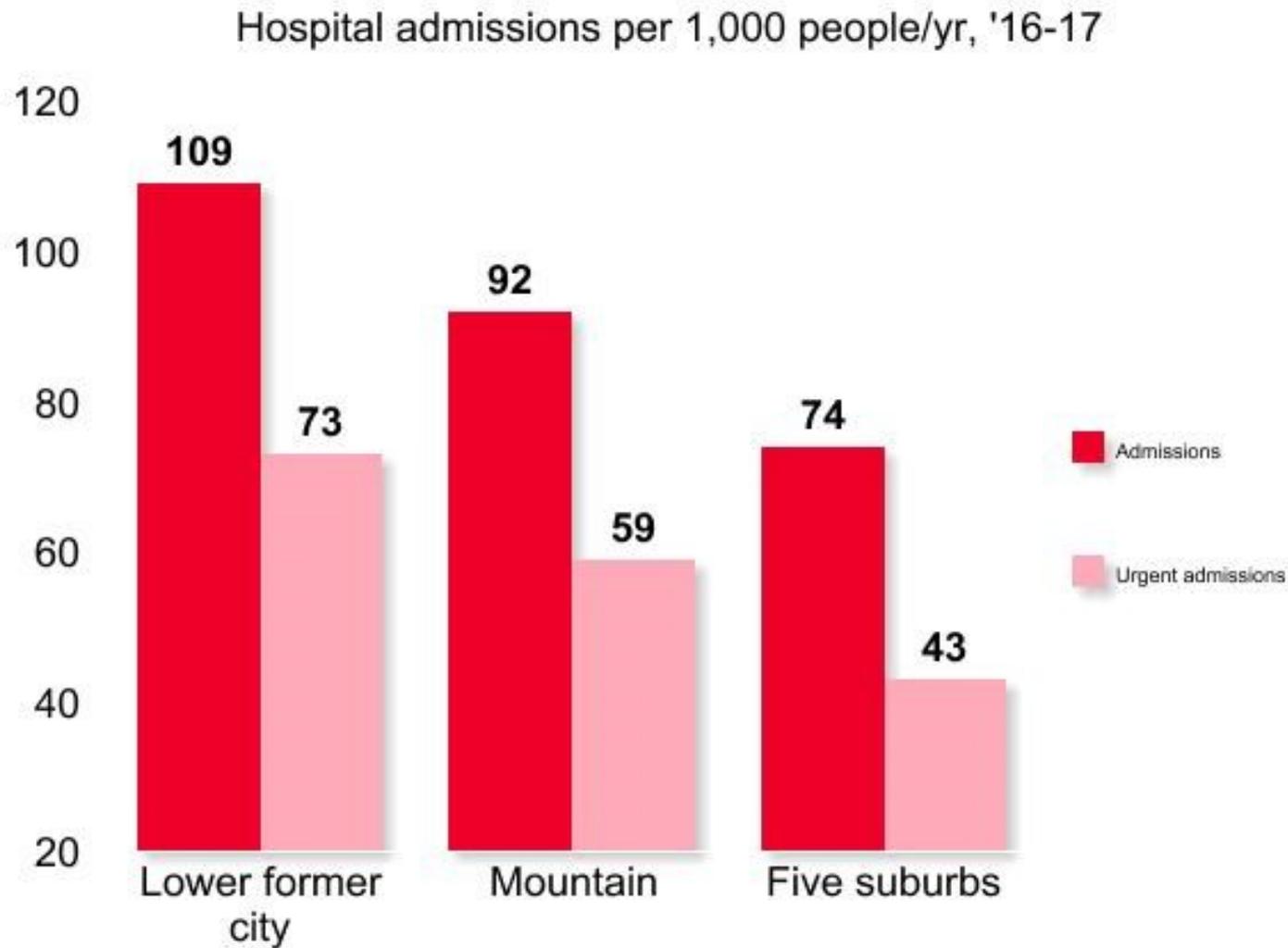
Psychiatric-related ER visits per 1,000 people, per year,
by Hamilton's 10 areas, 2016-17



SOURCE: Hamilton Health Sciences

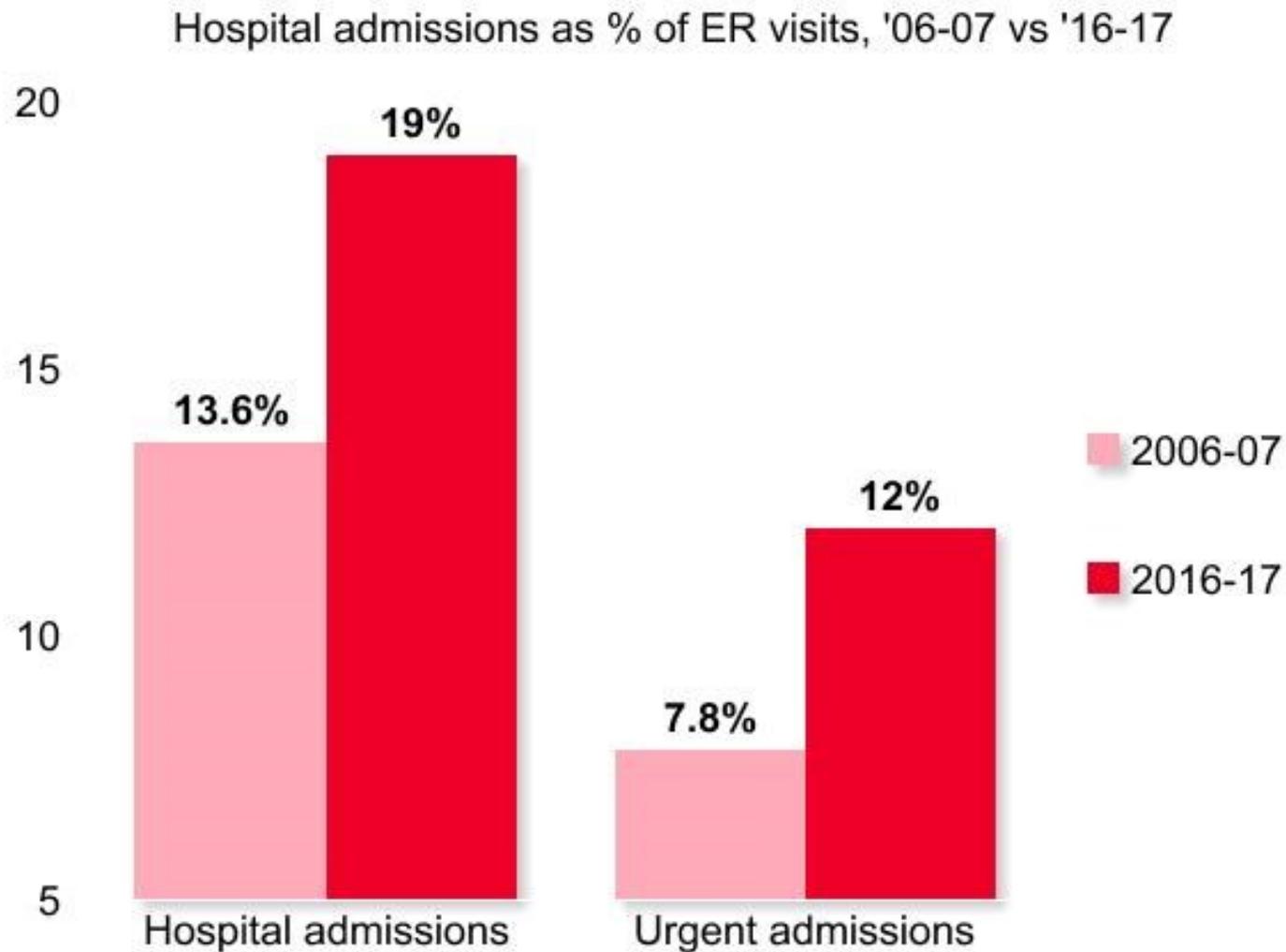
3. Hospital admissions:

3. Hospital admissions:



SOURCE: Hamilton Health Sciences

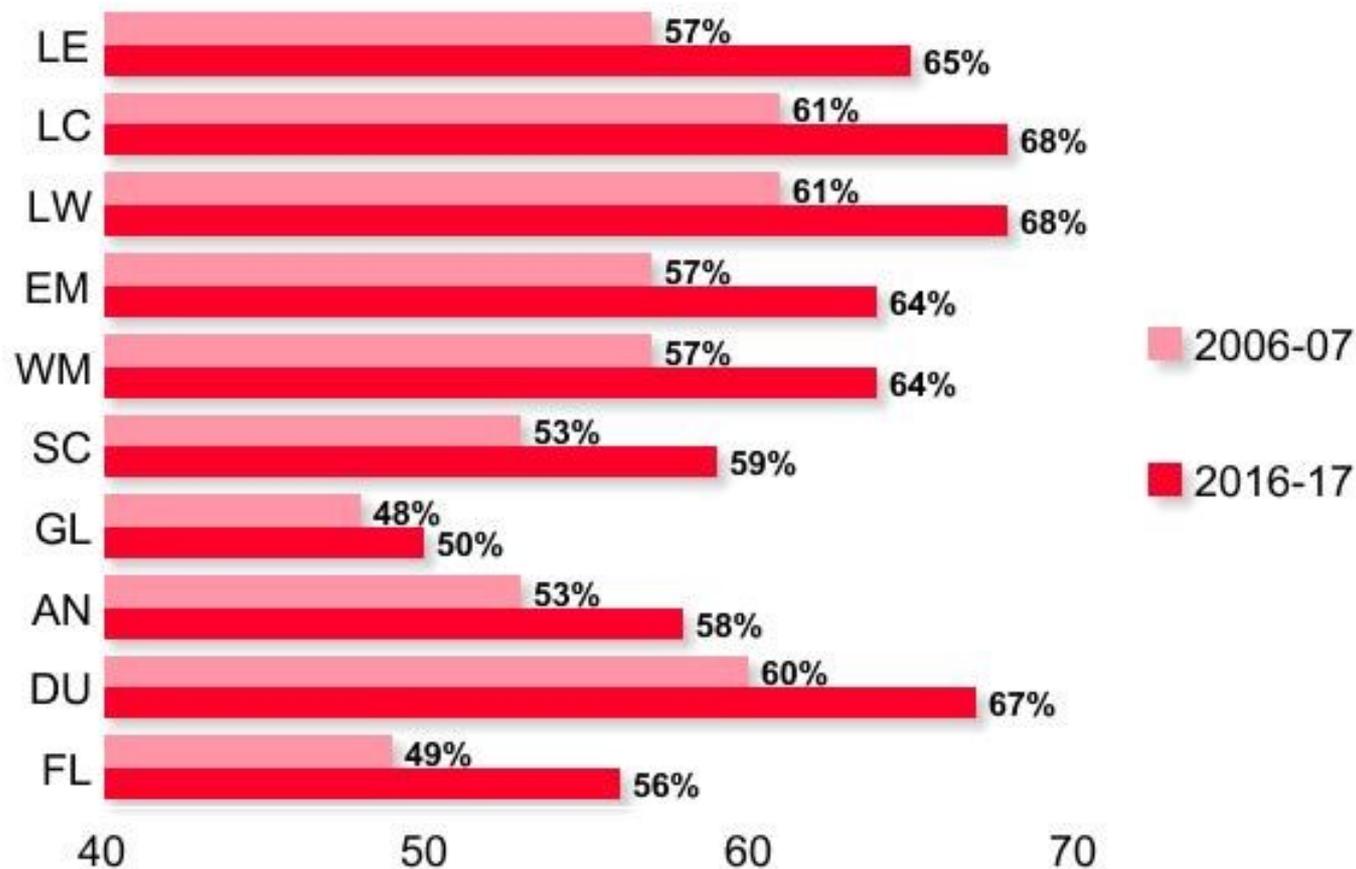
3. Hospital admissions:



