City of Hamilton
BOARD OF HEALTH
AGENDA

Meeting #:	21-006
Date:	June 14, 2021
Time:	9:30 a.m.
Location:	Due to the COVID-19 and the Closure of City Hall (CC) 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. May 17, 2021

5. COMMUNICATIONS

6. DELEGATION REQUESTS

7. CONSENT ITEMS

8. STAFF PRESENTATIONS

8.1. Overview of COVID-19 Activity in the City of Hamilton 11 Mar to Present

9. PUBLIC HEARINGS / DELEGATIONS / VIRTUAL DELEGATIONS

10. DISCUSSION ITEMS

10.1. Board of Health Governance Overview (BOH21006) (City Wide)

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT

BOARD OF HEALTH
MINUTES 21-005
9:30 a.m.
Monday, May 17, 2021
Due to COVID-19 and the closure of City Hall, this meeting was held virtually

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

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

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 to the agenda:

5. COMMUNICATIONS

5.1. Correspondence from Mel Switzer, President, Hamilton-Wentworth Federation of Agriculture; and Drew Spoelstra, Vice-President, Ontario Farmers' Association, respecting support for Agricultural Workers and Food Processors as a Priority Vaccination Group.

5.2. Correspondence from Peterborough Public Health, respecting Appreciation and Support for the Provinces' Secision to Extend the Current Stay-at-Home Order Recommendation: Be received.

6. DELEGATION REQUESTS

6.1. Delegation Request from Kate Mulligan, Toronto Board of Health Member, respecting Reformation of Hamilton's Board of Health (for today's meeting)

6.3. Emily Power, respecting the Urgent Need for a More Proactive Strategy to Address COVID-19 Outbreaks in Apartment Buildings (for today's meeting)

6.4. David Elfstrom, respecting COVID-19 Outbreaks in Apartment Buildings (for today's meeting)

DELEGATION WITHDRAWN:

6.2. Terri Bedminster, Refuge Hamilton Centre for Newcomer Health, respecting Reforming Board of Health and Vaccinations for Tenants in COVID-19 Hotspot Buildings

(Partridge/Nann)
That the agenda for the May 17, 2021 Board of Health be approved, as amended.

Result: Motion CARRIED by a vote of 15 to 0, as follows:

YES	-	Mayor Fred Eisenberger	
YES	-	Ward 1	Councillor Maureen Wilson
YES	-	Ward 2	Councillor Jason Farr
YES	-	Ward 3	Councillor Nrinder Nann
YES	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Chad Collins
YES	-	Ward 6	Councillor Tom Jackson
YES	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
YES	-	Ward 11	Councillor Brenda Johnson
YES	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	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) April 19, 2021 (Item 4.1)

(Ferguson/Farr)
That the Minutes of the April 19, 2021 meeting of the Board of Health be approved, as presented.

Result: Motion CARRIED by a vote of 15 to 0, as follows:

YES	-	Mayor Fred Eisenberger	
YES	-	Ward 1	Councillor Maureen Wilson
YES	-	Ward 2	Councillor Jason Farr
YES	-	Ward 3	Councillor Nrinder Nann
YES	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Chad Collins
YES	-	Ward 6	Councillor Tom Jackson
YES	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
YES	-	Ward 11	Councillor Brenda Johnson
YES	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

(e) COMMUNICATIONS (Item 5)

(Pearson/Nann)
That the following Communications items be received:

(i) Correspondence from Mel Switzer, President, Hamilton-Wentworth Federation of Agriculture; and Drew Spoelstra, Vice-President, Ontario Farmers' Association, respecting support for Agricultural Workers and Food Processors as a Priority Vaccination Group (Added Item 5.1)

(ii) Correspondence from Peterborough Public Health, respecting Appreciation and Support for the Provinces' Decision to Extend the Current Stay-at-Home Order (Added Item 5.2)

Result: Motion CARRIED by a vote of 15 to 0, as follows:

YES	-	Mayor Fred Eisenberger	
YES	-	Ward 1	Councillor Maureen Wilson
YES	-	Ward 2	Councillor Jason Farr
YES	-	Ward 3	Councillor Nrinder Nann

YES	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Chad Collins
YES	-	Ward 6	Councillor Tom Jackson
YES	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
YES	-	Ward 11	Councillor Brenda Johnson
YES	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

