



City of Hamilton
BOARD OF HEALTH REVISED

Meeting #: 20-006
Date: October 19, 2020
Time: 9:30 a.m.
Location: Due to the COVID-19 and the Closure of City Hall

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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. September 21, 2020

5. COMMUNICATIONS

5.1. Correspondence from Anita Dubeau, Board Chair for the Simcoe Muskoka District Health Unit regarding COVID-19 and Long-Term Care Reform

Recommendation: Be endorsed.

- 5.2. Correspondence from the Hamilton Niagara Haldimand Brant Local Health Integration Network respecting Funding to Support One-time Mental Health & Addictions Services due to COVID-19 and its Related Impacts – Round 2 Support for People and Jobs Funds

Recommendation: Be received.

6. DELEGATION REQUESTS

- *6.1. Delegation from Kaley Metler respecting a 5G Roll-out (for a future meeting)

7. CONSENT ITEMS

- 7.1. 2019 Public Health Services Annual Performance & Financial Report to the Public (BOH20020) (City Wide)

8. PUBLIC HEARINGS / DELEGATIONS / VIRTUAL DELEGATIONS

9. STAFF PRESENTATIONS

- 9.1. Overview of COVID-19 Activity in the City of Hamilton 11 Mar, 2020 to the Present
- 9.2. Social Determinants of Health in COVID-19 (BOH20015) (City Wide)

10. DISCUSSION ITEMS

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

- 14.1. Residential Care Facility Update (BOH20019/LS20026) (City Wide)

15. ADJOURNMENT



BOARD OF HEALTH MINUTES 20-005

9:30 a.m.

Monday, September 21, 2020

Council Chambers

Hamilton City Hall

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

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

- 1. Correspondence from Chatham-Kent Public Health Unit respecting the Decriminalization of Personal Possession of Illicit Drugs (Item 5.1)**

(Nann/Merulla)

That the Correspondence from Chatham-Kent Public Health Unit respecting the Decriminalization of Personal Possession of Illicit Drugs be received and referred to staff for a review of the decriminalization of personal possession of illicit drugs as part of the public health framework, with a report back to the Board of Health.

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

YES	-	Mayor Fred Eisenberger
YES	-	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 J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
NO	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek

ABSENT - Ward 14 Councillor Terry Whitehead
ABSENT - Ward 15 Councillor Judy Partridge

2. Face Coverings in Enclosed Public Spaces (BOH20014(a)) (City Wide) (Item 10.1)

(Nann/Clark)

- (a) That the amending By-law attached as Appendix "A" to Report BOH20014(a) which amends By-law 20-155 "A By-law to Require the Wearing of Face Coverings Within Enclosed Public Spaces" and to amend City of Hamilton By-law 17-225, being "A By-law to Establish a System of Administrative Penalties", each of which has been prepared in a form satisfactory to the City Solicitor, be enacted and effective as of ratification by City Council; and,
- (b) That these amended By-laws shall be reviewed by the Board of Health every three months unless directed otherwise by City Council.

Result: Motion CARRIED by a vote of 14 to 0, as follows:

YES - Mayor Fred Eisenberger
YES - 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 J. P. Danko
YES - Ward 9 Councillor Brad Clark
YES - Ward 10 Councillor Maria Pearson
YES - Ward 11 Councillor Brenda Johnson
YES - Ward 12 Councillor Lloyd Ferguson
ABSENT - Ward 13 Councillor Arlene VanderBeek
ABSENT - Ward 14 Councillor Terry Whitehead
YES - Ward 15 Councillor Judy Partridge

3. Healthy Babies Healthy Children Program Budget 2020-2021 (BOH20017) (City Wide) (Item 10.2)

(Pearson/Pauls)

That the 2020-2021 Healthy Babies, Healthy Children program budget, funded by the Ministry of Children, Community and Social Services be approved, including a reduction of 1.0 FTE, and, that the Medical Officer of Health or delegate be authorized and directed to receive, utilize, report on and execute the Healthy Babies Healthy Children Service agreement and contract, in a form satisfactory to the City Solicitor

Result: Motion CARRIED by a vote of 14 to 2, as follows:

YES	-	Mayor Fred Eisenberger
NO	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
NO	-	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 J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
ABSENT	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

4. Child & Adolescent Services Budget 2020-2021 (BOH20018) (City Wide) (Item 10.3)

(Pearson/Johnson)

That the Child & Adolescent Services budget be approved, and the Medical Officer of Health be authorized and directed to receive, utilize, report and execute all service agreements and contracts required to give effect to the 2020-2021 Ministry of Health funded Child & Adolescent Services program, in a form satisfactory to the City Solicitor.

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

YES	-	Mayor Fred Eisenberger
NO	-	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 J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
YES	-	Ward 11	Councillor Brenda Johnson
YES	-	Ward 12	Councillor Lloyd Ferguson
ABSENT	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

5. Mental Health & Street Outreach Program and Alcohol, Drug & Gambling Services Program Budget 2020-2021 (BOH20016) (City Wide) (Item 10.4)

(Merulla/Farr)

- (a) That the 2020-2021 HNHB LHIN Funded Mental Health & Street Outreach and Alcohol, Drug & Gambling Services Programs' budgets, be approved, including the net increase of 0.4 FTE, and, that the Medical Officer of Health or delegate be authorized and directed to receive, utilize, report and execute all Service agreements and contracts, in a form satisfactory to the City Solicitor, required to give effect to the 2020-2021 Alcohol, Drug and Gambling Services and Community Mental Health Promotion Program budget;
- (b) That the 2020-2021 Alcohol, Drug & Gambling Services', Choices and Changes program budget, funded by the Ministry of Children, Community and Social Services be approved, and, that the Medical Officer of Health or delegate be authorized and directed to receive, utilize, report and execute all Service agreements and contracts, in a form satisfactory to the City Solicitor, required to give effect to the 2020-2021 Alcohol, Drug and Gambling Services Choices and Changes program budget;
- (c) That the 2020-2021 Alcohol, Drug & Gambling Services' Other Funding Grants program budget be approved, including the reduction of 1.35 FTE, and, that the Medical Officer of Health or delegate be authorized and directed to receive, utilize, report and execute all Service agreements and contracts, in a form satisfactory to the City Solicitor, required to give effect to the 2020-2021 Alcohol, Drug and Gambling Services Other Funding Grants programs budget; and,
- (d) That the 2020-2021 Mental Health (Good Shepherd) program budget be approved, including the increase of 0.1 FTE, and, that the Medical Officer of Health or delegate be authorized and directed to receive, utilize, report and execute all Service agreements and contracts, in a form satisfactory to the City Solicitor, required to give effect to the 2020-2021 Mental Health and Street Outreach Program Mental Health Good Shepherd program budget.

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

YES	-	Mayor Fred Eisenberger
NO	-	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 J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
ABSENT	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

6. Dental Program Update (BOH19026(b)) (Added Item 10.5)

(Jackson/Pearson)

That the Board of Health authorize and direct the Medical Officer of Health to increase the Ontario Senior's Dental Care Program complement by 0.5 FTE.

Result: Motion CARRIED by a vote of 13 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
ABSENT	-	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 J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
ABSENT	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

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:

5. COMMUNICATIONS

- 5.3 Correspondence from Marnie Saskin, Odeon Fitness, respecting Mandatory Masks

Recommendation: Be received.

- 5.4 Correspondence from the Deputy Premier and Minister of Health, and Dr. David Williams, Chief Medical Officer of Health respecting Public Health Funding and Accountability Agreement

Recommendation: Be received.

Note: Due to the lifting of the Provincial embargo on this information, the Correspondence has been moved out of Private & Confidential, and into Communications.

- 5.5 Correspondence from William McDonald respecting the Wearing of Face Masks in Public Areas of Apartments and Condominiums

Recommendation: Be received.

9. PRESENTATION

- 9.1 Overview of COVID-19 activity in the City of Hamilton 11 Mar – 18 Sept 2020

10. DISCUSSION ITEMS

- 10.5 Dental Program Update (BOH19026(b)) (City Wide)

Note: Due to the lifting of the Provincial embargo on this information, the report has been moved out of Private & Confidential, and into Discussion Items.

(Pearson/Nann)

That the agenda for the September 21, 2020 Board of Health be approved, as amended.

Result: Motion CARRIED by a vote of 14 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	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 J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
ABSENT	-	Ward 15 Councillor Judy Partridge

(c) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

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

(i) July 10 , 2020 (Item 4.1)

(Pauls/Danko)

That the Minutes of the July 10, 2020 meeting of the Board of Health be approved, as presented.

Result: Motion CARRIED by a vote of 14 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	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 J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson

YES	-	Ward 11	Councillor Brenda Johnson
YES	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
ABSENT	-	Ward 15	Councillor Judy Partridge

(e) COMMUNICATIONS (Item 5)

(Merulla/Clark)

That the following Communications be approved as presented:

- (i) Correspondence from the Simcoe-Muskoka District Health Unit respecting COVID-19 Extraordinary Expenses and School-Focused Nurses (Item 5.2)

Recommendation: Be received.

- (ii) Correspondence from Marnie Saskin, Odeon Fitness, respecting Mandatory Masks (Added Item 5.3)

Recommendation: Be received.

- (iii) Correspondence from the Deputy Premier and Minister of Health, and Dr. David Williams, Chief Medical Officer of Health respecting Public Health Funding and Accountability Agreement (Added Item 5.4)

Recommendation: Be received.

- (iv) Correspondence from William McDonald respecting the Wearing of Face Masks in Public Areas of Apartments and Condominiums (Added Item 5.5)

Recommendation: Be received.

Result: Motion CARRIED by a vote of 14 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	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 J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson

YES - Ward 13 Councillor Arlene VanderBeek
ABSENT - Ward 14 Councillor Terry Whitehead
ABSENT - Ward 15 Councillor Judy Partridge

(f) STAFF PRESENTATION (Item 9)

(i) Overview of COVID-19 Activity in the City of Hamilton 11 Mar – 18 Sept 2020 (Added Item 9.1)

Stephanie Hughes, Epidemiologist, Healthy and Safe Communities, addressed the Board with an Overview of COVID-19 Activity in the City of Hamilton 11 Mar – 18 Sept 2020, with the aid of a PowerPoint presentation.

(Pearson/Johnson)

That the Presentation respecting an Overview of COVID-19 Activity in the City of Hamilton 11 Mar – 18 Sept 2020, be received.

Result: Motion CARRIED by a vote of 14 to 0, as follows:

YES - Mayor Fred Eisenberger
YES - 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 J. P. Danko
YES - Ward 9 Councillor Brad Clark
YES - Ward 10 Councillor Maria Pearson
YES - Ward 11 Councillor Brenda Johnson
YES - Ward 12 Councillor Lloyd Ferguson
YES - Ward 13 Councillor Arlene VanderBeek
ABSENT - Ward 14 Councillor Terry Whitehead
ABSENT - Ward 15 Councillor Judy Partridge

(g) ADJOURNMENT (Item 15)

(Pearson/Partridge)

That, there being no further business, the Board of Health be adjourned at 12:50 p.m.

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

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
ABSENT	-	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
ABSENT	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
ABSENT	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

Respectfully submitted,

Mayor F. Eisenberger
Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk

From: Miller, Christine
To: AllHealthUnits@lists.alphaweb.org
Subject: COVID-19 and Long-Term Care Reform Letter
Date: September 22, 2020 9:51:14 AM
Attachments: [image001.png](#)
[image002.jpg](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[200916 Letter LTC Reform Advocacy letter.pdf](#)

To Ontario Boards of Health

Hello,

Please see attached a letter from Anita Dubeau, Board Chair for the Simcoe Muskoka District Health Unit regarding COVID-19 and Long-Term Care Reform.

Thank you

Christine Miller

Executive Assistant to the Medical Officers of Health

t: 705-721-7520 **or** 1-877-721-7520 **x:** 7253

f: 705-725-0335

e: christine.miller@smdhu.org

Simcoe Muskoka District Health Unit, 15 Sperling Dr, Barrie ON L4M 6K9

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Thank you.

September 18, 2020

The Honourable Patty Hajdu
Minister of Health
House of Commons
Ottawa, Ontario, K1A 0A6
Email: Patty.Hajdu@parl.gc.ca

The Honourable Marilee Fullerton
Minister of Long-Term Care
Ministry of Health and Long-Term Care
400 University Ave., 6th Floor
Toronto, ON M7A 1T7
Email: merrilee.fullerton@pc.ola.org

Ontario's Long-Term Care COVID-19 Commission
700 Bay Street, 24th Floor
Toronto, ON M5G 1Z6
Email: Info@LTCcommission-CommissionSLD.ca

Dear Ministers:

RE: COVID-19 and Long-Term Care Reform

COVID-19 has shone a glaring light on what many knew to be a crisis with the Long-Term Care (LTC) system in Canada in need of reform and redesign, with 81% of COVID-19 related deaths in Canada occurring in LTC Homes (LTCHs) which is far higher than other comparable countries.ⁱ Urgent reform and redesign of Canada's LTC system is critical in order to address infection prevention and control (IPAC) issues (including COVID-19) and to improve all standards, quality of care and quality of life. Those who require services within a LTCH setting deserve those assurances.

A [report](#) released following deployment of the Canadian Armed Forces (CAF) to five LTCHs in Quebec and Ontario struggling in their response to COVID-19 indicates highly concerning living conditions and serious lapses in standards and quality of medical and personal care. The list of deficiencies identified by the CAF as requiring immediate attention is lengthy and includes inadequate infection and control practices, inadequate supplies and lack of training, knowledge, oversight and accountability of LTCH staff and management.ⁱⁱ

The Royal Society of Canada (RSC) Working Group on LTC has since released a [policy briefing](#) highlighting the pre-pandemic issues with LTCHs that contributed to the heightened crisis in the face of COVID-19, a global pandemic. Namely, addressing the changing demographics and complexities of older adults entering homes, the inadequate workforce and staffing mix to meet their needs, and the inadequate physical environments to accommodate the complex needs of residents, are critical issues that must be addressed moving forward with LTC reform and redesign.

