



**City of Hamilton**  
**BOARD OF HEALTH**  
**AGENDA**

**Meeting #:** 20-004  
**Date:** July 10, 2020  
**Time:** 9:30 a.m.  
**Location:** Due to the COVID-19 and the Closure of City Hall

All electronic meetings can be viewed at:

City's Website:  
<https://www.hamilton.ca/council-committee/council-committee-meetings/meetings-and-agendas>

City's YouTube Channel:  
<https://www.youtube.com/user/InsideCityofHamilton> or Cable 14

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

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**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 June 16, 2020

**5. COMMUNICATIONS**

5.1 Correspondence from the Association of Public Health Agencies respecting their March 6, 2020 Submission to the Provincial Government: COVID-19 and Reconsiderations Related to Public Health Modernization

Recommendation: Be endorsed

- 5.2 Correspondence from the County of Lambton respecting Clarification on Ministry's Criteria to Move to Stage 3 in the - Framework for Reopening Our Province

Recommendation: Be endorsed

- 5.3 Correspondence from the Chair of the Board of Health for the Grey Bruce Health Unit respecting the Ontario Health Reporting Inaccuracy COVID-19 Enhanced Surveillance of Long-Term Care

Recommendation: Be received

- 5.4 Correspondence from the Honourable Christine Elliott, Deputy Premier and Minister of Health, and Dr. David Williams, Chief Medical Officer of Health respecting 2020-21 One-Time Funding Temporary Pandemic Pay Approval.

Recommendation: Be received

**6. DELEGATION REQUESTS**

**7. CONSENT ITEMS**

**8. PUBLIC HEARINGS / DELEGATIONS**

**9. STAFF PRESENTATIONS**

**10. DISCUSSION ITEMS**

- 10.1 Nurse Family Partnership Program Funding and Service Level Update (BOH07035(i)) (City Wide)

- 10.2 Arrell Youth Centre Secondment (BOH17008(b)) (City Wide)

- 10.3 COVID-19 Response and Health Equity Update (BOH20012) (City Wide)

- 10.4 Interim Plan to Resource and Structure Public Health Services During COVID-19 (BOH20013) (City Wide) (to be distributed)

**11. MOTIONS**

**12. NOTICES OF MOTION**

**13. GENERAL INFORMATION / OTHER BUSINESS**

13.1 Amendment to the Outstanding Business List

13.1.a Addition to the Outstanding Business List

13.1.a.a Consumption and Treatment Services and Wesley Day Centre  
(Referred to the Board of Health from the Emergency and  
Community Services Committee on June 19, 2020)

Emergency and Community Services Report 19-014 (Item (h)  
(i))

Direction: Staff to create a community stakeholders group for  
proactive communication & collaboration of Consumption &  
Treatment Services (CTS) & initiatives related to addressing the  
needs of residents served by safe injection sites.

**14. PRIVATE AND CONFIDENTIAL**

**15. ADJOURNMENT**



## **BOARD OF HEALTH MINUTES 20-003**

**1:30 p.m.**

**Tuesday, June 16, 2020**

**Council Chambers**

**Hamilton City Hall**

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

**Absent with  
Regrets:** T. Whitehead - Personal

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### **THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:**

#### **1. Communications (Items 5.1 to 5.3)**

##### **(Collins/Partridge)**

That the following Communications be endorsed:

- (i) Correspondence from the Peterborough Public Health Unit respecting Provincial Leadership in Monitoring Food Affordability and Food Insecurity (Item 5.1)
- (ii) Correspondence from the Simcoe Muskoka Health Unit respecting Basic Income during Covid-19 Pandemic (Item 5.2)
- (iii) Correspondence from the Simcoe Muskoka Health Unit respecting Cannabis Consumption Establishment and Special Occasion Permits (Item 5.3)

**Result: Motion CARRIED by a vote of 14 to 1, as follows:**

YES - Vice-Chair - Ward 1 Councillor Maureen Wilson  
YES - Ward 2 Councillor Jason Farr  
YES - Ward 3 Councillor Ninder 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 - Mayor Fred Eisenberger  
YES - Ward 15 Councillor Judi Partridge  
NOT PRESENT - Ward 14 Councillor Terry Whitehead  
YES - Ward 13 Councillor Arlene VanderBeek  
NO - Ward 12 Councillor Lloyd Ferguson  
YES - Ward 11 Councillor Brenda Johnson  
YES - Ward 10 Councillor Maria Pearson  
YES - Ward 9 Councillor Brad Clark

**2. Year-End Public Health Services Performance Report (BOH20009) (City Wide) (Item 7.1)**

**(Pearson/Merulla)**

That Report BOH20009 respecting the Year-End Public Health Services Performance Report, be received.

**Result: Motion CARRIED by a vote of 15 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 - Mayor Fred Eisenberger  
YES - Ward 15 Councillor Judi Partridge  
NOT PRESENT - Ward 14 Councillor Terry Whitehead  
YES - Ward 13 Councillor Arlene VanderBeek  
YES - Ward 12 Councillor Lloyd Ferguson  
YES - Ward 11 Councillor Brenda Johnson  
YES - Ward 10 Councillor Maria Pearson  
YES - Ward 9 Councillor Brad Clark

**3. Public Health Services COVID-19 Response and Program Reopening (BOH20011) (City Wide) (Item 9.1)**

**(Pearson/Danko)**

That Report BOH20011 respecting Public Health Services COVID-19 Response and Program Reopening, be received.

**Result: Motion CARRIED by a vote of 14 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 - Mayor Fred Eisenberger  
YES - 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  
YES - Ward 11 Councillor Brenda Johnson  
YES - Ward 10 Councillor Maria Pearson  
YES - Ward 9 Councillor Brad Clark

**FOR INFORMATION:**

**(a) CEREMONIAL 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:

**COMMUNICATIONS (Item 5)**

5.5 Correspondence from Dr. Nicola Mercer, Medical Officer of Health, respecting the Issue an Order under Section 22 of the Health Protection and Promotion Act to Ensure Public Safety

**(Pearson/Ferguson)**

That the agenda for the June 16, 2020 Board of Health be approved, as amended.

**Result: Motion CARRIED by a vote of 15 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 - Mayor Fred Eisenberger  
YES - Ward 15 Councillor Judi Partridge

NOT PRESENT - Ward 14 Councillor Terry Whitehead  
YES - Ward 13 Councillor Arlene VanderBeek  
YES - Ward 12 Councillor Lloyd Ferguson  
YES - 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) February 21, 2020 (Item 4.1)**

**(Farr/VanderBeek)**

That the Minutes of the February 21, 2020 meeting of the Board of Health be approved, as presented.

