



**City of Hamilton**  
**BOARD OF HEALTH REVISED**

**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**

\*6.1. Delegation Request Dr. Natasha Johnson, McMaster University respecting Structural Reform of the Board of Health

\*6.2. Delegation Request from Kassia Johnson, McMaster University respecting Structural Reform of the Board of Health

- \*6.3. Delegation Request from Timothy O'Shea, McMaster University respecting Structural Reform of the Board of Health

Video Submission

- \*6.4. Delegation Request from Claire Bodkin, McMaster University, respecting Structural Reform of the Board of Health

Video Submission

- \*6.5. Delegation Request from Dr. Mark Walton, McMaster University, respecting Structural Reform of the Board of Health

Video Submission

- \*6.6. Delegation Request from Ruth Rodney, York University, respecting Structural Reform of the Board of Health

## **7. CONSENT ITEMS**

## **8. PUBLIC HEARINGS / DELEGATIONS / VIRTUAL DELEGATIONS**

- \*8.1. Lyndon George respecting Structural Reform of the Board of Health (approved at the February 19, 2021 meeting)

- \*8.2. Madeleine Verhovsek respecting Structural Reform of the Board of Health (approved at the February 19, 2021 meeting)

Video Submission

## **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

**Request to Speak to Committee of Council**

Submitted on Wednesday, March 17, 2021 - 11:38 pm

**==Committee Requested==**

**Committee:** Board of Health

**==Requestor Information==**

**Name of Individual:** Dr. Natasha Johnson

**Name of Organization:**

**Contact Number:** [REDACTED]

**Email Address:** [REDACTED]

**Mailing Address:**

[REDACTED]

**Reason(s) for delegation request:** I would like to share my perspective with respect to the need for structural reform at Hamilton Board of Health and including community voices to the Board.

**Will you be requesting funds from the City?** No

**Will you be submitting a formal presentation?** Yes









CdnPaediatricSociety

@CanPaedSociety

1/3 Adolescent medicine specialist @JohnsonTasha848 has a message for children, youth, and families affected by #racism: "I see you, and I am with you. Your suffering is real." @mac\_peds @MacHealthSci



CdnPaediat... · 2020-06-01

Replying to @CanPaedSociety

2/3 "People of colour experience worries about racism on a regular basis": Will my son be at more risk of harm when he's wearing a mask to protect against COVID-19?



CdnPaediat... · 2020-06-01

3/3 "George Floyd is not only a person of colour. He is my sons, my father....He is family, he is friends. He is a person of colour who didn't deserve what happened to him."

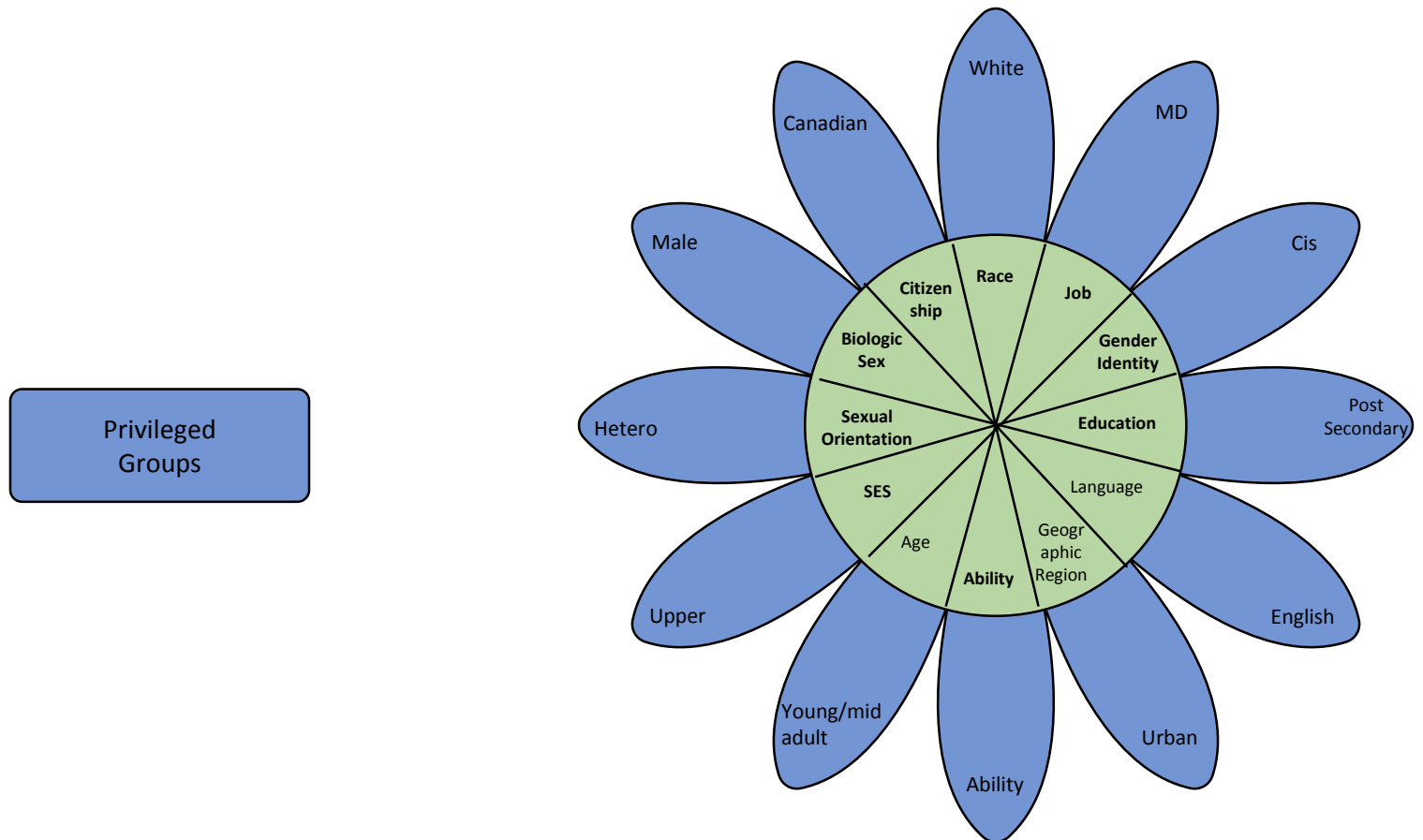
@JohnsonTasha848

#BlackLivesMatter

# On anyone's radar?

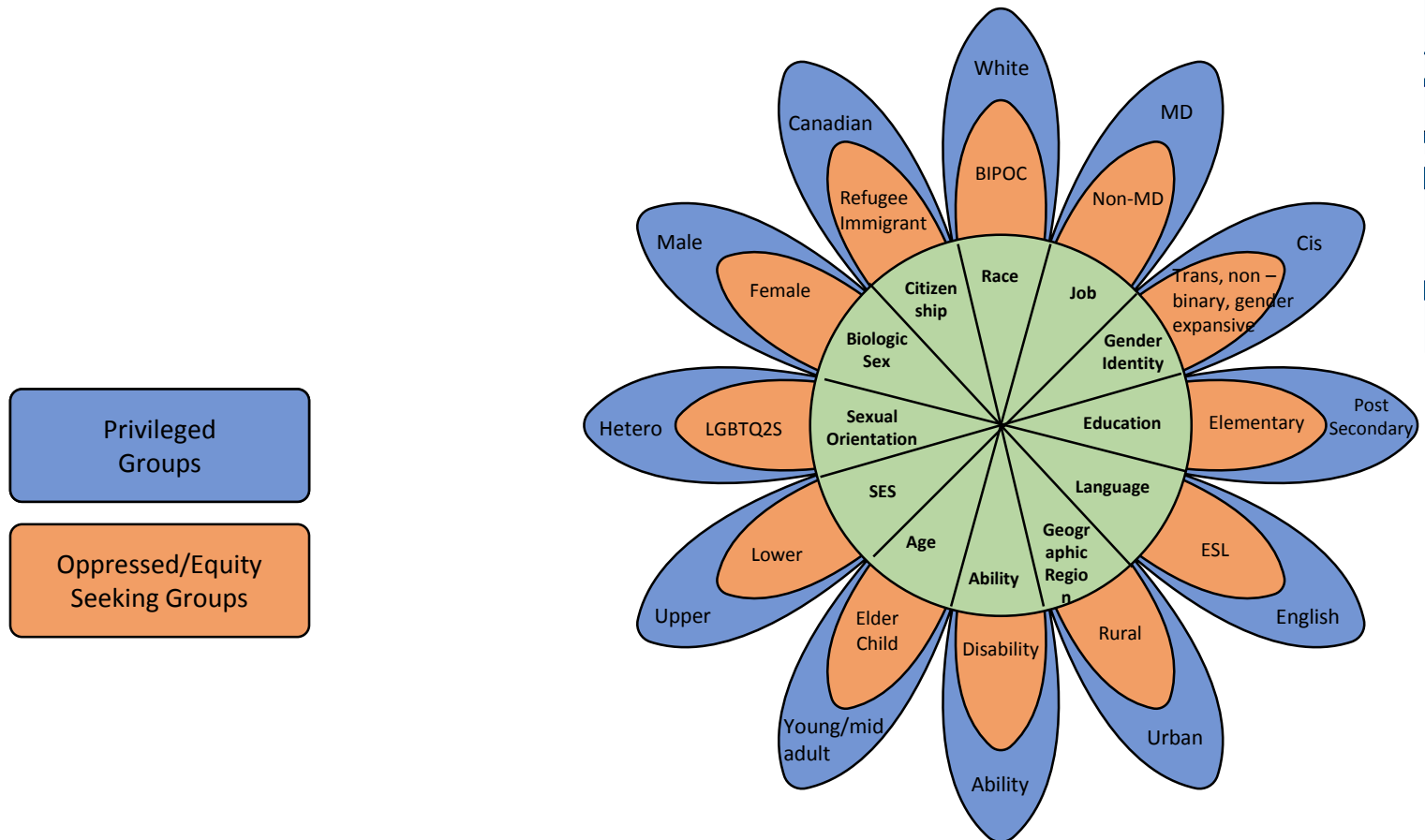
- Superimposed effect of various types of racism on the pandemic
- Some communities have a difficult historical legacy with the medical community (systemic racism)
  - work will need to be done to build trust when it comes to various public health measures
    - Vaccine ambassadors – Hamilton recently hired a number

