



**City of Hamilton
BOARD OF HEALTH
AGENDA**

Meeting #: 21-003
Date: March 22, 2021
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

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. February 19, 2021
5. COMMUNICATIONS
6. DELEGATION REQUESTS
7. CONSENT ITEMS
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 Present (to be distributed)
- 9.2. 2020 Public Health Services Year End Report & 2021 Annual Service Plan and Budget (BOH21004) (City Wide) (to be distributed)

10. DISCUSSION ITEMS

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT



BOARD OF HEALTH MINUTES 21-002

9:30 a.m.

Friday, February 19, 2021

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, , M. Pearson, B. Johnson, L. Ferguson, A. VanderBeek and J. Partridge

**Absent with
Regrets:** Councillors B. Clark and T. Whitehead – Personal

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

- 1. Correspondence from Peggy Sattler, MPP, London West, respecting Support for the Private Member's Bill entitled Stay Home If You Are Sick Act (Item 5.1)**

(Danko/Johnson)

That the Correspondence from Peggy Sattler, MPP, London West, respecting Support for the Private Member's Bill entitled Stay Home If You Are Sick Act, be endorsed.

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
YES	-	Ward 3 Councillor Ninder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
ABSENT	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
ABSENT	-	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

2. 2020 Board of Health Self-Evaluation Survey Results (BOH20021(a)) (City Wide) (Item 7.1)

(Ferguson/Nann)

That Report BOH20021(a) respecting the 2020 Board of Health Self-Evaluation Survey Results, be received.

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

YES - Mayor Fred Eisenberger
YES - Ward 1 Councillor Maureen Wilson
ABSENT - 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
ABSENT - Ward 7 Councillor Esther Pauls
YES - Ward 8 Councillor J. P. Danko
ABSENT - 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

3. Hamilton Drug Strategy 2020 Year End Report (BOH21002) (City Wide) (Item 7.2)

(Nann/Merulla)

That Report BOH21002 respecting the Hamilton Drug Strategy 2020 Year End Report, be received.

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

YES - Mayor Fred Eisenberger
YES - Ward 1 Councillor Maureen Wilson
ABSENT - 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
ABSENT	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
ABSENT	-	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

**4. Call for Permanent Inclusion Of Paid Sick Leave Provisions Under The
*Employment Standards Act (Added Item 11.1)***

(Wilson/Nann)

WHEREAS, COVID-19 has been declared a pandemic by the World Health Organization and it has given rise to declarations of emergency under the Emergency Management and Civic Protection Act by the Government of Ontario, which declared a second a second provincial emergency as of January 12, 2021;

WHEREAS, COVID-19 is spread from an infected person to a close contact by direct contact or when respiratory secretions from the infected person enter the eyes, nose or mouth of another person;

WHEREAS, the rapid and steep uptick in COVID-19 cases and the emergence of new variants of concern have been alarming;

WHEREAS, the COVID-19 pandemic has revealed the close interconnection between the economy and population health;

WHEREAS, COVID-19 has revealed the need for policies to contain the epidemic effectively, prevent recurrent waves of infection and minimize mortality;

WHEREAS, global climate change and mass movements of population will mean that the current novel pandemic is unlikely to be the last one we face and the policies we put in place now will also help prepare us for the next pandemic;

WHEREAS, the COVID-19 pandemic has revealed stark deficiencies in various policies for protecting both workers and firms during crisis in which there is major disruption to employment;

WHEREAS, places of work have been identified as increasingly significant drivers of COVID-19 transmission and outbreaks;

WHEREAS, there is increasing recognition of the importance of staying home when sick in order to prevent the transmission of infectious illnesses like COVID-19;

WHEREAS, not everyone has the ability to stay home when sick due to fear of lost wages and differences in job security;

WHEREAS, employees attending work while sick can have a ripple effect at the workplace, including transmitting infectious diseases which will ultimately increase costs to employers and affect goods or service outputs;

WHEREAS, some of Hamilton's essential workers are precariously employed, limiting their ability to stay home when ill;

WHEREAS, on January 15, 2021, Ontario's Big City Mayors put out a news release stating that "too many workers across Ontario are having to choose between going to work sick or losing income" and urging the provincial and federal government "to implement a broader sick day program now that provides greater benefits and can be accessed by employees as quickly as possible";

WHEREAS, with the exception of a relatively small number of federally regulated industries, the majority of workplaces are provincially regulated, making it foremost the jurisdiction of provinces to ensure seamless access to paid sick leave for workers;

WHEREAS, despite these and other calls from public health experts and officials, the Government of Ontario has yet to announce measures that include paid sick days; and

WHEREAS, the Government of Ontario should reinstate guaranteed paid sick leave under the Employment Standards Act to ensure that workers do not have to choose between their livelihoods and following public health directives

THEREFORE BE IT RESOLVED

- (a) That correspondence be sent to the Minister of Health and Long-Term Care endorsing the City of Hamilton's call for the permanent inclusion of paid sick leave provisions under the *Employment Standards Act* as a public health measure to prevent transmission of communicable diseases including COVID-19; and
- (b) That a copy of the correspondence be forwarded to local-area Members of Provincial Parliament.

Result: Motion CARRIED by a vote of 8 to 4, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
ABSENT	-	Ward 3 Councillor Nrinder Nann
NO	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson

ABSENT	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
ABSENT	-	Ward 9	Councillor Brad Clark
NO	-	Ward 10	Councillor Maria Pearson
NO	-	Ward 11	Councillor Brenda Johnson
NO	-	Ward 12	Councillor Lloyd Ferguson
ABSENT	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
ABSENT	-	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:

6. REVISED DELEGATION REQUESTS:

- 6.1. Delegation Request from Lyndon George respecting Structural Reform of the Board of Health (for a future meeting)
- 6.2. Delegation Request from Madeleine Verhovsek respecting Structural Reform of the Board of Health (for a future meeting)

The delegates have asked to have their requests considered for a future meeting.

12. NOTICE OF MOTION

- 12.1. Call for Permanent Inclusion of Paid Sick Leave Provisions Under the Employment Standards Act

(Wilson/Merulla)

That the agenda for the February 19, 2021 Board of Health be approved, as amended.

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
ABSENT	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
ABSENT	-	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) January 11, 2021 (Item 4.1)

(VanderBeek/Pearson)

That the Minutes of the January 11, 2021 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
ABSENT	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
ABSENT	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
ABSENT	-	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)

(i) **Correspondence from the Honourable Christine Elliot, Minister of Health, respecting COVID-19 Extraordinary Costs (Item 5.2)**

(Danko/Johnson)

That the Correspondence from the Honourable Christine Elliot, Minister of Health, respecting COVID-19 Extraordinary Costs, be received.

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
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
ABSENT	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
ABSENT	-	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) **DELEGATION REQUESTS (Item 6)**

(Wilson/Johnson)

That the following delegation requests be approved for a future meeting:

- (i) Delegation Request from Lyndon George respecting Structural Reform of the Board of Health (for a future meeting) (Item 6.1)
- (ii) Delegation Request from Madeleine Verhovsek respecting Structural Reform of the Board of Health (for a future meeting) (Item 6.2)

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
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
ABSENT	-	Ward 7 Councillor Esther Pauls

YES	-	Ward 8	Councillor J. P. Danko
ABSENT	-	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) STAFF PRESENTATIONS (Item 9)

(i) Overview of COVID-19 Activity in the City of Hamilton 11 Mar to Present (Item 9.1)

Dr. Elizabeth Richardson, Medical Officer of Health; Michelle Baird, Director, Healthy and Safe Communities and Stephanie Hughes, Epidemiologist, Healthy and Safe Communities, addressed the Board with an Overview of COVID-19 Activity in the City of Hamilton 11 Mar to present, with the aid of a PowerPoint presentation.

(Merulla/Johnson)

That the Presentation respecting an Overview of COVID-19 Activity in the City of Hamilton 11 Mar to present, be received.

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
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
ABSENT	-	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

(h) NOTICE OF MOTION (Item 12)

(i) Call for Permanent Inclusion of Paid Sick Leave Provisions Under the Employment Standards Act (Added Item 12.1)

(Wilson/Nann)

That the Rules of Order be waived for the introduction of a motion respecting a Call for Permanent Inclusion of Paid Sick Leave Provisions Under the Employment Standards Act.

Result: Motion CARRIED by a 2/3 vote of 12 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
ABSENT	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
ABSENT	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
ABSENT	-	Ward 15 Councillor Judy Partridge

For further disposition of this matter, refer to Item 4.

(i) ADJOURNMENT (Item 15)

(Pearson/Farr)

That, there being no further business, the Board of Health be adjourned at 12:01 p.m.

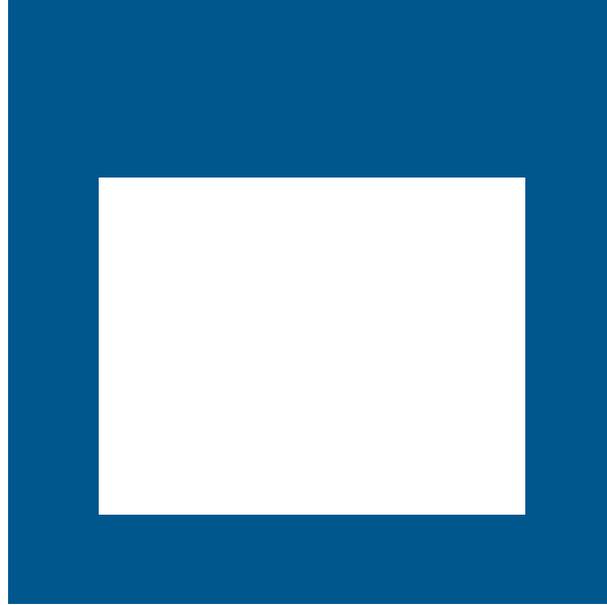
Result: Motion CARRIED by a vote of 14 to 0, as follows:

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
ABSENT	-	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
YES	-	Ward 15 Councillor Judy Partridge

Respectfully submitted,

Mayor F. Eisenberger
Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk



Public Health Services COVID-19 Situation Report & Organizational Update

Board of Health

March 22, 2021

Overview

1. Overall Status Update
2. Provincial Response Framework & Metrics
3. COVID-19 Situation Report
4. Hamilton COVID-19 Response Table Updates
5. COVID-19 Vaccine Update

Overall Status

- COVID-19 case activity is increasing in Hamilton. The percentage of cases that have screened positive for variants is also increasing: 30% as of March 19, 2021
- Rollout of the vaccination program continues – as of March 18, 2021 there were 64,196 doses administered across the City
- Focus will continue to be on Ministry of Health prioritized groups through Phase 1 and 2 (phase 2 runs to August, 2020)
- Continuing to follow public health measures is vital as these are the best protection against the variants of concern

Provincial Response Framework Indicators

 PREVENT (Standard Measures)	 PROTECT (Strengthened Measures)	 RESTRICT (Intermediate Measures)	 CONTROL (Stringent Measures)	 LOCKDOWN (Maximum Measures)
<p>Epidemiology</p> <ul style="list-style-type: none"> Weekly incidence rate is < 10 per 100,000 % positivity is < 0.5 Rt < 1 Outbreak trends/ observations Level of community transmission/non-epi linked cases stable <p>Health System Capacity</p> <ul style="list-style-type: none"> Hospital and ICU capacity adequate <p>PH System Capacity</p> <ul style="list-style-type: none"> Case and contact follow up within 24 hours adequate 	<p>Epidemiology</p> <ul style="list-style-type: none"> Weekly incidence rate is 10 to 24.9 per 100,000 % positivity is 0.5-1.2% Rt is approximately 1 Repeated outbreaks in multiple sectors/settings OR increasing/# of large outbreaks Level of community transmission/non-epi linked cases stable or increasing <p>Health System Capacity</p> <ul style="list-style-type: none"> Hospital and ICU capacity adequate <p>PH System Capacity</p> <ul style="list-style-type: none"> Case and contact follow up within 24 hours adequate 	<p>Epidemiology</p> <ul style="list-style-type: none"> Weekly incidence rate is 25 to 39.9 per 100,000 % positivity is 1.3-2.4% Rt is approximately 1 to 1.1 Repeated outbreaks in multiple sectors/settings, increasing/# of large outbreaks Level of community transmission/non-epi linked cases stable or increasing <p>Health System Capacity</p> <ul style="list-style-type: none"> Hospital and ICU capacity adequate or occupancy increasing <p>PH System Capacity</p> <ul style="list-style-type: none"> Case and contact follow up within 24 hours adequate or at risk of becoming overwhelmed 	<p>Epidemiology</p> <ul style="list-style-type: none"> Weekly incidence rate \geq 40 per 100,000 % positivity \geq 2.5% Rt is \geq 1.2 Repeated outbreaks in multiple sectors/settings, increasing/# of large outbreaks Level of community transmission/non-epi linked cases increasing <p>Health System Capacity</p> <ul style="list-style-type: none"> Hospital and ICU capacity at risk of being overwhelmed <p>PH System Capacity</p> <ul style="list-style-type: none"> Public health unit capacity for case and contact management at risk or overwhelmed 	<p>Trends continue to worsen after measures from Control level are implemented.</p>

Provincial Response Framework Indicators

Epidemiology

	Previous (Mar 5)	Previous (Mar 12)	CURRENT (Mar 19)	Trend
Weekly incidence rate/100,000	55	68	89	↑
% positivity	2.2%	2.8%	3.5%	↑
Effective reproductive number (R_t)	1.03	1.15	1.14	--
% of community-acquired cases	24.0%	29.6%	30.0%	--

Outbreak activity continues in long-term care homes, retirement homes, hospitals, schools, workplaces, and congregate settings.

