



City of Hamilton
BOARD OF HEALTH REVISED

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

- *5.1. Correspondence from ACORN respecting Mandatory Regulations to Stop COVID-19 Spread in Multiple Residential Apartment Buildings

Recommendation: Be received.

6. DELEGATION REQUESTS

- *6.1. Delegation Request from Lynda Lukasik, Environment Hamilton, respecting the Board of Health Governance Overview (BOH21006) (for today's meeting)
- *6.2. Delegation Request from Kojo Dampsey, Hamilton Centre for Civic Inclusion, respecting the Board of Health Governance Review (BOH21006) (for today's meeting)
- *6.3. Delegation Request from Kathy Johnson, ACORN, respecting Mandatory Regulations to Stop COVID-19 Spread in Multiple Residential Apartment Buildings
Video Submission
- *6.4. Delegation Request from Claudette Gadoury, ACORN, respecting Mandatory Regulations to Stop COVID-19 Spread in Multiple Residential Apartment Buildings
Video Submission
- *6.5. Delegation Request from Rebecca Guzzo, ACORN, respecting Mandatory Regulations to Stop COVID-19 Spread in Multiple Residential Apartment Buildings
Video Submission

7. CONSENT ITEMS

- *7.1. Clerk's Report - Physician Recruitment and Retention Steering Committee- May 25, 2021

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



Written submission for June 14th Board of Health Meeting from ACORN Hamilton.

ACORN is a tenant and community organization with a membership of low & moderate income individuals and families in Hamilton. We organize at all levels of government for social & financial justice. We have three chapters in Hamilton: Downtown, East End & Mountain.

The COVID19 pandemic has had a disproportionate impact on low & moderate income communities. The housing crisis has continued to worsen over the past 15 months - rent continues to rise in Hamilton, the pandemic hasn't stopped landlords from using predatory tactics to force tenants out of their homes & landlords have used COVID-19 as an excuse to reduce/stop essential repairs and pest treatment.

Hamilton's only mandatory measure related to COVID for apartments is the mask bylaw. Enhanced cleaning and safety measures are only recommendations. If tenants have concerns that their landlord is not following basic public health guidelines - they can't ask bylaw to enforce.

ACORN is asking for the city to make these measures mandatory so that if tenants have concerns they can reach out to bylaw to ensure landlords are complying.

- Proper PPE given to building staff while working in the building
- Signage in common areas (laundry rooms, elevators, lobbies) and on every floor encouraging social distancing and hand washing.
- Disinfection of high contact surfaces two times a day
- Deep clean common areas weekly
- Cleaning schedule posted in common area
- Hand sanitizer on every floor and in common areas
- Continue with maintenance/pest control if tenants want, in order to ensure safe/healthy place to stay in during lockdown
- Regularly keep tenants updated on COVID-19 prevention measures
- Provide free PPE in common areas such as laundry room

The City of Toronto has made a number of these measures mandatory:

<https://www.toronto.ca/home/covid-19/covid-19-reopening-recovery-rebuild/covid-19-reopening-guidelines-for-businesses-organizations/covid-19-guidance-commercial-or-residential-buildings/>

Peel Region also has guidelines around ventilation and air flow:

<https://www.peelregion.ca/coronavirus/community-spaces/#units>

As public health restrictions get lifted over the coming months - let's make sure that multi-residential buildings are taking every possible precaution to keep tenants safe!

ACORN contact:

hamilton@acorncanada.org

905-393-5734

From: clerk@hamilton.ca
To: [Vernem, Christine](#); [Kolar, Loren](#)
Subject: FW: Form submission from: Request to Speak to Committee of Council Form
Date: June 10, 2021 2:50:20 PM

-----Original Message-----


From: no-reply@hamilton.ca <no-reply@hamilton.ca>
Sent: June 10, 2021 1:34 PM
To: clerk@hamilton.ca
Subject: Form submission from: Request to Speak to Committee of Council Form

Submitted on Thursday, June 10, 2021 - 1:34pm Submitted by anonymous user: 162.158.126.141 Submitted values are:

==Committee Requested==
Committee: Board of Health

==Requestor Information==

Name of Individual: Lynda Lukasik
Name of Organization: Environment Hamilton
Contact Number: 905-549-0900
Email Address: llukasik@environmenthamilton.org
Mailing Address:


Reason(s) for delegation request: I am requesting the opportunity to delegate in order to speak to Item 10 on the Board of Health's June 14th agenda - Board of Health Governance Overview.
Will you be requesting funds from the City? No
Will you be submitting a formal presentation? No

The results of this submission may be viewed at:
<https://www.hamilton.ca/node/286/submission/511696>

From: clerk@hamilton.ca
To: [Vernem, Christine](#); [Kolar, Loren](#)
Subject: FW: Form submission from: Request to Speak to Committee of Council Form
Date: June 11, 2021 9:20:45 AM

Magda Green

Administrative Assistant II to the City Clerk
City of Hamilton
905 546-2424 ext. 5485
magda.green@hamilton.ca

-----Original Message-----

From: no-reply@hamilton.ca <no-reply@hamilton.ca>
Sent: June 10, 2021 8:02 PM
To: clerk@hamilton.ca
Subject: Form submission from: Request to Speak to Committee of Council Form

Submitted on Thursday, June 10, 2021 - 8:01pm Submitted by anonymous user: 108.162.241.196 Submitted values are:

==Committee Requested==
Committee: Board of Health

==Requestor Information==
Name of Individual: Kojo Dampety
Name of Organization: Hamilton Centre for Civic Inclusion
Contact Number: [REDACTED]
Email Address: kdampety@hcci.ca
Mailing Address: [REDACTED]
Reason(s) for delegation request:
Would like to comment on agenda item 10.1.

Thank you.
Will you be requesting funds from the City? No
Will you be submitting a formal presentation? No

The results of this submission may be viewed at:
<https://www.hamilton.ca/node/286/submission/511921>

From: [Kolar, Loren](#)
To: ["organizeham@acorncanada.org"](mailto:organizeham@acorncanada.org)
Subject: Video Submission to the BOH re PHS regs and apartments - K. Johnson
Date: June 11, 2021 11:26:00 AM

Kathy, thank you for submitting your request to the Board of Health.

What is the topic of your pre-recorded video? I will need it by the end of the day, today.

Loren Kolar
Legislative Coordinator
T | (905) 546-2424 ext. 2604
E | loren.kolar@hamilton.ca

-----Original Message-----

From: clerk@hamilton.ca <clerk@hamilton.ca>
Sent: June 11, 2021 10:16 AM
To: Kolar, Loren <Loren.Kolar@hamilton.ca>; Vernem, Christine <Christine.Vernem@hamilton.ca>
Subject: FW: Form submission from: Request to Speak to Committee of Council Form

Magda Green

Administrative Assistant II to the City Clerk City of Hamilton
905 546-2424 ext. 5485
magda.green@hamilton.ca

-----Original Message-----

From: no-reply@hamilton.ca <no-reply@hamilton.ca>
Sent: June 11, 2021 10:11 AM
To: clerk@hamilton.ca
Subject: Form submission from: Request to Speak to Committee of Council Form

Submitted on Friday, June 11, 2021 - 10:11am Submitted by anonymous user: 108.162.241.196 Submitted values are:

==Committee Requested==
Committee: Board of Health

==Requestor Information==
Name of Individual: Kathy Johnson
Name of Organization: Hamilton ACORN
Contact Number: [REDACTED]
Email Address: organizeham@acorncanada.org
Mailing Address: [REDACTED]
Reason(s) for delegation request: To submit a prerecorded delegation to the board of health committee meeting.
Will you be requesting funds from the City? No
Will you be submitting a formal presentation? No

The results of this submission may be viewed at:
<https://www.hamilton.ca/node/286/submission/512046>

From: [Kolar, Loren](#)
To: [Bates, Tamara](#); "organizeham@acorncanada.org"
Cc: [Fernandes, Krislyn](#); [Martinello, Lynn](#)
Subject: Video Submission to the BOH re PHS regs and apartments -Claudette Gadoury
Date: June 11, 2021 11:28:00 AM

-----Original Message-----

From: no-reply@hamilton.ca <no-reply@hamilton.ca>
Sent: June 11, 2021 10:25 AM
To: clerk@hamilton.ca
Subject: Form submission from: Request to Speak to Committee of Council Form

Submitted on Friday, June 11, 2021 - 10:24am Submitted by anonymous user: 108.162.241.190 Submitted values are:

==Committee Requested==
Committee: Board of Health

==Requestor Information==

Name of Individual: Claudette Gadoury
Name of Organization: Hamilton ACORN
Contact Number: [REDACTED]
Email Address: organizeham@acorncanada.org
Mailing Address: [REDACTED]
Reason(s) for delegation request: To submit pre recorded video delegation for the board of health meeting to speak to protecting tenants during pandemic.
Will you be requesting funds from the City? No
Will you be submitting a formal presentation? No

From: [Kolar, Loren](#)
To: ["organizeham@acorncanada.org"](mailto:organizeham@acorncanada.org)
Cc: [Bates, Tamara](#); [Fernandes, Krislyn](#); [Martinello, Lynn](#)
Subject: Your request to Speak to the Board of Health - Rebecca Guzzo
Date: June 11, 2021 11:30:00 AM

-----Original Message-----

From: no-reply@hamilton.ca <no-reply@hamilton.ca>
Sent: June 11, 2021 10:47 AM
To: clerk@hamilton.ca
Subject: Form submission from: Request to Speak to Committee of Council Form

Submitted on Friday, June 11, 2021 - 10:46am Submitted by anonymous user: 108.162.241.190 Submitted values are:

==Committee Requested==
Committee: Board of Health

==Requestor Information==

Name of Individual: Rebecca Guzzo

Name of Organization: Hamilton ACORN Contact Number:

Email Address: organizeham@acorncanada.org Mailing Address:

Reason(s) for delegation request: To submit pre recorded video
delegation for board

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? No



City of Hamilton
PHYSICIAN RECRUITMENT AND RETENTION STEERING
COMMITTEE

Clerk's Report 21-001

2:30 p.m.