# Power Flower



Adapted from: POWER FLOWER - Access to Media Education Society's "Racism for Reel" resource guide (2002). Activity invented by Enid Lee and developed by members of the Doris Marshall Institute in Toronto. It is from the book *Becoming an Ally: Breaking the Cycle of Oppression* by Anne Bishop. (Halifax NS: Fernwood, 1994)

# Power Flower



Adapted from: POWER FLOWER - Access to Media Education Society's "Racism for Reel" resource guide (2002). Activity invented by Enid Lee and developed by members of the Doris Marshall Institute in Toronto. It is from the book *Becoming an Ally: Breaking the Cycle of Oppression* by Anne Bishop. (Halifax NS: Fernwood, 1994)



# SERVE YOUR CITY

Boards • Committees • Tribunals


[Home](#)
[Opportunities](#)
[Search](#)

To help slow the rate of COVID-19 infection, the City of Toronto has scaled back and/or modified more about the current [health situation and affected City services](#) .

## Board of Health

[Go to Appl](#)

Established under the [Ontario Health Protection and Promotion Act](#) , the Board of Health determines and sets public health policy and advises City Council on a broad range of health issues and services that include health assessment, health protection, disease prevention and health promotion. [Board of Health for the City of Toronto Health Unit By-law 2-2019](#) , [as amended by Board of Health for the City of Toronto Health Unit By-Law 1-2020](#) governs the process of appointing and governing the Board of Health and its committees.

## Board responsibilities

The board:

- Ensures public health programs and services in Toronto are delivered according to provincial standards and in response to local needs
- Works with Toronto Public Health staff to develop strategic plans, goals and policies for Toronto Public Health
- Advises City Council on a broad range of health issues
- Recommends the annual capital and operating budgets to City Council

## Board size and composition

The Board of Health consists of 13 members and is composed of:

- 6 Council members
- 6 members of the public
- 1 education representative

## Chair and vice chair

Under the Health Protection and Promotion Act, the Board of Health elects the chair and vice chair from amongst its members.

## Term of office

The term of office for public members of the board is four years, generally coincident with the term of Council.

## Eligibility requirements

Public members must meet the eligibility requirements as set out in the City's Public Appointments Policy.

Under the Health Protection and Promotion Act, public members are ineligible for appointment to the board if their services are employed by the Board of Health.

## Qualifications

Public members of the Board of Health should collectively demonstrate a range of qualifications including:

- interest or background in issues affecting municipal public health programs and services
- interest or skills in planning and policy development leading to a comprehensive municipal public health agenda that meets local community needs
- experience in organizational activities, such as committees, non-profit groups, voluntary societies, occupational associations
- skills in leadership and management and/or experience in administration and budget development
- demonstrated skills in conflict management, negotiation and mediation
- ability to make a commitment to monthly involvement in Board of Health meetings and related committee or other activities
- a youthful perspective, defined as an individual in the 18-30 age range, is a desired qualification for at least one public member

# Ontario Public Health Standards (2018)

Figure 2: Policy Framework for Public Health Programs and Services

<b>Goal</b>	To improve and protect the health and well-being of the population of Ontario and reduce health inequities			
<b>Population Health Outcomes</b>	<ul style="list-style-type: none"> <li>Improved health and quality of life</li> <li>Reduced morbidity and premature mortality</li> <li>Reduced health inequity among population groups</li> </ul>			
<b>Domains</b>	<b>Social Determinants of Health</b>	<b>Healthy Behaviours</b>	<b>Healthy Communities</b>	<b>Population Health Assessment</b>
<b>Objectives</b>	To reduce the negative impact of social determinants that contribute to health inequities	To increase knowledge and opportunities that lead to healthy behaviours	To increase policies, partnerships and practices that create safe, supportive and healthy environments	To increase the use of population health information to guide the planning and delivery of programs and services in an integrated health system
<b>Programs and Services</b>	<p align="center"><b>Goals</b></p> <ul style="list-style-type: none"> <li>To increase the use of public health knowledge and expertise in the planning and delivery of programs and services within an integrated health system</li> <li>To reduce health inequities with equity focused public health practice</li> <li>To increase the use of current and emerging evidence to support effective public health practice</li> <li>To improve behaviours, communities and policies that promote health and well-being</li> <li>To improve growth and development for infants, children and adolescents</li> <li>To reduce disease and death related to infectious, communicable and chronic diseases of public health significance</li> <li>To reduce disease and death related to vaccine preventable diseases</li> <li>To reduce disease and death related to food, water and other environmental hazards</li> <li>To reduce the impact of emergencies on health</li> </ul>			
<b>Principles</b>	<b>Need</b>	<b>Impact</b>	<b>Capacity</b>	<b>Partnership, Collaboration and Engagement</b>
	<ul style="list-style-type: none"> <li>Assess the distribution of social determinants of health and health status</li> <li>Tailor programs and services to address needs of the health unit population</li> </ul>	<ul style="list-style-type: none"> <li>Assess, plan, deliver, and manage programs and services by considering evidence, effectiveness, barriers, and performance measures</li> </ul>	<ul style="list-style-type: none"> <li>Make the best use of available resources to achieve the capacity required to meet the needs of the health unit population</li> </ul>	<ul style="list-style-type: none"> <li>Engage with multiple sectors, partners, communities, priority populations, and citizens</li> <li>Build and further develop the relationship with Indigenous communities. These relationships may take many forms and need to be undertaken in a way that is meaningful to the particular community and/or organization</li> </ul>

# Representation Matters

## Benefits of a Diverse Team:

1. Increased Creativity and Innovation
2. Better Problem-Solving and Decision Making
3. Increased Profits
  - Ethnic & Cultural Diversity better than gender diversity alone
4. Higher employee engagement
5. Better Reputation

<https://www.managers.org.uk/knowledge-and-insights/listicle/the-five-business-benefits-of-a-diverse-team/#:~:text=Harvard%20Business%20Review%20found%20that,to%2087%25%20of%20the%20time.>



**Request to Speak to Committee of Council**

Submitted on Thursday, March 18, 2021 - 8:39 am

==Committee Requested==

**Committee:** Board of Health

==Requestor Information==

**Name of Individual:** Kassia Johnson

**Name of Organization:** McMaster

**Contact Number:** [REDACTED]

**Email Address:** [REDACTED]

**Mailing Address:**

[REDACTED]

**Reason(s) for delegation request:** Respecting the need for structural reform at Hamilton Board of Health and including community voices to the Board.

**Will you be requesting funds from the City?** No

**Will you be submitting a formal presentation?** Yes

**Request to Speak to Committee of Council**

Submitted on Thursday, March 18, 2021 - 7:05 am

==Committee Requested==

**Committee:** Board of Health

==Requestor Information==

**Name of Individual:** Timothy O'Shea

**Name of Organization:**

**Contact Number:** [REDACTED]

**Email Address:** [REDACTED]

**Mailing Address:**

[REDACTED]

**Reason(s) for delegation request:** Respecting the need for structural reform at Hamilton Board of Health and including community voices to the Board

**Will you be requesting funds from the City?** No

**Will you be submitting a formal presentation?** No

**Request to Speak to Committee of Council**

Submitted on Wednesday, March 17, 2021 - 8:04 pm

==Committee Requested==

**Committee:** Board of Health

==Requestor Information==

**Name of Individual:** Claire Bodkin

**Name of Organization:**

**Contact Number:** [REDACTED]

**Email Address:** [REDACTED]

**Mailing Address:** [REDACTED]

**Reason(s) for delegation request:** To share my perspective on a motion being put forward to include community representation on the Board of Health.

**Will you be requesting funds from the City?** No

**Will you be submitting a formal presentation?** No

## Request to Speak to Committee of Council

Submitted on Thursday, March 18, 2021 - 9:19 am

==Committee Requested==

**Committee:** Board of Health

==Requestor Information==

**Name of Individual:** J. Mark Walton MD FRCSC

**Name of Organization:**

**Contact Number:** [REDACTED]

**Email Address:** [REDACTED]

**Mailing Address:**

[REDACTED]

**Reason(s) for delegation request:** respecting the need for structural reform at Hamilton Board of Health and including community voices to the Board.

**Will you be requesting funds from the City?** No

**Will you be submitting a formal presentation?** Yes

## Request to Speak to Committee of Council

Submitted on Thursday, March 18, 2021 - 11:16 am

==Committee Requested==

**Committee:** Board of Health

==Requestor Information==

**Name of Individual:** Ruth Rodney

**Name of Organization:** York University

**Contact Number:** [REDACTED]

**Email Address:** [REDACTED]

**Mailing Address:**

[REDACTED]  
[REDACTED]  
[REDACTED]

**Reason(s) for delegation request:** Respecting the need for structural reform at Hamilton Board of Health and including community voices to the Board.