(f) DELEGATION REQUESTS (Item 6)

(Wilson/Nann)
That the following Delegation Requests be approved for today's meeting:

(i) Delegation Request from Kate Mulligan, Toronto Board of Health Member, respecting Reformation of Hamilton's Board of Health (Added Item 6.1)

(ii) Delegation Request from Emily Power, respecting the Urgent Need for a More Proactive Strategy to Address COVID-19 Outbreaks in Apartment Buildings (Added Item 6.3)

(iii) Delegation Request from David Elfstrom, respecting COVID-19 Outbreaks in Apartment Buildings (Added Item 6.4)

Result: Motion CARRIED by a vote of 15 to 0, as follows:

YES	-	Mayor Fred Eisenberger	
YES	-	Ward 1	Councillor Maureen Wilson
YES	-	Ward 2	Councillor Jason Farr
YES	-	Ward 3	Councillor Nrinder Nann
YES	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Chad Collins
YES	-	Ward 6	Councillor Tom Jackson
YES	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
YES	-	Ward 11	Councillor Brenda Johnson
YES	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	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.

(Pearson/Jackson)
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
ABSENT	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Chad Collins
YES	-	Ward 6	Councillor Tom Jackson
YES	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
ABSENT	-	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

(h) VIRTUAL DELEGATIONS (Item 9)

(i) Kate Mulligan, Toronto Board of Health Member, respecting Reformation of Hamilton's Board of Health (Added Item 9.1)

Kate Mulligan was not present when called upon.

(ii) Emily Power, respecting the Urgent Need for a More Proactive Strategy to Address COVID-19 Outbreaks in Apartment Buildings (Added Item 9.2)

Emily Power addressed the Board respecting the Urgent Need for a More Proactive Strategy to Address COVID-19 Outbreaks in Apartment Buildings with the aid of a PowerPoint presentation.

(Pearson/Pauls)
That the Delegation from Emily Power, respecting the Urgent Need for a More Proactive Strategy to Address COVID-19 Outbreaks in Apartment Buildings, 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
ABSENT	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Chad Collins
YES	-	Ward 6	Councillor Tom Jackson
YES	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
ABSENT	-	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

(iii) David Elfstrom, respecting COVID-19 Outbreaks in Apartment Buildings (Added Item 9.3)

David Elfstrom addressed the Board respecting COVID-19 Outbreaks in Apartment Buildings.

(Ferguson/Farr)
That the Delegation from David Elfstrom, respecting COVID-19 Outbreaks in Apartment Buildings, 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
ABSENT	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Chad Collins
YES	-	Ward 6	Councillor Tom Jackson
YES	-	Ward 7	Councillor Esther Pauls

YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
ABSENT	-	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

(i) ADJOURNMENT (Item 15)

(Pauls/VanderBeek)
That, there being no further business, the Board of Health be adjourned at 1:26 p.m.

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

YES	-	Mayor Fred Eisenberger	
YES	-	Ward 1	Councillor Maureen Wilson
YES	-	Ward 2	Councillor Jason Farr
YES	-	Ward 3	Councillor Nrinder Nann
ABSENT	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Chad Collins
YES	-	Ward 6	Councillor Tom Jackson
YES	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
ABSENT	-	Ward 11	Councillor Brenda Johnson
ABSENT	-	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

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

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	June 14, 2021
SUBJECT/REPORT NO:	Board of Health Governance Overview (BOH21006) (City Wide) **(Outstanding Business List Item)**
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Chelsea Kirkby (905) 546-2424 Ext. 3549
SUBMITTED BY: **SIGNATURE:**	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services

RECOMMENDATION

a) That the Chair & Vice Chair of the Board of Health continue to engage in discussions regarding public health modernization with the Association of Local Public Health Agencies, Province of Ontario and Association of Municipalities Ontario, and bring forward the importance of equity, diversity, and inclusion to those tables;

b) That the Medical Officer of Health, or designate, engage an external vendor to plan and deliver an education session on the topic of governance for the Board of Health to ensure members have up to date information as the Province moves ahead with discussions and decisions related to public health modernization;

c) That Public Health staff be directed to engage with the newly established Equity, Diversity and Inclusion Sub-committee to ensure appropriate internal and external consultations and standards of practice through implementation of public health modernization; and,

d) That the matter respecting the Board of Health Governance Overview be identified as complete and removed from the Board of Health Outstanding Business List.

