City of Hamilton

BOARD OF HEALTH REVISED

Meeting #:	22-002
Date:	February 14, 2022
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. January 10, 2022

5. COMMUNICATIONS

   5.1. Communications from the Association of Local Public Health Agencies (alPHa) respecting Public Health Resilience in Ontario

   Recommendation: Be endorsed

6. DELEGATION REQUESTS

7. CONSENT ITEMS

8. STAFF PRESENTATIONS

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

9. PUBLIC HEARINGS / DELEGATIONS

10. DISCUSSION ITEMS

10.1. Annual Service Plan & Budget 2022 (BOH22003) (City Wide)

*10.2. Physician Recruitment and Retention Steering Committee Report 22-001 - February 11, 2022

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT

BOARD OF HEALTH
MINUTES 22-001

9:30 a.m.
Monday, January 10, 2022
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, R. Powers, T. Jackson, J.P. Danko, B. Clark, M. Pearson, A. VanderBeek and J. Partridge
Absent with Regrets:	Councillors E. Pauls, B. Johnson, L. Ferguson, T. Whitehead – Personal

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

1. Clean Air Hamilton Annual Progress Report (BOH22001) (City Wide) (Item 8.1)

(Clark/Nann)
That Report BOH22001, respecting a Clean Air Hamilton Annual Progress Report, be received.

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

YES	-	Mayor Fred Eisenberger	
YES	-	Ward 1	Councillor Maureen Wilson
YES	-	Ward 2	Councillor Jason Farr
YES	-	Ward 3	Councillor Nrinder Nann
YES	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Russ Powers
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
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

2. Interim Plan to Improve Staff Recruitment and Retention (BOH22002) (City Wide) (Item 10.1)

(Powers/Pearson)
That the Board of Health authorize the conversion of 40 full time equivalent (FTE) temporary positions to permanent over complement positions to support the recruitment and retention of key staff in order to continue responding to COVID-19 and rolling out the vaccination program.

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

YES	-	Mayor Fred Eisenberger	
YES	-	Ward 1	Councillor Maureen Wilson
YES	-	Ward 2	Councillor Jason Farr
ABSENT	-	Ward 3	Councillor Nrinder Nann
ABSENT	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Russ Powers
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
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

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.

(Partridge/VanderBeek)
That the agenda for the January 10, 2022 Board of Health be approved, as presented.

Result: Motion CARRIED by a vote of 10 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 Russ Powers
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
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

(c) DECLARATIONS OF INTEREST (Item 3)

None

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

(i) December 6, 2021 (Item 4.1)

(Powers/Danko)
That the Minutes of December 6, 2021, be approved, as presented.

Result: Motion CARRIED by a vote of 10 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 Russ Powers
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
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

(e) STAFF PRESENTATIONS (Item 8)

(i) Clean Air Hamilton Annual Progress Report (BOH22001) (City Wide) (Item 8.1)

(Jackson/Clark)
That the Presentation respecting a Clean Air Hamilton Annual Progress Report (BOH22001), be received.

Result: Motion CARRIED by a vote of 11 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 Russ Powers
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
ABSENT	-	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

For further disposition of this matter, refer to Item 1.

(ii) Overview of COVID-19 Activity in the City of Hamilton 11 Mar 2020 to Present (Item 8.2)

Dr. E. Richardson, Medical Officer of Health; Michelle Baird, Director, Healthy and Safe Communities and Melissa Biksa, Manager, 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.

(Jackson/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 9 to 0, as follows:

YES	-	Mayor Fred Eisenberger	
YES	-	Ward 1	Councillor Maureen Wilson
YES	-	Ward 2	Councillor Jason Farr
ABSENT	-	Ward 3	Councillor Nrinder Nann
ABSENT	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Russ Powers
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
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

(f) ADJOURNMENT (Item 15)

(Pearson/Powers)
That, there being no further business, the Board of Health be adjourned at 12:33 p.m.

Respectfully submitted,

Mayor F. Eisenberger,
Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk

From: allhealthunits on behalf of Loretta Ryan
To: All Health Units
Cc: Board@lists.alphaweb.org
Subject: [allhealthunits] alPHa Report - Public Health Resilience in Ontario: Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective COVID-19 Response
Date: Thursday, January 20, 2022 1:04:00 PM
Attachments: alPHa_PH_Resilience_Report_Exec_Sum_Jan2022.pdf
alPHa_PH_Resilience_Report_Final_Jan2022.pdf

Dear alPHa / Board / COMOH Member,

As you may be aware, with vaccination rates climbing and case counts receding last summer, alPHa began turning its attention towards the implications for its members of the end of the emergency phase of the pandemic response. These would include resuming the public health programs and services that were all but suspended during the pandemic response, clearing the backlog, and addressing the indirect public health impacts of the response measures.

Following a request from Ministry staff for data on the impacts of the pandemic on public health program delivery and priority areas for the recovery, alPHa's Council of Ontario Medical Officers of Health (COMOH) struck a working group, conducted a survey of all public health units, and produced a report that was submitted to the Chief Medical Officer of Health on October 1st, 2021.

Following this submission, it was agreed by the COMOH and alPHa Executive committees that there would be substantial value in completing a report aimed at a wider audience using these data, which would then inform alPHa's advocacy efforts on behalf of its members, including input to the 2022 Ontario Budget and its customary activities and materials related to this year's provincial and municipal elections.

On behalf of the alPHa President and the Chairs of the Boards of Health Section and the Council of Ontario Medical Officers of Health, I am very pleased to be able to share the final report with you today, recognizing that its content will be of great value as we work together to advocate for a stable, sustainable, and resilient public health system in Ontario over the months and years to come.

The full report and its executive summary are attached and available for download from the alPHa website.

Take Care,

Loretta

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Loretta Ryan, CAE, RPP
Executive Director
Association of Local Public Health Agencies (alPHa)
480 University Avenue, Suite 300
Toronto, ON M5G 1V2
Tel: 416-595-0006 ext. 222
Cell: 647-325-9594

loretta@alphaweb.org
www.alphaweb.org

Since the beginning of the COVID-19 pandemic, Ontario's 34 local public health agencies (LPHAs) have been at the forefront of the ongoing response. They have prevented COVID-19 transmission, hospitalizations, and death through enactment and enforcement of public health measures, case and contact management, outbreak management, infection prevention and control, communication of credible advice to the public, coordination with local and provincial partners and leadership of the vaccination campaign.

These extraordinary efforts have come at the expense of nearly all the routine programs and services mandated by the Ontario Public Health Standards (OPHS) as their resources were redeployed almost exclusively to the pandemic response. This has resulted in a backlog of public health work that will have immediate and longer-term impacts on population health.

The purpose of this report is to demonstrate the need for additional investments in public health that will be required to clear the backlog, resume routine programs and services, and maintain an effective pandemic response. The content is adapted from an earlier and more detailed draft report that the Council of Ontario Medical Officers of Health (COMOH) submitted to the Chief Medical Officer of Health in early October. This was informed largely by a survey of all 34 public health units that gathered information about program deficits since 2020.

KEY FINDINGS: IMPACTS ON MANDATED PUBLIC HEALTH PROGRAMS AND SERVICES

Just like the widely reported "surgical backlog" in health care, a health promotion and protection backlog has accumulated since March 2020, which is certain to have a significant and measurable effect on the health of Ontarians for years to come.

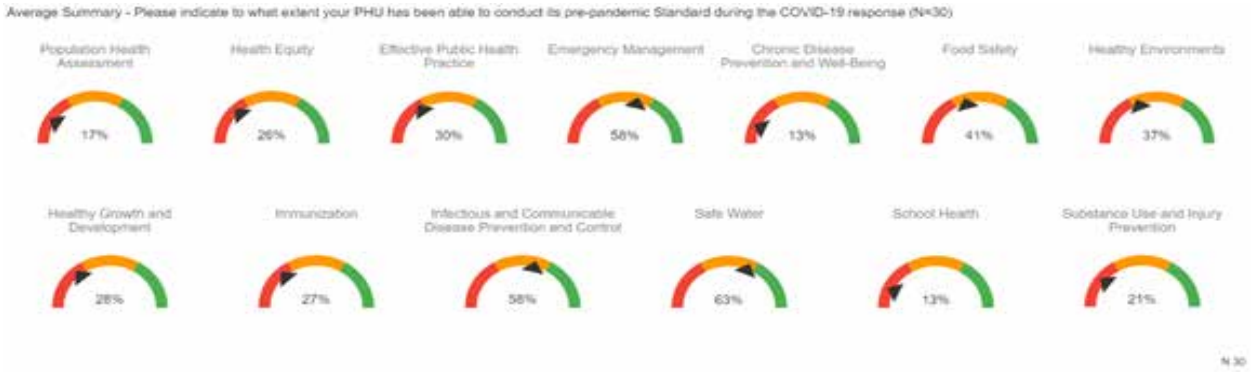
OPHS mandated public health programs and services have been significantly curtailed for nearly two years, with an average of 74% of 2020 LPHA resources and 78% (to date) of 2021 LPHA resources having been diverted to the COVID-19 response. This increase reflected a general upward trend as the pandemic evolved, and additional resources had to be secured to meet the demand throughout the province. Uncertainties about funding sources presented a challenge to managing extraordinary costs and allocating resources.

Health protection programs such as Safe Water, Infectious and Communicable Disease Prevention and Control, and Emergency Management Standards had the highest rates of completion, but most were response-driven and prioritized according to the level of risk, which in turn would focus primarily on COVID-19 related threats.

The Chronic Disease Prevention and Well-being and School Health Standards, which include injury prevention, healthy eating and physical activity, immunization, mental health, and substance use, had the lowest rates of completion. The population health impact of these deficits will be felt over a longer period and will almost certainly be magnified by the effects of the pandemic, which will in turn add to the cost of catching up on the OPHS mandates in these areas.

Specific concerns were expressed about the program backlogs related to children's health. Since the onset of the pandemic in March 2020, oral health screening in schools effectively ceased, and the Healthy Babies Healthy Children (HBHC) visits for vulnerable families and children were significantly reduced. Additionally, approximately 80% of the routine school immunization program was not completed during this time. Estimates indicate that this could account for a current backlog of up to 300,000 school-based vaccinations/year across the province.

Summary of PHUs self-reported completion of OPHS Standards in the context of the COVID-19 pandemic:



LESSONS LEARNED: PROCESS IMPROVEMENTS AND REINFORCEMENT OF PARTNERSHIPS AND COLLABORATION

The COVID-19 pandemic presented opportunities for public health to demonstrate its resilient and innovative capacity to meet local needs despite major resource challenges. Technological innovation, enhanced coordination with a wide range of partners, improvements to processes such as data analysis, reporting, surveillance, and communications, and the application of data to inform health equity approaches were highlighted. Each of these is expected to yield lasting benefits beyond the COVID-19 response.

RESTORING PUBLIC HEALTH'S WORK TO IMPROVE THE HEALTH OF ONTARIANS

LPHAs are beginning to develop recovery plans, which are aimed at resuming their vital and mandated programs and services under the OPHS while continuing to provide an effective ongoing response to COVID-19. These plans include ongoing assessments of program deficits that have resulted from the pandemic response and recommendations for a phased and priority-based approach to returning to full service while giving special attention to the public health needs of populations that have been disproportionally affected. Program areas that address mental health, substance use and harm reduction, child immunization catch-up, food safety inspection, and oral health were cited as priorities for the earliest stages of the recovery.

STRENGTHENING PUBLIC HEALTH FOR A MORE RESILIENT ONTARIO

Substantial recovery efforts will not be possible if the pandemic response continues to consume the bulk of local public health resources. While mitigation funding from the Province has been helpful, clearer and more timely assurances of funding for both routine and extraordinary public health activities will be required to inform budgets over multiple years. Additional and immediate investments will be required as maintaining COVID-19 response activities while resuming OPHS activities will not be feasible without additional resources. Recovery will also require addressing high levels of stress and burnout among public health staff to support their personal recovery.

RECOMMENDATIONS

Provincial support for an ongoing pandemic response: Maintain ongoing provincial investments in science, structures, and resources in support of the multi-sector effort required to effectively manage the COVID-19 pandemic.

- Ongoing provincial coordination of the response between sectors
- Maintenance and review of provincial guidelines and tools, commitment to effective communications, and central support for local public health implementation and adaptation of provincial guidance based on local community needs.
- Strengthening Public Health Ontario's capacity to provide scientific and technical advice to government, public health, health care, and related sectors

Provincial support for Local Public Health Agencies: Protect and promote the health of Ontarians through financial investments in PHUs that are clearly communicated and committed early in the fiscal year:

- Ongoing one-time COVID-19 funding for 2022 to support the COVID-19 response and ensure the ability to maintain required staffing level.
- One-time recovery funding to support recovery efforts, as outlined in this report, and to allow PHUs to address priority areas.
- Increase base funding, including but not limited to the addition of COVID-19 as a disease of public health significance beyond 2022.

Provincial support for evaluation and renewal: Continue to work with Ontario's public health stakeholders (Public Health Ontario, Office of the Chief Medical Officer of Health, Local Public Health Agencies) to develop the vision for a stronger responsive public health sector with the capacity to address population health needs through various partnerships into the future.

- Ensure that Ontario launches a comprehensive review and assessment of all aspects of the pandemic response to inform strategies for improvement.
- Ensure that public health stakeholders have the capacity and resources to participate fully in the review and in formulating recommendations.

Public Health Resilience in Ontario

CLEARING THE BACKLOG, RESUMING ROUTINE PROGRAMS, AND MAINTAINING AN EFFECTIVE COVID-19 RESPONSE

Association of Local Public Health Agencies
January 2022

Since the beginning of the COVID-19 pandemic, Ontario's 34 local public health agencies (LPHAs) have been at the forefront of the ongoing response. They have prevented COVID-19 transmission, hospitalizations, and death through enactment and enforcement of public health measures, case and contact management, outbreak management, infection prevention and control, communication of credible advice to the public, coordination with local and provincial partners and leadership of the vaccination campaign.

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Specific concerns were expressed about the program backlogs related to children's health. Since the onset of the pandemic in March 2020, oral health screening in schools effectively ceased, and the Healthy Babies Healthy Children (HBHC) visits for vulnerable families and children were significantly reduced. Additionally, approximately 80% of the routine school immunization program was not completed during this time. Estimates indicate that this could account for a current backlog of up to 300,000 school-based vaccinations/year across the province.

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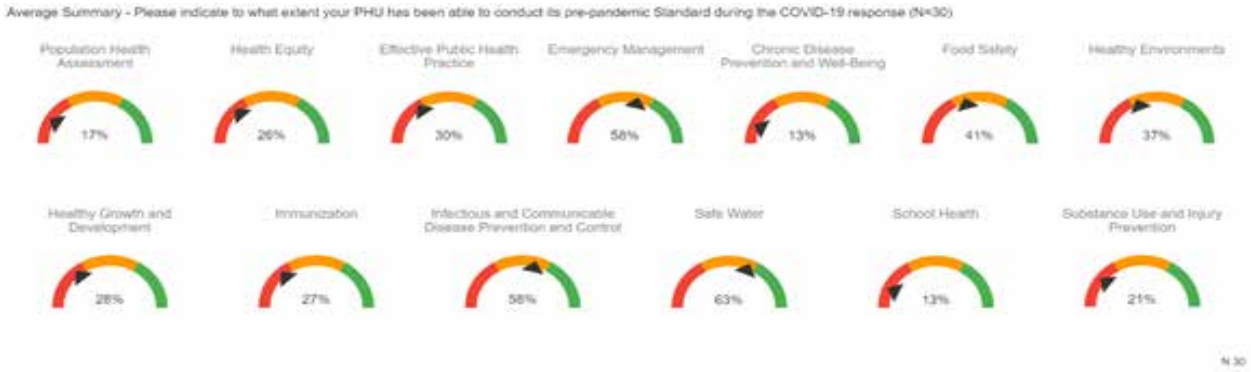

LESSONS LEARNED: PROCESS IMPROVEMENTS AND REINFORCEMENT OF PARTNERSHIPS AND COLLABORATION

The COVID-19 pandemic presented opportunities for public health to demonstrate its resilient and innovative capacity to meet local needs despite major resource challenges. Technological innovation, enhanced coordination with a wide range of partners, improvements to processes such as data analysis, reporting, surveillance, and communications, and the application of data to inform health equity approaches were highlighted. Each of these is expected to yield lasting benefits beyond the COVID-19 response.