Total of 32 active outbreaks; 8 outbreaks have ≥ 10 cases; 12 outbreaks have cases screened positive for variants. |

Public Health System Capacity

	Previous (Mar 5)	Previous (Mar 12)	CURRENT (Mar 19)	Trend
% newly reported cases reached within 1 day of reported date	90.1% 302/335	94.3% 380/403	93.3% 499/535	--
% newly identified close contacts reached within 1 day of contact identification date	82.4% 875/1062	81.7% 1186/1452	63.0% 1083/1718	↓

Provincial Response Framework Indicators

Health System Capacity

	Hospital	Previous (Mar 5)	Previous (Mar 12)	CURRENT (Mar 19)
Overall adult acute medicine & surgical hospital occupancy/funded acute beds	SJHH	92%	94%	101%
	HHS	105%	104%	104%
Overall adult acute alternate level of care (ALC) hospital occupancy/funded acute beds	SJHH	29%	24%	24%
	HHS	11%	12%	13%
Overall adult critical care occupancy/funded intensive care unit (ICU) beds	SJHH	94%	89%	70%
	HHS	87%	91%	95%

SJHH: St. Joseph's Healthcare Hamilton

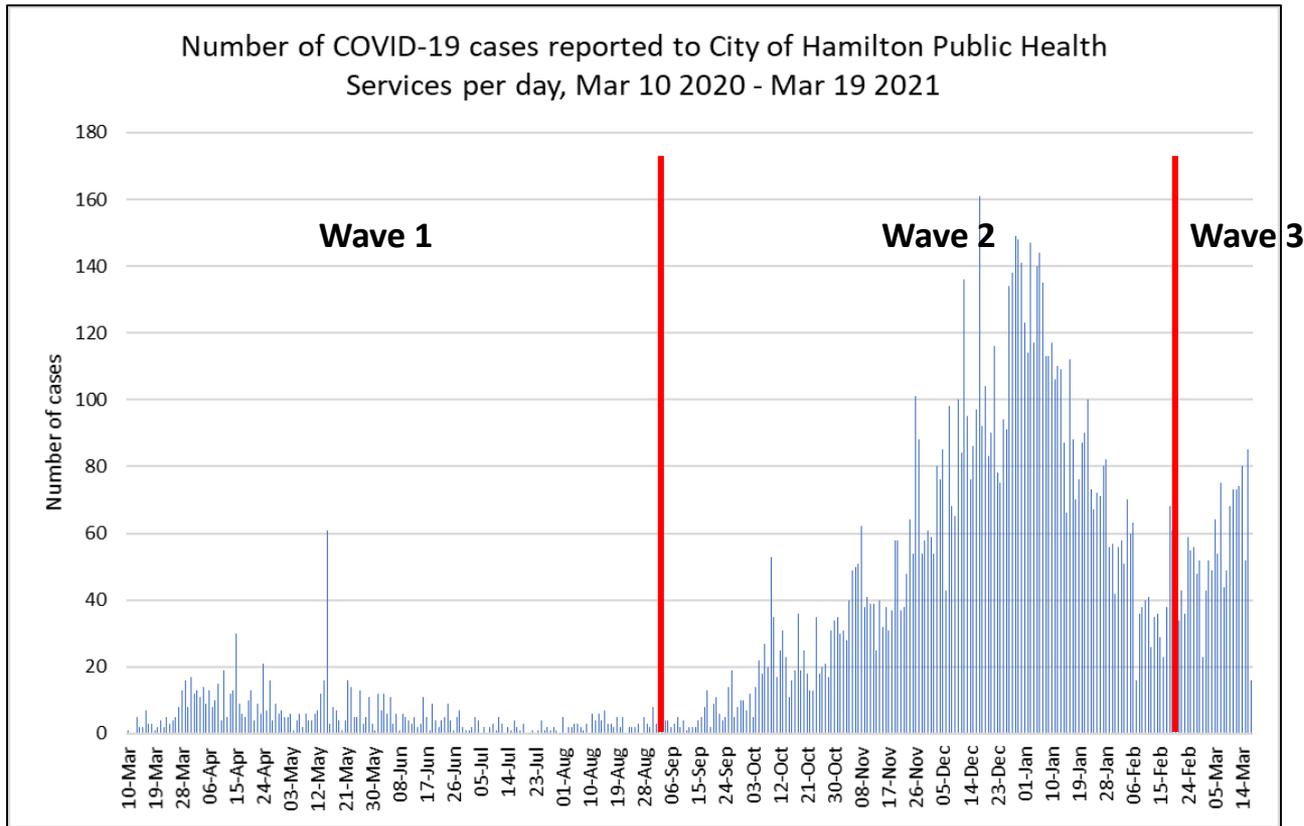
HHS: Hamilton Health Sciences

Additional Local Indicators

	Previous (Mar 5)	Previous (Mar 12)	CURRENT (Mar 19)	Trend
Mental health-related emergency department visits	191	187	207	↑*
Police response to persons in crisis	131	118	116	--
Substance misuse-related emergency department visits	100	81	87	↑*
Paramedic incidents for suspected opioid overdose	18	16	14	--
Violence-related emergency department visits	4	7	5	--
Police response to domestic violence	144	106	112	--
Social impacts and environmental exposure-related emergency department visits	16	20	12	--

*The trend is based on comparison to historical data and thresholds.

Reported Cases

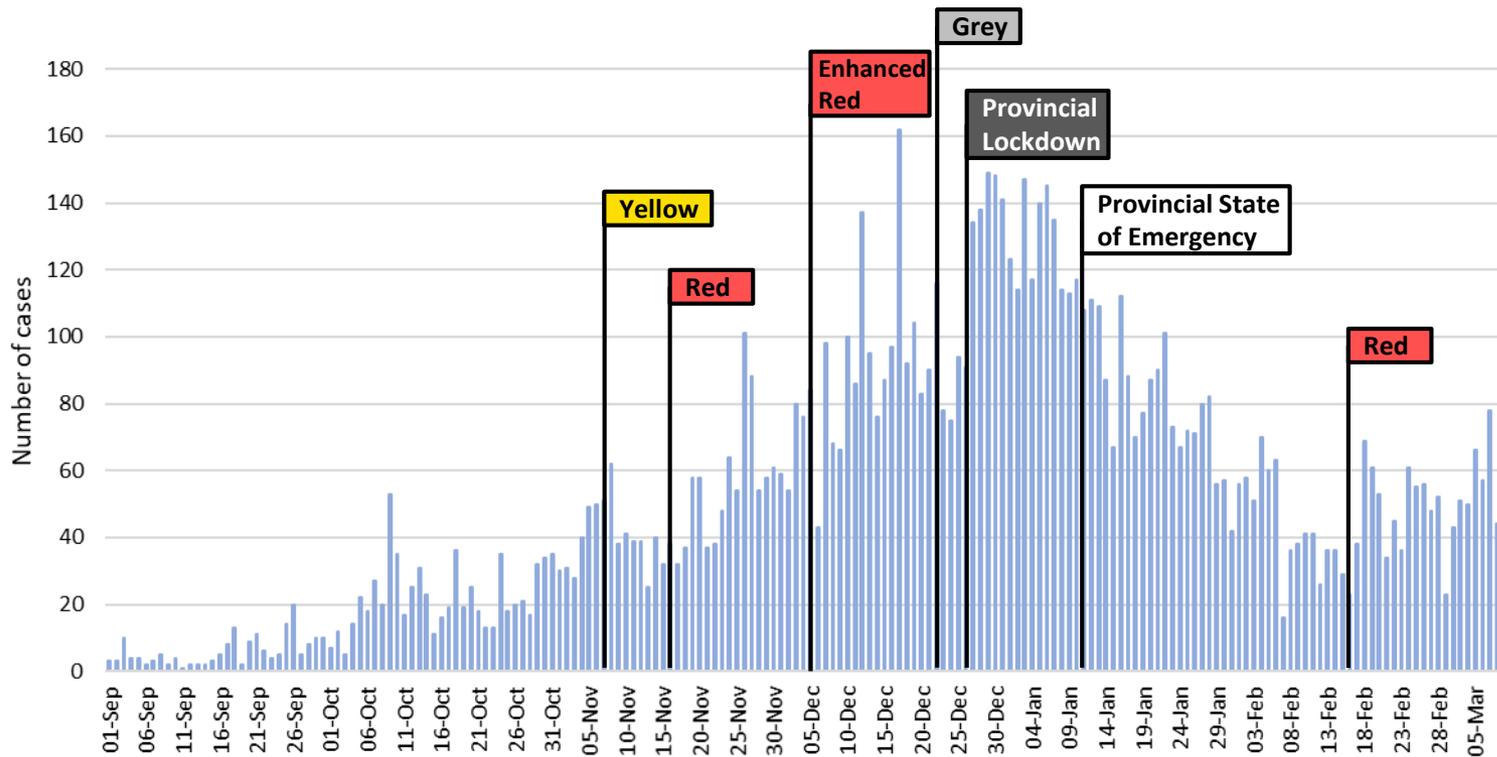


Key Messages

- COVID-19 case activity has been increasing since the end of wave 2
- As of Mar 19, 2021 the average number of cases reported per day to Hamilton Public Health is 76

COVID-19 in Hamilton: Wave 2

Number of COVID-19 cases reported to public health per day, City of Hamilton Sept 1 2020 - Feb 16 2021 (Wave 2)