**Will you be requesting funds from the City?** No

**Will you be submitting a formal presentation?** No



# 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

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

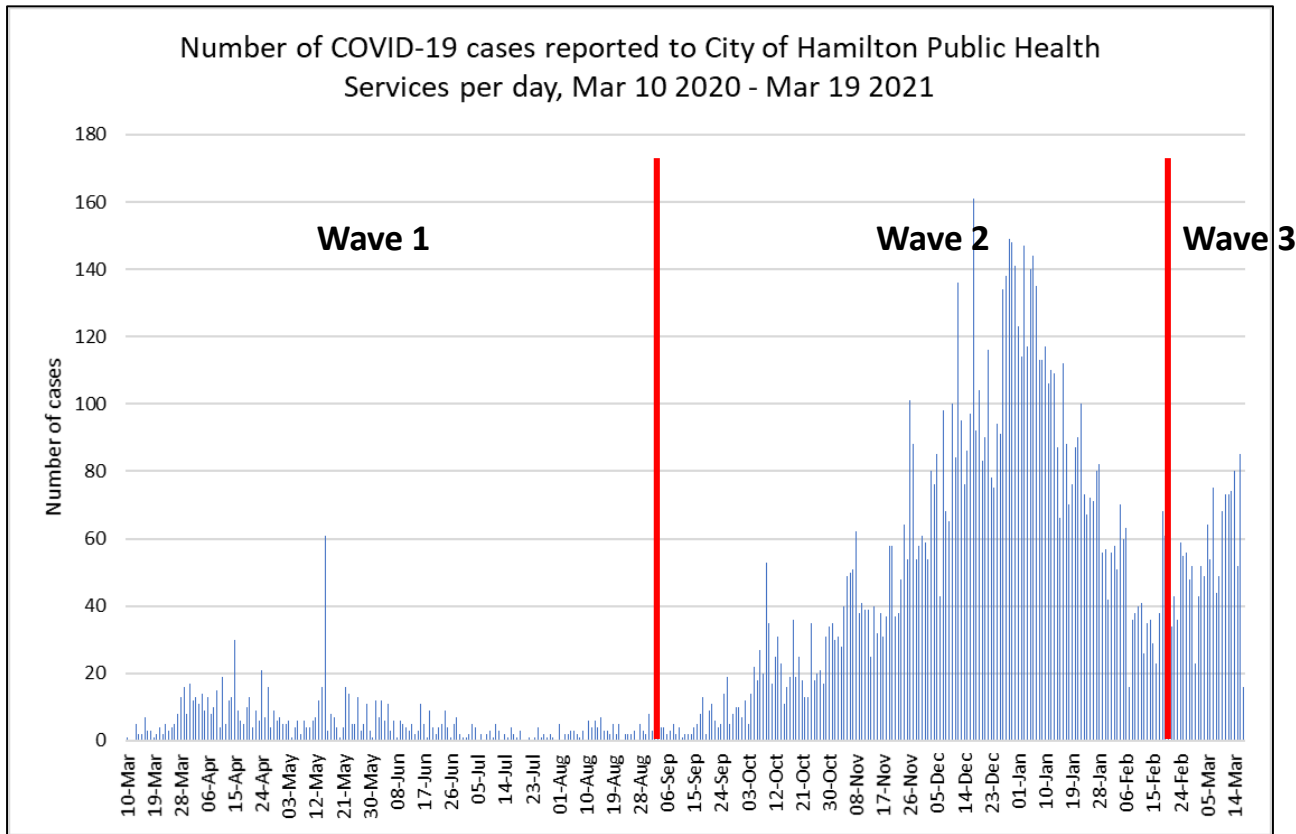
**HHS:** Hamilton Health Sciences

# 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

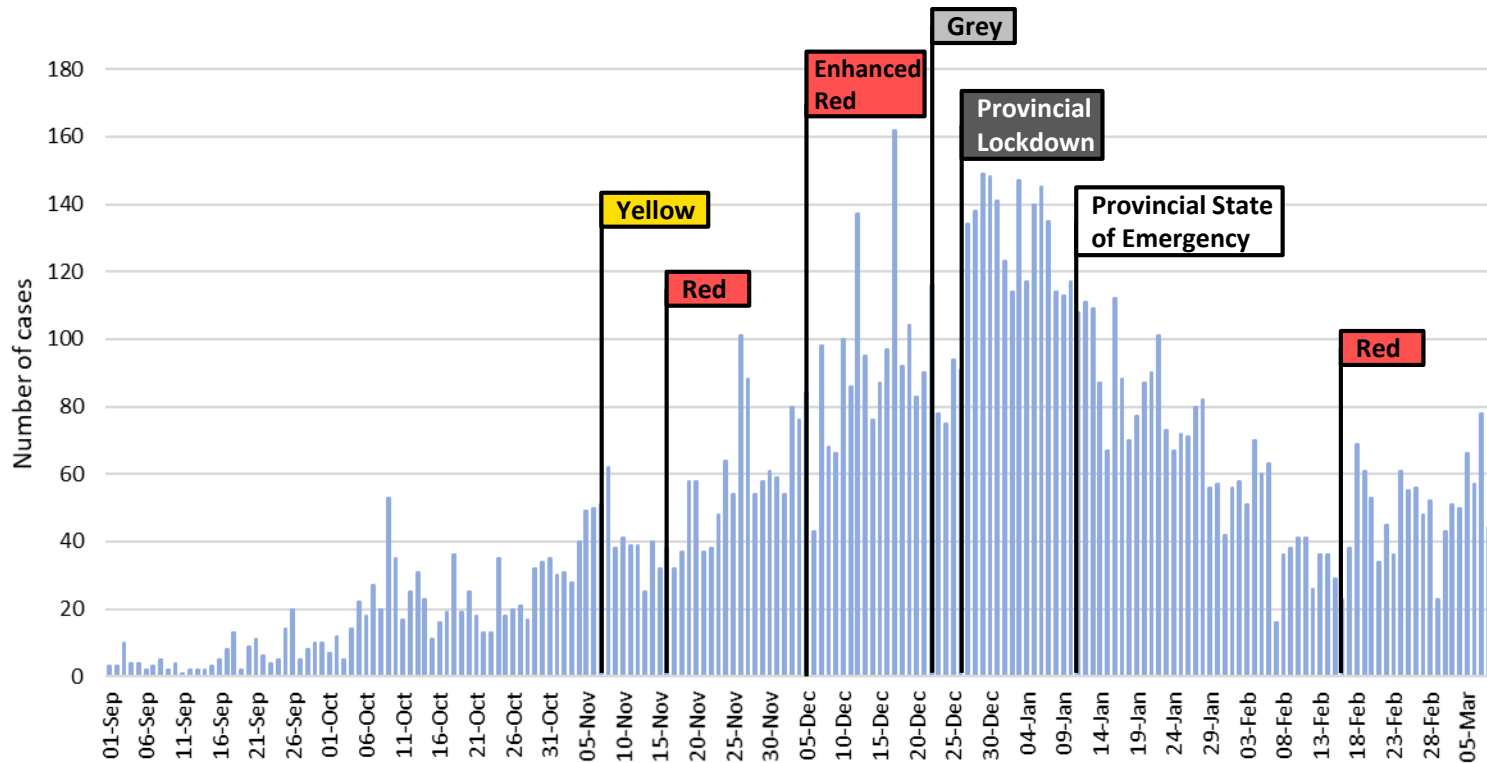


## Key Messages

- 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

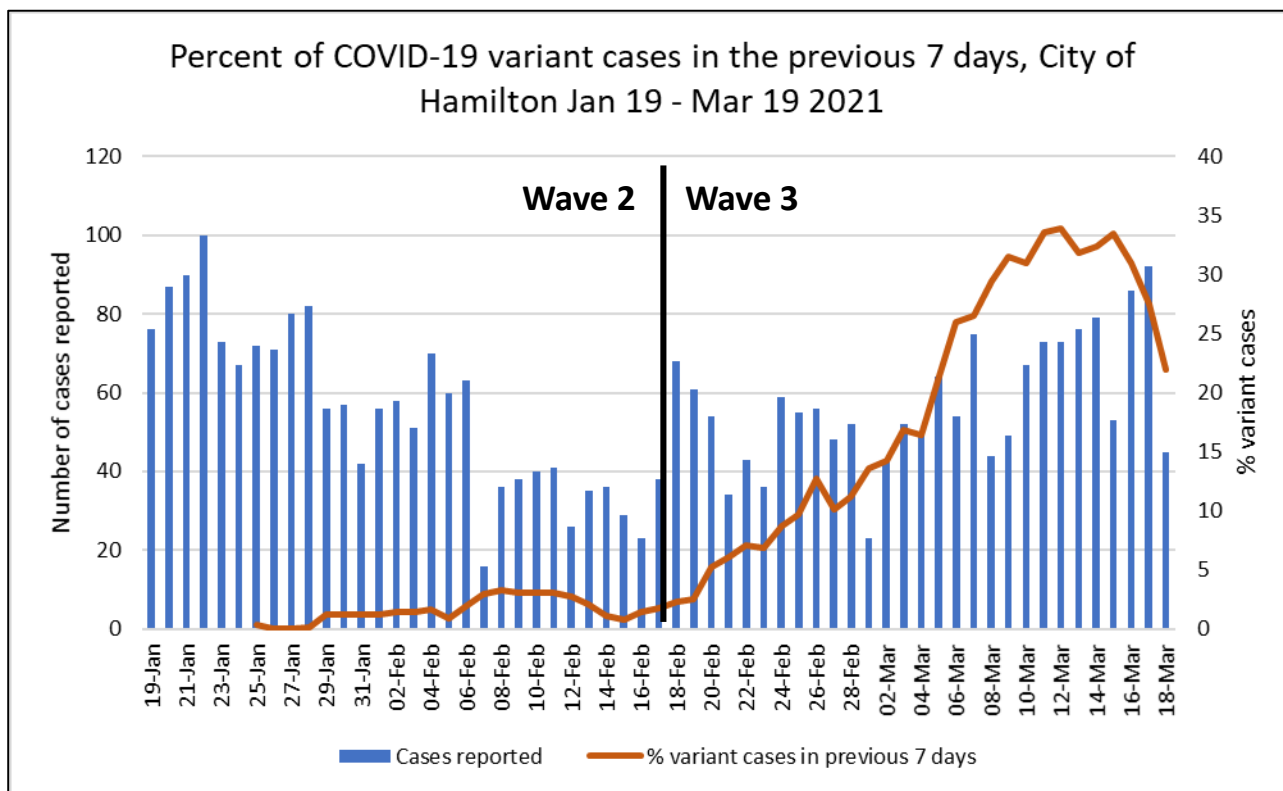
## **WAVE 2: Pre-Peak** Sept 1 – Dec 31 2020