RESTORING PUBLIC HEALTH'S WORK TO IMPROVE THE HEALTH OF ONTARIANS

LPHAs are beginning to develop recovery plans, which are aimed at resuming their vital and mandated programs and services under the OPHS while continuing to provide an effective ongoing response to COVID-19. These plans include ongoing assessments of program deficits that have resulted from the pandemic response and recommendations for a phased and priority-based approach to returning to full service while giving special attention to the public health needs of populations that have been disproportionally affected. Program areas that address mental health, substance use and harm reduction, child immunization catch-up, food safety inspection, and oral health were cited as priorities for the earliest stages of the recovery.

STRENGTHENING PUBLIC HEALTH FOR A MORE RESILIENT ONTARIO

Substantial recovery efforts will not be possible if the pandemic response continues to consume the bulk of local public health resources. While mitigation funding from the Province has been helpful, clearer and more timely assurances of funding for both routine and extraordinary public health activities will be required to inform budgets over multiple years. Additional and immediate investments will be required as maintaining COVID-19 response activities while resuming OPHS activities will not be feasible without additional resources. Recovery will also require addressing high levels of stress and burnout among public health staff to support their personal recovery.

RECOMMENDATIONS

Provincial support for an ongoing pandemic response: Maintain ongoing provincial investments in science, structures, and resources in support of the multi-sector effort required to effectively manage the COVID-19 pandemic.

- Ongoing provincial coordination of the response between sectors
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Provincial support for Local Public Health Agencies: Protect and promote the health of Ontarians through financial investments in PHUs that are clearly communicated and committed early in the fiscal year:

- Ongoing one-time COVID-19 funding for 2022 to support the COVID-19 response and ensure the ability to maintain required staffing level.
- One-time recovery funding to support recovery efforts, as outlined in this report, and to allow PHUs to address priority areas.
- Increase base funding, including but not limited to the addition of COVID-19 as a disease of public health significance beyond 2022.

Provincial support for evaluation and renewal: Continue to work with Ontario's public health stakeholders (Public Health Ontario, Office of the Chief Medical Officer of Health, Local Public Health Agencies) to develop the vision for a stronger responsive public health sector with the capacity to address population health needs through various partnerships into the future.

- Ensure that Ontario launches a comprehensive review and assessment of all aspects of the pandemic response to inform strategies for improvement.
- Ensure that public health stakeholders have the capacity and resources to participate fully in the review and in formulating recommendations.

PUBLIC HEALTH RESILIENCE IN ONTARIO

INTRODUCTION

Since the beginning of the pandemic, Ontario's 34 local public health agencies (LPHAs) have been at the forefront of the ongoing pandemic response. Led by dedicated local medical officers of health, boards of health, and a diverse and skilled workforce, these agencies have been instrumental in preventing COVID-19 transmission, hospitalizations, and death through enactment and enforcement of public health measures, case and contact management, infection prevention and control, communication of credible advice to the public, and leadership of the vaccination campaign. These activities have been crucial to preserving the capacity of Ontario's health care system as well as allowing for cautious and measured steps towards reopening the economy.

The unfortunate consequence of the extraordinary efforts required to limit the spread of COVID-19 and decrease its impact on the population at the local level is that LPHAs have had to suspend a significant proportion of the routine programs and services mandated by the Ontario Public Health Standards (OPHS) and redeploy their resources to the pandemic response.

This has resulted in a backlog of public health work that includes both quantifiable and less quantifiable impacts. Quantifiable impacts include services not performed, such as inspections, immunizations, disease investigations, and family visits to support early childhood development. Less quantifiable are the population health impacts of the reduction of public health programs and services, including health equity, active living and healthy eating, mental health, substance use including addressing the opioid epidemic, and poverty.

The purpose of this report is to summarize the backlog of public health programs and services created by the pandemic response, to outline the requirements for additional investments to support the resumption of these routine activities as the response continues, and to identify key secondary population health impacts of the pandemic that will require additional resources to tackle. Its content is derived almost exclusively from an earlier and more detailed report by the Council of Ontario Medical Officers of Health (COMOH) that was submitted to the Chief Medical Officer of Health in early October.

Information Sources

In the developmental stages of the COMOH report to the CMOH in the late summer of 2021, all 34 LPHAs in Ontario were invited to complete a 62-question survey designed to assess the proportion of resources reallocated to COVID-19 response and the consequent impact on OPHS programs and services requirements. It also asked for an outline of reasons for the program backlog and a ranking of public health topics for priority focus during the recovery stages. The survey also invited LPHAs to submit additional material related to recovery and priorities, which included recovery plans, reports,

presentation slide decks, and reports on indirect harms associated with the COVID-19 pandemic (the pandemic itself, and the public health measures).

Other sources of information also contributed to our understanding of the indirect impacts of the COVID-19 pandemic, the unintended consequences of public health measures used to slow COVID-19 transmission, and the effects of the curtailment of public health services on the health of the population. Discussions involving the Council of Ontario Medical Officers of Health and Ministry colleagues, various letters to the Ministry from Boards of Health on recovery, the Ontario Health dashboard for recovery topics, and public reports released by Public Health Ontario were invaluable to identifying priority population health issues that were aggravated by the pandemic. Mental health, substance use, healthy growth and development, chronic disease, health equity, income, violence/family violence, oral health, and racism emerged as the most significant.

KEY FINDINGS: IMPACTS ON MANDATED PUBLIC HEALTH PROGRAMS AND SERVICES

As noted in the Ontario Public Health Standards, the role of LPHAs is to "support and protect the physical and mental health and well-being, resiliency and social connectedness of the health unit population, with a focus on promoting the protective factors and addressing the risk factors associated with health outcomes", through the core functions of population health assessment and surveillance, health promotion and protection, disease prevention and emergency management.

Simply put, public health keeps people and communities healthy, saves lives and saves money. Public health programs and services prevent health problems from occurring in the first place and help prolong healthy lives, which reduces the need to draw on expensive and increasingly scarce resources of the health care system.

These routine public health supports to population health were significantly diminished throughout the pandemic. The survey data provided by LPHAs revealed that, on average, 74% of their 2020 resources and 78% (to date) of their 2021 resources were allocated to the COVID-19 response, with ranges of 20% to 100% in 2020 and 40% to 90% in 2021. A more fulsome analysis of what factors may have accounted for placement within these ranges was not completed, but the figures below demonstrate a general upward trend in resource diversion to the COVID-19 response between 2020 and 2021.

Figure 1. Public Health Unit reports of proportion of PHU resources allocated to COVID 19 response during the pandemic for 2020.

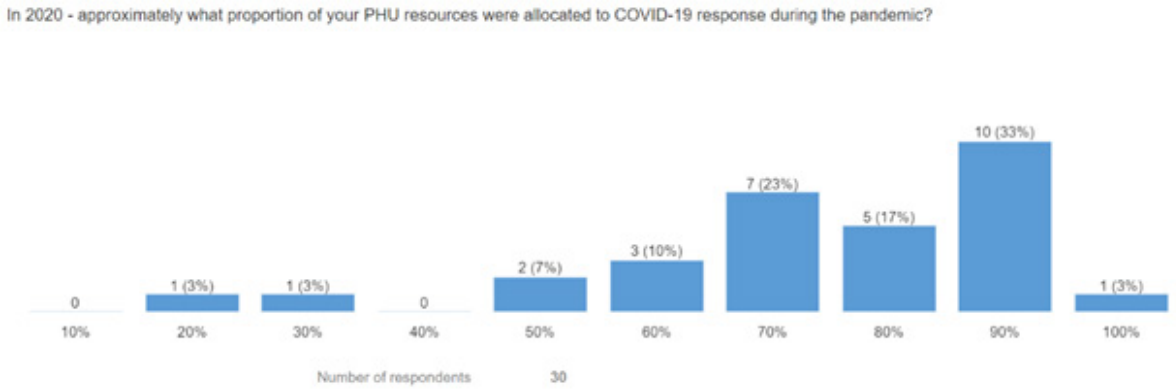
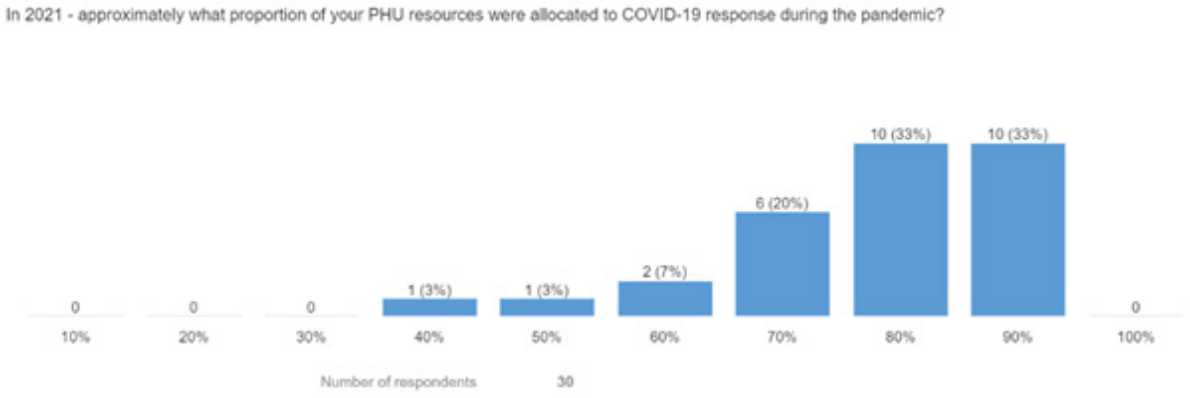


Figure 2. Public Health Unit reports of proportion of PHU resources allocated to COVID 19 response during the pandemic for 2021.



The increase in resource redeployment to COVID-19 responses from 2020 to 2021 reflects the rapidly evolving context of the pandemic, which placed a heavy workload on all LPHAs. When the pandemic began staff were faced with receiving and processing large and rapidly changing volumes of information, adapting guidance and public messaging to emerging science, and developing new processes to engage with community partners, decision makers and the public. As the pandemic evolved, response activities were modified according to the rise and fall of case counts, the emergence of more dangerous variants, and the rollout of an unprecedented and complex vaccination campaign.

In addition to redeployment of existing resources, all LPHAs that responded to the survey reported increasing their staff complement through temporary hiring to manage the demands. In addition to the added financial and administrative procedures, training and orientation of new staff added to the already burdensome load. A clear majority of the LPHAs reported having accessed the provincial workforce for case and contact management to assist with the response. Some also reported that the uncertainty related to funding impacted their ability to make timely decisions regarding the augmentation and allocation of resources to both urgent non-COVID-19 related activities along with the COVID-19 response.

Direct and indirect impacts on PHUs and public health programs and services

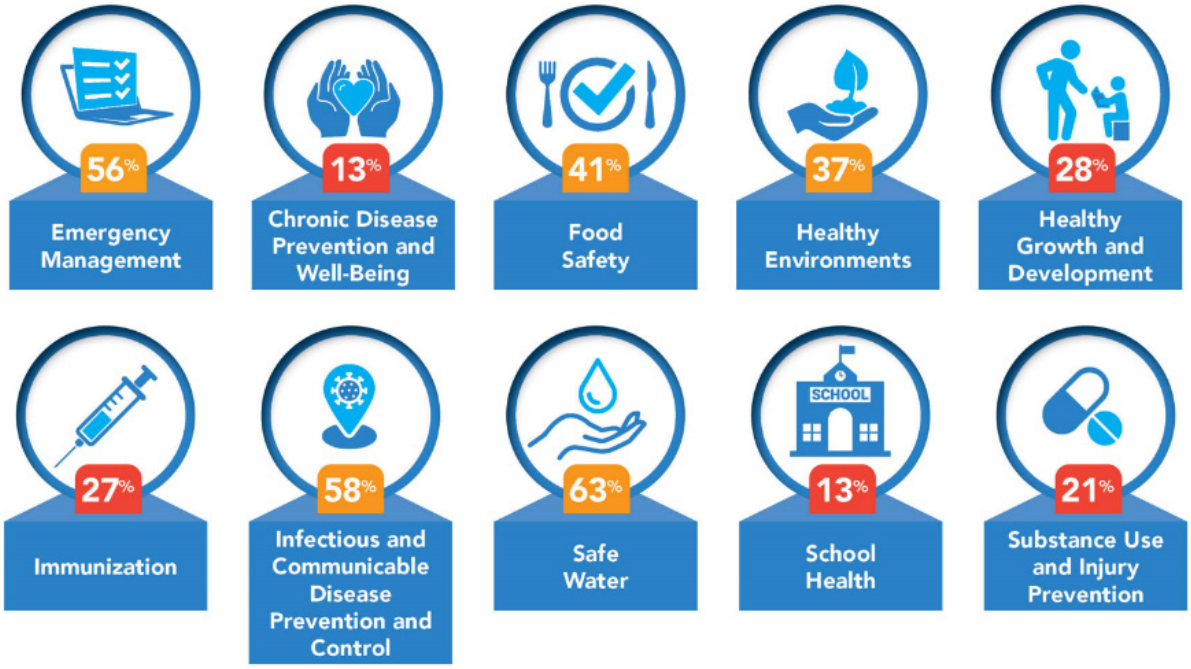
The redirection of resources to COVID-19 response efforts has led to a tremendous backlog of programs and services that will require equally tremendous commitment to resolve. Just like the widely reported “surgical backlog” in health care, the health promotion and protection backlog that has built up over nearly 2 years is certain to have a significant and measurable effect on the health of Ontarians for years to come. In the meantime, the pandemic itself has caused or magnified indirect harms to population health, including health inequities, impacts on mental health, increased substance use, and neglect of chronic diseases.

Specific questions were asked in our survey of LPHAs about the impact of the near-exclusive focus on COVID-19 response on their ability to carry out the full scope of the OPHS. The extent of completion of OPHS mandated activities ranged from 13% to 63%, and many respondents emphasized that most of the

work that was completed under each standard was linked in some way to the COVID-19 response. Non COVID-19 related activities overall were limited. Figures 9 and 10 below illustrate the average deficits for each OPHS Standard calculated from the survey data.

Figure 3: Summary of PHUs self-reported completion of OPHS Foundational Standards in the context of the COVID-19 pandemic

Figure 4: Summary of PHUs self-reported completion of OPHS mandated Program Standards in the context of the COVID-19 pandemic



Other Notable Findings from the Survey

- None of the OPHS requirements were completed to pre-pandemic levels due to the extensive redeployment of staff required to provide COVID-19 response activities including surveillance, case and contact investigation, outbreak and Infection Prevention and Control (IPAC) responses, enforcement, communications, vaccination and responding to public inquiries.
- The Safe Water, Infectious and Communicable Disease Prevention and Control, and Emergency Management Standards had the highest rates of completion but in many cases, the work was modified, response-driven and prioritized. Due to capacity constraints, many health units were required to triage their response to reportable diseases, IPAC complaints and inspections according to the level of risk.
- The Chronic Disease Prevention and Well-being and School Health Standards had the lowest rates of completion, a particular concern given the broad scope and far-reaching influence of each of these on overall population health. Injury prevention, healthy eating and physical activity, immunization, oral health, mental health, substance use, UV exposure, and violence and bullying are just some of the topics that LPHAs are required to address under these two Standards.