Tuesday, May 25, 2021

WebEx

Hamilton City Hall

71 Main Street West

Pursuant to Section 3.7(4) of the City of Hamilton's Procedural By-law 21-021 at 3:00 p.m. the Committee Clerk advised those in attendance that quorum had not been achieved within 30 minutes after the time set for the Physician Recruitment and Retention Steering Committee, therefore, the Clerk noted the names of those in attendance and the meeting stood adjourned.

Present:

Councillor A. VanderBeek

K. Loomis

Dr. B. Julian

Respectfully submitted,

Tamara Bates

Legislative Coordinator

Office of the City Clerk



Public Health Services COVID-19 Situation Report & Organizational Update

Board of Health

June 14, 2021

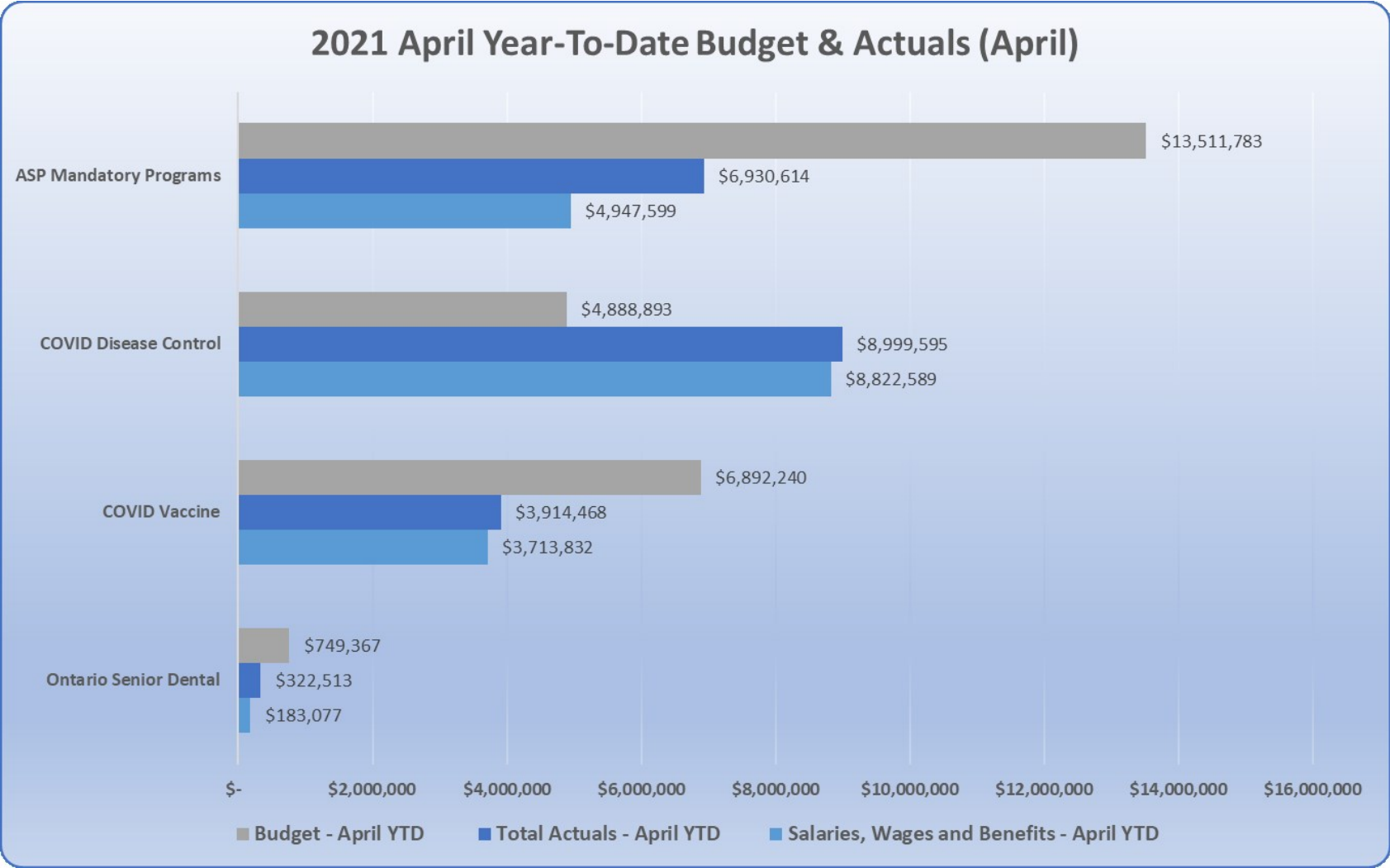
Overview

1. Overall Status Update
2. Financial Update
3. COVID-19 Situation Report
4. Scarsin Forecast Update
5. Performance Metrics
6. COVID-19 Vaccine Update

Overall Status

- COVID-19 case activity in Hamilton continues to trend downwards from the peak of wave 3
- Scarsin forecasting continues to be promising; however, there are several unknowns including the potential impact of the Delta variant
- It is crucial that as many people as possible are vaccinated with first and second doses over the coming months
- As of June 10, 2021 there were over 393,394 doses administered and 70.3% of Hamiltonians age 18+ vaccinated
- While the increase in vaccine eligibility & access is encouraging, there is significant work ahead to ensure equitable & fulsome vaccine uptake
- Public health measures remain vital, even for those who are vaccinated

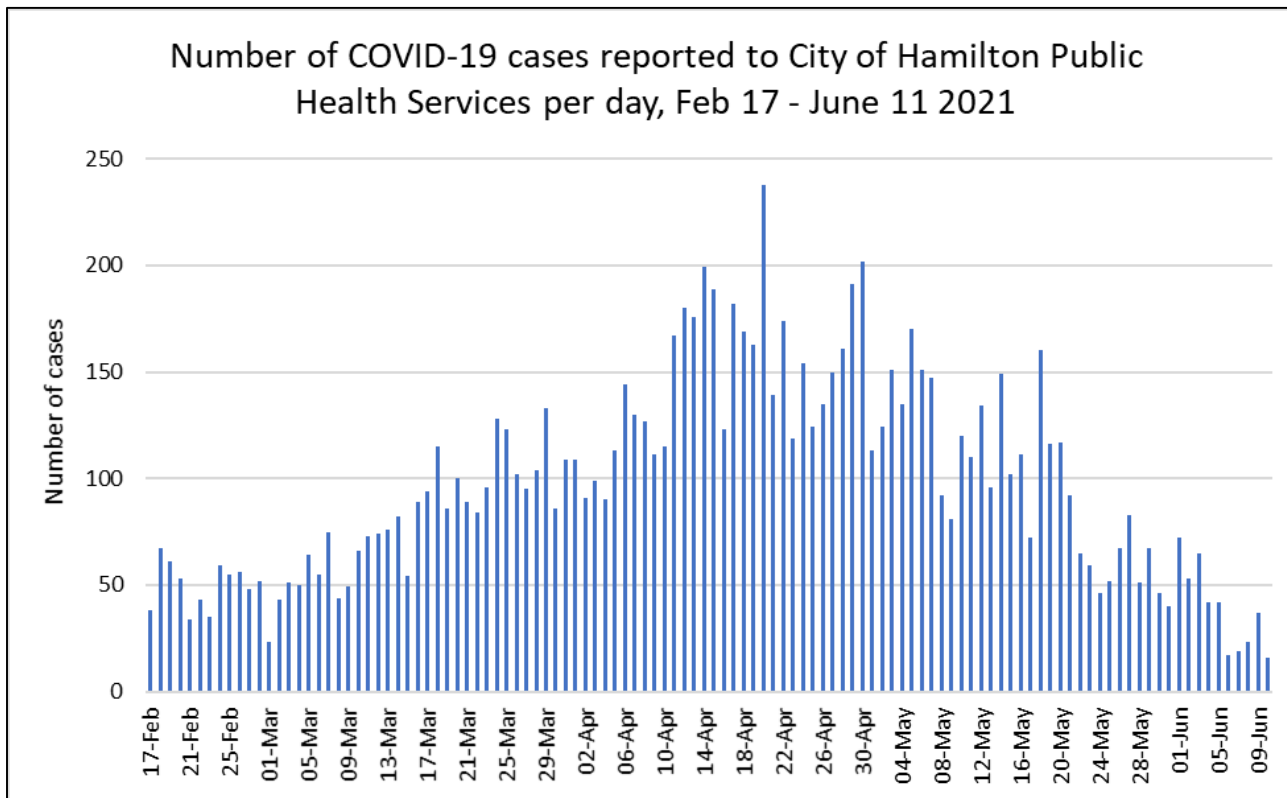
Financial Update – April 2021 Variance Report



Financial Update – April 2021 Variance Report

June 2, 2021 Budget & Actual FTE			
	Budget	Actual	Variance
COVID FTE	411.4	493.9	(82.4)
Maintaining Essential/High Risk Services FTE	394.5	189.9	204.6
Total FTE	805.9	683.8	122.1

Situation Report – Reported Cases



Key Messages

- COVID-19 case activity continues to trend downwards from the peak of wave 3
- As of June 11, 2021, the average number of cases reported per day to Hamilton Public Health is 35

Situation Report

Phases of COVID-19 in Hamilton

WAVE 3: Pre-Peak Feb 17 – Apr 10 2021

- 4,243 cases reported
- 131 outbreaks
- 302 hospitalizations and 59 deaths
- 59,120 tests completed at Hamilton Assessment Centres
- Case counts following wave 2 had not yet fallen back to baseline, when activity began to rise and wave 3 commenced
- Infections were most commonly due to direct contact with other known cases of COVID-19 and undetermined sources