Barrie: 15 Sperling Drive Barrie, ON L4M 6K9 705-721-7520 FAX: 705-721-1495	Collingwood: 280 Pretty River Pkwy. Collingwood, ON L9Y 4J5 705-445-0804 FAX: 705-445-6498	Cookstown: 2-25 King Street S. Cookstown, ON L0L 1L0 705-458-1103 FAX: 705-458-0105	Gravenhurst: 2-5 Pineridge Gate Gravenhurst, ON P1P 1Z3 705-684-9090 FAX: 705-684-9887	Huntsville: 34 Chaffey St. Huntsville, ON P1H 1K1 705-789-8813 FAX: 705-789-7245	Midland: A-925 Hugel Ave. Midland, ON L4R 1X8 705-526-9324 FAX: 705-526-1513	Orillia: 120-169 Front St. S. Orillia, ON L3V 4S8 705-325-9565 FAX: 705-325-2091
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The Working Group policy briefing outlines nine steps requiring strong federal/provincial/territorial and municipal leadership to address necessary improvements in IPAC and provision of quality care for LTC residents with increasingly complex needs:

1. Implement best practice national standards for the necessary staffing and staffing mix to deliver quality care in LTCHs and attach federal funding to the standards;
2. Implement national standards for training and resources for infectious disease control and for outbreak management;
3. Provide appropriate pay and benefits including sick leave for the large unregulated segment of the LTC workforce (i.e. care aides and personal support workers);
4. Provide full time employment and benefits for regulated and unregulated nursing staff and assess impact of “one workplace” policies implemented during COVID-19;
5. Establish minimum education standards for unregulated direct care staff, ongoing education for both regulated and unregulated direct care staff, and proper training and orientation for all external agency staff assigned to a LTCH;
6. Support educational reforms for specialization in LTC for all providers of direct care (i.e. care aides, health and social service providers, managers and directors);
7. Provide mental health supports for LTCH staff;
8. Implement reporting requirements and data collection needed to effectively manage and ensure resident quality of care and quality of life, resident and family experiences and quality of work life for staff; and
9. Take an evidence based approach to mandatory accreditation as well as to regulation and inspection of Long-Term Care Facilities (LTCFs).ⁱⁱⁱ

The Simcoe Muskoka District Health Unit’s (SMDHU) Board of Health at its September 16, 2020 meeting endorsed these recommendations and is writing to advocate for their adoption through your collective efforts to create necessary system reform and redesign for Ontarians living in LTCHs.

As of September 8, 2020, of the 21 outbreaks within institutional, workplace and congregate settings in Simcoe Muskoka, LTCHs and Retirement Homes accounted for 76% (16) of the outbreaks. As of August 25, 2020, there have been 24 resident deaths attributed to these LTC and Retirement outbreaks and an additional 2 Simcoe Muskoka resident deaths in facilities outside of the region for a total of 26. The median age of all cases who have recovered is 46 years compared to the median age of 85 years among all deceased cases.^{iv}

SMDHU’s mandate under the Ontario Public Health Standards (OPHS, 2018)^v regarding LTC and Retirement Homes is substantial. As a vulnerable population, SMDHU supports these facilities with food safety, and infectious and communicable disease prevention and control (including outbreak management). There are currently 29 LTC and 53 Retirement Homes within SMDHU. Since March 1, 2020, the Infectious Disease team has supported over 1700 IPAC consults or COVID-19 questions for LTC and Retirement Homes.

In addition to the mandate in LTCF’s, SMDHU is required to develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and

substance use in the health unit population. ^{iv} SMDHU supports community dwelling seniors and promotes healthy aging at home for those that are able, and for as long as they are able. The SMDHU supports these seniors through;

- active participation on the Ontario Fall Prevention Collaborative, the Simcoe County and other community based Age-Friendly Community Coalitions, The Muskoka Seniors Planning Table, Age-Friendly and the Central LHIN Fall Strategy;
- best practice healthy aging policy advocacy; and
- a wide variety of community awareness and engagement strategies to promote healthy aging key messages.

SMDHU remains committed to supporting local LTC and Retirement Homes to improve IPAC practices and to advocate for improvement to standards and quality of care and quality of life for residents, their families and staff, and implore municipal, provincial and federal leaders to make the necessary investments to create safe supportive care to ensure the health and safety for residents of LTCHs.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau, Chair
Simcoe Muskoka District Health Unit Board of Health

AD:JC:cm

cc: Ontario Boards of Health
Matthew Anderson, President and CEO, Ontario Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Mayor and Council of Simcoe and Muskoka
Members of Provincial Parliament for Simcoe and Muskoka

References:

ⁱ Canadian Institute for Health Information. "New analysis paints international picture of COVID-19's long-term care impacts": CIHI; June 25, 2020. Available from: <https://www.cihi.ca/en/new-analysis-paints-international-picture-of-covid-19s-long-term-care-impacts>

ⁱⁱ Headquarters 4th Canadian Division Joint Task Force (Central). (2020). [OP LASER - JTFC Observations in Long Term Care Facilities in Ontario](#)

ⁱⁱⁱ Estabrooks CA, Straus S, Flood, CM, Keefe J, Armstrong P, Donner G, Boscart V, Ducharme F, Silvius J, Wolfson M. *Restoring trust: COVID-19 and the future of long-term care*. Royal Society of Canada. 2020 retrieved on Aug. 28 at https://rsc-src.ca/sites/default/files/LTC%20PB%20%2B%20ES_EN.pdf

^{iv} Retrieved on Aug. 25, 2020 <https://www.simcoemuskokahealthstats.org/topics/infectious-diseases/a-h/covid-19>

^v Ministry of Health and Long-Term Care. (2018). [OPHS](#)

From: Lawrence, Shannon
To: [Richardson, Dr. Elizabeth](#)
Cc: [Gee, Elaine](#); [Fernandes, Krislyn](#); [Boyd, Susan](#)
Subject: COVID-19 Support for People and Jobs Funds 20-21
Date: September 11, 2020 10:22:15 AM
Attachments: [COVID_EmergencyFunding_Report_CommunityMHA_2020-21_AUG_Final.xlsx](#)
[COVID19_MHA_20-21_round_2_COH.PDF](#)
Importance: High

Good morning,

Attached please find the letter and reporting template regarding Funding to Support One-time Mental Health & Addictions Services due to COVID-19 and its Related Impacts – Round 2 Support for People and Jobs Funds.

Please note that there are two separate reporting templates to be submitted for MHA COVID19 funding/expenses in 2020/21 and they are not to be combined into one reporting template.

Should you have any questions, please contact Doris Downie, Advisor, Funding at doris.downie@lhins.on.ca.

Thank you,

Shannon Lawrence
Funding Advisor
Hamilton Niagara Haldimand Brant Local Health Integration Network
211 Pritchard Rd, Unit 1
Hamilton, ON, L8J 0G5

Tel: 905-523-0886 x4227
shannon.lawrence@lhins.on.ca
www.hnhblhin.on.ca

 Please consider the environment before printing this email.
HNHB LHIN is a scent-free environment. Your support is appreciated.

Notice of Confidentiality: The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, re-transmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this in error, please contact the sender immediately by return electronic transmission and then immediately delete this transmission, including all attachments, without copying, distributing or disclosing same. Thank you!

Hamilton Niagara Haldimand Brant **LHIN** | **RLISS** de Hamilton Niagara Haldimand Brant

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September 10, 2020

Dr. Elizabeth Richardson
Medical Officer of Health
City of Hamilton
110 King Street West 2nd Floor, Main Reception
Hamilton ON L8P 4S6

Dear Dr. Richardson:

Re: Funding to Support One-time Critical Mental Health & Addictions Services due to COVID-19 and its Related Impacts (Round 2 - Support for People and Jobs Funds)

The Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) is writing to advise City of Hamilton (COH) that it was approved to receive up to an additional \$25,524 one-time funding in 2020-21 to support one-time critical mental health and addictions services due to COVID-19 and its related impacts. These funds will support the sector in preparing for a second wave of COVID-19 and/or a recovery phase. Details of the funding, including applicable terms and conditions are set out in Schedule A.

In accordance with the *Local Health System Integration Act, 2006* the LHIN hereby gives notice that, subject to COH's agreement, it proposes to amend the Multi-sector Service Accountability Agreement (MSAA) between the HNHB LHIN and COH to reflect the additional funding and conditions with effect as of the date of this letter.

Please be advised that if your agency is fulfilling a sponsoring or lead agency role, you are accountable to the LHIN for the deliverables, funding and reporting. This approval is conditional on organizations submitting financial and performance reports to the LHIN on a prescribed schedule as described in the attached Schedule A.

COH is required to maintain financial records for this allocation. Unspent funds, and funds not used for the intended and approved purposes, are subject to recovery.

.../2

-2-

Dr. Elizabeth Richardson

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

Please indicate COH's acceptance of the proposed funding, the conditions on which it is provided, and COH's agreement to the amendment of the MSAA by signing below and returning one scanned copy of this letter by end of business day on September 25, 2020 to shannon.lawrence@lhins.on.ca. Please return the original signed let to the attention of Shannon Lawrence, Funding Advisor, HNHB LHIN, 211 Pritchard Rd., Unit 1, Hamilton ON, L8J 0G5.

The HSP and the LHIN agree that the HSP's acceptance of the Funding as set out in this letter shall be by electronic signatures.

Should you have any questions regarding the information provided in the letter, please contact Doris Downie, Advisor, Funding at doris.downie@lhins.on.ca.

Thank you for your assistance as we collectively work to support the needs of Ontarians with mental health and addictions problems during this challenging time.

Sincerely,



Cindy Ward
VP Resource Stewardship & CFO
Ontario Health (West)

Att: Schedule A
Reporting Template

c: Elaine Gee, Business Administrator, COH
Kelly Cimek, Director, Planning, Ontario Health (West)
Doris Downie, Advisor, Funding, HNHB LHIN

.../3

Dr. Elizabeth Richardson

I agree to the terms and conditions in this letter dated September 10, 2020 regarding Funding to Support One-time Critical Mental Health & Addictions Services due to COVID-19 and its Related Impacts (Round 2 - Support for People and Jobs Funds).

AGREED TO AND ACCEPTED BY

City of Hamilton

By:

Elizabeth Richardson

Medical Officer of Health

Signature

Date

I have authority to bind City of Hamilton

Dr. Elizabeth Richardson**Schedule A**1. **Total One-Time Funding:** \$25,524 (Funding)2. **Funding Details:**

The LHIN is providing one-time funding as below to support emergency Mental Health and Addictions (MHA) needs. Funding is valid from April 1, 2020 to March 31, 2021 however it is expected in general activities will occur between August 1, 2020 – March 31, 2021 given previous emergency investments.

Category	Description	*TPBE	Funding
Staffing Costs	0.2 FTE social worker for 6 months and 0.4 FTE for 4 months	Mental Health/Addictions	\$25,524
Total			\$25,524

* Please provide breakdown of funds by TPBE in reporting template.

3. **Specific Terms and Conditions Applicable to the Funding:**

City of Hamilton agrees that it will:

- (a) use the funding to support costs as in number two above and for no other purpose. This funding cannot be diverted to fund increases in employee compensation.

Dr. Elizabeth Richardson

- (b) not use surplus funds for any other program without prior written consent from the HNHB LHIN. Unspent funds, and funds not used for the intended and approved purposes, are subject to recovery. If your agency no longer requires the funding for the purposes indicated in the this funding letter and would like to redirect the funding to other COVID-19 related expenses, please contact the LHIN to discuss the options.
- (c) spend all funds by March 31, 2021.

4. Financial and Statistical Performance and Reporting:

- a) Financial and statistical Quarterly Reporting will be reported in SRI under the TPBE(s) as in number two above.
- b) Please include the funding, expenses and statistical updates in the Budget Adjustment columns on both the financial and activity pages in the appropriate functional centre effective Quarter 2.
- c) Supplemental financial reporting using the attached template is required. Reporting periods are as follows:

Reporting Period	Due Date
April 1 - November 30, 2020	December 4, 2020
December 1 – 31, 2020	January 6, 2021
January 1 – 31, 2021	February 3, 2021
February 1 – 28, 2021	March 3, 2021
March 1 – 31, 2021	April 5, 2021

- d) The reporting template is to be submitted to hnhb.reporting@lhins.on.ca.

Should you have any questions related to these templates, please contact Doris Downie, Advisor, Funding at doris.downie@lhins.on.ca.

Submitted on Thursday, October 8, 2020 - 9:42pm Submitted by anonymous user: 162.158.78.162 Submitted values are:

==Committee Requested==

Committee: Board of Health

==Requestor Information==

Name of Individual: Kaley Metler

Name of Organization: Contact Number: [REDACTED]

Email Address: [REDACTED]

Mailing Address: [REDACTED]

Reason(s) for delegation request:

5G rollout- From what I have researched 5G will produce harmful radiation. I have been informed that Niagara Fall has put a moratorium on 5G rollout. The country of Brussels has also put a stop to it. I feel we will be bombarded by "millimeter waves" (MMW) refers to extremely high-frequency (30-300 GHz) electromagnetic radiation.

Also very disappointed to see that we receive a grade of D in overall physical fitness in our youth and adults according to Participation study. I feel we need good collaboration from public health, city council, community and HWDSB to put this issue at top priority. We are getting higher tech and less active!!