SOURCE: CIHI / Hamilton Health Sciences

3. Hospital admissions:

Urgent hospital admissions as % of all admissions,
2006-7 vs. 2016-17



SOURCE: CIHI / Hamilton Health Sciences

4. Life span:

4. Life span:

2006-08: **21-year** gap between best/worst

4. Life span:

2006-08: **21-year** gap between best/worst

2016-17: **23-year** gap between best/worst

4. Life span:

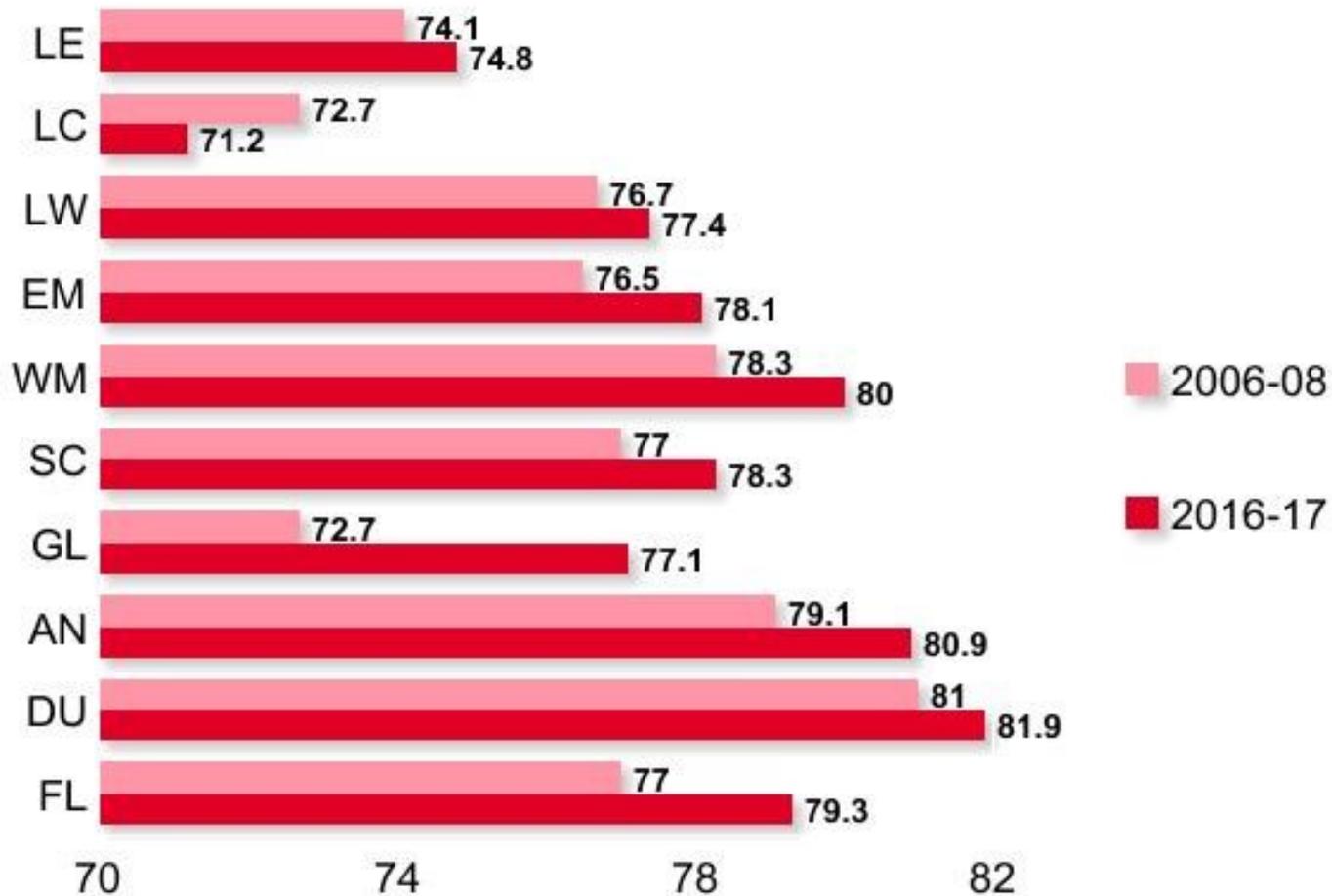
2006-08: **21-year** gap between best/worst

2016-17: **23-year** gap between best/worst

We have one neighbourhood now where the life span is **64.8** years !!

4. Life span:

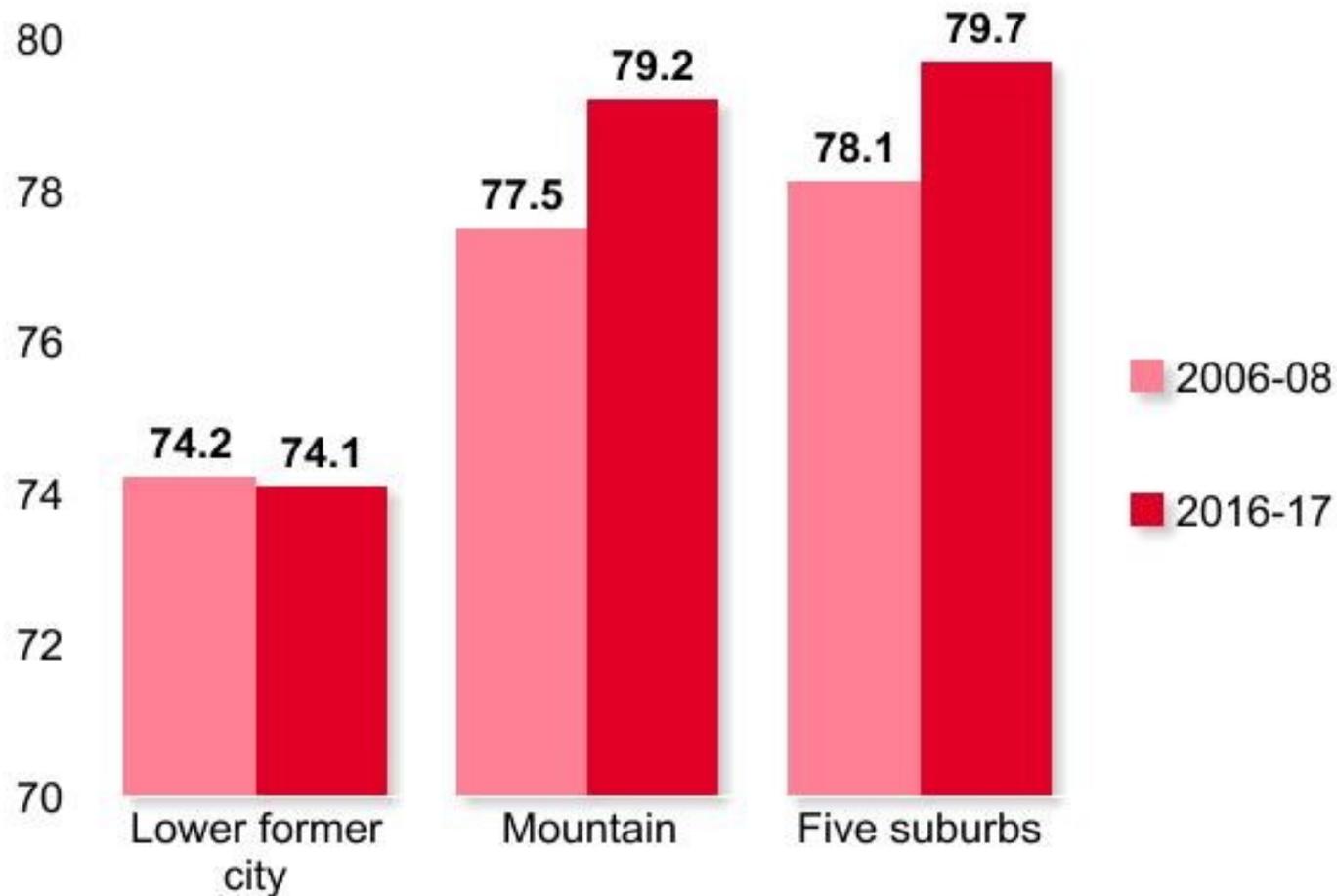
Avg. age at death, '06-08 vs. '16-17, by 10 areas



SOURCE: Service Ontario

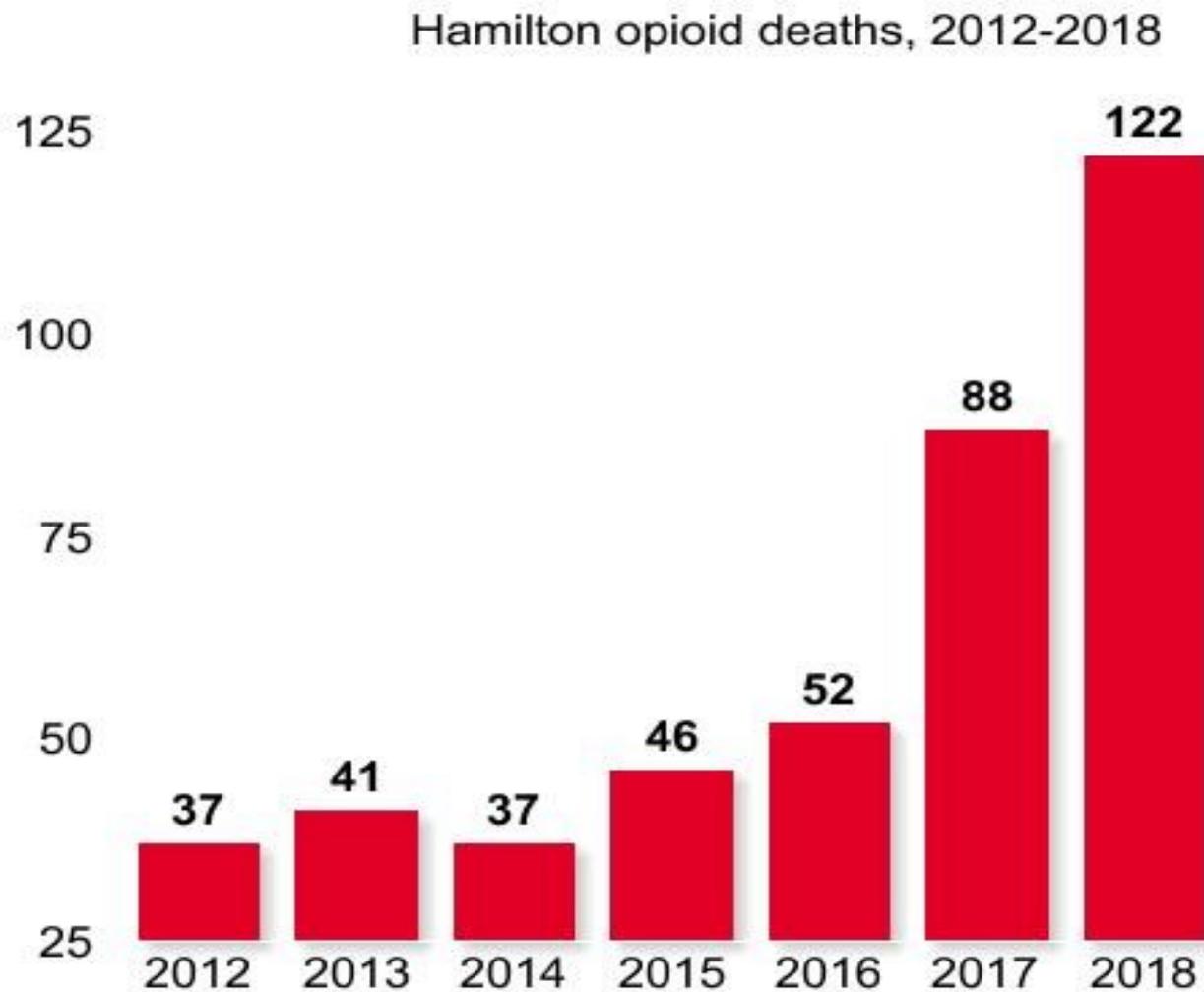
4. Life span:

Average age at death, '06-08 vs '16-17, by area



SOURCE: Service Ontario

4. Life span:

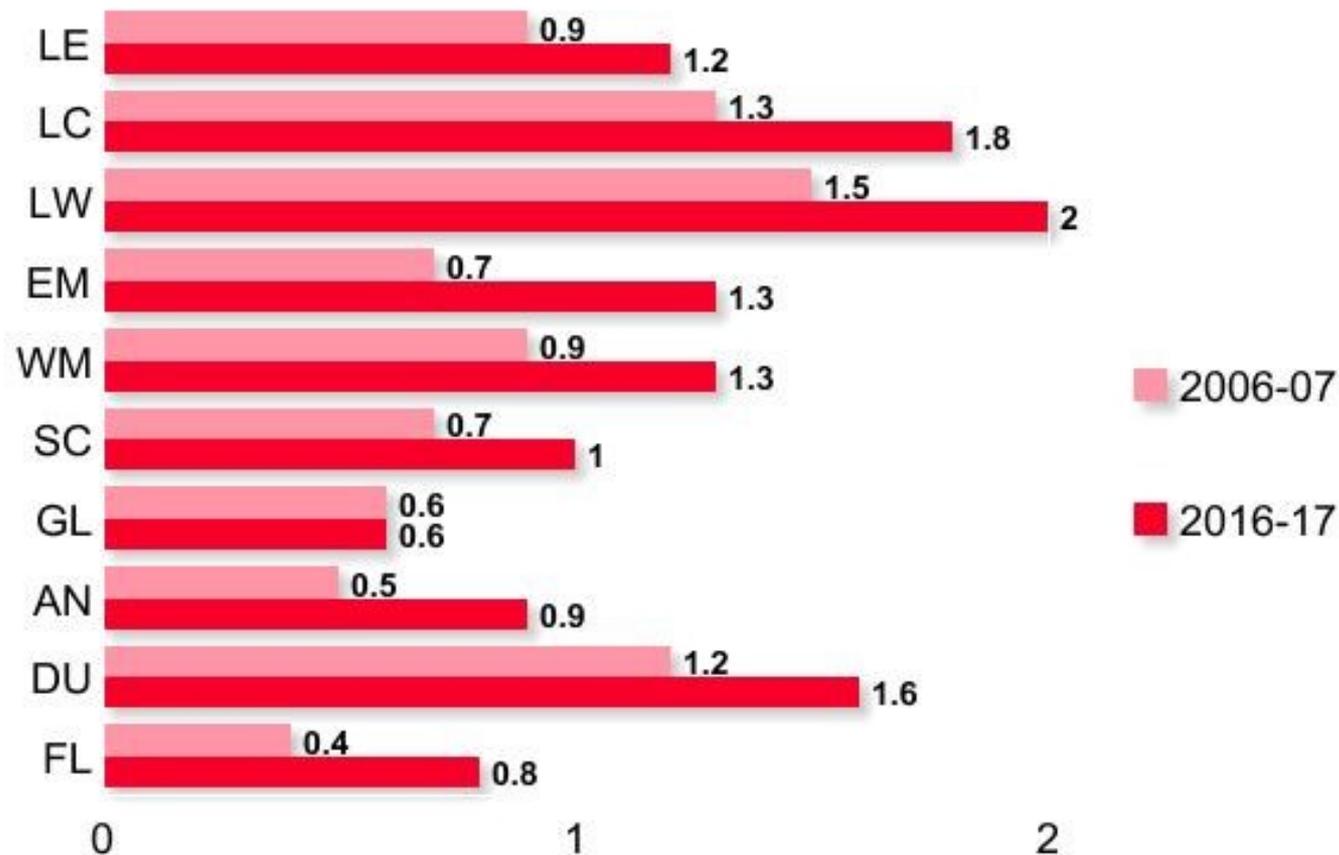


SOURCE: Hamilton Health Sciences

5. ALC days:

5. ALC days:

Avg. ALC days per hospital admission, '06-07 vs. '16-17



Figures expressed in days per hospital admission.

SOURCE: CIHI / Hamilton Health Sciences

5. ALC days:

Why is this important?

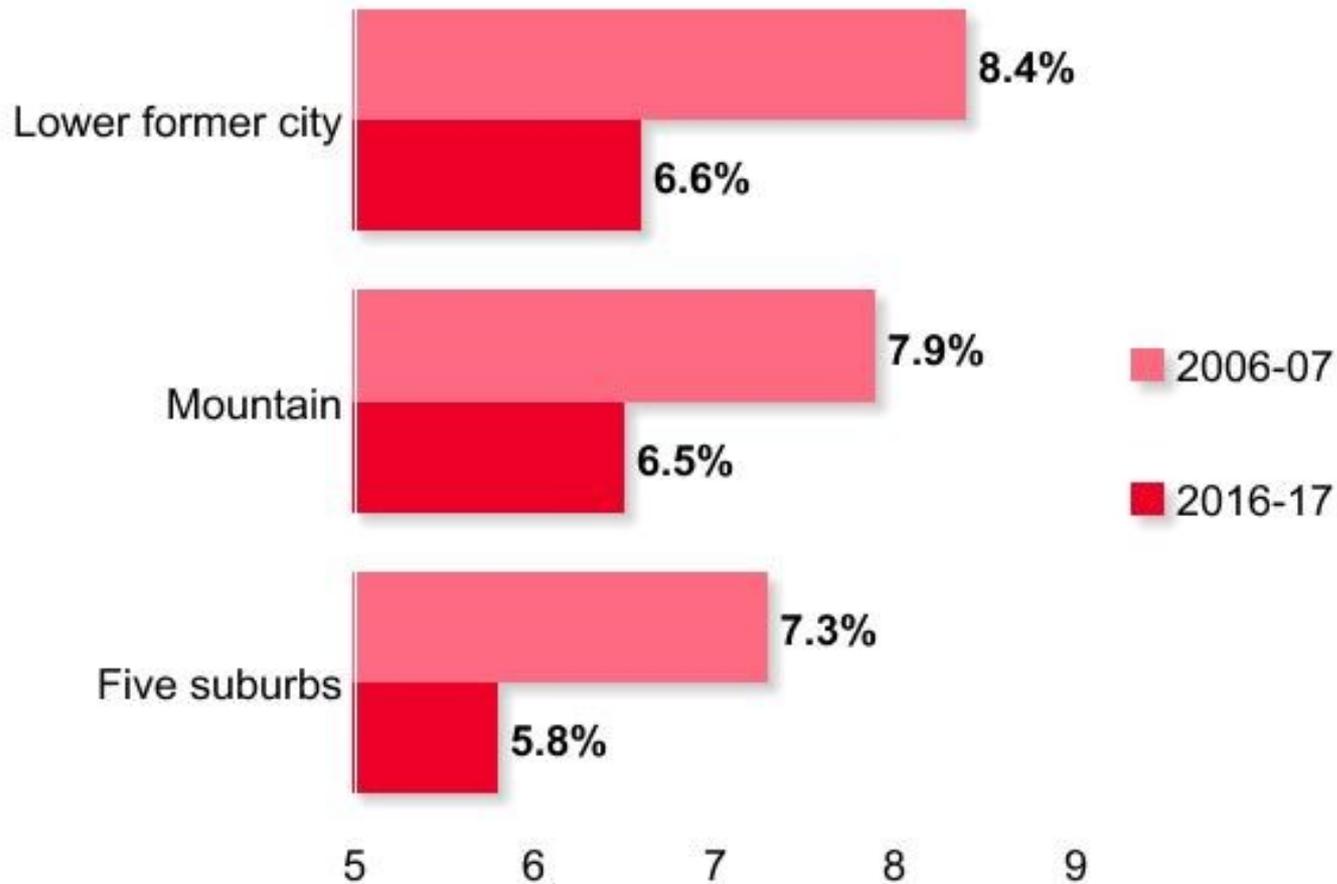
In 2017, more than 69,000 bed-days in Hamilton hospitals were used for ALC patients.

That's equal to **189 hospital beds a day** on average out of service because they're taken up with ALC patients.

6. Low birth weight babies:

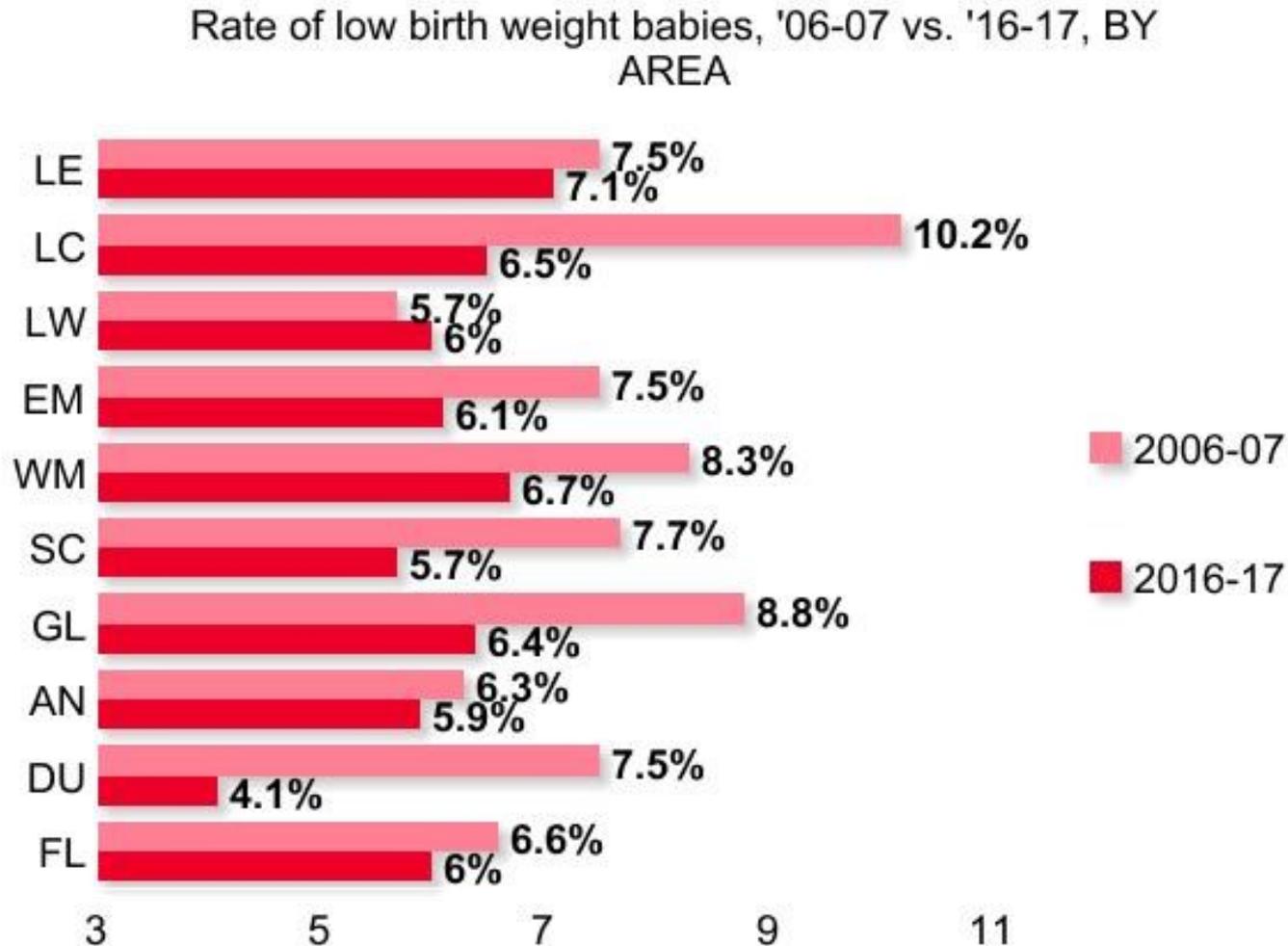
6. Low birth weight babies:

Low birth weight rate, by area, '06-07 vs. '16-17



SOURCE: CIHI and Hamilton Health Sciences

6. Low birth weight babies:

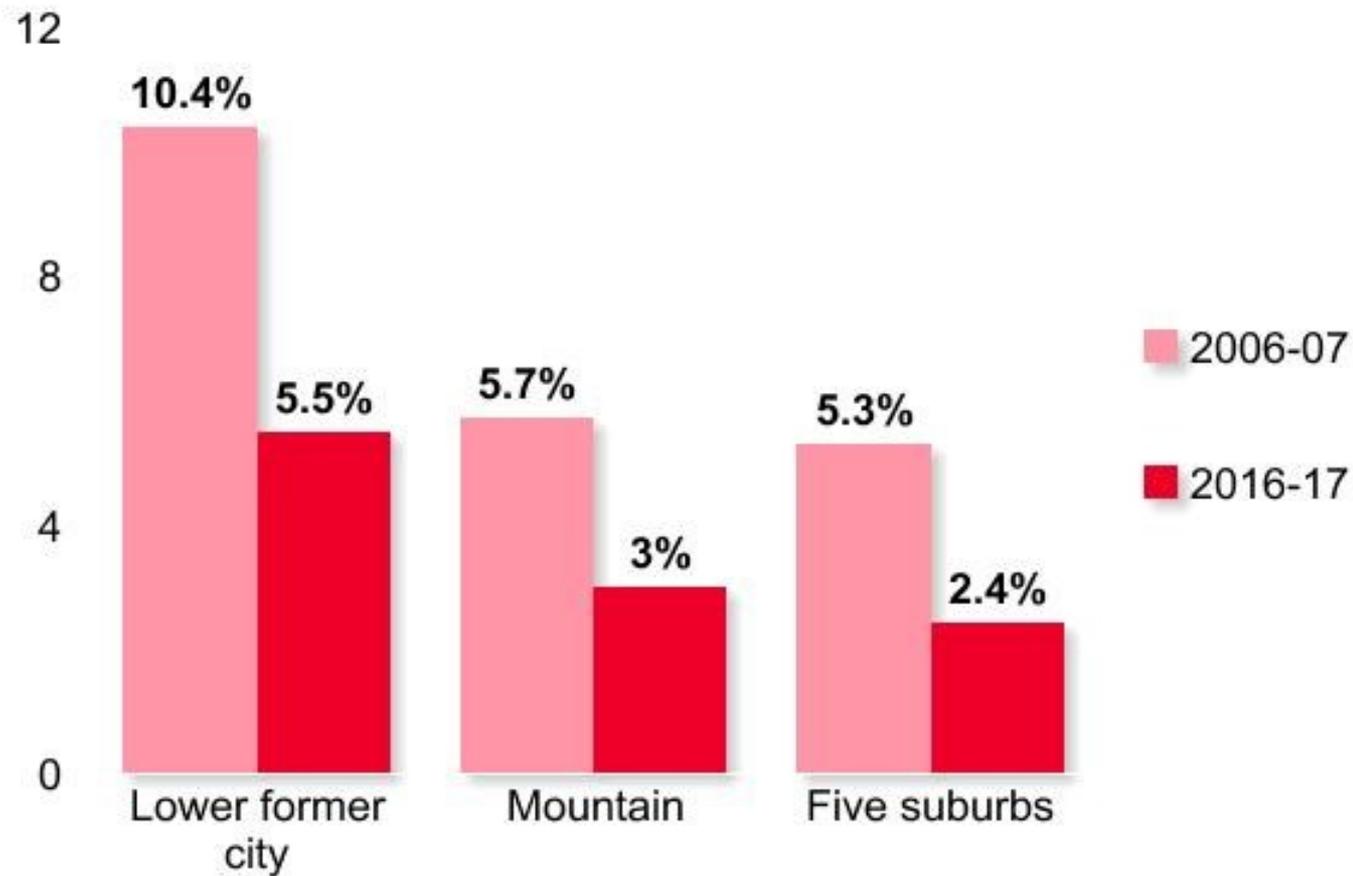


SOURCE: CIHI / Hamilton Health Sciences

7. Family physician accessibility:

7. Family physician accessibility:

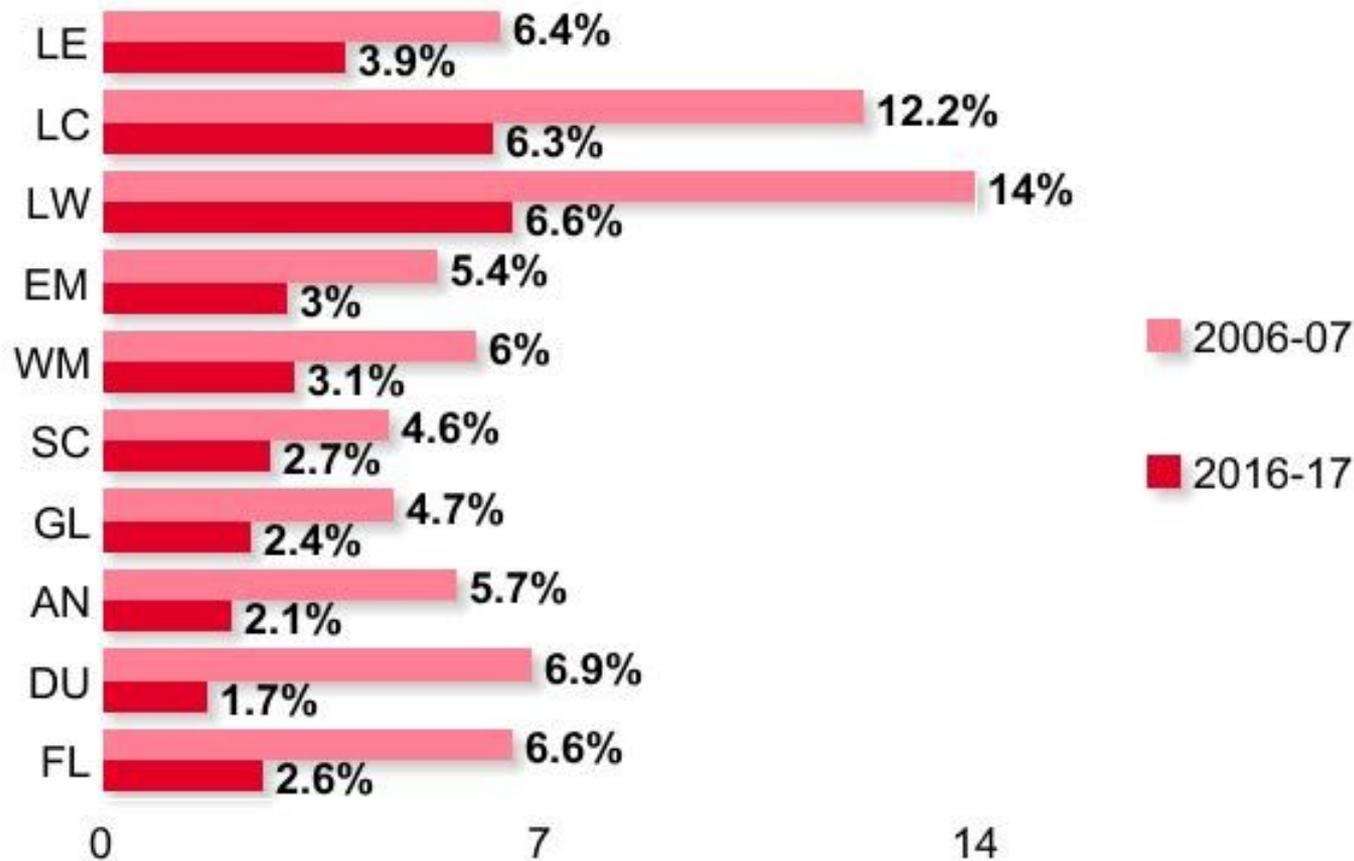
Rate of people arriving in ER reporting they have no family physician, '06-07 vs. '16-17, by area



SOURCE: CIHI / Hamilton Health Sciences

7. Family physician accessibility:

Rate of people arriving in ER reporting they have no family physician, '06-07 vs. '16-17



SOURCE: CIHI / Hamilton Health Sciences

7. Family physician accessibility:

The paradox?

7. Family physician accessibility:

The paradox?

Fewer people are showing up in the ER without a family physician but it's not keeping people out of the ER.

7. Family physician accessibility:

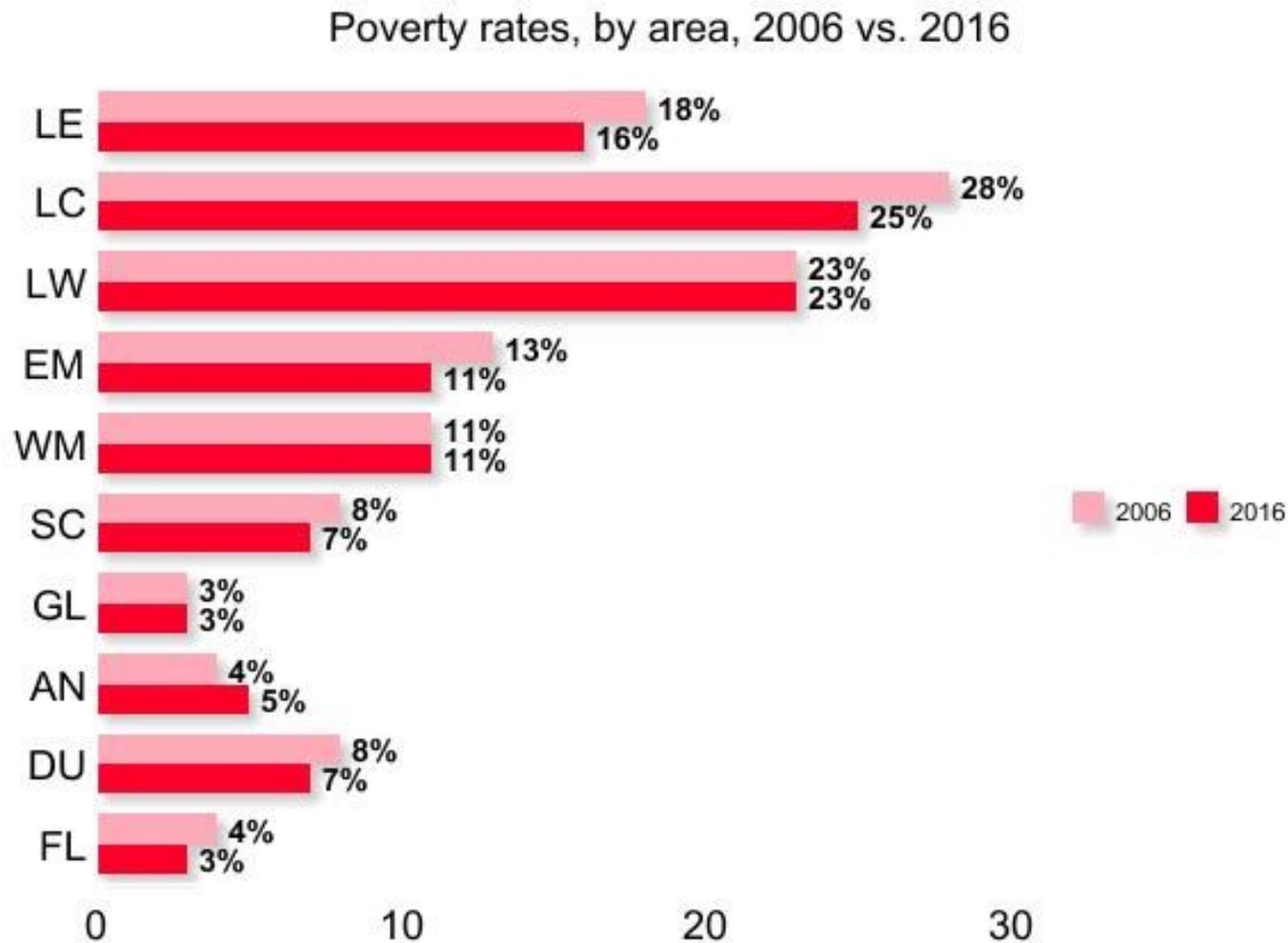
The paradox?