**Result: Motion CARRIED by a vote of 15 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 - Mayor Fred Eisenberger  
YES - Ward 15 Councillor Judi Partridge  
NOT PRESENT - Ward 14 Councillor Terry Whitehead  
YES - Ward 13 Councillor Arlene VanderBeek  
YES - Ward 12 Councillor Lloyd Ferguson  
YES - Ward 11 Councillor Brenda Johnson  
YES - Ward 10 Councillor Maria Pearson  
YES - Ward 9 Councillor Brad Clark

**(e) COMMUNICATIONS (Item 5)**

**(Collins/Partridge)**

That the following Communications be received:

- (i) Correspondence from the Timiskaming Health Unit respecting a Health Consultation for a new Ontario Poverty Reduction Strategy (Item 5.4)

- (ii) Correspondence from Dr. Nicola Mercer, Medical Officer of Health, respecting the Issue an Order under Section 22 of the Health Protection and Promotion Act to Ensure Public Safety (Added Item 5.5)

**Result: Motion CARRIED by a vote of 14 to 1, 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 - Mayor Fred Eisenberger  
YES - Ward 15 Councillor Judi Partridge  
NOT PRESENT - Ward 14 Councillor Terry Whitehead  
YES - Ward 13 Councillor Arlene VanderBeek  
NO - Ward 12 Councillor Lloyd Ferguson  
YES - Ward 11 Councillor Brenda Johnson  
YES - Ward 10 Councillor Maria Pearson  
YES - Ward 9 Councillor Brad Clark

**(f) STAFF PRESENTATIONS (Item 9)**

**(i) Public Health Services COVID-19 Response and Program Reopening (BOH20011) (City Wide) (Item 9.1)**

Dr. Richardson, Medical Officer of Health, addressed the Board with an overview of the Public Health Services COVID-19 Response and Program Reopening (BOH20011), with the aid of a PowerPoint presentation.

**(Pearson/Danko)**

That the presentation respecting the Public Health Services COVID-19 Response and Program Reopening (BOH20011), be received.

**Result: Motion CARRIED by a vote of 14 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 - Mayor Fred Eisenberger



YES - 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  
YES - 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 3.

The presentation is available at [www.hamilton.ca](http://www.hamilton.ca) and through the Office of the City Clerk.

**(g) GENERAL INFORMATION / OTHER BUSINESS (Item 13)**

**(i) Amendments to the Outstanding Business List (Item 13.1)**

**(Nann/VanderBeek)**

That the following Due Dates be revised:

2019-H: Hamilton Millennial Survey Study – Employment Precarity April 15, 2019, 19-004 (Item 8.1)

Due Date: Jun-20

Revised Due Date: January 2021

2020-A: Public Health Services' Procurement and Purchase of a Dental Services Bus

January 13, 2020: 20-001 (Item 11.1)

Due Date: n/a

Revised Due Date: June 2020

2020-E: City of Hamilton Licensing (No. 07-170) By-law

Schedule 20 Residential Care Facilities Inspections (BOH20005) (City Wide)

January 13, 2020, 20-001 (Item 14.1)

Due Date: April 2020

Revised Due Date: September 2020

2020-G: Implementation of a By-Law to Regulate the Smoking of Non-Tobacco Combustible Substances in Public Places and Work Places Due Date: Jun 15, 2020

Revised Due Date: September 2020

2020-H: Hamilton Drug Strategy Year End Report (BOH20006) (City Wide) February 23, 2020, 20-002 (Item 7.1)

Due Date: n/a

Revised Due Date: December 2020

**Result: Motion CARRIED by a vote of 14 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 - Mayor Fred Eisenberger  
YES - 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  
YES - Ward 11 Councillor Brenda Johnson  
YES - Ward 10 Councillor Maria Pearson  
YES - Ward 9 Councillor Brad Clark

**(h) ADJOURNMENT (Item 15)**

**(Nann/Danko)**

That, there being no further business, the Board of Health be adjourned at 3:57 p.m.

**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  
NOT PRESENT - 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 - Mayor Fred Eisenberger  
YES - 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  
YES - Ward 11 Councillor Brenda Johnson  
YES - Ward 10 Councillor Maria Pearson  
YES - Ward 9 Councillor Brad Clark

Respectfully submitted,

Mayor F. Eisenberger  
Chair, Board of Health

Loren Kolar  
Legislative Coordinator  
Office of the City Clerk

**From:** Loretta Ryan  
**To:** [All Health Units](#)  
**Cc:** [Board](#)  
**Subject:** Media Coverage on alPHA's Submission: COVID-19 and Reconsiderations Related to Public Health Modernization  
**Date:** March 10, 2020 12:09:15 PM  
**Attachments:** [image002.jpg](#)

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## Attention: All Health Units and Boards of Health

Hello,

Please find below media coverage on alPHA's March 6<sup>th</sup> submission to the provincial government: *COVID-19 and Reconsiderations Related to Public Health Modernization*. This is posted on the Toronto Star and iPolitics websites.

<https://www.thestar.com/ipolitics/provincial/2020/03/09/public-health-agencies-urge-ford-government-to-pause-review-and-restore-funding-amid-covid-19-outbreak.html>

The submission the article refers can be found here:

[https://cdn.ymaws.com/www.alphaweb.org/resource/collection/C9E48A93-5DC0-4EAE-9108-14082B79FC3F/alPHA\\_Letter\\_PH\\_Modernization\\_Pause\\_060320.pdf](https://cdn.ymaws.com/www.alphaweb.org/resource/collection/C9E48A93-5DC0-4EAE-9108-14082B79FC3F/alPHA_Letter_PH_Modernization_Pause_060320.pdf)

alPHA's webpage on Public Health Modernization also has numerous related documents including the January 30<sup>th</sup> response to the government's consultation document and the Statement of Principles that was released last year on November 15<sup>th</sup>:

[https://www.alphaweb.org/page/PHR\\_Responses](https://www.alphaweb.org/page/PHR_Responses)

Take Care,

Loretta

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Loretta Ryan, CAE, RPP  
Executive Director

**Association of Local Public Health Agencies (alPHA)**

480 University Avenue, Suite 300

Toronto, ON M5G 1V2

Tel: 416-595-0006 ext. 222

Cell: 647-325-9594

[loretta@alphaweb.org](mailto:loretta@alphaweb.org)

[www.alphaweb.org](http://www.alphaweb.org)



# Public health agencies urge Ford government to pause review and restore funding amid COVID-19 outbreak

By [Victoria Gibson](#)

Mon., March 9, 2020timer4 min. read

Ontario's Association of Local Public Health Agencies is imploring the Ford government to put their modernization review of public health and emergency health services on the back-burner — and reverse changes to the public health funding model — as health workers endeavour to contain COVID-19.

In a letter to Health Minister Christine Elliott dated March 6, association president Carmen McGregor labelled the global outbreak as a moment to “take a collective step back.” As of Jan. 1, municipalities in Ontario were made responsible for 30 per cent of public health funding; for the first year, the Ford government pledged to give extra money to public health units experiencing more than a 10 per cent increase of their current costs.

“The capacity for most public health units has been steadily eroding over the years largely due to the ministry putting caps on annual budget increases,” McGregor said, noting constraints on new program delivery, annual CPI increases and collective agreement requirements. “This erosion will be significantly and immediately compounded by the province’s abrupt and unjustified decision to immediately shift five per cent of the cost-shared and 30 per cent of previously 100 per cent provincially funded public-health programs to municipalities.”