<https://stopsmartmetersbc.com/wp-content/uploads/2017/04/A-5G-Wireless-Future-Will-it-give-us-a-Smart-Nation-or-contribute-to-an-Unhealthy-One-with-References-by-Dr.-Cindy-Russell-Apr.15-2017.pdf>.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? Yes



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	October 19, 2020
SUBJECT/REPORT NO:	2019 Public Health Services Annual Performance & Financial Report to the Public (BOH20020) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Carolyn Hureau (905) 546-2424 Ext. 6004
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

Not Applicable.

INFORMATION

As outlined in the Ontario Public Health Standards (Standards), it is an organizational requirement that all boards of health produce an annual performance and financial report to the general public. The purpose of this annual public report is to support enhanced transparency in the public sector and promote confidence in the public health system.

Appendix "A" to Report BOH20020, Public Health Services 2019 Annual Performance & Financial Report to the Public satisfies this annual public reporting requirement. The Annual Report highlights work conducted across Public Health Services in 2019 and provides an opportunity to increase awareness in the community on current public health issues and public health services offered in Hamilton.

It is the responsibility of boards of health to ensure the Annual Performance & Financial Report is posted on the Board of Health website. To fulfil this requirement, the Annual Performance & Financial Report will be made available to the public on the City of Hamilton website at <https://www.hamilton.ca/public-health/reporting>.

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.

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH20020

2019 Annual Public Health Services Public
Report



2019 Annual Public Health Services Public Report

Message from Mayor Fred Eisenberger

On behalf of the Board of Health, I am pleased to share Public Health Services' 2019 Annual Report which outlines key achievements in addressing important health issues in our community. Through increased access to dental services for those most in need, supporting student mental health and well-being, addressing the opioid crisis and harms related to substance use, and continued action on climate change, Public Health Services continues to advance the City's vision to be the best place to raise a child and age successfully.

Message from Paul Johnson

General Manager, Healthy and Safe Communities

Hamilton Public Health Services is vital to supporting the City of Hamilton's Strategic Plan priority to ensure Hamilton is a safe and supportive community where people are active, healthy and have a high quality of life. Public Health Services plays an invaluable role in working together with partners within the City and the community to address health inequities across neighbourhoods and populations throughout Hamilton. I commend our Public Health Services team for its significant contributions to many important City-wide initiatives, particularly for its excellent support in moving the Hamilton Health Team forward as part of Ontario's new model of organizing and delivering care to better connect patients and providers to local health and social services. The accomplishments outlined in this report demonstrate the collective action required to ensure Hamilton is a healthy safe community for all residents.

Message from Dr. Elizabeth Richardson

Medical Officer of Health

Protecting and promoting the health of our community is our top priority. To this end, I am pleased to present the 2019 Annual Report which highlights key impacts of our work across three priority areas, including Health Equity, Healthy Weights, and Mental Health and Addictions. I am proud of our passionate team who works tirelessly every day to make a positive difference in the lives of all Hamiltonians, working with our many partners across health, education and social services. We look forward to continuing to work together with our partners, including the Ontario Ministry of Health as it works to modernize public health services to meet the evolving needs of communities throughout the province. As we continue moving forward, we remain focused on supporting the health and well-being of our community.

Priority Health Issues

Hamilton Public Health Services (PHS) has identified three priority areas based on population health assessment data and knowledge of the community, including:

- Health Equity
- Healthy Weights
- Mental Health and Addictions

Health Equity

Health equity is created when individuals have the fair opportunity to reach their full health potential. Achieving health equity involves reducing unnecessary and avoidable differences that are unfair and unjust such as those related to income, social status, race, gender, education, and the physical environment. Public Health Services implements specific initiatives to reach priority populations who are most at risk for negative health outcomes and more likely to benefit from health interventions. The goal is for all residents of Hamilton to attain full health potential without disadvantage due to the social determinants of health.

Mobile Dental Clinic in Elementary Schools

The mobile dental clinic pilot project was launched in 2018 to help children and youth access preventive dental care within the elementary school setting. In 2019, the project was expanded and five mobile clinics offered dental cleanings, pit and fissure sealants and fluoride applications to students in elementary schools identified as having the greatest needs for preventive dental services.

[Learn about Dental Clinics & Programs](#)

Ontario Seniors Dental Care Program

Oral health is linked to overall health and is an important issue for seniors. In April 2019, the provincial government announced a new dental health program for low-income seniors aged 65 and over, with the goals of reducing unnecessary emergency department visits, preventing chronic disease, and improving quality of life for seniors. This program will address important community health needs given many Hamilton seniors who need dental care do not have dental insurance coverage and cannot afford to pay out-of-pocket costs. PHS worked with community partners to plan and implement the new Ontario Seniors Dental Care Program, which officially launched in November 2019.

[Learn about Dental Clinics & Programs](#)

Coordinated Supports for Families

In 2019, access to support services became easier for 41 single-parent families involved with the Healthy Babies, Healthy Children home visiting program and Ontario Works, with the launch of the Coordinated Supports for Families pilot. Through the pilot, families received joint home visits with their Public Health nurse and Ontario Works worker, and streamlined access to the child care subsidy, recreation assistance program, employment services and housing support services.

[Learn more about the Healthy Babies, Healthy Children Home Visiting Program](#)

Food Strategy: Community Health Worker Program

Offering a food skills and employability program, particularly for vulnerable individuals, is a priority action outlined in Hamilton’s Food Strategy. PHS and Ontario Works staff partnered with Indwell, a local charity creating affordable housing communities; Compass Canada, and Hamilton Health Sciences to offer The Gather Culinary Academy at Indwell’s Parkdale Landing residence. Led by Indwell, The Gather Culinary Academy provided comprehensive culinary job training at no cost for 13 people receiving social assistance and seeking employment in the culinary arts. Participants received uniforms, non-slip shoes, knife kits, and transportation to the training location. Over the 11-week program from September to December 2019, participants prepared and served 130 healthy meals for residents of Parkdale Landing. Twelve of the program participants successfully completed the training and at least half had received job offers upon graduation.

[Learn more about Hamilton Food Strategy](#)

Healthy Weights

Public Health Services promotes healthy weights through interventions that change the context of our environment, making healthy eating and physical activity a part of where we live, learn, work, and play. This approach supports optimal health of the whole population by making healthier choices easier and unhealthy choices more difficult. Healthy eating and physical activity are essential to the healthy growth and development of children and play an important role in the prevention of disease in later life. The goal is for Hamilton residents achieve and maintain a healthy weight throughout their lives.

Nutrition Screening in Young Children

Good nutrition in young children helps them grow, develop, learn, and get ready for school. Nutrition screening identifies issues early and refers children at risk for further assessment. NutriSTEP® for toddlers ages 18-35 months and preschoolers ages 3-5 years is a set of valid and reliable Canadian nutrition risk screening questionnaires. NutriSTEP® is a fast and simple way to find out if children are healthy eaters. In 2019, PHS focused on NutriSTEP® as a continuous quality improvement initiative to increase nutrition screening rates among young children. NutriSTEP® tools are completed in various settings, including through PHS program home visits and in EarlyON Child and Family Centres, with Registered Dietitians and Public Health nurses. PHS is also measuring awareness among health care providers and developing a plan with community partners to increase awareness of NutriSTEP®. Parents and caregivers can access the tools through PHS and online at www.NutritionScreen.ca.

Virtual Visiting for Breastfeeding Families

Breastfeeding is recognized as the ideal nutrition for infants and young children. It can help build healthy eating habits early, leading to a healthy weight in adulthood. To help support breastfeeding families, PHS has implemented virtual visits through the Ontario Telemedicine Network (OTN). Families are able to connect with a Public Health nurse via smartphone, tablet or computer to receive a breastfeeding assessment and advice. Virtual visiting provides face-to-face breastfeeding support in real time and is being offered in addition to the breastfeeding services PHS already provides. Offering this as an option will help PHS to understand whether families want this type of service, the length of time for which they breastfeed, and whether it will help to increase the number of Hamilton families providing only breastmilk.

[Learn more about Breastfeeding Services & Supports](#)

Breastfeeding Friendly Places

The Hamilton Breastfeeding Coalition encourages and promotes supportive environments that normalize breastfeeding in public and in the workplace. As a member of the Coalition, PHS is helping recruit local businesses to become breastfeeding friendly places. To date, over 100 local businesses have become breastfeeding friendly places, with recreation centres and EarlyON Child and Family Centres on track for 2020.



[Learn more about Breastfeeding Friendly Places](#)

Active and Sustainable School Travel

School travel planning is a community-based approach that aims to increase the number of students and adults choosing active and sustainable travel, such as walking or wheeling, to get to and from school. Active and sustainable school travel helps to improve air quality and mitigate climate change; increase physical activity and reduce sedentary time; and improve safety and prevent injury.

Key community stakeholders worked together to identify and address their school travel needs. As a result, 28 more Hamilton schools have created school travel action plans and 25 more schools have implemented their action plans and are monitoring and making improvements as needed. A parent engagement strategy and toolkit were developed with support from parents and is available at

www.ActiveSchoolTravelHamilton.ca. The goal is to engage parents and caregivers in active and sustainable school travel and to build champions, which may lead to more children walking and wheeling to school. The project has been piloted in nine local elementary schools for future roll-out to all Hamilton schools. An early outcome includes the creation of permanent positions within all pilot school councils to address active school travel.

Mental Health and Addictions

Public Health Services promotes positive mental health and well-being across the lifespan so all Hamilton residents live, learn, and grow in a supportive and connected environment to build healthy relationships, develop resiliency, and improve coping. Public Health Services also implements initiatives to reduce the health and social harms related to substance use and focuses on reducing the spread of communicable diseases, preventing overdose deaths, and increasing access to safe supplies. The goals are that all residents of Hamilton, live, learn, and grow in a supportive and connected environment to develop resiliency, healthy relationships, and coping and are free of harm due to substance use and are able to enjoy the best quality of life.

[Learn more about Alcohol, Drug and Gambling Services](#), [Alcohol and Other Drugs](#) and [Mental Health Services](#)

Addressing Student Mental Health and Well-Being

PHS works collaboratively with local school board leadership to prioritize, plan, implement and evaluate programs and services to support the creation and maintenance of healthy school communities. The top three shared health priorities are mental health and addictions, healthy eating, and physical activity. In addition to this, 50 high priority schools have been identified collaboratively to receive intensive support in addressing these identified health priorities. Throughout the 2018-2019 school year, school program Public Health nurses completed nearly 300 actions and activities to support student mental health and well-being within these identified schools.

Bullying and violence prevention is one of the ways that PHS supports mental health and well-being. In the fall of 2019, PHS partnered with educators at the Hamilton Wentworth District School Board (HWDSB) to create bullying prevention lesson plans that were delivered to all students from kindergarten through grade 12 within the board during Bullying Awareness and Prevention Week. PHS continues to partner with our local school boards and schools to further develop healthy school communities.

[Learn more about Mental Health Services Child and Adolescent Services](#)

Walk-in Mental Health Services for Youth

To address longer than usual wait times for child and youth mental health services, a walk-in mental health services pilot was implemented in 2019 through a partnership between Hamilton Public Health Services Child and Adolescent Services program and Contact Hamilton. To date, the pilot has provided mental health services to approximately 105 youth and their families, has helped to mitigate wait times for these vital services, and has resulted in improved mental health and school functioning for some of the most vulnerable children and youth in the community.

Addressing Stigma in Partnership with the Hamilton Drug Strategy

Stigma impacts people who use substances, their families, and the community. Many people who use substances face barriers in getting the support and services they need and in sustaining recovery because of the stigma that surrounds addiction. In November 2019, PHS partnered with the Hamilton Drug Strategy – a community collaboration of 125 key stakeholders and community members to address substance use-related stigma through the campaign entitled, “See the Person. Stop Stigma.”



The campaign included a series of eight videos featuring stories from community members who have been affected by substance use-related stigma and a webpage providing information about stigma and the steps people can take to stop stigma at www.hamilton.ca/SeeThePerson. The campaign webpage received more than 4,000 visits, and the videos received more than 3,500 views.

Public Health Vaping Strategy

One third of Grade 9-12 students in Hamilton reported vaping in the past year. Despite the fact that the long-term effects of vaping are not clear, there is evidence to show that non-smoking youth who vape are up to five times more likely to initiate cigarette smoking. In response to the growing prevalence of vaping in youth and non-smokers an action plan was developed by the Tobacco Control Program. The goals include:

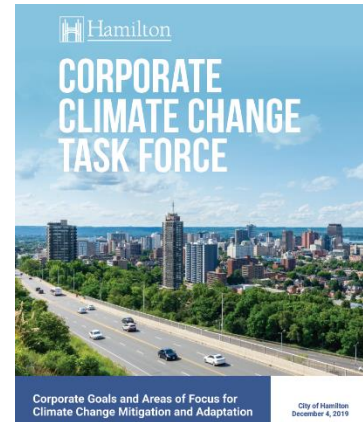
- Reduce vaping initiation amongst youth and young adults
- Educate and increase knowledge about risks associated with vaping
- Increase compliance with laws that govern smoking and vaping
- Increase access to cessation services for priority populations

[Learn more about Tobacco and E-cigarettes](#)

Other Initiatives

Taking Action on Climate Change

The City of Hamilton is moving forward towards a prosperous low carbon and sustainable future. In March 2019, Hamilton City Council declared a climate change emergency to acknowledge the scale of the climate crisis and the need for accelerated action. Through this declaration, Council directed staff to create a multi-departmental Corporate Climate Change Task Force, which is Chaired by Hamilton Public Health Services (PHS). In December 2019, the Task Force released a report outlining corporate goals and areas of focus for climate change mitigation and adaptation. In addition, PHS provided key project management support in the creation and ongoing support of the Bay Area Climate Change Office and the Bay Area Climate Change Council (BACCC). The BACCC is a collaboration between 13 regional organizations across the cities of Hamilton and Burlington and is supported by both municipalities and Mohawk College’s Centre for Climate Change Management. The mandate of this regional collaboration is to provide guidance, strategic leadership and support for community mobilization that drives local climate change action.