Fewer people are showing up in the ER without a family physician but it's not keeping people out of the ER.

Proportion of unique visitors to the ER is about the same, 2006-07 vs. 2016-17, while the number of ER visits per unique visitor is increasing.

8. Socioeconomic factors:

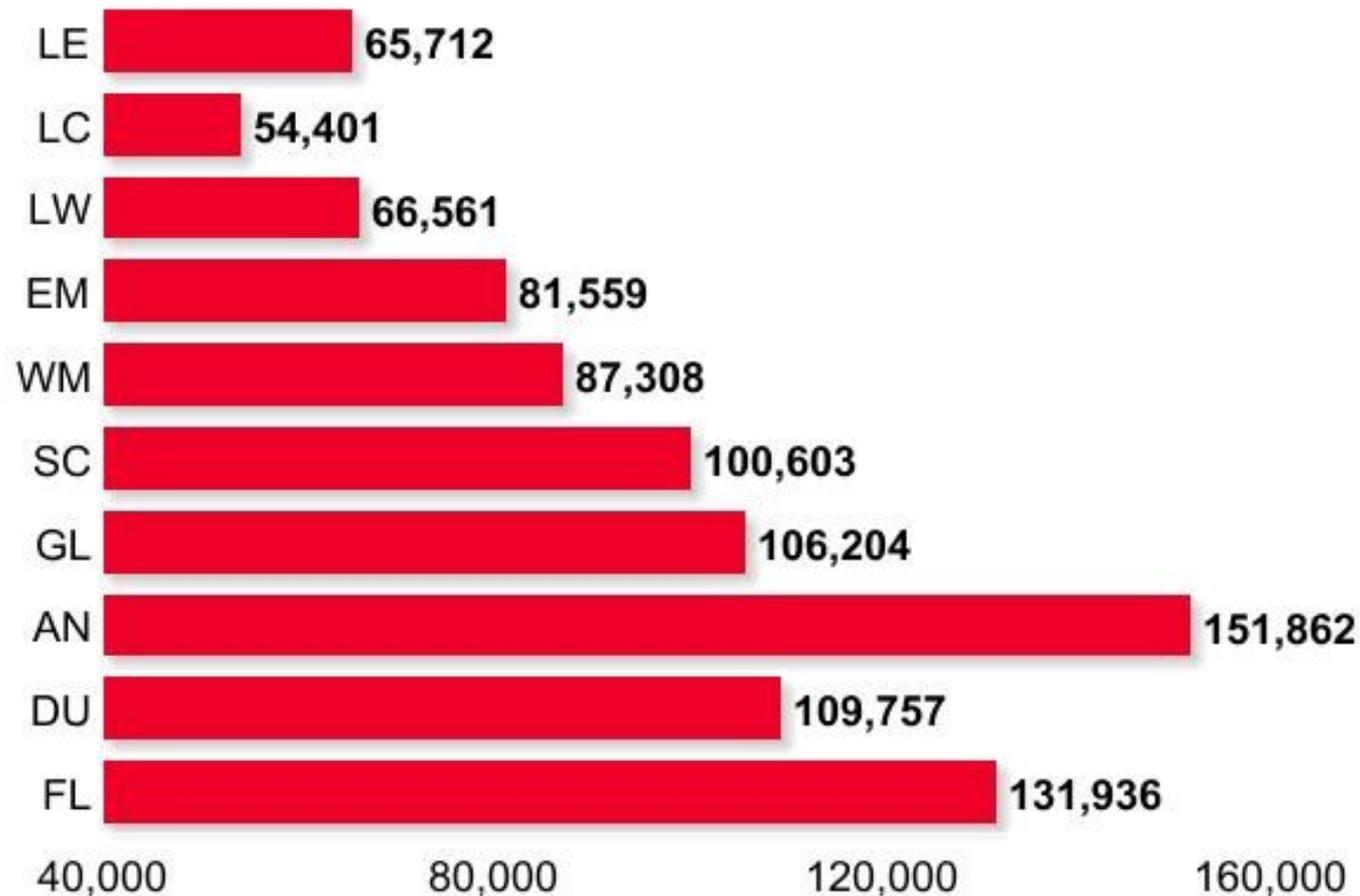
8. Socioeconomic factors:



SOURCE: Statistics Canada

8. Socioeconomic factors:

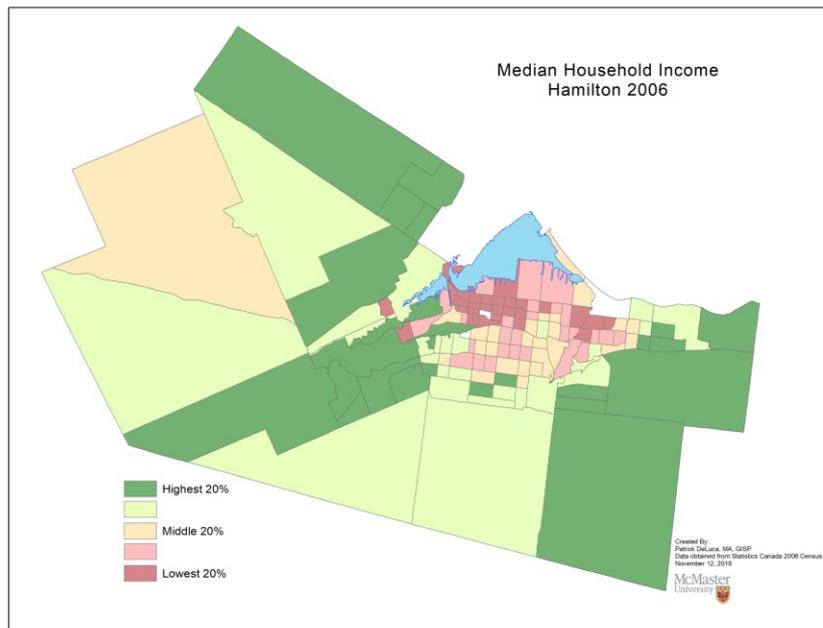
Avg. Household Income, 2016, by area



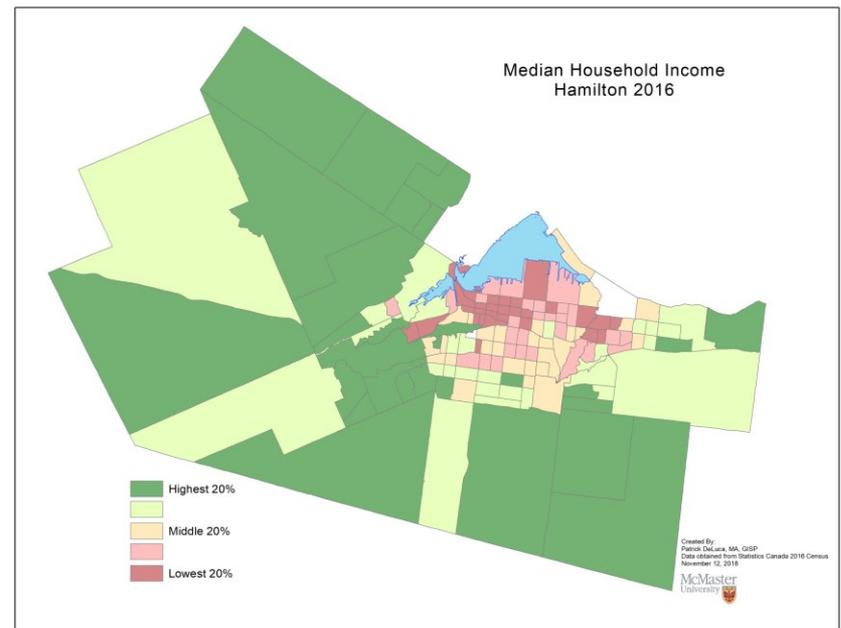
SOURCE: Statistics Canada

8. Socioeconomic factors:

Median household income:



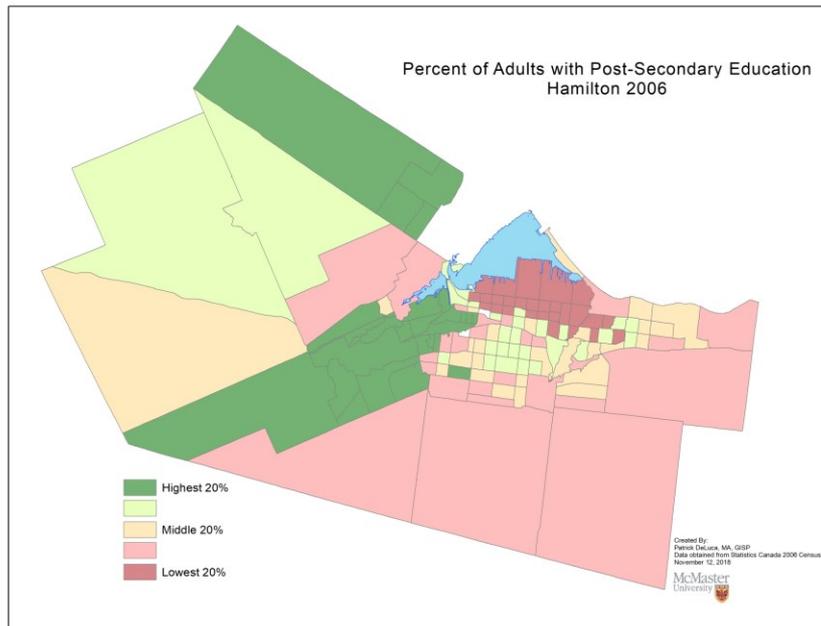
2006-07



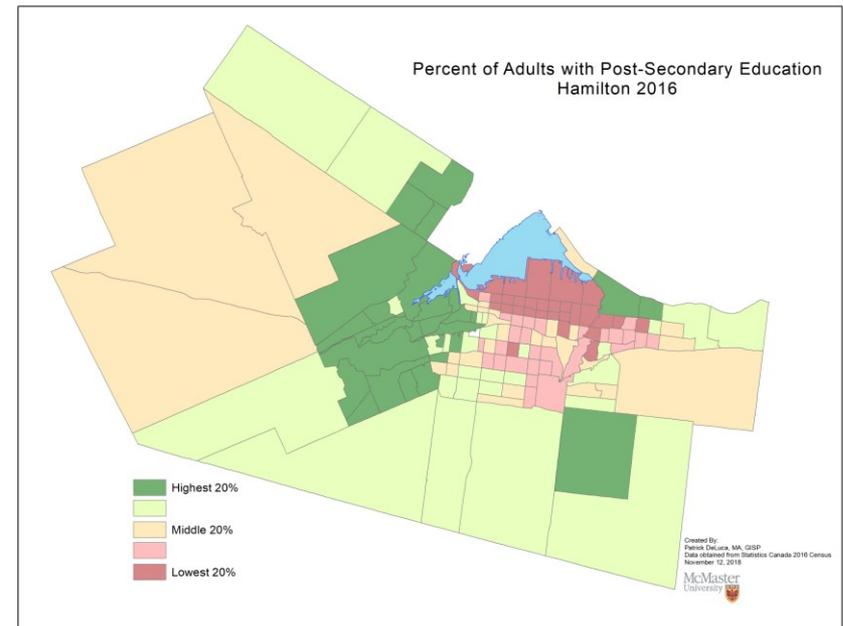
2016-17

8. Socioeconomic factors:

Proportion of adults with post-secondary education:



2006-07



2016-17

Ten years may seem like a long time but it may not be a long enough period of time to change something as fundamental as population health.

