



**City of Hamilton
BOARD OF HEALTH
REVISED**

Meeting #: 22-009
Date: September 26, 2022
Time: 9:30 a.m.
Location: Council Chambers (BOH)
Hamilton City Hall
71 Main Street West

Loren Kolar, Legislative Coordinator (905) 546-2424 ext. 2604

1. CEREMONIAL ACTIVITIES

2. APPROVAL OF AGENDA

(Added Items, if applicable, will be noted with *)

3. DECLARATIONS OF INTEREST

4. APPROVAL OF MINUTES OF PREVIOUS MEETING

4.1. August 10, 2022

5. COMMUNICATIONS

5.1. Submission by the Association of Municipalities of Ontario to the Ministry of Health respecting Strengthening Public Health in Ontario

Recommendation: Be endorsed

6. DELEGATION REQUESTS

7. CONSENT ITEMS

7.1. Public Health Services Organizational Update September2022 (BOH22011(a)) (City Wide)

7.2. Follow-up: Alcohol, Drug, & Gambling Services and Mental Health Outreach Program Budget 2022-2023 (BOH22012(a))(City Wide)

7.3. Physician Recruitment and Retention Metrics for 2021-2022(BOH22017) (City Wide)

8. STAFF PRESENTATIONS

8.1. Fall 2022 Infectious Disease Plan (to be distributed)

9. PUBLIC HEARINGS / DELEGATIONS

10. DISCUSSION ITEMS

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

13.1. Amendments to the Outstanding Business List

13.1.a. Items Requiring New Due Dates

13.1.a.a. 2019-VMunicipal Actions to Reduce Harms Associated with Alcohol Use (BOH19032)

December 2, 2019, 19-012 (Item 9.1)

Current Due Date: ON HOLD DUE TO COVID-19

13.1.a.b. 2020-I: Consumption and Treatment Services and Wesley Day Centre

(Referred to the Board of Health from the Emergency and Community Services Committee on June 19, 2020)

Current Due Date: ON HOLD DUE TO COVID-19

*13.1.a.c. 2021-GChild & Adolescent Services 2021-2022 Budget and Base Funding Increase of Five Percent (BOH 21010) (City Wide)Board of Health

November 15, 2021 (Item 10.1)

NEW DUE DATE: January 2023

13.1.a.d. 2022-D: Response to the Correspondence from Simcoe Muskoka District Health Unit, respecting a Response to the Opioid Crisis in Simcoe Muskoka and Ontario-wide Board of Health

April 4, 2022 (Item 5.1)

Current Due Date: ON HOLD DUE TO COVID-19

13.1.a.e. 2022-F: Correspondence from the Timiskaming Health Unit respecting Decriminalization of Personal Possession of Illicit Drugs

August 10, 2022 (Item 5.2)

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT



BOARD OF HEALTH MINUTES 22-008

9:30 a.m.

Wednesday, August 10, 2022

Council Chambers, City Hall, 2nd Floor
71 Main Street West, Hamilton, Ontario

Present: Mayor F. Eisenberger
Councillors M. Wilson, J. Farr, N. Nann, R. Powers, T. Jackson, E. Pauls, J.P. Danko, B. Clark, L. Ferguson, A. VanderBeek and J. Partridge

**Absent with
Regrets:** Councillors S. Merulla, M. Pearson, B. Johnson and T. Whitehead –
Personal

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

1. **Correspondence from the Timiskaming Health Unit respecting Decriminalization of Personal Possession of Illicit Drugs (Item 5.2)**
(Clark/Eisenberger)
 - (a) That the Correspondence from the Timiskaming Health Unit respecting Decriminalization of Personal Possession of Illicit Drugs, ***be endorsed;***
 - (b) ***That the City of Hamilton communicate to the Health Canada that penalties for the production and distribution of illicit drugs be increased;***
 - (c) ***That the City of Hamilton request that the Federal Government include Hamilton in the Health Canada pilot-project, granting an exemption, under subsection 56(1) of the Controlled Drugs and Substance Use Act to remove criminal penalties for people who possess a small amount of certain illegal substances for personal use. pilot project, similar to that given to British Columbia; and***
 - (d) ***That the correspondence be distributed to local Members of Parliament, Federation of Canadian Municipalities, the Hamilton Police Services Board and the Association of Municipalities of Ontario.***

Result: Motion as Amended CARRIED by a vote of 10 to 2, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
ABSENT	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
YES	-	Ward 6 Councillor Tom Jackson
NO	-	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
NO	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

2. Decriminalization of Personal Possession of Illicit Drugs (BOH22016) (City Wide) (Item 7.1)

(Wilson/Nann)

That Report BOH22016, respecting Decriminalization of Personal Possession of Illicit Drugs, be received.