- 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

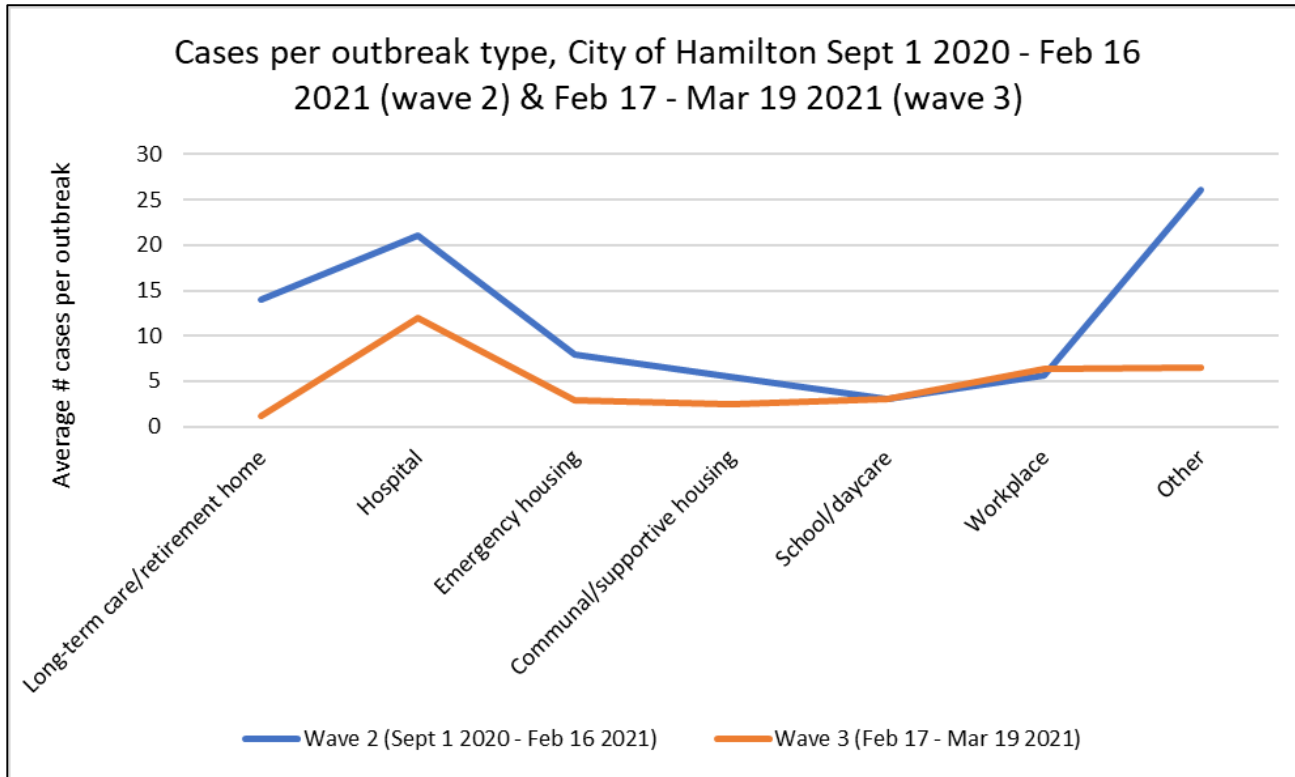


## Key Messages

- 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

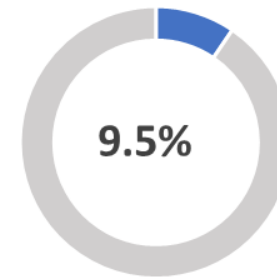


# Vaccine Clinic Update

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)

- 2<sup>nd</sup> doses at low-risk RH and some “mop-up” at LTCH and high-risk RH (March 14 – 22)
- 2<sup>nd</sup> 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
		<b>TOTAL</b>	<b>98,822</b>
Next	Seniors other congregate settings	500	
	HCW – high	4210	
	HCW - moderate	7,920	
	<b>TOTAL</b>	<b>12,630</b>	

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

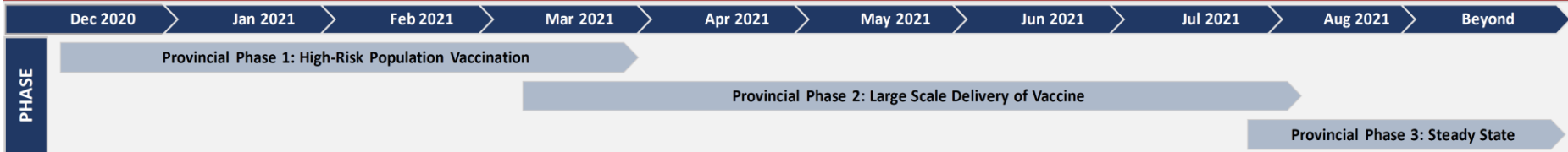
# Phase 2 Populations

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



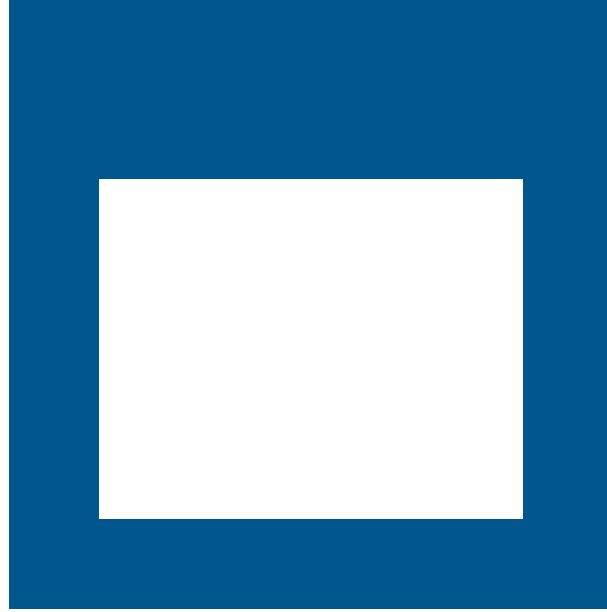
## Provincial Priority Populations by Phase

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

## Vaccination Approach



DESCRIPTION	Large Scale Clinics	Mobile & On-Site Clinics	Primary Care & Pharmacy Clinics
	<p><b>Large Scale Clinics</b></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 <b>Supports large scale vaccination of the population</b></p>	<p><b>Mobile &amp; On-Site Clinics</b></p> <p>Mobile Bus Clinics Pop-Up Facility Clinics Rolling Clinics Drive Through Clinics</p> <p> Anticipated Throughput: 750 doses / day at peak <b>Provides vaccination through accessible channels</b></p>	<p><b>Primary Care &amp; Pharmacy Clinics</b></p> <p>Primary care practice-based vaccinations Pharmacy-based vaccinations</p> <p> Anticipated Throughput: &gt;1,000 doses / day at peak <b>Provides vaccination through usual channels</b></p>



QUESTIONS?