It means also changing social and economic factors and that requires all three layers of government.

But while 10 years might not be long enough to see big changes, it's more than enough time to be concerned about the lack of progress we're seeing in this city.

Thank you.

Code Red: Ten Years Later can
found at:

projects.thespec.io/codered10/

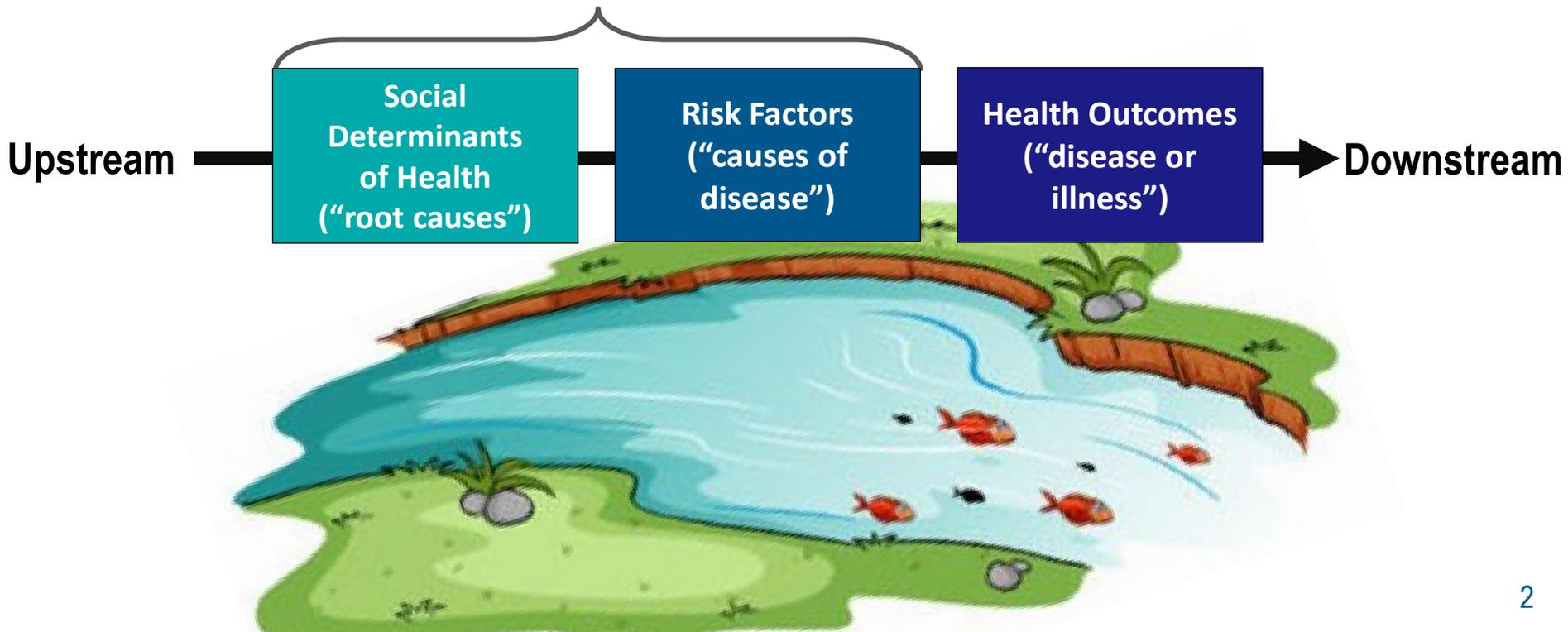


PUBLIC HEALTH PRIORITIES

November 18, 2019

Public Health Focus

Public health focuses on upstream efforts to promote health and prevent disease



Good News Story

**COLLECTIVE
ACTION**



**Decrease in low birth weight
rate across the City**

HEALTHY BIRTH WEIGHTS STRATEGY

**The coalition focused on best possible care for pregnant youth
by developing 4 strategic priorities:**

**Youth
Leadership**

Young parents drive all aspects of the strategy

**Cross-Sector
Education**

Build collective capacity to work with and for youth in Hamilton

**Care Pathway
Approach**

A stronger and more integrated system of care

**Smoking
Cessation
Best Practice**

Enhancing supports and spreading best practices

Other Outcomes

Hamilton Community Foundation

- Provided enhanced funding for the Nurse-Family Partnership
- Supported additional resources for young parents and their children

Hamilton-Wentworth District School Board

- Initiated the Young and Expecting Parent Program

Children's Aid Society of Hamilton

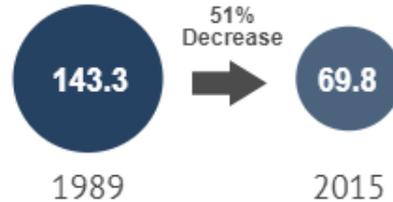
- Developed a Young Parent Team

Population Health Trends in the City of Hamilton

Positive Trends

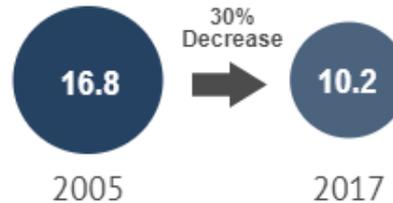
Heart Disease

Rate of premature death due to heart disease (per 100,000)



Hepatitis B

Rate of new chronic Hepatitis B infections (per 100,000)



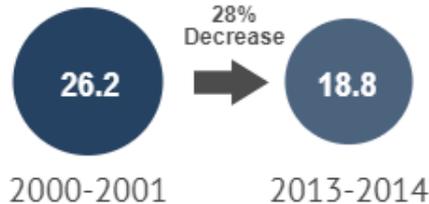
Teen Pregnancy

Rate of pregnancy among youth age 15-19 years (per 1,000)



Smoking

Percent of people (age 12+) who currently smoke tobacco (%)



Negative Trends

Opioid Overdoses

Rate of opioid-related deaths (per 100,000)



Youth Self-harm

Rate of ER visits for self-harm injuries among youth age 10-19 (per 100,000)



Sexually Transmitted Infections

Rate of new chlamydial infections (per 100,000)



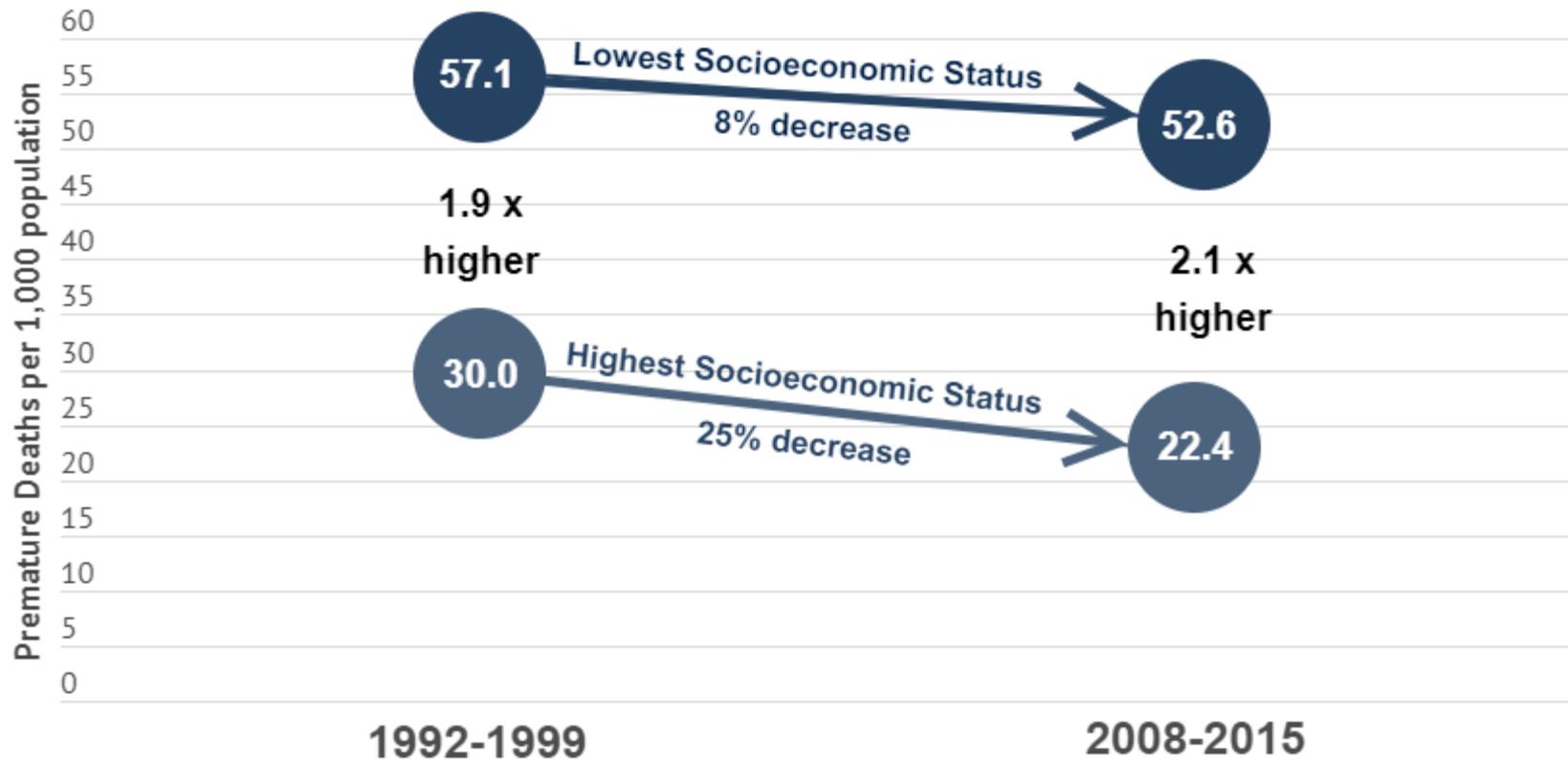
Seniors Oral Health

Rate of ER visits for dental care among seniors (per 100,000)



Health Equity in the City of Hamilton

Inequality of premature deaths by socioeconomic status, City of Hamilton (1992-2015)



Rosella et al. (2018). Ontario Atlas of Adult Mortality.

https://pophealthanalytics.com/wp-content/uploads/2018/09/OntarioAtlasOfAdultMortality_12Sept2018.pdf

Population Health in the City of Hamilton

Health Equity

Income, housing, social supports, and Indigenous identity are our major social determinants of health.