McGregor’s association, at the time of their last annual report, represented 35 different members — including public health units in Ottawa, Thunder Bay, Toronto, Waterloo and Niagara regions.

McGregor asked that the funding revert to the old model until the

COVID-19 situation was over.

While she said her association was keen to assist Elliott on her quest for a co-ordinated, “nimble, resilient, efficient and responsive” public-health sector, McGregor also requested an “official direction” from Elliott that paused their modernization consultations — led by Jim Pine — until the outbreak was over.

Face-to-face consultations have already been postponed, McGregor noted in the letter. The deadline for written submissions and feedback in the process has also been extended until March 31.

She lauded Ontario as having “one of the world’s strongest foundations” for day-to-day health promotion, disease prevention and health-related surveillance, but said COVID-19 had revealed issues. “The chronic inadequacy of resources to meet our daily obligations is regrettably brought into stark relief when they need to be diverted to emergency response duties,” McGregor wrote.

Loretta Ryan, Executive Director of the Association of Local Public Health Agencies, said in an email on Monday afternoon that they had not yet heard back from Elliott on their correspondence. The health minister’s office confirmed that it had received the letter.

NDP Leader Andrea Horwath needled Elliott about the letter during Monday’s question period, asking for a commitment to heed the association’s requests. Elliott replied that Pine’s consultations were being “stepped back,” and maintained that the government was responding to the concerns. Elliott said that individual public health units across the province understood “any changes that were made last year will be mitigated financially by this government.”

While speaking to reporters, Elliott reiterated that Pine and his team’s consultations on public health in Ontario will continue amid work containing COVID-19 — albeit, more gradually. “As things stand now, Mr. Pine is very well aware of the priorities for the public health units, and so we are taking our cue from them. They are telling us what they are able to do and what they would rather have paused,” she said.

In advance of the provincial budget, which the government plans to release on March 25, Finance Minister Rod Phillips was asked on Monday whether there would be any changes to public health's funding formula in the new fiscal plan. Phillips demurred to reporters, saying he'd leave discussions about that file to Elliott.

Governments across Canada, including the provinces, are dealing with virus-related uncertainties as they deliver their budgets this spring. (Quebec is due to introduce its 2020 fiscal plan tomorrow.) Phillips noted to reporters on Monday that, in a call with the other finance ministers across Canada last week, several of them were commenting on how the economic forecasts they'd used as a basis for this year's budgets were now more than a month old.

"We are in a very dynamic environment," Phillips said.

Phillips said the government had to remain in contact, for now, with businesses, regulators, finance ministers and mayors to understand the full impacts of COVID-19. The question now facing economists, he said, was to determine how long the economic repercussions will last. "We're going to deal with the economy that's in front of us. We're going to follow the facts," he said.

In terms of resources — financial, human and otherwise — at the provincial public health level, Ontario's Chief Medical Officer of Health David Williams told reporters on Monday that such issues would be probed by the province's new COVID-19 "command table" — which Williams is a part of, and which reports to Elliott.

Their role is to assess wider issues, Williams said, and take a pulse on the response across the province — including modelling out the resources that would be needed in various hypothetical scenarios.



**Office of the County Warden**  
789 Broadway Street, Box 3000  
Wyoming, ON N0N 1T0

Telephone: 519-845-0801  
Toll-free: 1-866-324-6912  
Fax: 519-845-3160

June 19, 2020

**BY EMAIL**

The Honourable Christine Elliott  
Deputy Premier & Minister of Health  
5th Floor, 777 Bay Street  
Toronto, ON M7A 2J3

**Attention: The Honourable Christine Elliott, Deputy Premier and Minister of Health**

**Re: Clarification on Ministry's Criteria to Move to Stage 3 in the - *Framework for Reopening Our Province***

On behalf of the Board of Health for Lambton County, I want to take this opportunity to thank you for your leadership during the COVID-19 pandemic. We also thank you for recognizing the hard work of our public health professionals and frontline heroes who have worked tirelessly on the ground to contain this deadly virus.

At its recent meeting on June 17, 2020, Lambton County Councillors (Board of Health) expressed concern about the lack of publicly available criteria that the province will use to advance public health unit jurisdictions from Stage 2 to Stage 3 of the Ministry's document ***A Framework for Reopening our Province***. In follow-up, we are requesting that you share the criteria that the Ministry of Health will rely upon to move into Stage 3 and ensure that this information is communicated early so that it is clearly defined and understood.

Knowing the province's criteria is important to all our community stakeholders who need to have advance notice to safely plan and prepare for reopening their businesses, agencies and organisations. The need to fully understand the province's criteria is an important next step for responsible reopening and this information needs to be publicly available.



Please know that the Board of Health for the County of Lambton is a committed local partner in working with the province to emerge from this crisis. Thank you for your attention to this important matter.

Sincerely,



Warden Bill Weber  
County of Lambton



Dr. Sudit Ranade  
Medical Officer of Health

cc: The Hon. Doug Ford, Premier of Ontario  
The Hon. Monte McNaughton, Minister of Labour, M.P.P. Lambton-Kent-Middlesex  
The Hon. Bob Bailey, M.P.P. Sarnia-Lambton  
Dr. David Williams, Chief Medical Officer of Health  
The Hon. Lianne Rood, M.P. Lambton-Kent-Middlesex  
The Hon. Marilyn Gladu, M.P. Sarnia-Lambton  
Lambton County Councillors  
Dr. Sudit Ranade, Lambton County Medical Officer of Health  
Andrew Taylor, General Manager, Public Health Services, County of Lambton  
All Ontario Boards of Health

June 8, 2020



Bruce Lauckner  
Transitional Regional Lead West, Ontario Health  
CEO for Erie St. Clair, Hamilton Niagara Haldimand Brant, South West and Waterloo Wellington LHINs

Dear Mr. Lauckner,

Re: Ontario Health reporting inaccuracy COVID-19 Enhanced Surveillance of Long-Term Care

On the May 7, 2020, Bruce-Grey COVID-19 Update Call you debriefed myself as the Board of Health Chair and Warden of Bruce County, and Paul McQueen, Warden of Grey County among others on the status of the Grey Bruce Health Unit (GBHU) with regards to the Enhanced Surveillance of COVID-19 testing in Long-Term Care, as directed by the Ministry of Health, and the data reporting inaccuracy that took place.

In your debrief, you spoke very highly of Dr. Ian Arra as the Medical Officer of Health (MOH) for the Grey and Bruce Counties, and of the GBHU performance. You attested that the GBHU has met and exceeded the Ministry of Health's expectation by reaching testing targets before the required deadlines.

You also explained what led to presenting inaccurate testing data to the Premier erroneously reflecting suboptimal performance of a number of the health unit in the South West Ontario Health Region. The reported number of swabs completed was substantially lower than actual number by a wide margin. For the GBHU, the inaccuracy showed 5% completion rate instead of the actual 45% at the time.

You explained that data from the Ontario Laboratory Information System (about 2 week old data) was possibility used instead of the diligently reported data by these health units on a daily basis.