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

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

**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

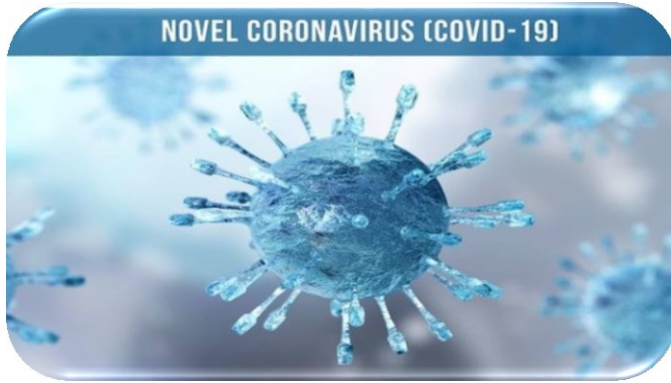
March 22, 2021

# 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



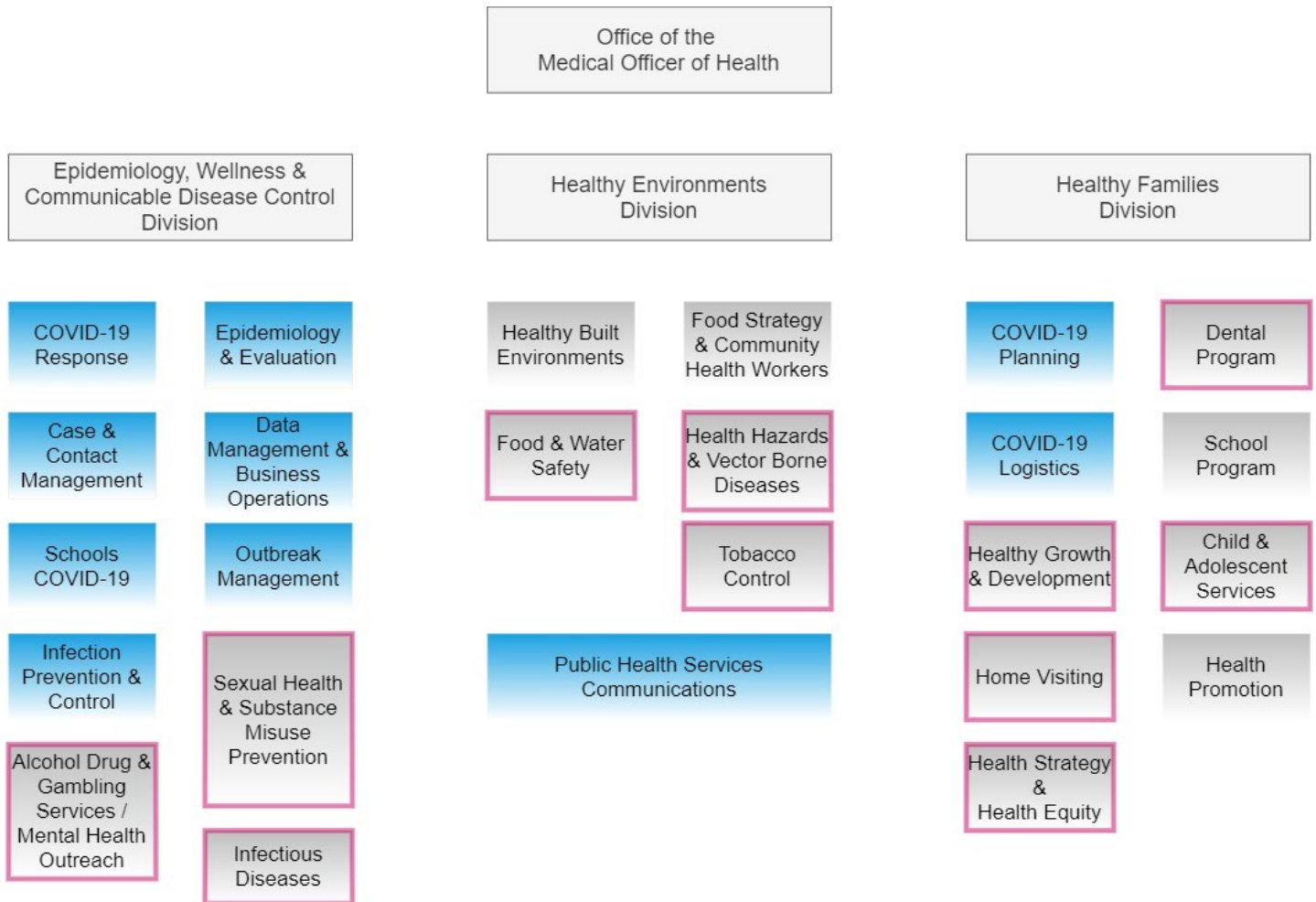
# Public Health Services & Programs 2020

## LEGEND

COVID-19 Response

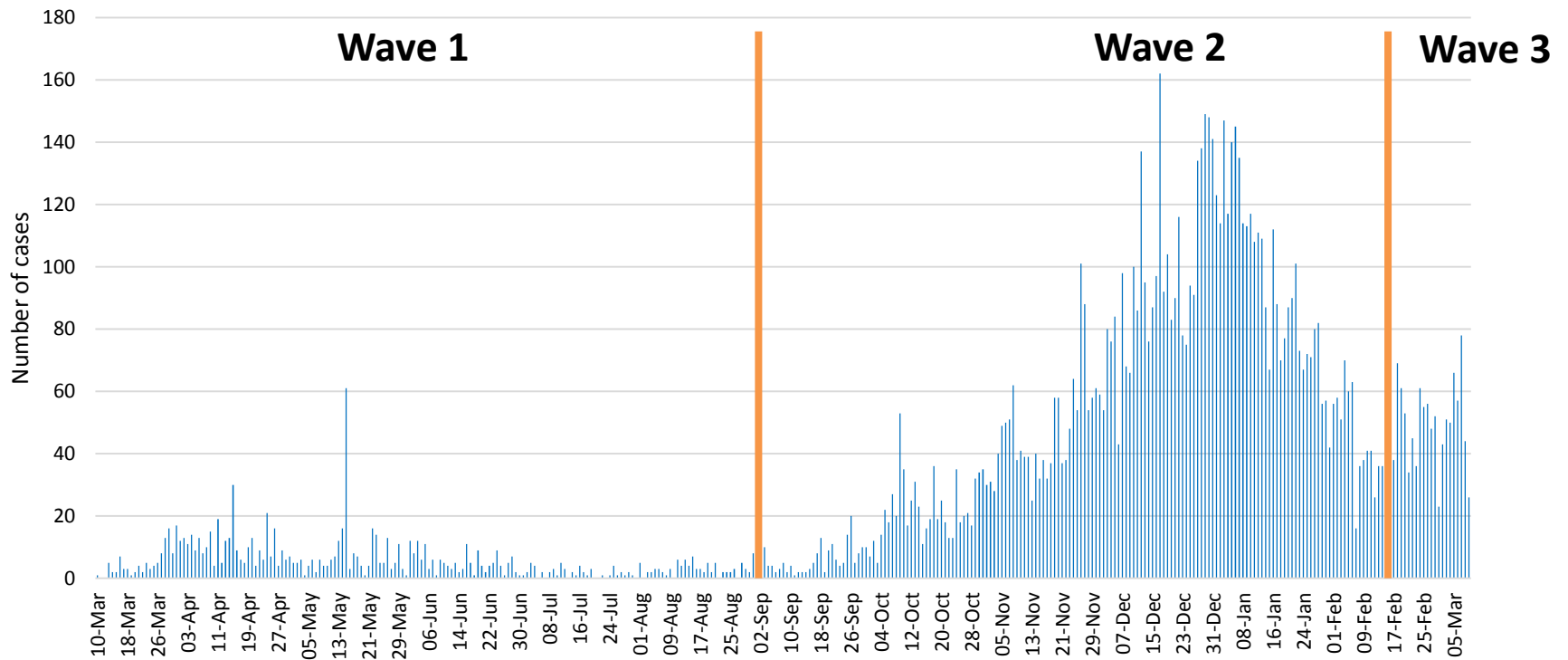
Includes essential service  
*fully or partially operational*

On Hold



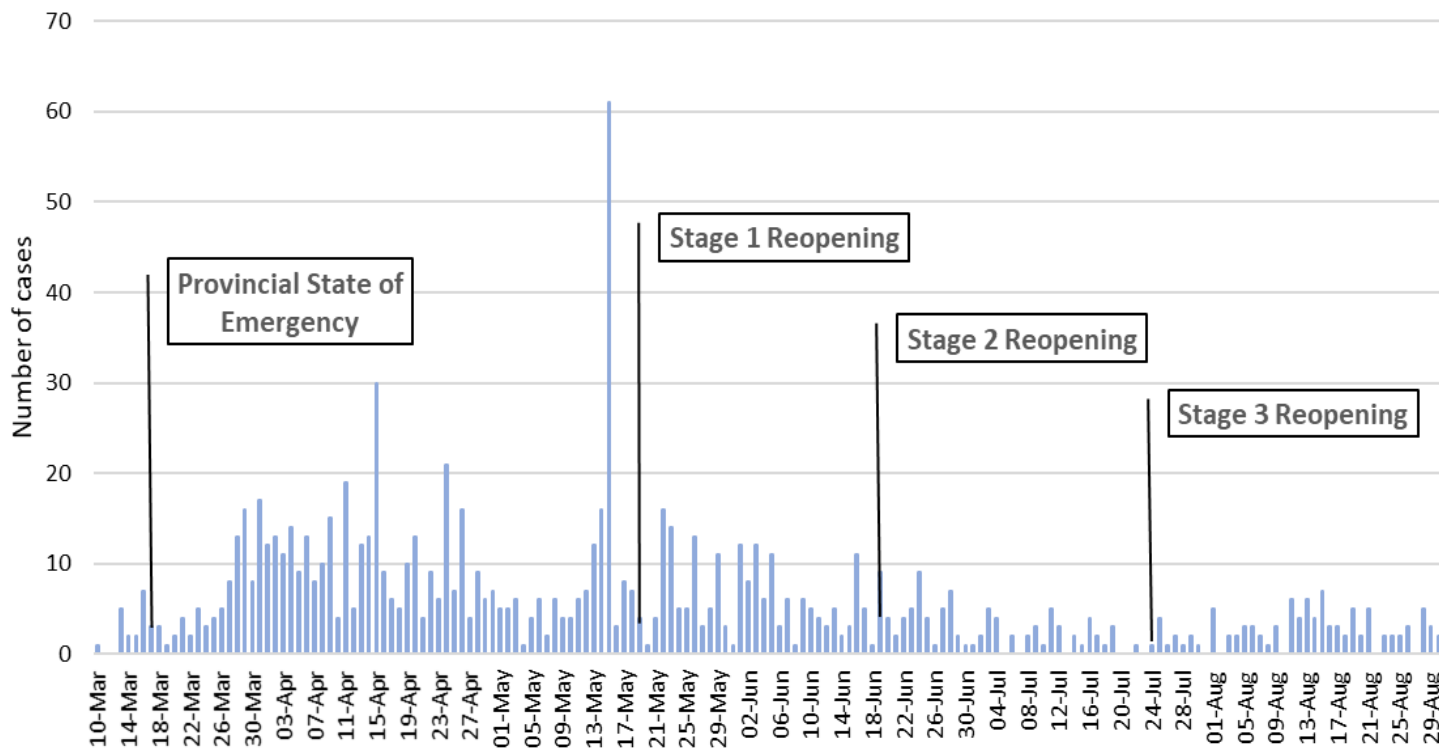
# Waves of COVID-19 in Hamilton

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](https://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