EXECUTIVE SUMMARY

As directed at the Board of Health (BOH) meeting of April 19, 2021 this report provides an overview of the development of the current BOH governance structure and current issues related to the governance of local public health in Ontario. The report situates the role of public health in the larger health care system and describes the various board of health structures in Ontario, along with the future impact of public health modernization on the development of Hamilton's BOH governance structure.

In recent years, several reports have been released calling for public health modernization in Ontario. Prior to the COVID-19 pandemic, consultation and planning related to public health modernization, including public health governance, was underway. Although the province temporarily paused public health consultations and work due to COVID-19, communications indicate that this work will be prioritized soon.

There are currently three different governance structures found among Ontario's 34 public health units: autonomous, regional and single-tier municipal. The City of Hamilton's current single-tier BOH structure has been in place since 2005. Any changes to the current BOH governance structure in Hamilton would require legislative change under the City of Hamilton Act and may require changes to regulation under the Health Promotion and Protection Act. It is anticipated that the province may be reluctant to implement such changes ahead of implementation of public health modernization plans.

In addition, in November 2019, the Ministry announced the Hamilton Health Team (HHT) as one of the first Ontario Health Teams (OHT) in the province. The goals of OHTs are to provide a full and coordinated continuum of care to a defined geographic population, reduce disparities among different populations, and locally redesign care in ways that best meet the needs of the diverse communities they serve. A key priority is Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework. The province continues to indicate that OHTs remain a key priority to modernize the health care system. As the HHT continues implementation and Hamilton begins its recovery from COVID-19, health care system modernization is being prioritized at many levels.

Lack of representation, including people from Indigenous, racialized, and equity-seeking groups is a systemic issue that transcends all sectors, including the health sector, and requires a system level response. Health care system modernization, including public health modernization, is a key provincial priority. As such, direction about how public health will be structured at provincial and local levels is anticipated. As the province resumes discussions on public health modernization, engagement by the Board of Health with the Province will be key to inform any governance reform and ensure the importance of equity, diversity, and inclusion are brought forward to the relevant tables.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: Not Applicable.

Staffing: Not Applicable.

Legal: Any changes to the current Board of Health governance structure in Hamilton would require legislative change under the *City of Hamilton Act* and may require changes to regulation under the *Health Promotion and Protection Act*. It is anticipated that the province may be reluctant to implement such changes ahead of completion of public health modernization plans.

HISTORICAL BACKGROUND

This report situates the role of public health in the larger health care system, describes the various board of health structures in Ontario, and the impact of public health modernization on the development of Hamilton's BOH governance structure.

Role of Public Health

Public health operates within an integrated health system to provide core public health functions including: assessment and surveillance, health promotion and policy development, health protection, disease prevention, and emergency management. Public health is "grounded in a population health approach – focused on upstream efforts to promote health and prevent diseases to improve the health of populations and differences in health among and between groups"[1].

The Ontario Public Health Standards (OPHS) include health equity requirements to meet the goal that "public health practice results in decreased health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances."[2] Hamilton Public Health Services (PHS) adheres to the above standard and engages and builds relationships with various partners across sectors, including those with lived experience and/or equity-seeking groups to reduce inequities and improve the health and quality of life of Hamiltonians.

Boards of health are responsible for programs and services within the core public health functions named above and are accountable to the Ministry of Health through the OPHS. These Standards define the work and services delivered by public health, provide an overview of accountability and organizational requirements, and outline reporting requirements.

[1] Ministry of Health and Long-Term Care. Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. (2018)
[2] Ministry of Health and Long-Term Care. (2018)

Within the Standards, boards of health are accountable for good governance and management practices to ensure effective functioning and management of public health units. Hamilton's BOH regularly reviews its effectiveness through a self-evaluation process every two years as well as careful consideration and application of provincial and federal health reports and policies that impact the functioning of public health units.

Board of Health Structures – Ontario:

Local governance of public health units in Ontario varies across the province, with three different governance structures: autonomous, regional and single-tier municipal. The majority are autonomous, which means that "the administrative structures of the public health unit and the municipality or municipalities are separate. Most autonomous boards of health have multiple obligated municipalities with representation on the board. Some may have citizen representatives appointed by municipalities and/or public appointees."[3] A smaller number use a regional structure in which the board of health is the regional council with no citizen representatives or public appointees and staff function under the administration of regional government.