Service backlogs specifically related to children's health were also emphasized by respondents to the survey.

- Oral health screening in schools effectively ceased in March 2020 with the onset of the pandemic. Data from 16 LPHA respondents indicated that 2,602 children were screened in schools in the 2020-2021 school year, which is less than 1% of the 301,830 children who received oral health screening in the 2019-2020 school year.
- Healthy Babies Health Children (HBHC): overall, just over three quarters of public health agencies recommended or required the reduction of in-person home visits due to public health measures. In addition, many public health nurses from HBHC were redeployed to COVID-19 response activities creating waitlists and backlog of services for vulnerable families and children. Although many health agencies transitioned to virtual service delivery, when asked what percentage of HBHC families were receiving home visits using interactive video conferencing, 50% of public health agencies (17/34) reported <10% of their families were receiving video 'home visits'.
- School immunizations: 24 health agencies reported that approximately 80% of the school immunization program was not completed during the pandemic so far. Estimates provided by one health unit indicate that this would account for up to 300,000 school-based vaccinations/year that have not been administered across the province.

Overall, the program areas for which there is the greatest deficit are those in health promotion. These programs yield results over longer periods of time, and the effects of deficits in this area may not be immediately observed. Delays in addressing this backlog will magnify these effects, which include impacts on quality and quantity of life years and increased costs to the health care system.

Lessons Learned: process improvements and reinforcement of partnerships and collaboration

The COVID-19 pandemic presented many opportunities for public health to demonstrate its resilient and innovate nature through the enhancements to its traditional delivery of local public health programs and services to meet the local response needs. As reported in the survey and anecdotally through conversations amongst health units, new organizational processes were established, along with improved coordination of public health response among partners in health care and non-health care sectors. These enhancements could be further explored and considered during recovery for the effective and efficient operations of public health.

Improvements to processes because of the COVID-19 response were noted for the following activities by most respondents:

- data analysis, management, reporting, and visualization
- surveillance
- public and partner communications
- stakeholder engagement and collaboration
- public and partner education
- data driven health equity approaches
- emergency management

Some LPHAs noted that their processes for conducting case and contact management and IPAC management were supported by new technologies (e.g., PowerBI for enhanced data visualization, remote call centres, etc.) that will have lasting benefits beyond the COVID-19 response.

Support from the Office of the Chief Medical Officer of Health and Public Health Ontario were also identified as integral to the local response. The professional resources and tools including provincial guidelines, reference materials, legislation, emergency orders, and orders in council were essential to a coordinated public health response. Additional centralized human resources including the provincial workforce for case and contact investigation were also invaluable.

The importance of the existing network of local relationships among LPHAs, local health care providers, municipalities, social services, boards of education, and businesses was simultaneously demonstrated and enhanced during the COVID-19 response. Coordination of efforts to support public health measures, communicate information, implement assessment and testing strategies, and execute the mass vaccination campaign benefited significantly from local collaborative efforts, which will also be essential in the recovery phase.

RESTORING PUBLIC HEALTH'S WORK TO IMPROVE THE HEALTH OF ONTARIANS

The OPHS represents a broad range of often interrelated programs and services that address an equally broad range of population health determinants and outcomes. OPHS guidelines and protocols give LPHAs more detailed information to support their activities. These are Ministry mandated requirements and the basis of the related accountability and funding agreements.

LPHAs are beginning to develop recovery plans, which are aimed at resuming their vital and mandated programs and services under the OPHS while continuing to provide an effective ongoing response to COVID-19. These plans include assessments of program deficits that have resulted from the pandemic response and recommendations for a phased and priority-based approach to returning to full service

while giving special attention to the public health needs of populations that have been disproportionally affected.

This last point is noteworthy in its recognition that the pandemic and the response to it will have long lasting indirect health impacts on certain populations, which will put additional demands on LPHAs even within their OPHS mandate. Health equity has been identified as a foundational theme for recovery planning and will be a primary consideration in prioritizing activities. The core function of population health assessment will be critical here and given that this was one of the highest program standard deficits, it must be recognized that additional supports will be required to close this gap so that the other program gaps can be properly addressed.

LPHAs were also asked in the survey to rank program recovery priorities to address the public health backlog. The topics prioritized included mental health promotion, substance use and harm reduction including a focus on the opioid crisis, child immunization catch-up, food safety inspection, and oral health. Results are illustrated below in Figure 5.

The following specific priorities were identified for attention in the earliest stages of resuming routine activities:

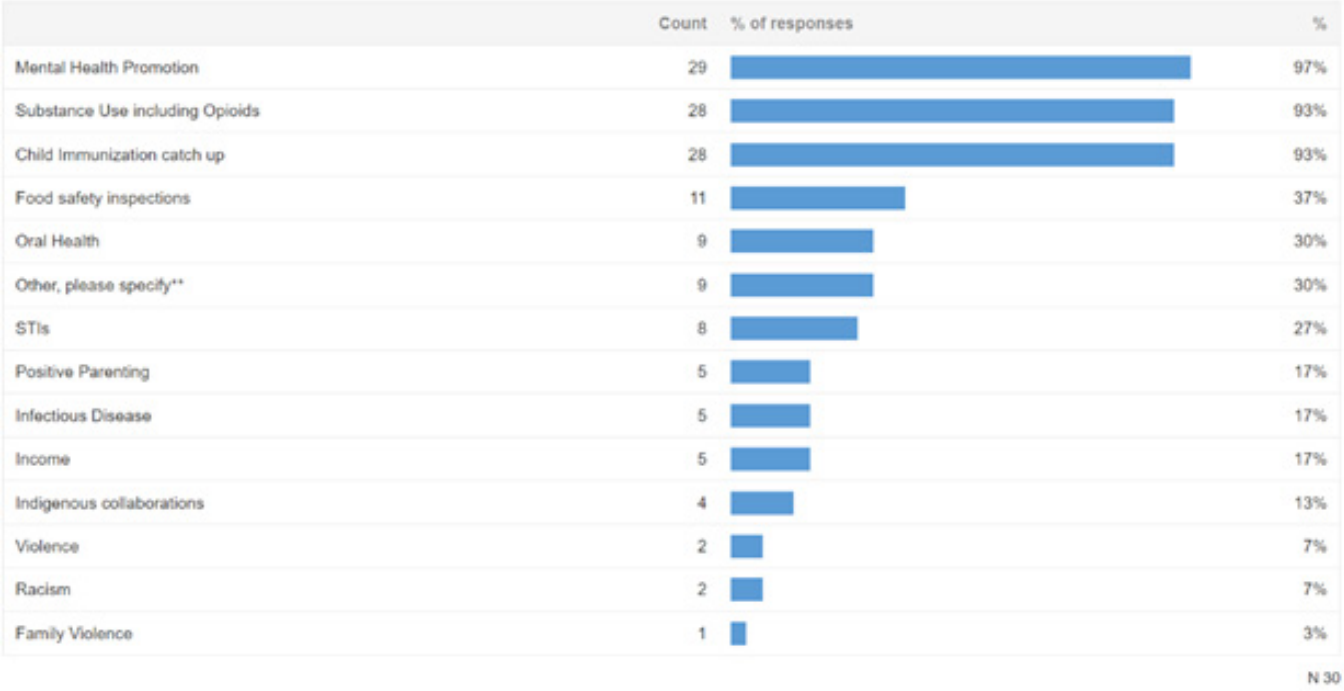
- Continue to provide a sustainable COVID-19 response to prevent transmission with a focus on protecting vulnerable populations.
- Offer school immunization catch-up to students who did not receive their full series of Grade 7 immunizations in the 2021/2022 school year.
- Reinstate/implement public health programs that support Mental Health Promotion as per the 2018 Ontario Public Health Standard Mental Health Promotion Guideline (2018) with special considerations for marginalized populations.
- Reinstate PHUs resources that support the prevention of substance use and local planning related to the opioid epidemic.

It is important to note that geographic and sociodemographic diversity is one of the features of Ontario's locally based public health system and this is recognized in the flexibility built in to the OPHS to allow for the tailoring of programs and services to address local needs and circumstances. It is therefore important to ensure that the relative ranking of priority areas for recovery does not preclude addressing the specific local needs of any given Board of Health.

This variation will also underlie differing states of readiness for and progress towards recovery, and the unpredictability of the future course of the pandemic will necessitate flexibility in planning. In any case, substantial recovery efforts will not be possible if the pandemic response continues to consume the bulk of local public health resources. Additional and immediate investments will be required.

Figure 5. Listing of priority topics and public health agencies responses

The following topics have been mentioned in various documents and communications as emerging population health priorities due to indirect impacts of the pandemic and public health measures. Other than Covid-19, please select the top 5 priorities in your catchment area. If your top 5 choices are not listed, please add them in the "Other, please specify" response field.



	Count	% of responses	%
Mental Health Promotion	29		97%
Substance Use including Opioids	28		93%
Child Immunization catch up	28		93%
Food safety inspections	11		37%
Oral Health	9		30%
Other, please specify**	9		30%
STIs	8		27%
Positive Parenting	5		17%
Infectious Disease	5		17%
Income	5		17%
Indigenous collaborations	4		13%
Violence	2		7%
Racism	2		7%
Family Violence	1		3%

N 30

STRENGTHENING PUBLIC HEALTH FOR A MORE RESILIENT ONTARIO

All respondent LPHAs indicated that they would need additional dedicated resources to support ongoing COVID-19 response and resumption of routine activities into 2022 and beyond. The pandemic response has clearly demonstrated that LPHAs cannot do both. While mitigation funding from the Province has been helpful, clearer and more timely assurances of funding for both routine and extraordinary public health activities will be required to inform budgets over multiple years.

If COVID-19 becomes endemic, we know that the requirement for additional human resources for case and contact investigation, outbreak management, and vaccination will become permanent. We also know that resources will be required to erase the program deficits outlined above. Both will be expenses on top of the typical funding for the basic public health mandate under the OPHS. A clear commitment by the Province to developing a process that ensures timely, predictable and sufficient funding to address each of these obligations would assist LPHAs in developing their budgets for 2022 and beyond. Recognizing that such funding would primarily be used for health human resources, recruitment and retention strategies may also need to be considered.

The demand for additional FTEs for Public Health Nurses, Public Health Inspectors, Immunizers, Contact Tracers, Epidemiologists/Data Analysts, Administrative/Program Assistants, and Management positions was significant and widespread during the pandemic. Some respondents also mentioned the need for Communications staff, Program Planners/Evaluators, and Health Promoters, and even mental health supports for their own staff. While the magnitude of these demands may diminish once the recovery phase begins, maintaining COVID-19 response activities while resuming OPHS activities will not be feasible without additional resources.

PHU recovery reports and frameworks also refer to staff experiencing high levels of stress and burnout and cite the importance of supporting public health staff through recovery. Strategies to support the recovery of the public health workforce are outlined in a report from PHO including recommendations for individuals, teams organizational and policy approaches including mental health supports and stigma reduction strategies. (Ontario Agency for Health Protection and Promotion (PHO), 2021).

Recommendations for supporting public health to improve the health of Ontarians

1. **Provincial support for an ongoing pandemic response**

   Maintain ongoing provincial investments in science, structures, and resources in support of the multi-sector effort required to effectively manage the COVID-19 pandemic.

   - Ongoing provincial coordination of the response between sectors (e.g. education, municipal, acute and long term care, public health, solicitor general, academic, etc.)
   - Maintenance and review of provincial guidelines and tools, commitment to effective communications, and central support for local public health implementation and adaptation of provincial guidance based on local community needs.
   - Strengthening Public Health Ontario's capacity to meet its mandate of providing scientific and technical advice to government, public health, health care, and related sectors

2. **Provincial support for Local Public Health Agencies**

   Protect and promote the health of Ontarians through financial investments in PHUs that are clearly communicated and committed early in the fiscal year:

   - Ongoing one-time COVID-19 funding for 2022 to support the COVID-19 response and ensure the ability to maintain required staffing level.
   - One-time recovery funding to support recovery efforts, as outlined in this report, and to allow PHUs to address priority areas including public mental health promotion, public health opioid crisis response, and child and school immunization catch-up, other service backlogs including oral health screenings and inspections, and organizational needs related to human resources, infrastructure, and technology.
   - Increase base funding, including but not limited to the addition of COVID-19 as a disease of public health significance beyond 2022.

3. **Provincial support for evaluation and renewal**

   Continue to work with Ontario's public health stakeholders (Public Health Ontario, Office of the Chief Medical Officer of Health, Local Public Health Agencies) to develop the vision for a stronger responsive public health sector with the capacity to address population health needs through various partnerships into the future.

   - Ensure that Ontario launches a comprehensive review and assessment of all aspects of the pandemic response to inform strategies for improvement.

- Ensure that public health stakeholders have the capacity and resources to participate fully in the review and in formulating recommendations.

CONCLUSION

The COVID-19 pandemic has clearly demonstrated the critical importance and proficiency of Ontario's public health system and the need to reinforce it. Lessons from past large scale infectious disease emergencies such as SARS and H1N1 helped to inform Ontario's and LPHAs' preparedness, but no sector was prepared for the scale, complexity, and duration of the response that this pandemic has required. As we have demonstrated here, the effectiveness of the local public health response has come at enormous cost, especially to the routine public health activities that are designed to protect and promote health at a population level every day.

It is anticipated that the need for ongoing COVID-19 response activities will continue for some time, and we can no longer ignore the suite of OPHS mandated activities that improve and protect the health and reduce health inequities well-being of the population of Ontario. COVID-19 programming will therefore need to be balanced with recovery efforts and integrated into existing OPHS accountabilities, and a strong commitment of provincial support, including the provision of sufficient, predictable and sustainable funding, will be required.