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

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
ABSENT	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
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
ABSENT	-	Ward 10 Councillor Maria Pearson
ABSENT	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

3. Physician Recruitment and Retention Steering Committee Report 22-002 - August 5, 2022 (Item 10.1)

(Clark/Eisenberger)

- (a) Working Group of the Physician Recruitment and Retention Steering Committee Report 22-001 (Item 1)
 - (i) Proposal to Transfer Program into the Greater Hamilton Health Network & Formalize Existing Funding Relationships (Item 4.1)
 - (1) That Physician Recruitment and Retention Program (Hamilton Physicians), with the support of the Greater Hamilton Health Network, attached as Appendix A to Physician Recruitment and Retention Steering Committee Report 22-002, be transferred to the Greater Hamilton Health Network (GHHN), as an independent department therein, reporting to the Executive Director of the GHHN, on a date mutually agreed upon and no later than February 28, 2023, attached to Working Group of the Physician Recruitment and Retention Steering Committee Report 22-001 as Appendix B to Physician Recruitment and Retention Steering Committee Report 22-002;
 - (2) That from the date of the transfer, Physician Recruitment and Retention Program (Hamilton Physicians) staff will become employees of the Greater Hamilton Health Network (GHHN):
 - (aa) with the same terms and conditions of employment;
 - (bb) from which time they will adhere to GHHN policies; and
 - (cc) may have the opportunity to become permanent employees of the GHHN;
 - (3) That the Key Performance Indicators (KPI) of the Physician Recruitment and Retention Program (Hamilton Physicians) will remain unchanged upon the initial transfer of the Program to the Greater Hamilton Health Network (GHHN) and any future changes will require approval of the Executive Council of the GHHN and that the GHHN provide an annual report to the Board of Health on the KPIs;
 - (4) That the following be transferred to the Greater Hamilton Health Network (GHHN):
 - (aa) All existing property purchased by Hamilton Physicians, including all office furniture, equipment and supplies;

- (bb) Administration for payroll and expenses;
 - (cc) The balance of the City of Hamilton's current contribution to the Physician Recruitment and Retention Program (Hamilton Physicians) operating budget of \$75,000;
 - (dd) Payments from existing funding partnership arrangements;
 - (ee) All Physician Recruitment and Retention Program (Hamilton Physicians) surplus funds (as of May 31, 2022, this amount is \$515,116.05), net any outstanding liabilities; and
 - (ff) The Hamilton Physicians brand, which will be maintained by the Greater Hamilton Health Network (GHHN);
- (5) That the Greater Hamilton Health Network will commit all budgeted future Physician Recruitment and Retention Program (Hamilton Physicians) funding payments to physician recruitment and retention efforts;
- (6) That the Greater Hamilton Health Network (GHHN) will pursue formal funding arrangements with the Physician Recruitment and Retention Program (Hamilton Physicians) current partners and with other stakeholders, including the other municipalities within its mandate;
- (7) That an ad-hoc working group, be established, as follows:
- (aa) The ad-hoc working group shall consist of one representative from each of the Physician Recruitment and Retention Program stakeholders
 - (bb) The ad-hoc working group shall report to the Working Group of the Physician Recruitment and Retention Steering Committee;
 - (cc) The ad hoc working group shall investigate the details of the program transfer from the Hamilton Physicians partnership to the Greater Hamilton Health Network (GHHN) including, but not limited to, those considerations set out in subsections (a) through (f);
 - (dd) The ad hoc working group shall be disbanded on the successful and final transfer of the Physician Recruitment and Retention Program to the GHHN;

- (ee) The Working Group of the Physician Recruitment and Retention Steering Committee shall develop and approve the terms of reference for the ad hoc working group;
- (8) That the Physician Recruitment and Retention Steering Committee:
 - (aa) be established for the 2022-2026 Term of Council; and
 - (bb) be disbanded upon the transfer of the Physician Recruitment and Retention Program to the Greater Hamilton Health Network; and
- (9) That the Executive Director of the Greater Hamilton Health Network, or their designate, be invited to attend the next meeting of the Recruitment and Retention Steering Committee.
- (b) Program Updates (Items 7.1 (a)-(d) and 7.2 (a)-(d))

That the following program updates for 2021 and 2022, attached to Working Group of the Physician Recruitment and Retention Steering Committee Report 22-001 as Appendix C to Physician Recruitment and Retention Steering Committee Report 22-002, be received:

- (i) 2021 Program Updates
 - (1) 2021 Budget to Actual Comparison
 - (2) Cashflow Statement
 - (3) KPI Summary
 - (4) Physician Retirements and Departures, Recruited Physicians, and Active Physicians by Community
- (ii) 2022 Program Updates
 - (1) Cashflow Statement
 - (2) KPI Summary
 - (3) Physician Retirements and Departures, Recruited Physicians, and Active Physicians by Community
 - (4) Planned Recruitment Events 2022
- (c) Proposed Budget (Item 7.2 (e))

That the 2022 Proposed Budget for the Physician Recruitment and Retention Program, attached as Appendix D to Physician Recruitment and Retention Steering Committee Report 22-002, be approved.

- (d) ***That Physician Recruitment & Retention Steering Committee report to the Board of Health annually; and***

- (e) ***That an information report be prepared respecting Recruitment numbers for the last two years with metrics, to next Board of Health meeting.***

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

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
ABSENT	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
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
ABSENT	-	Ward 10 Councillor Maria Pearson
ABSENT	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

**4. Healthy Babies Healthy Children Program Budget 2022-2023 (BOH22015)
(City Wide) (Item 10.2)**

(Ferguson/Powers)

- (a) That the 2022-2023 Healthy Babies, Healthy Children program budget, funded primarily by the Ministry of Children, Community and Social Services be approved; and,
- (b) That the Medical Officer of Health or delegate be authorized and directed to receive, utilize, report on and execute all Service agreements and contracts, in a form satisfactory to the City Solicitor, required to give effect to the 2022-2023 Healthy Babies, Healthy Children program budget; and,
- (c) That the Medical Officer of Health or delegate be authorized and directed to receive, utilize, and report on the grant received from the Hamilton Community Foundation for the Nurse Family Partnership program for 2022.