The inaccurate data resulted in the Premier's statement in the media on May 5, 2020 describing the less than optimal performance of these health units and their MOHs. The Premier's statement was appropriately proportionate to the data that was presented.

You indicated in the meeting, what you had confirmed with the MOH on May 6, 2020, that the data inaccuracy was immediately communicated to the Premier's Office and that correction of the data was to follow.

No further communication has been forth coming from yourself as the CEO or your office representatives regarding this data inaccuracy, nor if the issue has been reported to the Premier's Office for knowledge and correction.

We respectfully request a written response confirming and outlining the following points. First, that the data inaccuracy was appropriately reported to the Premier's Office and the correction was completed. Second, and equally important, that mitigation measures have been implemented to prevent such inaccuracy from occurring in the future.

*A healthier future for all.*

101 17<sup>th</sup> Street East, Owen Sound, Ontario N4K 0A5

[www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)

519-376-9420

1-800-263-3456

Fax 519-376-0605

Yours truly,

A handwritten signature in black ink, appearing to read 'Mitch Towlan', with a stylized, sweeping flourish.

Mitch Towlan

Chair of the Board of Health  
Grey Bruce Health Unit  
101 17th Street East  
Owen Sound ON N4K 0A5  
Phone: (519)376-9420, Ext. 1241

CC

Office of the Premier  
Minister of Health  
Minster of Long-Term Care  
MPP Lisa Thompson  
MPP Bill Walker  
Chief Medical Officer of Health, Dr. David Williams  
Boards of Health – Ontario

**Ministry of Health**

**Ministère de la Santé**

Office of Chief Medical Officer of Health,  
Public Health  
393 University Avenue, 21<sup>st</sup> Floor  
Toronto ON M5G 2M2

Bureau du médecin hygiéniste en chef,  
santé publique  
393 avenue University, 21<sup>e</sup> étage  
Toronto ON M5G 2M2

Telephone: (416) 212-3831  
Facsimile: (416) 325-8412

Téléphone: (416) 212-3831  
Télécopieur: (416) 325-8412

eApprove-182-2020-58

JUN 15 2020

Dr. Elizabeth Richardson  
Medical Officer of Health  
City of Hamilton, Public Health Services  
100 Main Street West  
Hamilton ON L8P 1H6

Dear Dr. <sup>hiz</sup>Richardson:

**Re: Ministry of Health Public Health Funding and Accountability Agreement with the Board of Health for the City of Hamilton, Public Health Services (the “Board of Health”) dated January 1, 2014, as amended (the “Agreement”)**

This letter is further to the recent letter from the Honourable Christine Elliott, Deputy Premier and Minister of Health, in which she informed your organization that the Ministry of Health will provide the Board of Health with up to \$311,800 in one-time funding for the 2020-21 funding year to support the temporary pandemic pay initiative as part of the COVID-19 response in the public health sector.

Please note that this funding is subject to the following terms and conditions:

- Temporary Pandemic Pay funds must be used in accordance with the criteria and reporting requirements set out in **Appendix A** of this letter; and,
- The funding is subject to the terms and conditions of the Agreement dated January 1, 2014, as amended.

We appreciate your cooperation with the ministry in managing your funding as effectively as possible. You are expected to adhere to our reporting requirements, particularly for in-year service and financial reporting, which is expected to be timely and accurate. Based on our monitoring and assessment of your in-year service and financial reporting, your cash flow may be adjusted to match actual services provided.

It is also essential that you manage costs within your approved budget.

Dr. Elizabeth Richardson

In order to accept the conditions to receive this funding, please return a signed/scanned copy of **Appendix B** attached to this letter to: Brent Feeney, Manager, Funding and Oversight Unit, Accountability and Liaison Branch, via email at [Brent.Feeney@ontario.ca](mailto:Brent.Feeney@ontario.ca).

The Board of Health will be notified of the 2020 provincial funding allocations for all other public health programs and services at a later date. At that time, the Board of Health will receive new Schedules for the Agreement, which will include the requirements for this temporary pandemic pay Initiative as noted in **Appendix A**.

Should you require any further information and/or clarification, please contact Elizabeth Walker, Director, Accountability and Liaison Branch, at 416-212-6359 or by email at [Elizabeth.Walker@ontario.ca](mailto:Elizabeth.Walker@ontario.ca).

Yours truly,



David C. Williams, MD, MHSc, FRCPC  
Chief Medical Officer of Health

Attachments

c: Mayor Fred Eisenberger, Board Chair, City of Hamilton, Public Health Services  
David Trevisani, Manager, City of Hamilton, Public Health Services  
Jim Yuill, Director, Financial Management Branch, MOH  
Teresa Buchanan, Director (A), Fiscal Oversight & Performance Branch, MOH

## APPENDIX A: Temporary Pandemic Pay Initiative

### Grants and Budget

Program/Initiative Name	2020-21 Approved Allocation (\$)
<b>Maximum One-Time Funds</b>	
Temporary Pandemic Pay Initiative	\$311,800

### Payment Schedule

- Maximum one-time funding is flowed on a mid and end of month basis. Cash flow will be adjusted when the Board of Health has signed **Appendix B** (attached to this letter).

### Related Program Policies and Guidelines

#### 1. Purpose

- To provide additional support for eligible Board of Health employees who are experiencing severe challenges and are at heightened risk during the COVID-19 outbreak, the Province is providing a pandemic pay increase between April 24, 2020 and August 13, 2020 for the public health sector.
- The Temporary Pandemic Pay Initiative is a targeted program designed to support Board of Health employees who face a real and perceived risk of COVID-19 exposure, where maintaining physical distancing is difficult or not possible.

#### 2. Pandemic Pay Funds

- The Province will: determine the Board of Health's eligibility; the amount of Pandemic Pay one-time funding the Board of Health may be eligible to receive; and, provide the Board of Health with Pandemic Pay one-time funding for the purposes of administering the Temporary Pandemic Pay Initiative.

#### 3. Board of Health's Obligations

- The Board of Health will:
  - Be required to determine and identify eligible employees;
  - Pay Pandemic Pay funds to each eligible employee that the Board of Health employs in accordance with the Temporary Pandemic Pay calculations as set out in section 5;
  - Make reasonable efforts to set out Temporary Pandemic Pay as a separate line item from other amounts paid to eligible employees in a pay stub or other document provided to eligible employees;
  - Only use Pandemic Pay one-time funding for the purposes of paying eligible employees and the costs incurred under statute or contract because of the payment of Temporary Pandemic Pay. For greater clarity, the Temporary Pandemic Pay one-time funding may not be used for administrative costs or any other purpose for which funding is provided to the Board of Health under the Agreement.
  - Create and maintain records that document: number of employee hours eligible for hourly pandemic pay, tracked per mid-term and final reporting periods, gross amount of hourly pandemic pay paid out to eligible employees, gross amount of

pandemic pay lump sum paid out to eligible workers, amount of statutory contributions paid by employers as a result of providing pandemic pay to eligible workers, amount paid by the Board of Health to address statutory or collective agreement entitlements as a result of providing pandemic pay, and completed attestations for lump sum payments;

- Provide the Province with such information and records, including the records listed above as may be requested in order to calculate the Board of Health's entitlement to Pandemic Pay one-time funding or to evaluate the outcomes and effectiveness of the Board of Health's use of Pandemic Pay one-time funding; and,
- At the request of the Province, provide communications materials to eligible employees concerning the Temporary Pandemic Pay Initiative.