Hamilton

COVID-19 Situation Report & Organizational Update

Board of Health

February 14, 2022

Dr. Elizabeth Richardson

Public Health Services
Office of the Medical Officer of Health

Overview

1. Overall Status
2. COVID-19 Situation Report
3. Scarsin Forecast
4. COVID-19 Vaccine Update
5. Organizational Update

Overall Status

- While we are past the peak of the Omicron-driven wave, risk of transmission continues to be elevated
- Cases, hospitalizations and deaths predicted to remain above pre-Omicron levels into March 2022
- Increased spread anticipated as measures are lifted during Ontario's staged reopening creating a modest increase of cases and hospitalizations

Overall Status

- Vaccination Status (As of February 10, 2022):
  - 90.0% of 12yrs+ with one dose, 87.5% with two doses
  - 50.2% of 5-11yrs with one dose
  - 63.8% of eligible 18yrs+ with 3rd dose

- As reopen, continue to exercise caution to preserve healthcare capacity and keep those who are most vulnerable safe

SITUATION REPORT

Erin Rodenburg, Epidemiologist

Phases of COVID-19 in Hamilton – Omicron Wave

Phase 1: Pre-peak
December 1, 2021 – January 8, 2022 (1 month)

- 166 Hospitalizations
- 35 Intensive Care Unit Admissions
- 13 Fatalities
- Update to outbreak reporting: only high-risk settings
- Updates to testing eligibility
- Vaccine doses administered increased (3rd Doses)

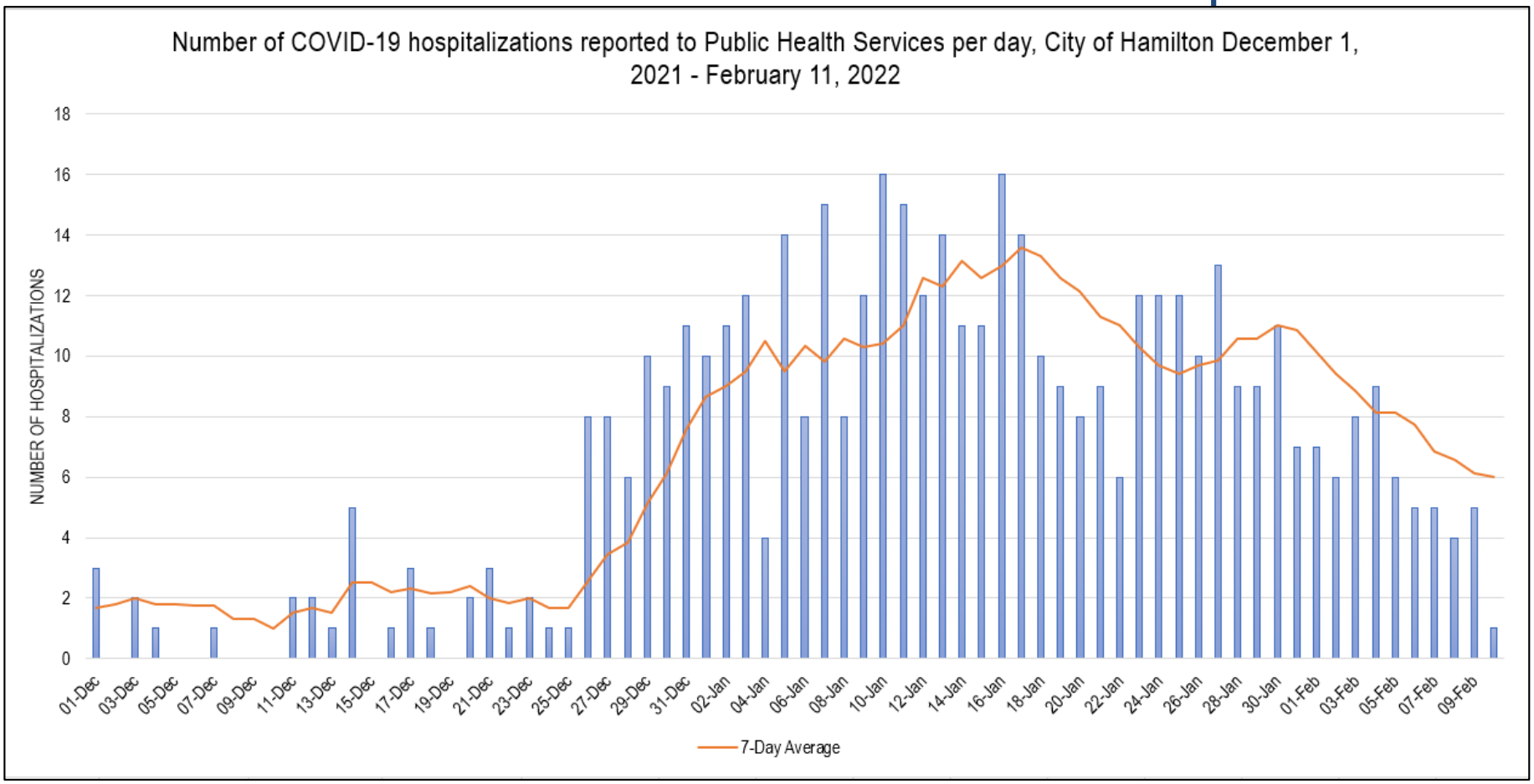
Phase 2: Peak
January 9, 2022 – January 24, 2022 (0.5 months)

- 187 Hospitalizations
- 31 Intensive Care Unit Admissions
- 46 Fatalities
- Return to in-person learning

Phase 3: Post-peak
January 25, 2022 – Present (0.5 months)

- 127 Hospitalizations
- 20 Intensive Care Unit Admissions
- 26 Fatalities
- Beginning of staged provincial reopening
- Continued strain on our healthcare systems

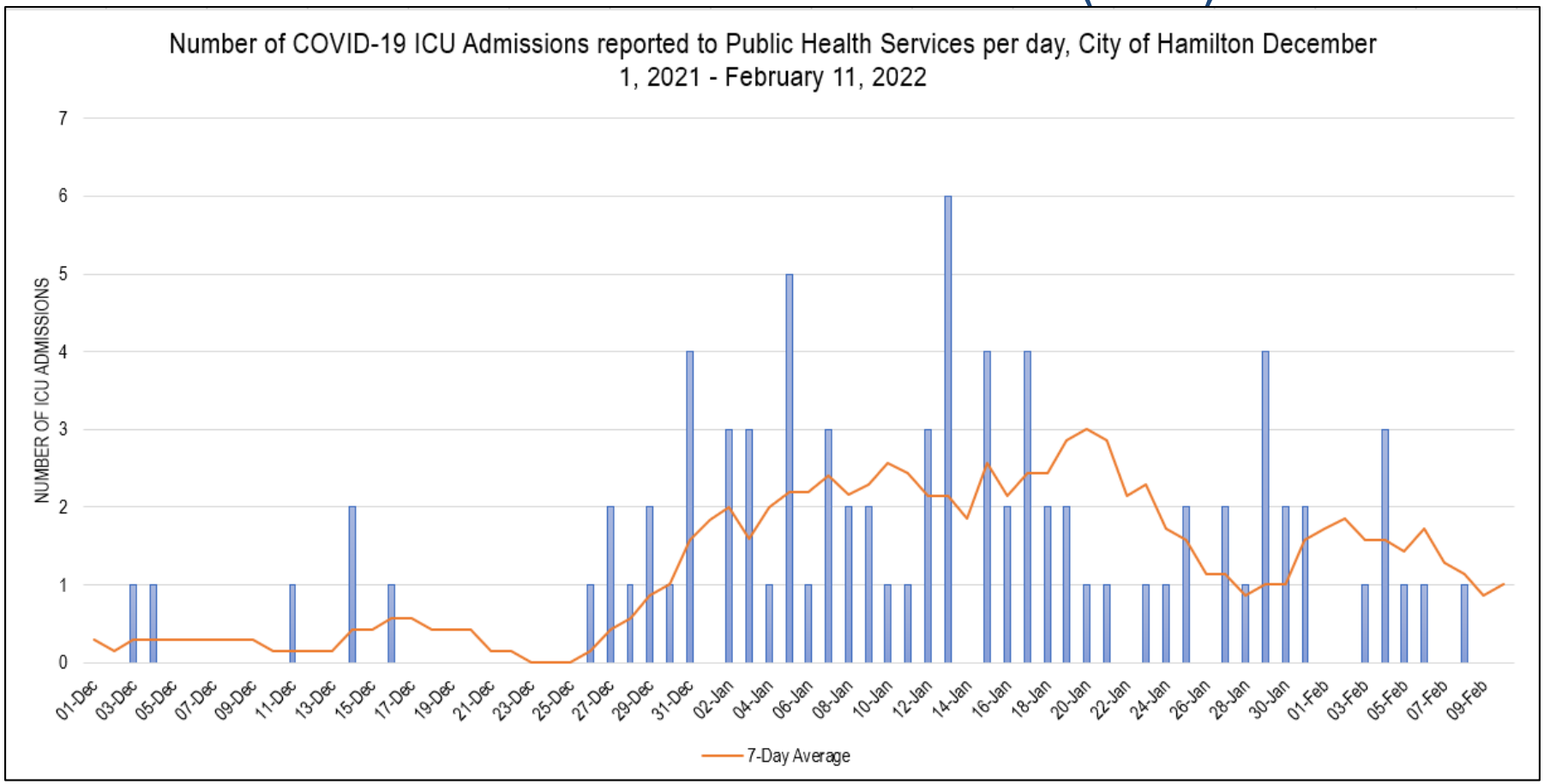
Hospitalizations



Key Messages

- COVID-19 Hospitalizations have been decreasing since the peak of the omicron wave
- As of February 11, 2022, there were approximately six new COVID-19 hospitalizations per day reported to Hamilton Public Health

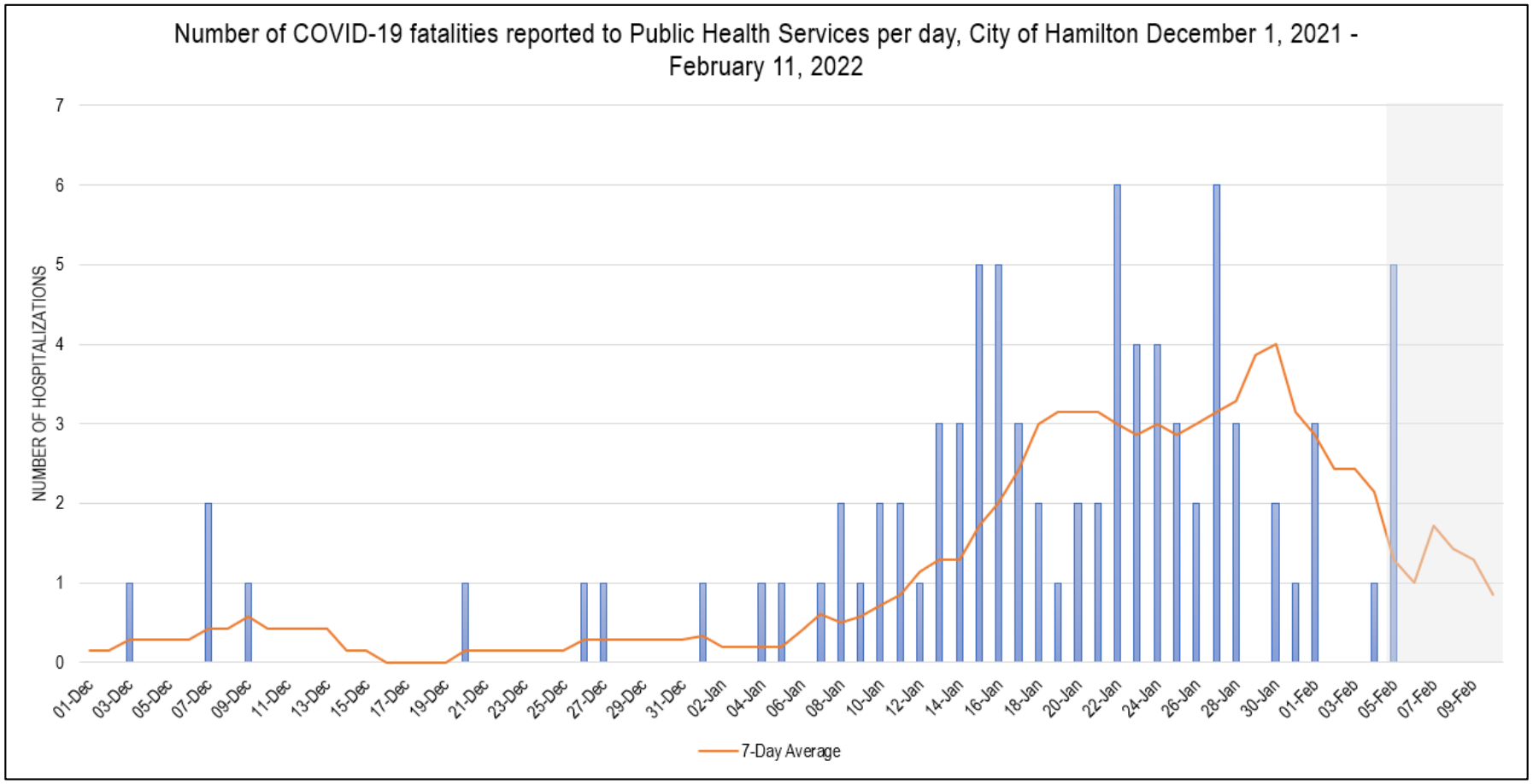
Intensive Care Unit (ICU) Admissions



Key Messages

- COVID-19 Intensive Care Unit admissions have begun to decrease since the peak of the omicron wave
- As of February 11, 2022, there was an average of one new COVID-19 Intensive Care Unit admission per day reported to Hamilton Public Health

Fatalities

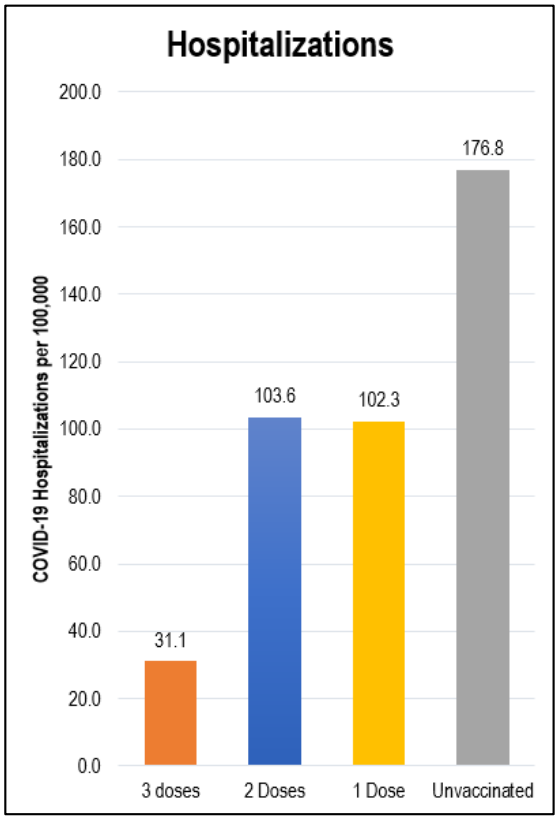


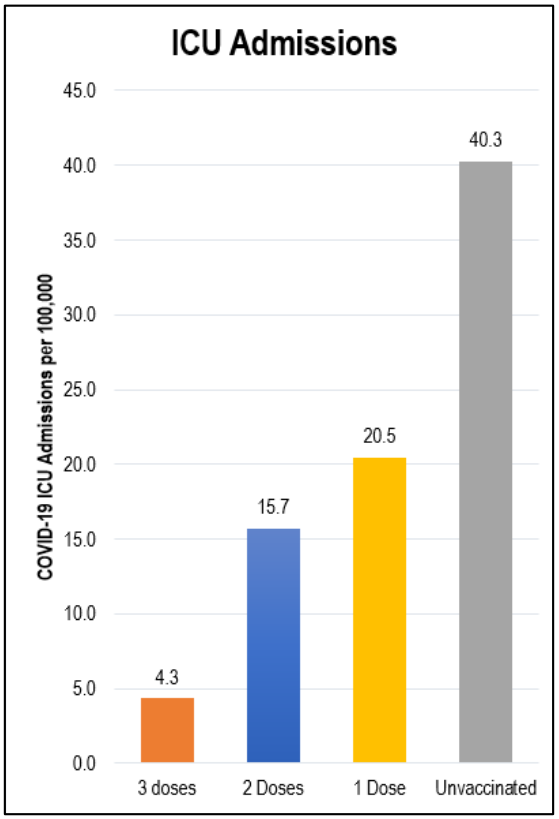
Key Messages

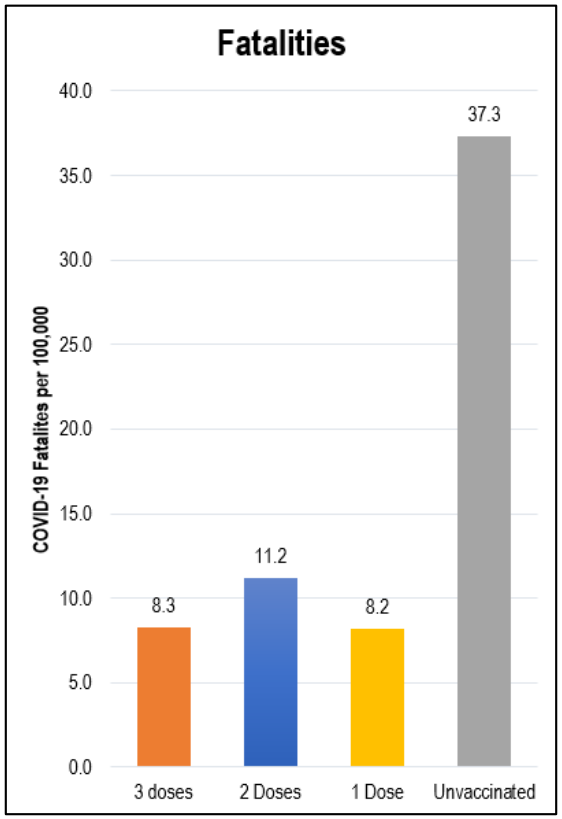
- COVID-19 fatalities are being closely monitored; they remain high but are beginning to show early signs of decrease
- Note that COVID-19 fatalities can be impacted by up to seven days reporting lag

