



**City of Hamilton**  
**BOARD OF HEALTH**  
**AGENDA**

**Meeting #:** 21-009  
**Date:** September 20, 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

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**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. August 11, 2021

**5. COMMUNICATIONS**

5.1. Correspondence from the Northwestern Health Unit respecting the Infection Prevention and Control (IPAC) Hub Model

Recommendation: Be received

5.2. Correspondence from the Northwestern Health Unit respecting the Public Health Mitigation Funding

Recommendation: Be received.

5.3. Correspondence from Peterborough Public Health respecting Unfunded Programs and Implementation the Menu Labelling, Child Visual Health and Vision Screening, and Consumption and Treatment Services Compliance and Enforcement

Recommendation: Be endorsed.

5.4. Correspondence from Kathleen Hill and Tyler Brown respecting Urgent Request to Save Eye Care for Hamilton Residents

Recommendation: Be endorsed

5.5. Correspondence from Jennifer Kranz respecting COVID-19 Testing Centres

Recommendation: Be Received.

**6. DELEGATION REQUESTS**

**7. CONSENT ITEMS**

**8. STAFF PRESENTATIONS**

8.1. Board of Health Governance Education Session (BOH21006(a))(City Wide)

8.2. Overview of COVID-19 Activity in the City of Hamilton 11 Mar 2020 to Present (to be distributed)

**9. PUBLIC HEARINGS / DELEGATIONS**

**10. DISCUSSION ITEMS**

**11. MOTIONS**

**12. NOTICES OF MOTION**

**13. GENERAL INFORMATION / OTHER BUSINESS**

**14. PRIVATE AND CONFIDENTIAL**

**15. ADJOURNMENT**



## BOARD OF HEALTH MINUTES 21-008

9:30 a.m.

Wednesday, August 11, 2021

**Due to COVID-19 and the closure of City Hall, this meeting was held virtually**

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**Present:** Mayor F. Eisenberger  
Councillors M. Wilson (Vice-Chair), J. Farr, N. Nann, S. Merulla, C. Collins, T. Jackson, 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; Councillor E. Pauls - Personal

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### THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

1. **Correspondence from Southwestern Public Health to the Minister of Minister of Health respecting Financial Support of Local Public Health Units in Their Ongoing COVID-19 Pandemic Response (Item 5.1)**

**(Ferguson/Partridge)**

That the Correspondence from Southwestern Public Health to the Minister of Minister of Health respecting Financial Support of Local Public Health Units in Their Ongoing COVID-19 Pandemic Response, be endorsed.

**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 Ninder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
ABSENT	-	Ward 6 Councillor Tom Jackson
ABSENT	-	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

**2. Mandatory COVID-19 Vaccines and Vaccine Passport Programs (Added Item 11.1)**

**(Farr/Ferguson)**

That the Mayor correspond with the Premier, Minister of Health and the Attorney General expressing Hamilton's desire for the Province to institute Mandatory COVID-19 Vaccines, where permissible by law, and a Vaccine Passports Program with a copy being forwarded to local municipalities and the Association of Municipalities of Ontario.

**Result: Motion CARRIED by a vote of 10 to 0, as follows:**

ABSENT - Mayor Fred Eisenberger  
ABSENT - Ward 1 Councillor Maureen Wilson  
YES - Ward 2 Councillor Jason Farr  
YES - Ward 3 Councillor Nrinder Nann  
ABSENT - Ward 4 Councillor Sam Merulla  
ABSENT - Ward 5 Councillor Chad Collins  
YES - Ward 6 Councillor Tom Jackson  
ABSENT - 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

**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 that there were no changes to the agenda:

**(Merulla/Johnson)**

That the agenda for the August 11, 2021 Board of Health be approved, as presented.

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

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
ABSENT	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
ABSENT	-	Ward 6 Councillor Tom Jackson
ABSENT	-	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)**

None

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

**(i) July 7, 2021 (Item 4.1)**

**(Ferguson/Johnson)**

That the Minutes of July 7, 2021, be approved, as presented

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

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
ABSENT	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
ABSENT	-	Ward 6 Councillor Tom Jackson
ABSENT	-	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)**

**(i) Correspondence from the Minister of Health respecting One-time Funding for 2021- 2022, and 2022-2023 (Item 5.2)**

**(Ferguson/Partridge)**

That the Correspondence from the Minister of Health respecting One-time Funding for 2021- 2022, and 2022-2023, be received.

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

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
ABSENT	-	Ward 6 Councillor Tom Jackson
ABSENT	-	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) STAFF PRESENTATIONS (Item 9)**

**(i) Overview of COVID-19 Activity in the City of Hamilton 11 Mar 2020 to Present (Item 9.1)**

Dr. N. Tran, Associate 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 2020 to present, with the aid of a PowerPoint presentation.

**(Pearson/Clark)**

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

**Result: Motion CARRIED by a vote of 10 to 0, as follows:**

ABSENT	-	Mayor Fred Eisenberger
ABSENT	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
ABSENT	-	Ward 4 Councillor Sam Merulla
ABSENT	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
ABSENT	-	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

The Mayor relinquished the Chair to Councillor Nann for the remainder of the meeting.

**(g) ADJOURNMENT (Item 15)**

**(Pearson/VanderBeek)**

That, there being no further business, the Board of Health be adjourned at 11:53 a.m.

**Result: Motion CARRIED by a vote of 10 to 0, as follows:**

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

ABSENT	-	Ward 4	Councillor Sam Merulla
ABSENT	-	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

Respectfully submitted,

Mayor F. Eisenberger  
Chair, Board of Health

Councillor N. Nann  
Acting Chair, Board of Health

Loren Kolar  
Legislative Coordinator  
Office of the City Clerk



August 27, 2021

VIA ELECTRONIC MAIL

The Honourable Christine Elliott  
Deputy Premier and Minister of Health  
Ministry of Health, 5th Floor  
777 Bay Street  
Toronto, ON M7A 2J3

Dear Minister Elliott:

**Re: Support to Establish the Infection Prevention and Control (IPAC) Hub Model as an Ongoing Program**

At its August 27, 2021 meeting, the Board of Health for the Northwestern Health Unit recognized the continued importance of supporting long-term care homes and other community congregate living settings through provincially funded infection protection and control (IPAC) measures. Northern health units are uniquely positioned, and the temporary funding for each board of health to be the “Hub” in the IPAC “Hub and Spoke” model has been particularly effective and continues to be critical to ensure vulnerable residents are protected and outbreaks of infections such as SARS-CoV-2 are prevented.

Infection Prevention and Control programming is a requirement of Boards of Health under the *Ontario Public Health Standards*. In December 2020, Northern public health units received temporary funding to establish local networks to enhance IPAC practices in community-based congregate living settings, which resulted in enhanced partnerships between Social Services Boards, Associations for Community Living, and increased staff and management capacity for this important work which is carried out across the Northwestern Health Unit catchment area and throughout Northern Ontario.

The establishment of IPAC Hubs is a strong first step in addressing the need for supports related to IPAC within congregate living facilities, as identified in *Ontario’s Long-Term Care COVID-19 Commission April 2021 Final Report*, and while we would welcome the news of funding for this programming for the 2021/2022 period, **we would request that stable, annualized funding for this program be established in recognition of the criticality of the interventions.** Temporary or one-time funding does not allow us to successfully recruit trained professionals for the required positions, given the chronic recruitment challenges that have only been worsened by the pandemic.

With this in mind, the Board of Health carried the following resolution #79-2021:

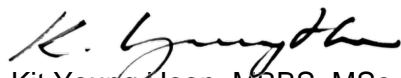


*THAT the Board of Health for the Northwestern Health Unit make a request to the Provincial Government to make the IPAC Hub model an ongoing program with stable annual funding to provide for the protection from infectious diseases in community congregate living settings and long-term care homes.*

*AND FURTHER that this resolution be shared with Ministers of Health and Long-Term Care, area partners, Northern Boards of Health, Ontario Health, aPHa, and the Chief Medical Officer of Health.*

Northwestern Health Unit is grateful to have been able to work with health units in the north to come together in support of protecting vulnerable residents from infectious diseases in long-term care and other congregate living settings; We thank you for the opportunity to do so.

Sincerely,



Kit Young Hoon, MBBS, MSc., MPH, FRCPC  
Medical Officer of Health

cc: Honourable R. Phillips, Minister of Long-Term Care  
Dr. K. Moore, Chief Medical Officer of Health, Ministry of Health  
All Northern Ontario Boards of Health  
C. Geiger, President and CEO, Public Health Ontario  
M. Anderson, President and CEO, Ontario Health  
B. Kytör, Transitional Regional Lead (Northern Ontario)

August 27, 2021

Honourable Christine Elliott  
Minister of Health / Deputy Premier  
Ministry of Health  
College Park 5<sup>th</sup> Floor  
777 Bay Street, Toronto, ON M7A 2J3

VIA EMAIL: [Christine.elliott@pc.ola.org](mailto:Christine.elliott@pc.ola.org)

Dear Minister Elliott,

On behalf of the Board of Health for the Northwestern Health Unit (NWHU), we wish to express our appreciation for the guidance and leadership shown by the Government of Ontario through the COVID-19 Pandemic Response and Vaccine Rollout. As we progress further along the Roadmap to reopening and begin our own recovery discussions, the topic of modernization and a shift in the cost-sharing model are front and centre.

At the forefront of recovery for public health units and the municipalities we serve, and who contribute to public health funding, is financial stability. NWHU serves 19 municipalities in the province's Northwest; each of which generates much of its revenue through tourism and other economic development initiatives which have been significantly impacted by the pandemic. Mitigation funding received in recent years has been critical to the maintenance of public health programming by boards of health and in easing related financial impacts on our obligated municipalities, especially during the pandemic response, which has required NWHU to augment its staffing and redeploy existing staff to the response.

As the pandemic continues to come under control, NWHU will shift into recovery mode, which will include several months' and even years' work to catch up on programming such as school immunizations, and will require us to maintain staffing levels sufficient for the resumption of our standard public health programming, and outstanding efforts related to pandemic control such as remaining case and contact management, child and youth vaccinations and the potential for booster vaccinations at some point in the future.

Mitigation funding will be crucial to ensure the success of public health programming; without it, public health activities including ensuring the safety of the school environment will be significantly challenged. Our obligated municipalities are not in a position to shift to substantially increased levies to support this work, and public health is not in a position to reduce its staffing to below pre-pandemic numbers and

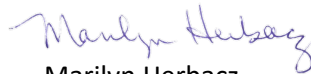
still keep our communities safe through our programming which is a substantial risk if mitigation funding and/or an increase to our base budget in 2022 is not received.

The Board of Health for the Northwestern Health Unit endeavours to carry out its fiduciary responsibilities while balancing the needs of the population in our broad catchment area. We respectfully request that the Province of Ontario reconsider its approach to the funding of public health. Public health has been instrumental in the response to the COVID-19 pandemic, and will continue to play a large and important role in the recovery process, especially given the long list of inequities that the pandemic has uncovered in our population's access to health supports.

Sincerely,



Doug Lawrance  
Board of Health Chair



Marilyn Herbacz  
Chief Executive Officer



Dr. Kit Young Hoon  
Medical Officer of Health

CC: Premier Doug Ford  
Dr. Kieran Moore, Chief Medical Officer of Health  
Greg Rickford, MPP Kenora-Rainy River  
Sol Mamakwa, MPP Kiiwetinoong  
Judith Monteith-Farrell, MPP Thunder Bay - Atikokan  
Ontario Boards of Health  
Member Municipalities (19)  
Association of Local Public Health Agencies (ALPHA)  
Association of Municipalities of Ontario (AMO)

August 6, 2021

## 5.3

The Honourable Christine Elliott  
Deputy Premier and Minister of Health  
[christine.elliott@pc.ola.org](mailto:christine.elliott@pc.ola.org)

Dear Minister Elliott,

As per its recommendation on July 21<sup>st</sup>, 2021, I am writing on behalf of the Board of Health for Peterborough Public Health (PPH) requesting the Ministry of Health (MOH) consider funding an increase to our cost-shared base budget to accommodate the addition of 2.8 full-time equivalent (FTE) staff positions and monies to update the Environmental Health database used by PPH, for the implementation of the *Menu Labelling*, *Child Visual Health and Vision Screening*, and *Consumption and Treatment Services Compliance and Enforcement* protocols under the Ontario Public Health Standards (OPHS).

In 2018, the *Menu Labelling* and the *Child Visual Health and Vision Screening* protocols were added to the *OPHS and Protocols*. The BOH appreciated receiving one-time funding for the implementation of the *Menu Labelling* protocol, however we are concerned that no additional base funding is being provided to support the sustained implementation of the *Menu Labelling* protocol.

In addition on June 10, 2021, PPH received a memo from the Chief Medical Officer of Health indicating an amendment of the OPHS which included the addition of a requirement to deliver the Ontario Seniors Dental Care Program (OSDCP) in accordance with the revised *Oral Health Protocol, 2021* and amendments to the Effective Public Health Practice; Healthy Environments; and Substance Use and Injury Prevention Program Standards to require routine and complaint-based inspections of Consumption and Treatment Services and reference to the new *Consumption and Treatment Services Compliance and Enforcement Protocol, 2021 (CTSCEP)*. Although the OSDCP is 100% funded by the Ministry of Health, no additional funding was announced to support the implementation of the CTSCEP.

This is a particular concern in Peterborough as community partners have made application to the provincial government for a Consumption and Treatment Site (CTS) for 220 Simcoe Street, Peterborough. A Health Canada Exemption to allow for illicit drug use on site has been approved. A separate application for CTS funding was submitted to the MOH for operations funding for staffing/facility and awaits approval.

Although the 2021 amended standards and associated protocols are welcomed, local public health agencies (LPHAs) like PPH have very limited capacity to implement them without a supporting budget. As noted above, LPHAs are already carrying a load of previously mandated protocols that have never been funded, including the vision screening and menu labelling protocols. In addition, due to the COVID-19 pandemic, LPHAs are behind in implementing many requirements of these programs and need all allocated FTE for programs and services that have fallen behind. We are concerned that these FTE cannot be stretched even further to fulfill the requirements of these unfunded programs.

With the anticipated return to regular programs and services in the upcoming fall and winter and the ongoing demands of COVID-19 response, it will be critical that programs that have not been operating for the past 16 months respond to the gaps and inequities created or exacerbated during the pandemic. We fear that the addition of new mandates may jeopardize the prioritization of programs and services that are intended to reduce health inequities and are evidence based.

More specifically we note:

***Rationale for CTS-Related Funding***

The addition of the new CTS protocol will add more pressure to divert finite resources from other programs and services to complete these new requirements. It is anticipated that additional Health Promoter time, up to 1.0 FTE in the first year, and funding to support reporting would be required to fulfill the requirements of the new protocol including routine inspections, responding to complaints, creating an inspection and reporting module, additional licenses for the inspection and reporting software, and collaborating with stakeholders.

***Rationale for Increased Public Health Inspector Resources***

Prior to the pandemic, PPH dedicated Public Health Inspector (PHI) resources to focus on menu review and inspections of existing regulated food service premises that fall under the *Healthy Menu Choices Act, 2015* (HMCA), and inspections of each new food service premise within their first year of operation. Compliance to date with this protocol is estimated at 60% and was identified as an Environmental Health priority in 2020. Additional PHI time, up to 0.5 FTE, is needed in 2022 to complete HMCA inspections (not routine inspections).

***Rationale for Vision Screening Staffing Request***

Prior to the emergency response to COVID-19, at PPH, the Vision Screening program was subsidized by staffing from the Oral Health and Ministry of Children, Community and Social Services (MCCSS)-funded programs, including a Certified Dental Assistant and an Administrative Assistant, amounting to a total of 1.3 FTE. Moving into the post-pandemic era this support will not be possible since many of the Oral Health screening program recipients will be priority for services. All of the staffing allocated to these programs will be needed to make up for lost time and ensure the oral health of school children is assessed and appropriate treatment offered.

Our Board of Health, looks forward to working with the Ministry to ensure that all mandated programs are adequately resourced and that health of the community continues to be protected.