#### 4. Eligibility

- The eligibility period for the Temporary Pandemic Pay Initiative is from April 24, 2020 up to and including August 13, 2020.
- The following Board of Health employees (in a full-time or part-time capacity) are eligible for Temporary Pandemic Pay:
  - Nurses that have consistent and ongoing risk of exposure (i.e., direct/in-person client interaction) to COVID-19 (Infection Prevention and Control Nurses, Nurse Practitioners, Registered Nurses, Registered Practical Nurses, Public Health Nurses).
- For additional clarity, all other Board of Health employees (including individuals employed in a management capacity) are not eligible for Temporary Pandemic Pay one-time funding approved as part of this Agreement.

#### 5. Calculation of Temporary Pandemic Pay

- Temporary Pandemic Pay for each eligible employee shall be calculated based on the following criteria during the eligibility period set out in section 4.
  - Temporary Pandemic Pay is to be calculated in addition to an employee's regular wages and is not part of base salary;
  - For each hour worked during the eligibility period, the eligible employee shall be paid four dollars (\$4);
  - Where an eligible employee works more than one hundred (100) hours in one of the designated four-week periods set out below, they shall be paid an additional lump sum payment of two hundred and fifty dollars (\$250) for that period and up to one thousand dollars (\$1,000) over these sixteen (16) week:
    - April 24, 2020 to May 21, 2020
    - May 22, 2020 to June 18, 2020
    - June 19, 2020 to July 16, 2020
    - July 17, 2020 to August 13, 2020
- Subject to the Province's sole discretion to determine the amount, the following shall be included in the calculation of Temporary Pandemic Pay Funds:
  - The total amount that eligible Board of Health employees are eligible to receive as Temporary Pandemic Pay; and,
  - An amount equal to the increased costs that the Board of Health incurs pursuant to its obligations as an employer under a statutory or contractual requirement but does not include increased costs associated with any required contributions to a

pension plan or benefits plan. Examples of increased costs include: Employers' statutory contributions to the Canada Pension Plan, Employers' statutory contributions to Employment Insurance, Employer Health Tax on payroll, Employers' statutory obligation to pay Workplace Safety and Insurance Board premiums, Employers' statutory payment of Vacation Pay, Employers' statutory payment of Public Holiday Pay, and Employers' statutory payment of Overtime Pay.

- The Board of Health will be required to return any funding not used for the intended purpose. Unspent funds are subject to recovery in accordance with the Province's year-end reconciliation policy.

### **Reporting Requirements**

<b>Name of Report</b>	<b>Reporting Period</b>	<b>Due Date</b>
<b>1. Temporary Pandemic Pay Monthly Reports</b>	For the period of April 24, 2020 to August 31, 2020	Monthly
<b>2. Annual Reconciliation Report</b>	For the period of April 24, 2020 to August 31, 2020	See Schedule C of the Agreement
<b>3. Attestation to the Use of Funding</b>	For the period of April 24, 2020 to August 31, 2020	To Be Determined

#### **Temporary Pandemic Pay Monthly Reports**

- Temporary Pandemic Pay Initiative reports will be submitted to the Province on a defined template on a monthly basis, in line with provincial requirements.
- Monthly reports will be signed-off as appropriate (e.g., Medical Officer of Health, Chief Executive Officer, Business Administrator).
- Reporting requirements will include the provision of information such as the number of eligible Board of Health employees, their positions, hours of work, and status report regarding utilization of funds (for the purposes of reallocation funding if needed).

#### **Annual Reconciliation Report**

- The Board of Health will submit a program-specific Annual Reconciliation Report for the financial year ending December 31st.
- Accounting for the reporting of both the revenue and expenditures for the Temporary Pandemic Pay Initiative should appear as separate and distinct items within the Annual Reconciliation Report.
- The Board of Health is required to submit Audited Financial Statements with its Annual Reconciliation Report. The Audited Financial Statement must include appropriate disclosure regarding the Board of Health's revenue and expenditures related to the Temporary Pandemic Pay Initiative.



#### Attestation to the Use of Funding

- For the purposes of program evaluation and audit, the Province will seek assurances the funds have been disbursed as intended by the Agreement's terms and conditions, through the submission of a written attestation from the Board of Health.

## APPENDIX B: Sign-Back Agreement for the Board of Health

On behalf of the Board of Health, I acknowledge that our organization has been approved a total of up to \$311,800 in one-time funding that is to be used to support the Temporary Pandemic Pay Initiative.

A signature from a representative who has the authority to bind the Board of Health for the City of Hamilton, Public Health Services is required below to indicate acceptance of the conditions as noted in this letter, including **Appendix A**. I acknowledge that this funding is being provided subject to the terms and conditions in the Public Health Funding and Accountability Agreement.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

I have the authority to bind the Board of Health.

Please return a signed/scanned copy of this form to the email address provided in the funding letter.

Ministry of Health

Office of the Deputy Premier  
and Minister of Health

777 Bay Street, 5<sup>th</sup> Floor  
Toronto ON M7A 1N3  
Telephone: 416 327-4300  
Facsimile: 416 326-1571  
www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre  
et du ministre de la Santé

777, rue Bay, 5<sup>e</sup> étage  
Toronto ON M7A 1N3  
Téléphone: 416 327-4300  
Télécopieur: 416 326-1571  
www.ontario.ca/sante



eApprove-182-2020-58

JUN 15 2020

Mayor Fred Eisenberger  
Chair, Board of Health  
City of Hamilton, Public Health Services  
71 Main Street West  
Hamilton ON L8P 4Y5

Dear Mayor Eisenberger:

Thank you for your continued partnership in supporting the effective delivery of essential public health programs and services during this unprecedented time.

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the City of Hamilton, Public Health Services up to \$311,800 in one-time funding for the 2020-21 funding year to support the temporary pandemic pay initiative as part of the COVID-19 response in the public health sector.

Dr. David Williams, Chief Medical Officer of Health, will write to the City of Hamilton, Public Health Services shortly concerning the terms and conditions governing the funding.

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

A handwritten signature in cursive script that reads 'Christine Elliott'.

Christine Elliott  
Deputy Premier and Minister of Health

c: Dr. Elizabeth Richardson, Medical Officer of Health, City of Hamilton, Public Health Services



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

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	July 10, 2020
<b>SUBJECT/REPORT NO:</b>	Nurse Family Partnership Program Funding and Service Level Update (BOH07035(i)) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Bonnie King (905) 546-2424 Ext. 1587
<b>SUBMITTED BY:</b>	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services
<b>SIGNATURE:</b>	

## **RECOMMENDATION**

That the Board of Health authorize and direct the Medical Officer of Health to extend the existing agreement with the Hamilton Community Foundation and accept funding from the Hamilton Community Foundation in the amount of \$41,000 to support the Nurse Family Partnership© program for 2020, and that the Medical Officer of Health or delegate be authorized and directed to receive, utilize and report on the use of these funds.