8,937 cases

217 outbreaks

610 hospitalizations

231 deaths

163,387 tests completed

Phases of COVID-19 in Hamilton

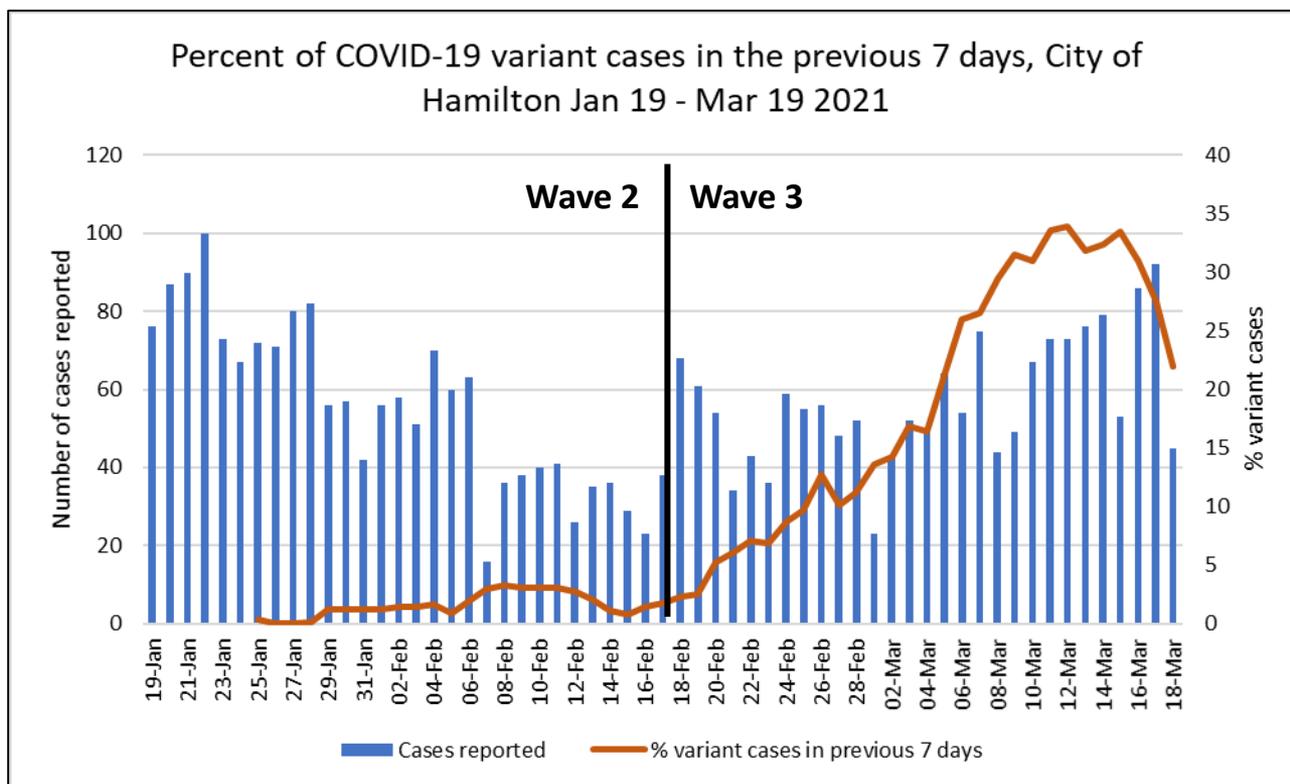
WAVE 2: Pre-Peak Sept 1 – Dec 31 2020

- 5,286 cases reported
- 124 outbreaks
- 295 hospitalizations and 132 deaths
- 115,683 tests completed at Hamilton Assessment Centres
- Early in wave 2, in Sept/Oct 2020, infections were most commonly due to direct contact with other known cases of COVID-19 and undetermined sources
- Closer to the peak of wave 2, in Nov/Dec 2020, infections were most commonly due to direct contact with other known cases as well as outbreak activity

WAVE 3: Pre-Peak Feb 17 – Mar 19 2021

- 1,701 cases reported
- 59 outbreaks
- 124 hospitalizations and 23 deaths
- 31,896 tests completed at Hamilton Assessment Centres
- Thus far in wave 3, infections have been mainly due to direct contact with other cases, undetermined sources & outbreak activity
- There has been an increase in COVID-19 variant cases throughout wave 3 in Hamilton
- Hamilton continues to be in the red - control zone of the Provincial Reopening Framework

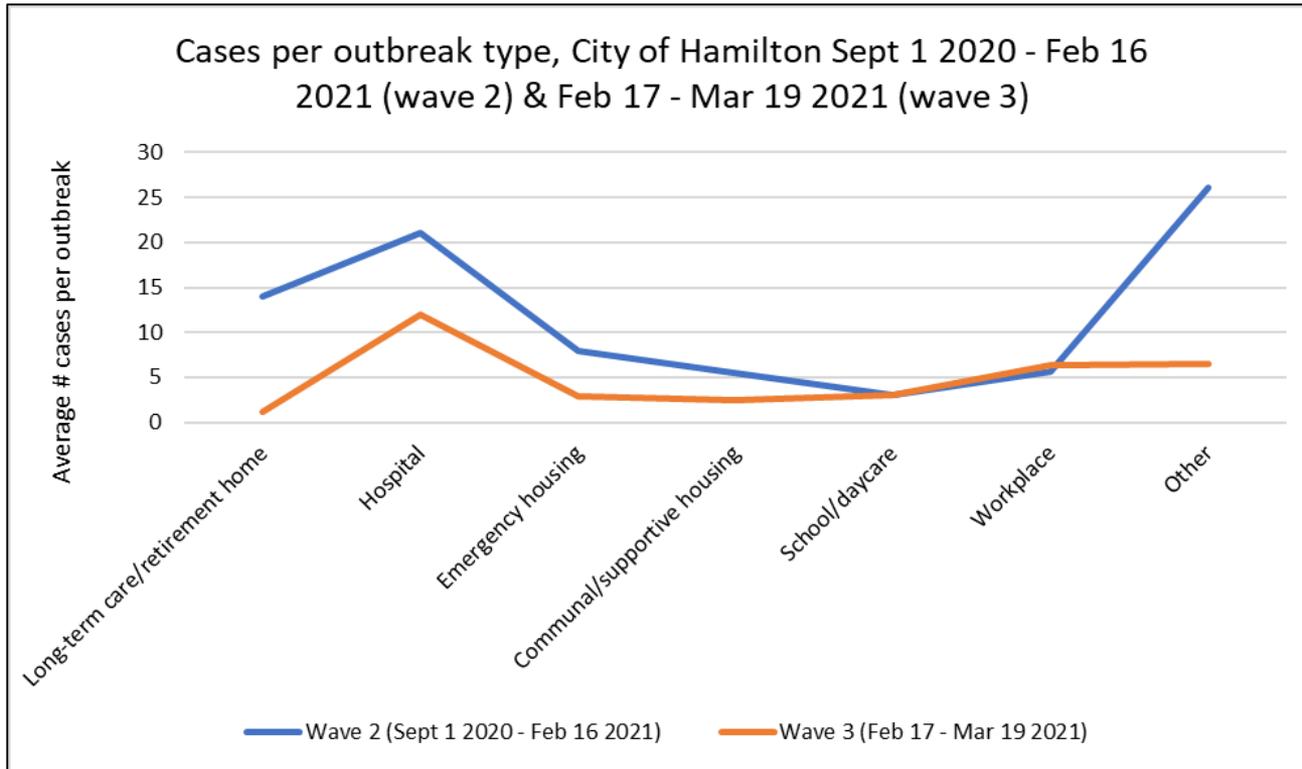
COVID-19 Variant Cases in Hamilton



Key Messages

- Hamilton Public Health recorded its first variant case on Jan 19 2021; variant activity has been rising steadily since then
- As of Mar 19, 2021 variants comprise greater than 30% of newly reported Hamilton COVID-19 cases

Number of COVID-19 Outbreaks by Facility Type



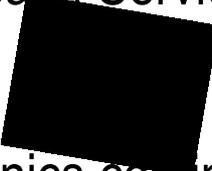
Key Messages

- Although outbreaks continue to be declared in wave 3 thus far, there have been noticeable decreases in the average number of cases per outbreak
- Decreases have been observed in long-term care/retirement home, hospital, and emergency housing settings

Hamilton COVID-19 Response Table Update

- Provide ongoing support to business community to understand and ensure compliance with the Reopening Ontario Act as well as sharing information on variants of concern, vaccination and prevention of outbreaks
- Continue to adapt to provincial testing direction and ensure adequate capacity in Assessment Centres
- Hamilton Paramedic Services continues to provide pop up testing sites in priority neighbourhoods to increase access to testing
- Continue to support congregate settings
- New subgroup to support health and community care workers mental health and well-being during and beyond the COVID-19 response

COVID-19 Vaccine Update

- Continuing with provision of vaccine to Phase 1 priority groups
- Public Health Services run large scale clinic opening at First Ontario Centre March 22  **TODAY!**
- Mobile clinics continue for priority populations and for individuals 75+ across Hamilton

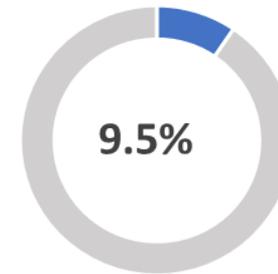


Vaccine Clinic Update

Estimated as of End-of-Day Mar 18, 2021

	Total doses administered
Hamilton Health Sciences	39,452
St. Joseph's Healthcare Hamilton	8,563
Hamilton Public Health Services	14,653
Primary Care Pilot	1,528
Total in Hamilton	64,196

% of eligible population* who initiated or completed a vaccine series (at least 1 dose)



Upcoming Hamilton Public Health Services Mobile Clinics (2021)

- 2nd doses at low-risk RH and some “mop-up” at LTCH and high-risk RH (March 14 – 22)
- 2nd doses for ALC inpatients (March 16, 25)
- Stoney Creek Recreation Centre – March 25, 26, 27 and 28
- Bernie Morelli Recreation Centre - March 25, 26, 27 and 28
- Norman Pinky Lewis Recreation Centre – March 27 and 28
- Ryerson Recreation Centre - March 25 and 26

Acronyms:

LTCH – Long Term Care Home

RH – Retirement Home

HCW – Health Care Worker

ALC – Alternate Level of Care

OACAP – Ownership, Control, Access,

and Possession

Phase 1 Populations

Phase 1	Population	Estimated Size	Est. % Vaccinated End Of Day Mar 22, 2021
Current	LTCH/RH Residents	5,827	100/90
	LTCH/RH Staff	5,710	68/38
	Essential Caregivers	11,654	13
	HCW - highest	17,590	75
	HCW - very high	18,880	64
	ALC (LTCH/RH)	625	25
	Seniors - 85+ Years	11,427	77
	Seniors - 80 to 84 Years	9,805	49
	Shelter residents/staff	1,650	31
	Urban Indigenous Adults	11,000	*
	Adult Chronic Home Care	4,654	5
		TOTAL	98,822
Next	Seniors other congregate settings	500	
	HCW – high	4210	
	HCW - moderate	7,920	
	TOTAL	12,630	

**Consistent with the principles of OCAP, the indigenous community decides on the collection and release of data related to indigenous peoples*

Phase 2 Populations

Phase 2 Population	Estimated Size
Seniors - 75 to 79	18,813
Seniors - 70 to 74	27,170
Seniors - 65 to 69	32,990
Seniors - 60 to 64*	39,604
Staff/residents of other high-risk congregate (e.g. community living)	
High-risk & At-risk chronic conditions	
Communities at greater risk (e.g. racialized communities)	
Those who cannot work from home	

**Primary care pilot for 60-64 began Mar 13*

HAMILTON COVID-19 VACCINATION PLAN: OVERVIEW

TIMING OF VACCINE ROLLOUT (INCLUDING DATES OF EACH PHASE & CLINIC OPERATION) ARE SUBJECT TO CHANGE & ARE DEPENDENT ON PROVINCIAL DIRECTION AND/OR AVAILABLE SUPPLY OF VACCINE



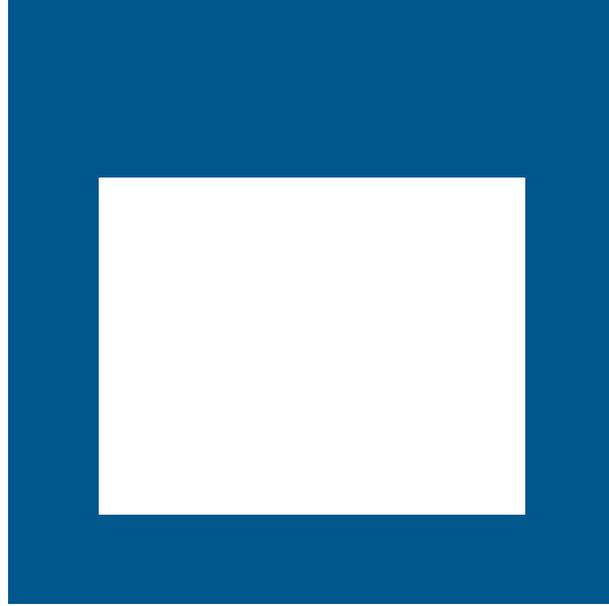
Provincial Priority Populations by Phase

DESCRIPTION	Phase 1 Immediate Priority (<i>In Progress</i>)	Phase 2	Phase 3
	<ul style="list-style-type: none"> Staff, essential caregivers, residents in long-term care, high-risk retirement homes Alternate level of care (ALC) patients in hospitals who have a confirmed admission to long-term care, retirement home or other congregate care home for seniors Highest Priority followed by Very High Priority health care workers Indigenous adults in high risk communities <p>Phase 1 Next Priority</p> <ul style="list-style-type: none"> Adults 80 years of age and older Staff, residents, caregivers in retirement homes, congregate care settings for seniors High Priority health care workers All Indigenous adults Adult recipients of chronic home care 	<p>Phase 2</p> <ul style="list-style-type: none"> Continue Phase 1 Priority Populations Older Adults (60 – 79) Staff, residents of high-risk congregate settings (e.g. shelters, community living) Frontline essential workers Individuals with high-risk chronic conditions and their caregivers At-risk populations 	<p>Phase 3</p> <ul style="list-style-type: none"> Remaining Hamiltonians in the general population who wish to be vaccinated will receive the vaccine

Vaccination Approach



DESCRIPTION	Large Scale Clinics	Mobile & On-Site Clinics	Primary Care & Pharmacy Clinics
	<p>Large Scale Clinics</p> <p>Hamilton Health Sciences Large Scale Clinic St. Joseph's Healthcare Hamilton Large Scale Clinic Additional Public Health Large Scale Clinics</p> <p> Anticipated Throughput: 8,400 doses / day at peak Supports large scale vaccination of the population</p>	<p>Mobile & On-Site Clinics</p> <p>Mobile Bus Clinics Pop-Up Facility Clinics Rolling Clinics Drive Through Clinics</p> <p> Anticipated Throughput: 750 doses / day at peak Provides vaccination through accessible channels</p>	<p>Primary Care & Pharmacy Clinics</p> <p>Primary care practice-based vaccinations Pharmacy-based vaccinations</p> <p> Anticipated Throughput: >1,000 doses / day at peak Provides vaccination through usual channels</p>



QUESTIONS?