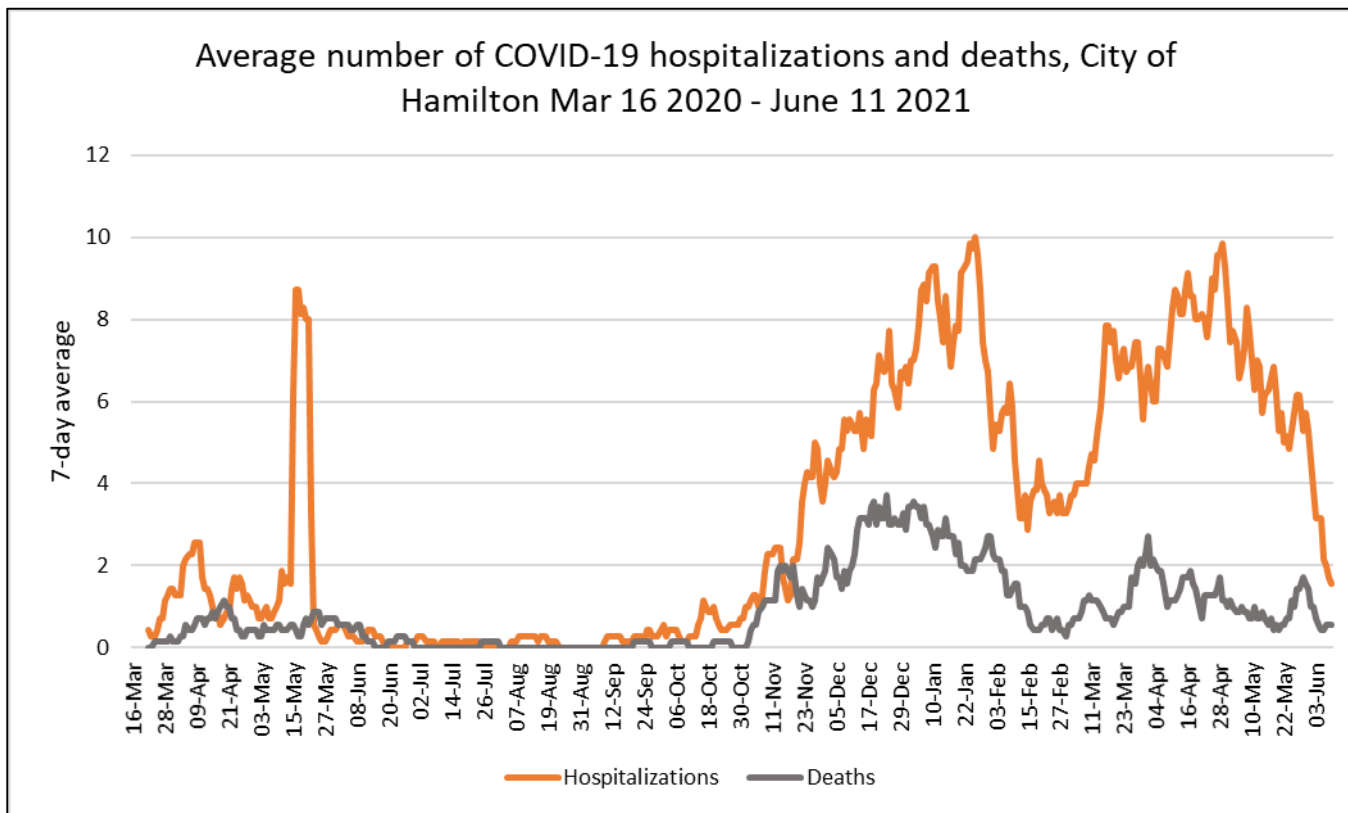
WAVE 3: Peak Apr 11 – May 7 2021

- 4,326 cases reported
- 94 outbreaks
- 225 hospitalizations and 34 deaths
- 34,171 tests completed at Hamilton Assessment Centres
- There was an increase in cases associated with COVID-19 outbreak activity
- The majority of cases reported shifted from the original strain to variants

WAVE 3: Post-Peak May 8 – Jun 11 2021

- 2,514 cases reported
- 59 outbreaks
- 150 hospitalizations and 27 deaths
- 26,006 tests completed at Hamilton Assessment Centres
- Infections have been most commonly due to direct contact with other known cases of COVID-19 and undetermined sources
- There have been more cases reported during wave 3 than waves 1 and 2 combined

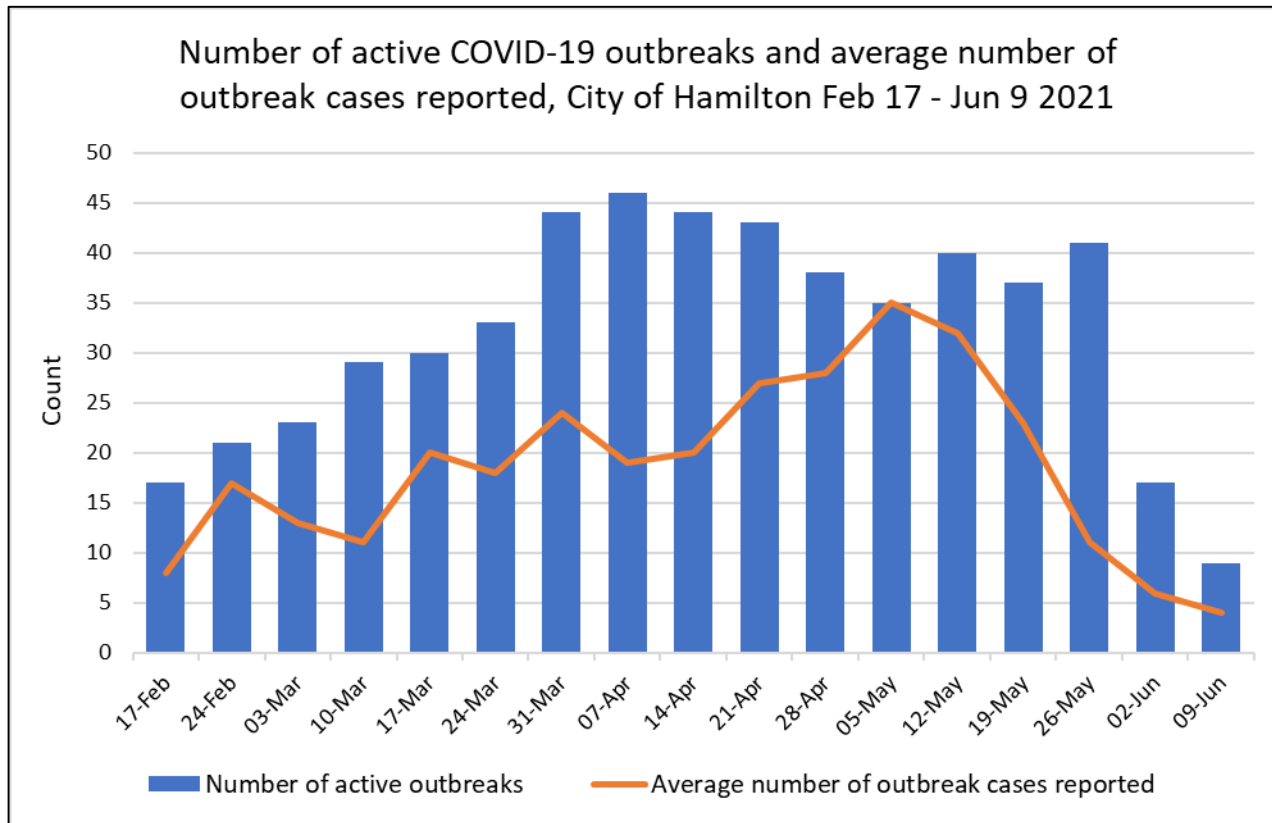
Situation Report – Severity



Key Messages

- The average numbers of new hospitalizations & deaths per day have been decreasing recently in the post-peak period of wave 3
- As of June 11, 2021, the average number of new hospitalizations per day was 2 and deaths per day was 0.7

Situation Report – Active Outbreaks



Key Messages

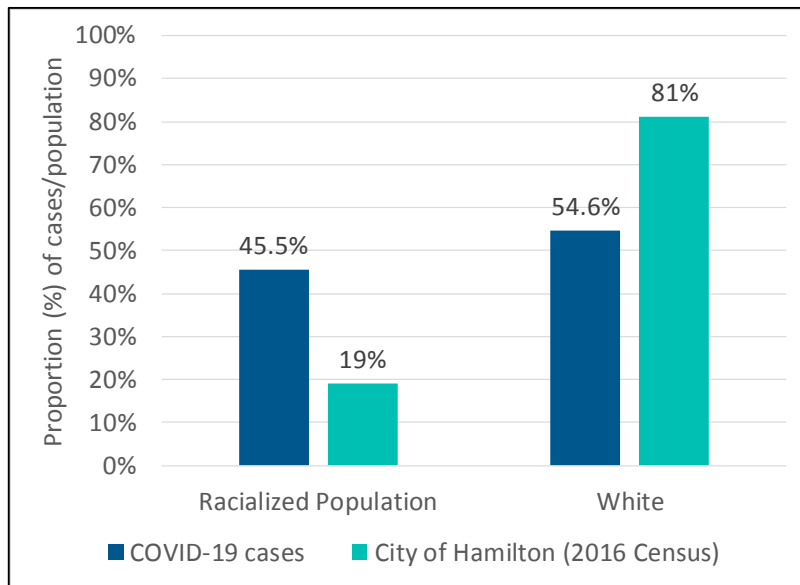
- There has been a drastic decrease in the number of active COVID-19 outbreaks throughout June 2021
 - The number of cases reported, associated with outbreaks, have also decreased dramatically