Yours truly,

***Original signed by***

Mayor Andy Mitchell  
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario  
Dr. Kieran Moore, Incoming Ontario Chief Medical Officer of Health  
Dave Smith, MPP Peterborough-Kawartha  
David Piccini, MPP Northumberland-Peterborough South  
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock  
Association of Local Public Health Agencies  
Ontario Boards of Health

**From:** [Pilon, Janet](#)  
**To:** [Kolar, Loren](#)  
**Subject:** FW: Urgent Request to Save Eye Care for Hamilton Residents  
**Date:** Thursday, August 19, 2021 8:07:47 AM  
**Importance:** High

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**From:** Eisenberger, Fred <Fred.Eisenberger@hamilton.ca>  
**Sent:** Wednesday, August 18, 2021 6:57 PM  
**To:** DL - Council & Support Staff <dlcouncil@hamilton.ca>  
**Subject:** Fwd: Urgent Request to Save Eye Care for Hamilton Residents

FYI. My response to the optometrist email and action we have and are taking.  
Cheers Fred

Sent from my iPhone

Begin forwarded message:

**From:** "Eisenberger, Fred" <[Fred.Eisenberger@hamilton.ca](mailto:Fred.Eisenberger@hamilton.ca)>  
**Date:** August 18, 2021 at 6:55:05 PM EDT  
**To:** Kathleen Hill and Tyler Brown [REDACTED]  
**Cc:** Ward 1 Office <[ward1@hamilton.ca](mailto:ward1@hamilton.ca)>, "Wilson, Maureen" <[Maureen.Wilson@hamilton.ca](mailto:Maureen.Wilson@hamilton.ca)>, Office of the Mayor <[mayor@hamilton.ca](mailto:mayor@hamilton.ca)>, "Omazic, Drina" <[Drina.Omazic@hamilton.ca](mailto:Drina.Omazic@hamilton.ca)>, "Cutler, Christopher" <[Christopher.Cutler@hamilton.ca](mailto:Christopher.Cutler@hamilton.ca)>  
**Subject: Re: Urgent Request to Save Eye Care for Hamilton Residents**

Thank you for your email. I have been previously contacted by other optometrists and my staff are preparing to bring the issue to the next board of health meeting for consideration.

I understand that today the province has committed more funding to improve the fee structure and that negotiations are continuing to resolve the stated inequity in the fee structure as you have pointed out.

I will ask my office staff to get back to you with the date of the next public board of health meeting and how you might delegate on this issue.

Sincerely,  
Mayor Fred

Sent from my iPhone

On Aug 18, 2021, at 6:41 PM, Kathleen Hill and Tyler Brown

 wrote:

August 18, 2021

Dear Maureen Wilson  
Councillor - Ward 1  
cc: Mayor Fred Eisenberger

On behalf of 70 local optometrists, who are the primary eye care providers for many of your constituents, we are writing to request that the Hamilton Council call on the Ontario Government to immediately enter into formal negotiations and address the chronic underfunding of eye care.

For more than 30 years, previous Ontario governments have ignored our requests for a sustainable funding system.

Did you know in 1989 the Ontario government paid \$39.15 for OHIP-insured eye exams? Did you know that today, 32 years later, the government only contributes an average of \$44.65 per exam? That's a 14% increase over three decades! With over four million services performed annually under OHIP, this level of funding is not sustainable.

If the government doesn't act before September 1st, 2021, millions of Ontarians are at risk of losing their access to eye care. I'm concerned about what this will mean for my patients and my community. We know the ones who will be impacted most are children, seniors and adults with diabetes or certain eye diseases. Due to this lack of funding, optometrists are also limited in their ability to invest in their practices and access to eye care in rural areas is especially threatened. This is not acceptable.

As the most populated province in the country, compared to other provinces with publicly funded optometry services, Ontario is by far the lowest funded. For example, the funding for seniors' eye exams would have to increase more than 60% to reach the next lowest-funded province, Manitoba, and by



more than 125% to reach the next lowest-funded, Québec.

Although it is the province that needs to fix the issue, the underfunding of eye care affects municipalities too.

Optometrists are located in over 200 communities, making us the most accessible primary eye care professionals in the healthcare system. In many of these locations, we are the **only** providers of comprehensive general eye care. This is why municipalities must stand up for their residents and help protect access to OHIP optometry services.

So far, five municipalities (Town of Oakville, Town of Fort Frances, Town of Rainy River, City of Cambridge, Municipality of North Perth) have passed motions in support of OHIP optometry services.

We are requesting that our municipal council stand up for eye care by asking the provincial government to commit to reforms so that optometrists are compensated fairly compared to their colleagues all across Canada. Please pass such a motion as soon as possible so that residents can continue to access the quality eye care that they deserve.

Should you have any questions, or would like more information, please let us know. We and our patients hope that we can count on your support.

Sincerely,

Drs. Kathleen Hill & Tyler Brown  
**Co-Presidents of the Hamilton District Society of  
Optometrists  
Ancaster Eye Clinic**

On behalf of the following optometrists:

Dr. Sheldon Salaba  
Dr. Kelly Anderson  
Dr. Brian Paul  
**Advanced Vision Eyewear  
Boutique**

Dr. Meet Chande  
**West Mountain Eye Clinic**

Dr. Jennifer Patriquin  
Dr. Jan van Wyngaarden  
**Valleytown Eye Care**

Dr. Tracy McMurter  
**FyiDoctors Ancaster**

Dr. Breanne Facey  
Dr. Tracy Brodie  
Dr. Anjali Pathak  
**Perspective Vision**

Dr. Derrick Shebib

Dr. Raj Devram

Dr. Kevin Ahokas  
Dr. Anukool Chadda  
**Mountain Eye Care**

Dr. Daina Sanderson  
Dr. Mariam Hermiz  
Dr. Laura Thomas  
Dr. Betty Johnson  
Dr. Katie Mann  
**Dundas Optometry Clinic**

Dr. Unyong Tina Jang &  
Associates  
**Eastgate Eye Clinic**

Dr. Gursharn Bering

Dr. Mark Dakak  
**Stoney Creek Eye Care**

Dr. Kristyn Pozzer  
**Dr. Patricia Fink Optometry**

Dr. Todd Ruhl  
**Flamborough Family  
Eyecare**

Dr. Susana Sebestyen  
**Sea Best Enterprises Inc.**

Dr. Graehem Sayer  
Dr. Aynsley Tinkham  
**LUX Eye Care**

Dr. Karen Bochnak

Andy D'Ortenzio  
Sam D'Ortenzio  
**Family Eye Care**

Dr. Christine Misener  
Dr. Zara Akhter  
Dr. Judy Parks  
**Ancaster Eye Clinic**

Dr. Cynthia Bahoshy  
**Brantford Eye Care**

Dr. Marnie Richmond  
Dr. Gabrielle Gilbert  
Dr. Derrick Thornborrow  
Dr. Lyndsey Kay  
**Waterdown Optometric  
Clinic**

Dr. Aman Dhaliwal  
**Dr. Dhaliwal & Associates**

Dr. Yasamin Al Hashimi  
**Village Creek Optometry**

Dr. Jun Chuong  
**Dr. Otto CW Lee &  
Associates**

Dr. Bitu Moeinifar  
Dr. Richard Combden  
***Spectrum Eye Care***

Dr. Vikram Singh  
Dr. Priya Maharaj  
Dr. Victoria Cadman  
***Ancaster Family Eyecare***

Dr. George De Rubeis  
Dr. Felicia De Rubeis  
Dr. Jeffrey McAlear  
Dr. Michael Starcevic  
Dr. Kristin Person  
Dr. Amy Reid  
***Optometry Clinic of Stoney  
Creek***

Dr. Jamie Cho  
***Binbrook Eye Care***

Dr. Charlie Alfano  
***Freelton Eye Care***

Dr. Lorelei Zeiler

Dr. Amanda Beck

Dr. Sam Alfano

Dr. Edward V. Eves

Dr. Camilo Garzon  
***Clarity Optometry***

Dr. Doris Chow  
***Dr. Nardone & Associates***

Dr. Jonathan Hepburn  
***Creative Vision Optical***

Dr. Jasjeet Shinger  
Dr. Casthoory Viswanathan  
***Perception Eyecare***

Dr. Uma Ratnasingam

Dr. Phil Vrkljan

Dr. Jessie Chu

Dr. Carolyn Kwiat

Dr. Michelle Tai

Dr. Petra Costa

**From:** j kranz [REDACTED]  
**Date:** August 26, 2021 at 8:30:32 AM EDT  
**To:** [nrinder.nann@hamilton.ca](mailto:nrinder.nann@hamilton.ca)  
**Cc:** Maria Felix Miller [REDACTED] [clerk@hamilton.ca](mailto:clerk@hamilton.ca)  
**Subject:** Covid testing centers

Hello Councillor Nann,

I'm writing today in regards to the closure of covid centres in the city. With the fourth wave and the delta variant upon us, and the school year about to begin, this seems like a bad time to close testing centres in the lower city.

While I'm privileged enough to have a car, I can't imagine the frustration of having to travel by public transportation up to Mohawk to get my child tested, to say nothing of the transit workers and other passengers I would potentially be exposing. Also, the Mohawk location is close to a half a km walk from West 5th to the testing centre, which is quite a distance for those with mobility issues, who may now also be battling a respiratory virus.

Now seems like a good time to reopen a test centre that serves the city's most vulnerable populations in the lower city, as well as protecting transit drivers, and accommodating the surge in testing demand from the new school year.

Thanks for your consideration,

Jennifer Kranz

[REDACTED]



## INFORMATION REPORT

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	September 20, 2021
<b>SUBJECT/REPORT NO:</b>	Board of Health Governance Education Session (BOH21006(a)) (City Wide) <b>(Outstanding Business List Item)</b>
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Chelsea Kirkby (905) 546-2424 Ext. 3539
<b>SUBMITTED BY:</b>	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
<b>SIGNATURE:</b>	

### COUNCIL DIRECTION

At the Board of Health meeting on June 14, 2021, the following was passed as a result of Report BOH21006 Board of Health Governance Overview Report:

“The Medical Officer of Health or a designate engage an external vendor to plan and deliver an education session on the topic of governance and structural options for the Board of Health to consider to ensure that our members have up to date information in the context of the province moving ahead with its discussions related to public health modernization”.

### INFORMATION

In response to this motion, Karima Kanani, Lawyer and Partner, Miller Thompson Lawyers, has been engaged to facilitate a Board of Health Governance Education Session for the September 20, 2021 Board of Health meeting. Karima Kanani is a health industry specialist and provides corporate counsel to health and social service

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.

**SUBJECT: Board of Health Governance Education Session (BOH21006(a)) (City Wide) - Page 2 of 2**

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Boards, organizations and associations of all sizes. Karima is an advisor and frequent industry speaker on governance and health system transformation.

The Governance Education Session will provide an overview of the legal landscape of public health governance, including various acts and requirements that Hamilton's Board of Health must comply with. Information will also be shared regarding health system transformation and public health modernization that may impact the Board of Health moving forward.

In addition to the legal and system landscape, the education session will provide insight into principles of good governance, engaging with community needs and priorities, and advancing diversity, equity, and inclusion from a governance perspective.

The education session will conclude with a review of alternate Board of Health frameworks and examples from other jurisdictions in Ontario. Requirements and considerations for implementing alternate board of health structures in the context of current health system transformation and future public health modernization will also be discussed.

**APPENDICES AND SCHEDULES ATTACHED**

Not Applicable.



Hamilton

# BOARD OF HEALTH GOVERNANCE EDUCATION SESSION

September 20, 2021



**MILLER THOMSON**  
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FORWARD TOGETHER

# Hamilton Board of Health Governance Education Session

**September 20, 2021**

**Karima Kanani**

[kkanani@millerthomson.com](mailto:kkanani@millerthomson.com)

416.595.7908



# Agenda

1. Legal Landscape of Public Health Governance
2. Good Governance Principles for Public Health Boards
3. Advancing Diversity, Equity and Inclusion
4. Alternate Board of Health Frameworks

# ***Legal Landscape of Public Health Governance***

# Legal Landscape of Public Health Governance

- *Health Protection and Promotion Act*
- *Municipal Act, 2001*
- *City of Hamilton Act, 1999*
- Ontario Public Health Standards: Requirements for Programs, Services and Accountability (June 2021)
- Board of Health By-laws, Policies and Procedures

# Legal Landscape of Public Health Governance

- *Health Protection and Promotion Act – Part VI*
  - Board of Health for each Health Unit, must meet governance requirements:

Section	Description
<b>Board Composition</b> (s. 49 (1)-(3))	Members appointed per HPPA; between 3 - 13 Municipal members; Lieutenant Governor may appoint other members, but must be less than # of Municipal members
<b>Term of Office</b> (s. 49(7))	Municipal members term of office lasts for term of Council that appointed the member
<b>By-laws</b> (s. 56)	Board to pass by-laws respecting management of property, banking/finance, meeting proceedings, appointment of auditor
<b>Quorum</b> (s. 54)	Majority of the Board members
<b>Minutes</b> (s. 58)	Board to keep minutes of proceedings and text of by-laws/resolutions passed

- **BUT do not apply to Hamilton Board of Health because single-tier under *City of Hamilton Act* (ss. 49, 55)**

# Legal Landscape of Public Health Governance

- *Health Protection and Promotion Act – Part VI – cont'd*
  - Board of Health oversight of Public Health Programs and Services
    - Every Board of Health shall superintend and ensure the carrying out of Health Programs and Services, Community Health Protection and Communicable Diseases in accordance with the HPPA and the regulations (s. 61)
    - Board of Health to appoint a Medical Officer of Health (s. 62)

# Legal Landscape of Public Health Governance

- *Health Protection and Promotion Act – Part VI – cont'd*
  - Medical Officer of Health management of Public Health Programs and Services
    - Medical Officer of Health responsible for the management of the public health programs and services (s. 67(1),(3))
    - Medical Officer of Health Orders (e.g. communicable diseases (s. 22), health hazards (s.13))
    - Employees subject to direction of and responsible to the Medical Officer of Health (s. 67(2))

# Legal Landscape of Public Health Governance

- *Municipal Act, 2001*
  - Includes Board of Health in definition of “Local Board” (s.1(1))
  - Includes provisions on procedure by-laws for calling, place and proceedings of meetings, and electronic participation (s. 238)
  - Sets out roles of Council, Mayor, Officers and Employees, etc.
- *City of Hamilton Act, 1999*
  - The City has the powers, rights and duties of a Board of Health under the *Health Protection and Promotion Act* (s. 11)

# Legal Landscape of Public Health Governance

- Every Board of Health to comply with Public Health Standards for mandatory program/services (HPPA, s. 7)
- *Ontario Public Health Standards: Requirements for Programs, Services and Accountability* (June 2021), includes Good Governance and Management practices for Boards of Health:
  - Strategic plan, service plan, performance reporting, accountability
  - Comply with governance requirements of HPPA
  - Develop/implement policies/by-laws for functioning of the Board, including rules of order for meetings and selection of members based on skills, knowledge, competencies and community representation, where able
  - Have a risk-management framework
  - Provide governance direction to administration
  - Engage in community and multi-sectoral collaboration, including relationships with Indigenous communities
  - Aware of emerging issues and trends
  - Engage in self-evaluation of governance practices



# Legal Landscape of Public Health Governance

- Board of Health By-laws, Policies and Procedures
  - Public Health Unit By-laws/Policies/Procedures typically include: duties of the Board, Board officers, Board proceedings such as quorum and decision-making, Board committees, signing authority, code of conduct, conflict of interest, etc.
  - As single-tier municipality Health Unit, Hamilton Board of Health does not have separate By-laws/Policies, it is governed by procedural rules applicable to Municipal Council as a Standing Committee of Council
  - City of Hamilton By-Law No. 21-021 (By-law to Govern the Proceedings of Council and Committees of Council)