Hamilton, along with a few other jurisdictions (Haldimand-Norfolk, Ottawa, and Toronto), use a single-tier municipal model. This means that "municipal councils serve as the board of health and the staff of the health unit operates under the municipal administrative structure."[4] For example, in Hamilton, City Council acts as the BOH and Hamilton PHS operates within the City's Healthy and Safe Communities Department. Ottawa and Toronto use a semi-autonomous subset of this model where the municipal council appoints members to a separate board of health but retains authority for budget and staffing approvals. Citizen appointees are possible through this semi-autonomous structure (Appendix "A" to Report BOH21006: Ontario Board of Health Structures 2021).

Any changes to the current BOH governance structure in Hamilton (for example, to a semi-autonomous model) would require legislative change under the City of Hamilton Act and may require changes to regulation under the Health Promotion and Protection Act.

Board of Health Governance Structure and Public Health Modernization:

The City of Hamilton's current structure with the Board of Health as a Standing Committee of Council has been in place since 2005. The decision to implement and maintain this structure has been informed by various provincial and federal reports and directives related to public health and the larger health care system. A brief timeline of health system changes and related BOH governance decisions is provided below.

[3] Association of Local Public Health Units. Orientation Manual for Boards of Health. (2018)
[4] Association of Local Public Health Units. (2018)

In 2003, both federal and provincial experts reviewed how the public health system managed the SARS epidemic[5,6,7]. These reports included various recommendations, including the creation of both provincial and federal public health agencies responsible for collaboration, coordination, and performance standards while maintaining flexibility for public health leadership and decision-making at the local level.

In 2005, Hamilton made changes to its governance processes (Report SPH05068) by implementing regular meetings of the Board of Health as a Standing Committee inclusive of all members of Council, with reports from these meetings going to Council for consideration and appropriate action. This decision allowed public health programming and staff to benefit from a variety of perspectives of councillors and the committees on which they sit. Sub-committees that originally reported to the Social Services and Public Health Committee began reporting to the BOH, as appropriate. This structure also allowed issues to be considered with the "two hats" worn by municipal councillors, first as governors of public health programs and services at the BOH, and subsequently as City Councillors at Council.

In 2016, the *Patients First Act* was passed with the goal to strengthen links between public health and the health system. This act specified requirements between medical officers of health and the now defunct Local Health Integration Network (LHIN) Chief Executive Officer(s) including that the medical officer of health must engage on issues relating to local health system planning, funding and service delivery with the chief executive officer(s) of their local health integration network.[8]

In April 2016, Council gave direction (Report BOH16011) that the BOH initiate a review of governance models within the first year of the new Council's term. No recommendations to change the BOH governance structure were made, however, in a subsequent report in July 2016 (Report BOH16033), it was recommended that a Councillor be appointed to act as the Public Health Governance Lead. This Lead represented the BOH at governance tables, advocated for effective public health governance and healthy public policy, and acted as a liaison for the BOH on governance matters. This Lead was made defunct when it was decided with this term of Council a Vice Chair would be appointed and the Chair and Vice Chair would take on the role formerly held by the Governance Lead.

[5] April 2004: Final Report of the Ontario Expert Panel on SARS and Infectious Disease Control (Walker Report) https://www.health.gov.on.ca/en/common/ministry/publications/reports/walker04/walker04_2.aspx
[6] October 2003: Learning from SARS - Renewal of Public Health in Canada (The Naylor Report) https://www.canada.ca/en/public-health/services/reports-publications/learning-sars-renewal-public-health-canada.html
[7] April 20, 2004: The SARS Commission Interim Report (Campbell Report) http://www.archives.gov.on.ca/en/e_records/sars/report/
[8] Ministry of Health and Long-Term Care. Board of Health and Local Health Integration Network Engagement Guideline. (2018)

In 2017, the report, "Public Health within an Integrated Health System: Report of the Minister's Expert Panel on Public Health" was released with recommendations for a more regional approach to public health and emphasis on integrating public health further within the health system.[9] In 2018 modernized Ontario Public Health Standards came into effect, which called for increased use of public health knowledge and population health information in planning and service delivery within an integrated health system, as well as requirements to assess and decrease health inequities.