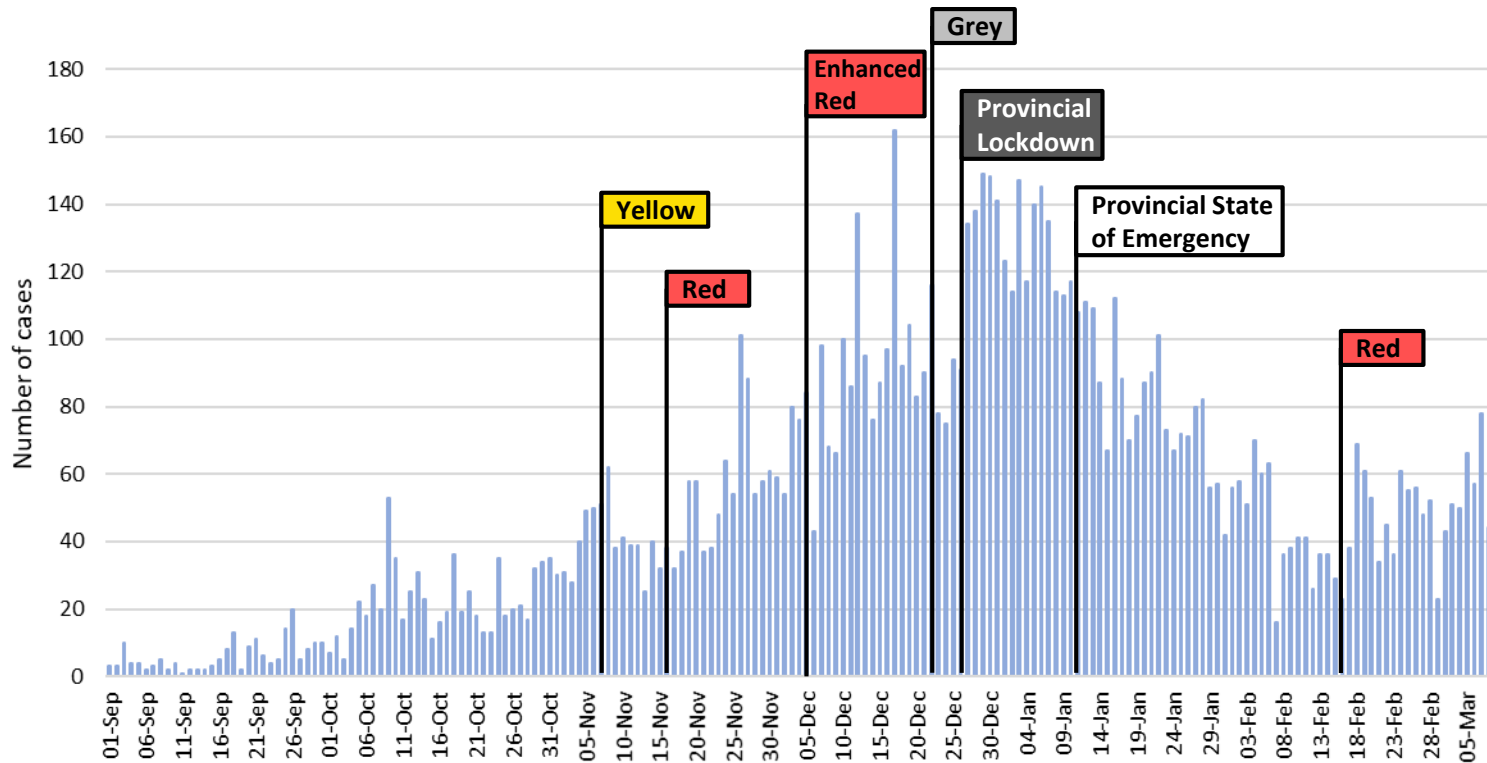
**ANSWERING YOUR QUESTIONS**  
Responding to questions from the community on our COVID-19 Hotline (905-974-9848)

[hamilton.ca/coronavirus](https://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](https://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

[hamilton.ca/coronavirus](https://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](https://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

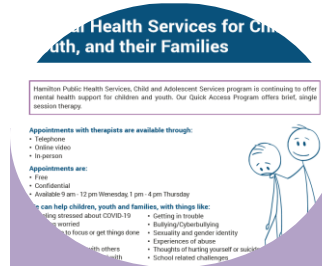
## Rapid transition to virtual care



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

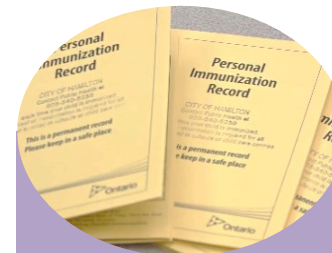
## Continued and adapted outreach



**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



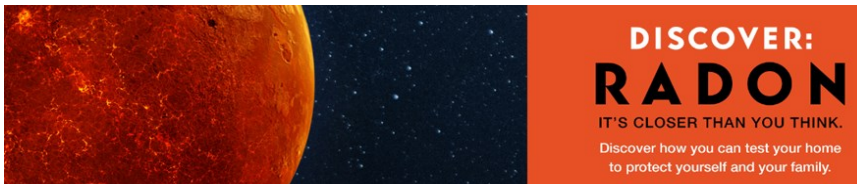
**Increased City** of Hamilton's capacity to respond and enforce physical distancing and face-covering By-laws



**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.



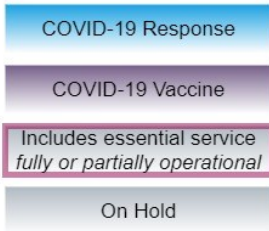
## Climate Change

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

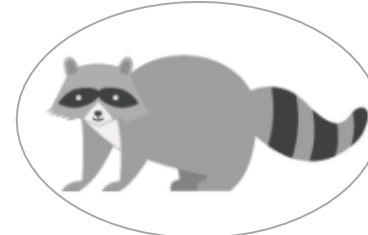
Sexual Health & Substance Misuse Prevention

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

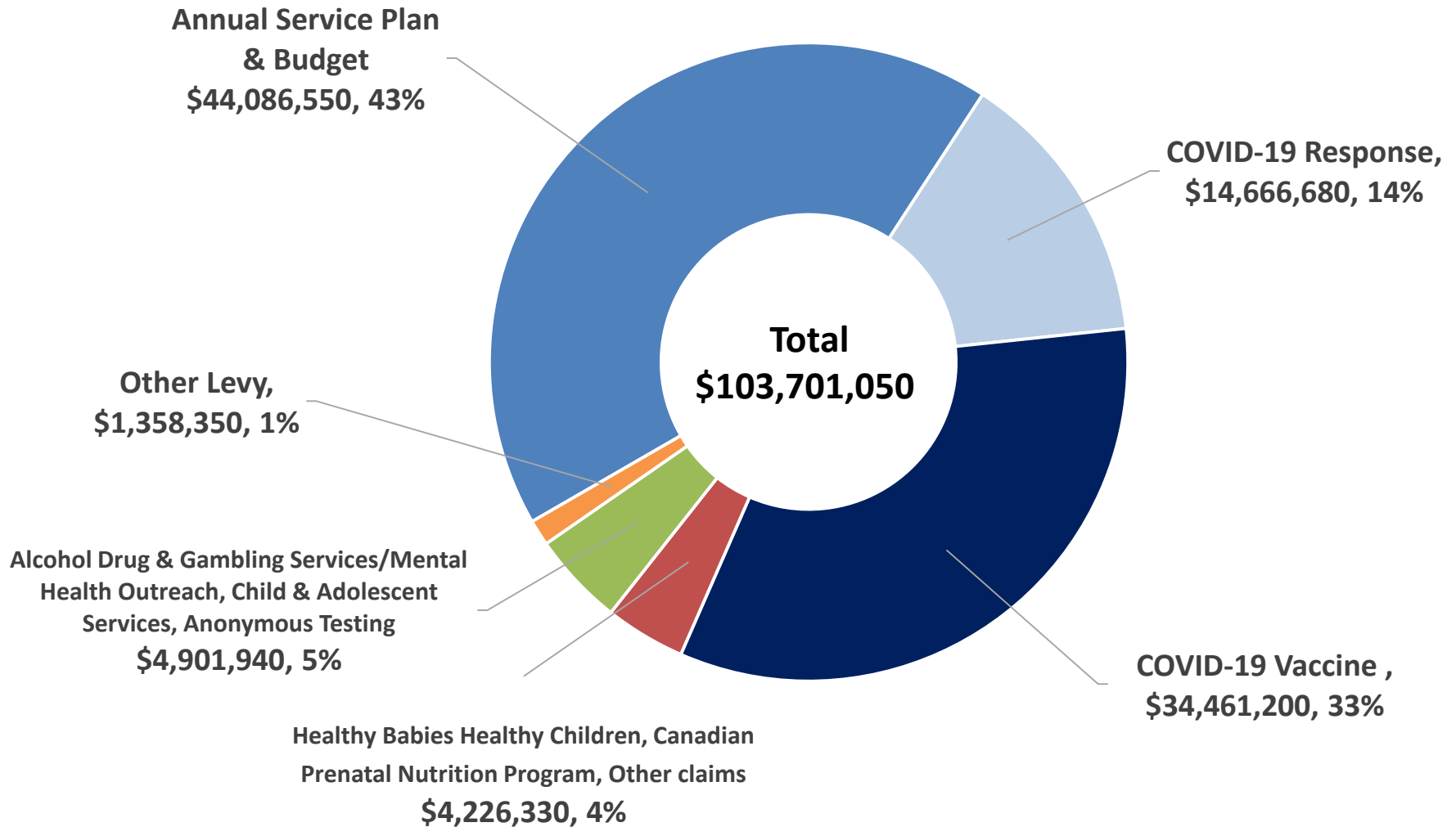
### On Hold:

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

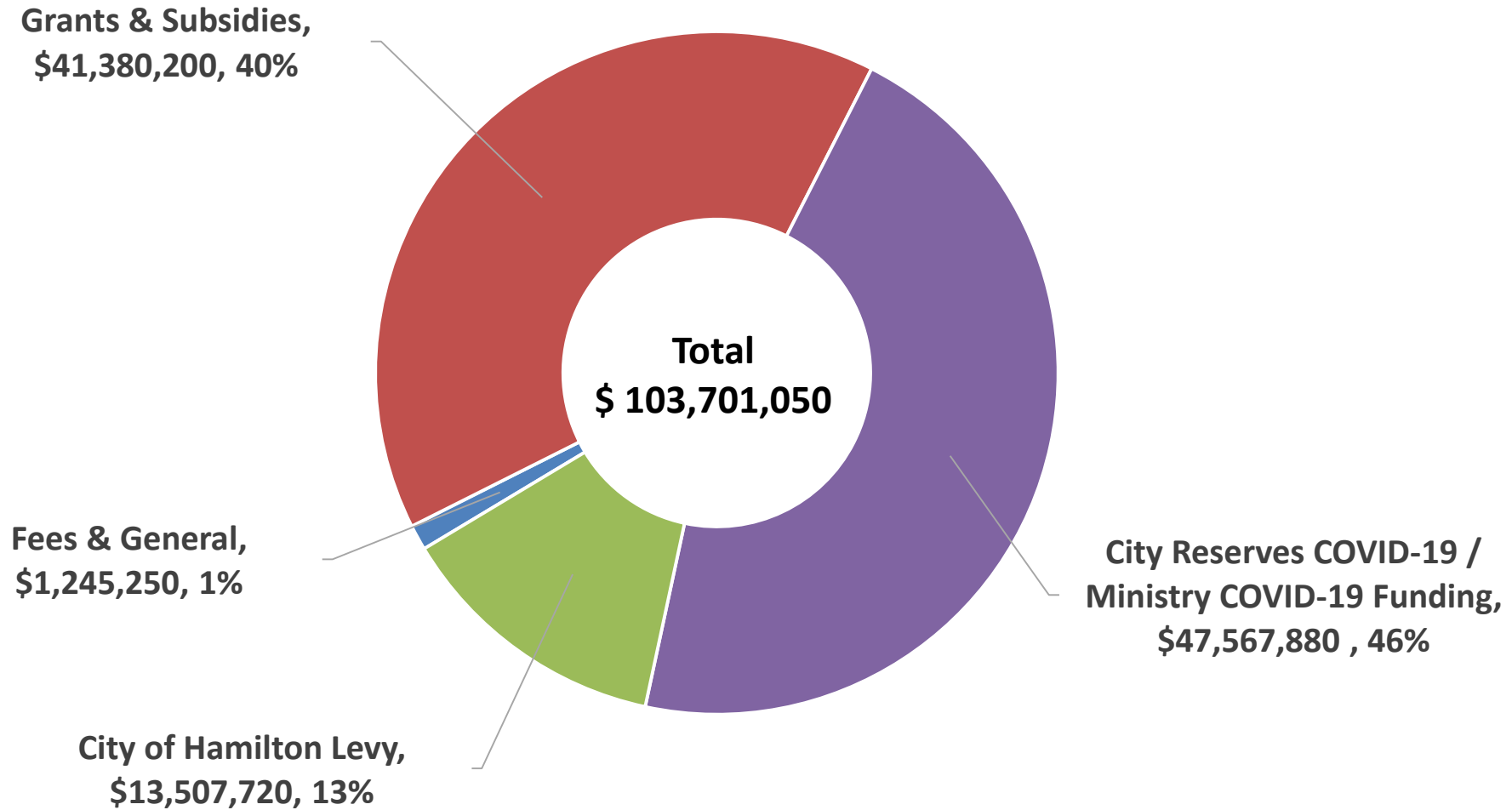
## Low Risk – all on hold

- 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

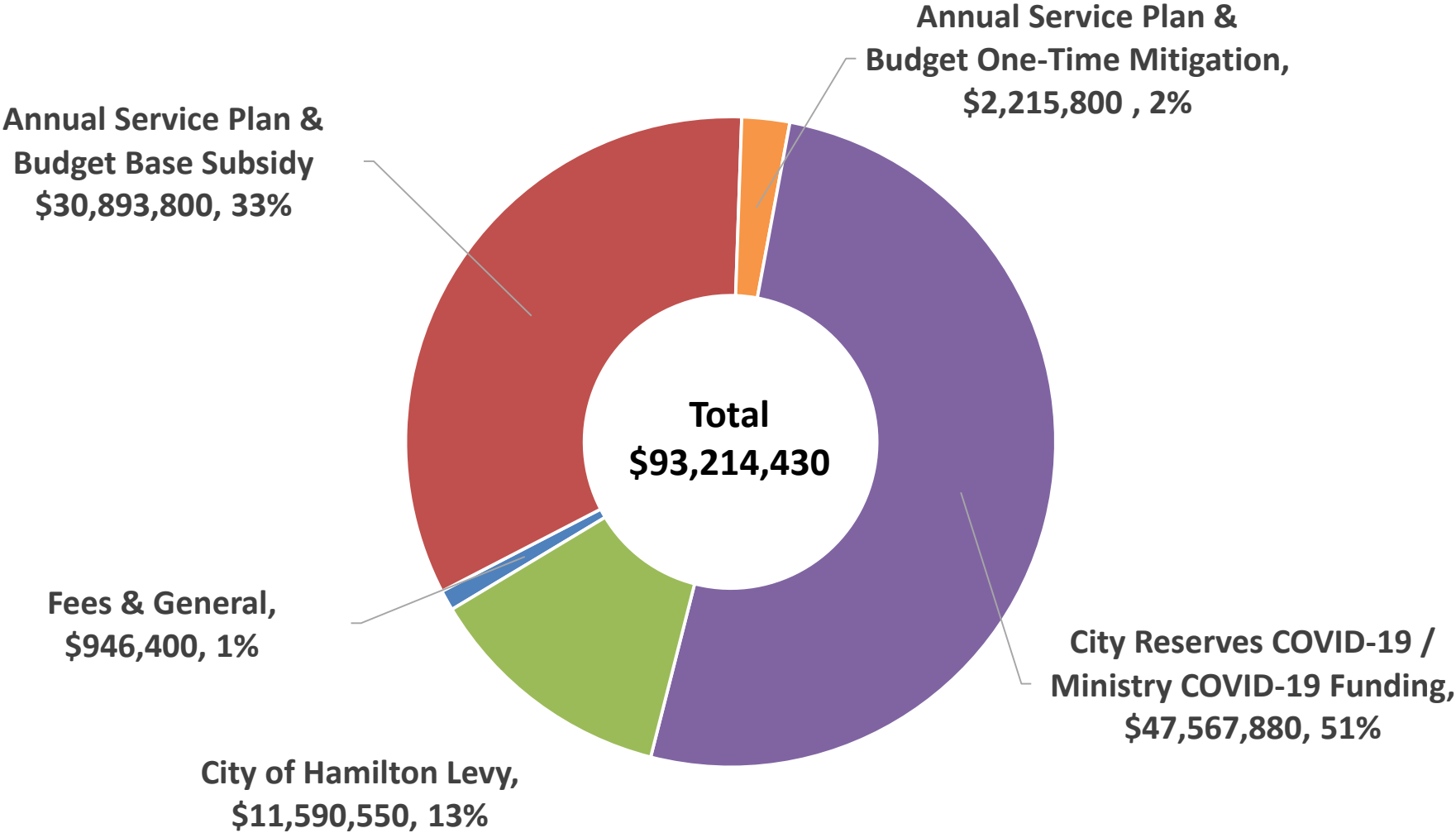
# 2021 Budgeted Gross Expenditures by Program