Result: Motion CARRIED by a vote of 10 to 1, as follows:

YES	-	Mayor Fred Eisenberger
NO	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
ABSENT	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor 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
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.

(Partridge/Ferguson)

That the agenda for the August 10, 2022 Board of Health be approved, as presented.

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
YES	-	Ward 3 Councillor Nrinder Nann
ABSENT	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
ABSENT	-	Ward 6 Councillor Tom Jackson
ABSENT	-	Ward 7 Councillor Esther Pauls
ABSENT	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark

ABSENT	-	Ward 10	Councillor Maria Pearson
ABSENT	-	Ward 11	Councillor Brenda Johnson
YES	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

(c) DECLARATIONS OF INTEREST (Item 3)

None

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

(i) July 6, 2022 (Item 4.1)

(Jackson/VanderBeek)

That the Minutes of July 6, 2022 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
YES	-	Ward 2 Councillor Jason Farr
YES	-	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
ABSENT	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
ABSENT	-	Ward 10 Councillor Maria Pearson
ABSENT	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

(e) COMMUNICATIONS (Item 5)

(Eisenberger/Partridge)

That the consideration of the following items be deferred until after the discussion on Item 7.1, Decriminalization of Personal Possession of Illicit Drugs (BOH22016):

- (i) Correspondence from Carmen McGregor, Chair, Boards of Health Section, Association of Local public Health Agencies (alPHa) respecting Key Strategic Initiatives (Item 5.1)

- (ii) Correspondence from the Timiskaming Health Unit respecting Decriminalization of Personal Possession of Illicit Drugs (Item 5.2)

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

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
ABSENT	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
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
ABSENT	-	Ward 10 Councillor Maria Pearson
ABSENT	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

- (i) **Correspondence from Carmen McGregor, Chair, Boards of Health Section, Association of Local public Health Agencies (aLPHa) respecting Key Strategic Initiatives (Item 5.1)**

(Wilson/Ferguson)

That the Correspondence from Carmen McGregor, Chair, Boards of Health Section, Association of Local public Health Agencies (aLPHa) respecting Key Strategic Initiatives, be received.

Result: Motion CARRIED by a vote of 11 to 1, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
ABSENT	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
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
ABSENT	-	Ward 10 Councillor Maria Pearson
ABSENT	-	Ward 11 Councillor Brenda Johnson
NO	-	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 8)

(i) Overview of COVID-19 Activity in the City of Hamilton 11 Mar 2020 to Present (Item 8.1)

(Wilson/Partridge)

That the Overview of COVID-19 Activity in the City of Hamilton 11 Mar 2020 to Present, be received.

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

YES - Mayor Fred Eisenberger
YES - Ward 1 Councillor Maureen Wilson
ABSENT - Ward 2 Councillor Jason Farr
YES - Ward 3 Councillor Nrinder Nann
ABSENT - Ward 4 Councillor Sam Merulla
YES - Ward 5 Councillor Russ Powers
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
ABSENT - Ward 10 Councillor Maria Pearson
ABSENT - Ward 11 Councillor Brenda Johnson
YES - Ward 12 Councillor Lloyd Ferguson
YES - Ward 13 Councillor Arlene VanderBeek
ABSENT - Ward 14 Councillor Terry Whitehead
YES - Ward 15 Councillor Judy Partridge

(g) DISCUSSION ITEMS (Item 10)

(i) Physician Recruitment and Retention Steering Committee Report 22-002 - August 5, 2022 (Item 10.1)

(Eisenberger/Ferguson)

That the following sub-sections be added to the recommendations in the Physician Recruitment and Retention Steering Committee Report 22-002 of August 5, 2022:

(d) *That Physician Recruitment & Retention Steering Committee report to the Board of Health annually; and*

- (e) ***That an information report be prepared respecting Recruitment numbers for the last two years with metrics, to next Board of Health meeting.***

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

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
ABSENT	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
ABSENT	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
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
ABSENT	-	Ward 10 Councillor Maria Pearson
ABSENT	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

For further disposition, refer to Item 3

(h) ADJOURNMENT (Item 15)

(Ferguson/Powers)

That, there being no further business, the Board of Health be adjourned at 11:59 a.m.

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

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
ABSENT	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
ABSENT	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
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
ABSENT	-	Ward 10 Councillor Maria Pearson
ABSENT	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead

YES - Ward 15 Councillor Judy Partridge

Respectfully submitted,

Mayor Eisenberger,
Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk



STRENGTHENING PUBLIC HEALTH IN ONTARIO: NOW AND FOR THE FUTURE

AMO's Submission to the Ministry of Health

August 26, 2022

STRENGTHENING PUBLIC HEALTH IN ONTARIO: NOW AND FOR THE FUTURE

Preamble

The Association of Municipalities of Ontario (AMO) is a non-partisan, non-profit association representing municipal governments across the province. Municipal governments work through AMO to achieve shared goals and meet common challenges. As the frontline order of government closest to people, municipal governments are deeply invested in Ontario's health system and understand the health needs of local communities.

Introduction

Ontario's municipal governments have a vested interest in strengthening the public health system for the residents they serve given their role as governors, co-funders, employers, and in some cases, direct service deliverers. AMO's goal is to work with the Province of Ontario to strengthen public health, help end hallway health care, and reduce overall health costs through finding efficiencies to reinvest into services, not by increasing the municipal cost-share contribution.