Severity Indicators by Vaccination Status

December 1, 2021 – February 11, 2022



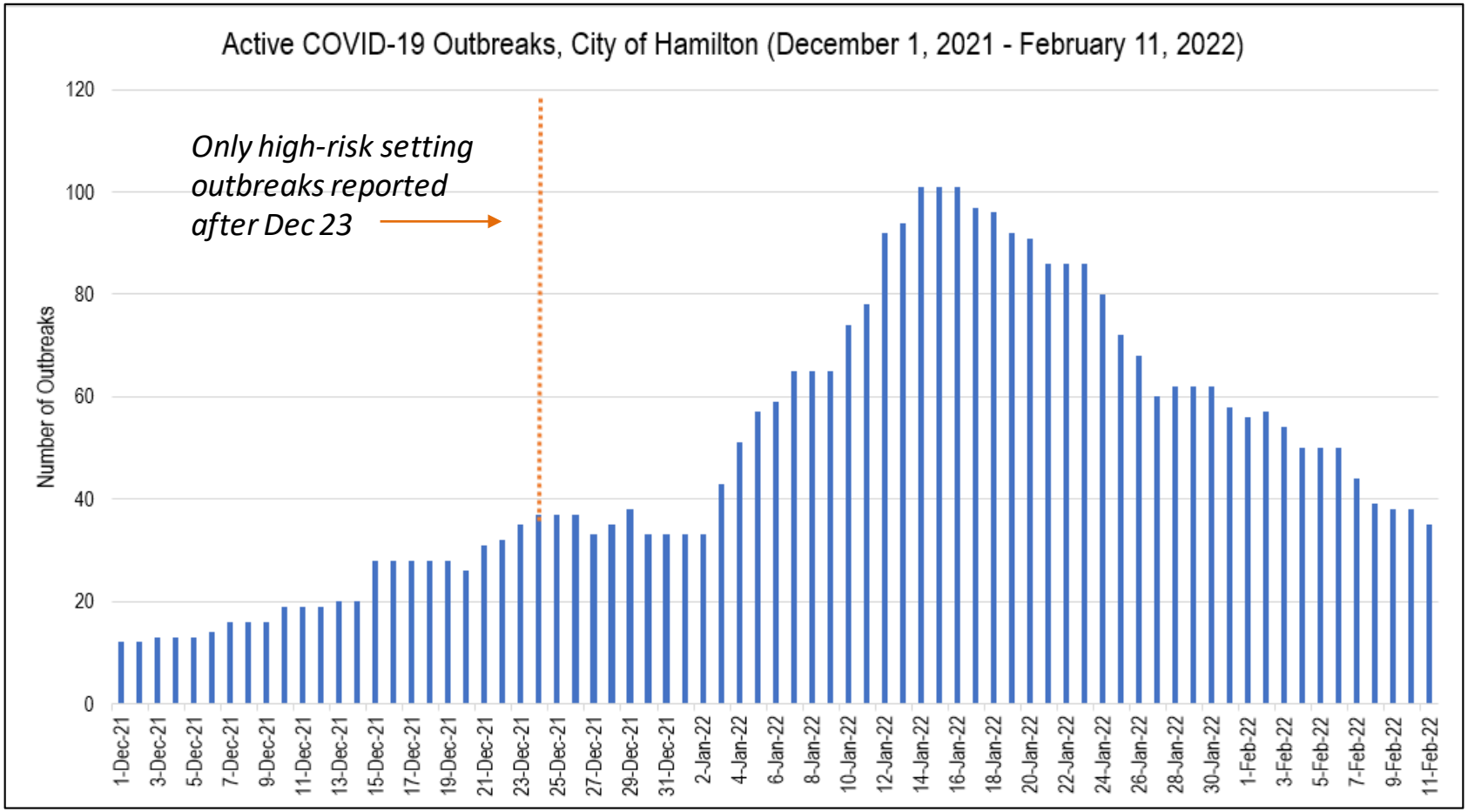




Key Messages

- The risk of severe outcome (hospitalization, intensive care unit admission or fatality) due to COVID-19 during the omicron wave is lower for those with COVID-19 vaccine doses compared to those who are unvaccinated
- A 3rd dose of a COVID-19 vaccine provides the most protection against these outcomes, highlighting the continued importance of vaccination

Active Outbreaks



Key Messages

- COVID-19 outbreak activity in the omicron wave peaked in mid-January, 2022
- The number of active COVID-19 outbreaks in recent weeks has been consistently decreasing

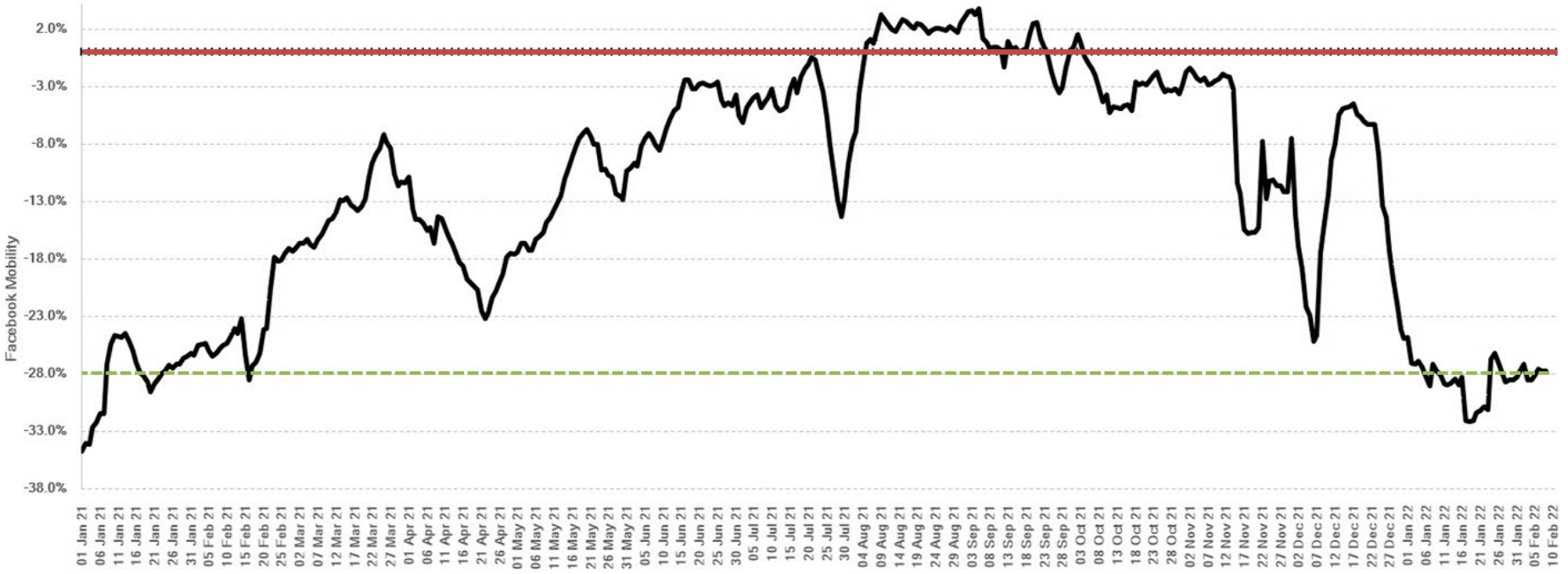
SCARSIN FORECAST

Ruth Sanderson, Epidemiologist

Scarsin Forecast Key Messages

- Forecast provides an update of the base scenario, taking into consideration Ontario's staged reopening
  - Assumes Omicron's severity is approximately 36% of Delta
- Community and workplace mobility remain low, indicating lower contact rates; workplace mobility has increased
- Risk of transmission continues to be elevated; cases, hospitalizations and deaths will remain above pre-Omicron levels into March 2022
- As measures are removed and contact rates increase, spread may increase slightly in the short term

Overall Mobility, Hamilton

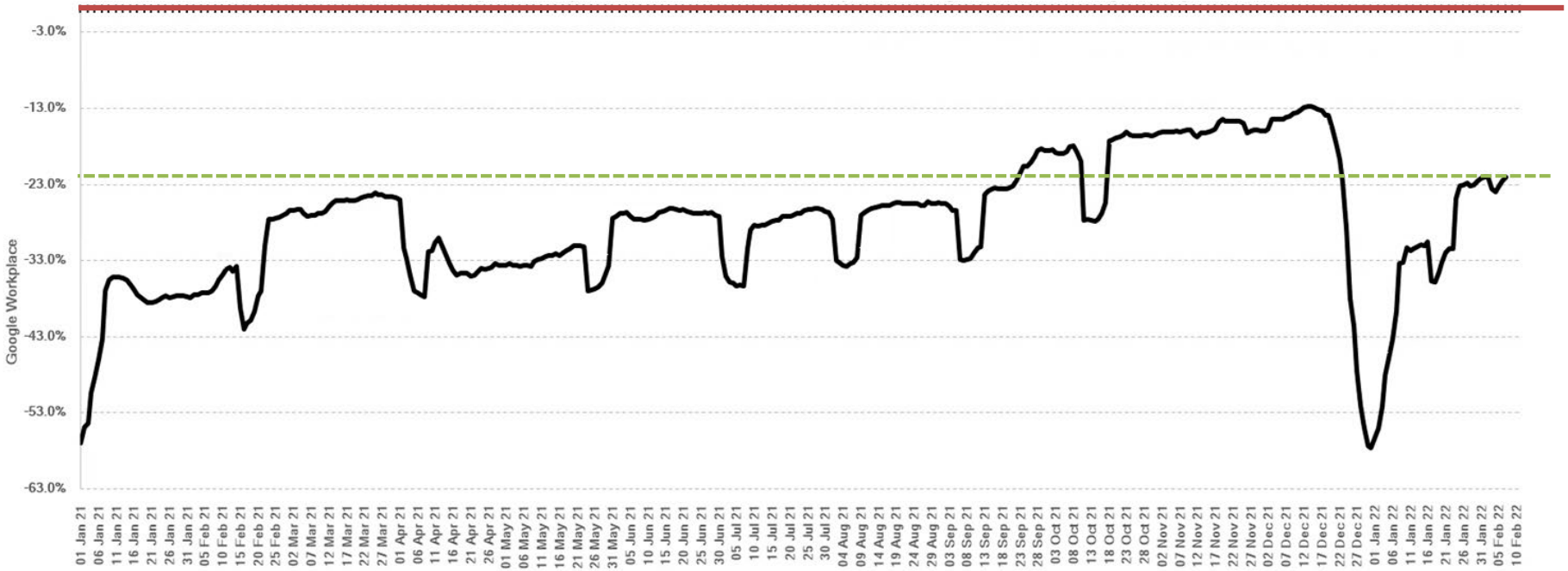


Data Source: Scarsin Decision Support System retrieved Feb 11, 2022

Key Messages:

- Community mobility has remained low for the past month; at 28% below pre-pandemic levels on February 8, 2022. Levels are similar to this time last year and below pre-holiday levels
- Reduced community mobility may indicate that Hamiltonians are limiting their contacts

Workplace Mobility, Hamilton



Data Source: Scarsin Decision Support System retrieved Feb 11, 2022

Key Messages:

- Workplace mobility has increased to 22% below pre-pandemic levels on February 7, 2022
- Workplace mobility has not returned to pre-holiday levels; this may indicate Hamiltonians continue to limit their contacts

Overview of Scenario and Assumptions

Base Scenario

Severity for Omicron set at approximately 36% of Delta

Scenario Assumes:

- Omicron severity is approximately 36% severity of Delta
- Public health measures aligned with Ontario's reopening plan
- Accounts for schools' March Break and universities' Reading Week
- Transmission rates were increased to model the potential impact of staged reopening
- Waning 2nd dose immunity incorporated
- Vaccinations updated to align with Hamilton actuals and planned targets adjusting for decreasing trend in dose throughput

Limitation:

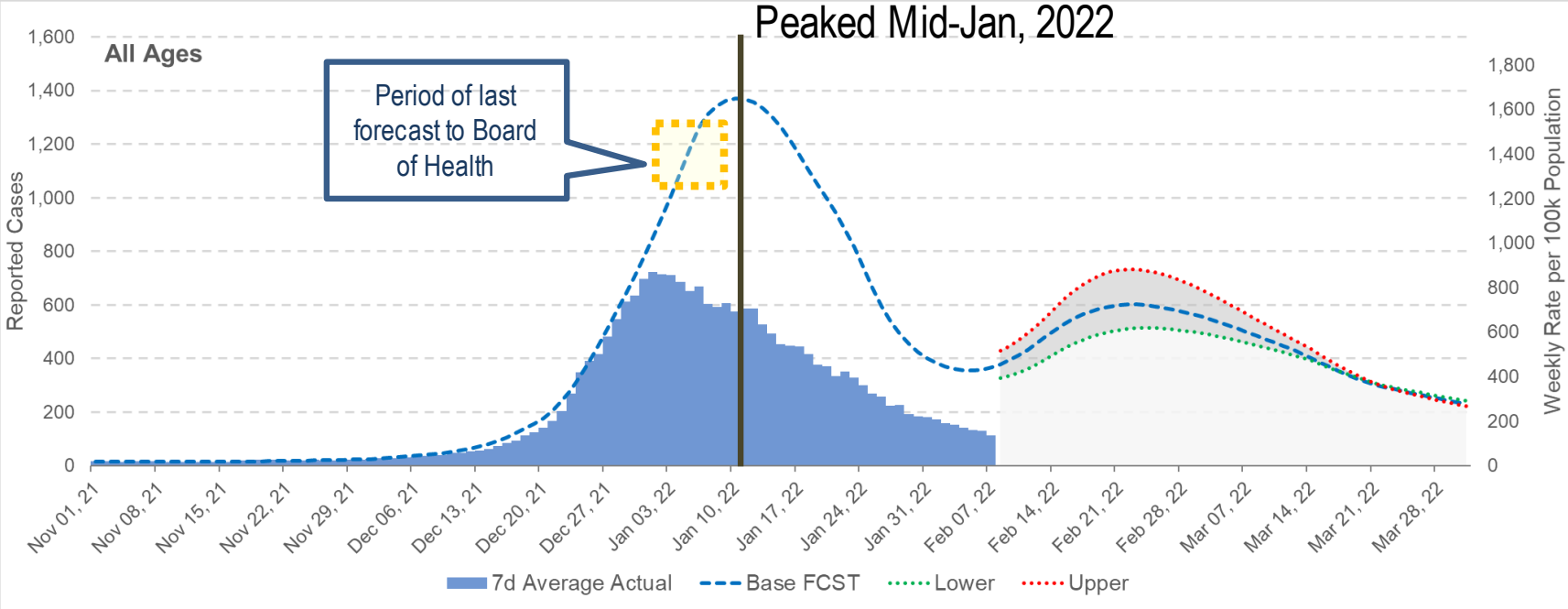
- Challenging to model the spread of COVID-19 due to major changes in testing practices late December 2021, which led to significant undercounting of the actual amount of infection occurring

Updated Data:

- Vaccination/case/hospital/death data retrieved Tuesday, February 8, 2022

Scarsin Cases Forecast

COVID-19 Cases Among Hamiltonians



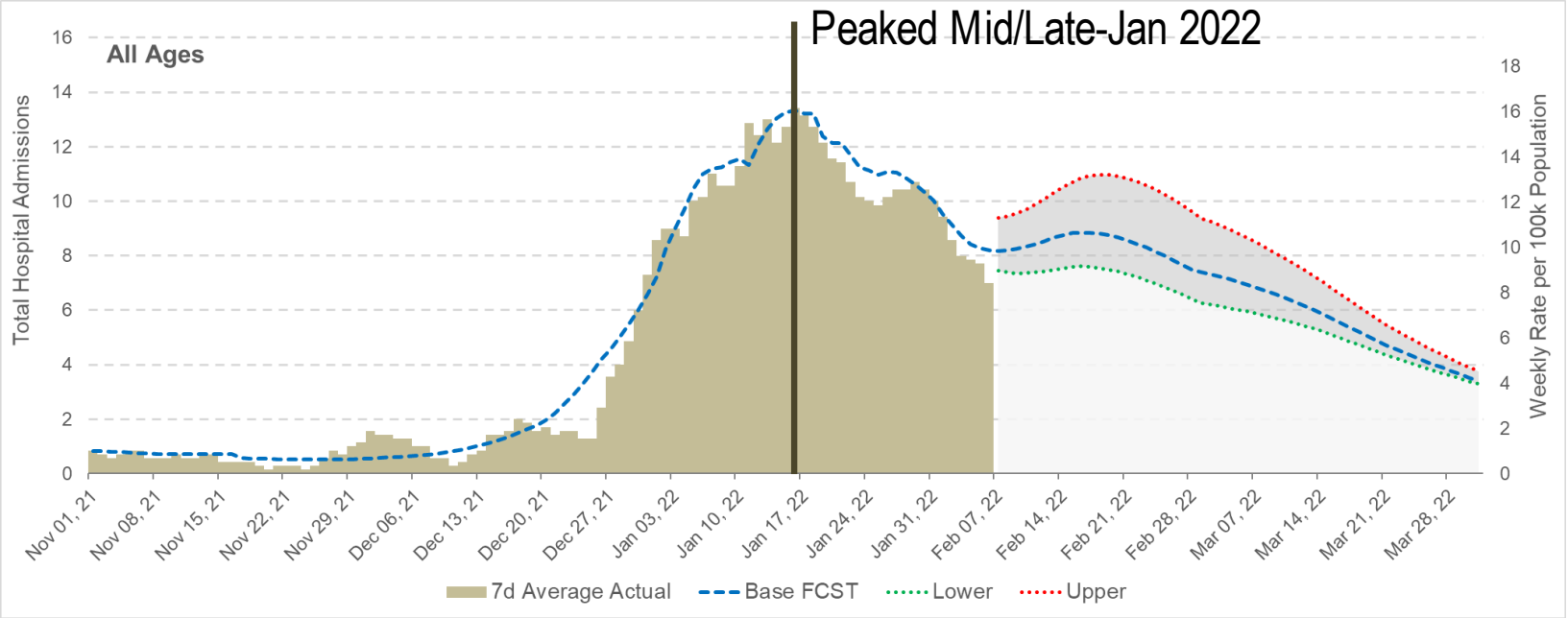
Data Source: Scarsin Decision Support System retrieved Feb 9, 2022

Key Messages:

- While cases have peaked, the forecast indicates that as public health measures are lifted, and contacts increase, Hamilton may experience an increase in cases in February 2022
- Potential for over 20,000 additional cases between February 14 to March 31, 2022

Scarsin Hospitalizations Forecast

COVID-19 Hospital Admissions Among Hamiltonians



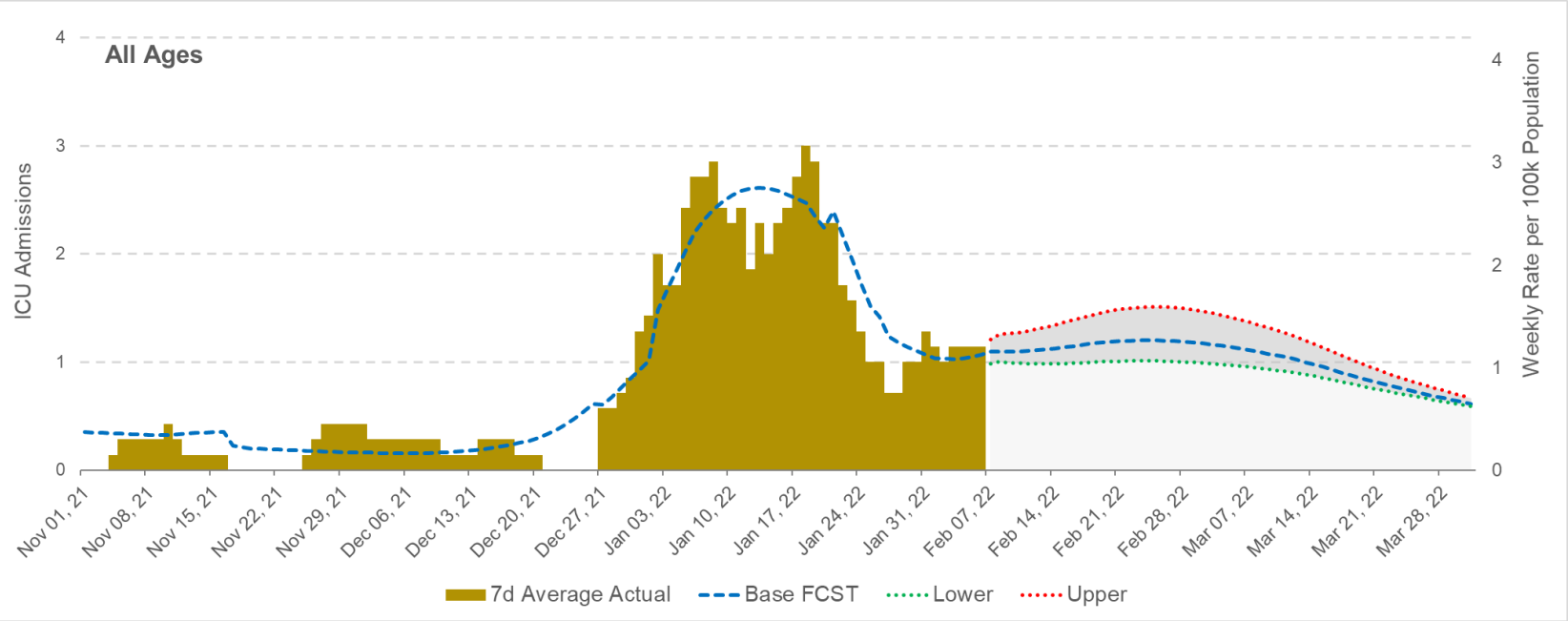
Data Source: Scarsin Decision Support System retrieved Feb 9, 2022

Key Messages:

- Forecast indicates new hospital admissions have peaked
- Forecast indicates that the recent decrease may reverse in a small swell due to reopening
- Anticipate approximately 300 hospitalizations among Hamiltonians from February 14 to March 31, 2022

Scarsin Intensive Care Unit Admissions Forecast

COVID-19 Hospital Intensive Care Unit (ICU) Admissions Among Hamiltonians



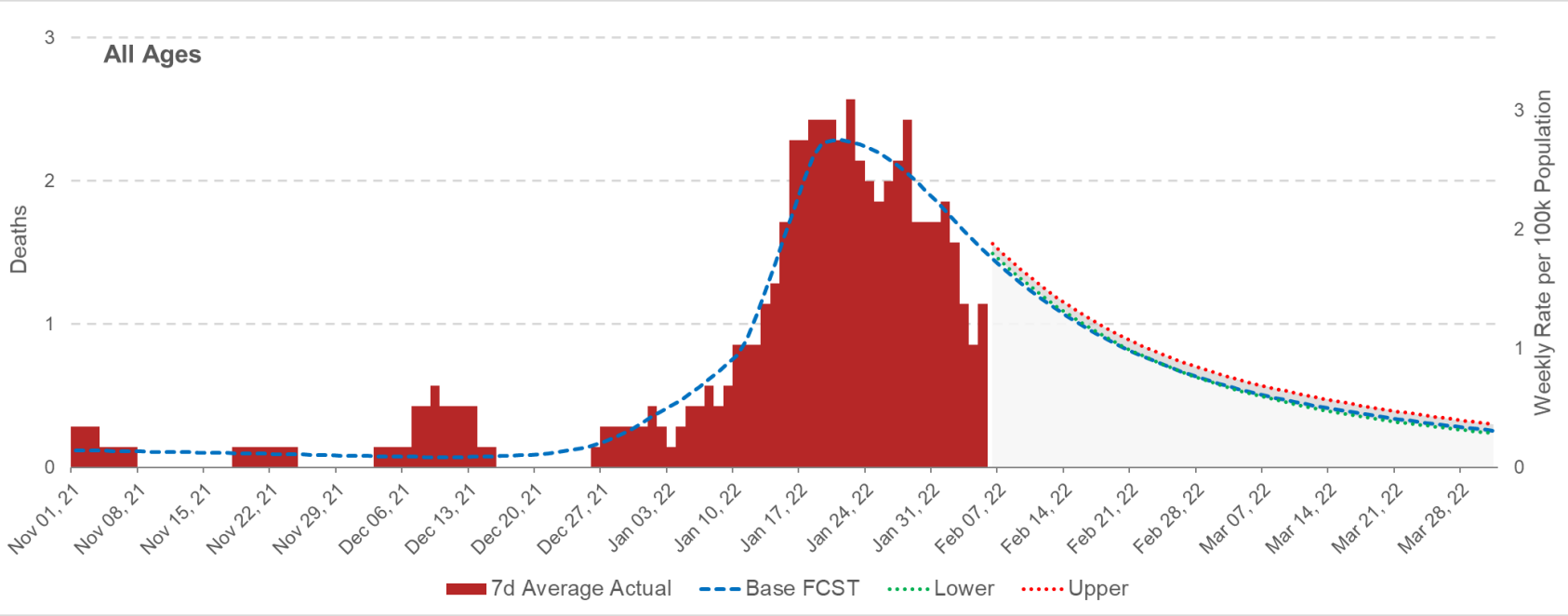
Data Source: Scarsin Decision Support System retrieved Feb 9, 2022

Key Messages:

- Forecast predicts intensive care unit (ICU) admissions have peaked; Forecast approximately 50 new hospital intensive care unit (ICU) admissions among Hamiltonians from February 14 to March 31, 2022
- Anticipate 82% of ICU admissions will be in those 60+ years and an additional 15% will be in those aged 20-59 years

Scarsin Deaths Forecast

Deaths Due to COVID-19 Among Hamiltonians



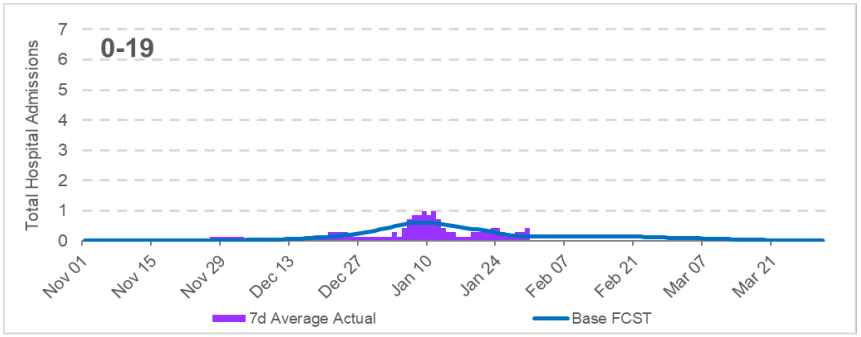
Data Source: Scarsin Decision Support System retrieved Feb 9, 2022

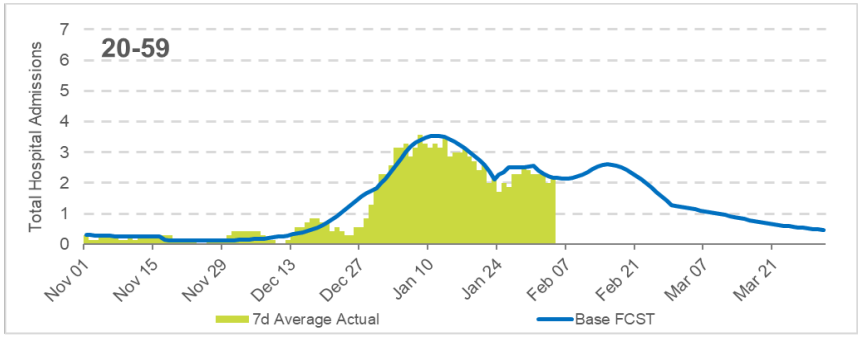
Key Messages:

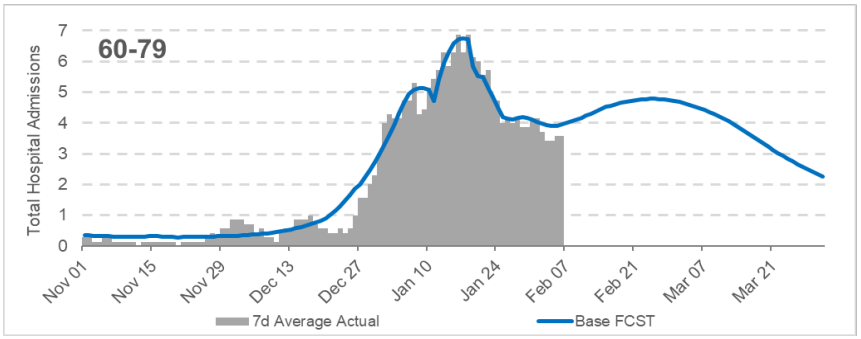
- Forecast predicts 25 deaths among Hamiltonians from February 14 to March 31, 2022
- Anticipate most deaths 93% will occur in those aged 60 years and older (61% in those aged 80 years and older)

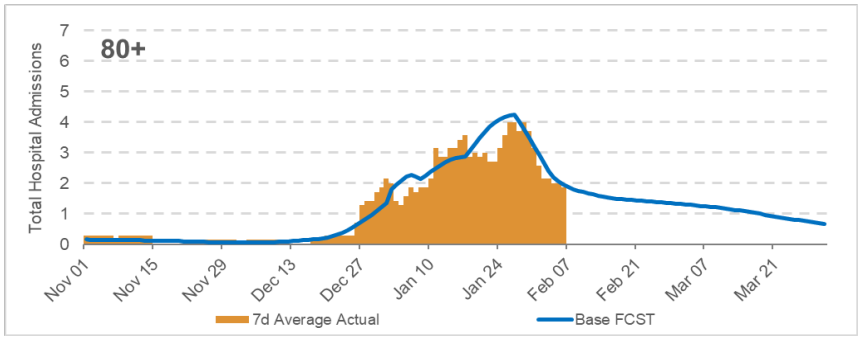
Scarsin Hospitalizations Forecast

COVID-19 Hospital Admissions by Age Group, Hamiltonians









Data Source: Scarsin Decision Support System retrieved Feb 9, 2022

Key Messages:

- Peak shapes differ by age group
- While only 13% of cases are predicted to be in those 60+ years, 79% of predicted new hospital admissions will be among those 60+ years specifically, those aged 60-79 years make up 61% of predicted hospitalizations