81,000

Hamiltonians live in low income households



3x

Marginalized Hamiltonians are 3 times more likely to die from an avoidable cause.



1 in 5

First Nations people living in Hamilton experienced racism that impacted their wellbeing

Healthy Weights

Excess weight, poor diet, and physical inactivity are very common and major drivers of illness and death in Hamilton.



2 in 3

Hamilton adults (age 18+) are overweight or obese



693

Number of preventable deaths due to poor diet and physical inactivity annually in Hamilton



\$875

Monthly cost for a family of four to eat healthy in Hamilton (2019)

Mental Health & Addictions

Drug overdoses and suicide are leading causes of death under age 45 in Hamilton. Both are trending upwards.



1 in 10

Hamiltonians (age 12+) have seriously considered suicide in their lifetime



123

Preventable deaths related to opioids in Hamilton in 2018



2%

Hamilton newborns have 4 or more risk factors for adverse childhood experiences

Our Priorities

Public Health Services has identified 3 priorities based on community needs:

- 1. Health Equity**
- 2. Healthy Weights**
- 3. Mental Health & Addictions**



Source: NCCMT

What is Health Equity?

- Health is influenced by a broad range of determinants, many of them are social determinants which are factors beyond our biology, behaviours, and lifestyle choices.
- **Health equity** is when all people can attain their full health potential because they are not disadvantaged by social determinants of health.

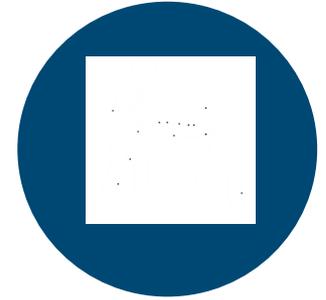


Source: Robert Wood Johnson Foundation

Health Equity Action Plan

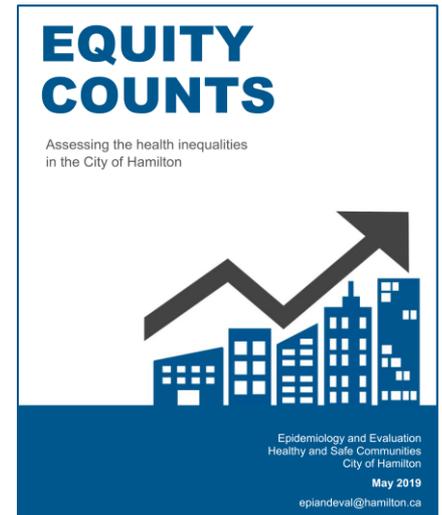
Goal

All Hamilton residents attain full health potential without disadvantage due to the social determinants of health.



Recommended Actions

1. Continue using population health data and evidence to identify health inequities and determine effective interventions to reduce those inequities in all program areas.



Health Equity Action Plan

Recommended Actions

- 2. Develop an Indigenous Health Strategy by developing relationships and engaging with Indigenous communities to address health inequities.**
- 3. Provide Indigenous Cultural Competency Training for all PHS staff.**
- 4. Work with system partners through the provision of health intelligence, collaboration and program delivery.**

Call to Action

Skills-based intercultural competency training for public servants was one of the Calls to Action from the Truth and Reconciliation Commission.

Healthy Weights Action Plan

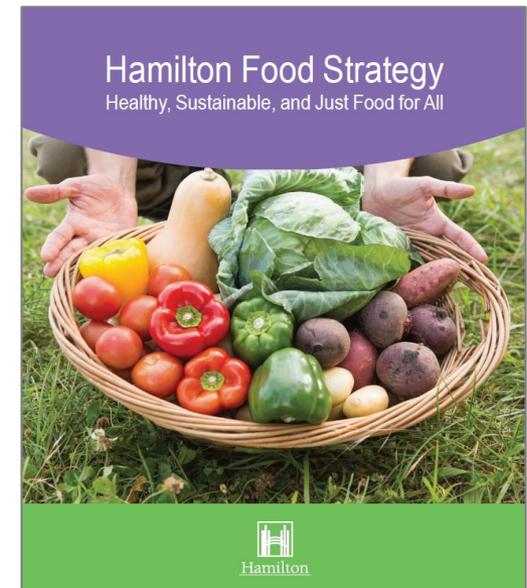
Goal

Hamiltonians achieve and maintain a healthy weight throughout their lives.



Recommended Actions

- 1. Continue implementation of priority actions within Hamilton's Food Strategy.**
- 2. Continue development of built and social environments that enable physical activity.**



Healthy Weights Action Plan

Recommended Actions

- 3. Implement actions from Hamilton's Vision Zero plan in collaboration with Public Works and community partners.**
- 4. Continue providing evidence-based programs that promote healthy lifestyles during preconception, prenatal / postnatal periods, and early years.**

Mental Health & Addictions Action Plan

Goals

1. All Hamilton residents live, learn, and grow in a supportive and connected environment to develop resiliency, healthy relationships, and coping.
2. All Hamilton residents are free of harm due to substance use and are able to enjoy the best quality of life.



Mental Health & Addictions Action Plan

Recommended Actions

- 1. Continue to identify and implement evidence-based programs to address stigma related to mental health & substance misuse.**
- 2. Develop a public health initiative to address community violence and identify strategies to reduce violence and the trauma associated with it.**
- 3. Incorporate a trauma-informed approach into PHS' programs and practices.**

Trauma-Informed Practice

Requires an understanding of trauma for all aspects of service delivery, where an individual's safety, choice, and control are a priority.

Mental Health & Addictions Action Plan

Recommended Actions

- 4. Collaborate with school boards to deliver Positive Parenting Programs with a focus on parents of children with externalizing behaviours.**
- 5. Identify opportunities to increase social connectedness for children and youth outside the school setting.**



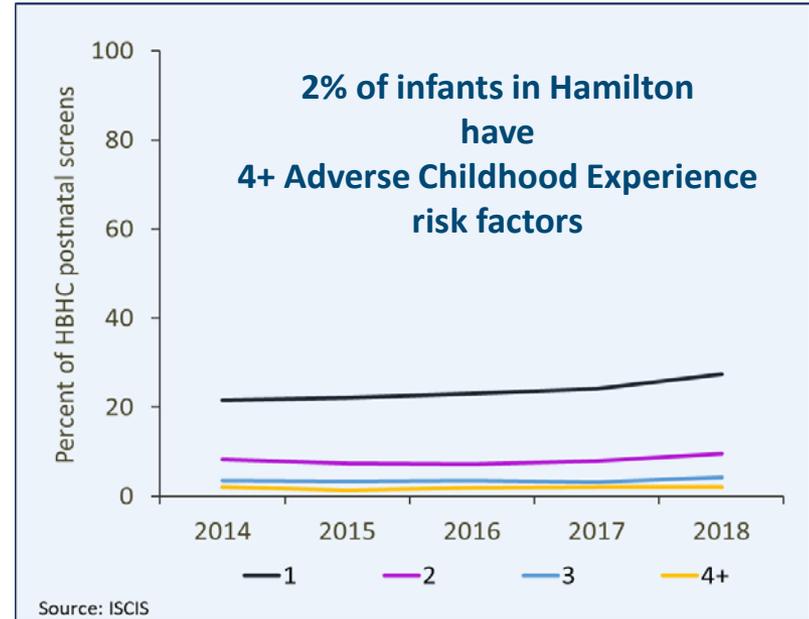
Health Equity Action Plan

Appendix "A" to
Report BOH19034

GOAL: All Hamilton residents attain full health potential without disadvantage due to the social determinants of health.

Population Health Indicators

- ▶ The concentration of urban poverty in Hamilton is among the highest in Canada. Those living in Hamilton's most materially deprived areas are 3x more likely to die prematurely from potentially avoidable causes of death.
- ▶ 81,000 Hamiltonians live in low income households.
- ▶ 44% of single parents with children live in low income households which is greater than the Ontario average (39%).
- ▶ Hamilton's Indigenous community is faced with many health and social inequities; 78% live in poverty. Indigenous Hamiltonians experience higher rates of infectious and chronic disease, and substance misuse compared to the non-Indigenous population.



Recommended Actions

- 1 Continue using population health data and evidence to identify health inequities and determine effective interventions to reduce those inequities across all program areas.
- 2 Develop an Indigenous Health Strategy by developing relationships and engaging with Indigenous communities to address health inequities.
- 3 Provide Indigenous Cultural Competency Training for all Public Health Services staff.
- 4 Work with system partners through the provision of health intelligence, and collaborate on strategy development and program delivery.

Measures of Success

- ▶ % of Public Health Services staff who have completed the Indigenous Cultural Competency Training
→ **Target: 50% by end of 2020**
- ▶ # of individuals who have been engaged in the development of the Indigenous Health Strategy



Healthy Weights Action Plan

GOAL: Hamiltonians achieve and maintain a healthy weight throughout their lives.

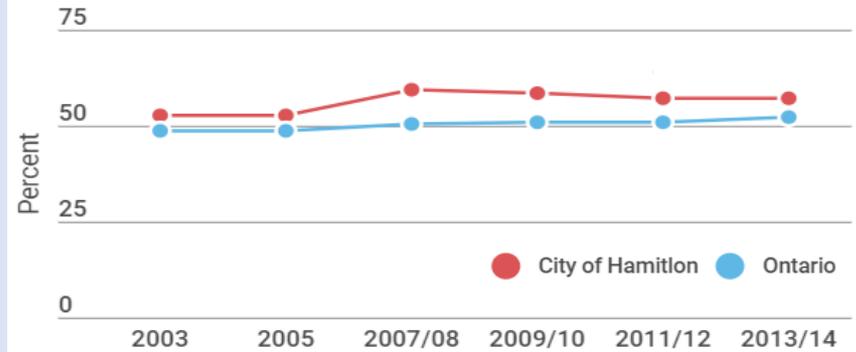
Population Health Indicators

- ▶ 5% of livebirths in Hamilton are underweight and 12% of livebirths in Hamilton are overweight
- ▶ Nearly 30% of youth and 60% of adults in Hamilton are self-reporting as overweight and obese
- ▶ Health problems associated with being overweight or obese include: type 2 diabetes, hypertension, heart disease, obstructive sleep apnea and certain cancers

Recommended Actions

- 1 Continue implementation of priority actions within Hamilton's Food Strategy.
- 2 Continue development of built and social environments that enable physical activity.
- 3 Implement actions from Hamilton's Vision Zero plan in collaboration with Public Works and community partners.
- 4 Continue providing evidence-based programs that promote healthy lifestyles during preconception, prenatal/postnatal periods, and early years.