Grave concerns were raised about proposed structural changes back in Ontario Provincial Budget 2019. Any changes should be carefully designed, based on sound evidence, and not rushed or else they have the potential to weaken, not strengthen, public health with the result that hallway health care may increase, and we will be less prepared for future pandemics.

Much has changed with the COVID-19 pandemic. This requires a fresh look at the public health system given the event of the past two and a half years. While the government appropriately and rightly paused consultations during the COVID-19 pandemic in March 2020, AMO is now asking for the consultations to resume with a COVID-19 lens once the pandemic waves subside. An inquiry would be a best practice to serve as a foundation for further consultation. The pandemic exposed both strengths and areas of improvement, both locally and provincially, and this learning needs to be considered in any future modernization and restructuring of public health.

As well, there are some immediate issues that need solutions in the near term in 2022. This submission outlines AMO's recommendations and proposed next steps for the government to work collaboratively with AMO, the public health sector, and relevant stakeholders. The advice provided through this document was developed based on input from AMO's Health Task Force and approved by AMO's Board of Directors. The Association of Local Public Health Agencies (ALPHA) is a member of the task force.

Context

In February 2020, AMO provided a [submission](#) in response to the government's consultation on public health modernization. The underlying premise is that the public health system delivers effective, coordinated, and cost-efficient services to the people of Ontario. Fundamentally, there is a need to preserve what is working well and fix what needs fixing. The system is not broken per se. Changing the system wholesale will cause disruption without clear demonstrated evidence of the benefits.

Further, one size does not fit all. Consistency in service delivery and reducing inefficiencies do not depend on a single governance or leadership type.

Key recommendations to build capacity and better system coordination included:

- incentives for voluntary mergers and sharing services between health units
- exploration of functions that could be done centrally by the province, Public Health Ontario, or other entities
- more back-office integration (e.g., corporate services like IT, legal, HR) and sharing of medical expertise through regional hubs or agreements (e.g., AMOHs, epidemiologists) between PHUs.

Ideally it was asserted that better coordination and communications between public health units with the province should happen without the need for major disruptive structural change. AMO does not believe that the province assuming more control centrally and reducing municipal 'pay for say' would help strengthen the system. Some enabling policy changes and encouragement of voluntary mergers, where required, would serve to better achieve outcomes consistently across Ontario. Lastly, adequate funding to do all for which PHUs are responsible for is critical. These recommendations from 2020 are still fundamentally relevant today.

However, as we all now, much has changed with the onset of COVID-19 and the situation is not fully stabilized as the pandemic continues into its 7th wave and still mutating. What we do know is that local public health agencies pivoted quickly to respond effectively to the pandemic, albeit at the expense of regular non-pandemic programming and services, resulting in a backlog.

Local public health agencies were active and proactive often ahead of provincial guidance, invoking the precautionary principle many times as the system was set up to enable effective responses. Decisions by Medical Officers of Health responding to local circumstances certainly saved lives, including through the issuance of Section 22 orders under the *Health Protection and Promotion Act*. Throughout the pandemic, practices and interventions evolved as local public health agencies learned from each other in a community of practice.

Public health associations, both nationally and regionally, have produced reports with preliminary learnings and calls for deeper evaluation all with a goal of strengthening the public health system in Canada and Ontario. This includes from the [Association of Local Public Health Agencies \(alPHA\)](#) and the [Public Health Physicians of Canada \(PHPC\)](#). AMO supports the calls for reflection with the provincial government.

AMO is providing our best advice to the government with recommendations for urgent action.

Recommendations

1. The government must not make significant structural changes to public health during the COVID-19 pandemic, but rather promote stability in the system.
2. The government must establish an independent inquiry as soon as possible to determine the lessons learned from COVID-19, at the local and provincial levels, and resume consultations, once the pandemic waves subside, about how to appropriately modernize and strengthen public health in Ontario.
3. The government must immediately act to address the full scope of health human resource challenges with a strategy for the public health and the health care systems.
4. The government must provide mitigation funding in 2022 to offset the financial impact to municipal governments from the cost-sharing changes in 2019 for 2020 and reverse the decision to restore the cost-share arrangement that existed prior to 2020. Further, the *Health Protection and Promotion Act* must be amended to enshrine the appropriate cost-sharing arrangement in legislation, rather than as a matter of provincial policy.
5. The government must continue funding COVID-19 costs, including vaccine roll-out, and incorporate as a distinct line item in ongoing base budgets for as long as there is a pandemic and epidemic situation that requires prevention and containment activities.
6. The government must provide new funding, starting in 2022, as required to address the backlog of non-pandemic related public health services*.

*AMO acknowledges that the province is “providing approximately \$47 million through to the end of 2023 to public health units and municipalities to ensure they have the financial stability to deliver key services across the province during this critical time. This is in addition to continuing the increased investments to support the public health sector’s response to COVID-19” (source: [Ontario Newsroom, August 17, 2022](#)). Clarity is needed from the government about the use of these funds with further assessment by the public health sector of what is actually required to fully fund the delivery of services as mandated under the Ontario Public Health Standards as well as all COVID-related costs at the local level.

Conclusion

Promoting system-wide stability in the immediate term and strengthening public health structures and sustainability over the long term is essential to the health and economic development of our communities and residents. These recommendations offer a way to achieve these goals. AMO looks forward to continuing to work with the province to ensure all the people of Ontario can get the public health services that they need at the right time and in the right place.