# Legal Landscape of Public Health Governance

- City of Hamilton By-Law No. 21-021 (By-law to Govern the Proceedings of Council and Committees of Council)
  - Consider/recommend to Council policy matters/emerging issues re: public health
  - Provide advice/guidance to Public Health Services re: Strategic Planning initiatives and alignment with Council's Mission, Vision, Values and Goals
  - Receive delegations from the public/conduct public hearings as required by statute and Council
  - Consider/recommend to Council overall service levels re: Public Health Services
  - Consider/monitor program implementation and performance through staff reports
  - Consider public health needs of community/recommend advocacy by Council
  - Matters that have the potential of litigation and are under the mandate of the Board

# Legal Landscape of Public Health Governance

- Health System Transformation
  - Province advancing significant health system transformation initiatives:
    - Public Health Modernization
    - *Connecting Care Act, 2019*
  - Build a connected, sustainable public healthcare system that is needs based and improves access
  - Consider alignment of Public Health governance and mandate within new health system frameworks

# Legal Landscape of Public Health Governance

- Health System Transformation
  - Public Health Modernization
    - April 2019 – Province announced that it would reduce the number of Public Health units from 35 to 10 by April 1, 2020
    - Early 2020 - Province paused plan for mergers and initiated consultations on Public Health modernization
    - Public Health modernization plan paused due to COVID-19

# Legal Landscape of Public Health Governance

- Health System Transformation

- *Connecting Care Act, 2019*

- Central Agency (Ontario Health)
- Mental Health and Addictions Centre of Excellence
- Ontario Health Teams (OHTs)
  - Voluntary collaboration, provider driven and designed; expectation for provincial coverage
  - Includes primary care, home/community care, acute care, LTC
  - Expectation for engagement with Public Health

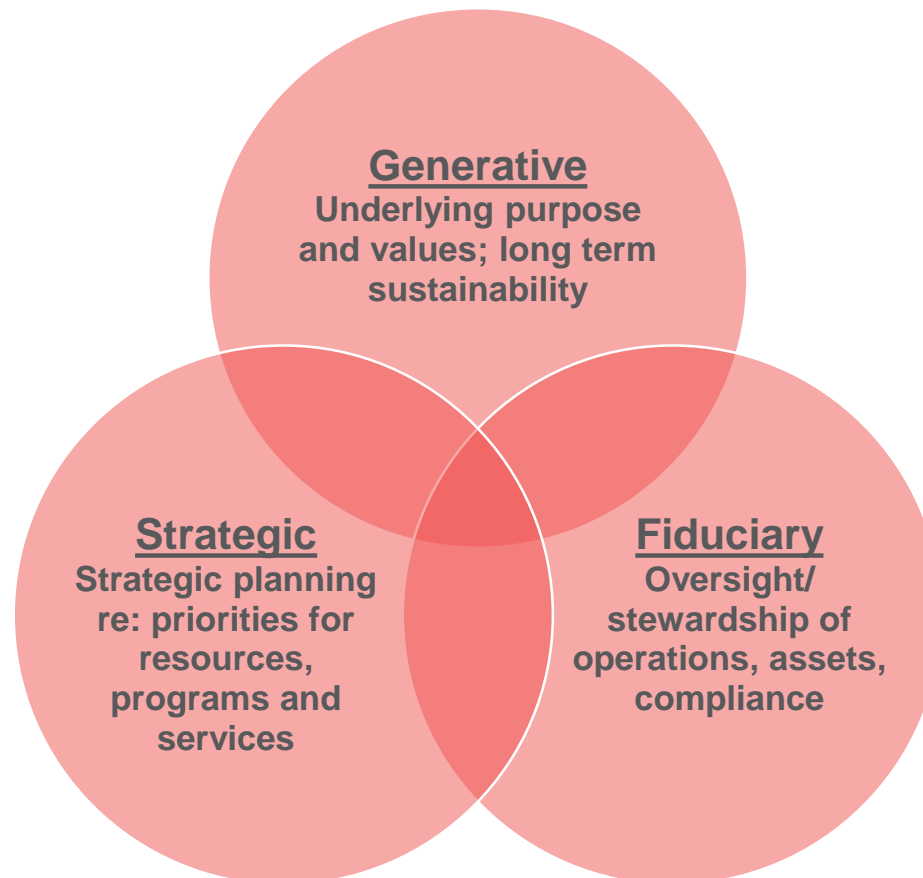
***Good Governance Principles  
for Public Health Boards***

# Good Governance Principles

- *What is “Governance”?*
  - Process to enable effective oversight and decision-making for an organization and stewardship of its strategic direction
- *Why Good Governance?*
  - Best practices in governance enable quality and effective decision-making leading to improvements in programs, services and resources to meet community need

# Good Governance Principles

## Governance Duties of Board Members





# Good Governance Principles

- *Standard of Care:*
  - Discharge authority and duties with honesty, in good faith, and in the best interests of the Health Unit
- *Objective Standard:*
  - What diligence would a reasonably prudent person exercise in comparable circumstances?

# Good Governance Principles



# Good Governance Principles

## Stewardship

- Board is the steward of the Mission, Vision and Values, and sets the tone, culture and accountabilities

## Board Composition

- Board Members identified based on personal attributes and technical competencies, collectively reflecting proficiencies for a skills-based Board inclusive of diversity and representative of the community

## Board Conduct and Processes

- Use of By-laws and policies to provide rigor and clarity to Board procedures and rules of order as well as effective management of Board conduct

## Enterprise Risk Management

- ERM is a systematic, holistic, integrated approach to identifying, evaluating and responding to significant risks on an enterprise wide basis; use of ERM risk registers common for Board reporting

# Good Governance Principles

## Relationship of Governance and Management

- Board responsible for risk and compliance oversight, and to establish policies/procedures. Management/MOH responsible for implementation of policies/procedures established by the Board and risk reporting to the Board. Balance between Board authority and Management/MOH decision-making key to effective operations. Council/Staff Relationship Policy.

## Community/ Stakeholder Engagement

- Collectively as a Board, systematically engage and consider the voice and perspectives of the community and other stakeholders in decision-making to advance the needs of the community and diversity, equity and inclusion

## Board Evaluation

- Commitment to continuous improvement of Board governance and effectiveness through Board evaluation of its own performance and ability to meet stated objectives

***Advancing Diversity, Equity  
and Inclusion***

# Advancing Diversity, Equity and Inclusion

*What Does DEI Mean to You?*



# Advancing Diversity, Equity and Inclusion

<b>DIVERSITY</b>	Characteristics of individuals or groups that make them different from each other (race, gender, disability, sexual orientation, socio-economic status etc.). Individuals may affiliate with multiple identities (intersectional diversity)
<b>EQUITY</b>	Fair treatment, access and opportunity through improving procedures, processes and systems
<b>INCLUSION</b>	Integration of diverse voices in full participation, creating a culture of belonging for everyone

# Advancing Diversity, Equity and Inclusion

- Effects of Unconscious Bias:
  - Unconscious/implicit bias can affect your behavior or decisions without you realizing it; unconscious thought manifests in conscious decisions
  - Unconscious/implicit bias is one of the key challenges in advancing DEI
  - The first step to interrupting bias is awareness



# Advancing Diversity, Equity and Inclusion

- Effects of Unconscious Bias:
  - Unconscious/implicit bias are underlying attitudes and beliefs that people unconsciously attribute to another person or group, various types:
    - *Affinity Bias*: tendency to gravitate towards people who are similar to you; like-likes-like
    - *Attribution Bias*: stereotyping certain characteristics to certain people
    - *Confirmation Bias*: favoring information that confirms existing beliefs
    - *Conformity Bias*: views are influenced by the views of others; common in groups

# Advancing Diversity, Equity and Inclusion

- Effects of Unconscious Bias:
  - Are you aware of your own unconscious bias and how it may impact how you set priorities, process information and make decisions?
  - Resources available for confidential personal assessment of biases

Harvard – Project Implicit: Implicit Association Tests on various topics such as race, sexuality, age, religion, and others

<https://implicit.harvard.edu/implicit/takeatest.html>

# Advancing Diversity, Equity and Inclusion

- Why Advance DEI?
  - Improves ability to connect with and serve the community
  - Provide a better Board understanding of challenges, risks and inequities in the community
  - Leads to better Board decision-making and more effective operations
  - Leads to improvements in service equity and broader community support
  - Social responsibility, impact and accountability

# Advancing Diversity, Equity and Inclusion

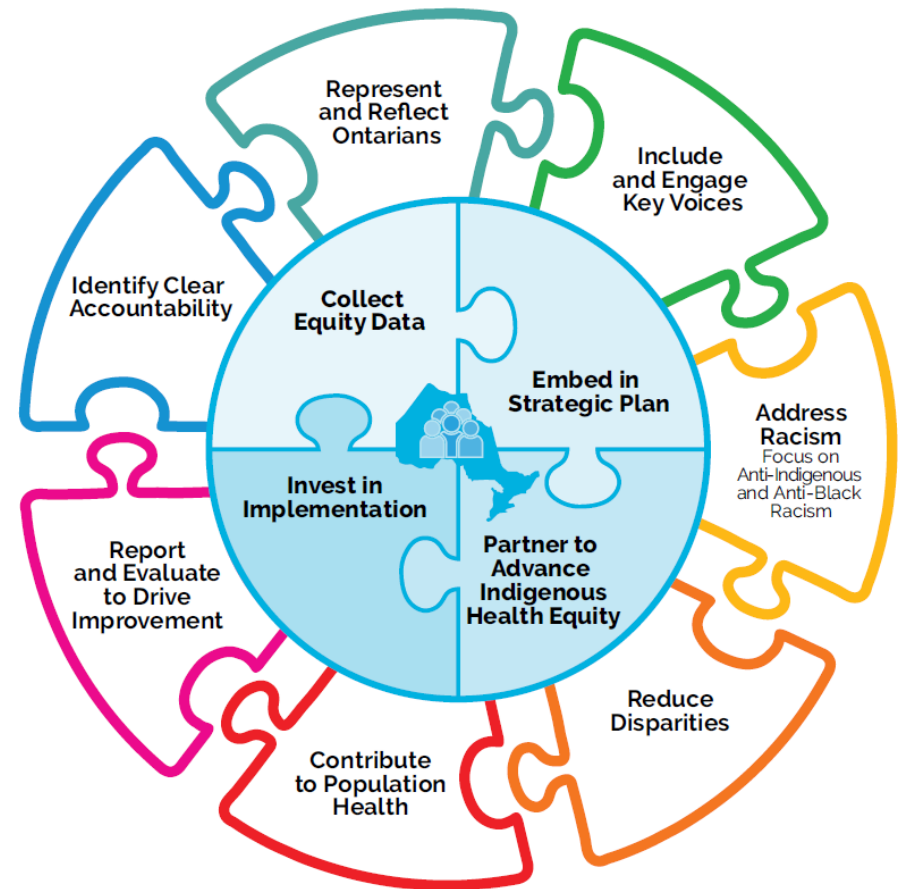
- Advancing Inclusive Leadership/Governance
  - Board leads the direction and tone on Diversity, Equity and Inclusion for the organization
  - DEI fluency of Board members
  - Integrating DEI into governance structure and Board policies and practices
  - Taking proactive action as a Board to create and sustain an inclusive organization that reflects the community that it serves

# Advancing Diversity, Equity and Inclusion

- Advancing Community Centred Governance
  - Decision-making that is responsive to community needs and priorities
  - Advances principles of community engagement and system co-design
  - Meaningful engagement of individuals, families, caregivers and communities
  - Incorporation of community voice/lived experience in decision-making

# Advancing Diversity, Equity and Inclusion

- Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework
  - To foster an equitable and anti-racist organizational culture, and work with health system partners to ensure health equity for all in Ontario
  - Framework will be applied to inform policies, practices, processes, supports and selection of metrics
  - Framework to be used as a foundation for health system planning



# Advancing Diversity, Equity and Inclusion

- 3 key takeaways:
  - *Principle #1: DEI is an Imperative*
  - *Principle #2: DEI starts at the Board Table*
  - *Principle #3: DEI is a Journey not a Destination*

# *Alternate Board of Health Frameworks*



# Alternate Board of Health Frameworks

- Current Hamilton Board of Health Framework:
  - The City has the powers, rights and duties of a Board of Health under the HPPA (*City of Hamilton Act*, s. 11)
  - Members of the Board of Health are all the Members of Municipal Council (City of Hamilton By-law No. 21-021)
  - Community input and engagement through:
    - City of Hamilton Urban Indigenous Strategy
    - City of Hamilton Equity, Diversity and Inclusion Steering Committee
    - Additional Volunteer Advisory Committees
    - Delegations

# Alternate Board of Health Frameworks

- 34 Health Units in Ontario with Board of Health structures that have varied mix of municipal/ community members at the Board table:
  - Autonomous (example: Southwestern, Huron Perth)
  - Regional (Durham, Halton, Niagara, Peel, Waterloo, York)
  - Single-Tier (Hamilton, Haldimand-Norfolk)
  - Semi-Autonomous (Toronto, Ottawa)

# Alternate Board of Health Frameworks

## Mergers Involving Municipal Boards of Health

	Southwestern	Huron Perth
<b>Prior to Merger of Health Units</b>	<ul style="list-style-type: none"> <li>Oxford County Health Unit (operated by County of Oxford )</li> <li>Elgin St. Thomas Health Unit</li> </ul>	<ul style="list-style-type: none"> <li>Huron County Health Unit (operated by County of Huron)</li> <li>Perth District Health Unit</li> </ul>
<b>Post-Merger Composition</b>	<p>8 Municipal Members (HPPA Reg 559):</p> <ul style="list-style-type: none"> <li>4 appointed by Municipal Council of Oxford County</li> <li>2 appointed by Municipal Council of Elgin County</li> <li>2 appointed by Municipal Council of St. Thomas</li> </ul> <p>2 Provincial Representatives appointed by Lieutenant Governor</p>	<p>9 Municipal Members (HPPA Reg 559):</p> <ul style="list-style-type: none"> <li>4 appointed by Municipal Council of Huron County</li> <li>2 appointed by Municipal Council of Perth County</li> <li>2 appointed by Municipal Council of Stratford</li> <li>1 appointed by Municipal Council of St. Marys</li> </ul> <p>1 Provincial Representative appointed by Lieutenant Governor</p>

# Alternate Board of Health Frameworks

## Semi-Autonomous Board of Health Structures

	Ottawa	Toronto
<p><b>Governing Legislation</b></p> <p><i>(City of Ottawa Act, City of Toronto Act)</i></p>	<p>A board of health for the city is hereby established and it is deemed to have been established under the HPPA (s. 12(1))</p> <p>The city shall, by by-law, establish the board's size in accordance with subsection 49(2) of the HPPA (s. 12(2))</p> <p>Despite subsections 49(1) and (3) of the HPPA, all of the members of the board shall be appointed by the city (s. 12(3))</p>	<p>The Board of Health for the City of Toronto Health Unit is continued as a board of health for the City and is deemed to be a board of health established under the HPPA (s. 405(1))</p> <p>The City shall, by by-law, establish the Board's size in accordance with subsection 49(2) of the HPPA (s. 405(2))</p> <p>Despite subsections 49(1) and (3) of the HPPA, all the members of the Board shall be appointed by the City (s. 405(3))</p>
<p><b>Board Composition</b></p>	<p>11 Members: 6 Council representatives / 5 public members</p>	<p>13 Members : 6 City Council members and 6 public members / 1 education representative</p>

# Alternate Board of Health Frameworks

- To implement an alternate Board of Health structure:
  - Will require amendments to *City of Hamilton Act*
  - Will require amendments to City of Hamilton By-laws
  - May require amendments to *Health Protection and Promotion Act*
- Consider desired approach to achieve good governance and DEI objectives

# Questions?



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## Karima Kanani

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*Karima Kanani is a lawyer and Partner at Miller Thomson LLP. She is one of the Firm's top Health Industry specialists. Karima provides corporate counsel to health and social service Boards, organizations and associations of all sizes. Karima is a leading advisor and frequent industry speaker on governance and health system transformation. She has been named as one of the "Best of the New Generation of Lawyers" (Precedent Magazine) and as a "Rising Star" and "Leading Canadian Corporate Lawyer to Watch" (Lexpert Magazine).*