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Office of the Medical Officer of Health

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	March 22, 2021
SUBJECT/REPORT NO:	2021 Annual Service Plan and Budget (BOH21004) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Chelsea Kirkby (905) 546-2424 Ext. 3539
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

RECOMMENDATION

That the Board of Health direct the Medical Officer of Health to submit the 2021 Annual Service Plan and Budget to the Ministry of Health in keeping with what is outlined in this report.

EXECUTIVE SUMMARY

Each year Public Health Services (PHS) develops the Annual Service Plan and Budget (ASPB) that outlines the planned service delivery for the coming year. It is based on regular assessment of Hamilton's health status as well as evidence as to what public health interventions can make a difference. Typically, it contains detailed program plans to implement each of the Ontario Public Health Standards (Standards) as well as associated expenditures. Due to the increased demands related to COVID-19, the Ministry of Health has scaled back their submission form for the 2021 ASPB to include the financial sections only.

Overall, it is anticipated that service levels and staffing capacity through the majority of 2021 will be similar to 2020 due to the ongoing COVID-19 response. Pandemic Response is clearly a priority for this year and includes the balancing of the scope of public health programs under the Standards with the COVID-19 response. At the same time, Health Equity, Climate Change, and Mental Health & Addictions, with aspects of the 2020 Healthy Weights priority folded into the latter, continue to be key priorities and are taken into account in both the pandemic response and those programs and services

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.

that are open. The COVID-19 response and essential services are regularly reviewed by the Public Health Leadership Team using the program prioritization and risk framework in order to maximize the impact and effectiveness of PHS programs and services for our community.

While the overall PHS budget is presented within the Healthy and Safe Communities report and budget presentation to the General Issues Committee, specific highlights are made in the financial section of this report related to the ASPB. In the related presentation at the Board of Health meeting on March 22, 2021, staff will share highlights from 2020 and provide an overview of the 2021 program plans and budget.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial:

Approval of the 2021 ASPB and submission to the Ministry is required to receive provincial funding to support the delivery of public health programs and services under the Standards. If any further adjustments are made to programs covered by the ASPB through the ongoing City budget process, these can be submitted through the regular quarterly reports to the Ministry.

PHS incurred more costs than usual in 2020 due to the significant costs related to the COVID-19 response, however, the Ministry has reimbursed all costs related to the pandemic response above the ASPB subsidized expenditures. PHS incurred incremental costs of \$4.8M due to COVID-19 and received one-time 100% provincial funding to offset the increased costs. Further, with reduced ASPB programming due to the pandemic response the resultant approximately \$1M in savings went to fund COVID-19 related services.

As a reminder, notable changes for 2020 had included the Province's direction to shift from a mixed 75/25% and 100% funding model to a 70/30% Provincial/Municipal funding formula for all programs except the new Seniors Dental Program and Healthy Babies Healthy Children which remained 100% provincially funded. For Hamilton this shift would have resulted in \$2.3M in lost subsidy for 2020 compared to 2019 if the Ministry had not provided \$1.4M in one-time transitional funding to keep levy increases below 10% of existing costs. Ultimately the Province provided further transitional funding because of the financial pressures on municipalities due to the pandemic, and PHS received \$26,725,400 in 2020 ASPB Base funding (\$26,600,000 budgeted) and \$2,215,800 in 2020 ASPB Mitigation funding (\$1,400,000 budgeted). The impact of this was an additional savings of \$941,200.

The 2021 ASPB includes an increase to base expenditures of \$884,000, or 2.25% increase from 2019. This is offset by the anticipated additional Ministry funding of \$941,200, resulting in a net levy decrease of \$57,140.

It is anticipated that the same level of service related to the COVID-19 response will continue through the majority of this year and begin to transition back to regular programming near the end of 2021. To accommodate the continued extraordinary costs associated with COVID-19, this area of work has been included under the Foundational Standards (Emergency Response) in the ASPB with those amounts that exceed the funding allocation included as one-time costs. The 2021 COVID-19 estimated cost is currently \$49,127,880 which includes the COVID-19 Vaccine program, Case and Contact Management and the COVID-19 School Nurses.

The Province will also consider requests for additional one-time funding for extraordinary costs. For 2021 PHS will request one-time funding for:

- 1. Purpose-Built Vaccine Refrigerators:** Request for \$225,350 to replace 9 vaccine refrigerators. These refrigerators are outdated (originally purchased over 10 years ago) resulting in several recent maintenance issues and a high risk of imminent failure. The acquisition of new vaccine refrigerators will significantly reduce this risk and ensure PHS continues to meet Ministry and industry requirements for delivering vaccine service to the general public, preventing vaccine wastage and remaining in compliance with the Ministry's Storage and Handling Protocol;
- 2. Public Health Inspector Practicum Program:** Request for \$10,000 to hire 0.16 FTE Public Health Inspector Trainees for program support and to provide future Public Health Inspectors with training and hands-on field experience. This funding has been in place for many years and has to be requested annually;
- 3. Rabies:** Request for \$216,830 to continue to fund two full-time temporary positions to continue to respond to the raccoon rabies outbreak in the community. Raccoon rabies response is expected to continue for three or more years before Ontario may be free of raccoon rabies. The staff would continue to investigate all positive raccoon rabies results to rule out human exposure, refer domestic exposures to appropriate agencies, educate pet owners and the public about the risk of rabies from wild animals, remind pet owners to vaccinate their cats and dogs. The positions also help respond to the increased routine animal bite reports and post exposure prophylaxis requests, both of which are related to the increased risk of rabies locally. All of these efforts are aimed at preventing a fatal human case of rabies in Hamilton;

4. Extraordinary COVID-19 (Non-Vaccine): \$12,066,390; and,

5. Extraordinary COVID-19 Vaccine: \$ 34,461,200

The Province does not give local public health agencies specific targets for developing their ASPB but has given some guidance as to expected subsidy for this year, which has been incorporated into the ASPB. Final subsidy grants will not be known until funding letters are received later this year.

Staffing:

Overall staffing levels for PHS including the ASPB program are addressed in the Healthy and Safe Communities budget report and presentation. In the 2021 ASPB there are no FTE changes in base ASPB mandatory programs, and it remains at 302.39. However, COVID-19 is adding 110.24 FTE (inclusive of 23 FTE COVID-19 School Nurses) and staffing to plan and deliver the COVID-19 Vaccine FTE is estimated at 287.60 FTE. Total staffing under the ASPB submission is 677.23 FTE. The 23 FTE COVID-19 School Nurses is expected to be funded provincially under a different funding envelope.

Legal:

The Ministry expects boards of health to be accountable for meeting all requirements included in legislation and the documents that operationalize them. The Province has directed Boards of Health to continue to do what is necessary to respond to COVID-19 cases and outbreaks, as well as plan and deliver the COVID-19 vaccination program.

It is a requirement within the Standards that boards of health submit an ASPB each year. Approval and submission of the 2021 ASPB for submission to the Ministry fulfils this requirement.

HISTORICAL BACKGROUND

As outlined in the Standards, all boards of health approve and submit an ASPB to the Ministry each year. Typically, the ASPB lays out an assessment of the population health needs in Hamilton, priority areas for action, detailed program plans, budgeted expenditures, and requests for additional base and one-time funding. Given the increased demands for Ontario public health units related to COVID-19, the Ministry of Health has scaled back the ASPB requirements for 2021. Public health units are only required to complete the financial sections, not the population health assessment or detailed program plans.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The Standards outline requirements that direct the delivery of mandatory public health programs and services by public health units pursuant to the Health Protection and

Promotion Act. It is a requirement within the Standards that boards of health submit an ASPB each year to the Ministry.

RELEVANT CONSULTATION

Not Applicable.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

The 2021 ASPB is due to the Ministry on April 1, 2021. To support development of the 2021 ASPB, staff reviewed program objectives and interventions within the current context of COVID-19. A flexible and responsive approach will be required throughout the year to continue to adapt the rapidly evolving pandemic.

It is anticipated that service levels and staffing capacity through the majority of 2021 will be similar to that of 2020. PHS will continue providing essential / critical programs and services; however, non-essential services will remain on-hold in order to carry out critical functions related to the COVID-19 response, including the vaccine rollout. Staff will continue to regularly reassess and prioritize programs and services for reopening throughout the year based on COVID-19 case activity in the community and staff capacity.

In addition, the following priorities have been identified for 2021: Health Equity, Climate Change, and Mental Health & Addictions, with aspects of the 2020 Healthy Weights priority folded into the latter. Due to the ongoing pandemic, a fourth priority was added, Balancing Business Continuity & COVID-19 Response. This priority will help ensure that the COVID-19 response and essential/critical services are adequately resourced through continuous review of the program prioritization and risk framework.

During the Board of Health meeting on March 22, 2021, staff will share highlights from 2020 and provide an overview of the 2021 program plans and budget.

ALTERNATIVES FOR CONSIDERATION

Not applicable.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

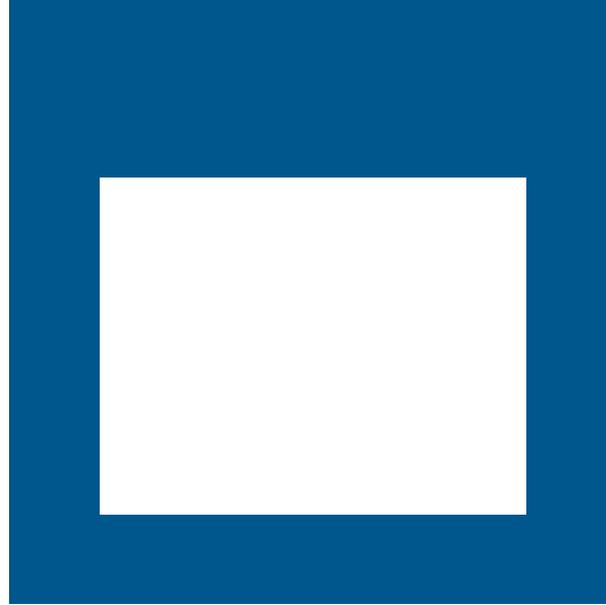
Hamilton is a safe and supportive City where people are active, healthy, and have a high quality of life.

Our People and Performance

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

APPENDICES AND SCHEDULES ATTACHED

Not applicable.