Status Update: Timeline to Initiate Recovery & Catch-Up by Priority Area

Program	Description	Anticipated Implementation Start Date as per BOH22011 (June 2022)	Status Update as of August 2022
Chronic Disease Prevention	Review the Chronic Disease Prevention Program (on-hold since March 2020) to assess the needs within the Hamilton community and to adapt the program to meet those needs. This will include a health equity component that incorporates and builds on lessons learned through the pandemic.	September 2022	Population Health Assessment (refresh), program review and planning process completed following the Program being fully suspended April 2020 - April 2022. Business continuity of programs/services and recruitments to address staffing vacancies have commenced.
Mental Well-Being and Substance Use	Review of mental health and addictions initiatives to ensure they meet the current needs of the community, especially those who experiencing the most significant health impacts and inequities.	August 2022	Strategic and operational planning on-going, as well as staff recruitment and on-boarding. Program and service ramp up targeted for the fall.
Epidemiology & Evaluation	Ramp-up support for population health assessment related to health equity and other public health priorities	September 2022	Strategic and operational planning on-going, as well as staff training. Health assessment on track for fall 2022 re-start. Staff recruitment on-going, some recruitment challenges.
Health Equity	Develop and implement a health equity strategy that incorporates and builds on lessons learned through the pandemic.	August 2022	Health Equity Strategy development on-going. Recruitment of staff on-going.

Program	Description	Anticipated Implementation Start Date as per BOH22011 (June 2022)	Status Update as of August 2022
Healthy Growth and Development	Ramp-up infant and early years mental health initiatives to help address the disproportionate impact the pandemic has had on toddlers and young children resulting from extremely limited opportunities for social interaction and social/emotional development	September 2022	<p>Staff recruitment on-going, some recruitment challenges.</p> <p>Infant and Early Years Mental Health (IEYMN) Pathway to launch end of September with Healthy Babies Healthy Children (HBHC) as first point of contact for families with identified concerns. Second Cohort of Home Visiting PHNs to complete Ages and Stages Questionnaire (ASQs) and Developmental Support Plan (DSP) training from Sick Kids Sept-Nov.</p>
	Ramp-up supports for parents and caregivers (particularly for those with children aged 3.8 years to 6 years) including opportunities for screening, interventions and developmental support referrals	July 2022	<p>Recruitment/onboarding of required staff and program planning on-going through summer months. Programming to ramp up in September when school re-starts.</p> <p>4 PHNs and 6 C&AS therapists to be trained in Theraplay group intervention in September, with soft launch of group by the end of October.</p> <p>First Cohort of HG&D PHNs to complete</p>

Program	Description	Anticipated Implementation Start Date as per BOH22011 (June 2022)	Status Update as of August 2022
			ASQ/DSP training from Sick Kids Sept-Nov.
Dental Program	Catch-up on dental screenings in schools – approximately, 23,000 in need of screening (on-hold since March 2020). To identify those who were not screened in JK or SK screen all grade one students at all schools. At high and medium intensity schools screen grade 8 students to ensure those who were not screened in grade 7 are identified before going to high school.	October 2022	Staff recruitment on-going. Re-start of school dental screenings planned for beginning of October.
	Catch-up on Healthy Smiles Ontario preventive services – approximately 278 children on the waitlist (on-hold since March 2020)	June 2022	HSO preventive clinics re-opened on August 2 nd with goal of being fully operational by end of August.
School Program	Ramp-up mental health and wellbeing supports in schools and school communities experiencing the most significant health impacts and inequities	July 2022	Recruitment/ onboarding of required staff and program planning on-going through summer months. Programming to ramp up in September when school re-starts.



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 26, 2022
SUBJECT/REPORT NO:	Public Health Services Organizational Update September 2022 (BOH22011(a)) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Nancy Sullivan (905) 546-2424 Ext. 5752
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

Not Applicable.

INFORMATION

The purpose of this report is to provide a brief Public Health Services organizational update, including updates regarding Ministry of Health program and performance reporting requirements and implementation of the PHS performance management and monitoring system.

An organizational update was provided to the Board of Health in June 2022 (Report BOH22011). Since that time, Public Health Services has continued to make progress on achieving our 2022 priorities of continued COVID-19 response, addressing the deficits of care, and staff wellness. The following paragraphs provide a brief update on each priority.

The Infectious Disease and Vaccine Programs continue to balance COVID-19 response, while also working to resume full service-levels and address the service backlogs and deficits of care in non-COVID areas. Both teams have completed extensive scenario-based planning and identified the required staffing complement for the remainder of 2022; all positions within the Vaccine Program have been filled, the

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: Public Health Services Organizational Update September 2022
(BOH22011(a)) (City Wide) - Page 2 of 3**

Infectious Disease Program continues to recruit required key leadership and frontline positions. With increased case counts and outbreaks due to the 7th wave of COVID-19, as well as expanded eligibility for the COVID-19 vaccine (i.e., 4th dose/2nd booster and approval of vaccine for ages six months to five years old), workload related to COVID-19 response remains high. However, teams have made progress in addressing priority service backlogs and deficits of care, such as inspections of high-risk childcare facilities and personal services settings, routine immunizations for students (e.g., Hepatitis B, Human Papillomavirus (HPV), Meningococcal, etc.), and *Immunization of School Pupils Act* (ISPA) screenings. In addition, the teams have been integrating COVID-19 work into Infectious Disease and Vaccine Programs by actively merging teams and re-aligning staff within the current organizational structure, training and cross-training staff, and integrating business processes.