## **EXECUTIVE SUMMARY**

The Nurse Family Partnership© (NFP) program is a highly successful, international, home visiting program that targets young, low-income, first-time mothers and their children. Well-designed, long-term studies have consistently shown that the NFP program has a favourable impact on child and maternal health, child development and school readiness, positive parenting practices, family economic self-sufficiency, and on reductions in child maltreatment, juvenile delinquency, family violence and crime.

Funding from the Ministry of Children, Community and Social Services (MCCSS) and the Ministry of Health supports 7.0 FTE Public Health Nurses (PHNs) to deliver the NFP program in Hamilton. Annual operational costs include program licensing, professional consultative support services, program incentives, outreach strategies, and client education materials.

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

**SUBJECT: Nurse-Family Partnership Program Funding and Service Level Update  
BOH07035(i) (City Wide) - Page 2 of 4**

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The Hamilton Community Foundation (HCF) has supported the NFP program financially for many years. Funding received from HCF for 2020 will offset the operational costs of the program which are not budgeted. Staff will continue to explore opportunities and options for stable, long-term program funding beyond 2020, should HCF be unable to extend funding beyond the current year.

**ALTERNATIVES FOR CONSIDERATION – Not Applicable**

**FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

Financial: HCF has committed to providing \$41,000 in funding to the NFP program for 2020 to support operational costs. This is a one-time commitment to offset associated program costs in year. Therefore, Public Health Services (PHS) will continue to explore alternative sources of additional but permanent funding.

Staffing: N/A

Legal: The NFP program is delivered under a Memorandum of Agreement with the Middlesex London Health Unit (MLHU). MLHU maintains the licensing and confidentiality agreement with the NFP National Office in Denver on behalf of the five Health Units in Ontario who provide the NFP program.

**HISTORICAL BACKGROUND**

In 2007, Hamilton became the first location in Canada to offer the NFP Program as a pilot project. On successful completion of the feasibility and acceptability study in 2011, Hamilton continued to deliver the NFP Program as the first Canadian replication site. Since that time, the province of British Columbia embarked on a randomized control trial to examine the outcomes of the NFP Program for Canadian families. Initial results of the Canadian research trial are expected to be released later this year and into 2021.

Hamilton's NFP Program is comprised of 7.0 FTE Public Health Nurses (PHN) primarily funded under the umbrella of the Healthy Babies Healthy Children (HBHC) program, which is a mandated high-risk home visiting program financed by the MCCSS, and 1.0 FTE PHN funded through the Ministry. HCF has provided financial support to the Hamilton NFP Program for many years, supporting the cost of licensing requirements, program infrastructure, ongoing consultative support services from the International NFP team and the Clinical Lead Advanced Practice Nurse.

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## **POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

The Healthy Growth and Development standard within the Ontario Public Health Standards (OPHS) states that the Board of Health shall “provide all components of the HBHC program in accordance with the HBHC Protocol”. The NFP program addresses the responsibilities outlined in the HBHC Protocol, using an intensive service delivery approach that has been demonstrated by research to be most effective for young first-time mothers with low income.

## **RELEVANT CONSULTATION**

Matt Goodman, Vice-President, Grants and Community Initiatives, Hamilton Community Foundation has provided written confirmation that HCF is committed to continue their financial support of the NFP Program in 2020.

David Trevisani, Manager of Finance and Administration, and Elaine Gee, Business Administrator have reviewed the financial content of this report.

## **ANALYSIS AND RATIONALE FOR RECOMMENDATION**

The NFP program is a targeted pregnancy and infancy home visiting program provided by nurses to young, low-income, first-time mothers. The effectiveness of the NFP program has been rigorously evaluated. Ongoing evaluation and refinement of the NFP program based on scientific evidence ensures that it remains relevant and effective. Studies have shown the NFP program to be cost-effective with a \$6.4 return for every \$1 invested. In 2019, NFP Public Health Nurses (PHNs) provided 1164 home visits to 123 pregnant and first-time parents age 21 and under in Hamilton. Clients come into the program before their 28<sup>th</sup> week of pregnancy and continue visits with their PHN until their child turns two years of age. Approximately 45% of young parents celebrate a “graduation” after completing the entire 2+ year program successfully.

All NFP programs must be delivered under a licensing and confidentiality agreement with the NFP National Office in Denver. The agreement for Ontario is maintained by the Middlesex London Health Unit (MLHU). Under a Memorandum of Agreement with MLHU, all Ontario NFP sites must adhere to all elements of the NFP Program to ensure the NFP Program is delivered with its intended quality and rigor to ensure the highest possible outcomes for clients participating in the program. Licensing requirements and ongoing consultative support services from the International NFP Organization are a component of the program that requires funding.

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Although most NFP program costs are staffing related, funding is required for program incentives, outreach strategies, education and teaching materials, as well as NFP licensing requirements, program infrastructure costs, and ongoing consultative support services from the International NFP team and the Ontario Clinical Lead Advanced Practice Nurse.

## **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 & SCHEDULES**

Not Applicable.

## **REFERENCES**

Sama-Miller, E., Akers, L. Mraz-Esposito, A., Zukiewicz, M., Avellar, S., Paulsell, D., and Del Grosso, P. (2017). Home Visiting Evidence of Effectiveness Review: Executive Summary. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Washington, DC. [Retrieved Nov.10,2017] available from:  
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Olds, David et al. "Improving the Nurse-Family Partnership in Community Practice" *Pediatrics*; 2013;132;S110-S117.

Nurse-Family Partnership [Internet] Denver: Nurse-Family Partnership National Service Office; 2017. Nurse-Family Partnership: Outcomes, Costs and Return on Investment in the U.S. [cited 2017 November 9] available from: <http://nursefamilypartnership.org>

Miller, Ted r. "Projected Outcomes of Nurse-Family Partnership Home Visitation During 1996-2013, United States." *Prevention science: the official journal of the Society for Prevention Research* 16.6 (2015): 765-777. PMC. Web. 10 Nov. 2017.

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[https://homvee.acf.hhs.gov/homvee\\_executive\\_summary\\_august\\_2017\\_final\\_50](https://homvee.acf.hhs.gov/homvee_executive_summary_august_2017_final_50)

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

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	July 10, 2020
<b>SUBJECT/REPORT NO:</b>	Arrell Youth Centre Secondment (BOH17008(b)) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Chris Pickersgill (905) 546-2424 Ext. 3787
<b>SUBMITTED BY:</b>	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services
<b>SIGNATURE:</b>	

**RECOMMENDATION**

- a) That the Board of Health authorize the reduction of the Public Health Services School Program complement by 0.34 FTE resulting from the termination of the Secondment Agreement between Banyan Community Services Inc. and the City of Hamilton Public Health Services.
  
- b) That the Board of Health authorize Public Health Services to reassign the seconded Public Health Nurse, to a budgeted vacancy in the Public Health Services School Program.