Identifying Levels of Radon in Hamilton Homes

In September 2019, Hamilton Public Health Services launched the second phase of a radon awareness project to better understand the number of homes with high radon levels in Hamilton.



Through the Hamilton Radon

Prevalence Study, over 400 homeowners enrolled and received a free radon monitor to identify the level of radon in their home, help them learn about any associated risks to their health, and learn what they can do to reduce risks. The year 2020 marks the third and final year of the study.

2019 Canadian Institute of Public Health Inspectors (CIPHI) Conference

Hamilton Public Health Services successfully planned and hosted the 2019 Canadian Institute of Public Health Inspectors (CIPHI) Ontario Branch Annual Education Conference in October 2019. Hamilton hosted over 180 Public Health Inspectors from across Ontario for the three-day conference, which focused on the theme, “Building Bridges in Public Health: A commitment to innovation and collaboration.”

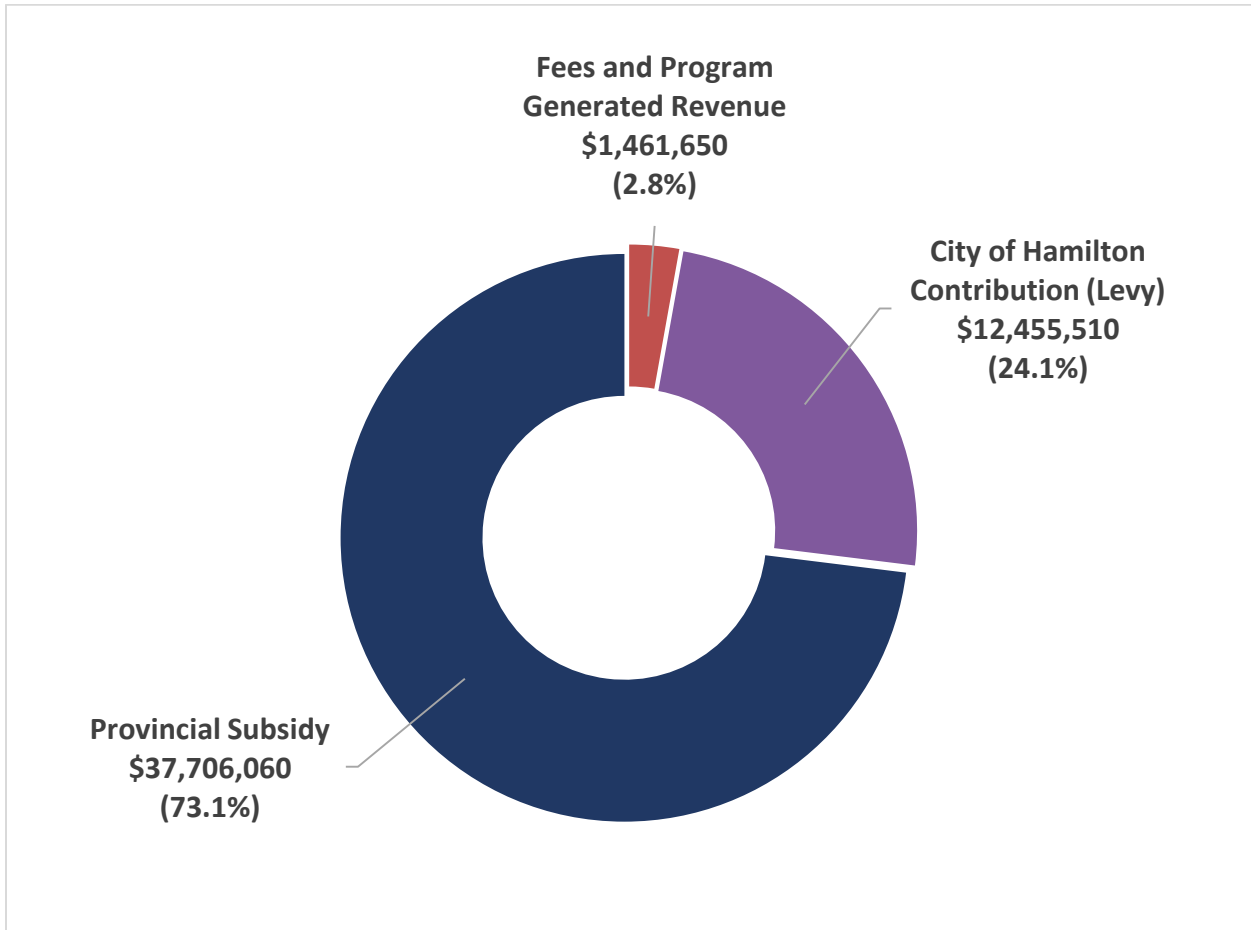
Quick Facts

Measure	2018	2019	% change
Total inspections completed	11,374	11,599	2% ↑
Tobacco inspections	1714	1,869	9% ↑
Food inspections	6536	6,762	3% ↑
Water inspections	797	772	-3% ↓
Residential care facility inspections	550	419	-24% ↓
Personal service setting inspections	967	1,002	4% ↑
Day care inspections	528	515	-2% ↓
Infectious disease cases investigated	4,827	4,966	3% ↑
Rabies exposures investigated within 1 day	96% (1550)	99.2% (1,618)	3% ↑
Health hazard investigations initiated within 24 hours	97%	96.7% (456/472)	0%
Health connection calls from families	6302	7,005	11% ↑
Clients seen at dental clinics	4,464	4,420	-1% ↓
Client seen at dental bus	1,418	1,925	36% ↑
Home visits to families during pregnancy, infancy & early childhood	8,716	7,754	-11% ↓
Immunizations given	31,869	25,985	-18% ↓
Student immunization records reviewed and addressed	+70,000	~70,000	0%
Naloxone doses distributed	6,412	17,705	176% ↑
People reported as being revived by Public Health’s naloxone kits	568	2,214	290% ↑

Hamilton Public Health Services Funding
Insert interactive graphs online

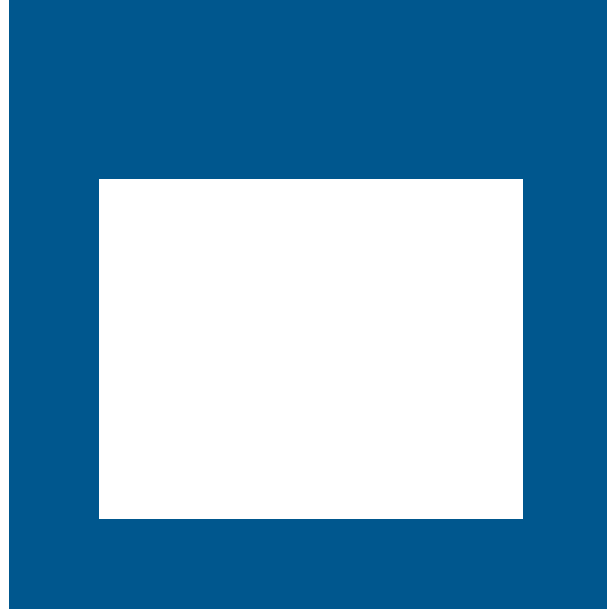
2019 Approved Budget: \$51,623,220

Funding Sources



Programs & Services	Amount
Chronic Disease Prevention & Well-Being	2,986,750
Food Safety	2,336,910
Foundational Standards and Emergency Management	4,351,810
Healthy Environments	1,544,780
Healthy Growth & Development	4,988,210
Immunization	2,059,350
Infectious & Communicable Diseases	8,152,010
Safe Water	1,066,210
School Health	6,352,920
Substance Use & Injury Prevention	4,429,230
Administration & Office of the Medical Officer of Health	2,487,240
Public Health Inspector Practicum	10,000

Supplementary Programs	
Alcohol Drugs & Gambling Services and Mental Health & Street Outreach	1,867,810
Child & Adolescent Services	2,300,020
Dental Program	937,760
Healthy Babies Healthy Children	3,887,460
Residential Care Facilities	191,440
Miscellaneous Programs	1,673,310
Total Gross Expenditures	51,623,220



Public Health Services (PHS) COVID-19 Situation Report and Status of Programs

Presentation to the Board of Health
October 19, 2020

COVID-19 Situation Report

Overview

1. Case Activity
 - Phases of activity
 - Trend of reported cases
 - Age distribution

2. Outbreak Activity
 - Facility breakdown
 - Declared outbreaks

1. Case Activity

Phases of COVID-19 in Hamilton

Wave 1

Phase 1: Pre-Peak 10 – 31 Mar

- Travel acquisition
- US (+ North America), Europe most common destinations
- First case reported, first outbreak commenced
- First source undetermined (“community-acquired”) case reported 22 Mar
- 111 cases reported to Hamilton Public Health
- 2 deaths
- 14 hospitalized
- 699 tests completed at Hamilton Assessment Centres

Phase 2: Peak 1 Apr – 31 May

- Outbreak and contact acquisition
- 32 outbreaks commenced
- Resulted in spikes in cases 70+ years
- Increase in young cases (20-29) late May
- 568 cases reported to Hamilton Public Health
- 36 deaths
- 121 hospitalized
- 9,060 tests completed at Hamilton Assessment Centres

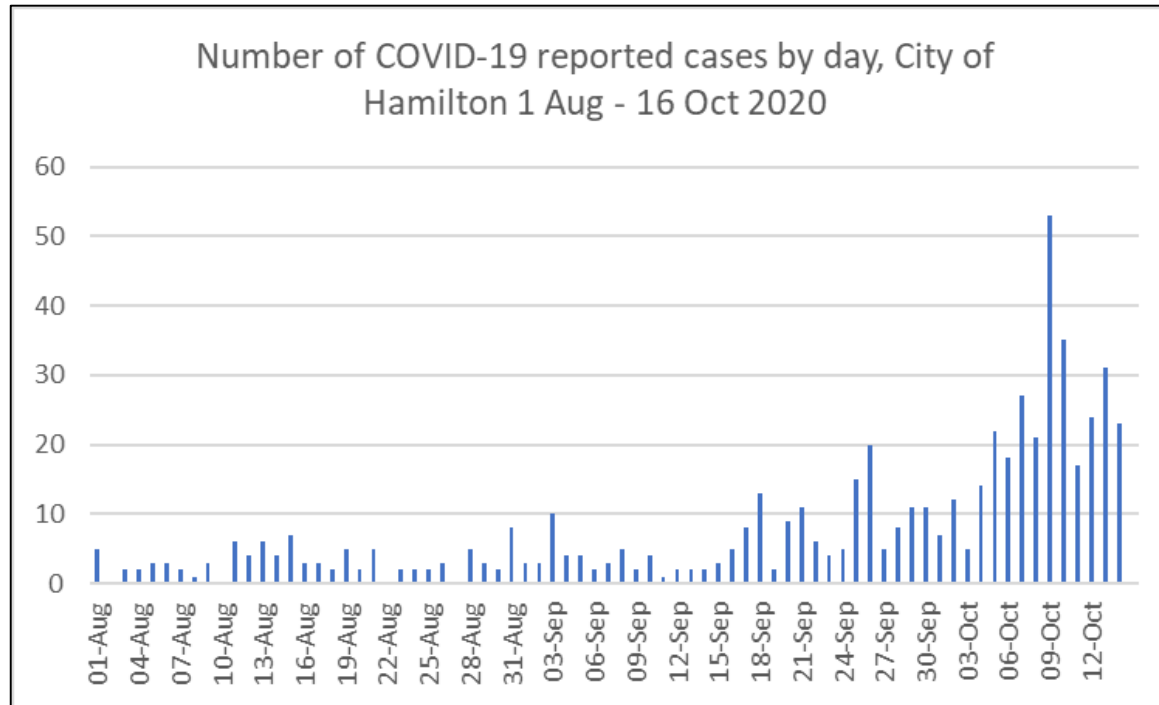
Phase 3: Post-Peak 1 Jun – Jul 31

- Community and contact acquisition
- One outbreak commenced
- Provincial re-opening activities
- Household spread an issue, increase in socialization
- 211 cases reported to Hamilton Public Health
- 7 deaths
- 8 hospitalized
- 29,146 tests completed at Hamilton Assessment Centres

Phase 4: Pre-Peak 1 Aug – current

- Community and contact acquisition, outbreaks increasing
- Ten outbreaks commenced
- Ongoing household spread, socialization, and community exposures contributing to an increase in local case activity
- First cases in local schools
- 590 cases reported to Hamilton Public Health
- 2 deaths
- 13 hospitalized
- 55,624 tests completed at Hamilton Assessment Centres