More recently, The *People's Health Care Act, 2019* came into effect and centred on consolidating health care oversight agencies into a single entity called Ontario Health. This 'super-agency' was formed to integrate health and social service organizations, at a regional level for improved delivery of services. Newly formed and/or developing 'Ontario Health Teams' consist of providers working together to improve the health of an entire population. Their goal is to provide a full and coordinated continuum of care to a defined geographic population, reduce disparities among different populations, and locally redesign care in ways that best meet the needs of the diverse communities they serve. A key priority is Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework.

In November 2019, the Ministry announced the Hamilton Health Team as one of the first OHTs in the province. This team is a collaboration of Hamilton health and social service partners and includes representation from more than 20 organizations, reflecting primary care, home care, hospitals, community agencies, long-term care, mental health, Indigenous health, post-secondary education, and the City of Hamilton (Healthy and Safe Communities Department). Hamilton PHS currently partners with the HHT while maintaining its unique role in the health system.

In addition, in April 2019 the Ontario Budget included plans to modernize the public health system by consolidating the then 35 public health units into 10 new regional Public Health Entities, including adjustments to the current funding formula that would download a significant portion of costs to municipalities. The funding changes began to be phased in; however, the consolidating of health units has been put on hold at this time while the Ministry collects additional feedback from public health units and other stakeholders.

In November 2019, the Ministry also released a discussion paper on public health modernization (Appendix "B" to Report BOH20004) that outlines key strengths and challenges of public health in Ontario. These challenges included insufficient capacity; misalignment of health, social, and other services; and inconsistent priority setting. The paper also included discussion questions about how to best address these challenges.

[9] June 9, 2017: Public Health within an Integrated Health System Report of the Minister's Expert Panel on Public Health
https://www.health.gov.on.ca/en/common/ministry/publications/reports/public_health_panel_17/expert_panel_report.pdf

Hamilton provided a collective response including input from staff, leadership, previous correspondence from the BOH and other organizations, as well as relevant reports (BOH20004). The response advocated to maintain public health's unique mandate to keep people and our communities healthy, prevent disease, and reduce health inequities, as well as a continued focus on the core functions of public health, including population health assessment and surveillance, promotion of health and wellness, disease prevention, health protection, and emergency management and response. Although further public health consultations were planned through 2020, the Ministry temporarily put these consultations and associated work on hold due to COVID-19. The Ministry has indicated that this work will move forward in the future.

Overall, in terms of public health modernization, the Hamilton BOH has consistently supported public health transformation that enhances public health's connection with the health system as long as public health continues to have a population health mandate, remains at the local level, and continues to be empowered to work with all sectors and partners that influence health to enable cross-sector collaboration to promote, prevent, and protect health (Appendix "A" to Report BOH17034(b), Appendix "A" to Report BOH20004).

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Any changes to the current public health governance structure in Hamilton would require legislative change under the *City of Hamilton Act* and may require changes to regulation under the *Health Promotion and Protection Act*. It is anticipated that the province may be reluctant to implement such changes ahead of completion of public health modernization plans.

RELEVANT CONSULTATION

Legal and Risk Management Services was consulted to understand the legislative changes to the *City of Hamilton Act* and *Health Promotion and Protection Act* required if the BOH structure and governance model were modified. It was determined that any changes to the current BOH governance structure in Hamilton would require legislative change under the *City of Hamilton Act* and may require changes to regulation under the *Health Promotion and Protection Act*.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Moving Forward: Public Health and Ontario Health Teams

Although COVID-19 has delayed OHT implementation and public health modernization across the province, this experience has also provided insight into the benefits of flexible collaboration across health care, public health, and community sectors. The pandemic has exacerbated long-standing inequities and highlighted gaps in representation from diverse communities in planning for better health outcomes.

Lack of representation, including people from Indigenous, racialized, and equity-king groups is a systemic issue that transcends all sectors, including the health sector, and requires a system level response. This level of response includes Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework to explicitly identify and address the impacts of anti-Indigenous and anti-Black racism and meet the needs of diverse communities (Appendix "B" to Report BOH21006: Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework). This framework includes guidance on inclusive representation and the engagement of key voices.