Situation Report

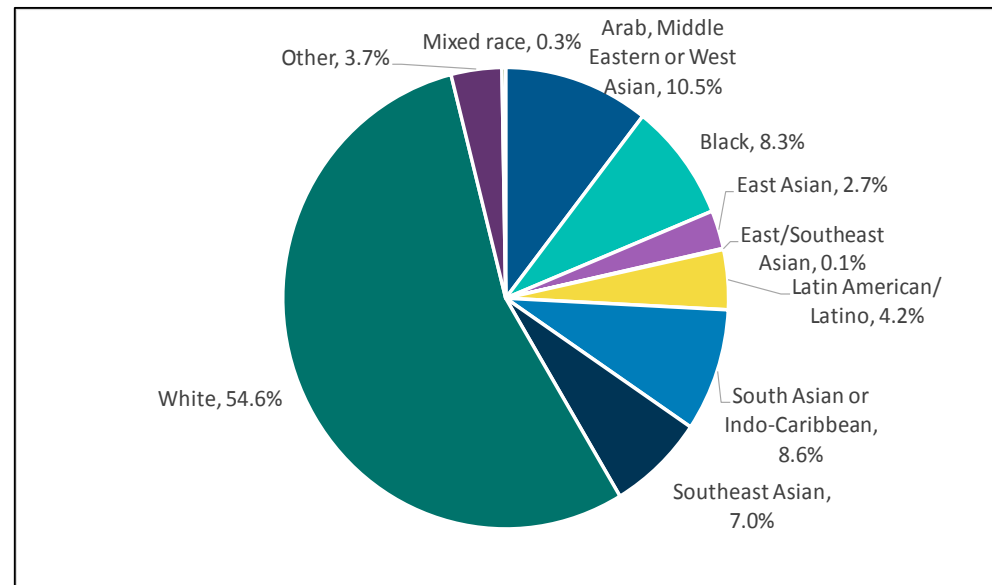
Social Determinants of COVID-19 Cases

- COVID-19 cases were more likely to self-identify as racialized compared to the Hamilton population

Proportion (%) of COVID-19 cases identifying as white or racialized population, City of Hamilton, March 1, 2020 – April 21, 2021.



Proportion (%) of COVID-19 cases by self-identified racial category, City of Hamilton, March 1, 2020 – April 21, 2021.

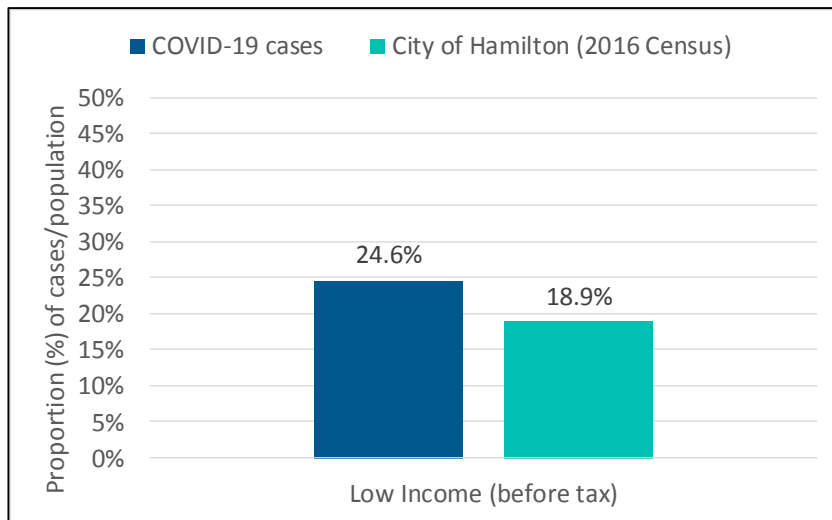


Situation Report

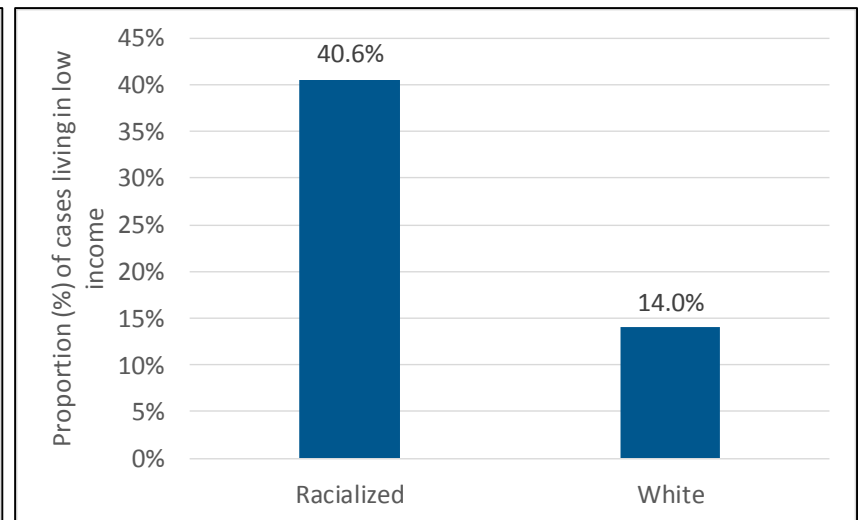
Social Determinants of COVID-19 Cases

- COVID-19 cases were more likely to live in low income households compared to the Hamilton population
- Racialized COVID-19 cases were 3-times more likely to live in low income households compared to white cases

Proportion (%) of COVID-19 cases living in low income households, City of Hamilton, Mar 1, 20 – Apr 21, 21.



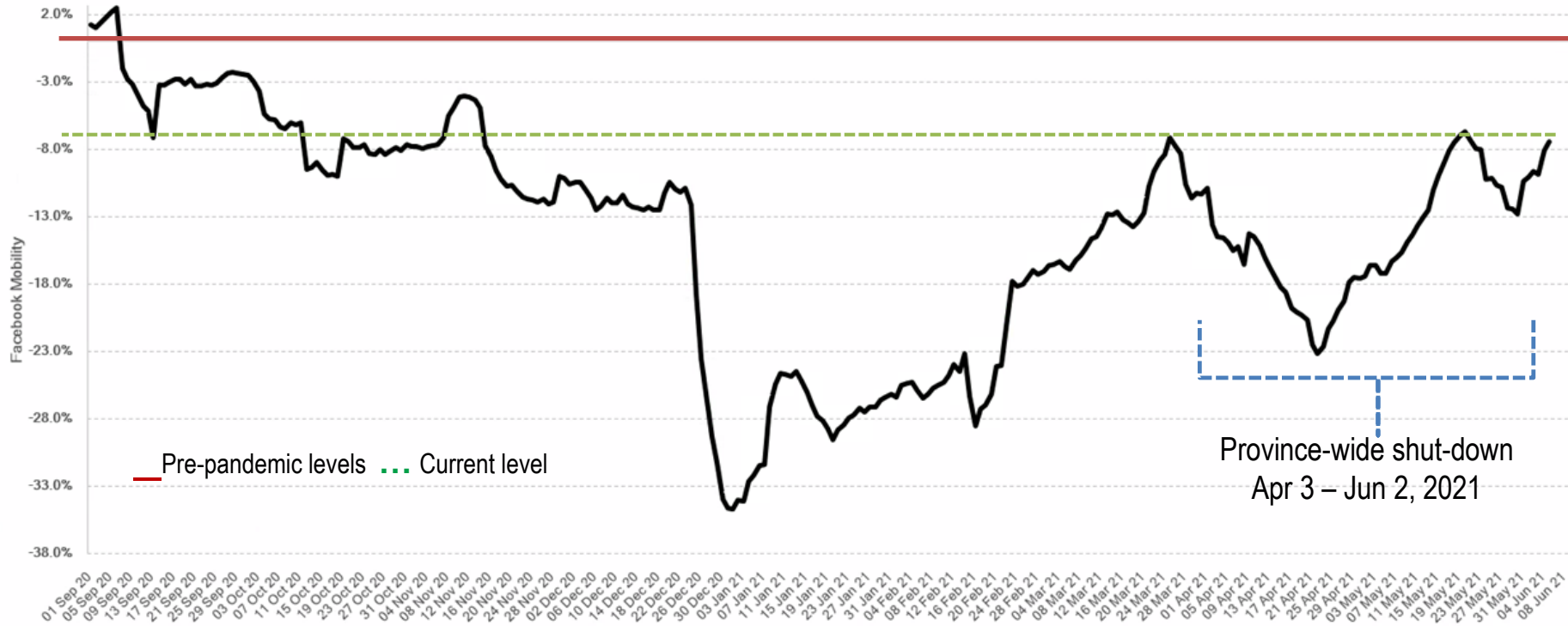
Proportion (%) of white and racialized COVID-19 cases living in low income households, City of Hamilton, Mar 1, 20 – Apr 21, 21.