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# Public Health Services COVID-19 Situation Report & Organizational Update

Board of Health  
September 20, 2021

# Overview

1. Overall Status Update
2. COVID-19 Situation Report
3. Scarsin Forecast Update
4. Organization Update – Impacts of COVID-19
5. COVID-19 Vaccine Update

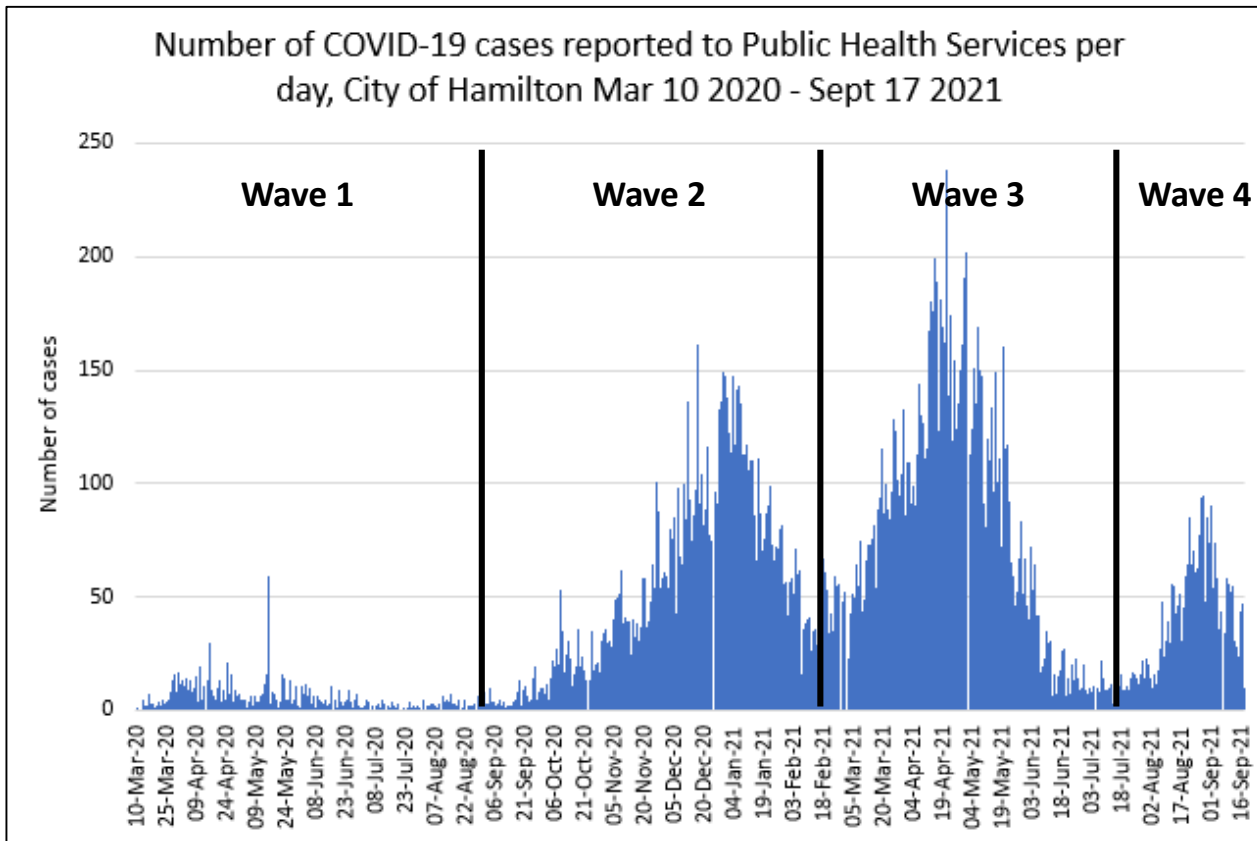
# Overall Status

- Hamilton is currently seeing a decrease in COVID-19 case activity and outbreaks.
- As of September 16, 2021 there were 804,981 doses given; 81.7% of Hamiltonians 12yrs+ vaccinated with one dose and 74.8% vaccinated with both doses.
- This is a difficult point to predict the future trajectory of Hamilton's 4<sup>th</sup> wave. Even with the vaccine certification system, expected on September 22, 2021 and achievement of 80% vaccination of the eligible population by mid-October 2021, Hamilton is expected to continue to experience the 4<sup>th</sup> wave.
- Underscores importance of receiving two doses of vaccine as soon as possible to have strong protection against COVID-19 and Delta variant.
- Achieving equitable and high levels of vaccination coverage continues to be major focus of the COVID-19 control effort. |

# SITUATION REPORT

Stephanie Hughes, Epidemiologist

# Reported cases



## Key Messages

- Hamilton is currently in Wave 4 of COVID-19
- COVID-19 case activity is currently trending downwards

# Waves of COVID-19 in Hamilton

## WAVE 1

Mar 10 – Aug 31, 2020  
(5.5 months)

- 976 cases reported
- 31 outbreaks
- 145 hospitalizations and 45 deaths
- Initial infections mostly due to travel, community spread detected late March
- Significant spread in long-term care homes, affected by outbreaks
- Older age groups (60-79, 80+) adversely affected

## WAVE 2

Sept 1, 2020 – Feb 16, 2021  
(5.5 months)

- 8,913 cases reported
- 217 outbreaks
- 617 hospitalizations and 231 deaths
- Socialization contributed to spread
- Many long-term care, school and hospital outbreaks
- First cases in local schools
- Older age groups continued to be affected
- First variant cases (Alpha – B.1.1.7)

## WAVE 3

Feb 17 – Jul 16, 2021  
(5 months)

- 11,559 cases reported
- 292 outbreaks
- 715 hospitalizations and 124 deaths
- Ongoing socialization contributed to spread
- Many school, workplace outbreaks
- Low numbers of cases in older populations
- Variant activity shifted from predominantly Alpha (B.1.1.7) to Delta (B.1.617.2)

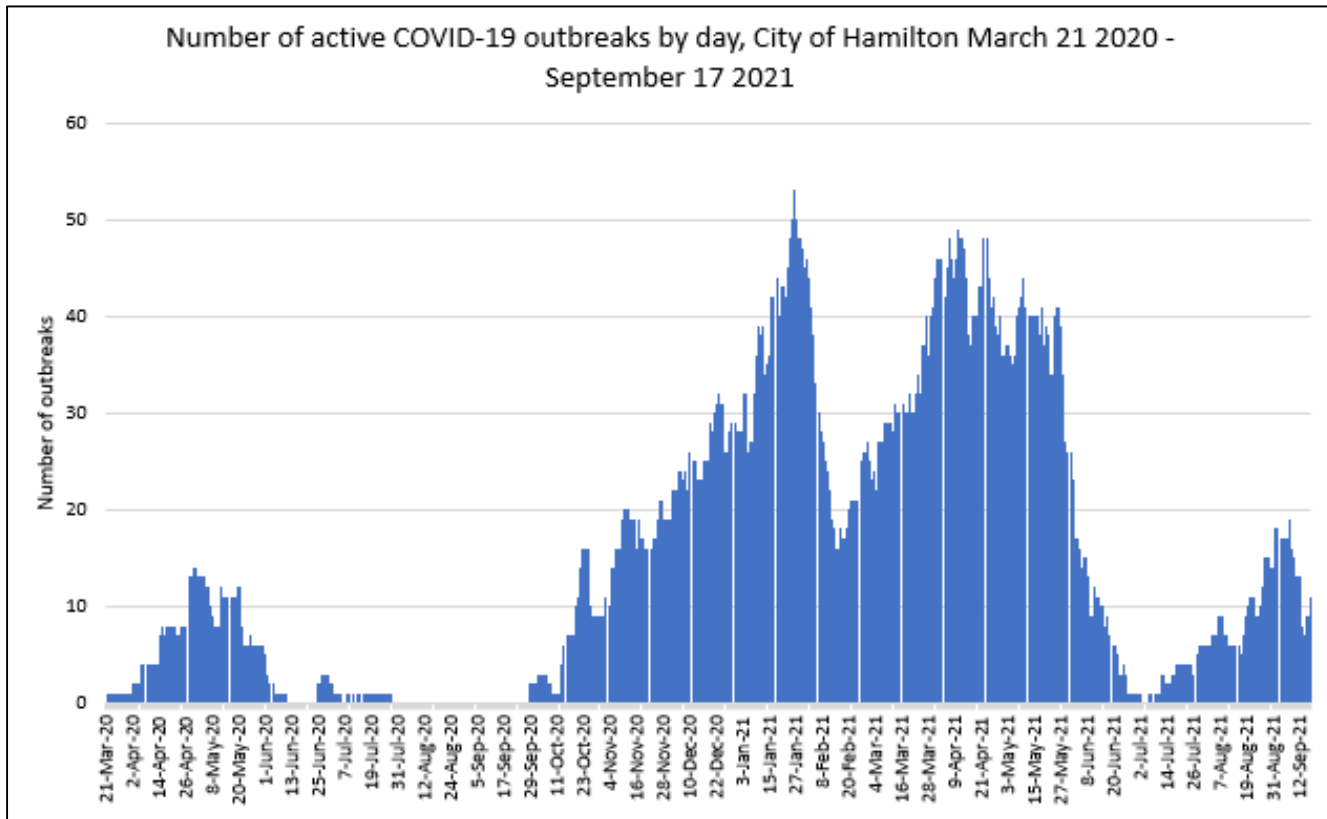
# Waves of COVID-19 in Hamilton

## WAVE 4

Jul 17 – Sept 17, 2021  
(2 months thus far)

- 2,552 cases reported
- 52 outbreaks
- 157 hospitalizations and 10 deaths
- Increased socialization due to stages of provincial reopening
- Ongoing workplace outbreaks, also shelters, childcare settings and non-essential settings
- Young-to-middle-aged groups (0-59 years) most affected
- Delta variant continues to be dominant

# Active outbreaks

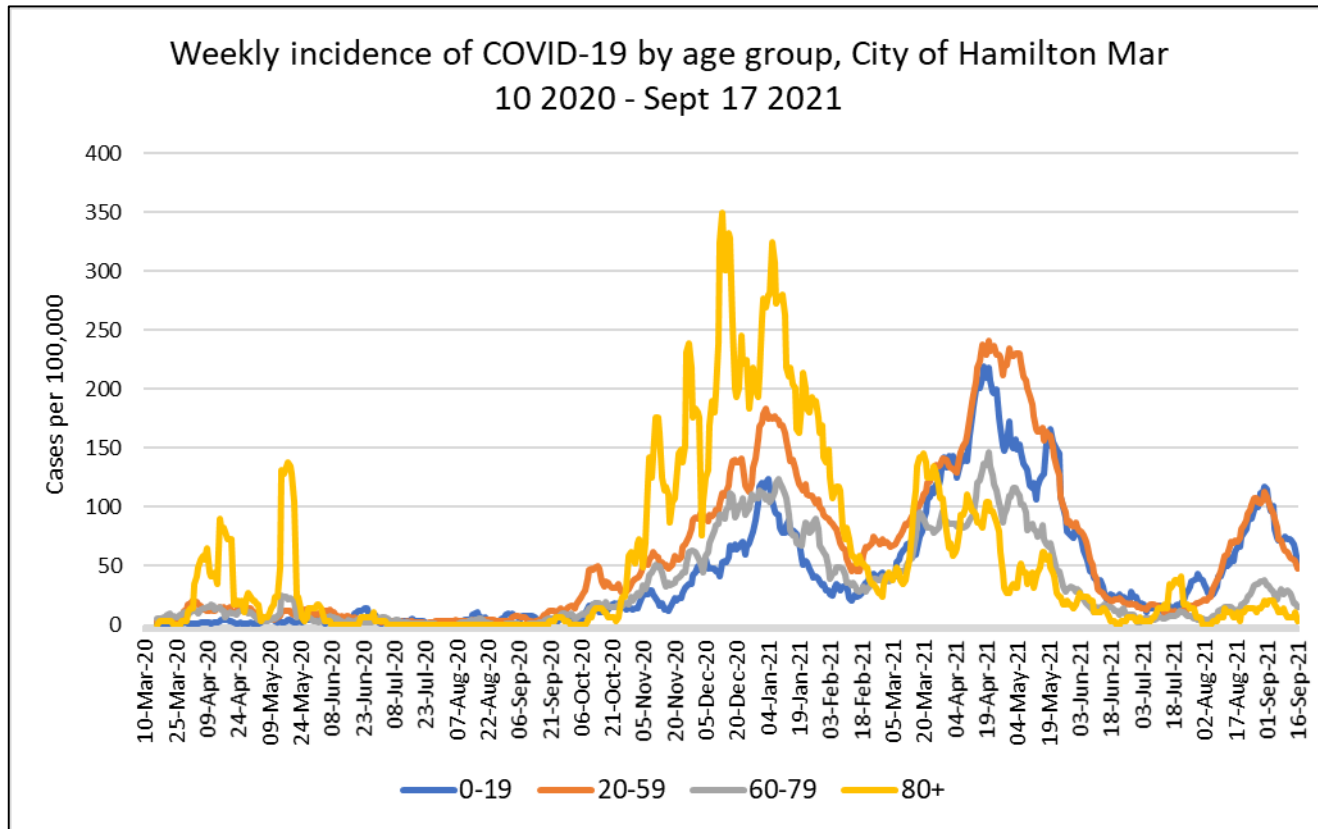


## Key Messages

- There have been a total of 592 COVID-19 outbreaks in Hamilton since March 2020
- The number of active COVID-19 outbreaks in recent weeks has decreased



# Affected age groups



## Key Messages

- Earlier waves of COVID-19 in Hamilton disproportionately affected older age groups (60-79, 80+ years)
- Wave 4 cases have been predominantly younger/middle-aged individuals (0-59 years)

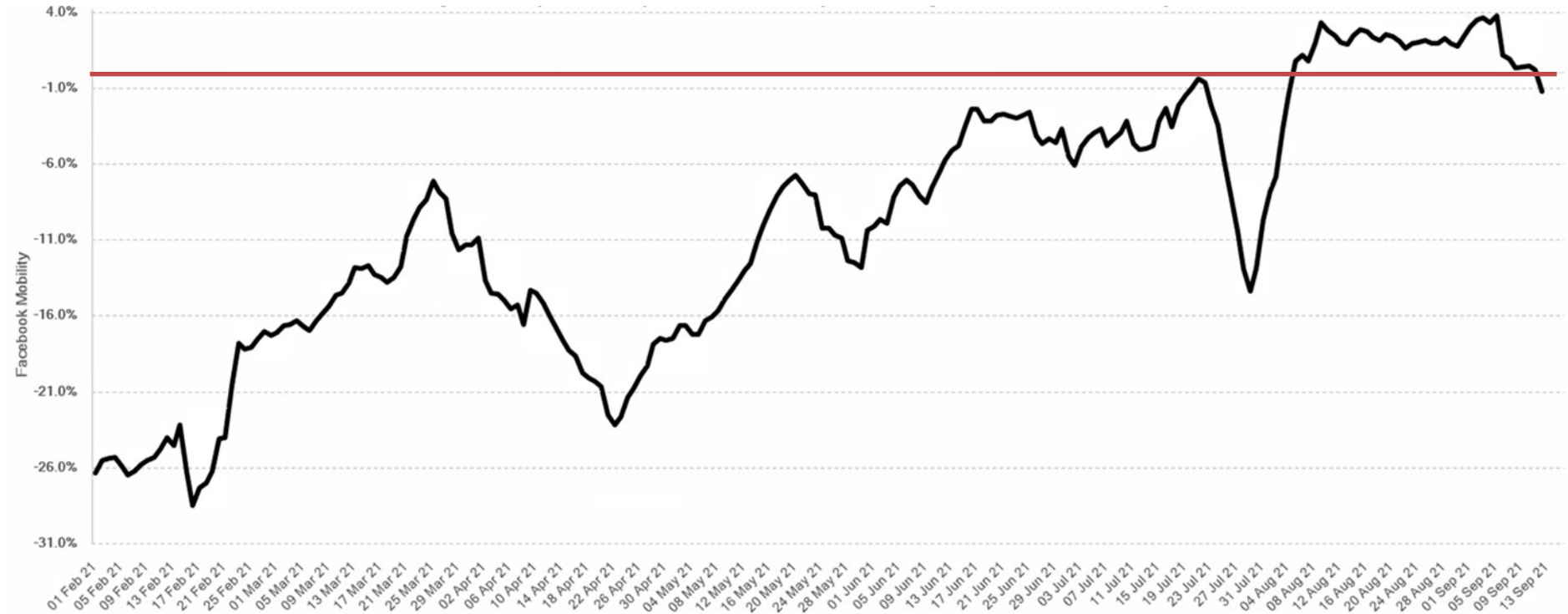
# SCARSIN FORECAST

Ruth Sanderson, Epidemiologist

# Scarsin Forecast

- This is a complex point to predict the shape of Hamilton's 4<sup>th</sup> wave given:
  - The recent decrease in cases
  - The uncertainty caused by the opposing impacts of improving vaccination rates, the anticipated introduction of a vaccine certificate system, school reopening and the effects of the Delta variant
- Even with the vaccine certification system, expected on September 22, 2021 and achievement of 80% vaccination of the eligible population by mid-October 2021, Hamilton is expected to continue to experience the 4<sup>th</sup> wave.
- The peak is predicted to occur in mid-October 2021, with increased case numbers expected to continue through to the year's end.
- Vaccinations will help to reduce severe outcomes of COVID-19. Hospitalizations and deaths during the 4<sup>th</sup> wave are predicted to be lower than in the 3<sup>rd</sup> wave.