Locally, the HHT has also formed an Equity, Diversity, and Inclusion subgroup to identify and address the needs of diverse populations. Hamilton PHS is committed to applying the above frameworks to contribute to system-wide change, to enable diverse representation in public health planning, and to engage in collective accountability for health outcomes.

Within the City, PHS will engage with the City's newly formed Equity, Diversity, and Inclusion Steering Committee to ensure that practices are aligned with the Equity, Diversity, and Inclusion framework and work towards the goals of the committee that include:

- Having a workforce that is representative of the City we serve;
- Addressing systemic barriers and identify and develop action plans to address using an equity, diversity and inclusion lens;
- Having a workforce that is skilled in working in an inclusive and respectful manner with each other and the community we serve; and
- Creating inclusive programs and services that meet the needs of our diverse community.

As public health modernization moves forward at the Provincial level, direction on how public health will be structured, including governance, at provincial and local levels is anticipated. As such, it is not recommended to make any changes to Hamilton's public health governance structure at this time, but instead, to focus on enabling meaningful and diverse representation in local public health planning and service delivery.

Once the Province outlines a plan for public health modernization, engagement related to public health governance will be key to inform any reform. Input from many perspectives will be important to garner from the community, and both staff and the BOH Chair and Vice Chair will engage at their respective levels with the Province and relevant associations in informing public health modernization.

In the interim, several mechanisms continue to allow for input into the work of the BOH from diverse experiences reflective of the Hamilton population, including input from existing Volunteer Advisory Committees (e.g. Committee Against Racism, Immigrant and Refugee Volunteer Advisory Committee, Aboriginal Volunteer Advisory Committee, Status of Women Committee, Accessibility Committee for Persons with Disabilities,

Lesbian, Gay, Bisexual, Transgender, and Queer Volunteer Advisory Committee, Seniors Advisory Committee). Delegation at BOH continues to be an effective way for community members to share experiences and recommendations to inform public health planning. The newly recommended Equity Diversity and Inclusion Steering Committee as well as the newly recommended Equity, Diversity and Inclusion Sub-committee to Council (HUR19019a) present an opportunity to ensure appropriate standards of practice as well as potentially inform internal and external consultations throughout the anticipated public health modernization process.

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

Appendix “A” to Report BOH21006:	Ontario Board of Health Structures 2021
Appendix “B” to Report BOH21006:	Ontario Health’s Equity, Inclusion, Diversity and Anti-Racism Framework

Appendix B: Ontario Board of Health Structures 2021

Table 1. Ontario Board of Health Structures 2021

Autonomous	Regional	Single-Tier / Semi-Autonomous
Algoma Brant County Chatham-Kent* Eastern Ontario Grey Bruce Haliburton-Kawartha-Pine Ridge Hastings-Prince Edward Huron-Perth KFL&A Lambton* Leeds, Grenville, Lanark Middlesex-London North Bay Parry Sound Northwestern Peterborough Porcupine Renfrew Simcoe Muskoka Southwestern Sudbury Thunder Bay Timiskaming Wellington-Dufferin-Guelph Windsor-Essex **autonomous/integrated*	Durham Halton Niagara Peel Waterloo York	Haldimand-Norfolk - Council acts as BOH Hamilton - Council acts as BOH Ottawa - Semi-Autonomous Toronto - Semi-Autonomous
Semi-Autonomous Examples *Municipal council appoints members to a separate board of health but retains authority for budget and staffing approvals*		
Toronto: • 13 members appointed by City Council • 6 public members and one education representative appointed through the City's Public Appointments process • 6 City Council members • The Board elects the Chair and Vice-Chair from among its members.		
Ottawa: • 11 members appointed to City Council • 6 Council representatives • 5 public members (these members were appointed to the Board of Health for the City of Ottawa Health Unit)		

Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework

With a focus on addressing anti-Indigenous and anti-Black racism

11 Areas of Action

Collect Equity Data
Set up systems and supports to collect, analyze, and use equity data to report findings and inform future decisions

Embed in Strategic Plan
Ensure efforts to address equity, inclusion, diversity, anti-Indigenous and anti-Black racism are at the highest priority for the organization

Partner to Advance Indigenous Health Equity
Recognize that strong relationships with Indigenous leadership and communities - founded on respect, reciprocity, and open communication — are critical in ensuring that the new health care system in Ontario reflects and addresses the needs of Indigenous peoples.