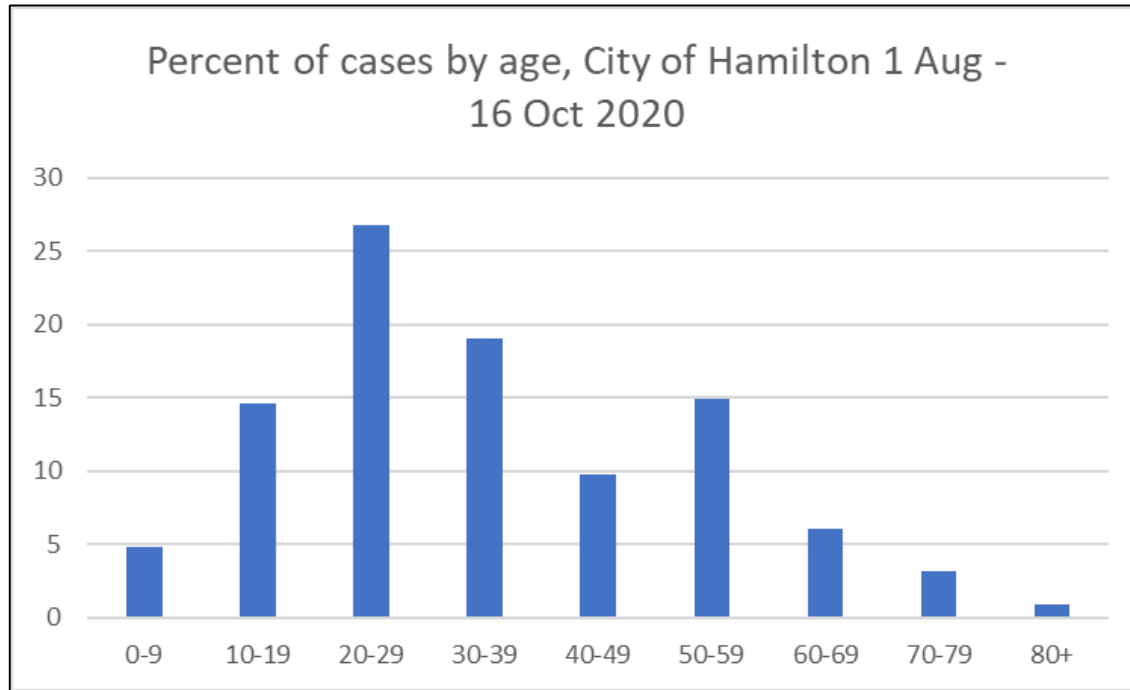
Reported Cases



Key Messages

- COVID-19 case activity has increased in the City of Hamilton during Phase 4 (since August 1, 2020)
- Since August 1, 2020, cases reported per day has increased from ~1 to 27

Age Distribution

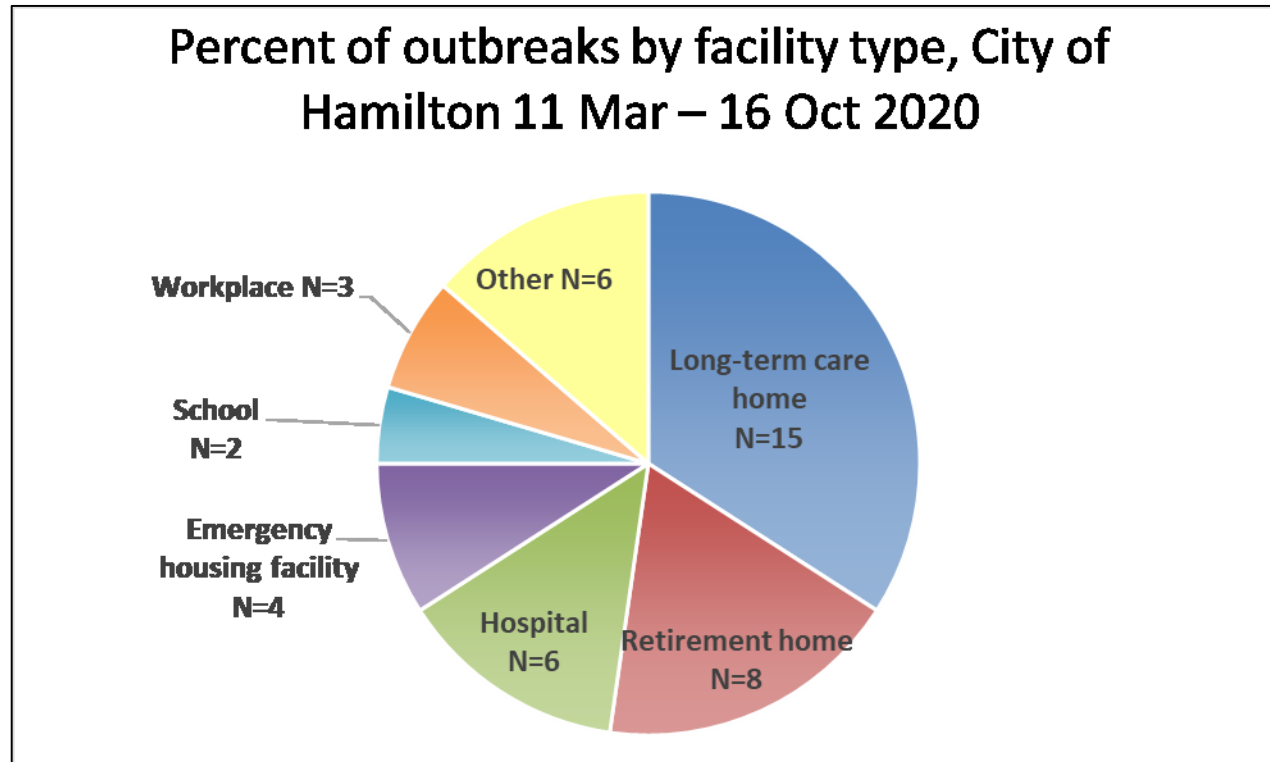


Key Messages

- In Phase 4, the highest percentage of cases has occurred in the 20-29 year-old age group
- The fewest cases have been reported in the 80+ year-old age group

2. Outbreak Activity

Outbreaks (Cumulative)



Key Messages

- The largest percentage of outbreaks have been in long-term care homes (N=15, 34%)
- The largest number of outbreak cases have been in retirement homes (N=161)

Recent Outbreaks (August 1 – October 16, 2020)

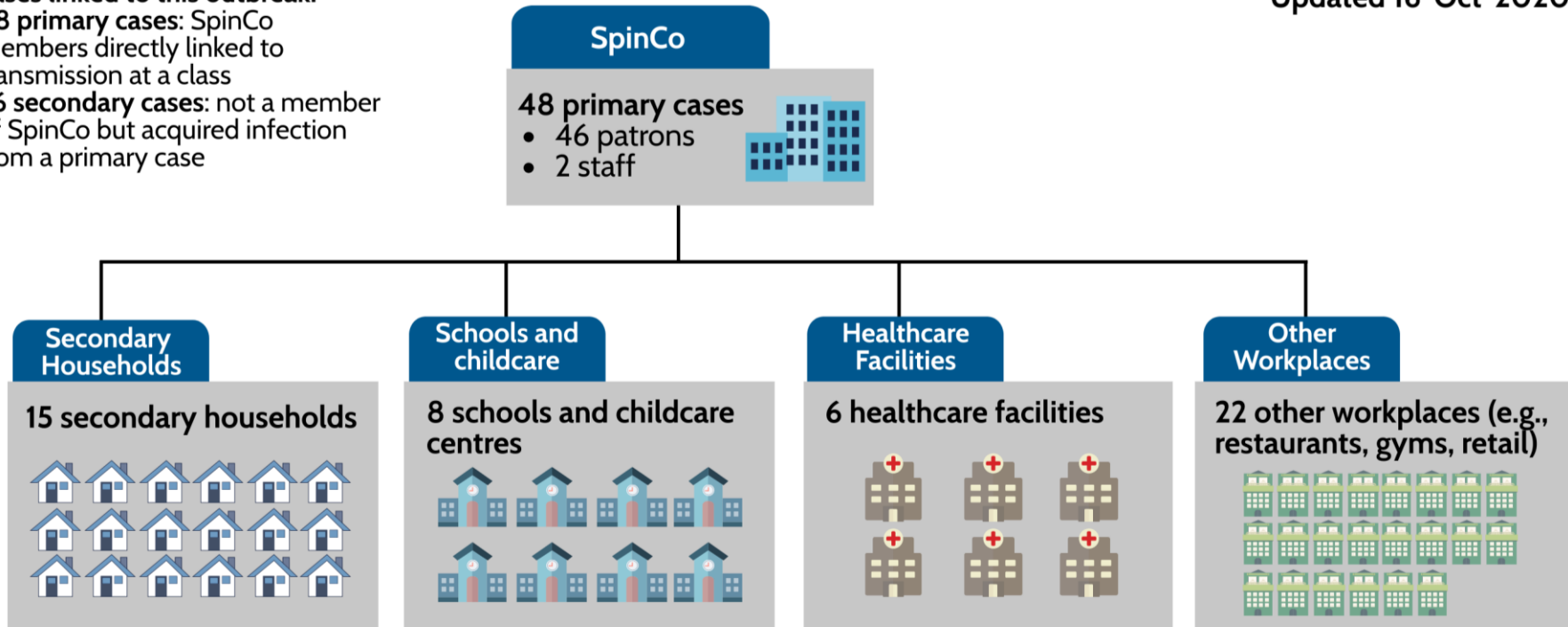
Facility	Facility type	Declared dates	Total cases	Staff cases	Resident cases	Deaths
St. Peter's at Chedoke	Long-term care home	27 Sept – 6 Oct	1	1	0	0
Rygiel Supports for Community Living	Other	27 Sept – 9 Oct	1	1	0	0
KOI Restaurant	Workplace	1 Oct – 5 Oct	2	2	0	0
SPINCO	Other	5 Oct --	48	2	46	0
Salvation Army Lawson Ministries Assisted Living	Other	9 Oct --	1	1	0	0
Dundurn Place Care Centre – 4 th fl	Long-term care home	11 Oct --	2	1	1	0
Sacred Heart of Jesus Elementary	School	13 Oct --	2	2	0	0
Kushies Baby	Workplace	13 Oct --	3	3	0	0
Shannen Koostachin Elementary	School	13 Oct --	2	2	0	0
Radius Restaurant	Workplace	14 Oct --	3	3	0	0

SpinCo Outbreak

Updated 16-Oct-2020

74 cases linked to this outbreak:

- **48 primary cases:** SpinCo members directly linked to transmission at a class
- **26 secondary cases:** not a member of SpinCo but acquired infection from a primary case



Key messages

- Primary cases originating from SpinCo were connected to various other settings resulting in 26 secondary cases in some of these settings.
- This information is preliminary and subject to change pending further investigation.

Additional Control Measures

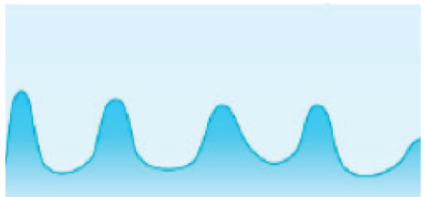
- Letter to Long-Term Care Homes, Retirement Homes, and Residential Care Facilities
 - Restrict visitors, absences as much as possible
- Interim guidance for gyms

Potential Scenarios for the Second Wave



Slow Burn

Smaller second wave; a few localized outbreaks that are quickly contained.



Peaks and Valleys

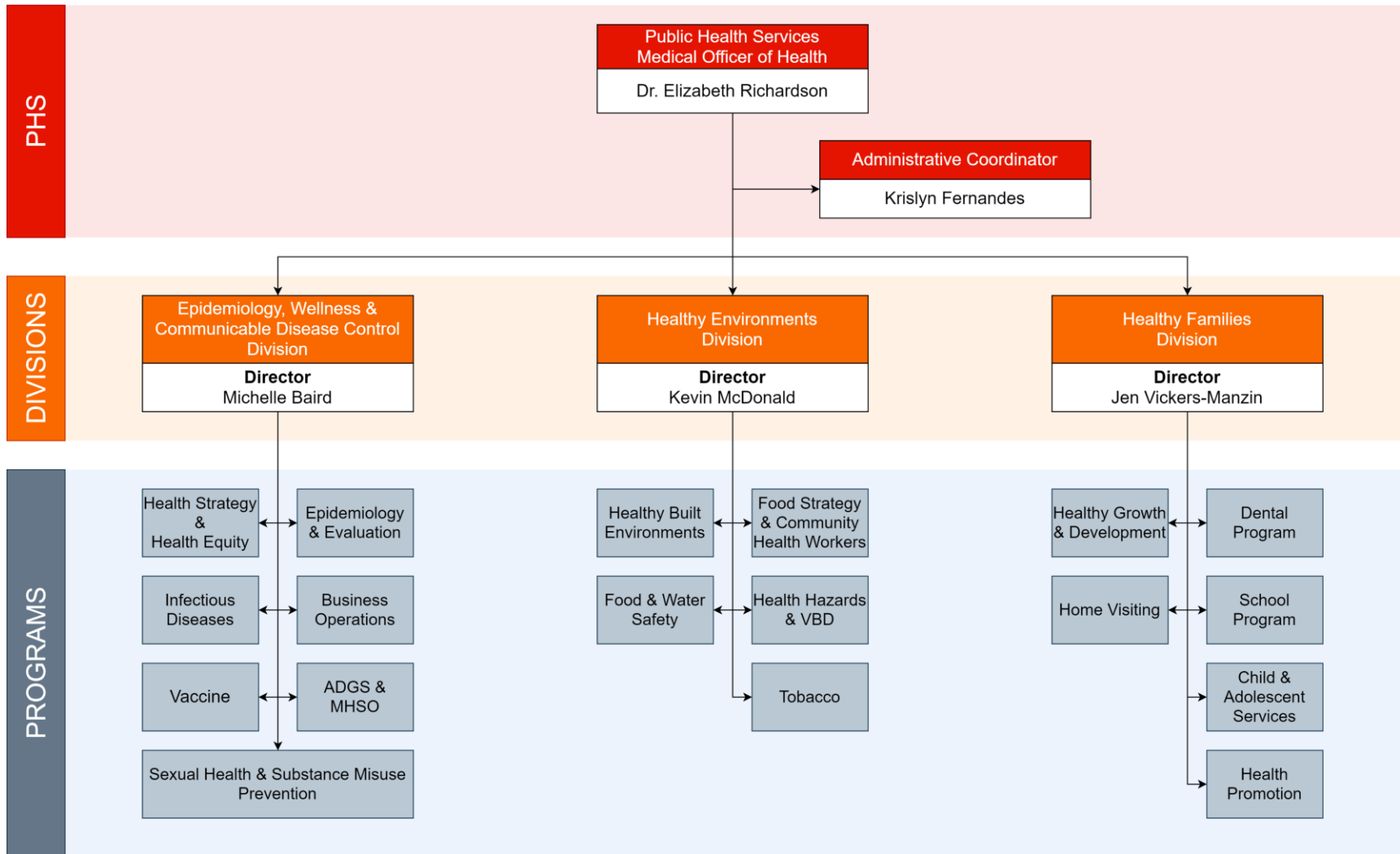
Moderate second wave; some areas with little impact while others with localized outbreaks; infections in congregate settings.