FCST - Forecast

Scarsin Forecast Summary

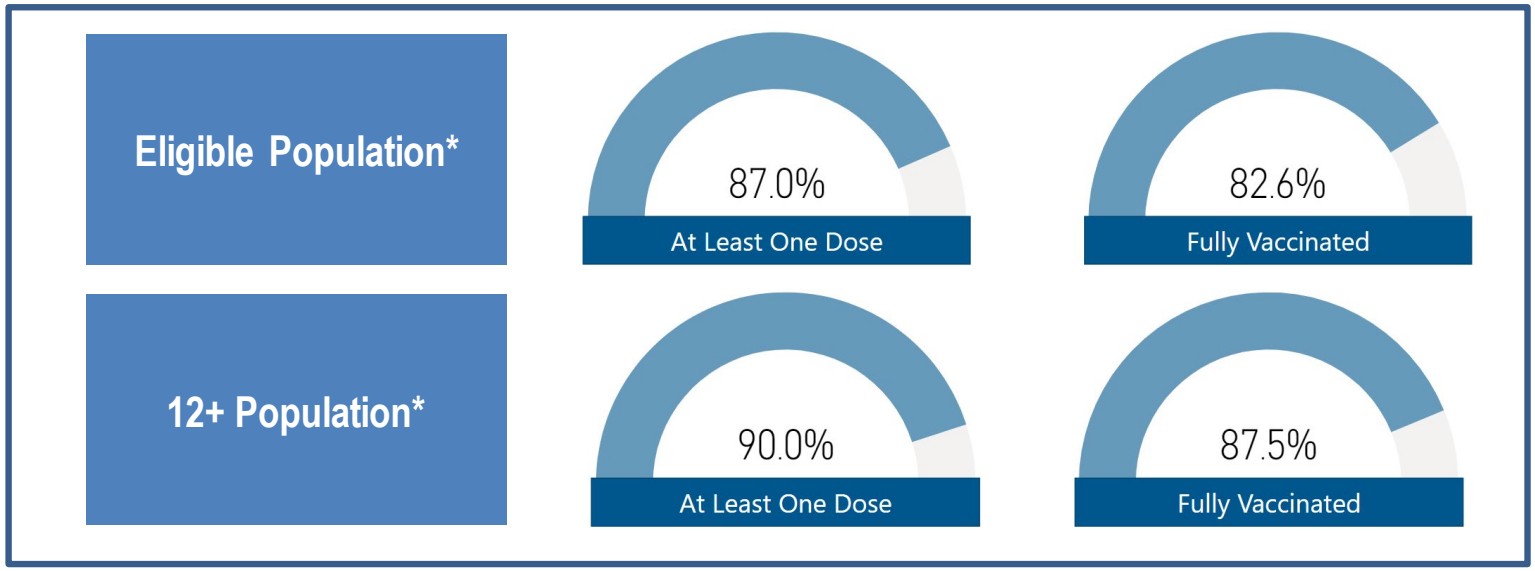
- Hamilton is past the peak of this Omicron-driven wave
- Risk of transmission will remain elevated into March 2022
  - Anticipate increased spread with increased contact rates creating a modest increase of cases and hospitalizations as measures are lifted during Ontario's staged reopening
- Severe outcomes are anticipated to continue to occur mostly among those aged 60+ years
- Continue to exercise caution and work together to keep those who are most vulnerable safe

COVID VACCINE UPDATE

Melissa Biksa, Manager – COVID-19 Vaccine

COVID-19 Vaccine – Overall Coverage

Estimated as of End Of Day February 10, 2022



3rd doses administered to **64%** of people currently eligible**, and **55%** of 18+ year old population residing in Hamilton

Note: Includes Hamilton residents and individuals vaccinated in Hamilton who cannot be assigned to a health unit region.
*The eligible population includes individuals born in 2016 or earlier. The 12yrs+ population includes individuals born in 2009 or earlier.
**Defined as being 18+ years of age and at least 84 days from administration of second COVID-19 dose.
Sources: IntelliHealth (COVAXon Data Load); IntelliHealth (Population Projections, 2020).

COVID-19 Vaccine – Pediatric Population

Estimated as of End Of Day February 10, 2022

- Over **21,400 1st doses** given to pediatric population **(50.2% coverage)**
  - Encouraging increase in 1st dose uptake during first half of January 2022
- Over **9,900 2nd doses** given to pediatric population **(23.3% coverage)**
  - 2nd doses now account for vast majority of daily doses administered
- Geographic variation in coverage
  - Highest in Dundas, Ancaster, Glanbrook, Lower West
  - Areas with lower coverage had the greatest change over past several weeks, narrowing the gap

Note: Includes Hamilton residents and individuals vaccinated in Hamilton who cannot be assigned to a health unit region.
The pediatric population includes individuals born 2010 to 2016.
Sources: IntelliHealth (COVAXon Data Load); IntelliHealth (Population Projections, 2020).

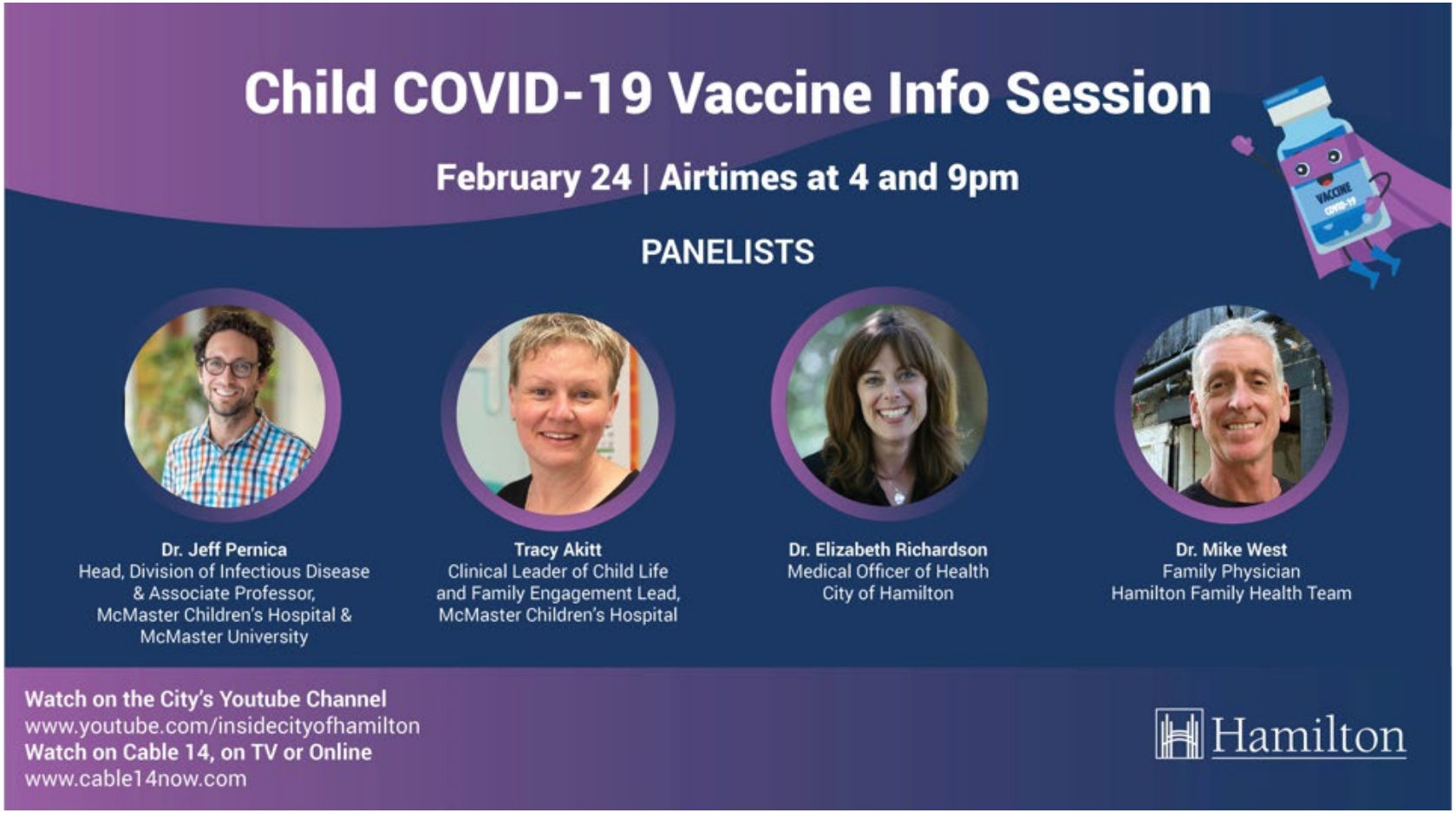
COVID-19 Vaccine – Operational Update

- Scaling back large-scale clinic operations due to downward trend in uptake
  - Centre on Barton closed as of February 14, 2022; Limeridge, mobile clinics, & community options remain
  - Resources transitioned to support on-site, school-based, & pop-up clinics
- Areas of current focus:
  - School-based clinics for 5-11 yr old population
  - 4th dose clinics for residents of seniors' congregate setting
- Booster eligibility expanded to high-risk 12-17 yr-olds

COVID-19 Vaccine – Program Evolution

- Working to increase coverage
  - Surpassed 90% 1st dose coverage (12yrs+),
  - Nearing 90% 2nd dose coverage (12yrs+)
  - School-based clinics for 5-11-year-old population
  - Mobile clinics and GO-VAXX in lower coverage areas to promote uptake
- Planning for future 'steady state' of vaccine rollout
  - Working with community partners to utilize traditional vaccination channels

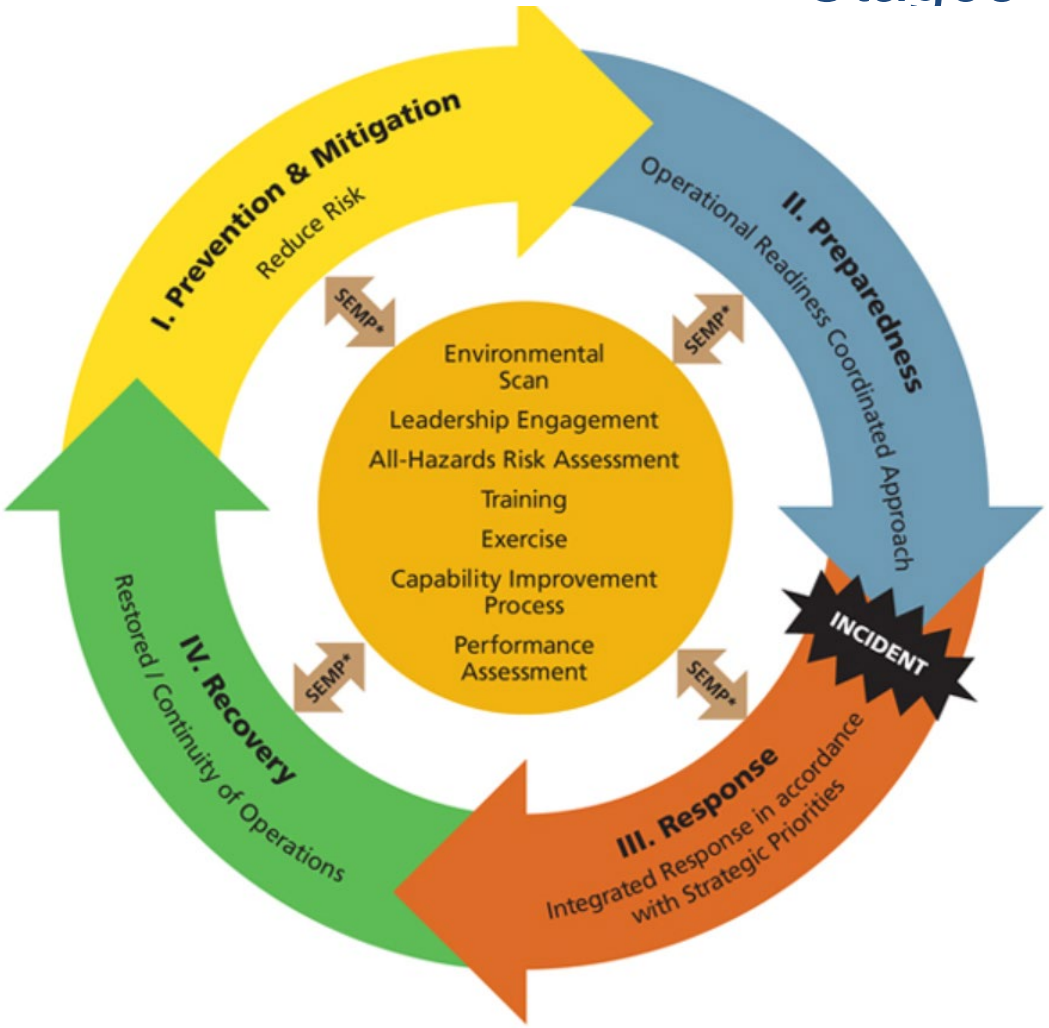
COVID-19 Vaccine – Confidence



ORGANIZATIONAL UPDATE

Dr. Elizabeth Richardson, Medical Officer of Health

Stages of Emergency Response



Recovery

- The process of restoring a community to a pre-disaster level of functioning
- Includes short (days), medium (months), and long-term (years) efforts
- Requires specific resources that surpass the normal operating structure
- Efforts should aim to create a more resilient community

Ontario Provincial Emergency Response Plan, 2019

“Deficits of Care” in Public Health

- Across the province, approximately 75% of public health resources diverted to COVID-19 response in 2020 & 2021
- Many mandated public health programs and services have been reduced or put on-hold for now two years
- Has created Public Health equivalent to “surgical backlog” in health care
- Will have a significant and measurable effect on health of the population for years to come

Examples of "Deficits of Care" in Hamilton

Since March 2020…

- No immunization screening for school students or vaccine clinics for grade 7 students
- Fewer high risk Healthy Baby Healthy Children clients receiving services
- No dental assessments or screening in schools
- Growth in dental treatment needs for low income children, adults and seniors
- Priority programs needed with schools to support mental health & well-being
- Need to resume full capacity of inspections for food safety, safe water, special events, and more

Priority Community Health Needs

- Health Equity
- Mental Health & Addictions
- Child & Youth Health & Development
- Climate Change

Broad issues requiring a collaborative, long-term community response

Recovery

- Assess deficits of care and needs in program areas most impacted by the pandemic and/or public health restrictions
- Scenario-based planning for potential future COVID-19 situations
- Use a phased, priority-based approach
- Continue discussions with Province about funding for COVID-19 and deficits of care work
- 2022 priorities:

2022 Public Health Priorities

Priorities	COVID Response	Deficits of Care	Staff Wellness
Goals	• Continue disease control & response • Continue vaccine program • Evolve from emergency response to sustained monitoring, prevention & response • Incorporate lessons learned into infectious disease programs	• Prioritize and invest in programs where public health services can have greatest impact • Focus on priority community health needs and addressing deficit of care • Use CQI lens to apply lessons learned through COVID response	• Support and retain public health staff, considering the significant impact on mental health and wellness due to the length of emergency response and deployment

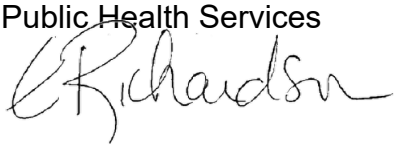
Next Steps

- Recovery will likely take one to three years as we settle into new roles and address the deficits of care
- COVID-19 response and vaccination will require extra resources for 2022 at a minimum (e.g. vaccine clinic)
- Ongoing assessment and prioritization of programs and services
- Programs that have the greatest impact on priority community health needs and address deficits of care will be prioritized for recovery
- Some areas will require temporary investment over and above usual resources in order to address the deficits
- Incorporate lessons learned into building back better

Hamilton

QUESTIONS?

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

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	February 14, 2022
SUBJECT/REPORT NO:	Annual Service Plan & Budget 2022 (BOH22003) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Nancy Sullivan (905) 546-2424 Ext. 5752
SUBMITTED BY: **SIGNATURE:**	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services 

RECOMMENDATION

(a) That the Board of Health authorize and direct the Medical Officer of Health to submit the 2022 Annual Service Plan and Budget to the Ministry of Health in keeping with what is outlined in this report;

(b) That the Board of Health reiterate their call to the Ministry of Health to fully fund the provincial portion, at least 70%, of the total costs of the mandatory public health programs and services provided under the Ontario Public Health Standards;

(c) That the Board of Health reiterate their call to the Ministry of Health to fully fund the added costs resulting from the expanded mandate under the Ontario Public Health Standards through a base funding increase in the amount of $355,770; and;

(d) That the Board of Health authorize and direct the Medical Officer of Health to report the outcomes of the 2022 Annual Service Plan and Budget submission and any additional FTEs required if the Base Funding Shortfall one-time request and Ontario Seniors Dental Care Program additional operational funding request is approved.