Invest in Implementation
Apply the financial and people resources needed for success and ongoing sustainability

Identify Clear Accountability
Establish and assign "who" is responsible for "what"

Represent and Reflect Ontarians
Strive for all levels of the organization to reflect the communities served

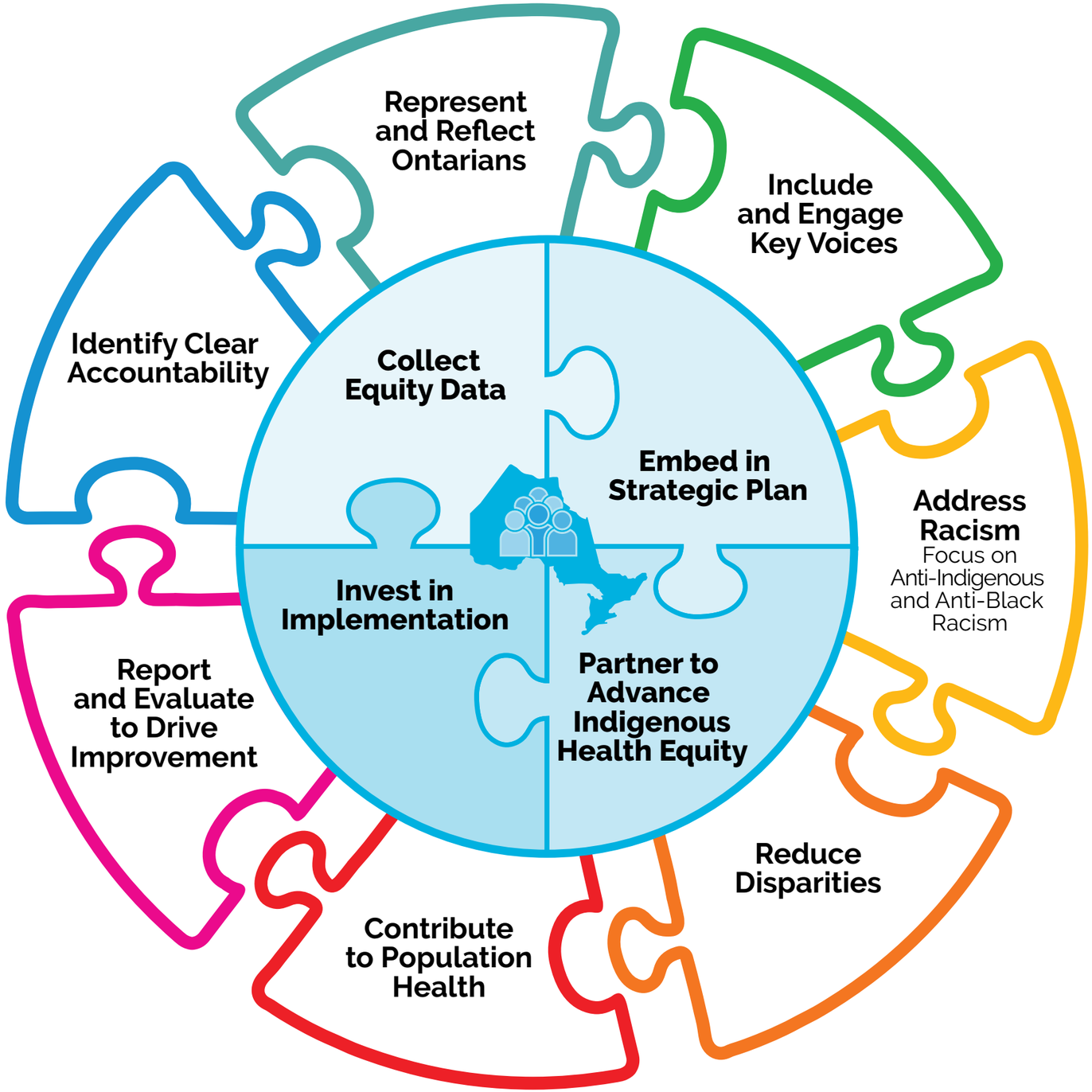
Include and Engage Key Voices
Listen to the staff and communities and include their ideas and feedback into the design, delivery and evaluation of programs and services