Scarsin Forecast

- Future forecast continues to be promising assuming:
 - accelerated vaccination roll-out and vaccine inventory continues as planned
 - moderate increases in delta variant
 - adherence to public health measures
- Variants pose a significant unknown risk and could result in:
 - a “swell” of cases in July 2021
 - over 1000 additional cases between June 14, 2021 and July 31, 2021 (from 465 in the best-case scenario to 1518 cases in the worst-case scenario)

Scarsin Forecast – Overall Mobility in Hamilton



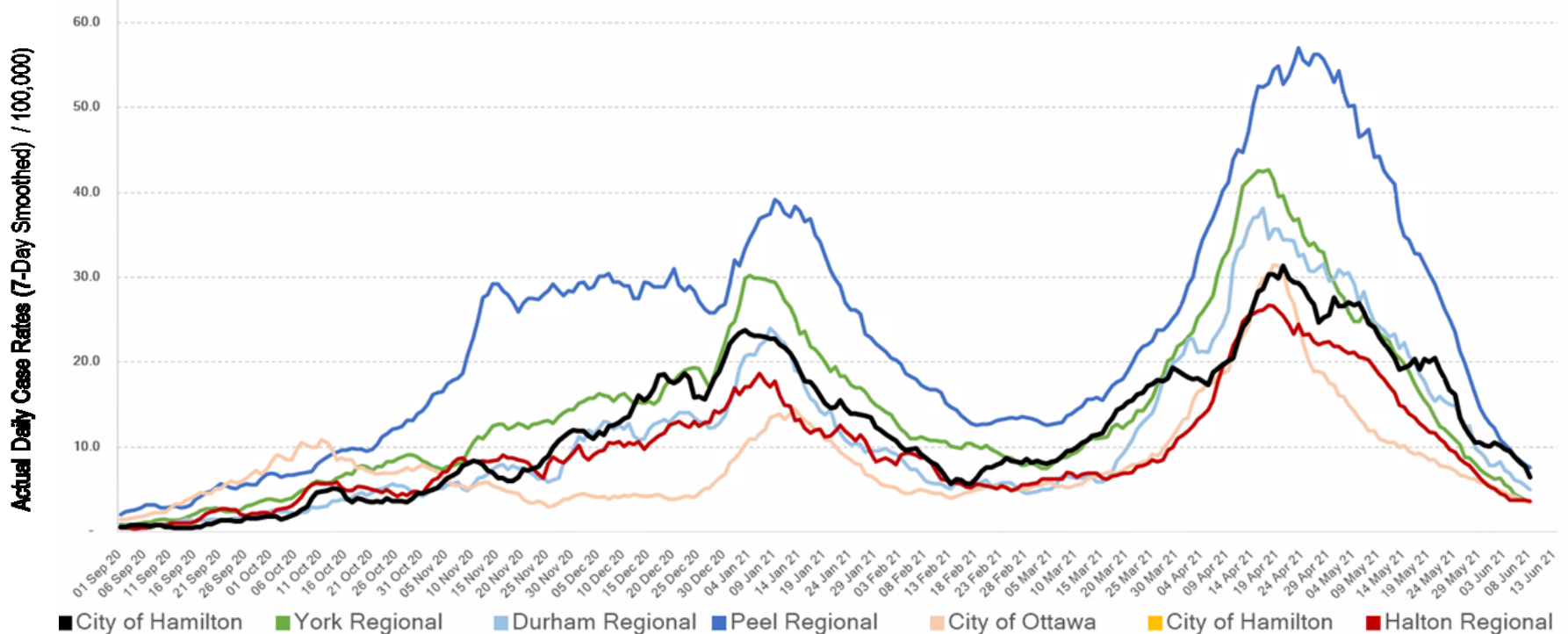
Data Source: Scarsin Decision Support System retrieved June 9, 2021

Key Messages:

- Mobility increased following the lifting of the shut-down on June 2, 2021 to approximately -8%, now above pre-shut-down levels. 0% represents pre-pandemic levels in February 2020.

Scarsin Forecast

COVID-19 Daily Case Rates (per 100,000) Selected Comparison Public Health Units to Hamilton



Data Source: Scarsin Decision Support System retrieved June 11, 2021

Key Messages:

- Wave 3 continues to decline; rates are converging across Ontario.

Scarsin Forecast – Overview of Scenarios

•Scenario 1

•Worst Case

- higher impact of delta variant
- reduced public health measures with reopening

Scenario 2

Best Case

- lower impact of delta variant
- continued public health measures with reopening

Both scenarios assume:

- Remote learning to end-of-school-year
- 12-week vaccine dosing schedule
- Immunity curve adjustments for vaccines
- Adjusted to account for Delta variant

Updated data:

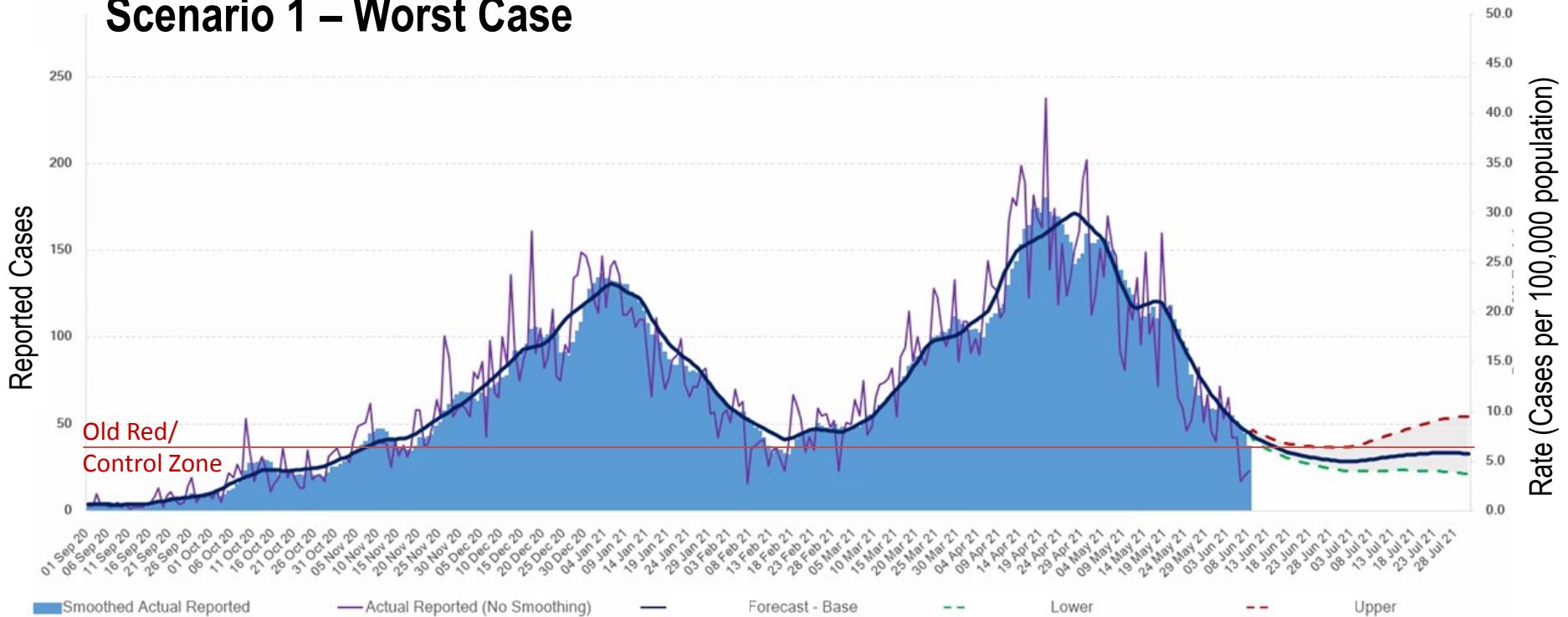
- Case data retrieved Thu June 10, 2021
- Mobility data
- Vaccination data retrieved Sun Jun 6, 2021

Same accelerated vaccination schedule:

- Adult vaccination 75% by June 21, 2021 (80+=85%; 60-79=80%; 20-59=72%)
- 12-19 vaccination 75% by June 28, 2021 (child vaccination started June 1, 2021)

Scarsin Forecast

Scenario 1 – Worst Case



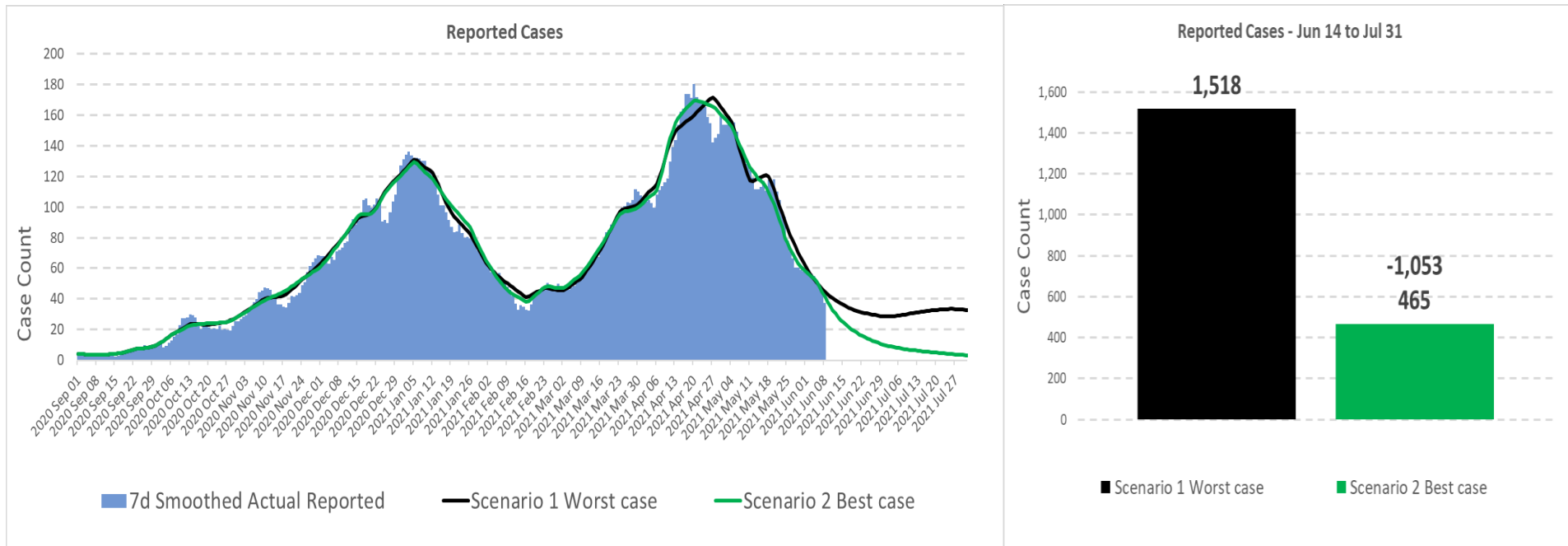
Data Source: Scarsin Decision Support System retrieved June 11, 2021

Key Messages:

- Forecast continues to predict we will reach case levels below the old Red/Control Zone with a potential “swell” starting in July 2021.