**EXECUTIVE SUMMARY**

Public Health Services (PHS) has seconded a Public Health Nurse (PHN) to Banyan Community Services Inc. since 1990. PHS has received notice from Banyan Community Services Inc. for the termination of the secondment agreement effective April 16, 2020. Funding from the secondment agreement supports a 0.34 FTE PHN. Staffing implications are minimal as there is an opportunity to reassign the seconded PHN to a vacancy within the School Program. PHS will continue collaborate with Arrell Youth Centre (AYC) staff to ensure other relevant PHS programs and services continue to be available and utilized.

**Alternatives for Consideration – Not Applicable**

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## **FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

**Financial:** Banyan Community Services Inc. has been purchasing 0.34 FTE of School Program PHN services at a rate of \$38,300 annually. The secondment agreement will end April 16, 2020. The termination of the contract will not result in financial burden as the accompanying FTE will be reduced.

**Staffing:** PHS plans to reassign the seconded PHN to a vacancy within the program.

**Legal:** Banyan Community Services Inc. has terminated the secondment in accordance with the terms outlined in the Secondment Agreement.

## **HISTORICAL BACKGROUND**

Banyan Community Services Inc. currently operates two secure custody/detention centres; Arrell Youth Centre (AYC) and Peninsula Youth Centre (based in Niagara Region). AYC is the only secure custody youth detention program in Hamilton. AYC provides services to youth between the ages of 12-18 years who have been found guilty of an offence under the *Youth Criminal Justice Act* and received a custodial disposition.

School Program PHN services have been seconded on site to AYC since 1990. Prior to the most recent secondment agreement renewal, the PHN's role within AYC focused on both health promotion and primary care activities. On July 1, 2019, the secondment agreement was renewed at a reduced complement due to budget considerations within Banyan Community Services Inc. (BOH17008 (a)). This renewal marked a reduction in FTE from 0.46 FTE to 0.34 FTE and prioritized primary care services.

On February 14, 2020, City of Hamilton staff received written notice as per the terms of the secondment agreement to terminate the contract effective April 16, 2020. In response to budget considerations, Banyan Community Services has elected to recruit and retain nursing staff to fulfil the primary care role across both youth detention sites.

## **POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

Not Applicable.

## **RELEVANT CONSULTATION**

Solicitor, Legal and Risk Management Services, Corporate Services has reviewed the Secondment Agreement and has acknowledged the termination of the secondment aligns with the contract.

Manager, Labour Relations has consulted on Ontario Nurses' Association (ONA) Collective Agreement and human resource implications.

Manager of Finance and Administration, and Business Administrator have reviewed the financial content of this report.

Ontario Nurses Association Bargaining Unit President has been notified of the Secondment Agreement termination.

Director of Residential Services, Banyan Community Services Inc. has engaged in dialogue with PHS for transition planning and continued collaborative work with PHS.

### **ANALYSIS AND RATIONALE FOR RECOMMENDATION**

The termination of the secondment is fiscally beneficial for Banyan Community Services Inc. and improves primary care nursing coverage across both detention centre sites. The termination also realigns that PHN role with work as outlined in the Ontario Public Health Standards. PHS remains committed to a collaborative working relationship to ensure other relevant PHS services are maintained for this population.

### **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.

#### **Our People and Performance**

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

### **APPENDICES AND SCHEDULES ATTACHED**

Not Applicable.



Hamilton

# INFORMATION REPORT

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	July 10, 2020
<b>SUBJECT/REPORT NO:</b>	COVID-19 Response and Health Equity Update (BOH20012) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Jennifer Mitton (905) 546-2424 Ext. 1578
<b>SUBMITTED BY:</b>	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services
<b>SIGNATURE:</b>	

## COUNCIL DIRECTION

Not Applicable

## PURPOSE

The purpose of this report is to inform the Board of Health (BOH) about Public Health Emergency Control Group's (PHECG) review of actions to aid decision making to support vulnerable populations. Health equity continues to be a Public Health priority. This report is designed to support the BOH to provide direction for further assessment and/or report back by staff.

Relevant documents have been released during COVID-19 and were used as a framework to review actions and guide decision making. The reviews involved have focused on health equity impacts, many are ongoing as needed, with many having been acted upon in operational plans.

## BACKGROUND

The City of Hamilton is legislated by the *Emergency Management and Civil Protection Act* which establishes requirements for municipal emergency management programs in the province. Public Health Services (PHS) is also legislated, and given legal

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authorities, by the *Health Protection and Promotion Act*, and corresponding Emergency Management Standard and Guideline.

The City of Hamilton's Emergency Plan has eight priorities. In order of importance they include:

- (1) Provide for the health and safety of all responders;
- (2) Save lives;
- (3) Reduce suffering;
- (4) Protect public health;
- (5) Protect critical infrastructure;
- (6) Protect property;
- (7) Protect the environment; and,
- (8) Reduce economic and social loss.

Health Equity is a component of the City of Hamilton's 2016-2025 Strategic Plan. It is recognized that economic and social disparities within our community have a negative impact on health status at both an individual and community level (City of Hamilton, 2010). A health equity lens is utilized all through Public Health programming and is specifically considered in Emergency Response Planning. That lens has been used to consider the challenges faced by vulnerable populations due to the pandemic. The City EOC and PHECG have worked together to ensure that actions have been taken to protect and support the health of vulnerable populations throughout the pandemic.

## **INFORMATION**

Planning within the context of COVID-19 has incorporated a health equity lens in considering the challenges faced by vulnerable populations. The City of Hamilton Emergency Operations Centre (EOC) and PHECG have worked in close alignment to support vulnerable populations throughout the pandemic. As outlined below, documents related to the health equity impacts of COVID-19 have been released and used PHS Planning Section as a framework to review our COVID-19 action plans and inform further activities and actions.

In early March 2020, prior to the formal declaration of a pandemic, the PHS Planning Section undertook an activity that mapped out a plan for PHS' response to the COVID-19 threat. This initial plan included actions to work with the EOC and community partners to support vulnerable populations with respect to food, medications, social services, and transportation. This plan also included enhanced surveillance that would allow PHS to identify and mitigate the progression of COVID-19 and health and social impacts of public health measures (Table One).

On March 11, 2020, the World Health Organization declared a pandemic and the Province declared a state of emergency which allowed for the implementation of strict

public health measures. The PHS Planning Section identified a potential significant impact on the mental health and wellbeing of community members due to the uncertainty and stress of COVID-19 as well as the isolating impact of physical distancing. The initial plan to support vulnerable populations was revised to include (1) participation in mental health sector planning with community agencies to monitor trends in referral for service and virtual service delivery to be responsive at the local level; (2) development and implementation of a health promotion campaign related to mental wellbeing in the context of COVID-19; and (3) prioritization of essential public health service.

On April 2, 2020, PHS received correspondence from the Ontario Human Rights Commission which included principles and recommended actions on a range of human rights issues and emergency-related responses to managing the pandemic. As part of the PHS Planning Section's activities an internal review of our pandemic plans against the recommendations of the Ontario Human Rights Commission to ensure that key issues were addressed. During this process, areas for potential action were identified and recommendations were made to PHECG and the City EOC for implementation (Table Two).