Public Health Services reported on the priority areas for recovery to the Board of Health in April 2022 (Report BOH22003(a)). An update and timeline for the initiation of recovery and catch-up in priority areas was provided to the Board of Health in June 2022 (Report BOH22011). Appendix “A” to Report BOH22011(a) provides a status update as of the beginning of August 2022. Many of the programs responsible for recovery and catch-up work are still in the recruitment, onboarding, and planning stages.

Public Health Services has also continued to prioritize staff wellness by allowing time for vacations and rest over the summer months. In addition, St. Joseph’s Healthcare Hamilton has been facilitating Coping & Resilience Support Sessions for staff. The purpose of these sessions is to create a safe and supportive space for staff to connect with their peers and validate their experiences to support healing and recovery.

As indicated in the June 2022 Organizational Update (Report BOH22011), Public Health Services is in the process of returning to a regular performance monitoring and management cycle for all programs. In terms of monitoring program data, staff have focused on identifying measures for recovery initiatives first. These measures will be used to monitor the achievement of targets and intended outcomes throughout 2022. Program specific measures have been identified for each program area and as of the end of June 2022, programs are monitoring results on a monthly basis.

In addition, the Ministry of Health is also resuming their program and performance reporting requirements. As a reminder, boards of health are required to report to the Ministry of Health on program activity and performance as per the Public Health Accountability Framework. The framework is included within Chapter 3: Strengthened Accountability of the Ontario Public Health Standards and Organizational Requirements. Program activity and performance is reported to the Ministry through submission of: 1) the Q4 Standards Activity Report; and, 2) the Annual Report and Attestation. The Q4 Standards Activity Report is normally due January 31 of the following funding year and

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: Public Health Services Organizational Update September 2022
(BOH22011(a)) (City Wide) - Page 3 of 3**

consists of Ministry determined process-level measures to monitor program activities. Due to COVID-19, the Q4 program activity information was deferred in 2020 and 2021. The Annual Report and Attestation is normally due April 30 of the following funding year and consists of outcome-level measures to demonstrate impact and program achievements. Due to COVID-19, the Annual Report was deferred in 2019 and 2020. Boards of health are also required to monitor and report on financial performance on a quarterly basis through the Standards Activity Reports, addressing any variance throughout the year. Financial reporting continued throughout the COVID-19 pandemic.

The Q2 2022 Standards Activity Report (STAR) was submitted to the Ministry on July 29, 2022. The report included a financial forecast, which shows a pressure of \$7.9M due to costs related to COVID-19 Response and COVID-19 Vaccine Administration. The Province has communicated that public health units will be eligible for reimbursement of all extraordinary COVID-19 related costs over and above the Annual Service Plan & Budget subsidized expenditures in 2022, as in previous years. The Q2 STAR also included program data for 2020 and 2021. The Ministry has indicated that the program data for 2022 will be required as part of the Q4 2022 STAR. The Ministry has not yet communicated if a 2021 Annual Report will be required or what information will be required within the 2021 and/or 2022 Annual Reports.

Through the remainder of 2022, Public Health Services will continue to expand our performance and monitoring system in alignment with the annual planning, budget and accountability reporting cycles. Status updates regarding implementation will continue to be provided to Board of Health at future meetings.

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH22011(a): Status Update: Timeline to Initiate Recovery & Catch-Up by Priority Area



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 26, 2022
SUBJECT/REPORT NO:	Follow-up: Alcohol, Drug, & Gambling Services and Mental Health Outreach Program Budget 2022-2023 (BOH22012(a)) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Susan Boyd (905) 546-2424 Ext. 2888
SUBMITTED BY:	Jordan Walker Acting Director, Epidemiology, Wellness and Communicable Disease Control Division Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

At its meeting on June 13, 2022 in reviewing the Alcohol, Drug, & Gambling Services and Mental Health Outreach Program budget report for 2022-2023 (Report BOH22012), the Board of Health directed Public Health Services to consult with Ontario Health West and to explore other potential funding opportunities to address 2022-2023 budget pressures. This included the proposed 0.6 FTE reduction for Alcohol, Drug, & Gambling Services and the 0.65 FTE reduction for the Community Mental Health Promotion program budget, which was deferred to a future meeting of the Board of Health.

INFORMATION

Public Health Services consulted a number of organizations including Ontario Health West, Health Canada's Substance Use and Addiction Programs grants and funding, the Hamilton Community Foundation, and the Ontario Trillium Foundation. The results of these consultations are outlined below.

Ontario Health West was consulted in order to outline the current budget situation and advocate for opportunities to mitigate current pressures. They indicated that at this time there are no funding packages available that can be accessed to provide additional funding. Additionally, information was provided that in the late fall the Community

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.

Accountability Planning Submission (CAPS) process will be reengaged for 2023-2024 budget planning. There may be opportunities through this process to re-align existing funding to meet service delivery needs.

In September 2021, an application for additional outreach staff for the Mental Health Street Outreach Program was submitted through a call for proposals for Health Canada's Substance Use and Addiction Programs grants and funding. The proposal was not accepted, however feedback received indicated the application had merit and would be kept on file for future consideration. Initial follow-up with Health Canada resulted in feedback that there was no current plan for a 2022 call for proposals, however, a recent email indicated that the proposal could be resubmitted for consideration by September 23, 2022. The resubmission will be pursued and if accepted could partially offset service shortfalls by increasing outreach staff to accept referrals and engage in targeted outreach interventions.