Scarsin Forecast

Scenario Comparisons – COVID-19 Cases

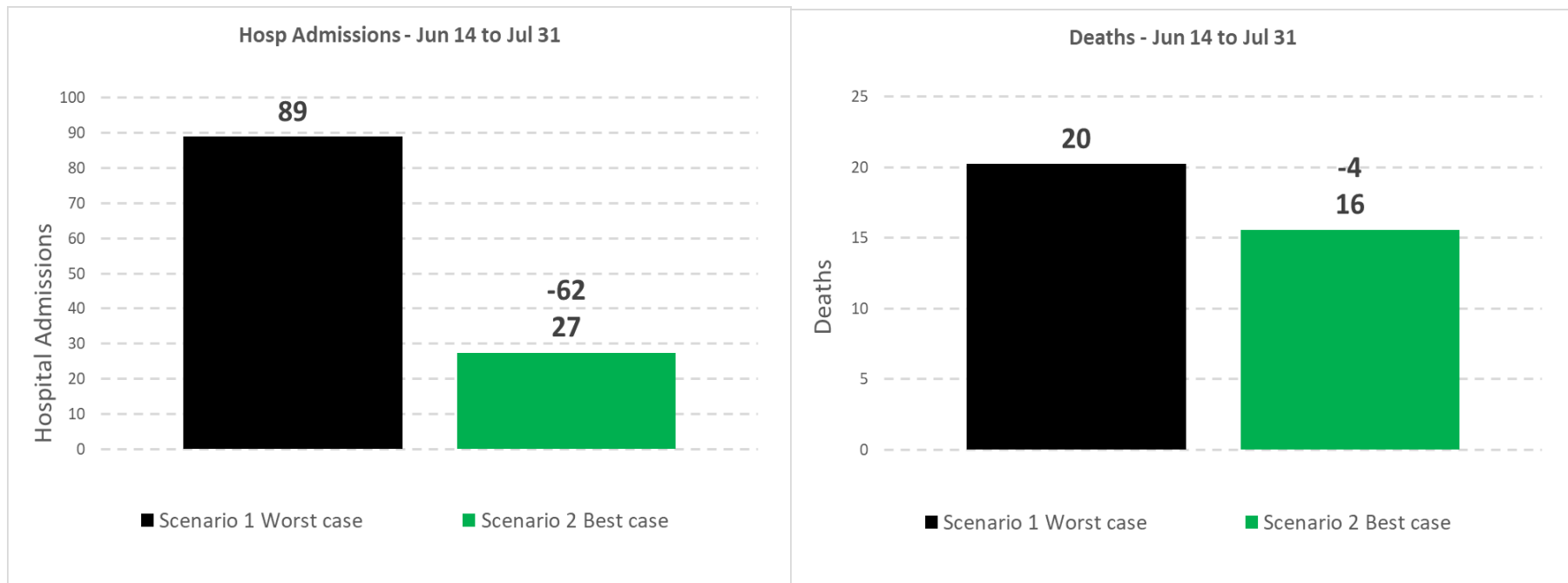


Data Source: Scarsin Decision Support System, scenarios created June 11, 2021

Key Messages:

- **Best case scenario** could result in the prevention of 1053 cases between June 14, 2021 and July 31, 2021, as compared to more aggressive transmission of delta variant and reduced public health precautions. The next few weeks will provide additional insight on the impact of Ontario's reopening and potential spread of the delta variant.

Scenario Comparisons – COVID-19 Hospital Admissions and Deaths



Data Source: Scarsin Decision Support System, scenarios created June 11, 2021

Key Messages:

- **Best case scenario** could result in the prevention of 62 hospital admissions and 4 deaths between June 14, 2021 and July 31, 2021, as compared to more aggressive transmission of delta variant and reduced public health precautions.

Performance Metrics

Epidemiology

	Previous (May 28)	Previous (June 4)	CURRENT (June 11)	Trend
Weekly incidence rate/100,000	71	59	41	↓
% positivity	8.3%	6.0%	5.3%	↓
Effective reproductive number (R_t)	0.68	0.89	0.70	--
% of community-acquired cases	26.2%	28.3%	28.6%	--

Decrease in the number of active outbreaks. Total of 12 active outbreaks: 2 outbreaks have ≥ 10 cases. Outbreak activity continues to be most prevalent in workplaces and supportive housing.

Public Health System Capacity

	Previous (May 28)	Previous (June 4)	CURRENT (June 11)	Trend
% newly reported cases reached within 1 day of reported date	95.0%	98.8%	97.5%	--
% all newly identified high-risk contacts reached within 1 day of contact identification date	86.7%	87.3%	88.9%	--

Performance Metrics

Health System Capacity

	Hospital	Previous (May 28)	Previous (June 4)	CURRENT (June 11)
Overall adult acute medicine & surgical hospital occupancy/funded acute beds	SJHH	83%	80%	85%
	HHS	90%	90%	87%
Overall adult acute alternate level of care (ALC) hospital occupancy/funded acute beds	SJHH	9%	13%	14%
	HHS	7%	7%	8%
Overall adult intensive care unit (ICU) occupancy/funded ICU beds	SJHH	83%	76%	68%
	HHS	85%	73%	66%

SJHH: St. Joseph's Healthcare Hamilton

HHS: Hamilton Health Sciences

Performance Metrics

Vulnerable Populations

	Previous (May 28)	Previous (June 4)	CURRENT (June 11)	Trend
Mental health-related emergency department visits	177	192	197	↑
Substance misuse-related emergency department visits	80	84	110	↑
Paramedic incidents for suspected opioid overdose	19	17	30	--
Violence-related emergency department visits	8	8	12	--
Social impacts and environmental exposure-related emergency department visits	19	25	21	--

COVID-19 Vaccine Update

COVID-19 Vaccine Update

Overall Objectives

1. Prevent deaths
2. Prevent illness, hospitalization and intensive care unit admissions
3. Reduce transmission
4. Achieve high levels of population immunity



COVID-19 Vaccine Update – Placemat

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

Dec 2020 – March 2021 April – June 2021 July 2021 August 2021 September 2021 Beyond

PHASE

**Provincial Phase 1:
High-Risk Population
Vaccination**

Provincial Phase 2: Large Scale Delivery of Vaccine

Provincial Phase 3: Steady State

Provincial Priority Populations by Phase

DESCRIPTION

Phase 1

- Staff, essential caregivers, residents in LTC/RH, congregate settings for seniors
- Alternate level of care patients
- Health care workers
- All Indigenous adults
- Adults 80 years of age and older
- Adult recipients of chronic home care

Phase 2 (in Progress)

- Adults 18+
- Youths 12-17
- Accelerated 2nd doses for high-risk health care workers, individuals 70+ and individuals who received their 1st dose on or before April 18th

Phase 3

- Remaining Hamiltonians in the general population who wish to be vaccinated will receive the vaccine

Vaccination Approach

TIMING

Large Scale Clinics

Mobile & On-Site Clinics

Primary Care & Pharmacy Clinics

DESCRIPTION

Large Scale Clinics

Hamilton Health Sciences Large Scale Clinic
St. Joseph's Healthcare Hamilton Large Scale Clinic
First Ontario Centre (Public Health-Led) Large Scale Clinic



Anticipated Throughput: 8,400 doses / day at peak
Supports large scale vaccination of the population

Mobile & On-Site Clinics

Mobile Bus Clinics
Pop-Up Facility Clinics
Rolling Clinics



Anticipated Throughput: 750 doses / day at peak
Provides vaccination through accessible channels

Primary Care & Pharmacy Clinics

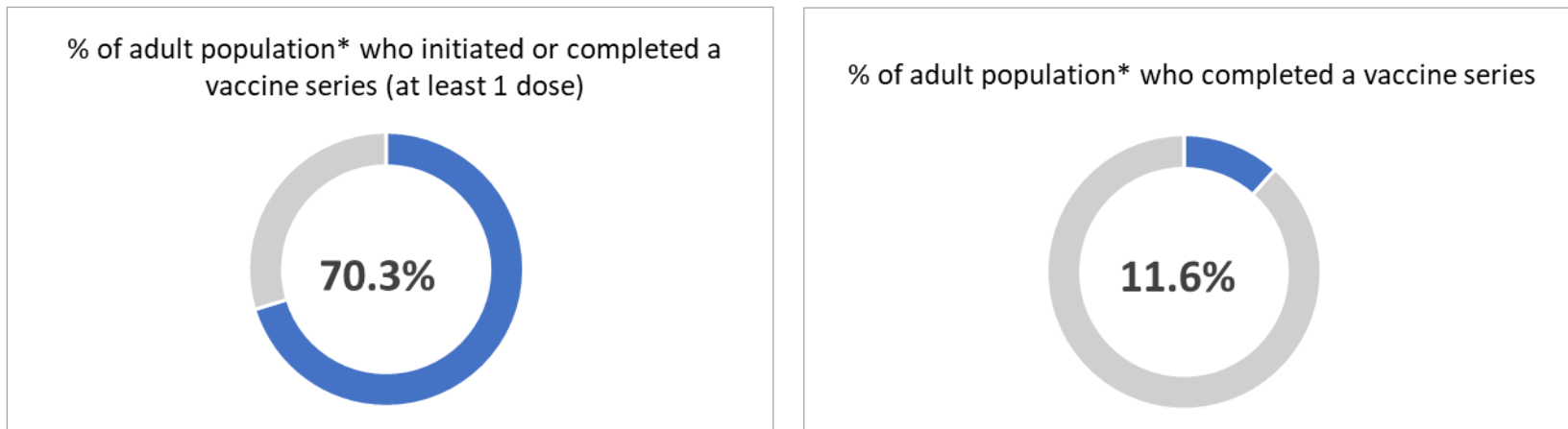
Primary care practice-based vaccinations
Pharmacy-based vaccinations



Anticipated Throughput: >1,000 doses / day at peak
Provides vaccination through usual channels

COVID-19 Vaccine Update - Coverage

Estimated as of End Of Day June 10, 2021



*Hamilton residents age 18+ (n=482,542); Population Projections, 2020 (IntelliHealth).