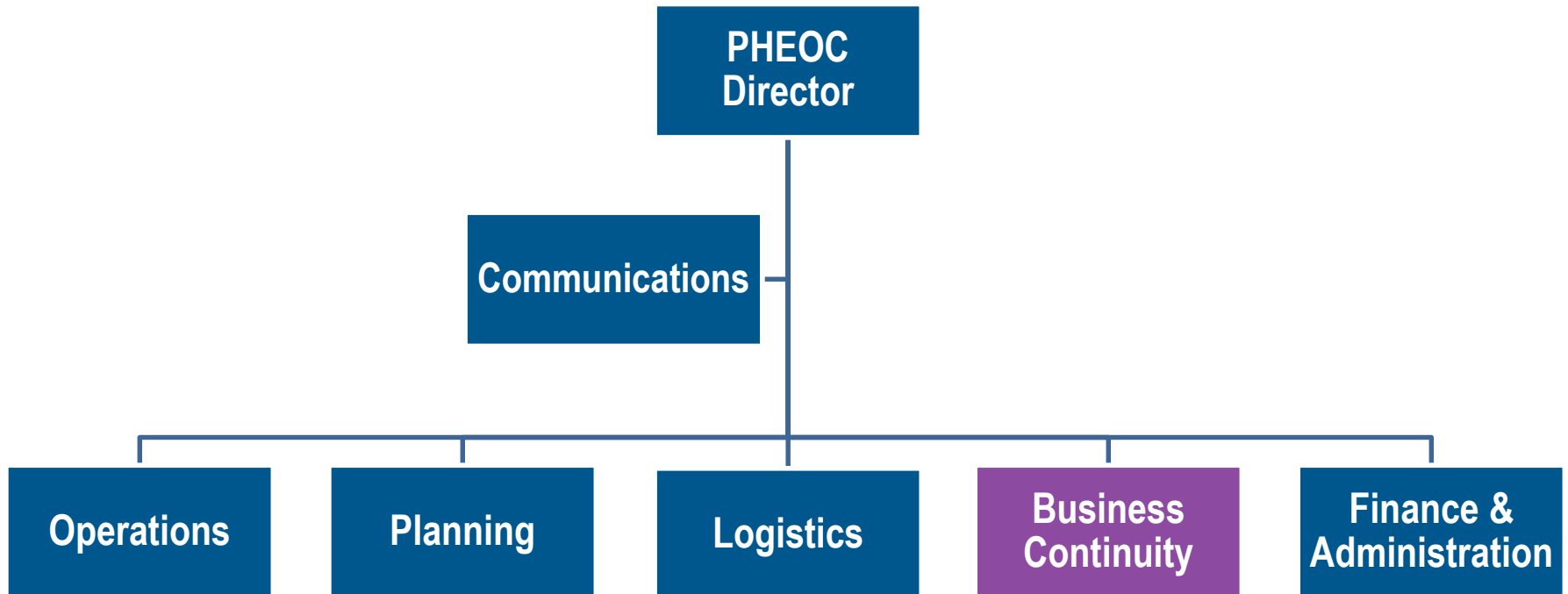
Fall Peak

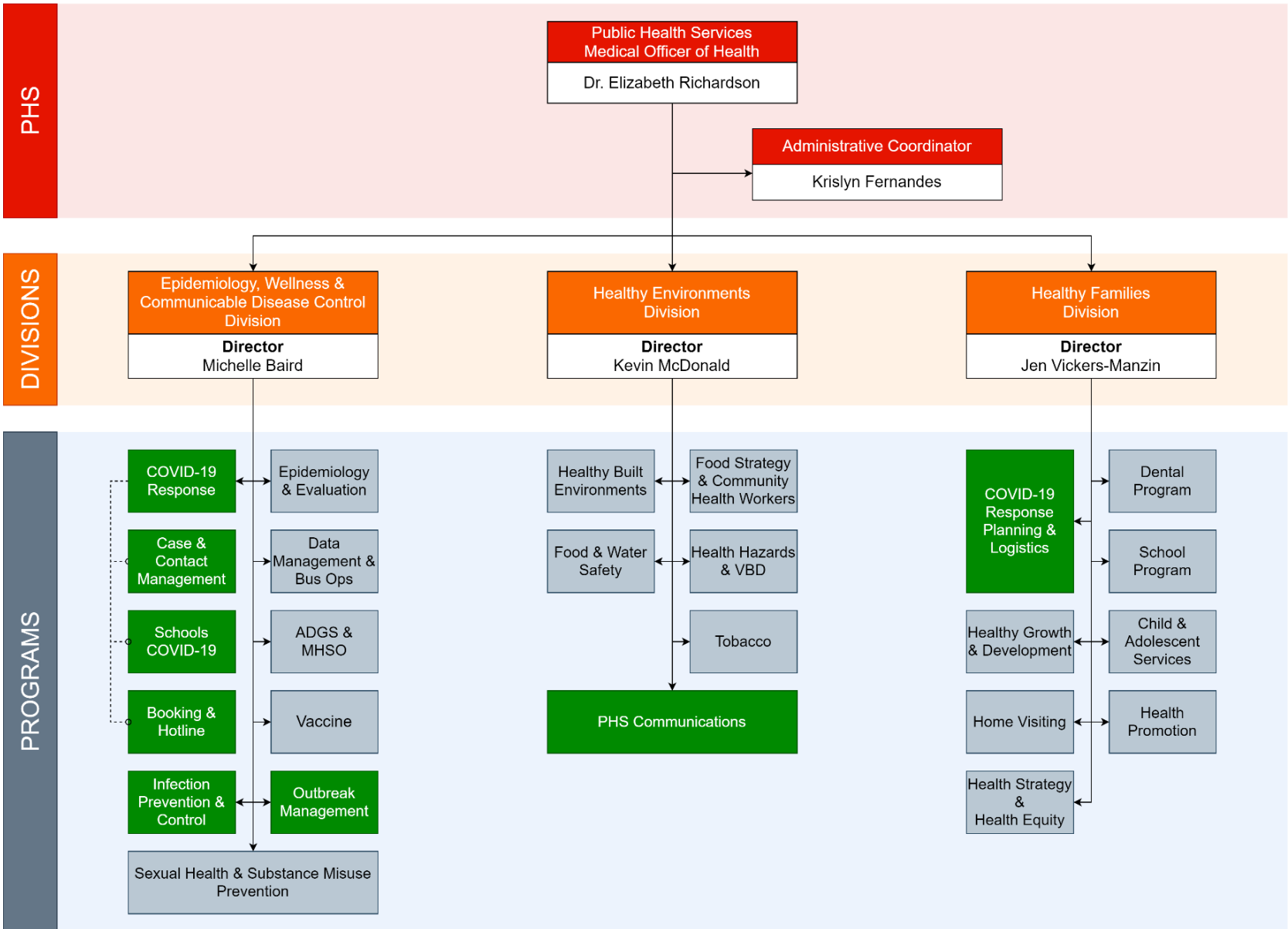
Large second wave that targets health care systems in areas with high population density; regional and local outbreaks that are hard to contain; severe outbreaks in congregate settings.

Public Health Services Structure Pre-COVID19

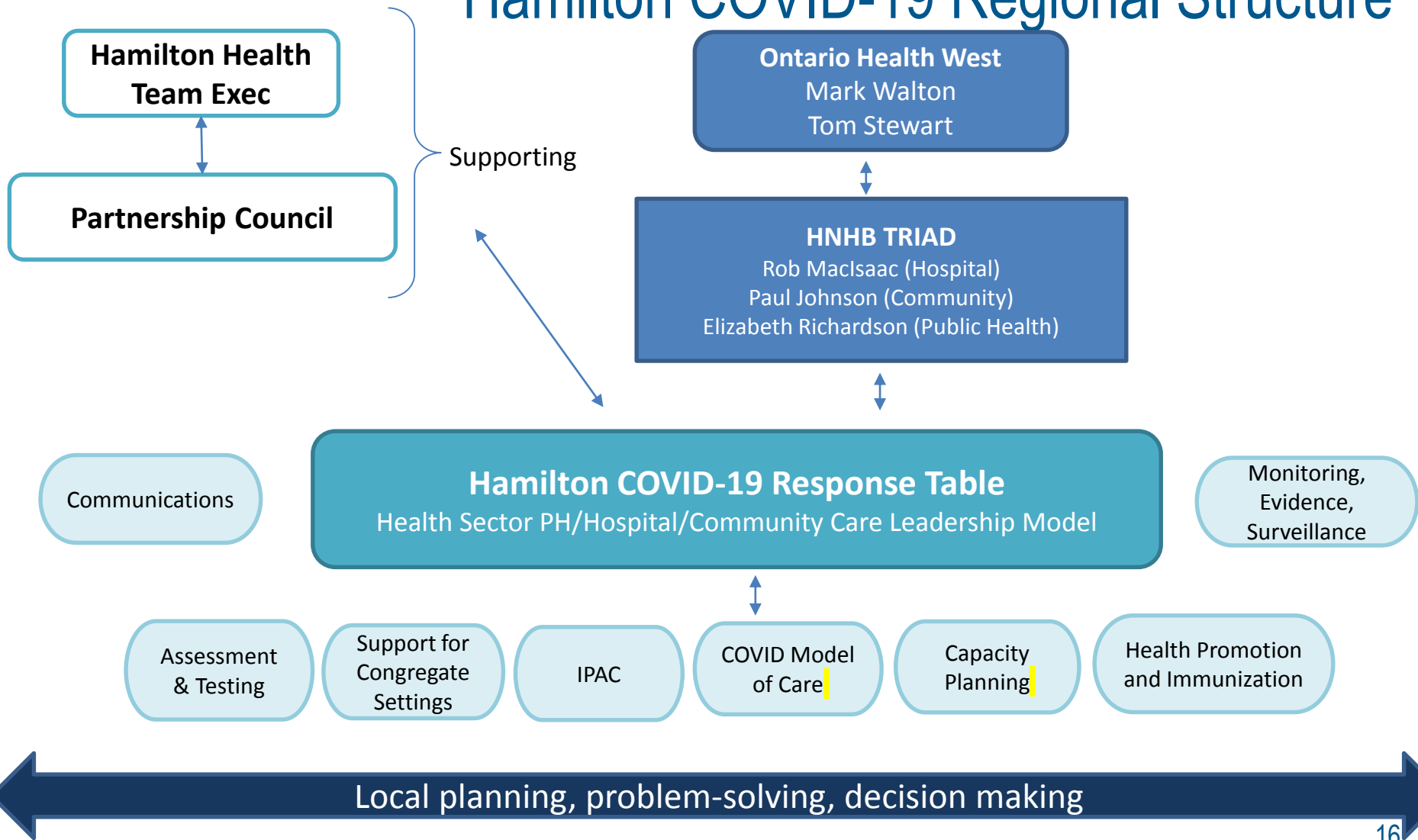


Public Health Services IMS Structure





Hamilton COVID-19 Regional Structure



Current State

- 232 PHS staff and 4 City staff are currently working in PHS on COVID-19
- Of the 96 (75 + 21) FTE approved to hire
 - 64 FTE have been hired to date
 - Includes 21.0 FTE *new* School COVID-19 PHNs
 - Recruitment of remainder ongoing
 - Onboarding and training significant time commitment
- Demands on staff are significant, also extensive OT

Assessment Centre Booking Staff (17 FTE)

- Implementation of online booking and changes to testing criteria significantly improved demands
- Negotiating with St. Joseph's Healthcare Hamilton re: how best to move forward with booking line

Status of Public Health Services Programs & Services

Program Prioritization

Risk Assessment Framework Criteria

- Impact of prolonged discontinued service on health & safety of citizens and clients
- Staff safety
- Capacity
- Personal Protective Equipment requirements

High	Medium	Low
Immediate action is required to reduce risk.	Risk is currently moderate, but resume activity as soon as control measures allow.	Restart once changes to public health measures allow programs to resume.