# Scarsin Forecast – Overall Mobility in Hamilton



Data Source: Scarsin Decision Support System retrieved Sep 15, 2021

## Key Messages:

- Mobility recently decreased below 0% and below pre-pandemic levels (red line). Note that Ontario’s “enhanced COVID-19 vaccine certificate” system announced September 1, 2021 may account for some of that reduced mobility.

# Scarsin Forecast

## COVID-19 Daily Case Rates (per 100,000) Hamilton Compared with Ontario



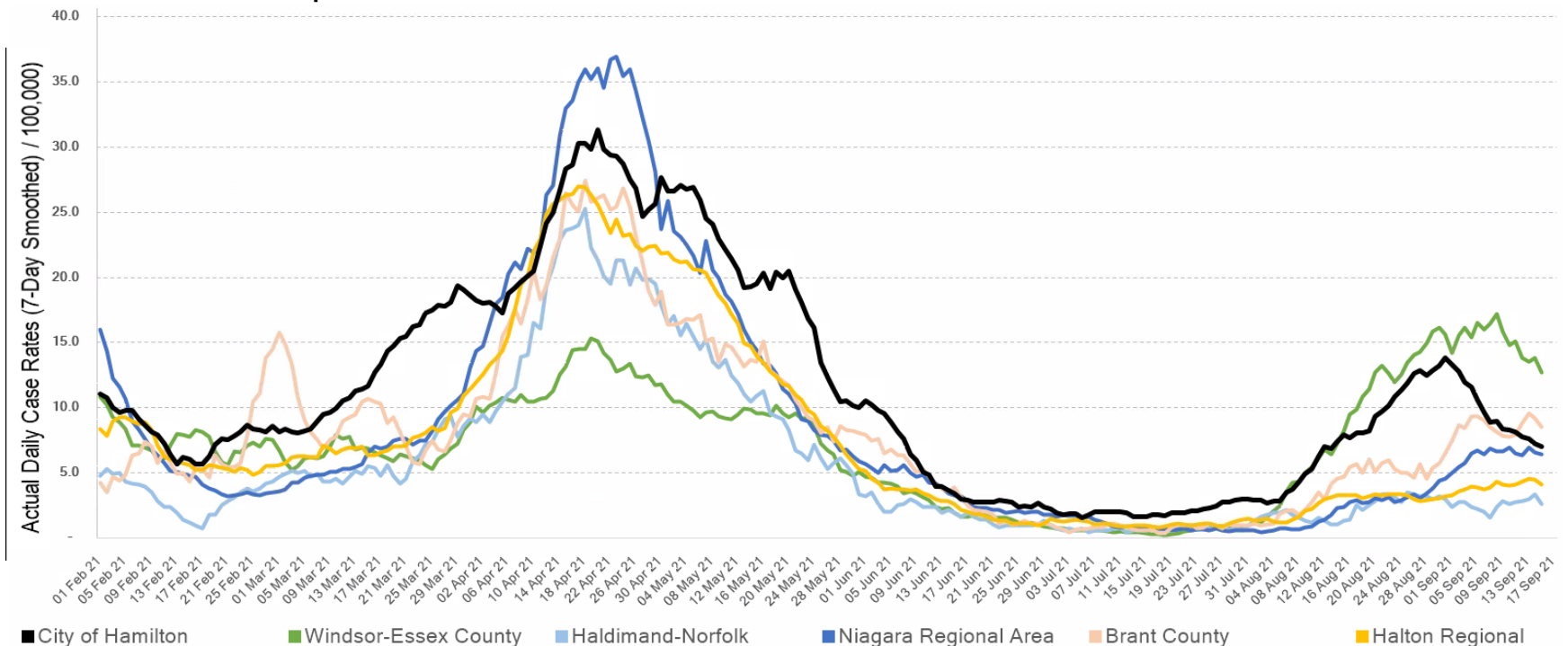
Data Source: Scarsin Decision Support System retrieved Sep 17, 2021

### Key Messages:

- Hamilton continues to have a high case rate, higher than Ontario overall (green).

# Scarsin Forecast

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



Data Source: Scarsin Decision Support System retrieved Sep 17, 2021

### Key Messages:

- Experiencing unique case trajectories across the region. Hamilton's rate had been similar to Windsor's (green), but Hamilton has decreased as other areas such as Niagara (dark blue) and Brant (peach) have increased.

# Scarsin Forecast – Overview of Scenario

## Scenario 1

80% full vaccination of eligible population by mid-October 2021, maintaining public health measures and adjustment for introduction of a vaccine certificate system on September 22, 2021 through decreased transmission and mobility

### Scenario assumes:

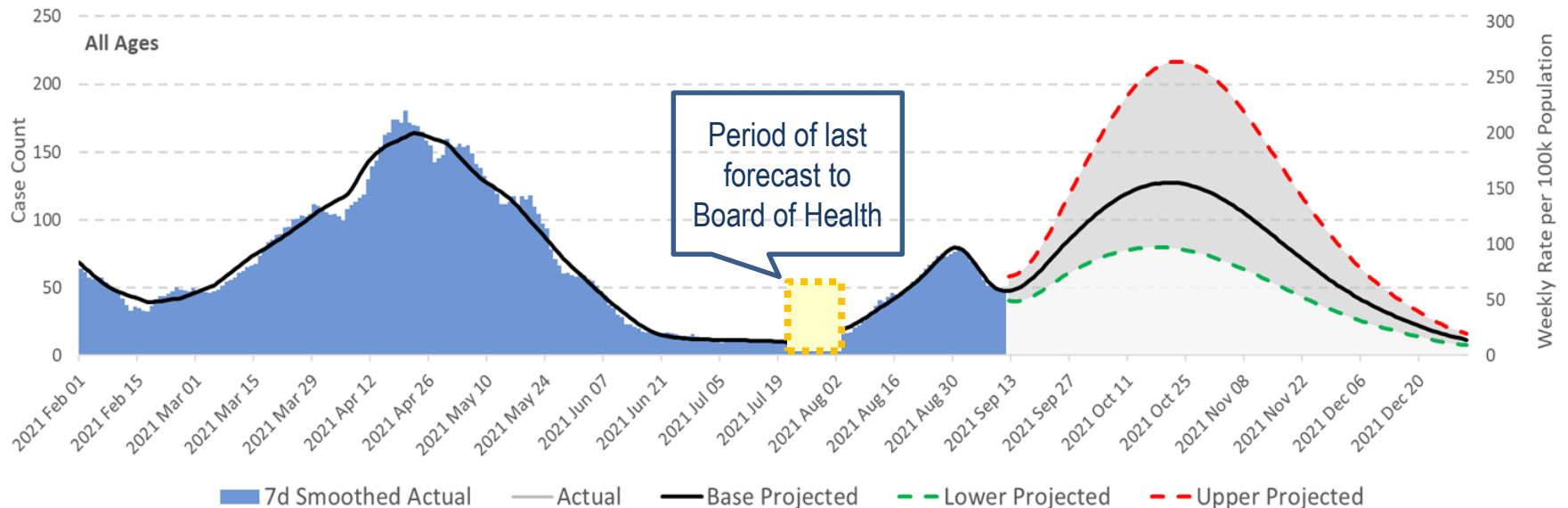
- Passport introduction September 22, 2021 resulting in decreased transmission and mobility
- Delta variant circulating at 98% of cases by September 1, 2021
  - Recalibrated of case severity probability of hospitalization
  - Immunity curves adjusted for vaccine type
  - First dose immunity adjusted for Delta
  - Reduced dosing interval to 4 weeks in July 2021
  - Increased contact transmission in Aug/ early September 2021
  - Fall 2021 in-class learning schools/ universities
  - Public Health Measures maintained throughout the year (e.g., 70% masking in community to end-of-year)
  - 3% of school-children opted for online learning

### -Updated data:

- Case data retrieved Monday, September 13, 2021
- Updated mobility data Monday, September 13, 2021
- Vaccination data retrieved Sunday, September 12, 2021

# Scarsin Forecast

## COVID-19 Cases among Hamiltonians



Data Source: Scarsin Decision Support System retrieved Sep 13, 2021

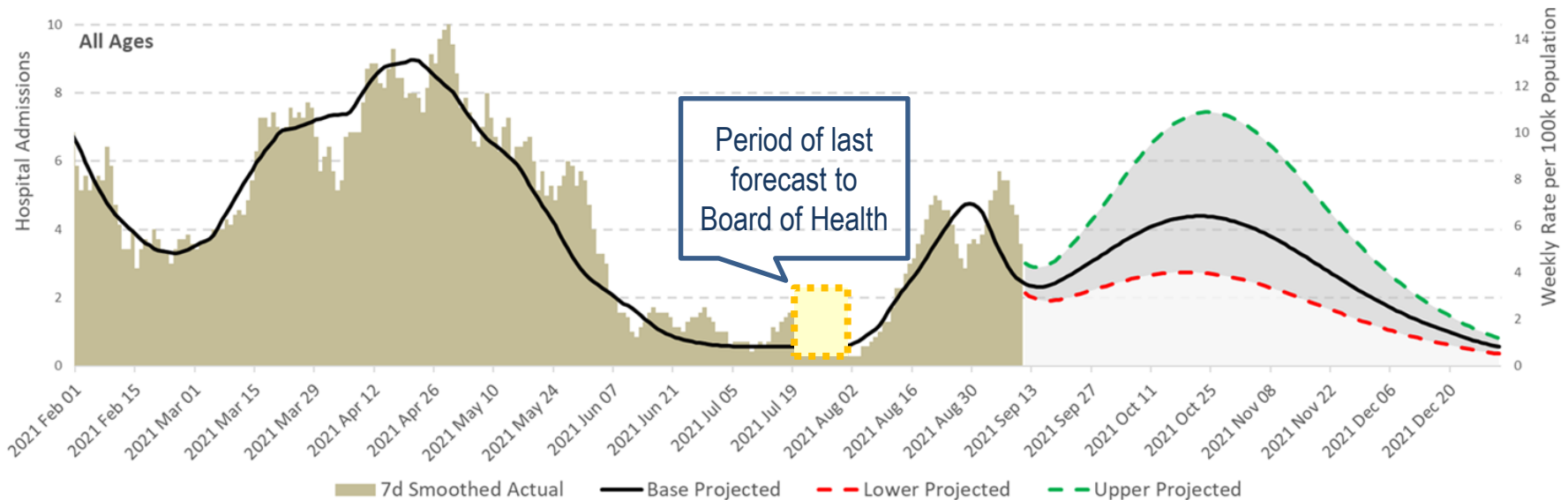
### Key Messages:

The 4<sup>th</sup> wave will likely continue even with the recent decrease in cases. Cases are predicted to reach about 120 cases per day and the peak may be lower than that of the 3<sup>rd</sup> wave. Note the forecast's wide upper (over 200 cases at peak) and lower (below 100 cases at peak) boundaries due to the current instability in case numbers.



# Scarsin Forecast

## COVID-19 Hospital Admissions among Hamiltonians



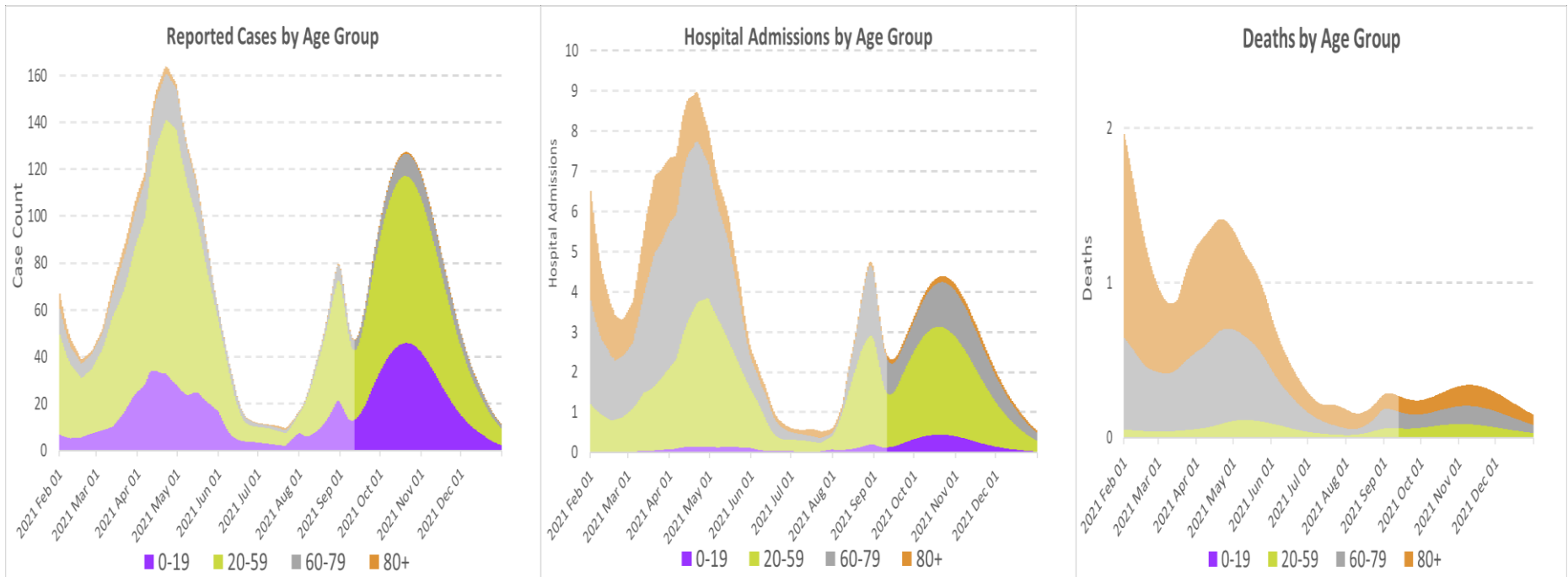
Data Source: Scarsin Decision Support System retrieved Sep 13, 2021

### Key Messages:

Hospital admissions are now predicted to reach just under five admissions per day for Hamiltonians and the 4<sup>th</sup> wave peak may be lower than that of the 3<sup>rd</sup> wave. Note the forecast's wide upper and lower boundaries due to the current uncertainty of the future trajectory.

# Scarsin Forecast

## Age Group Difference for COVID-19 Cases, Hospital Admissions and Deaths for Hamiltonians



Data Source: Scarsin Decision Support System retrieved Sep 13, 2021

### Key Messages:

- Between now and the end of the year, cases are predicted to be primarily in those aged 0-19 (34%) and 20-59 (59%), whereas hospitalizations will be among those aged 20-59 (59%) and to a lesser extent those aged 60-79 (27%). Three-quarters of deaths will be among those aged 60 and older (aged 80+ (40%) and 60-79 (35%)) between Sep 20 and Dec 31, 2021.