Age-standardized self-reported **adult** combined overweight and obese rate, City of Hamilton and Ontario, 2003-2013/14



Source: Canadian Community Health Survey

Measures of Success

- ▶ % of total food items on recreation concession menus that fit the green choice guideline → **Target: 10% by end of 2020**
- ▶ % of targeted community agencies staff/volunteers with increased knowledge following food and nutrition training → **Target: 70% by end of 2020**
- ▶ % of schools with School Travel Planning Level 1 Certification → **Target: 76% by end of 2020**
- ▶ % of children (18mth – 5yrs) enrolled in the home visiting program for whom a NutriSTEP tool was completed → **Target: 50% by end of 2020**



Mental Health & Addictions Action Plan

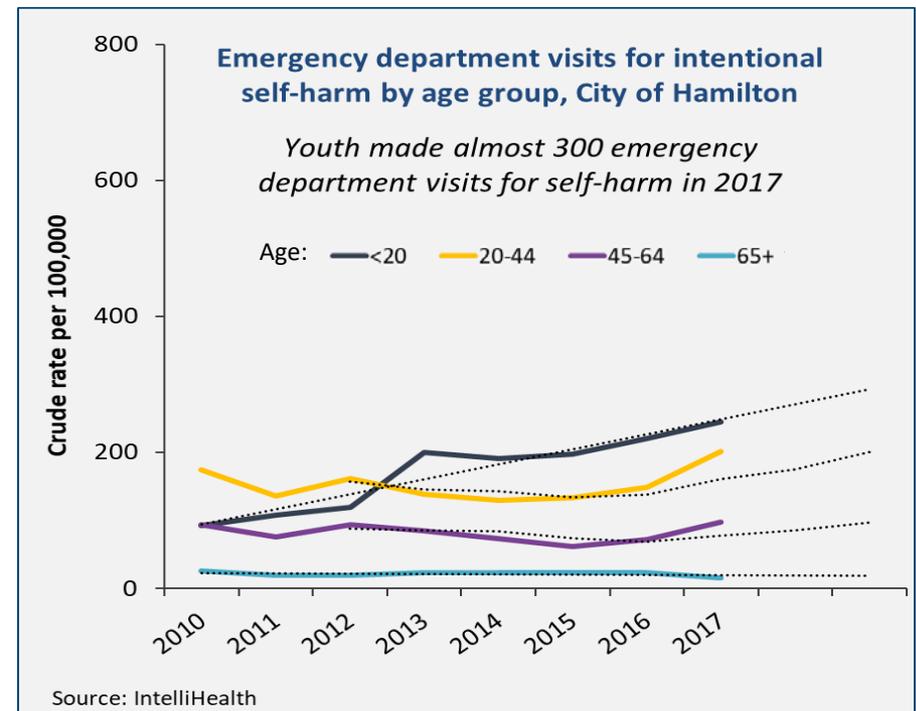
GOAL #1: All Hamilton residents live, learn, and grow in a supportive and connected environment to develop resiliency, healthy relationships, and coping.

GOAL #2: All Hamilton residents are free of harm due to substance use and are able to enjoy the best quality of life.



Population Health Indicators

- ▶ 856 visits were made by Hamiltonians to an emergency department for self-harming behaviours in 2017. There was a significant increase in these rates among those age 19 and younger between 2010 and 2017.
- ▶ In 2015, there were 2,753 hospitalizations for mental illness in Hamilton.
- ▶ Hospitalization for anxiety disorders and disorders of adult personality and behaviour are higher in Hamilton compared to Ontario.
- ▶ Locally, the rate of opioid-related deaths increased by 326% between 2005 and 2018, with 123 deaths recorded in Hamilton last year.
- ▶ Emergency department visit rates for opioid overdoses are highest among males 25-44 years of age.
- ▶ The most commonly used substance among youth is alcohol (60%), followed by cannabis (30%), and opioids (~13%). Youth are an important group to monitor as adolescence is a time of critical brain development.



Mental Health & Addictions Action Plan *continued...*

Recommended Actions

- 1 Continue to identify and implement evidence-based programs to address stigma related to mental health and substance misuse.
- 2 Develop a public health initiative to address community violence and identify strategies to reduce violence and the trauma associated with it.
- 3 Incorporate a trauma-informed approach into Public Health Services' programs and practices.
- 4 Collaborate with school boards to deliver Positive Parenting Programs with a focus on parents of children with externalizing behaviours.
- 5 Identify opportunities to increase social connectedness for children and youth outside of the school setting.

Measures of Success

- ▶ % of adult Hamiltonians who report awareness of the substance use anti-stigma campaign key messages
→ **Target: 10% by Q3 2020**
- ▶ % of Hamilton Drug Strategy partners who have substance use stigma core competencies for staff
→ **Target: 100% by end of 2022**
- ▶ Complete inventory of evidence-based public health interventions on community violence by end of 2019
- ▶ Complete an audit of current PHS programs and services for alignment with trauma and violence informed care principles by end of 2019
- ▶ % of identified PHS program areas that have completed trauma and violence informed care training
→ **Target: 50% by Q3 2020**
- ▶ % of targeted schools with 80% of annual action plans related to mental health completed
- ▶ Complete a feasibility pilot for the delivery of positive parenting programs by June 2020
- ▶ Complete an audit of the cost of social connectedness for children ages 6-12 in Hamilton by Q2 2020



**CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Healthy Families Division**

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	November 18, 2019
SUBJECT/REPORT NO:	Child and Adolescent Services Budget (BOH19036) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Lynn Foye (905) 546-2424 Ext. 3697
SUBMITTED BY:	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services
SIGNATURE:	

RECOMMENDATION

That the Child and Adolescent Service budget be approved, and the Medical Officer of Health be authorized and directed to receive, utilize and report on the 2019-2020 Ministry of Health funded Child and Adolescent Services budget, including the changes outlined in confidential Appendix “A” to Report BOH19036.

EXECUTIVE SUMMARY

Child and Adolescent Services (C&AS) provides outpatient children’s mental health services. Effective April 1, 2019 financial and program oversight for C&AS moved from the Ministry of Children, Community and Social Services (MCCSS) to the Ministry of Health (MOH). As part of the transition of services from the MCCSS to the MOH, budget submissions for the 2019-2020 year will move forward as an amendment to our current contract.

C&AS serves Hamilton children, youth and families from birth to 18 years of age with emotional and/or behavioural problems. In 2018-2019, there was a five percent increase to base funding to address the need and demand for mental health services. This increase allowed C&AS to maintain clinical staffing levels while increasing 0.46 clinical therapist FTE to the staff complement (Report BOH18024). With no further

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

increase to the base funding in the 2019-2020 budget allocation, it is recommended that C&AS makes the changes outlined in confidential Appendix "A" to Report BOH19036, to stay within our funded budget for 2019-2020.

This reduction is not expected to negatively impact service as the introduction of a mental health walk-in pilot and a focus on continuous quality improvement in 2018-2019 resulted in significant reductions to wait times and expedited access to services. Given this, we expect to be able to reach the same number of clients and provide the same level of service across all programs.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The 2019-2020 budget allocation will require a reduction in the amount of \$19,519 to ensure we stay within the MOH funded budget.

Ministry of Health (MOH) Funding C&AS – Child & Youth Mental Health Services		
2017-2018 Annual Budget	2018-2019 Annual Budget	2019-2020 Annual Budget
\$2,086,208	\$2,190,518	\$2,190,518

Staffing: In accordance with the City of Hamilton's Procedural By-law and the Ontario Municipal Act, 2001, this information is contained in confidential Appendix "A" to Report BOH19036 due to staffing impacts.

Legal: The C&AS 2019-2020 budget submission will be submitted as an amendment to our current contract.

HISTORICAL BACKGROUND

To stay within budget cap over the past three years C&AS has made the following FTE changes:

- **(2016-2017)** – A 0.60 FTE receptionist and 0.24 FTE clinical therapist reduction (Report BOH16025);
- **(2017-2018)** – A 0.22 FTE clinical therapist reduction (Report BOH17014); and,
- **(2018-2019)** – A five percent base funding increase enabled the program to maintain clinical therapist FTE and increase 0.46 FTE clinical therapist (Report BOH18024).

In 2014, the Province of Ontario mandated Mental Health Transformation to inform Children's Mental Health Services in the City of Hamilton. This transformation is supporting a focus on continuous quality improvement and will continue to provide directives for C&AS services. Though clear details are not yet known, mental health transformation in the child and youth section will be further impacted by recent Government initiatives including the development of Ontario Health Teams and the development of the Centre of Excellence for Mental Health and Additions.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Provincially funded child and youth mental health services are provided to children and youth under 18 years of age under the authority of the *Child, Youth and Family Services Act* (CYFSA). These services are not mandatory under the CYFSA but are provided to the level of available resources. Services and supports that address a range of social, emotional, behavioural, psychological and/or psychiatric problems are provided to children and youth who are at risk of, or who have developed, mental health problems, illnesses or disorders.

RELEVANT CONSULTATION

Finance and Administration has been consulted regarding the preparation of the budget. The report was reviewed by the Business Administrator and by the Manager, Finance and Administration, who provided review of financial figures.

Human resources, labour relations have been consulted and provided direction regarding staffing impacts.

ANALYSIS AND RATIONALE FOR RECOMMENDATION(S)

Each year C&AS provides high quality, evidence-based mental health treatment services to approximately 700 new children, youth and their families in addition to those carried in from the previous year. Many of these clients are vulnerable children or youth dealing with serious emotional and/or behavioural problems as well as complex social

problems such as the lack of sufficient housing and the experience of homelessness and poverty.

Mental health issues are a significant concern for children and youth in Hamilton. Increasing rates of hospital emergency room visits for self-harm have been well documented at both the provincial and local level. The services provided by C&AS are highly valued by families and can vastly improve the life trajectory of those served and help to turn the curve on mental health and well-being of children and youth in our community.

The number of families C&AS services each year is variable and dependent on several factors such as: the number of families referred; the length of time each family requires services; staffing levels and the length of wait for services. Continuous quality improvement (CQI) efforts enable us to achieve small gains to maintain service levels. For example, in 2019 we piloted a brief three-session intervention model which resulted in high client satisfaction and positive outcomes for clients. In addition, shorter service duration resulted in decreased wait times for clients in need of longer term intervention.

Currently, our Quick Access Service model is supporting a walk-in pilot to further support improved access to mental health services for children, youth and families and to inform future planning. Through this pilot, clients seeking mental health services will be able to access walk-in services immediately and will not require a lengthy intake assessment prior to attending a clinic session. We anticipate this pilot will assist us in mitigating service impacts resulting from the reduction in clinical therapist FTE.

We will monitor impact of this staffing change on service delivery with a focused priority to mitigate potential negative impact to children and youth.

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

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.

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to BOH19036: Confidential Staffing Impacts

CITY OF HAMILTON

NOTICE OF MOTION

BOARD OF HEALTH DATE: November 18, 2019

MOVED BY COUNCILLOR S. MERULLA

Declaration of an Opioid Crisis in the City of Hamilton

WHEREAS, the opioid crisis is affecting municipalities across Ontario, including Hamilton;

WHEREAS, opioid-related overdose emergency department visits and opioid-related deaths are increasing annually in Hamilton;

WHEREAS, the number of overdose emergency department visits for people living in the City of Hamilton is highest for opioids compared to other substances, accounting for 574 opioid overdose emergency department visits in 2018;

WHEREAS, from January to December of 2018 there were 123 opioid-related deaths, representing a 40% increase over the previous year;

WHEREAS, Hamilton's 2018 opioid-related death rate was 109% higher than or more than double the provincial rate (21.3 deaths per 100,000 population vs. 10.2 per 100,000 for Ontario);

WHEREAS, in 2018, Hamilton had the 3rd highest opioid-related mortality rate among health units in Ontario, and Hamilton had the highest opioid mortality rate among health units in southern Ontario;

WHEREAS, in 2018, the City of Hamilton had the 4th highest opioid-related mortality rate among large urban population centres in Ontario;

WHEREAS, to date in 2019 (January 1 to November 6) Hamilton Paramedic Services has responded to 516 incidents related to suspected opioid overdoses, close to 12 per week or 2 per day; and,

WHEREAS, life expectancy in Canada has stopped increasing for the first time in more than four decades, due largely to soaring overdose deaths nationally, in particular, among young adult men.

THEREFORE BE IT RESOLVED:

That the Board of Health recommend to Council to acknowledge and declare an Opioid Overdose Emergency in the City of Hamilton.