Status of Public Health Services Programs & Services

Essential and Critical Services – *open with some modifications*

- Alcohol, drugs and gambling services
- Breastfeeding support
- Child and adolescent services
- Case and contact management for communicable diseases
- Emergency dental services
- Epidemiology & evaluation
- Health strategy & health equity
- Virtual home visits for babies, children, and families
- Mental health and street outreach services
- Naloxone distribution
- Rabies investigations
- Tobacco enforcement – *complaint-based only*
- Urgent health hazard complaint investigations
- Vaccine management and delivery



Status of PHS Programs & Services

High-risk services reopened:

- Dental Clinics & Bus – additional emergency treatment capacity
- High-risk food premises inspections
- Residential Care Facility inspections
- Harm Reduction – street health clinics and nursing shift on the VAN
- Vaccine cold chain inspections & some community catch up clinics
- Vector borne disease program

High-risk services next to reopen:

- Further vaccine catch up clinics for community and grade 7/8 students



Status of PHS Programs & Services

Some medium-risk services have reopened

- Moderate-risk food premises inspections
- Recreational water facility inspections
- Small drinking water inspections
- Climate change
- School program (*non COVID-19 in progress*)



Status of PHS Programs & Services

Next to reopen if possible

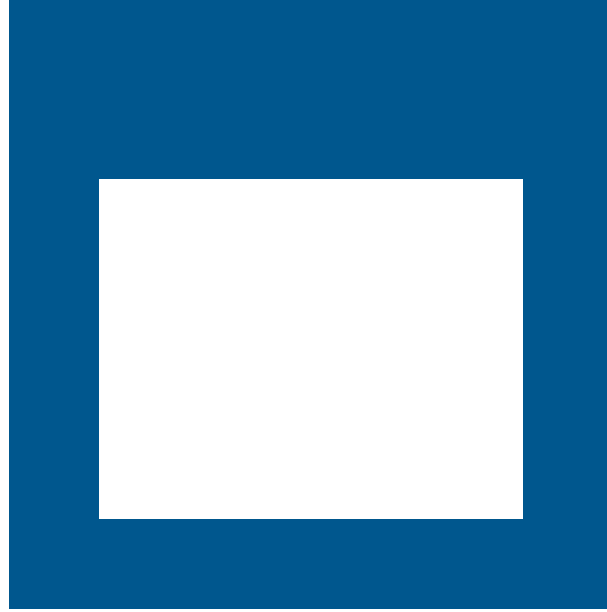
- Additional street health clinics (harm reduction)
 - *These sites are also used to provide flu vaccinations*
- Air quality
- Fixed premise & Child care inspections (routine)
- Health equity components of Hamilton's Food Strategy
- Tobacco enforcement (non complaint based)
- Tobacco cessation clinics



Status of PHS Programs & Services

All low-risk services will remain on-hold, including

- Prenatal & parenting groups, face to face home visiting
- Dental Clinics – additional treatment capacity
- Food Safety – non urgent complaints, disclosure postings, comments on building/planning applications, inspections of low risk food premises, farmers markets, food trucks
- Residential Care Facility routine inspections
- Harm Reduction – street health clinics
- Health Hazards – non urgent complaints and reviews
- Tobacco hotline
- Vaccination reviews under *Immunization of School Pupils Act*
- Health status assessments



QUESTIONS?



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	October 19, 2020
SUBJECT/REPORT NO:	Social Determinants of Health in COVID-19 (BOH20015) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Hilary Wren-Atiola (905) 546-2424 Ext. 3724 Sue Connell (905) 546-2424 Ext. 3798
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

Not Applicable.

INFORMATION

Purpose

This report (BOH20015) and the accompanying presentation provide the Board of Health (BOH) with an overview of the profile of the social determinants of health (SDOH) among Hamilton's COVID-19 cases, and outlines actions staff are taking to address health inequities among vulnerable populations.

Background

The SDOH are the conditions in which people are born, grow, work, live and age. The Ontario Human Rights Commission (OHRC) emphasizes that collecting and analyzing data that identifies individuals by their race, ethnicity, or similar factors can assist institutions to promote human rights and to improve equitable service delivery¹.

¹ Ontario Human Rights Commission. (2009). Count Me In, Collecting Human Rights Based Data. Toronto, from: <http://www.ohrc.on.ca/en/count-me-collecting-humanrights-based-data>

On May 26, 2020 Hamilton Public Health Services (PHS) began collecting SDOH data on COVID-19 cases using a tool adapted from Middlesex London, Toronto and Peel Health Units. On June 26, 2020 the Ministry of Health made changes to Regulation 568 under the Health Protection and Promotion Act to include the collection of data on race, income, household size, and language from individuals whom test positive for COVID-19.

Between March 1, 2020 and August 31, 2020 just under 1,000 residents in Hamilton were infected with COVID-19. PHS collected the required SDOH data, along with data on employment status and Indigenous status, from 630 of those individuals. The findings should be interpreted with caution due to the level of response achieved.

Findings

Our data suggests that racialized populations, health care workers and people living with low-income are disproportionately affected by COVID-19 in Hamilton. We also found that males and seniors are more likely to be hospitalized and die from COVID-19.

These findings are not unique to Hamilton. Toronto Public Health also found that people in the lowest income group have the highest rate of COVID-19 and that there is a higher case and hospitalization rate for racialized communities². Similar trends have been shown in Waterloo Region³ and in the City of Ottawa⁴.

The COVID-19 pandemic is magnifying the impact of the SDOH and the inequities that have long existed in communities. For example, we know that people living with low incomes have difficulty affording basic resources (e.g. food, paying bills). During a pandemic, difficult choices between needed supplies (e.g. hand sanitizer, masks) and basic resources is exacerbated.

Actions Taken

The Hamilton EOC, PHS and the health system partnership of the Hamilton COVID Response Table (HCRT) continue to work in close alignment to support vulnerable populations throughout the pandemic. Actions taken include:

- Collect and analyze data on social determinants;
- Support shelters to follow public health measures;
- Delivery of essential supplies (e.g. medicine to people without social supports);

² Toronto Public Health. (2020). COVID-19 and the Social Determinants of Health: What do we know? Updated May 14th, 2020 from: https://www.toronto.ca/wp-content/uploads/2020/05/96e0-SDOHandCOVID19_Summary_2020May14.pdf

³ CBC Kitchener-Waterloo. (2020). New immigrants, low-income earners in Waterloo region seeing higher rates of COVID-19. Updated July 15th, 2020 from: <https://www.cbc.ca/news/canada/kitchener-waterloo/immigrants-low-income-waterloo-region-covid-19-1.5649453>

⁴ Ottawa Matters. (2020). Early race-based COVID-19 data showing Ottawa minority groups affected at high rate. Updated June 24th, 2020 from: <https://www.ottawamatters.com/local-news/early-race-based-covid-19-data-showing-ottawa-minority-groups-affected-at-high-rate-2515515>

- Consultation and support to Indigenous organizations (e.g. COVID call centre);
- Enhanced infection control support in congregate settings (e.g. residential care facilities, temporary farm worker housing);
- COVID-19 testing for persons living in shelters;
- Mobile testing for isolated individuals unable to get to assessment centres; and,
- Help people to access mental health and addictions supports

Next Steps

The EOC, PHS and the HCRT will continue to support vulnerable populations to achieve greater health equity throughout the COVID response, including:

Continue to...

- Work on previous Actions Taken;
- Work with Mental Health partners;
- Ensure social service providers who work with vulnerable populations know when and how to access testing;
- Support congregate settings as they undertake IPAC reviews.
- Advocate for basic income principles;
- Work to mitigate the unintended consequences of COVID-19 control measures (e.g. deferred immunizations, dental and vision health care, as well as adverse impacts on mental health and loss of income).

Advocate for...

- Public policy to protect seniors and low-wage frontline workers;
- Adequate human resources to support vulnerable populations.

Collaborate with...

- Communities disproportionately impacted by COVID-19, including racialized and low-income communities;
- Community service provider agencies serving populations impacted by COVID-19 or public health measures.

Exploration of...

- Voluntary isolation centres to minimize household transmission.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.



Hamilton

Social Determinants of COVID-19

Board of Health
October 19, 2020

Office of the Medical Officer of Health
Public Health Services

Purpose & Background

- This presentation provides an overview of the status of Hamilton's COVID-19 cases in terms of their social determinants of health
- Social determinants of health are the conditions in which people are born, grow, work, live and age.
- PHS began collecting social determinants of health data on May 26, 2020
- The Ontario Ministry of Health mandated the collection of data on race, income, household size and language to individuals whom test positive for COVID-19 (June 26, 2020).

Methods & Analysis

- Between March 1 and August 31, 2020, there were 992 reported cases which were used for this analysis.
- Of these 992 cases, 630 cases (63.5%) provided at least one response to a social determinant question.
- Interpret results with caution due to limitations: data is based on those who were tested and low response from some groups.

Results

1. Race / visible minority status
2. Indigenous status
3. Language
4. Household size
5. Income
6. Employment / occupation
7. Sex

1. Race / Visible Minority Status

- Reported COVID-19 cases were more likely to self-identify as a visible minority compared to the Hamilton population (Figure 1).
- Of these, individuals most commonly identified as Black (14%) followed by East/Southeast Asian (12%) (Figure 2).

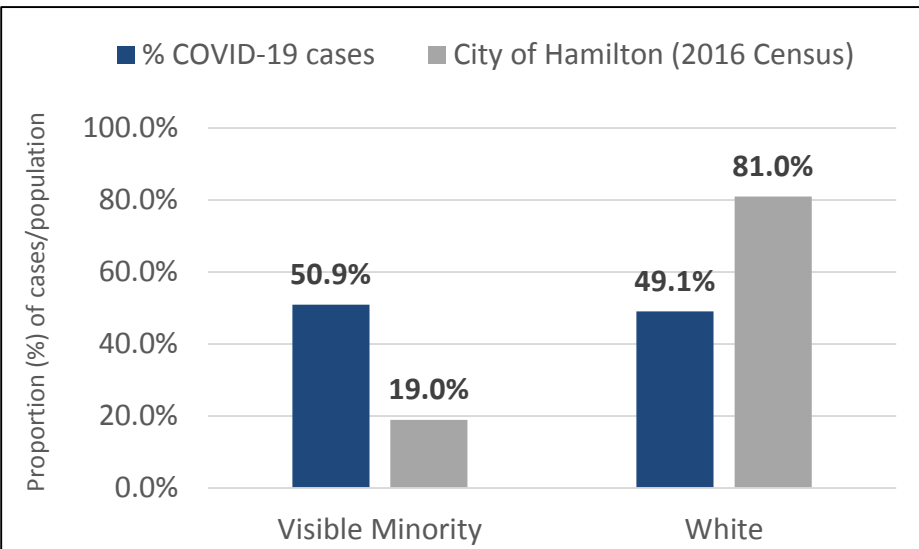


Figure 1. Proportion (%) of COVID-19 cases identifying as white or a visible minority, City of Hamilton, Mar 1 – Aug 31, 2020.

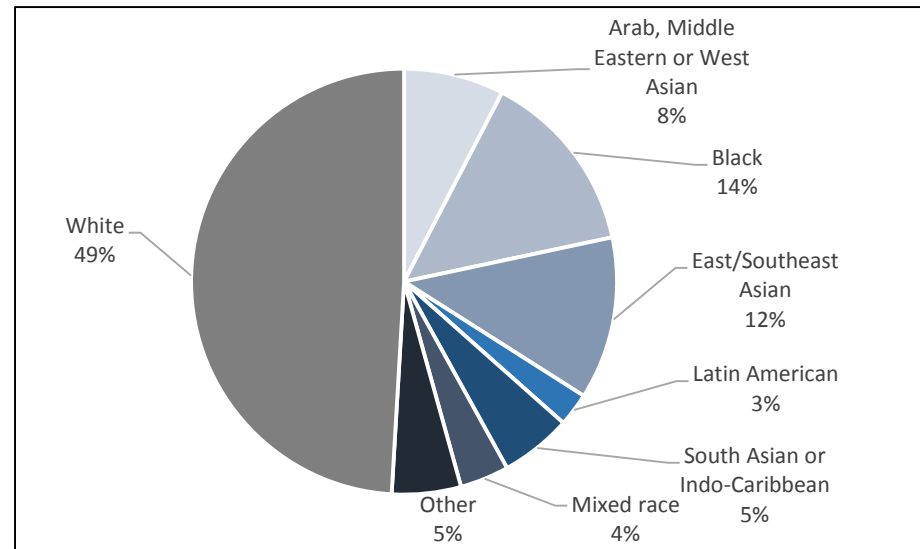


Figure 2. Proportion (%) of COVID-19 cases by self-identified racial category, City of Hamilton, Mar 1 – Aug 31, 2020.

2. Indigenous Status

- 1.9% of COVID-19 cases identified as Indigenous.
- This compares to 2.3% of the total Hamilton population that identifies as Indigenous (2016 Census).

3. Language

- Almost all, 95% of COVID-19 cases, are comfortable speaking an official language (91.7% English; 0.2% French; 2.5% both)

4. Household Size

- Most cases (84%), were from households of five or fewer people (Figure 3).
- Average household size was larger for visible minority cases (4.3) compared to White cases (3.3).

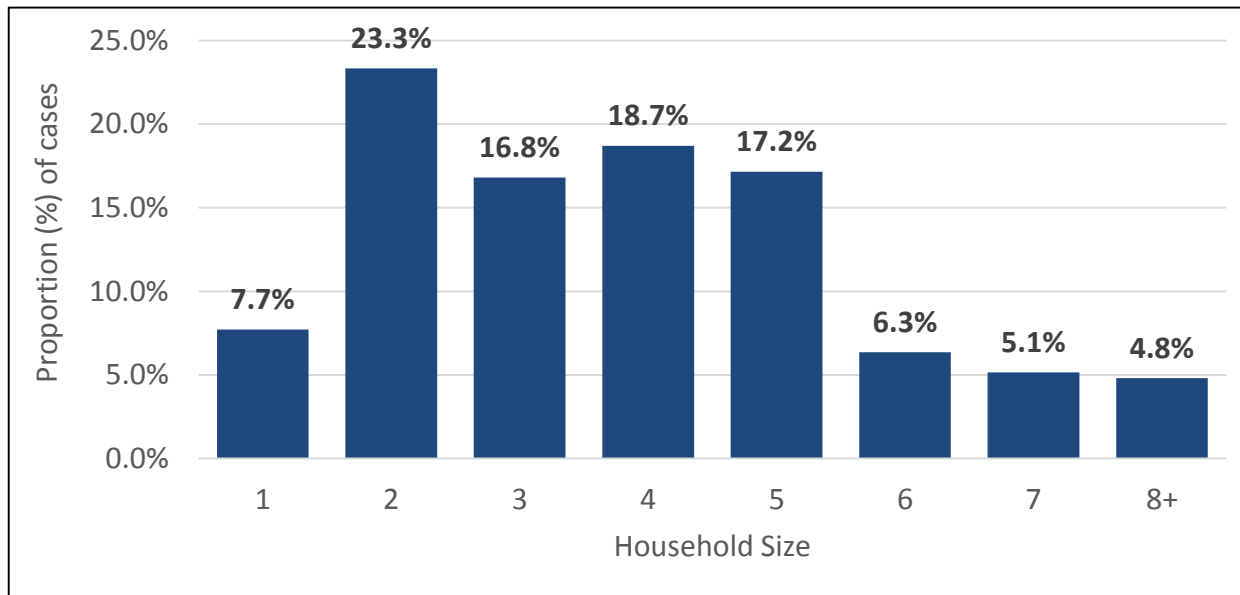


Figure 3. Proportion (%) of COVID-19 cases by household size, City of Hamilton, Mar 1 – Aug 31, 2020.