Note: Includes Hamilton residents and individuals vaccinated in Hamilton who cannot be assigned to a health unit region.

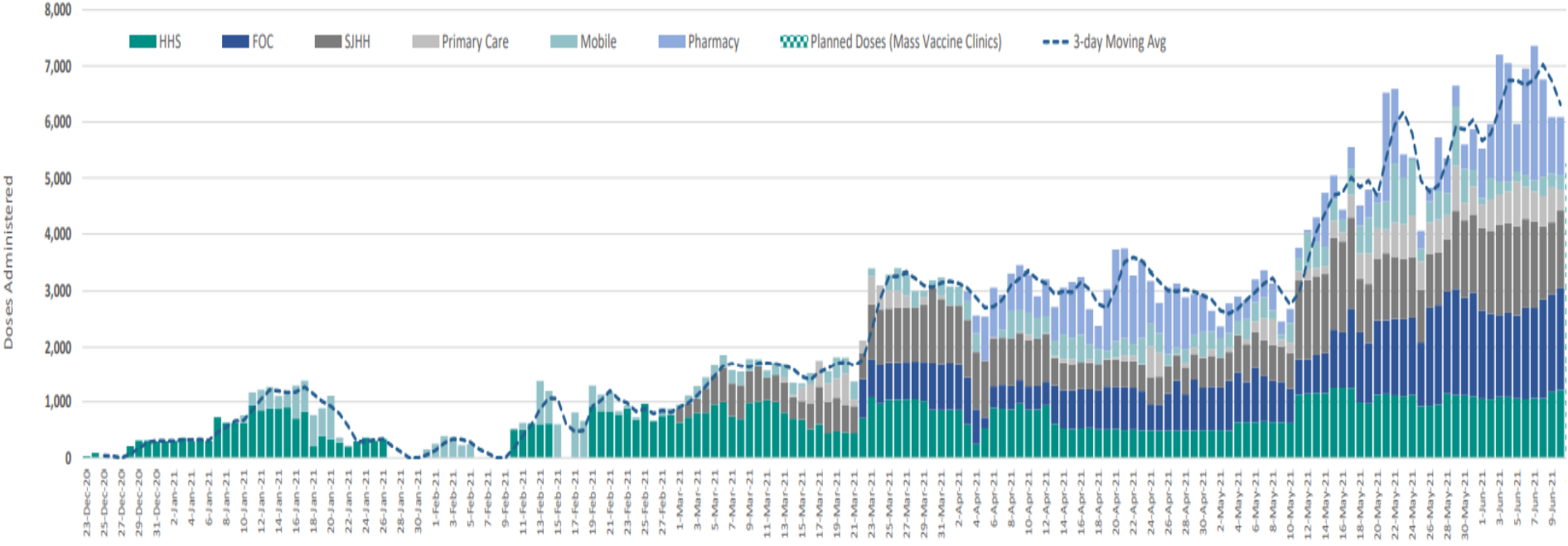
Please note:

The methodology to estimate vaccine coverage has been revised to align with the provincial methodology. The change will be reflected on the webpage the afternoon of June 14, 2021. The change increases the previous estimate of vaccine series initiation from **68.3%** to **70.3%**.

COVID-19 Vaccine Update - Distribution

Product	Total doses administered
Pfizer	290,794
Moderna	65,465
AstraZeneca	37,135

Estimated as of End Of Day June 10, 2021



Source: IntelliHealth (COVAXon Data Load)

COVID-19 Vaccine Update – Coverage by Age

Estimated Vaccine Coverage by Age (End of Day June 10, 2021)

Age Group	Est Population Size	Vaccine Series Initiation	% Vaccine Series Initiation
85+ Years	15,241	13,172	86.4%
80 to 84 Years	13,078	11,719	89.6%
75 to 79 Years	18,379	16,205	88.2%
70 to 74 Years	26,916	23,592	87.7%
65 to 69 Years	32,737	27,327	83.5%
60 to 64 Years	39,521	31,889	80.7%
55 to 59 Years	43,070	32,977	76.6%
50 to 54 Years	37,634	28,047	74.5%
45 to 49 Years	35,355	24,534	69.4%
40 to 44 Years	36,318	24,031	66.2%
35 to 39 Years	40,307	25,265	62.7%
30 to 34 Years	43,749	25,469	58.2%
25 to 29 Years	46,186	24,993	54.1%
18 to 24 Years	54,051	30,082	55.7%
12 to 17 Years	37,018	16,641	45.0%

Source: IntelliHealth (COVAXon Data Load); Population Projections, 2020 IntelliHealth.

Note: Includes Hamilton residents and individuals vaccinated in Hamilton who cannot be assigned to a health unit region.

COVID-19 Vaccine Update – Coverage by Forward Sortation Area (FSA)

Estimated Vaccine Coverage by Forward Sortation Area (All Ages) (End of Day June 6, 2021)			
FSA	Est Population Size	Vaccine Series Initiation	% Vaccine Series Initiation
L8B	21,529	12,430	57.7%
L8E	44,981	22,776	50.6%
L8G	23,005	13,516	58.8%
L8H	28,146	12,941	46.0%
L8J	30,205	15,228	50.4%
L8K	34,147	17,959	52.6%
L8L	34,905	15,814	45.3%
L8M	14,639	7,145	48.8%
L8N	16,234	8,476	52.2%
L8P	24,537	15,298	62.3%
L8R	13,674	6,720	49.1%
L8S	15,100	9,376	62.1%
L8T	20,548	11,896	57.9%
L8V	22,321	12,584	56.4%
L8W	28,179	15,704	55.7%
L9A	27,176	15,139	55.7%
L9B	26,693	15,541	58.2%
L9C	43,824	26,953	61.5%
L9G	26,323	16,810	63.9%
L9H	33,489	22,445	67.0%
L9K	16,852	10,112	60.0%
LOR	43,672	27,563	63.1%
Average	590,179	332,426	56.3%

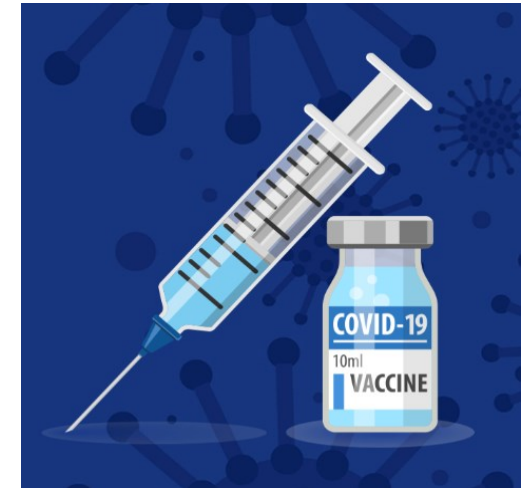
Source: IntelliHealth (COVAXon Data Load); ICES 03 Apr 2021 (total population)

Notes:

1. Coverage estimates are for all ages and include ages in the estimated population size that may not be eligible for vaccination. Estimates are therefore lower than overall coverage for the adult (18+) population.
2. The number vaccinated and estimated population size only include residents of the City of Hamilton even though some FSAs are shared between health units. N1R and N0B are not included at this time.
3. The estimated population size for LOR was estimated to only include Hamilton residents and should be used with caution.

COVID-19 Vaccine Update – Eligibility

- 1st Dose Eligibility
 - All aged 12+ who want a vaccine
- Accelerated 2nd Dose Eligibility
 - Aged 70+
 - Anyone vaccinated on or before April 18, 2021
- AstraZeneca
 - 8-week 2nd dose interval
 - 1st doses still on pause



COVID-19 Vaccine Update – Supply & Distribution

- Supply beginning to equal demand
- Focus remains: ensuring city-wide access, building vaccine confidence and getting rates up
- Most Hamiltonians are being vaccinated through large-scale clinics
 - Community clinics led by primary care and community partners
 - Public Health Mobile Clinics

COVID-19 Vaccine Update – Pharmacy Channel

- Significant growth in pharmacy channel
- Currently 100+ pharmacies delivering vaccine in Hamilton
 - Pfizer (1st and 2nd dose)
 - Moderna (1st and 2nd dose)
 - AztraZeneca (2nd dose)
- Goal to have all Universal Influenza Immunization Program (UIIP) pharmacies delivering vaccine

COVID-19 Vaccine Update – Youth Vaccination Strategy

- Flexible approach to support choice, increase access
 - Multiple channels available (large scale, mobile, pharmacy)
 - Specialized clinic for youth with complex needs
- 2nd dose to be completed by end of August 2021 before return to school for youth 12+

COVID-19 VACCINE
for youth



COVID-19 Vaccine Update – Access & Confidence

Continued focus on evidence-based, sustainable strategies to bridge gaps in vaccine information, build confidence, ensure access and increase uptake

- Optimize access through mobile pop-up clinics including:
 - Ministry of Health outdoor clinics:
 - June 9 & 10, 2021 → Central Memorial Recreation Centre
 - June 12 & 13, 2021 → Lake Avenue Elementary School
 - Youth focused mobile pop-up clinics June 8, 2021 to June 14, 2021
 - Homebound individuals through Hamilton Paramedic Services (second doses)