# Scarsin Forecast Summary

- The latest forecast predicts that Hamilton will remain in the 4<sup>th</sup> wave due to the ongoing presence of the Delta variant, despite the recent decrease in cases.
- Hamilton's 4<sup>th</sup> wave is predicted to peak at approximately 120 cases per day by mid-October 2021 but could be as high as 200 cases per day or lower than 100 cases per day at its peak.
- All age groups will be affected:
  - Over a third of cases are predicted to occur in younger age group, including those <12yrs who are not yet eligible for vaccination.
  - Over half of hospitalizations are predicted to be in those 20-59yrs, whereas three-quarters of deaths are predicted to occur in those aged 60yrs and older.
- Increased vaccination and maintaining public health measures should reduce the impact of the 4<sup>th</sup> wave.

# ORGANIZATIONAL UPDATE – IMPACTS OF COVID-19 ON HEALTH & WELL-BEING

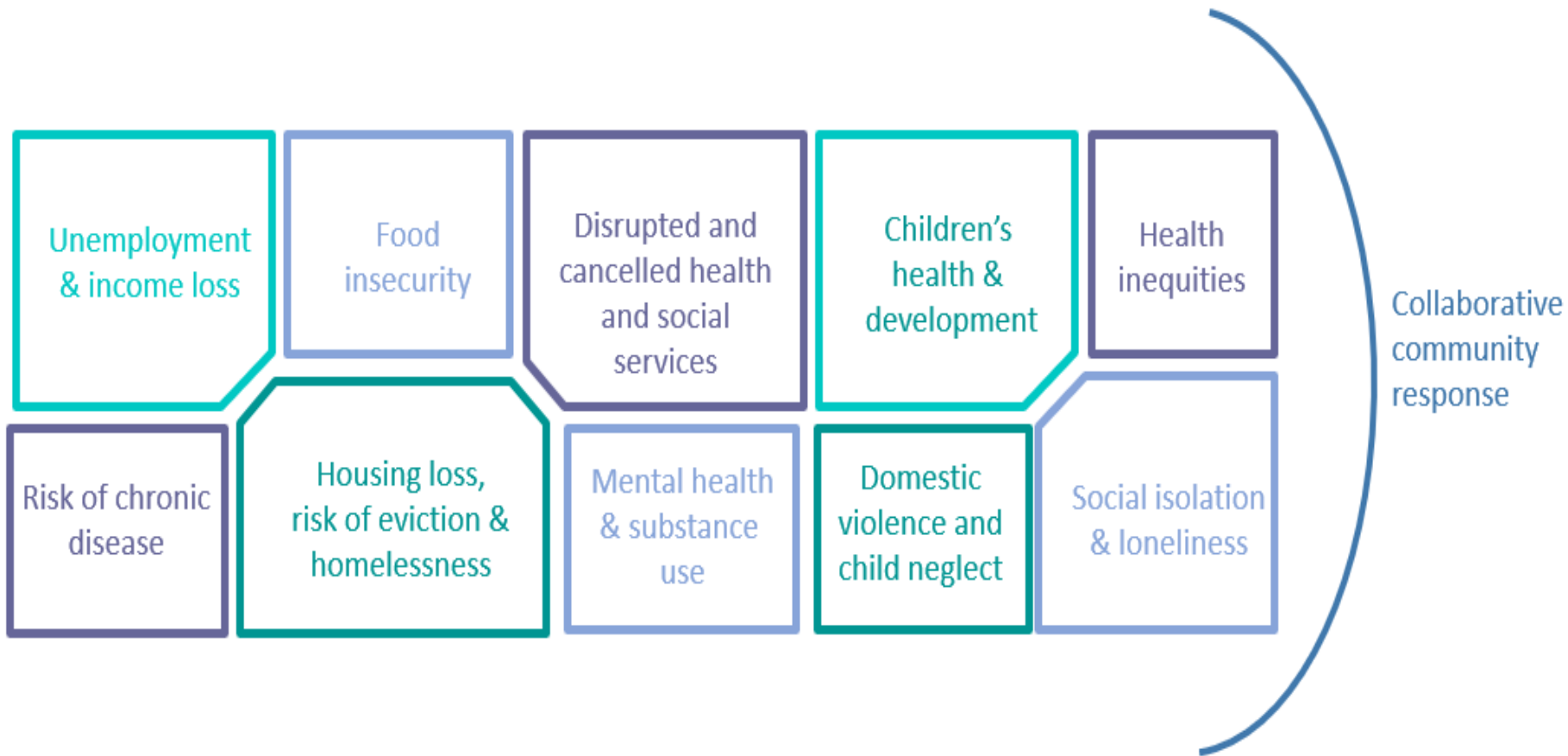
Elizabeth Richardson, Medical Officer of Health

# Purpose

- Demonstrate how the pandemic has impacted health and well-being including:
  - 
  - Individual and community health and well-being
  - Specific populations and communities
  - Capacity within health and social service system
  - Ability of Hamilton Public Health Services to deliver core services
- Share Hamilton Public Health Service's priorities to help address the impact of COVID-19 on health and well-being
- Review what's next as pandemic continues to evolve

# Health and social outcomes have worsened during COVID-19

Areas impacted by COVID-19



# Populations disproportionately impacted by COVID-19

- Racialized and Black, Indigenous, and other People of Colour (BIPOC) communities
- Essential workers
- Women
- Youth/Young Adults
- Seniors
- Low income individuals
- Persons with disabilities

**In Hamilton, these populations are likely to continue to be disproportionately impacted by the fourth wave**

12% lower vaccine coverage in neighbourhoods with the lowest incomes versus the highest incomes

Hamilton's racialized communities continue to have a higher burden of COVID-19 cases

Males, seniors, and those living in low-income households were more likely to be hospitalized when infected with COVID-19

# Impact of pandemic on access to services



Non-elective surgeries cancelled or delayed in many hospitals across Ontario, including Hamilton



Food Banks in Ontario saw surge in demand

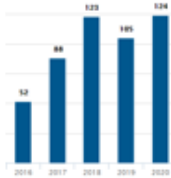


McMaster Children's Hospital emergency department visits decreased by almost 50% during first two waves

Reduced capacity for primary care to provide Preventative medicine



Opioid-related deaths trending upwards in past 5 years



Significant decline in referrals for developmental assessments for children



33% reduction in number of pap smear test for cervical cancer

76% of victim services agencies affected in their ability to serve clients based on disruptions



Increase in outpatient visits for mental health care in Ontario



Less than half of diabetes patients had up to date sugar tests



Increase in emergency shelter occupancy pressures



Reduced activities and visits for residents in Long-Term Care Homes

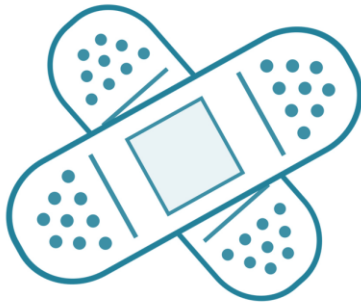


Strain on home and community-based palliative care resources



# Impact of COVID-19 on Public Health service delivery

Immunization rates decreased for school-aged children



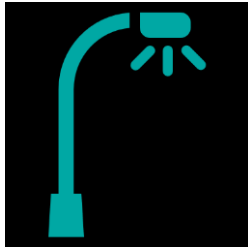
No children have received dental assessments or vision screening in schools since March 2020

Child & adolescent mental health service wait times and length of service have increased significantly



# Impact of COVID-19 on Public Health Service Delivery

Reduced ability to provide in-person support and group programs for alcohol, drug, and gambling services



Fewer high risk Healthy Baby and Healthy Children clients receiving services

No Tobacco Cessation Clinics have been offered since March 2020

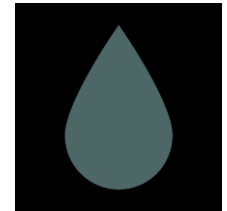


# Impact of COVID-19 on Public Health Service Delivery

No food handler certifications completed since March 2020



No standing water inspections since March 2020



No pest control inspections completed since March 2020



Unable to complete routine compliance inspections of personal service settings



# Status of Public Health Services 2021

## *Open with some modifications*

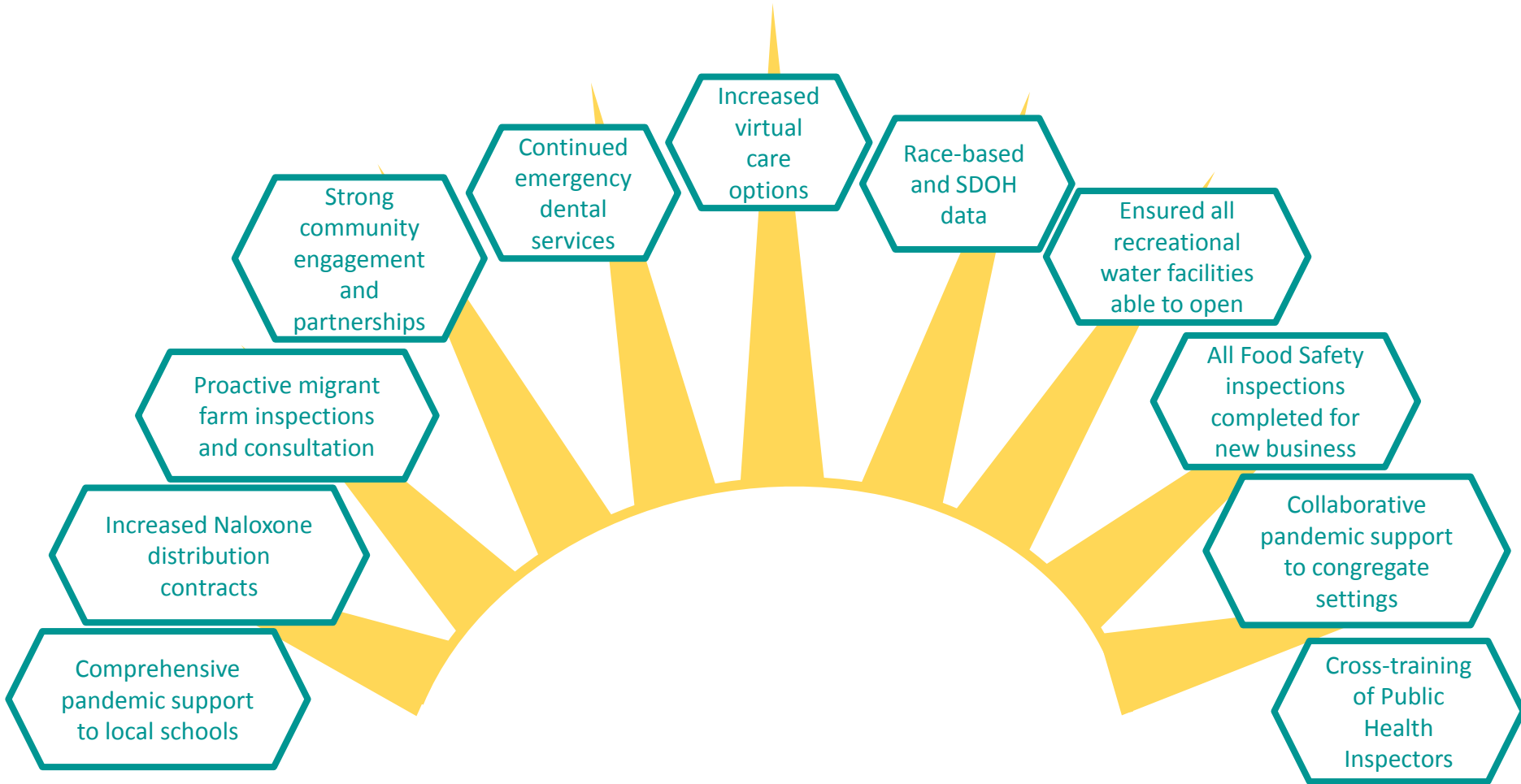
- Alcohol, drugs & gambling services
- Breastfeeding support
- Child & adolescent services
- Case and contact management for communicable diseases
- Virtual home visits for babies, children, and families
- Sexual health clinics, case management, phone line
- Heat/Cold Alerts
- Dental Clinics & Bus
- High & moderate-risk food premises inspections
- Residential Care Facility inspections
- Harm reduction – street health clinics, nursing shift on the VAN
- Vaccine cold chain inspections & some community catch up clinics
- Vector Borne Disease Program
- Air Quality & Climate Change
- Mental health & street outreach
- Naloxone distribution
- Epidemiology & evaluation
- Rabies investigations
- Tobacco Enforcement – *complaint-based only*
- Urgent health hazard complaint investigations
- Vaccine management and delivery
- Response to reports of food-borne illness and other urgent health hazards
- Fixed premise & child care inspections (routine)
- Recreational water facility inspections
- Small drinking water inspections
- Special event inspections
- Health inspection public disclosure notices

# Status of Public Health Services 2021

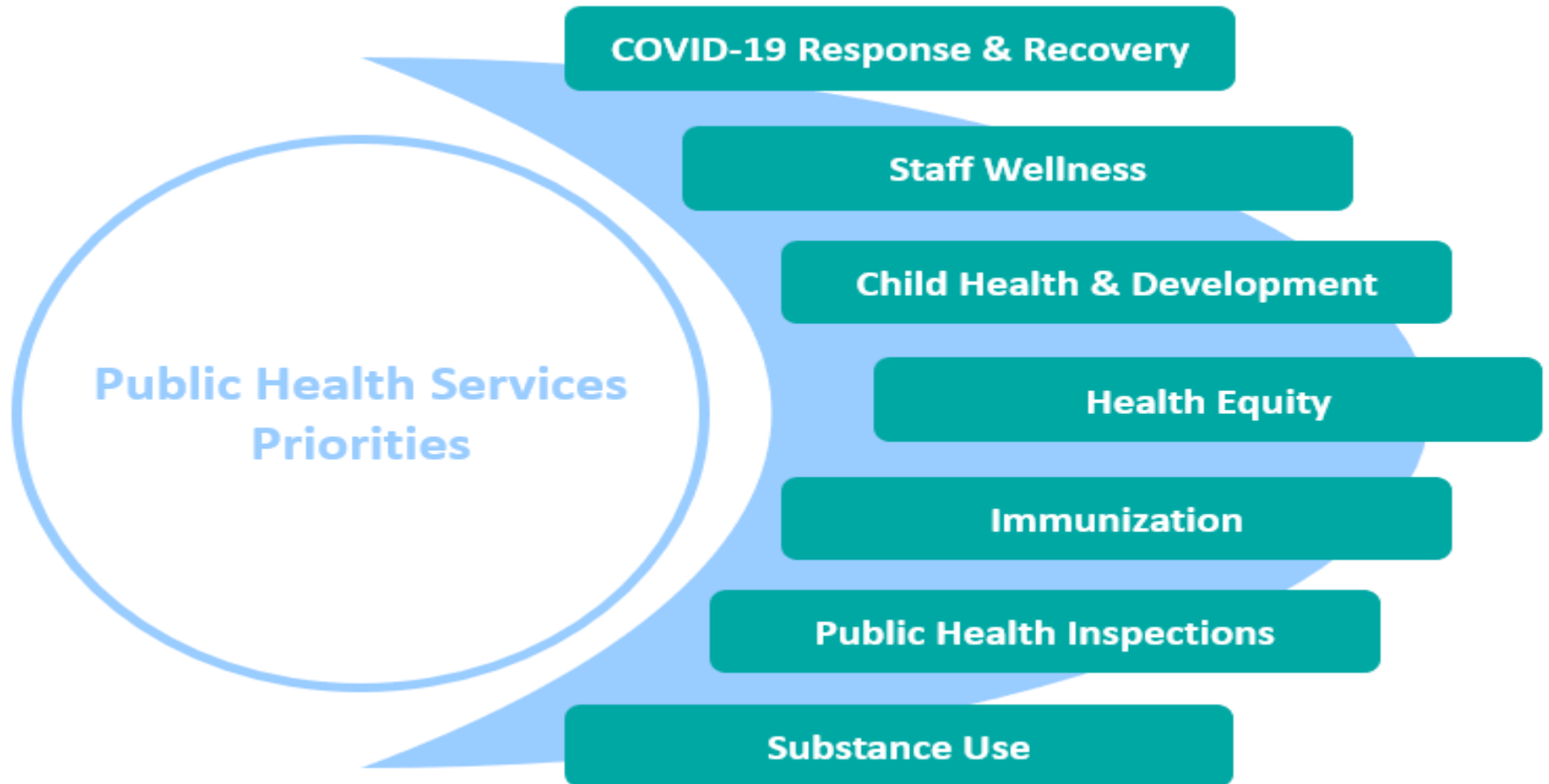
## *On hold*

- School Board Liaison Public Health Nurses (virtual school support, priority projects)
- School program (*non COVID-19*)
- School program (universal service delivery and development of resources)
- Tobacco Enforcement (non complaint based)
- Tobacco cessation clinics
- Drug Strategy
- Prenatal & parenting groups, face to face home visiting
- Dental Clinics – additional treatment capacity
- Food Safety – non urgent complaints
- Comments on building/planning applications
- Inspections of low-risk food premises
- Health Hazards – non urgent complaints and reviews
- Tobacco Hotline
- Lyme tick submissions
- Pest control inspections