Address Racism Focus on Anti-Indigenous and Anti-Black Racism
Identify and address discriminatory practices and procedures in all forms and all levels using targeted approaches

Reduce Disparities
Use data and best practices to establish standards, identify disparities and implement corrective action through a focus on access, experience and outcomes for the population

Contribute to Population Health
Work with other arms of government and agencies in planning services to improve the health of the population

Report and Evaluate to Drive Improvement
Publish Framework metrics publicly with all reports including an equity analysis



For more information, go to: ontariohealth.ca

Ontario Health

Building a Common Understanding

Ontario Health is committed to advancing equity, inclusion and diversity and addressing racism. In order to achieve better outcomes for all patients, families, and providers within Ontario's health system, we must explicitly identify and address the impacts of **anti-Indigenous** and **anti-Black racism** as part of our commitment.

This framework builds upon our existing legislated commitments and relationships with **Indigenous peoples** and **Francophone communities**, and recognizes the need for Ontario Health to take an **intersectional approach** to this work.

The definitions below help to provide a common understanding as we work together to create a shared culture focused on equity, inclusion, diversity, and anti-racism.

Anti-Racism
An anti-racism approach is a systematic method of analysis and a proactive course of action. The approach recognizes the existence of racism, including systemic racism, and actively seeks to identify, reduce and remove the racially inequitable outcomes and power imbalances between groups and the structures that sustain these inequities.

Anti-Black Racism
The policies and practices rooted in Canadian institutions such as education, health care, and justice that mirror and reinforce beliefs, attitudes, prejudice, stereotyping and/or discrimination towards Black people and communities.

Anti-Indigenous Racism
Anti-Indigenous racism is the ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous Peoples within Canada. It includes ideas and practices that establish, maintain and perpetuate power imbalances, systemic barriers, and inequitable outcomes that stem from the legacy of colonial policies and practices in Canada.

Diversity
The range of visible and invisible qualities, experiences and identities that shape who we are, how we think, how we engage with and how we are perceived by the world. These can be along the dimensions of race, ethnicity, gender, gender identity, sexual orientation, socio-economic status, age, physical or mental abilities, religious or spiritual beliefs, or political ideologies. They can also include differences such as personality, style, capabilities, and thought or perspectives.

Equity
Unlike the notion of equality, equity is not about sameness of treatment. It denotes fairness and justice in process and in results. Equitable outcomes often require differential treatment and resource redistribution to achieve a level playing field among all individuals and communities. This requires recognizing and addressing barriers to opportunities for all to thrive in our society.

Health Disparities
Differences in health access, experience or outcomes in a way that is systematic, patterned and preventable.

Inclusion
Inclusion recognizes, welcomes and makes space for diversity. An inclusive organization capitalizes on the diversity of thought, experiences, skills and talents of all of our employees.

Intersectionality
The ways in which our identities (such as race, gender, class, ability, etc.) intersect to create overlapping and interdependent systems of discrimination or disadvantage. The term was coined by Black feminist legal scholar Dr. Kimberlé Crenshaw and emerged from critical race theory to understand the limitations of "single-issue analysis" in regards to how the law considers both sexism and racism. Intersectionality today is used more broadly to understand the impact of multiple identities to create even greater disadvantage.

Structural Racism
Is a system in which public policies, institutional practices, cultural representations, and other norms work in ways to reinforce and perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed white privilege and disadvantages associated with colour to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead it has been a feature of the social, economic and political systems in which we all exist.

Systemic Racism
Organizational culture, policies, directives, practices or procedures that exclude, displace or marginalize some racialized groups or create unfair barriers for them to access valuable benefits and opportunities. This is often the result of institutional biases in organizational culture, policies, directives, practices, and procedures that may appear neutral but have the effect of privileging some groups and disadvantaging others.

**Definitions extracted from the McGill University Equity, Diversity and Including Strategic Plan (2020-2025); the UHN Anti-Racism and Anti-Black Racism (AR/ABR) Strategy; and the 519 Glossary of Terms around equity, diversity, inclusion and awareness*

***Connecting Care Act 2019 (Link to: https://www.ontario.ca/laws/statute/19c05)*

Ontario Health