On April 24, 2020, PHS received correspondence from Ottawa Public Health with an ethical framework modified to the emerging context of COVID-19. As part of the PHS Planning Section's activities an internal review of the ethical framework proposed by Ottawa Public Health as well as several frameworks proposed by international organizations to ensure key issues were addressed. During this process, areas for potential action were identified and recommendations were made to PHECG and the City EOC for implementation (Table Three).

While key considerations outlined in these documents have been acted upon through operational plans, the ability to address disparities must be reviewed in an ongoing way.

The COVID-19 pandemic will require a prolonged public health response. It is recognized that the impact on our community is, and will continue to be, significant. As new evidence emerges with respect to the virus COVID-19 virus, as well as local surveillance with respect to the impact of SDOH on the burden of illness, our plans and actions will continue to evolve. As we move forward, PHS will consider opportunities to integrate these actions into our broader Health Equity and Inclusion Strategy.

**SUBJECT: COVID-19 Response and Health Equity Update (BOH20012) (City Wide)**  
**- Page 4 of 7**

<b>Table One: Planned Actions to Support Vulnerable Persons in the Context of COVID-19</b>	
<b>Issue</b>	
Enhanced Surveillance	<ul style="list-style-type: none"> <li>Expand surveillance to monitor health equity and the broader societal impacts of COVID-19 due to prolonged public health measures.</li> </ul>
COVID-19 testing for persons living in congregate settings	<ul style="list-style-type: none"> <li>Implement COVID-19 risk-based testing in Long-term Care Homes, Retirement Homes and other congregate living settings.</li> </ul>
Physical distancing and self-isolation for persons experiencing homelessness.	<ul style="list-style-type: none"> <li>Support all shelters to establish self-isolation spaces and implement Infection Prevention and Control (IPAC) measures.</li> <li>Work with EOC to establish (1) isolation shelter, and (2) large shelter space allowing for physical distancing and other IPAC measures</li> </ul>
Food and Medication Supply	<ul style="list-style-type: none"> <li>Implement process for online food ordering and prescription drop off.</li> </ul>
Transportation of Isolated Individuals	<ul style="list-style-type: none"> <li>Work with EOC and community partners to develop plan for transportation of individuals who are isolated.</li> </ul>
Support for vulnerable individuals	<ul style="list-style-type: none"> <li>Work with EOC and community partners to establish a Vulnerable Sectors Support Team. Team will connect vulnerable persons with required supports such as income and benefits, transportation support, food, seniors supports, language and interpretation, mental health and addiction services, shelters, and other services as required.</li> </ul>
Indigenous Persons	<ul style="list-style-type: none"> <li>Indigenous Health Strategy Specialist to liaise with Elders, community leaders, and Indigenous health and social service providers to tailor the response to this community.</li> </ul>
Mental Health and Wellbeing	<ul style="list-style-type: none"> <li>Implement a Mental Health and Wellbeing Health promotion campaign.</li> </ul>
Prioritization of PHS programs that support vulnerable populations.	<ul style="list-style-type: none"> <li>Continue to provide essential PHS' Services that support vulnerable populations.</li> </ul>
Mental Health Sector	<ul style="list-style-type: none"> <li>Work with Canadian Mental Health Association and community agencies to monitor trends and adapt to service demands.</li> </ul>
Heat Alerts	<ul style="list-style-type: none"> <li>Work with EOC to identify locations for cooling centers during heat alert.</li> </ul>
Temporary Migrant Farm Workers	<ul style="list-style-type: none"> <li>Work with of farms to protect and prevent infection in vulnerable population.</li> </ul>

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.

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<b>Table One: Planned Actions to Support Vulnerable Persons in the Context of COVID-19</b>	
<b>Issue</b>	
LTCH, RH and RCF	<ul style="list-style-type: none"> <li>• Preparedness audit of Long-Term Care Homes, Retirement Homes and Residential Care Facilities.</li> </ul>

<b>Table Two: Planned Actions to Align Approach with Recommendations of Ontario Human Rights Commission</b>	
<b>Issue</b>	<b>Action Required</b>
Financial assistance and social security.	<ul style="list-style-type: none"> <li>• Public communication regarding Federal and Provincial financial relief.</li> </ul>
Informal workers and service industry.	<ul style="list-style-type: none"> <li>• Education and support for operators of congregate settings.</li> </ul>
Prevent criminalization of populations who cannot implement public health measures.	<ul style="list-style-type: none"> <li>• Collaborate with Police Services and Bylaw to explore alternatives to sanctions and connect vulnerable people to supports.</li> </ul>
Recognize impact of COVID-19 is exacerbated by ongoing negative impact of colonialism.	<ul style="list-style-type: none"> <li>• Indigenous Health Strategy Specialist to continue to liaise with Elders, community leaders, and Indigenous health and social service providers to tailor response to this community.</li> </ul>
Ensure vulnerable groups, have timely access to vital public health information.	<ul style="list-style-type: none"> <li>• Communication to partner agencies serving and supporting vulnerable populations.</li> </ul>
Adopt a public health approach to managing prisoners and people in government-run or regulated institutions.	<ul style="list-style-type: none"> <li>• Work with local corrections facilities to support a public health approach and provide IPAC recommendations.</li> </ul>
Collect and make publicly available data related to COVID-19 and response measures.	<ul style="list-style-type: none"> <li>• Enhanced surveillance and public communication.</li> </ul>

<b>Table Three: Planned Actions to Align Approach with Ethical Framework Provided by Ottawa Public Health</b>	
<b>Issue</b>	<b>Action Required</b>
Protect Health System capacity to respond to pandemic surge, inclusive of all health sectors.	<ul style="list-style-type: none"> <li>• Consider revising PHS structure to meet the demands of the pandemic and resume regular public health work.</li> <li>• Continue to ensure optimal use of human and material resources.</li> </ul>
Ensure access to necessary health services.	<ul style="list-style-type: none"> <li>• Health promotion and communication.</li> <li>• Increase availability of Naloxone and street outreach services.</li> </ul>
Ensure restrictions on civil liberties are rationally connected to the policy objective	<ul style="list-style-type: none"> <li>• Open green spaces as soon as decision is within municipal jurisdiction (or as directed by Province).</li> <li>• Keep green spaces open during future waves of relaxing and tightening public health measures due to low risk of disease transmission and high burden on community.</li> </ul>
Identify and propose remedies to redress inequities and structural deficiencies	<ul style="list-style-type: none"> <li>• Consider prioritizing work related to the PHS Health Equity Strategy and the City's Equity and Inclusion Strategy.</li> </ul>
Seek input from stakeholders	<ul style="list-style-type: none"> <li>• Public engagement.</li> </ul>
Prioritize public education for public health measures	<ul style="list-style-type: none"> <li>• Public communication and awareness.</li> </ul>

**APPENDICES AND SCHEDULES ATTACHED**

Not Applicable.

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