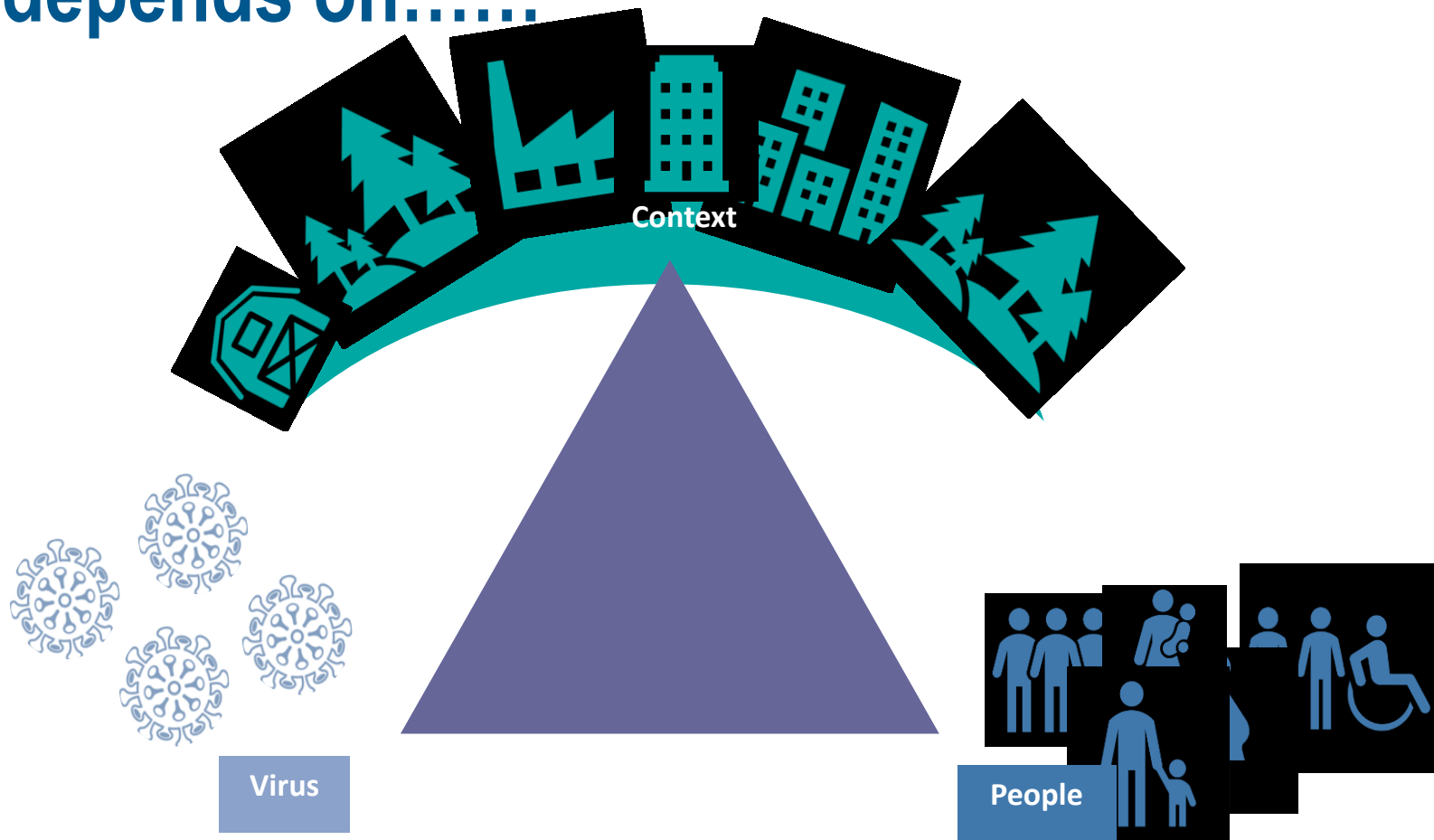
# Areas of Achievement & Innovation



# PHS Priorities as capacity allows for reopening



# What's next? It depends on.....



Adapted from: [@Epidemiologic Triad- Agent, Host, Environment - Epidemiology - Microbe Notes](#)

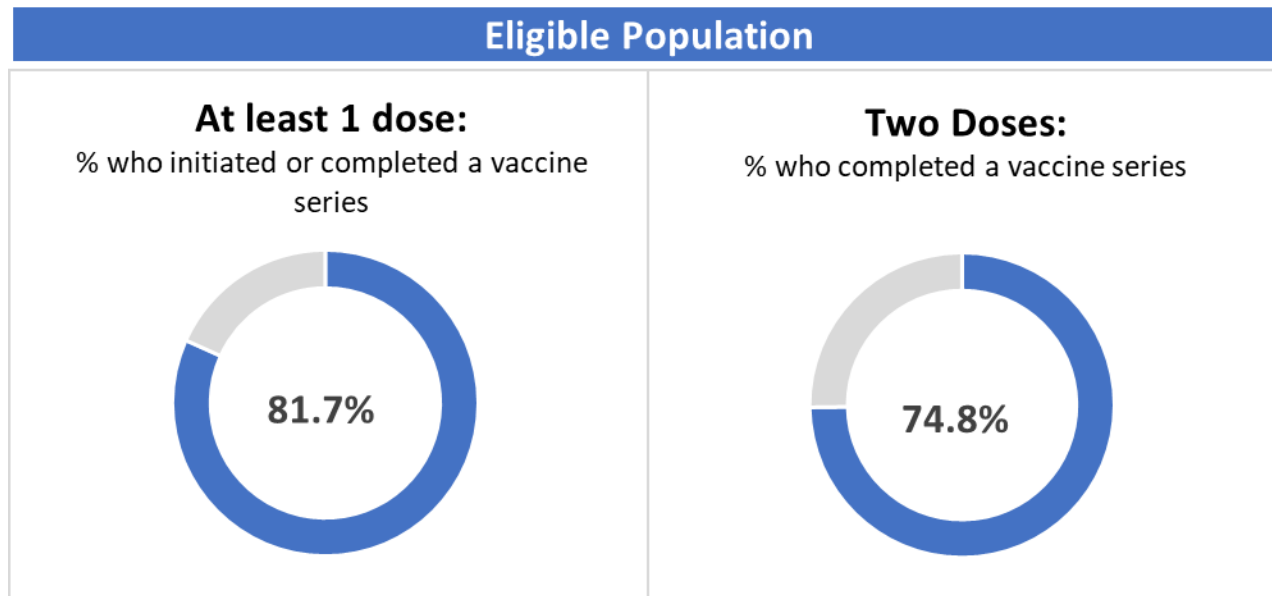


# COVID VACCINE UPDATE

Melissa Biksa, Manager – COVID-19 Vaccine

# COVID-19 Vaccine – Overall Coverage

Estimated as of End Of Day September 16, 2021



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

Eligible population includes individuals born in 2009 or earlier.

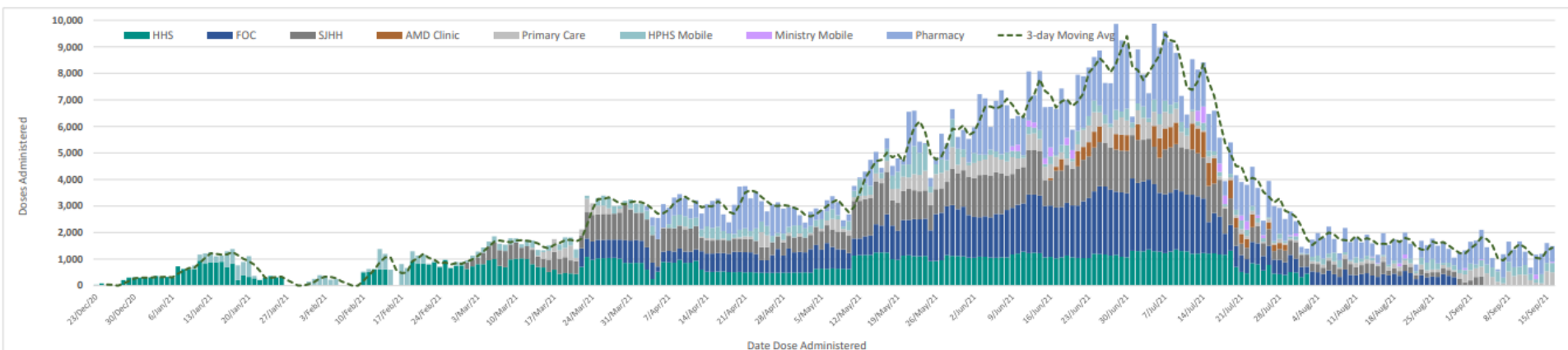
Sources: IntelliHealth (COVAXon Data Load); IntelliHealth (Population Projections, 2020).

# COVID-19 Vaccine – Vaccine Distribution Over Time

Estimated as of End Of Day September 16, 2021

Product	Pfizer	Moderna	AstraZeneca
Total doses administered	558,988	202,967	43,026

### Total Doses Administered in Hamilton by Day

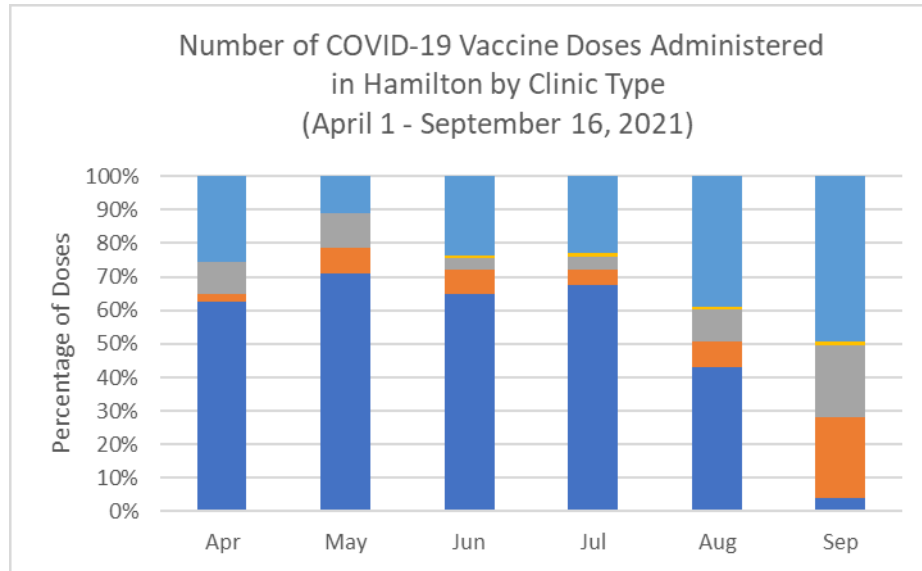
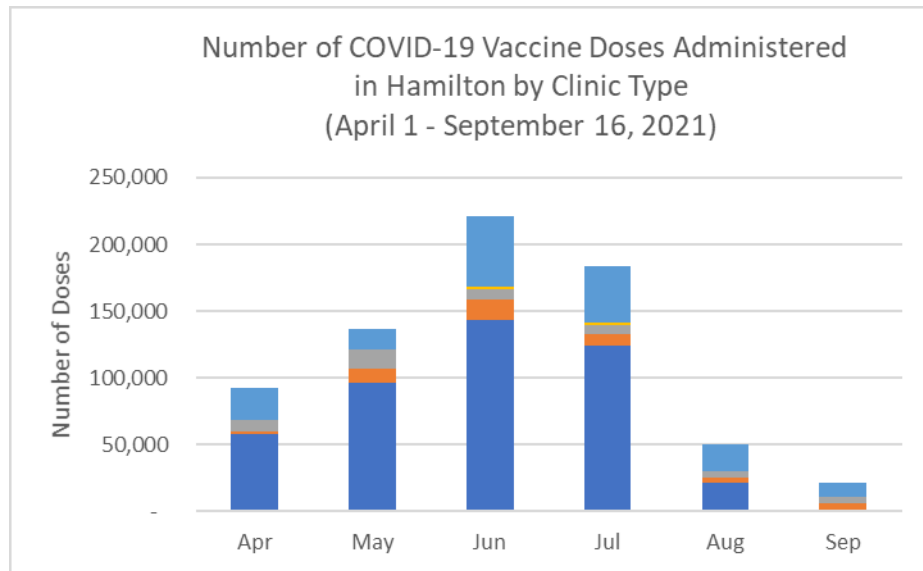


Source: IntelliHealth (COVAXon Data Load).

# COVID-19 Vaccine – Vaccine Distribution Over Time

Estimated as of End Of Day September 16, 2021

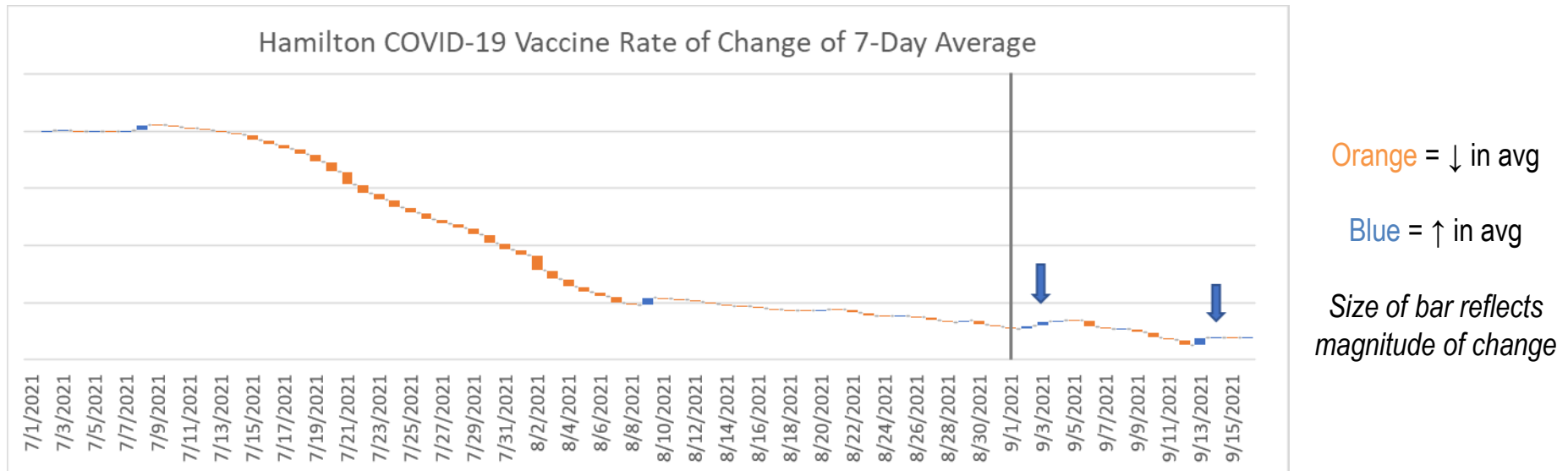
■ Large scale clinic   
 ■ Primary care clinic   
 ■ Mobile/pop-up clinic   
 ■ Ministry clinic   
 ■ Pharmacy



Source: IntelliHealth (COVAXon Data Load).