EXECUTIVE SUMMARY

Each year Public Health Services (PHS) develops the Annual Service Plan and Budget (ASPB) that outlines the planned service delivery for the coming year. Approval and submission of the ASPB to the Ministry of Health (Ministry) is required to receive provincial funding to support the delivery of public health programs and services under the Ontario Public Health Standards (Standards). Similar to 2021, the Ministry has indicated that the 2022 ASPB will be a scaled back version including only financial sections.

While the overall PHS budget is presented within the Healthy and Safe Communities budget presentation to the General Issues Committee (Item 6.1 of the January 27, 2022 General Issues Committee Meeting # 22-002(f)), specific highlights are made in the financial section of this report related to the ASPB.

The pandemic response remains a priority for 2022, including both COVID-19 Disease Control and the COVID-19 Vaccine Program. It is anticipated that the role of PHS in responding to COVID-19 will begin to transition from emergency response to a sustained program, based on provincial direction and COVID-19 activity in the community. Throughout 2022, PHS will need to continue to balance the scope of public health programs under the Standards with the evolving COVID-19 response.

Additional PHS priorities for 2022 include a focus on staff wellness and addressing the ‘deficits of care’ in our community. The prolonged emergency response has had a negative impact on the mental health and well-being of the public health workforce. A comprehensive wellness strategy to protect and improve the mental health, well-being and resilience of PHS staff is being developed and implemented. The prolonged emergency response has also meant that many of our important public health programs have been partially or fully on hold for almost two years, resulting in service backlogs or deficits of care in our community. Examples of deficits of care include child health and development, public health inspections, school immunizations, substance misuse, and mental health and well-being. Throughout 2022 PHS leadership will regularly assess and prioritize programs and services for reopening. Programs and services that have the greatest impact on priority community health needs and addressing the deficits of care will be prioritized for re-opening.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial:
Approval of the 2022 ASPB and submission to the Ministry is required to receive provincial funding to support the delivery of public health programs and services under the Standards. It is due to the Ministry on February 18, 2022. If any further adjustments

are made to programs covered by the ASPB through the ongoing City budget process, these can be submitted through the regular quarterly reports to the Ministry.

The 2022 COVID-19 estimated cost is currently $46,157,948, which includes the COVID-19 Vaccine program, COVID-19 General Program, COVID-19 School Nurses and COVID-19 Recovery. The Ministry has communicated that health units will be eligible for reimbursement of all extraordinary COVID-19 related costs over and above ASPB subsidized expenditures in 2022, as they have in 2020 and 2021.

In 2020 the Province directed a shift from a mixed 75/25% and 100% funding model to a 70/30% Provincial/Municipal funding formula for all public health programs and services under the Standards (mandatory programs), except the Ontario Seniors Dental Care Program (OSDCP) which remains 100% provincially funded. The Ministry provided one-time mitigation funding in 2020 and 2021 to keep levy increases below 10% of existing costs and has committed to continue this mitigation funding in 2022. The Ministry has not provided an increase in ASPB base funding since 2018. For 2021, PHS received $26,725,400 for ASPB Base funding for mandatory programs and $2,215,800 for one-time ASPB Mitigation funding. It is anticipated that the Ministry will hold PHS at this funding level in 2022. The 2022 ASPB Mandatory Programs budget is $41,275,593 and includes an increase to base expenditures of $974,772 or 2.4% increase from 2021. After applying for provincial funding, the net levy impact of the 2022 ASPB is $12,334,492 or 8.6%.

The Ministry has also communicated that they will consider requests for additional one-time funding for extraordinary costs. For 2022, PHS plans to request one-time funding at 100% for:

1. **Public Health Inspector Practicum Program:** Request **$30,000** to hire Public Health Inspector Trainees for program support and to provide future Public Health Inspectors with training and hands-on field experience. This funding has been in place for many years and must be requested annually;

2. **COVID-19: General Program (Non-Vaccine):** Request **$12,112,449** to reimburse extraordinary costs above the ASPB subsidized expenditures associated with COVID-19 case and contact management, outbreak management, infection prevention and control, and surveillance;

3. **COVID-19: Vaccine Program:** Request **$10,862,727** to reimburse extraordinary costs above the ASPB subsidized expenditures associated with the planning and implementation of the COVID-19 vaccine program;

4. **COVID-19: Recovery & Catch-Up**: Due to reduced PHS capacity and the closure of several public health programs and services since March 2020, request for **$20,882,772** to support PHS in addressing the backlog of services

and deficits of care in the community and increased complexity of care due to impacts of the pandemic on the health and well-being of Hamiltonians;

5. **ASPB Base Funding Shortfall**: Request **$2,387,989** to address ASPB Base Funding shortfall. There have been no increases to ASPB base funding and the funding PHS receives is based on 2018 Q3 costs. With the increased cost of inflation to our mandatory programs in wage, benefits and operating costs, 75% of our total cost for programs that fall under the Standards amounts to $30,973,419 in 2022. A shortfall of $2,032,219 in comparison to the $28.9M provided in 2021. In addition, new and expanded requirements were added to the Standards without new funding, including: Vision Screening Protocol; Menu Labelling Protocol; Inspection of Private Swimming Pools; Smoke-Free Ontario Act inspections and enforcement; Response to Inspection Prevention & Control Complaints. A total additional cost of $355,770. With such a level of underfunding, PHS will not have the resources available to meet the requirements of the Standards and ensure the continued protection of the health and well-being of the community. In the absence of increased base funding, PHS is requesting one-time funding to mitigate these pressures in 2022 and support re-opening of PHS programs and services; and,

6. **Ontario Seniors Dental Care Program (OSDCP)**: Request **$325,300** for dental clinic furniture and equipment to support recently submitted OSDCP capital project requests. The ministry has communicated that there may also be an opportunity to apply for increased 100% funding for the OSDCP to address operational costs associated with the capital project requests and the shortfall due expanded eligibility requirements under the Standards. If so, PHS will apply for **$1,822,396** in additional operational funding.

The ASPB Submission template has not yet been received from the Ministry, but the Ministry has communicated that it will be due by February 18, 2022. While the Province does not give local public health agencies specific targets for developing their ASPB, they have provided some guidance regarding the expected subsidy for this year. This will be incorporated into the ASPB in keeping with what is outlined in this report. Final subsidy grants will not be known until funding letters are received later this year.
Staffing:

Staffing:
Overall staffing levels for PHS, including the ASPB program, are addressed in the Healthy and Safe Communities budget presentation (Item 6.1 of the January 27, 2022 General Issues Committee Meeting # 22-002(f)).

COVID-19 is adding 484.70 FTE for COVID-19 Disease Control, COVID-19 School Nurses, the COVID-19 Vaccine Program and COVID-19 Recovery. The 23.0 FTE

COVID-19 School Nurses is expected to be funded provincially under a different funding envelope.

In the 2022 ASPB there are no FTE changes in base ASPB mandatory programs; it remains at 302.39 FTE. If approved, the funding requests to address the ASPB Base Funding Shortfall and OSDCP will result in an increase of 15.98 FTEs. If funding is not approved, PHS will not proceed with this FTE increase.

Legal:
Boards of health are accountable for meeting all requirements included in the Standards pursuant to the Health Protection and Promotion Act. In addition, the Province has directed boards of health to continue to do what is necessary to respond to COVID-19 cases and outbreaks and implement the COVID-19 Vaccine Program.

It is a requirement within the Standards that boards of health submit an ASPB each year. Approval and submission of the 2022 ASPB to the Ministry fulfils this requirement.

HISTORICAL BACKGROUND

As outlined in the Standards, all boards of health approve and submit an ASPB to the Ministry each year. Typically, the ASPB lays out an assessment of the population health needs in Hamilton, priority areas for action, detailed program plans, budgeted expenditures, and requests for additional base and one-time funding. Although we have not yet received the 2022 ASPB submission form from the Ministry, they have communicated that it will be due on February 18, 2022. Similar to 2021, the Ministry has indicated that the 2022 ASPB will be a scaled back version including only financial sections due to the continued demands on public health units related to the COVID-19 pandemic response.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The Standards outline requirements that direct the delivery of mandatory public health programs and services by public health units pursuant to the Health Protection and Promotion Act. It is a requirement within the Standards that boards of health submit an ASPB each year to the Ministry.

RELEVANT CONSULTATION

Not Applicable

ANALYSIS AND RATIONALE FOR RECOMMENDATION

To support the development of the 2022 ASPB, staff reviewed program objectives and interventions within the current context of COVID-19. A flexible and responsive approach will be required throughout 2022 to continue to adapt to the evolving pandemic, as it was in 2021. Key priorities for PHS in 2022 include staff wellness, the continued COVID-19 pandemic response, and addressing the 'deficits of care' in our community.

Due to the prolonged emergency response, the COVID-19 pandemic has negatively impacted the mental health and well-being of the healthcare and public health workforce. An increasing number of staff are facing burnout and mental health challenges. Improving and maintaining staff wellness is a priority for PHS as we continue to respond to and recover from the pandemic. In 2022, PHS will develop and implement a comprehensive wellness strategy to protect and improve the mental health, well-being and resilience of PHS staff. Evidence from previous pandemics suggests that these mental health impacts can last up to three years after the pandemic is over. Therefore, it is critical that wellness efforts be maintained and resourced long after the response.

In 2022, PHS will continue to carry out critical functions related to the COVID-19 pandemic response, including COVID-19 disease control (i.e., case and contact management, outbreak management, infection prevention and control, and surveillance) and the COVID-19 vaccine program. It is expected that COVID-19 will transition from a pandemic to an endemic state; meaning that it will not be eradicated but will continue to circulate in the population at a predictable and manageable level. In parallel, the role of PHS in responding to COVID-19 will evolve from emergency response to the ongoing management of COVID-19 through a sustained program. The development of this program will be based on and in response to provincial direction. It is difficult to predict with accuracy when this transition will occur and how long it will take, but the work of integrating COVID-19 related requirements into PHS organizational structure and programs will begin and be a priority for PHS in 2022.

PHS will also continue to provide essential and critical public health programs and services and re-open other important public health programs and services as capacity allows. The deployment of significant PHS resources to the COVID response over the last two years has meant less ability to focus on other important public health issues, impacting service delivery in many program areas and resulting in service backlogs or 'deficits of care' in our community. In addition, many health and social issues have worsened throughout the pandemic, with marginalized populations being disproportionately impacted by the pandemic. An overview of the deficits of care and worsening health and social outcomes was included in a presentation to the September 20, 2021 Board of Health meeting #21-009 (Item 8.2 [Overview of COVID-19 Activity in the City of Hamilton 11 Mar 2020 to Present]). Examples of deficits of care include, but

are not limited to, child health and development, public health inspections, school immunizations, substance misuse and mental health and well-being. Throughout 2022, PHS leadership and staff will regularly assess and prioritize programs and services for reopening. Programs and services that have the greatest impact on priority community health needs and addressing the deficits of care will be prioritized first for re-opening. A detailed recovery plan is in development and will be presented to Board of Health at a later date.

In October 2021, the Board of Health joined a number of other boards to request additional ongoing financial support for public health units. Specifically, support was requested to relieve the following financial pressures: resources required to address the above described deficits of care; increased wage, benefit and operational costs due to inflation; new and expanded programs that were added to the Standards; increased demand for public health services to support community pandemic recovery; and, continued support for COVID-19 response into 2022 and beyond. More recently, the Association of Local Public Health Agencies (alPHa) submitted a report to the provincial government to further demonstrate the need for additional investments in public health required to clear the service backlog, resume routine programs and services, and maintain an effective pandemic response[i]. The report summarized deficits of care across the province in the areas of healthy eating and physical activity, immunization, mental health, substance use and children's health. Public health program areas that address these deficits were cited as priorities for the earliest stages of recovery. The report included the following recommendations:

- Maintaining ongoing provincial investments in science, structures, and resources to support the multi-sector effort required to manage the COVID-19 pandemic;

- Financial investments in public health units that are clearly communicated and committed early in the fiscal year; and,

- Provincial support for evaluation and renewal to develop the vision for a stronger responsive public health sector with the capacity to address population health needs through various partnerships

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

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

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

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.

[i] January 2022: Association of Local Public Health Agencies. Public Health Resilience in Ontario: Clearing the Backlog, Resuming Routine Programs, and Maintaining and Effective COVID-19 Response.

Hamilton

PHYSICIAN RECRUITMENT AND RETENTION STEERING COMMITTEE REPORT 22-001

Friday, February 11, 2022
1:30 p.m.
City Hall
71 Main Street West, Hamilton

Present:	M. Nash (Chair) Councillor A. VanderBeek, Councillor S. Merulla, Dr. S. Kinzie, and Dr. B. Singh
Absent with Regrets:	Councillor T. Whitehead - Personal Dr. J. Profetto - Business

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THE PHYSICIAN RECRUITMENT AND RETENTION STEERING COMMITTEE PRESENTS REPORT 22-001 AND RESPECTFULLY RECOMMENDS:

1. Appointment of Chair and Vice-Chair (Item 1)

(a) That Marie Nash be appointed as Chair of the Physician Recruitment and Retention Steering Committee for the balance of the 2018-2022 term of Council; and

(b) That Councillor Merulla be appointed as Vice-Chair of the Physician Recruitment and Retention Steering Committee for the balance of the 2018-2022 term of Council.

2. Proposed Contract Revisions – Physician Recruitment Specialist (Item 14.2)

(a) That the Terms and Conditions of Employment for the Physician Recruitment Specialist, be approved; and

(b) That the Terms and Conditions of Employment for the Physician Recruitment Specialist contract remain confidential.

FOR INFORMATION:

(a) APPROVAL OF AGENDA (Item 2)

The Committee Clerk advised that there were no changes to the agenda:

The agenda for the February 11, 2022 meeting of the Physician Recruitment and Retention Steering Committee was approved, as presented.

(b) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

(c) APPROVAL OF MINUTES OF PREVIOUS MEETING (Item 4)

(i) June 29, 2021 (Item 4.1)

The Committee Clerk advised that the mover and seconder were missing from Item 8 in the Minutes and the error has been corrected.

The Minutes of the June 29, 2021 meeting of the Physician Recruitment and Retention Steering Committee was approved, as amended.

(d) PRIVATE AND CONFIDENTIAL (Item 14)

(i) Closed Minutes – June 29, 2021 (Item 14.1)

The Physician Recruitment and Retention Steering Committee determined that it was not necessary to move into Closed Session for Item 14.1.

The Closed Session Minutes of the June 29, 2021 Physician Recruitment and Retention Steering Committee, were approved.

(ii) That the Physician Recruitment and Retention Steering Committee move into Closed Session respecting Item 14.2, pursuant to Section 9.1, Sub-sections (b) and (d) of the City's Procedural By-law 21-021 and Section 239(2), Sub-sections (b) and (d) of the Ontario Municipal Act, 2001, as amended, as the subject matter pertains to personal matters about an identifiable individual, including City or a local board employees and labour relations or employee negotiations.

(iii) Proposed Contract Revisions – Physician Recruitment Specialist

For further disposition of this matter, please refer to Item 2.

(g) ADJOURNMENT (Item 15)

There being no further business, the Physician Recruitment and Retention Steering Committee meeting was adjourned at 1:47 p.m.

Respectfully Submitted,

Marie Nash, Chair
Physician Recruitment and
Retention Steering Committee

Tamara Bates
Legislative Coordinator
Office of the City Clerk