Public Health Service
2020 Year-End Review &
2021 Annual Services Plan and Budget

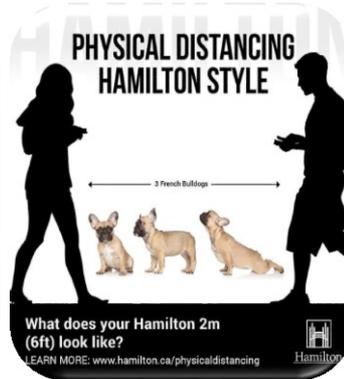
March 22, 2021

Overview

1. 2020 Public Health Services Highlights
 - a) COVID-19 Response
 - b) Public Health Services Programs

2. 2021 Annual Service Plan & Budget
 - a) 2021 Program Plans
 - b) Public Health Services Budget Overview

2020 Year-End Review



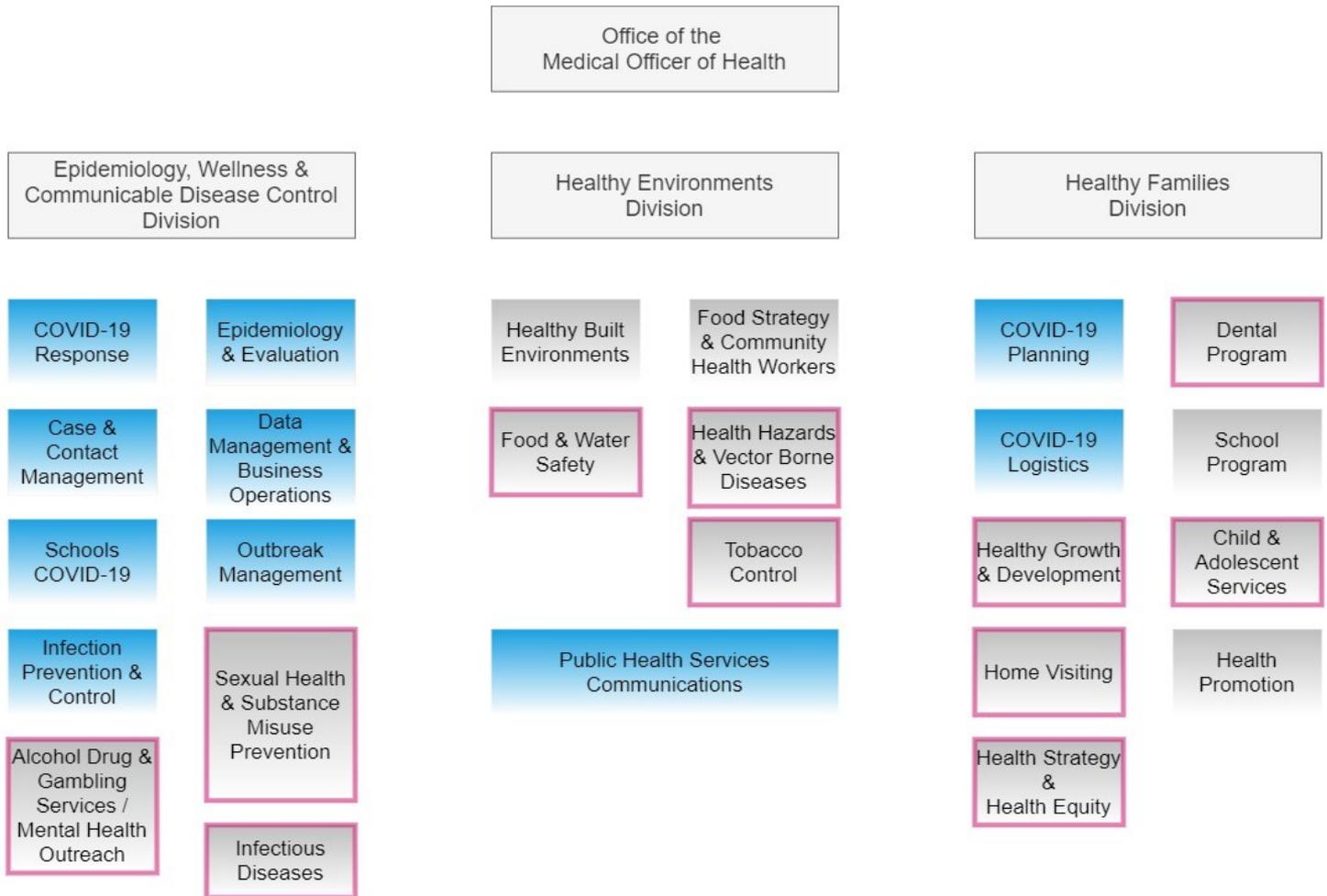
Public Health Services & Programs 2020

LEGEND

COVID-19 Response

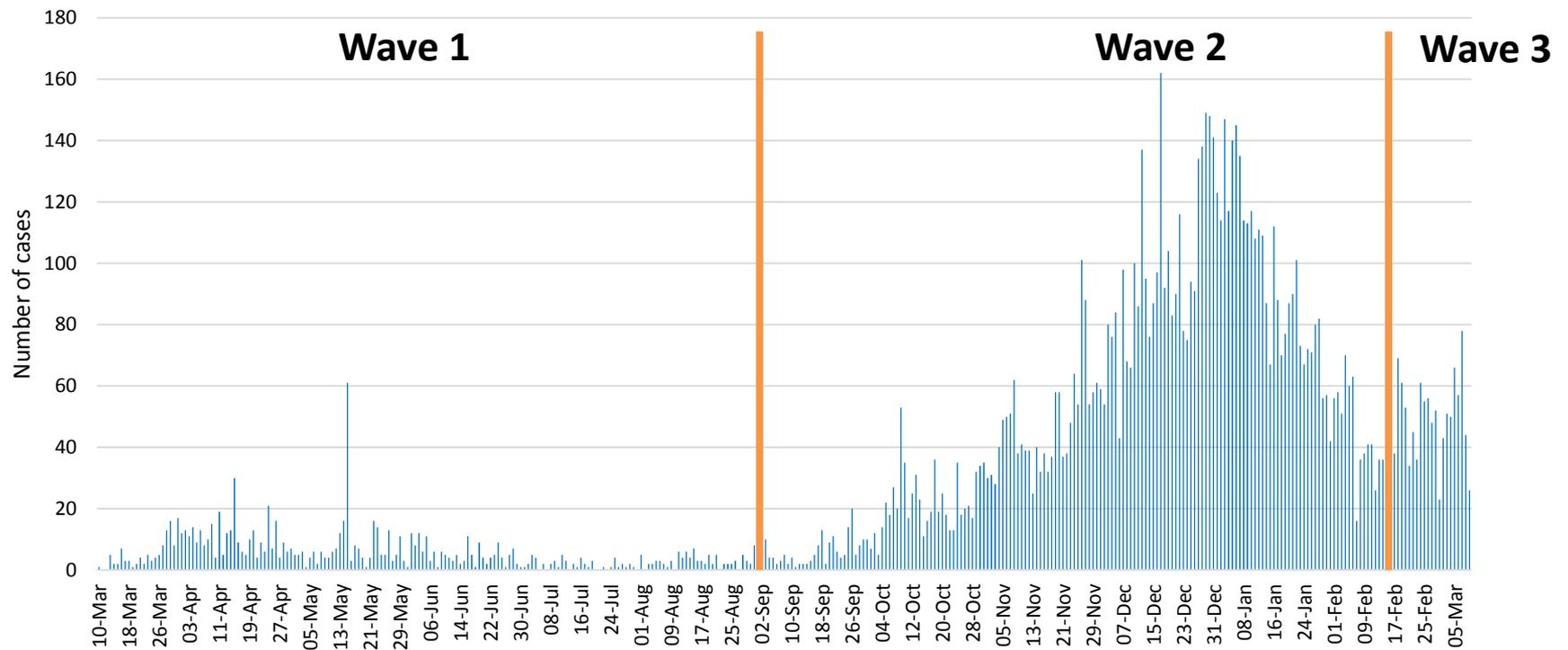
Includes essential service
fully or partially operational

On Hold



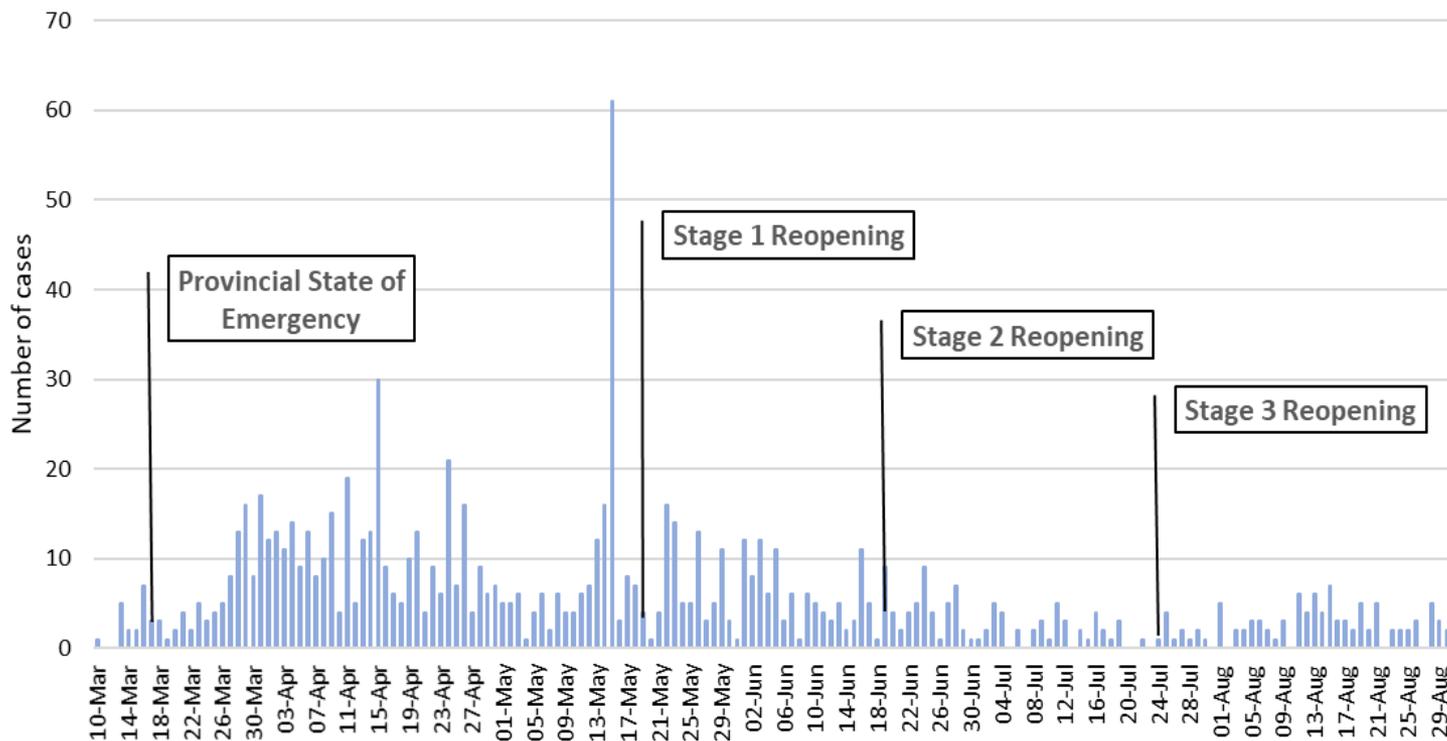
Waves of COVID-19 in Hamilton

Number of COVID-19 cases reported to public health per day,
City of Hamilton Mar 10 2020 - Mar 9 2021



COVID-19 in Hamilton: Wave 1

Number of COVID-19 cases reported to public health per day, City of Hamilton Mar 10 2020 - Aug 31 2020 (Wave 1)



985
cases

31
outbreaks

148
hospitalizations

45
deaths

54,134
tests
completed

COVID-19 in Hamilton: Wave 1



Case Management and Contact Tracing

Followed up with COVID-19 cases & contacts

Supported access to COVID-19 test results

Worked with employers and employees to investigate COVID-19 transmission

Collaborated to support individuals receiving homecare and arrange in home testing with Paramedic Services

Collaborated with Shelter Health to support testing and infection prevention & control to mitigate spread of COVID-19 within vulnerable populations



Tim O'Shea
@timosh99

Week 5 of our surveillance testing program in Hamilton shelters is underway. We couldn't do this without this team of amazing Hamilton Public Health nurses who completed ~200 tests this week [#NursesWeek](#) [#COVID19](#) [#HamOnt](#)



COVID-19 in Hamilton: Wave 1



Infection Prevention & Control

Supported congregate settings with provincial directives, preparing for potential cases, isolation and outbreaks