Potential grant funding from the Hamilton Community Foundation was explored. Currently there are no grant applications open that would address the targeted services impacted or would meet the current budget pressure. This would be a potential funding source to continue to monitor and potentially approach when further funding applications open for time limited funding.

The Ontario Trillium Foundation was also approached regarding their Community Investments Funding, Seed Grants and Grow Grants. This funding stream is not available as eligible municipalities must have a population of 20,000 or less to apply for Ontario Trillium Funding.

In conclusion, there is currently no opportunity for increased funding from Ontario Health West. There is an opportunity to resubmit to Health Canada's Substance Use and Addiction Programs funding, however, this does not secure funding as the proposal will need to be reconsidered. At this time there is no guaranteed funding source available and the impact discussed in Board of Health Report BOH22012 of decreased direct service capacity continues to be a possibility. In the Alcohol, Drug, & Gambling Services Substance Use Program this will decrease the number of appointments for new clients as well as follow up visits. This will result in increased waiting times for first appointments, up to potentially five months, and lengthen time in between follow-up visits. In the Community Mental Health Promotion Program the loss of the outreach social work FTE will decrease access to specialized mental health and addiction services for individuals referred who are experiencing homelessness and complex health issues.

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.

The Board of Health will have a further opportunity to review the related recommendation below, deferred at its meeting on June 13, 2022, as it will be revisited with a recommendation report at the November 28, 2022 Board of Health meeting.

Sub-section (a) of Report BOH22012, respecting the Alcohol, Drug, & Gambling Services and Mental Health Outreach Program Budget 2022-2023, was DEFERRED to the August 10th meeting:

- (a) That the 2022-2023 Alcohol, Drug, & Gambling Services and Community Mental Health Promotion program budgets, funded by Ontario Health, be approved, including:
 - (i) The net 0.6 FTE reduction for Alcohol, Drug & Gambling Services; and,
 - (ii) The 0.65 FTE reduction for the Community Mental Health Promotion program budgets;

There will be a small impact from delayed implementation with potential budget pressures. This will continue to be monitored, and gapping in the current fiscal year may be able to offset these pressures.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 26, 2022
SUBJECT/REPORT NO:	Physician Recruitment and Retention Metrics for 2021-2022 (BOH22017) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Bethany Elliott (905) 546-2424 Ext. 6672
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

At its meeting on August 10, 2022, the Board of Health provided the following direction:

3. Physician Recruitment and Retention Steering Committee Report 22-002 - August 5, 2022 (Item 10.1)

- (e) That an information report be prepared respecting Recruitment numbers for the last two years with metrics, to next Board of Health meeting.

INFORMATION

The Physician Recruitment and Retention program is a partnership between the City of Hamilton, the Hamilton Chamber of Commerce and the Hamilton Academy of Medicine, which assists with the recruitment and retention of family physicians in Hamilton. The program is funded through the City of Hamilton and key healthcare stakeholders in Hamilton. Oversight of the program is provided by the Physician Recruitment & Retention Steering Committee, which reports to Council through the Board of Health.

On August 12, 2022 Hamilton's City Council approved the transfer of the Physician Recruitment and Retention program to the Greater Hamilton Health Network (GHHN), to

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: Physician Recruitment and Retention Metrics for 2021-2022
(BOH22017) (City Wide) - Page 2 of 5**

be completed by February 28, 2023. The Greater Hamilton Health Network is an Ontario Health Team – a collaboration of local health and social service partners aiming to provide a coordinated continuum of care to the greater Hamilton area. The Physician Recruitment and Retention program will become an independent department within the GHHN, reporting to its Executive Director. Moving the program to the GHHN will address some of the challenges with the program structure by increasing clarity on accountability and operational oversight, reducing operational and reporting inefficiencies, and stabilizing funding agreements and staffing structure. Following the transfer of the program, the GHHN will report on key performance indicators annually to the Board of Health.

As requested at the August 10, 2022 Board of Health, this report outlines the funding structure for the Hamilton Recruitment and Retention program and reports on a few key performance indicators.

Funding Structure & 2022 Budget

The Physician Recruitment and Retention program is funded by multiple partners. Funding contributions are outlined in Table 1 below.

Table 1: Dec 1, 2021 – Nov 30, 2022 Program Operating Budget

Revenue	Budget
Balance Carried Forward from 2021	\$443,706.76
City of Hamilton	\$75,000.00
McMaster University	\$25,000.00
St. Joseph's Healthcare	\$20,000.00
Hamilton Health Sciences	\$20,000.00
McMaster University Dept of Family Medicine	\$15,000.00
Hamilton Family Health Team	\$25,000.00
Total Revenue	\$180,000.00
Operating Expenses	
Wages & Benefits	\$115,820.25
Office Expenses	\$5,000.00
Printing / Communications	\$500.00
Travel Expenses	\$5,000.00
Promotional Items	\$5,000.00
Events / Meals / Functions	\$500.00
Medical Conferences & Job Fairs	\$9,350.00
Advertising / Public Relations	\$1,500.00
Total Budgeted Expenditures	\$142,670.25

**SUBJECT: Physician Recruitment and Retention Metrics for 2021-2022
(BOH22017) (City Wide) - Page 3 of 5**

Net – Funding Surplus (Shortfall)	\$481,036.51
------------------------------------------	---------------------