5. Income

- Reported COVID-19 cases were more likely to live in low-income households compared to Hamilton’s population (Figure 4).
- Visible minority cases were three times more likely to live in low-income households compared to White cases (Figure 5).

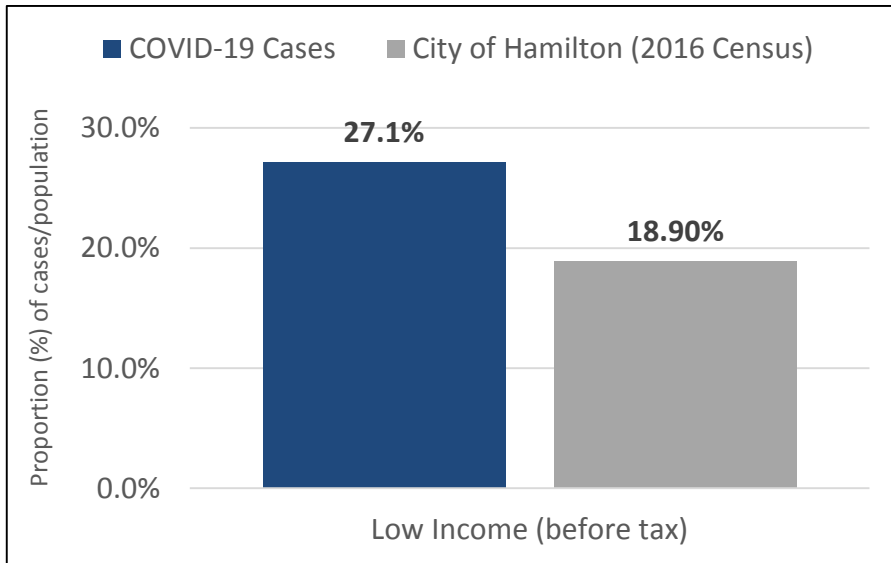


Figure 4. Proportion (%) of COVID-19 cases living in low income households, City of Hamilton, Mar 1 – Aug 31, 2020.

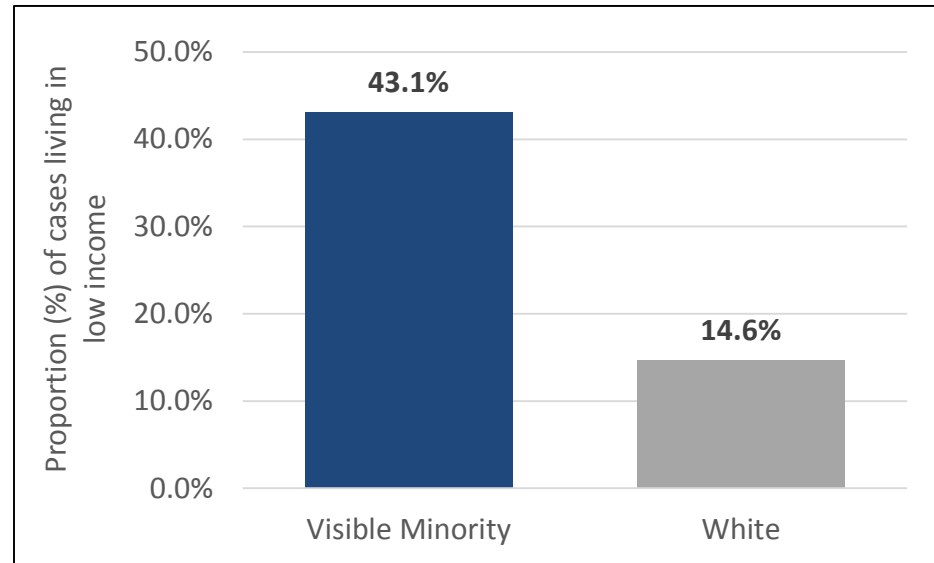


Figure 5. Proportion (%) of white and visible minority COVID-19 cases living in low income households, City of Hamilton, Mar 1 – Aug 31, 2020.

6. Employment / Occupation

- Most COVID-19 cases (63%) were employed; 6% of cases were unemployed; 31% of cases were not in the labour force (i.e. homemaker, retired) (Figure 6).
- 20% of reported COVID-19 cases were healthcare workers.

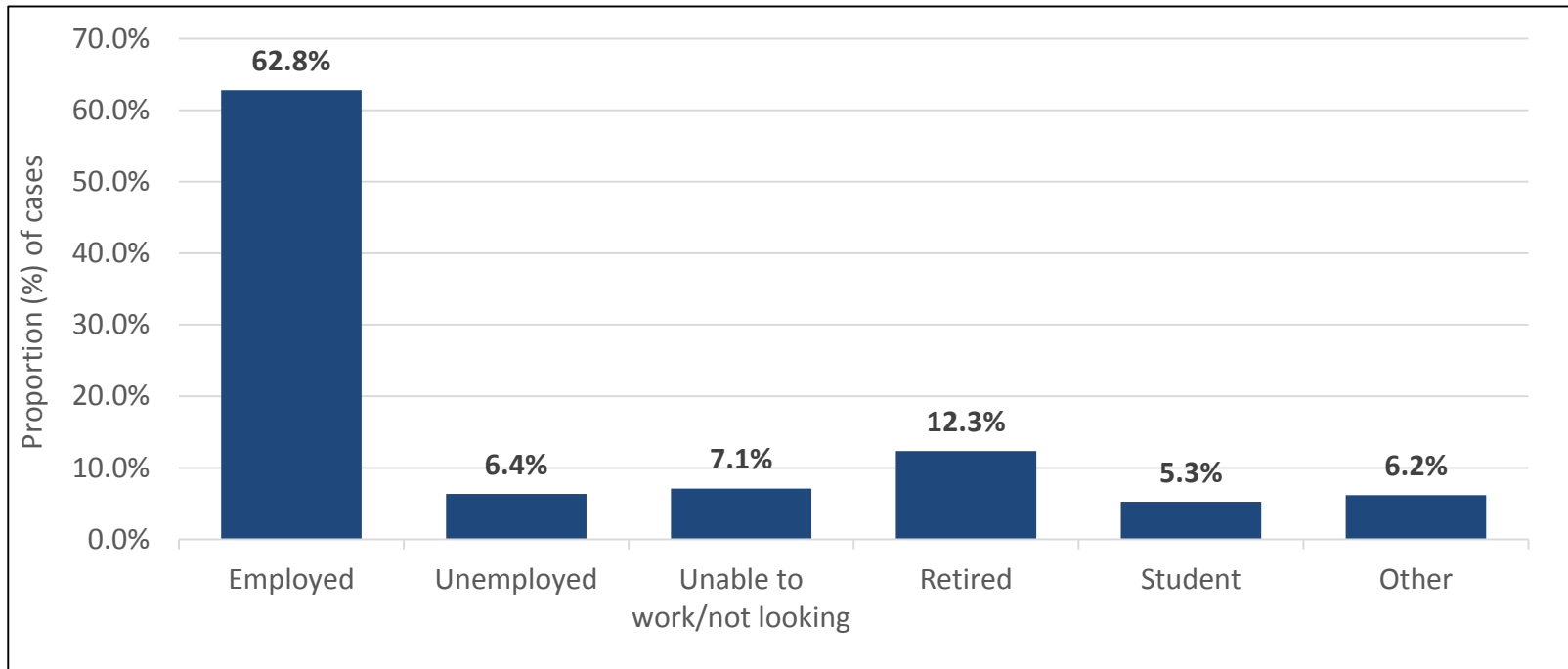


Figure 6. Proportion (%) of COVID-19 cases by employment status, City of Hamilton, Mar 1 – Aug 31, 2020.

7. Sex

- There are more female COVID-19 cases than male cases in Hamilton, largely driven by gender differences in the healthcare worker occupation.
- Male cases were more likely to be hospitalized and more likely to die when infected with COVID-19 (Figure 7).

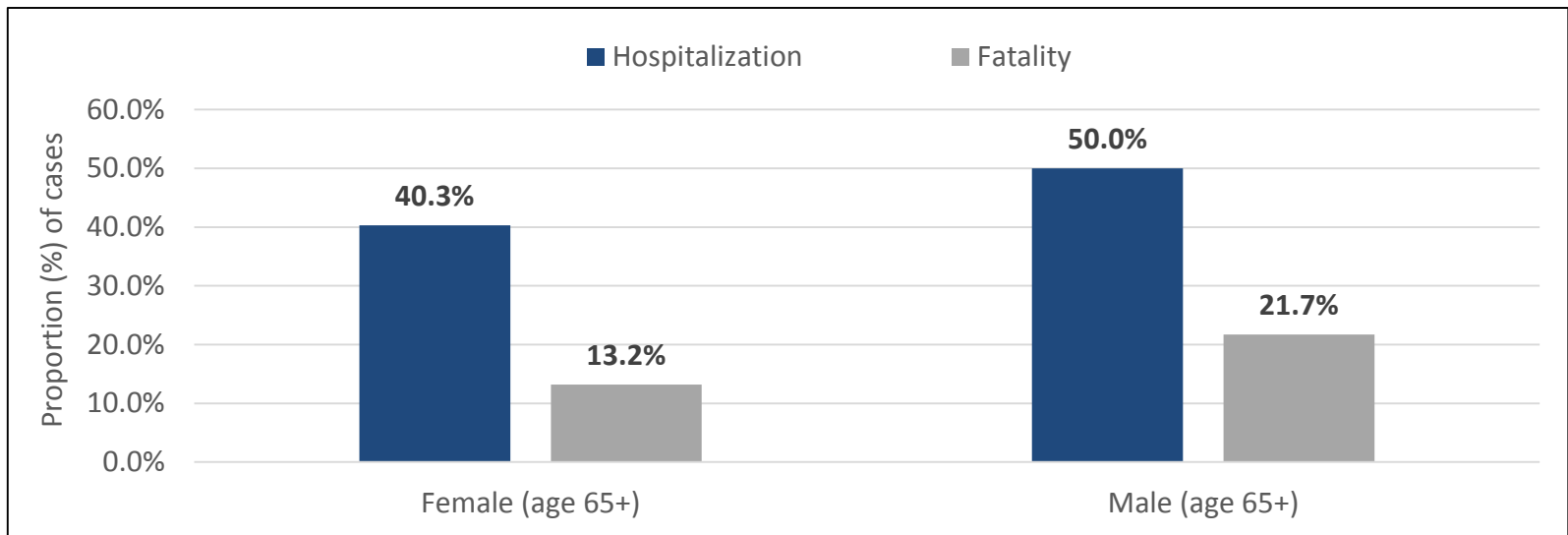


Figure 7. Proportion (%) of COVID-19 cases (age 65+) with hospitalization or fatal outcome by sex, City of Hamilton, Mar 1 – Aug 31, 2020.

Key Messages

- COVID-19 has highlighted pre-existing inequities: racialized populations, health care workers and people living in low-income have been disproportionately impacted by COVID-19 in Hamilton.
- Males and seniors were more likely to be hospitalized and die when infected with COVID-19.
- These findings are not unique to Hamilton and align with those of other communities (e.g. Toronto, Ottawa, Waterloo).

Actions Taken

The City Emergency Operations Centre, Public Health Services and the Hamilton COVID-19 Response Table continue to work in close alignment to support vulnerable populations throughout the pandemic, through actions including:

- Collect and analyze data on social determinants;
- Support shelters to follow public health measures;
- Delivery of essential supplies (e.g. medicine to people without social supports);
- Consultation and support to Indigenous organizations (e.g. COVID call centre);
- Enhanced infection control support in congregate settings (e.g. residential care facilities, temporary farm worker housing);
- COVID-19 testing for persons living in shelters;
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- Help people to access mental health and addictions supports.

Next Steps

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- Work with Mental Health partners;
- Ensure social service providers who work with vulnerable populations know when and how to access testing;
- Support congregate settings as they undertake IPAC reviews;
- Advocate for basic income principles;
- Work to mitigate unintended consequences of control measures for COVID-19 (e.g. deferred immunizations, dental and vision health care, as well as mental health and loss of income).

Next Steps

Advocate for...

- Public policy to protect seniors and low-wage frontline workers;
- Adequate human resources to support vulnerable populations.

Collaborate with...

- Communities disproportionately impacted by COVID-19 including racialized and low-income communities;
- Community service provider agencies serving populations impacted by COVID-19 or public health measures.

Exploration of...

- Voluntary isolation centres to minimize household transmission.

Thank You