Inspected congregate settings and agricultural sector for safe operations

Supported business sectors with interpretation and compliance with the Reopening Ontario Act



**HELP PREVENT COVID-19 SPREAD
IN WORKPLACES**

- Develop sick time policies & procedures to help support employees to stay home when they are sick.** (Illustration: person in bed with dog)
- Ensure employees complete a health screening questionnaire before each shift.** (Illustration: person at computer with clipboard)
- If an employee doesn't pass the screening protocol, they should self-isolate at home, contact their health care provider &/or get tested.** (Illustration: person on phone)
- If an employee develops symptoms at work, they should go home right away.** (Illustration: person at desk)
- Sick employees who test negative can return after 24 hours symptom-free. Employees who test positive must follow Hamilton Public Health Services advice for return to work.** (Illustration: COVID-19 test results card)

hamilton.ca/coronavirus 

COVID-19 in Hamilton: Wave 1



Outbreak Management

Management of outbreaks

Provided outbreak training, education sessions and support to long-term care homes in partnership with hospitals

Support swabbing/testing daycare workers, shelters, some long-term care and retirement homes

Worked through congregate settings tables to support staffing and resource

Enforcement where needed

HAMILTON PUBLIC HEALTH IS FIGHTING COVID-19



CASE INVESTIGATION
Determining where people got and may have spread COVID-19



CONTACT TRACING
Isolating and monitoring close contacts of positive cases



DATA ANALYSIS
Interpreting data to inform our local measures



PROTECTING VULNERABLE POPULATIONS
Helping to control outbreaks in long-term care homes



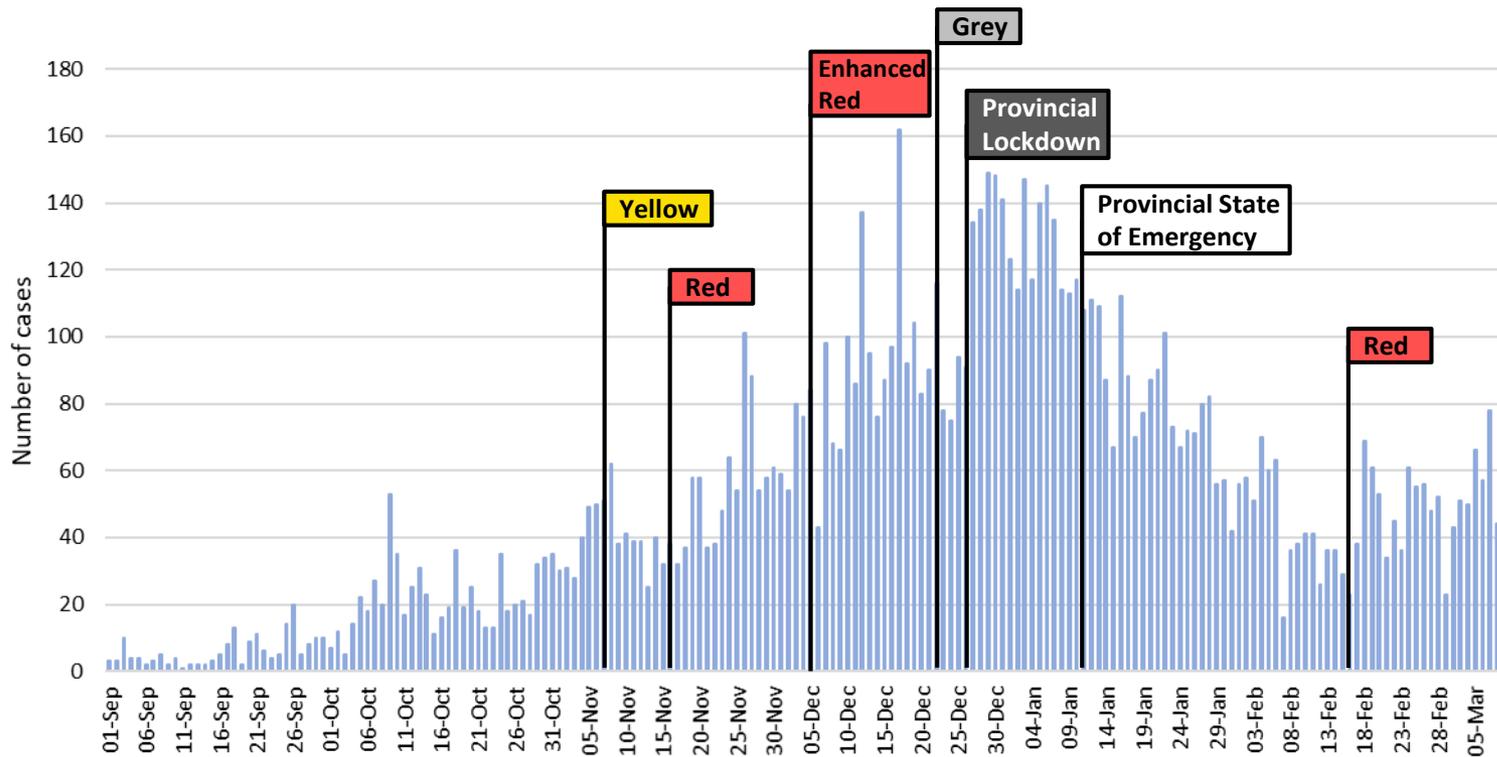
ANSWERING YOUR QUESTIONS
Responding to questions from the community on our COVID-19 Hotline (905-974-9848)

hamilton.ca/coronavirus



COVID-19 in Hamilton: Wave 2

Number of COVID-19 cases reported to public health per day, City of Hamilton Sept 1 2020 - Feb 16 2021 (Wave 2)



8,937 cases

217 outbreaks

610 hospitalizations

231 deaths

163,387 tests completed

COVID-19 in Hamilton: Wave 2



Case Management and Contact Tracing

Same initiatives as Wave 1

Recruited 75 Full-Time Employees in preparation for the second wave

Transitioned to a new provincial case and contact documentation system

WHO IS A CLOSE CONTACT?

CLOSE CONTACT

- You were within 6 feet, or 2 metres distance for more than 15 minutes.
- You had close physical contact with the person, such as a handshake.
- Some one beside you at your workplace.
- A person who accidentally sneezed, or coughed on you while talking in close proximity.

NOT CLOSE CONTACT

- Someone at your workplace that you do not work with.
- You maintained 6 feet or 2 metres distance.
- Briefly had a chat in the hallway, but kept your distance.
- You passed a person quickly in the hallway.

hamilton.ca/coronavirus

COVID-19 in Hamilton: Wave 2



COVID-19 Schools

Hired 23 Full-Time Employees School COVID-19 Public Health Nurses

Collaborated with school boards and schools to reopen safely

WHAT PARENTS NEED TO KNOW
IF SOMEONE AT SCHOOL TESTS POSITIVE FOR COVID-19

- Parents will be notified but the person's identity will not be shared.**
- Not all students are at risk if there is a positive case at school.**
- Public Health will follow up with close contacts, likely including the class cohort.**
- Close contacts will self-isolate for 14 days, monitor for symptoms & get tested.**
- Other people at school will monitor for symptoms but don't have to self-isolate.**
- Public Health will continue to monitor & notify parents/staff of risk as needed.**

hamilton.ca/coronavirus



Infection Prevention & Control

Continued to support congregate settings

Continued working with business sectors to support interpretation and compliance with Reopening Ontario Act

**Shop Locally
Shop Safely**
Support Hamilton's small businesses and restaurants

hamilton.ca/coronavirus

COVID-19 in Hamilton: Wave 2



Outbreak Management

Same initiatives as Wave 1

Provided outbreak training, education sessions and support to:

- schools and school boards
- daycares



2020 Program Highlights

Rapid transition to virtual care



Virtual breastfeeding support was widely used to adapt to COVID-19 restrictions - **204 virtual visits** completed



1,324 online prenatal education registrants – **more than 3x** the in-person registrants in 2019



144 virtual walk-in referrals for mental health services for children, youth & their families – almost **2x higher than 2019**



Infectious Disease program implemented video directly observed therapy for tuberculosis cases – **71%** of cases received care this way

2020 Program Highlights

Continued and adapted outreach



1,097 clients seen at the dental bus and **2,357** clients seen at the Dental Clinic despite COVID-19



Harm Reduction Van and needle exchange **increased** service throughout COVID-19



Grade 7/8 Immunization Catch Up Clinics provided for students when schools reopened



Public Health Staff led the Pilot Hamilton Sustainable Neighbourhood Action Plan - **50 trees given away**

2020 Program Highlights

Community engagement and collaboration



Collaboration with Indigenous communities to address needs & barriers related to COVID-19



COVID-19 surveillance and intelligence for decision-making with health care and community partners



Increased City of Hamilton's capacity to respond and enforce physical distancing and face-covering By-laws



New community partnership for **low-barrier** access to mental health supports for children and youth

2020 Program Highlights

Successes



Radon Prevalence Study led to policy for enforcement of Ontario Building Code to create homes **safe from effects of radon**

Engaged with **community** on climate mitigation and adaptation



In addition to COVID-19:

- Investigated all **(3,599)** confirmed cases of reportable infectious diseases
- Investigated all **(69)** confirmed outbreaks



Maintained **prenatal screening & home visits** for high risk clients throughout the pandemic

Program Planning 2021



•Continue with COVID-19 response and other essential Public Health Services



•Incorporate equitable response and recovery plan



•Focus on recovery post-COVID-19

Public Health Priorities 2021



Balancing Business Continuity & COVID-19 Response

1. COVID-19 Response and Business Continuity essential services adequately resourced



Health Equity

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



Mental Health & Addictions

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



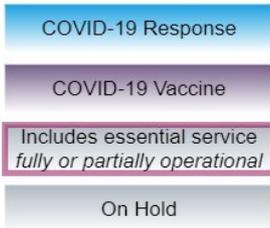
Climate Change

1. Hamilton's population is more prepared for the adverse health impacts and hazards of climate change leading to a healthier, more resilient community.

Goals

Public Health Programs & Services 2021

LEGEND



Epidemiology, Wellness & Communicable Disease Control Division

Office of the Medical Officer of Health

Healthy Environments Division

Healthy Families Division

COVID-19 Response

COVID-19 Vaccine Program

Healthy Built Environments

Food Strategy & Community Health Workers

COVID-19 Planning

Dental Program

Case & Contact Management

Data Management & Business Operations

COVID-19 Clinic Planning

Mobile & Pop Up Clinics

Food & Water Safety

Health Hazards & Vector Borne Diseases

COVID-19 Logistics

School Program

Schools COVID-19

Epidemiology & Evaluation

COVID-19 Vaccine Booking & Hotline

Large Scale Clinic Management

Tobacco Control

Healthy Growth & Development

Child & Adolescent Services

Outbreak Management

Infection Prevention & Control

Clinic Supplies

COVAX Management

Public Health Services Communications

Home Visiting

Health Promotion

Vaccine Inventory Management

Adverse Events Following Immunization

Health Strategy & Health Equity

Alcohol Drug & Gambling Service and Mental Health Outreach

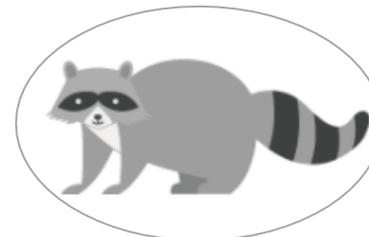
Sexual Health & Substance Misuse Prevention

Infectious Diseases

Status of Public Health Programs & Services 2021

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
- Virtual home visits for babies, children, and families
- Sexual health clinics, case management, phone line
- Mental health and street outreach services
- Naloxone distribution
- Epidemiology & evaluation
- Rabies investigations
- Tobacco enforcement – *complaint-based only*
- Urgent health hazard complaint investigations
- Vaccine management and delivery



Status of Public Health Programs & Services 2021

High-risk services - continue with limited capacity

- Dental Clinics & Bus
- 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
- Climate change



Status of Public Health Programs & Services 2021

Medium Risk – ongoing & on hold

Ongoing:

- Fixed premise & Child care inspections (routine)
- Moderate-risk food premises inspections
- Recreational water facility inspections
- Small drinking water inspections
- Air quality