In-Kind Contributions	Budget
McMaster University Dept of Family Medicine (office space)	\$7,875.00
Hamilton Chamber of Commerce (human resources)	\$25,000.00
Total In-Kind Contribution	\$32,875.00

Physician Recruitment Key Performance Indicators

The Physician Recruitment and Retention program has supported the recruitment of 412 family physicians to Hamilton since 2005, which has increased the overall number of family physicians in Hamilton and replaced physicians who retired or left the community. The total number of active family physicians (including permanent and long-term locum physicians) in Hamilton has increased from 345 in 2005 to 364 in 2021 – a net increase of 19 family physicians. In 2021 alone, the program successfully recruited 48 physicians to Hamilton (28 permanent and 20 locum/temporary). This year, the program is on track to exceed the 2021 recruitment numbers. As of June 20, 2022, 46 physicians had been recruited to Hamilton (23 permanent and 23 locum/temporary).

The Ministry of Health sets targets for the ratio of physicians to population. The target is one physician for every 1380 residents. The number of active family physicians by community has been collected since 2009. Table 2, below, compares the number of physicians per community to the target, along with the physician shortage (i.e. the number of additional physicians needed to meet the Ministry target). The physician shortage for 2009 is compared to the shortage in 2021 to show progress over time.

Table 2: Physician shortage/surplus and progress in recruitment by community

Community	Target # of physicians (based on 2021 census)	Actual # of physicians (2021)	Physician shortage (2021)	Physician shortage (2009)
Ancaster	32	24	8*	9*
Dundas	18	22	- 4	- 4
Flamborough	34	25	9*	10*
Glanbrook	25	2	23*	9*
Hamilton	249	244	5*	8*
Lower	135	151	16	Not Applicable
Upper	113	93	20*	Not Applicable
Stoney Creek	55	47	8*	19*
Total	413	364	49*	51*

* Denotes a physician shortage

Stoney Creek had the greatest improvement in physician shortage. In 2009, Stoney Creek was short 19 physicians, compared to only eight in 2021. Most other communities made modest improvements in the physician shortage, with the exception of Glanbrook.

**SUBJECT: Physician Recruitment and Retention Metrics for 2021-2022
(BOH22017) (City Wide) - Page 4 of 5**

Since 2009, Glanbrook has more than doubled in size (from 15,293 residents in 2009 to 35,075 residents in 2021) without a corresponding increase in the number of family physicians. Part of the challenge with recruiting family physicians to Glanbrook is the lack of suitable family practice space and the fact that there are no Family Health Organization models of care (i.e. team care models) in the area. Most new family physicians prefer to work in a team care setting. Despite the low physician count in Glanbrook, many patients travel about ten minutes to family physicians on Hamilton Mountain or Stoney Creek Mountain, where, in both cases, the physician count has increased.

The future need for increased family physicians can be estimated, in part, by the anticipated number of retirements in the field. Although the City of Hamilton and the Physician Recruitment and Retention program do not collect or store personal information on physicians, year of medical school completion can be used to estimate anticipated retirements. This data highlights that there are currently 48 physicians who completed medical school prior to 1984 and may be nearing retirement within the next few years (Table 3).

Table 3: Hamilton Physicians by Year of Medical School Completion:

Year of Medical School Completion	Number of physicians
2009 – 2022	100
1999 - 2008	83
1989 - 1998	93
1984 - 1988	40
1979 - 1983	28
Prior to 1979	20

The number of active family physicians who have completed medical school within the past 23 years has increased from 144 physicians in 2010 to 183 physicians in 2022. Using this data, the estimated average age of active family physicians in Hamilton has likely decreased since 2010. This indicates that the program has had success in sourcing younger candidates.

Successes, Challenges and Next Steps

Since its inception, the Physician Recruitment and Retention program has increased the supply of family physicians to help meet the needs of a growing population, while replacing lost capacity due to retirements and departures. The program has supported a net increase in family physicians in Hamilton during a period of widespread physician shortages across the province and country. The program has provided coverage for parental and medical leaves, vacations, sabbaticals and developed longer term staffing solutions to alleviate burnout – all of which keep practices open and ensure patients can access care. Outside of traditional family practice settings, the Physician Recruitment

**SUBJECT: Physician Recruitment and Retention Metrics for 2021-2022
(BOH22017) (City Wide) - Page 5 of 5**

and Retention program has connected many candidates with community health centres, Shelter Health Network, McMaster's Student Wellness Centre, and West Lincoln Memorial Hospital in Grimsby. The program also acts as a resource to local family physicians and family medicine residents, and provides advice to help physicians navigate through the practice management side of family medicine.

Despite the success of the program, physician recruitment in Hamilton faces many challenges. Hamilton is competing with other communities across the province for a very limited pool of family medicine candidates. Current physicians are facing burnout due to COVID-19 and increased on-call requirements in the new Ontario Physician Services Agreement. As noted above, there are likely a number of family physicians in Hamilton nearing retirement, many of whom have large patient rosters in solo practices scattered throughout the city. As younger candidates are often seeking greater work-life balance in group settings, succession planning for these retiring physicians will require creative solutions.

The Physician Recruitment and Retention program plans to continue to build its network of candidates through attendance at recruitment events, advertising positions online and an increased social media presence. The program is exploring options for recruitment from outside Ontario, including international advertising and recruitment events in the United States and the United Kingdom. In the coming years, the program will foster stronger relationships with long-term care organizations as this field will likely require increasing support in the future.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.