# COVID-19 Vaccine – Vaccine Distribution Over Time

Estimated as of End Of Day September 16, 2021



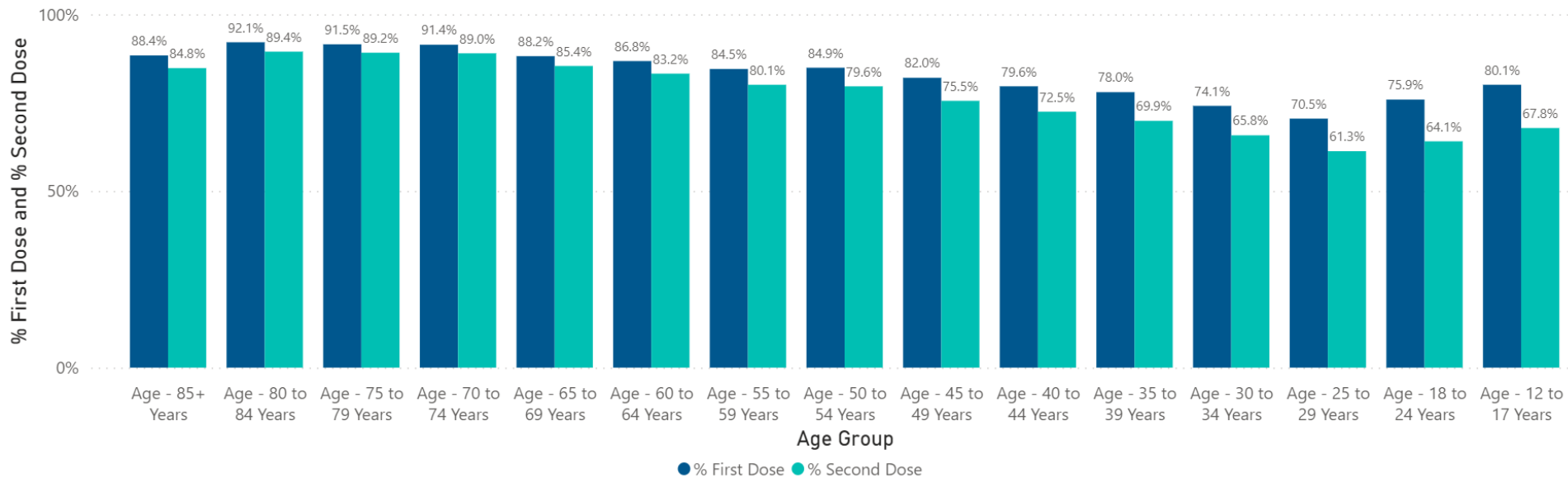
- Overall decline in 7-day average leading up to September 1, 2021 announcement (rapid in July 2021, slow and steady in August 2021)
- Periods of increase in 7-day average (September 2-4, 2021 and September 13-16, 2021) not observed since early July 2021

Source: IntelliHealth (COVAXon Data Load).

# COVID-19 Vaccine – Coverage by Age

Estimated as of End Of Day September 16, 2021

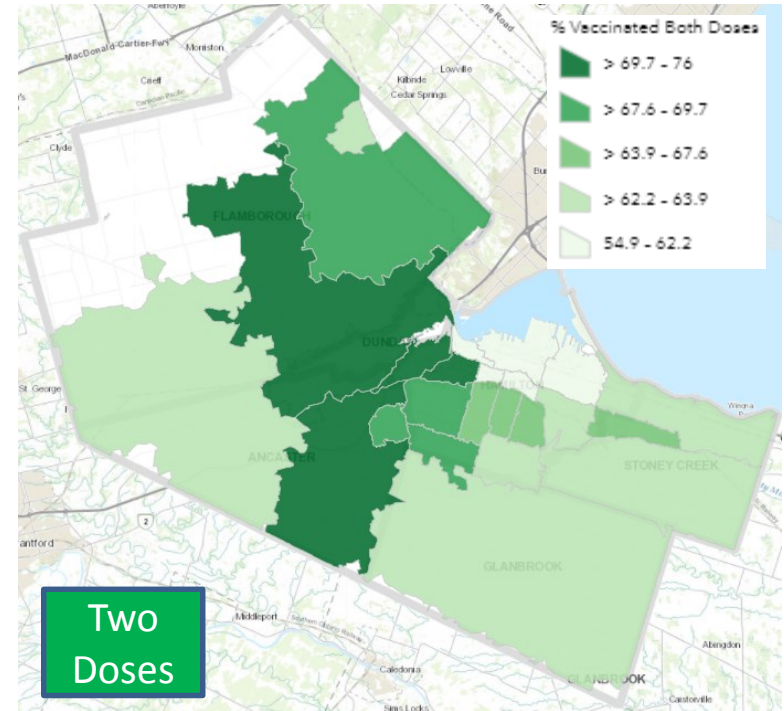
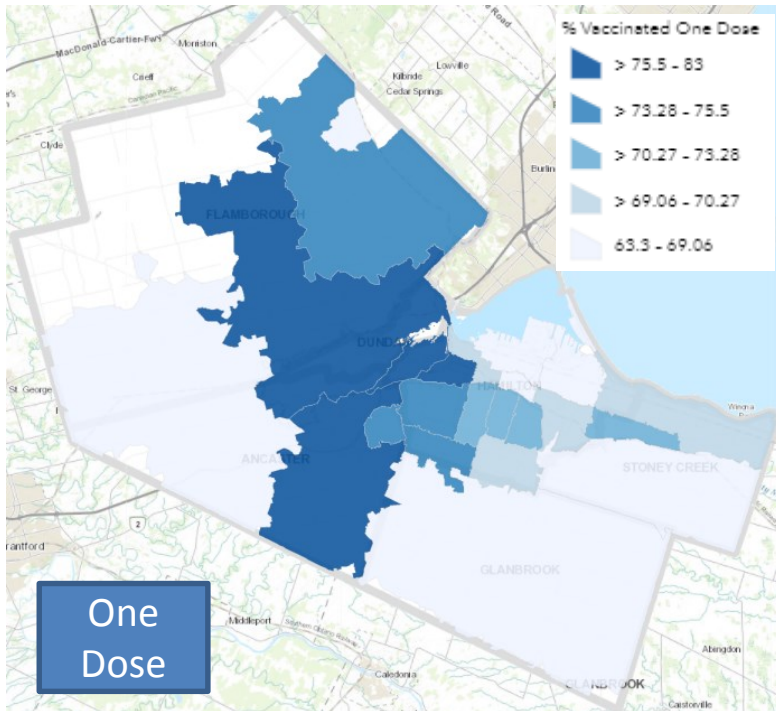
% Vaccinated by Age Group



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

# COVID-19 Vaccine – Coverage by Forward Sortation Area

## Estimated Vaccine Coverage by Forward Sortation Area (All Ages) (up to September 12, 2021)



Source: ICES COVID-19 Dashboard, Applied Health Research Questions (AHRQ) # 2021 0950 080 000. Toronto: ICES; 2020.

Notes:

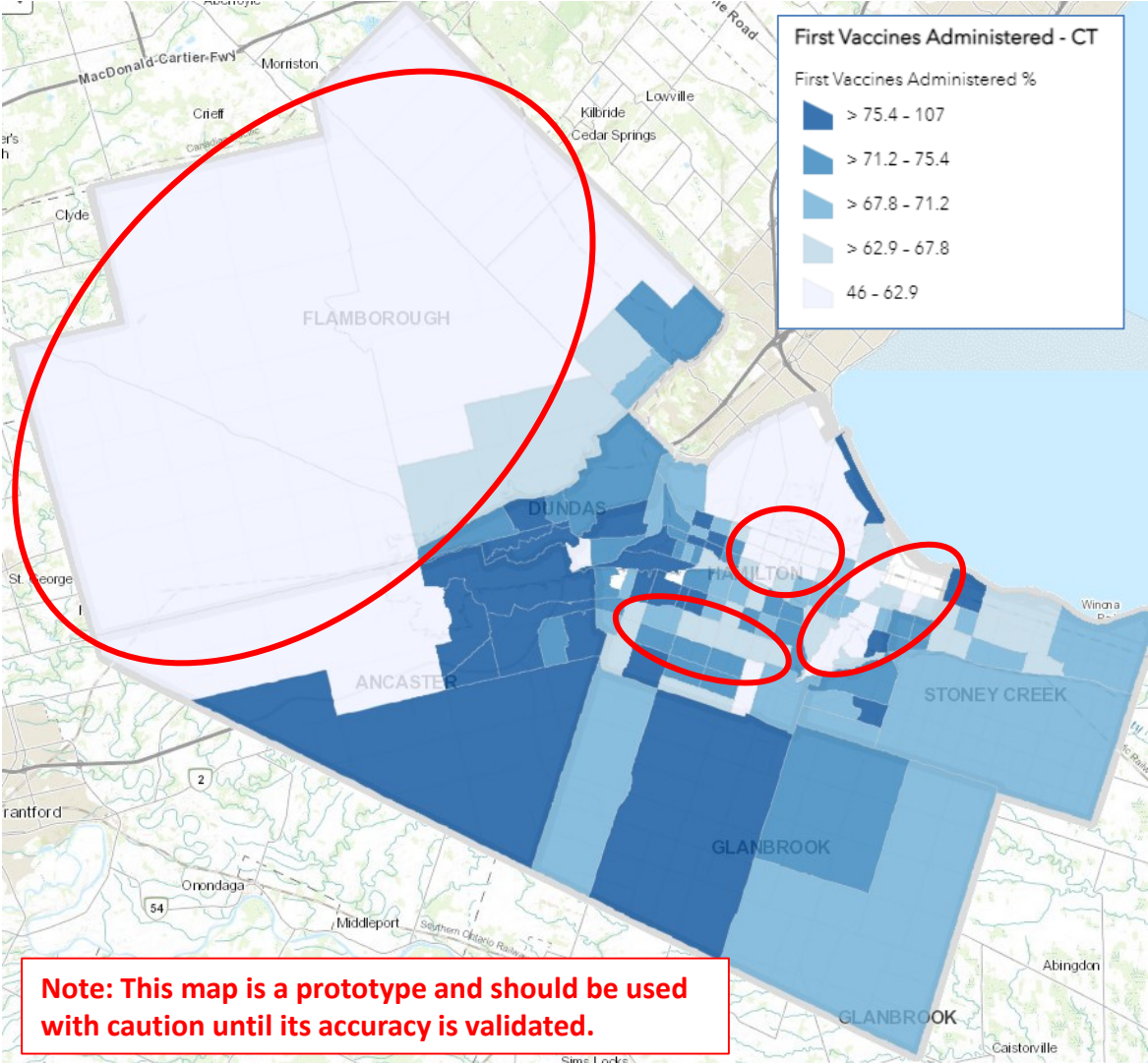
1. Coverage estimates are for all ages and include ages in the estimated population size that may not be eligible for vaccination. Estimates are therefore lower than overall coverage for the eligible population.
2. Interpret with caution. Numerators may be under-counted due to missing or incorrect postal codes in COVAXon; denominators may be under-estimated due to limitations of enumerating people in the Registered Persons Database (ICES).
3. Some FSAs cross multiple health regions and include a mix of Hamilton and non-Hamilton residents, especially LOR.

	Vaccine Coverage (Eligible Population) up to August 8, 2021		Vaccine Coverage (Eligible Population) up to September 12, 2021	
FSA (Approximate Geography)	Estimated % vaccinated with ≥1 dose	Estimated% vaccinated with 2 doses	Estimated % vaccinated with ≥1 dose	Estimated% vaccinated with 2 doses
<b>Average/Total</b>	<b>78.2%</b>	<b>68.6</b>	<b>82.0%</b>	<b>74.9%</b>
L8B (Waterdown Area)	81.4%	74.8%	84.0%	79.3%
L8E (Lower East)	75.5%	65.1%	80.0%	72.0%
L8G (Lower East)	77.7%	69.2%	81.1%	74.9%
L8H (Lower Central)	69.2%	57.9%	74.0%	65.3%
L8J (Upper East)	76.2%	66.7%	80.8%	73.4%
L8K (Red Hill Valley)	74.5%	64.6%	78.6%	71.2%
L8L (Lower Central)	68.5%	55.9%	73.7%	63.9%
L8M (Lower Central)	72.4%	61.6%	76.7%	68.2%
L8N (Lower Central)	74.8%	62.1%	78.9%	69.9%
L8P (Lower West)	81.9%	73.6%	84.8%	78.9%
L8R (Lower Central)	75.0%	61.5%	79.3%	70.1%
L8S (Lower West)	88.0%	77.8%	92.0%	84.1%
L8T (Upper Central)	78.9%	69.3%	82.7%	75.7%
L8V (Upper Central)	77.5%	67.6%	81.8%	74.3%
L8W (Upper Central)	76.7%	67.0%	80.9%	73.6%
L9A (Upper Central)	78.4%	68.1%	82.7%	75.1%
L9B (Upper Central)	80.5%	71.9%	84.4%	78.3%
L9C (Upper West)	81.9%	72.5%	86.0%	78.9%
L9G (Ancaster Area)	84.9%	78.8%	87.5%	82.9%
L9H (Dundas Area)	85.6%	79.6%	87.6%	83.5%
L9K (Ancaster Area)	82.3%	74.9%	85.4%	79.5%
L0R** (Mostly Rural)	72.1%	63.8%	75.6%	69.6%



# COVID-19 Vaccine Coverage by Census Tracts (“neighbourhoods”)

- Areas requiring greater focus:
- Lower Central Hamilton
- Flamborough
- Red Hill Valley / East End
- Mountain Pockets around the Linc



# COVID-19 Vaccination – Last Mile Strategy Update

- Renewed push through mobile clinics
  - Opportunistic vaccination
  - Hyper local clinic opportunities
- Public Health Mobile Teams– 3 Areas of Focus
  1. Census Tract Areas
  2. Schools & Post-Secondary Institutions
  3. Workplaces

# Last Mile Strategy - Highlights

- 59 Clinics at 33 Locations

High density buildings, parks, malls, restaurants, cafes, libraries, community events

In addition:

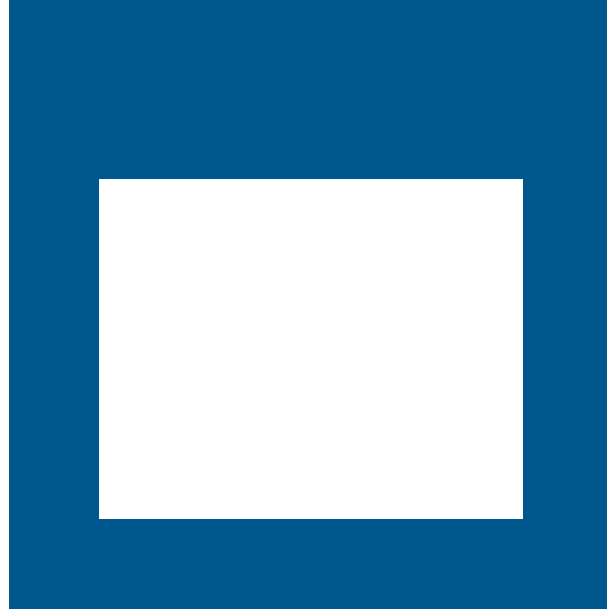
- High Schools – 36 Clinics
- Post-Secondary – 4 Clinics
- Rec Centres – 30 Clinics
- Workplaces – 3 Clinics
- Ministry of Health – 9 Clinics



# Key Messages

- Key to remember: Time to full immunity = 6 weeks
- Don't wait to vaccinate!
  - Visit <https://www.hamilton.ca/coronavirus/covid-19-vaccination> for clinic options





QUESTIONS?