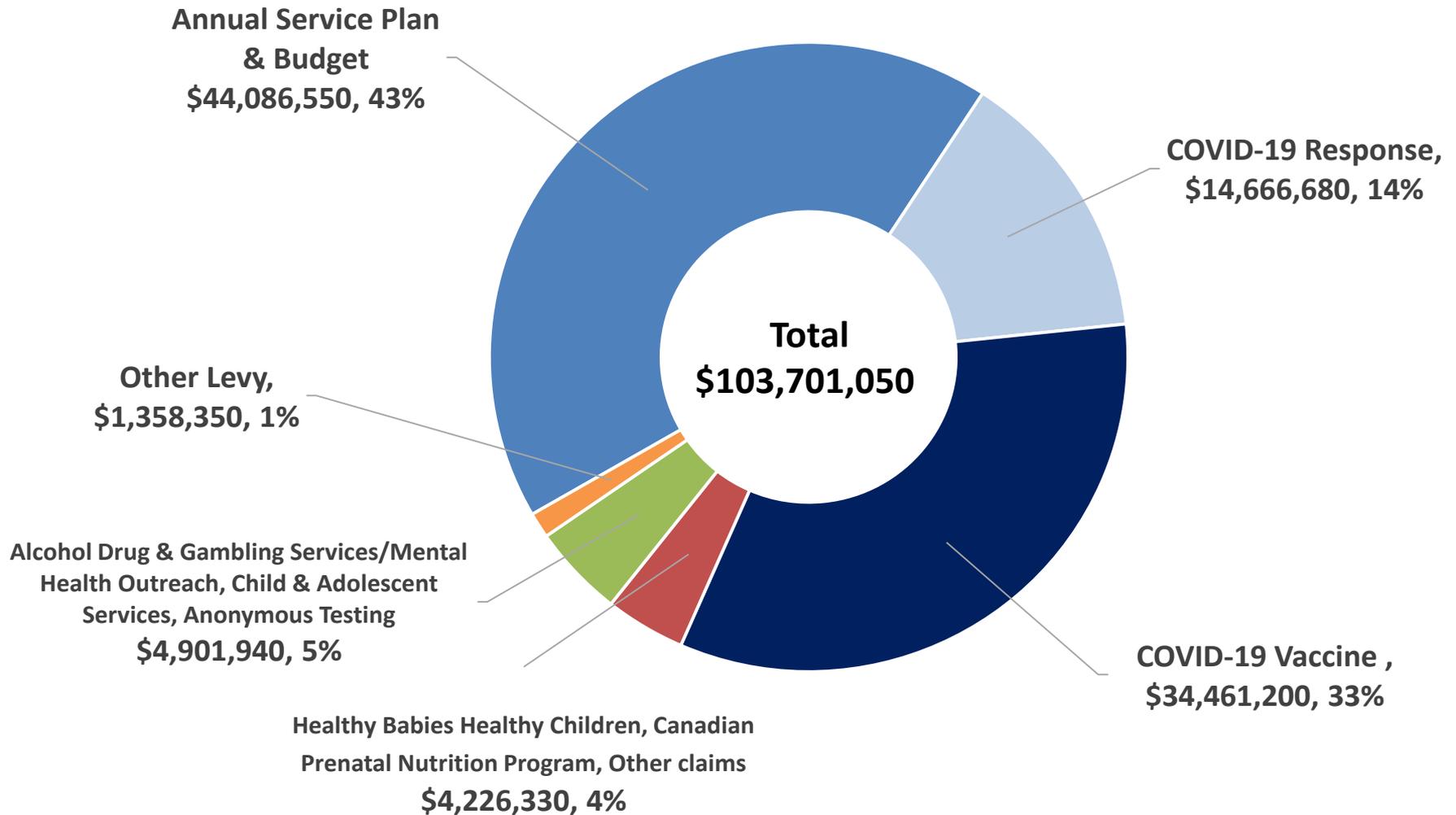
On Hold:

- School program (non COVID-19)
- Tobacco enforcement (non complaint based)
- Tobacco cessation clinics

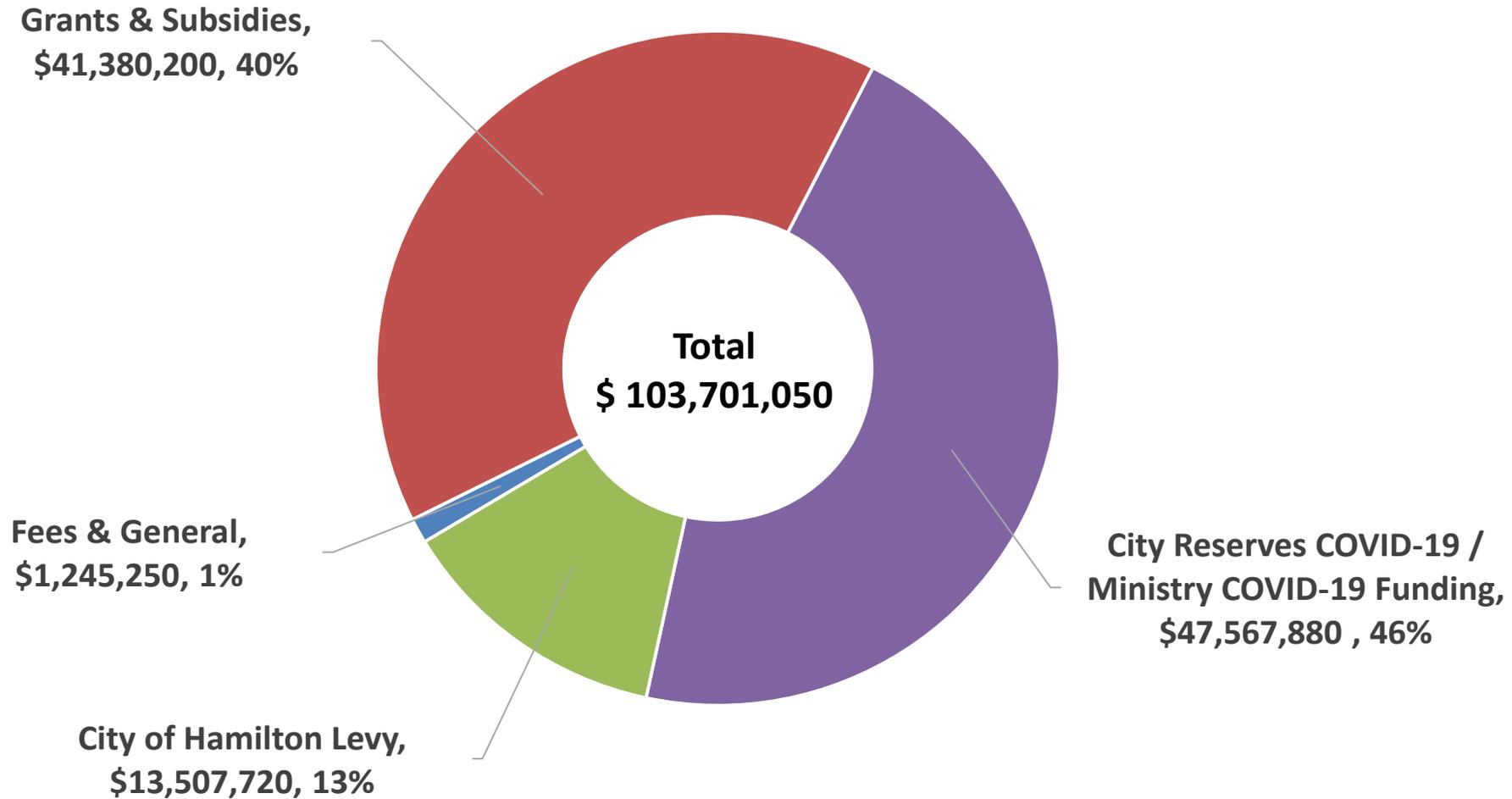
Low Risk – all on hold

- 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
- Residential Care Facility routine inspections
- Harm Reduction – street health clinics
- Health Hazards – non urgent complaints and reviews
- Tobacco hotline

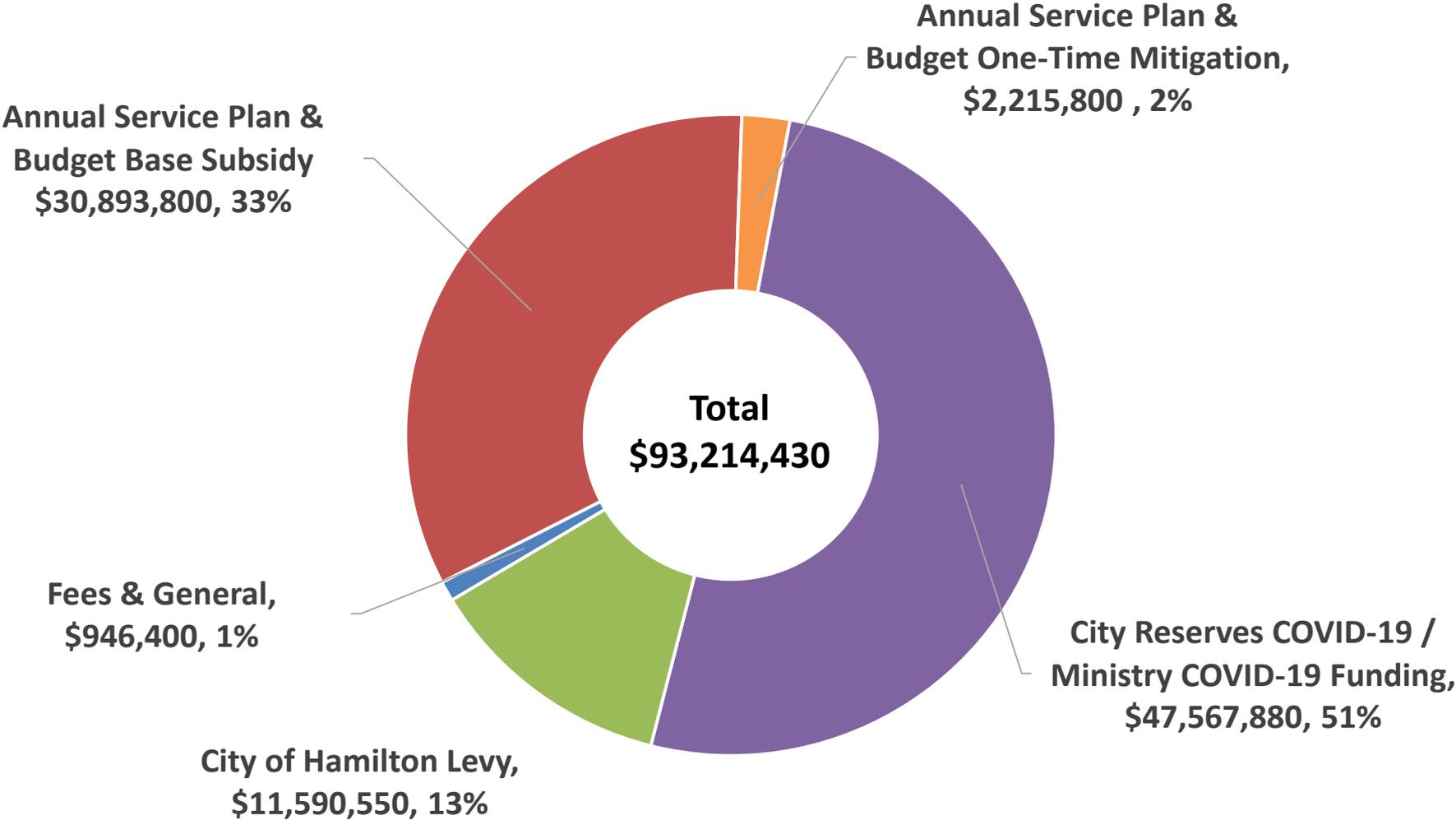
2021 Budgeted Gross Expenditures by Program