# 2021 Public Health Services Funding Sources

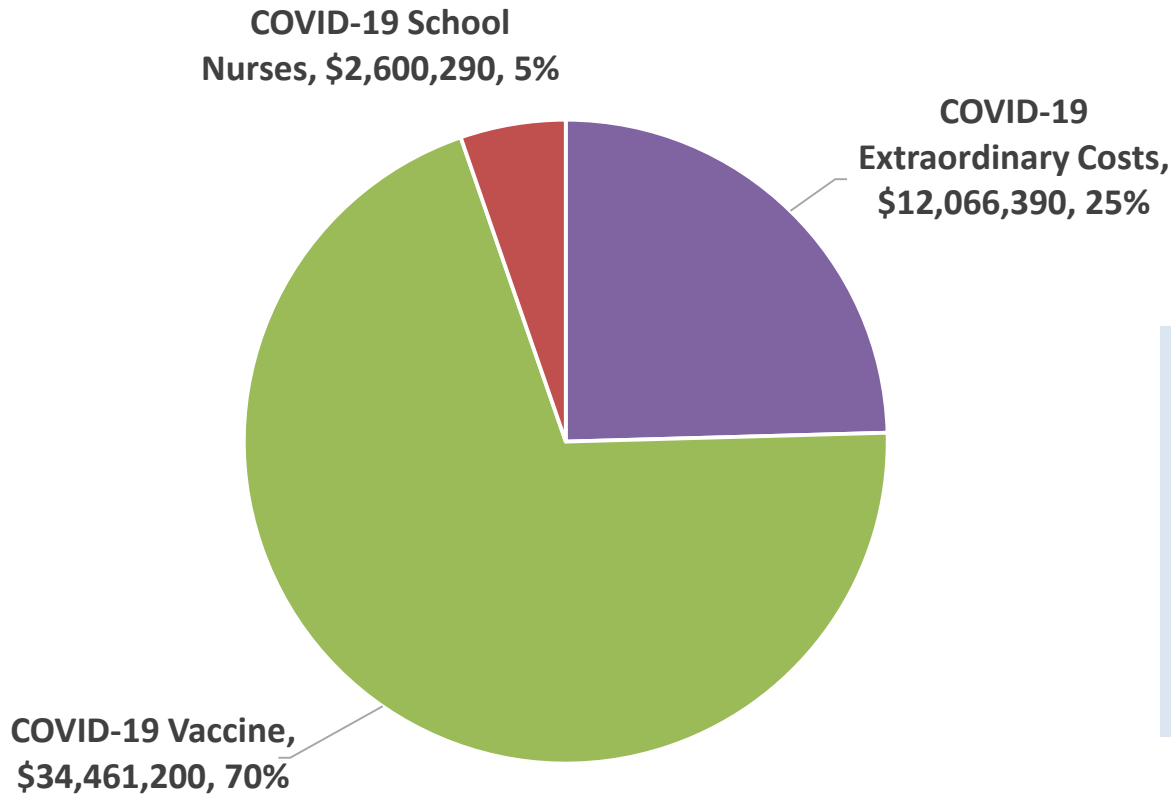


# 2021 Annual Service Plan & Budget Funding Details





# 2021 COVID-19 Expenditures & Funding Sources



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

## Funding Sources

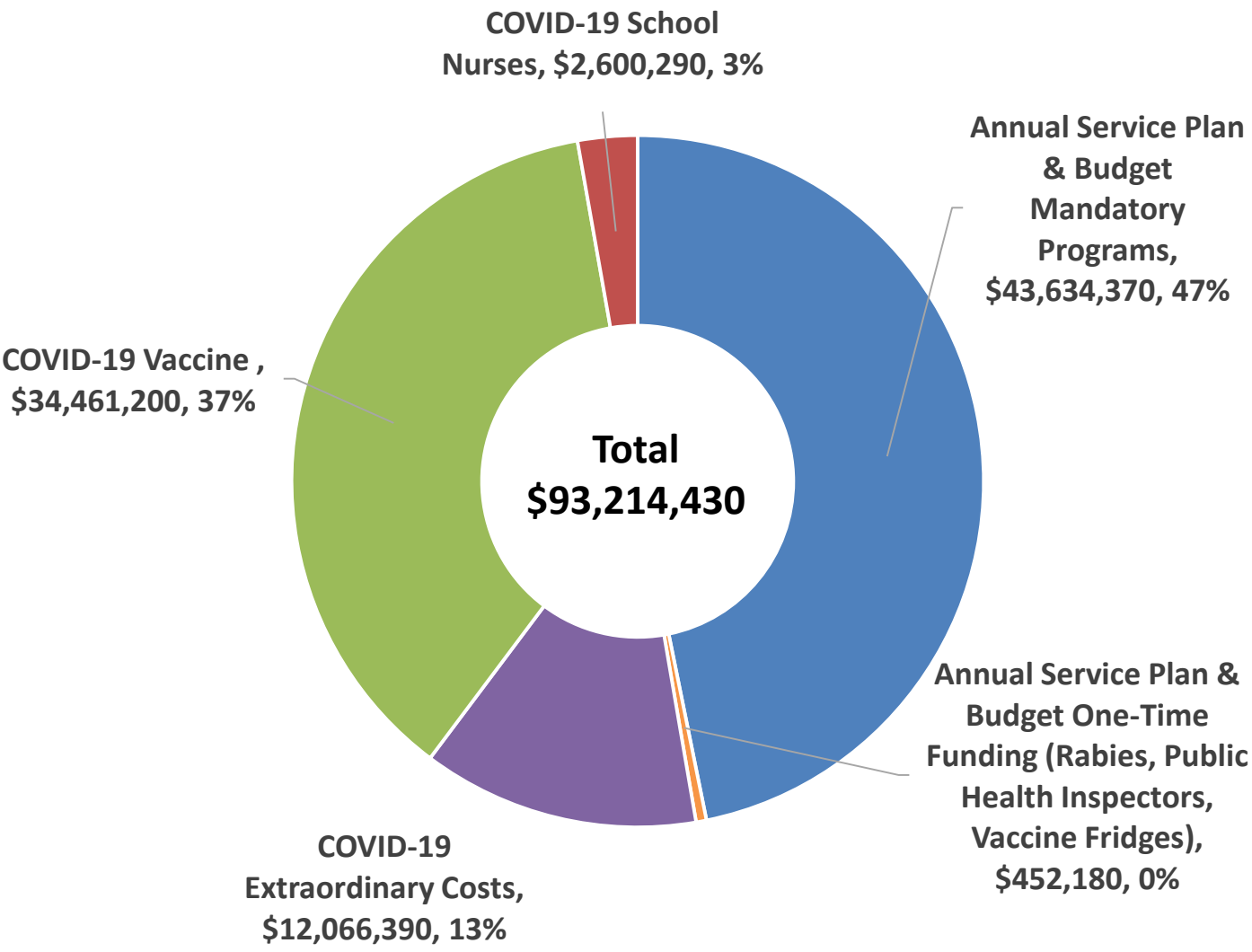
### **City Reserve COVID / Ministry COVID Funding**

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

### **COVID School Nurses Subsidy**

- COVID School Nurses \$1,560,000

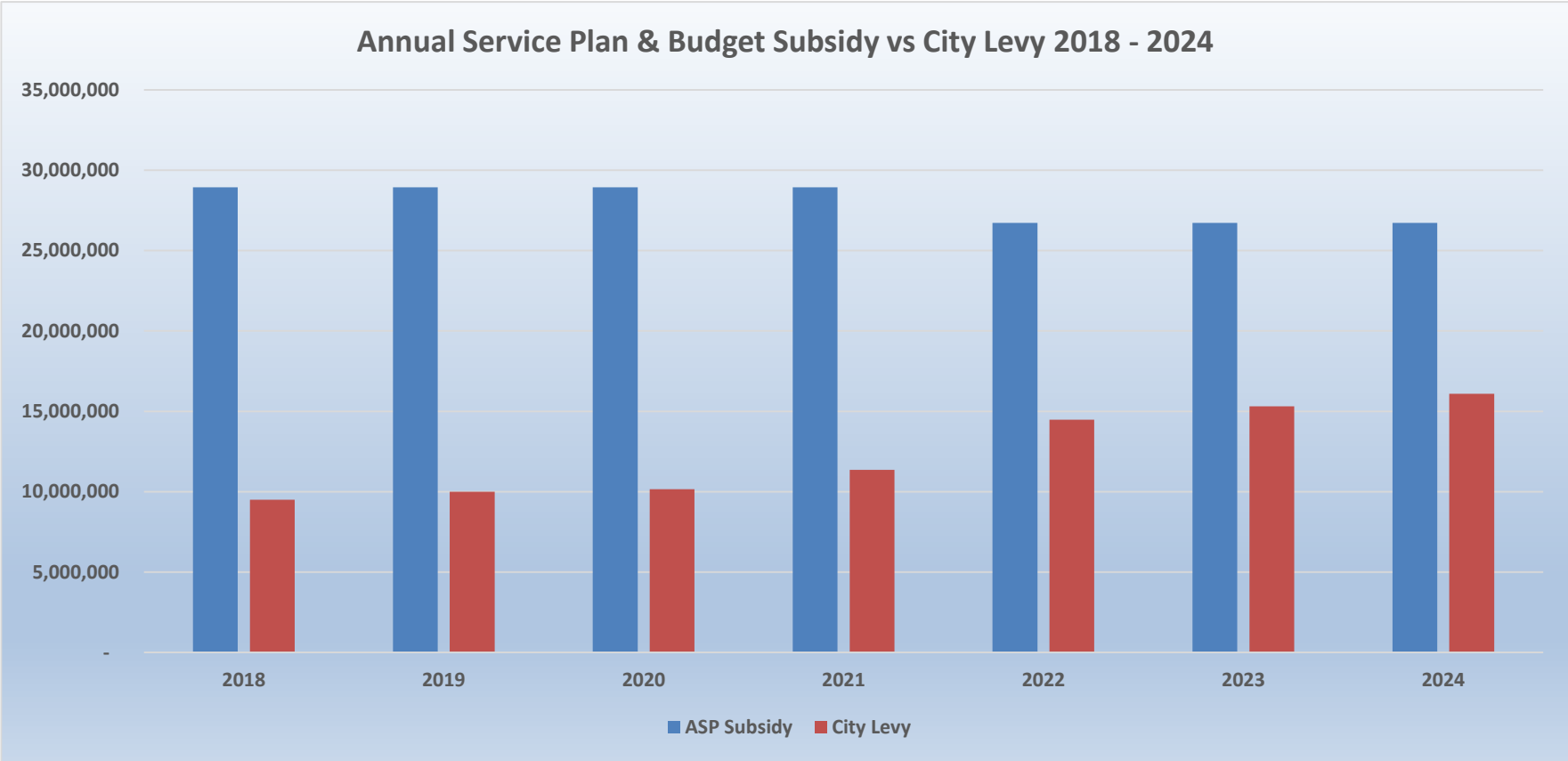
# 2021 Annual Service Plan & Budget Expenditures Detail



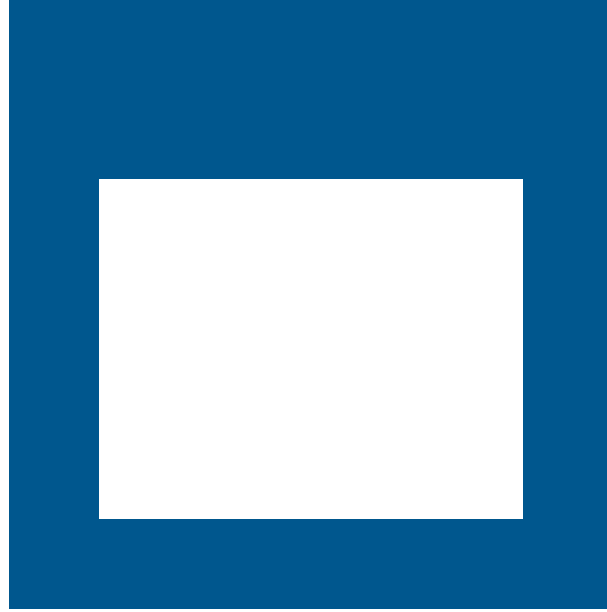
**One-Time Requests**

- 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?