COVID-19 Vaccine Update – Access & Confidence

Ministry Mobile Clinics

- Additional outdoor mobile clinics this week
- Pfizer vaccine, aged 12+, first and eligible 2nd doses

Date	Location	Booking
June 15 & 16, 2021	Stoney Creek Recreation Centre	Call the COVID-19 vaccine hotline at 905-974-9848, option 7

COVID-19 Vaccine Update – Access & Confidence

Vaccine Ambassador Initiative

- Engagement with Faith-Based leaders to support vaccine confidence
- Promotion of mobile pop-up clinics and assistance with vaccine appointment booking with:
 - Residents of nearby apartment buildings
 - Business owners and ethnic stores
 - Corktown and Stinson neighbourhoods
- Social media outreach including community WhatsApp groups, to share key messages and resources
- Creating videos in multiple languages
- Attendance at clinics to provide on-site support, including translation



COVID-19 Vaccine Update – Access & Confidence

Outreach to apartment buildings and multi-unit property managers and tenants

- Infection prevention and control education sessions for Hamilton Halton District Apartment Association
- Information package for property managers and tenants including postcards, lobby posters and fact sheets
- Outreach to CityHousing Hamilton to identify specific needs at various buildings
- Engagement with neighbourhood associations and nearby multi-unit housing to promote mobile pop-up vaccine clinics

HOW TO REDUCE THE SPREAD OF COVID-19 IN APARTMENTS

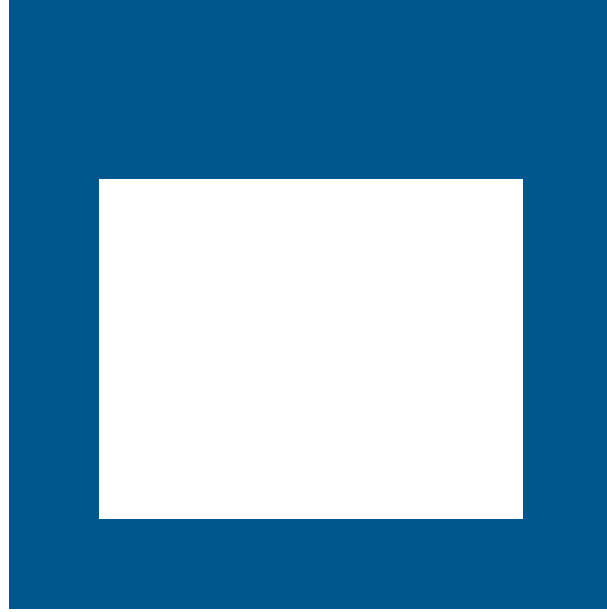
- Everyone has a role in helping to reduce the spread of COVID-19.
- It is important that everyone continues to follow public health measures, even people who have been vaccinated.
- COVID-19 vaccines are one of the most effective prevention tools to protect yourself and your loved ones from COVID-19. Book a COVID-19 vaccine appointment by visiting hamilton.ca/vaccinebooking or call 1-888-999-6488.

TENANTS

What can you do if you live in an apartment building?

- Stay home if you have any symptoms of COVID-19.
- Get tested for COVID-19 if you have any symptoms or if you had close contact with someone who has COVID-19.
- Only gather/socialize with people who you live with (in your unit). If you live alone, you can join one other household. Do not visit other apartments or units in your building unless you are there for essential reasons.
- Do not gather in common areas such as the lobby and hallways.
- Maintain a physical distance of at least 6 feet or 2 metres from people who do not live in your unit.
- Only take the elevator with people who live in your unit unless you can keep a physical distance of 2 metres from others. Wait for the next elevator to avoid close contact with others.
- Take the stairs when you can.
- Use common areas, such as the laundry room, when they are not busy so you can keep a distance of 2 metres from others.
- Connect with friends and neighbours on the phone or on social media.
- Wear a mask or face covering indoors in all common areas of the building, such as elevators, lobbies, laundry rooms, etc. Wear a mask outdoors when you are not able to maintain physical distancing.
- Avoid touching your eyes, mouth and nose. Wash your hands frequently.
- Avoid touching elevator buttons, buzzer or keypads, door handles, mailboxes and other high touch surfaces when you can.
- If you do touch something, don't touch your mouth, nose or eyes until you wash your hands with soap and water or use hand sanitizer.
- Always wash your hands with soap and water when you return to your unit, even if you have only been somewhere inside your building.
- Cough or sneeze into a tissue or your elbow. Throw out tissues into a lined garbage can.
- Clean and disinfect high-touch surfaces both outside (such as door handle of your unit, door frame) and inside (such as counters, taps, toilets) your unit using a disinfectant spray or diluted bleach and water.
- Stay informed. Read updates from the Landlord and Property Manager and contact building staff if you have questions.

Hamilton



QUESTIONS?



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:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

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.

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.

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

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.

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.

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.

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. 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,

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.

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 Subcommittee 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

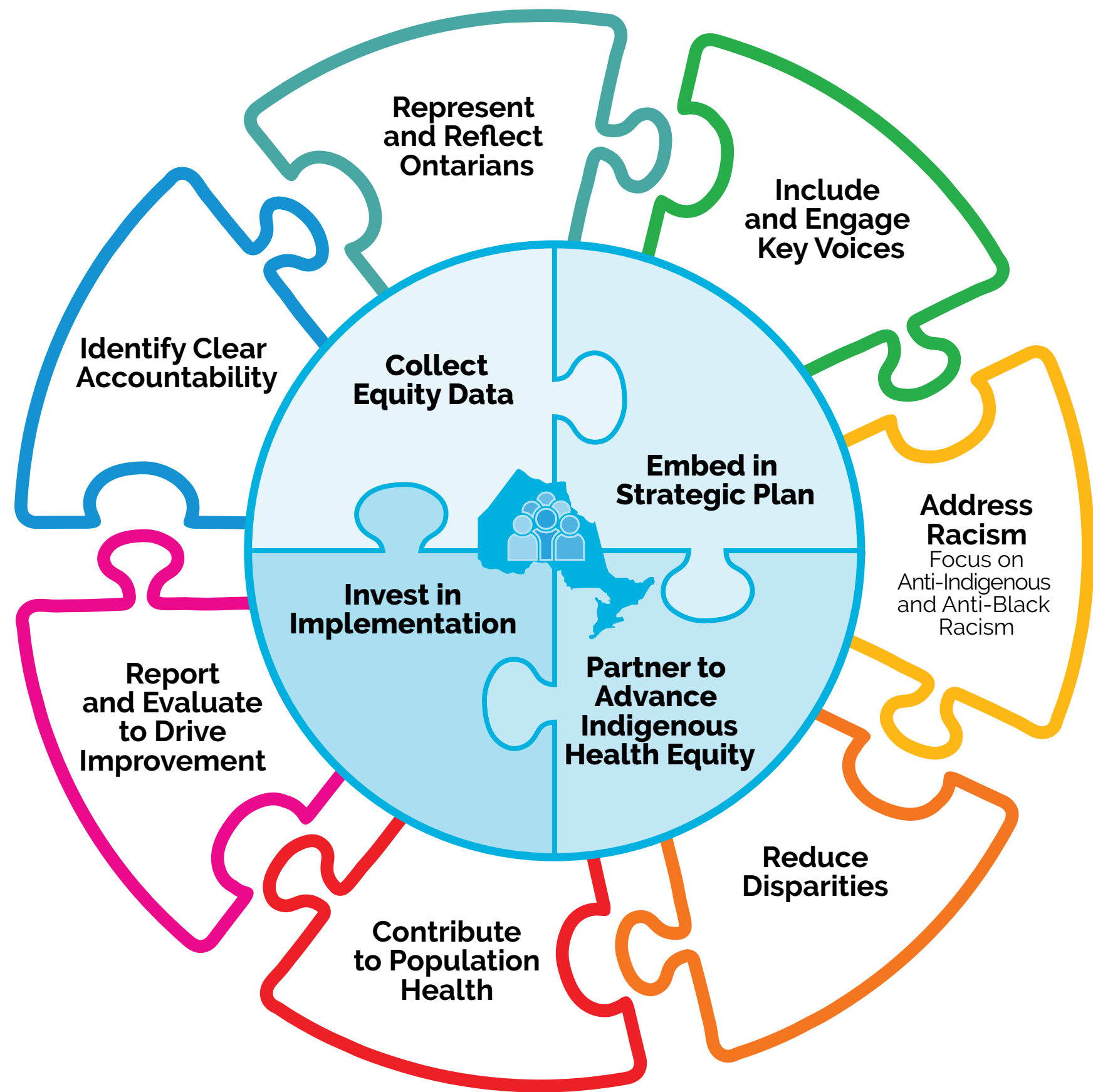
Autonomous	Regional	Single-Tier / Semi-Autonomous
Algoma Brant County Chatham-Kent* Eastern Ontario Grey Bruce Haliburton-Kawartha-Pine Ridge Hastings-Prince Edward Huron-Perth KFL&A Lambton* Leeds, Grenville, Lanark Middlesex-London North Bay Parry Sound Northwestern Peterborough Porcupine Renfrew Simcoe Muskoka Southwestern Sudbury Thunder Bay Timiskaming Wellington-Dufferin-Guelph Windsor-Essex <i>*autonomous/integrated</i>	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 <i>Municipal council appoints members to a separate board of health but retains authority for budget and staffing approvals</i>		
Toronto: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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

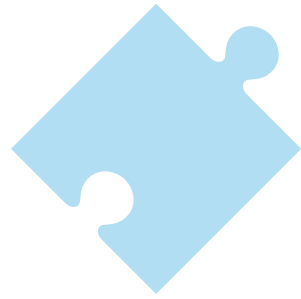
With a focus on addressing anti-Indigenous and anti-Black racism

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



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 Inclusion 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>)*