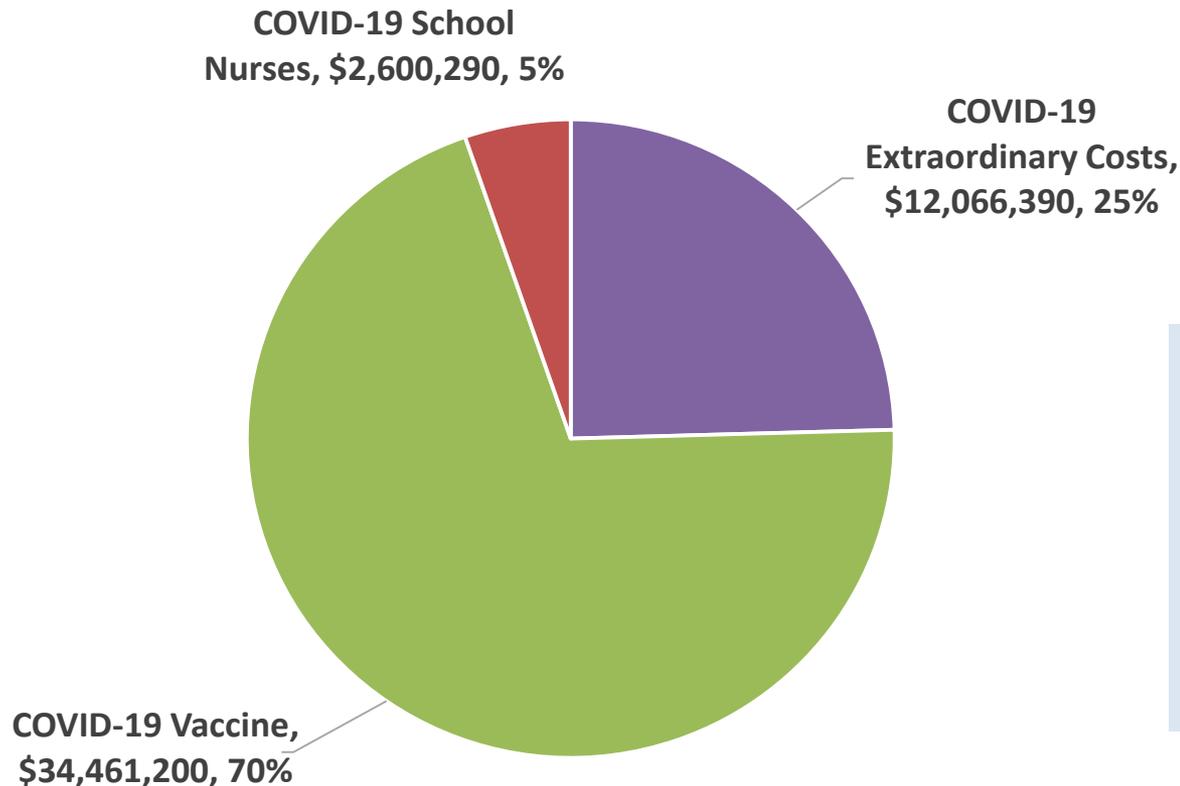
2021 Public Health Services Funding Sources



2021 Annual Service Plan & Budget Funding Details



2021 COVID-19 Expenditures & Funding Sources



**Total COVID Costs:
\$49,127,880**

Funding Sources

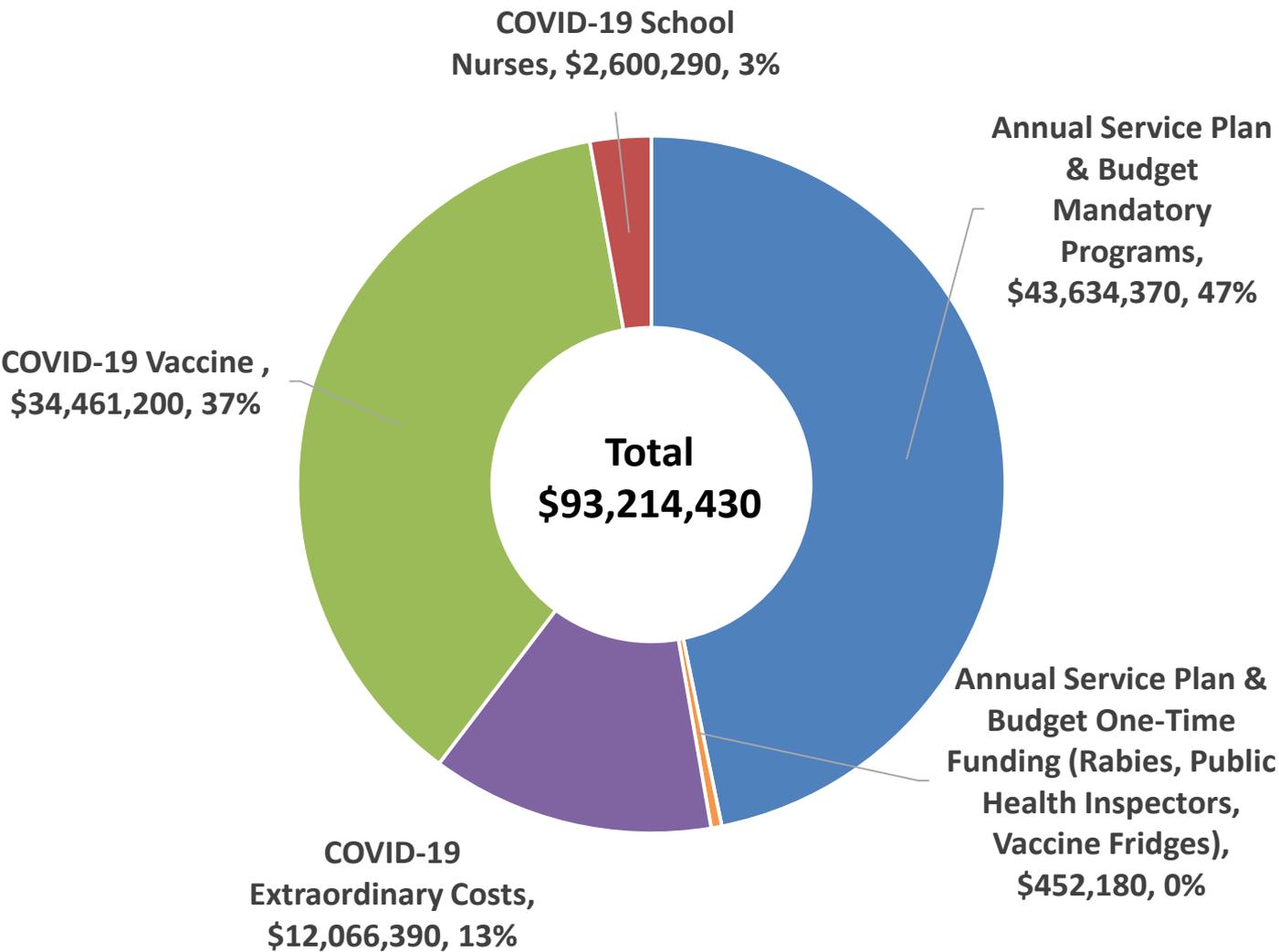
City Reserve COVID / Ministry COVID Funding

- COVID Extraordinary \$13,106,680
- COVID Vaccine Costs \$34,461,200

COVID School Nurses Subsidy

- COVID School Nurses \$1,560,000

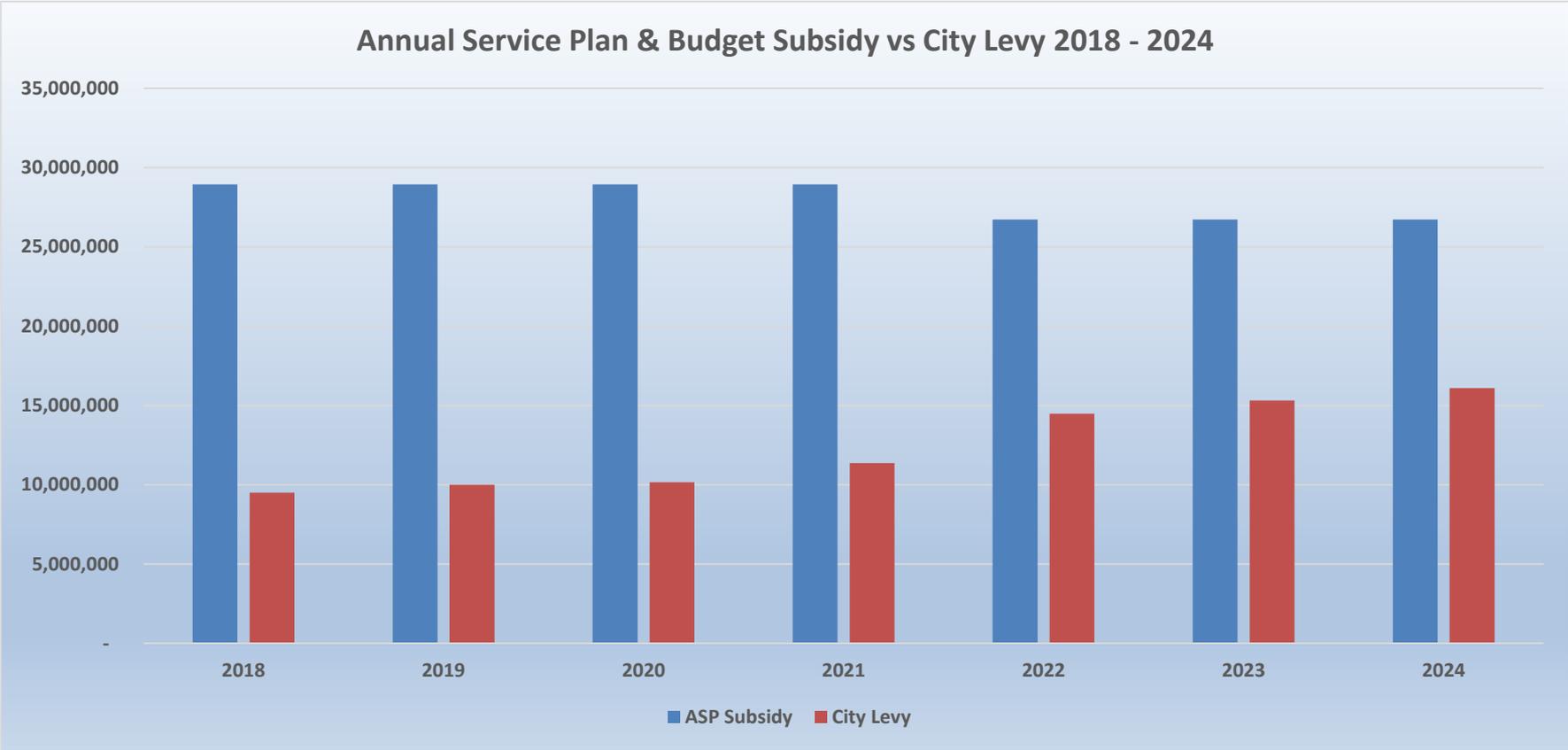
2021 Annual Service Plan & Budget Expenditures Detail



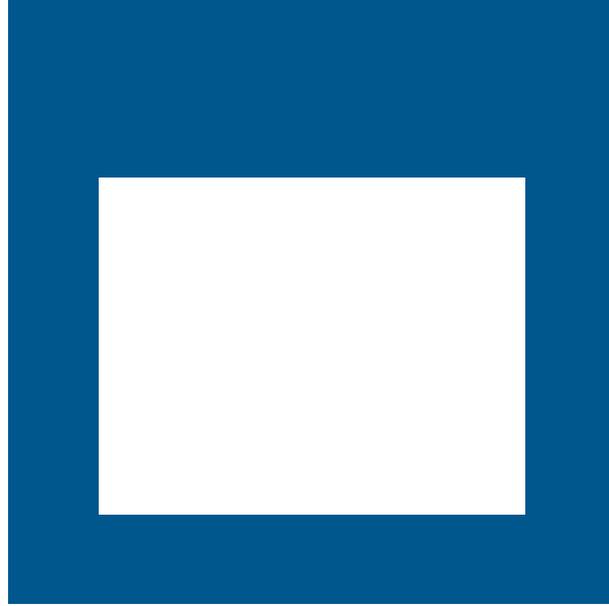
One-Time Requests

- Public Health Inspector Practicum Program \$10,000
- Raccoon Rabies \$216,830
- Vaccine Fridges \$225,350
- COVID-19 Extraordinary Costs \$12,066,390
- COVID-19 Vaccine \$34,461,200

Annual Service Plan & Budget Subsidy vs City Levy 2018-2024



Assumes transition to 70/30 provincial municipal funding in 2022



QUESTIONS?