City of Hamilton
BOARD OF HEALTH
AGENDA

Meeting #:	22-010
Date:	November 28, 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

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1. APPOINTMENT OF THE VICE-CHAIR TO THE BOARD OF HEALTH FOR THE 2022 - 2026 TERM

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. September 26, 2022

5. COMMUNICATIONS

   5.1. Correspondence from the Minister of Health respecting Provincial Supports for COVID-19 Response and Recovery

   Recommendation: Be received

   5.2. Correspondence from Windsor-Essex County Health Unit Board of Health respecting a Resolution regarding the Inclusion of Language Interpretation and Translation Services to the Healthy Smiles Ontario Fee Guide

   Recommendation: Be endorsed.

5.3. Correspondence from Jane Riddell and Tracy Matthews, President and Vice President, GoodLife Fitness, respecting Health Concerns in the Upcoming Flu Season

Recommendation: Be received, and referred to the Medical Officer of Health for consideration

6. DELEGATION REQUESTS

7. DELEGATIONS

8. STAFF PRESENTATIONS

8.1. Board of Health Orientation 2022-2023 (BOH22018) (City Wide)

8.2. Respiratory Diseases Update

9. CONSENT ITEMS

10. DISCUSSION ITEMS

10.1. 2023 Food Advisory Committee Budget Request (BOH22019) (City Wide)

10.2. Follow-up: Alcohol, Drug, & Gambling Services and Community Mental Health Promotion Budget 2022-2023 (BOH22012(b)) (City Wide)

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT

BOARD OF HEALTH
MINUTES 22-009

9:30 a.m.
Monday, September 26, 2022
Council Chambers, City Hall, 2nd Floor
71 Main Street West, Hamilton, Ontario

Present:	Mayor F. Eisenberger Councillors M. Wilson, N. Nann, R. Powers, J.P. Danko, B. Clark, M. Pearson, B. Johnson, L. Ferguson, A. VanderBeek and J. Partridge
Absent with Regrets:	Councillors J. Farr, S. Merulla, T. Jackson, E. Pauls, T. Whitehead -– Personal

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

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

(Nann/Partridge)
That the Submission by the Association of Municipalities of Ontario to the Ministry of Health, respecting Strengthening Public Health in Ontario, be endorsed.

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
ABSENT	-	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
YES	-	Ward 12	Councillor Lloyd Ferguson

YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

2. Consent Items (Items 7.1 – 7.3)

(Powers/Ferguson)
That the following reports be received:

(i) Public Health Services Organizational Update September 2022 (BOH22011(a)) (City Wide) (Item 7.1)

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

(iii) Physician Recruitment and Retention Metrics for 2021-2022 (BOH22017) (City Wide) (Item 7.2)

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

FOR INFORMATION:

(a) CEREMONIAL ACTIVITIES (Item 1)

There were no ceremonial activities.

(b) CHANGES TO THE AGENDA (Item 2)

The Committee Clerk advised the Board of a change to the agenda:

13. GENERAL INFORMATION / OTHER BUSINESS (Item 13)

(i) Amendments to the Outstanding Business List (Item 13.1)

2021-G (13.1(a)(c))

Child & 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

(Pearson/Powers)
That the agenda for the August 10, 2022 Board of Health be approved, as presented.

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

(c) DECLARATIONS OF INTEREST (Item 3)

None

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

(i) August 10, 2022 (Item 4.1)

(Powers/Danko)
That the Minutes of August 10, 2022 be approved, as presented.

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

(e) STAFF PRESENTATIONS (Item 8)

(i) Fall 2022 Infectious Disease Plan (Item 8.1)

(Wilson/Partridge)
That the Fall 2022 Infectious Disease Plan, 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
ABSENT	-	Ward 6	Councillor Tom Jackson
ABSENT	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson

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

(f) GENERAL INFORMATION / OTHER BUSINESS

(i) Amendments to the Outstanding Business List (Item 13.1)

(Nann/Ferguson)
That the following amendments be approved, as presented:

(a) Items Requiring New Due Dates (Item 13.1(a))

(aa) 2019-V Municipal Actions to Reduce Harms Associated with Alcohol Use (BOH19032) (Item 13.1(aa))
December 2, 2019, 19-012 (Item 9.1)
Current Due Date: ON HOLD DUE TO COVID-19

(ab) 2020-I: Consumption and Treatment Services and Wesley Day Centre (Item 13.1(ab))
(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

(ac) 2021-G (13.1(a)(c))
Child & 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

(ad) 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 (Item 13.1(ad))
April 4, 2022 (Item 5.1)
Current Due Date: ON HOLD DUE TO COVID-19

(ae) 2022-F: Correspondence from the Timiskaming Health Unit respecting Decriminalization of Personal Possession of Illicit Drugs (Item 13.1 (ae))
August 10, 2022 (Item 5.2)
DUE DATE REQUIRED:

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

(g) ADJOURNMENT (Item 15)

(Pearson/Danko)
That, there being no further business, the Board of Health be adjourned at 10:38 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
ABSENT	-	Ward 6	Councillor Tom Jackson
ABSENT	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
YES	-	Ward 11	Councillor Brenda Johnson
YES	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

Respectfully submitted,

Mayor Eisenberger,
Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
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Facsimile: 416 326-1571
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Ministère de la Santé

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Ontario

September 29, 2022

MEMORANDUM

TO: Chairpersons, Boards of Health
Medical Officers of Health/Chief Executive Officers, Public Health Units

RE: Provincial Supports for COVID-19 Response and Recovery

Ontario recognizes the considerable time and resources necessary for public health units to continue to effectively respond to COVID-19 and support pandemic recovery, including leading the roll-out of the COVID-19 vaccine program in our communities.

In recognition of these unique circumstances, public health units will have continued opportunities to request reimbursement of COVID-19 extraordinary costs, including vaccine related expenses, for the 2023 funding year.

We are also providing further stability to public health units by investing approximately $31 million in additional funding to extend the School-Focused Nurses Initiative for the reminder of the 2022-2023 school year. This extended funding enables the continuing support of safe in-person learning for students for the remainder of the school year.

This funding is in addition to the recently announced investment of approximately $47 million to extend the cost-sharing mitigation funding through 2023.

Ontario will continue to work with public health and municipal sector partners to monitor capacity and funding requirements for the COVID-19 response and ensure critical public health services are maintained and delivered for the benefit of all Ontarians.

Sincerely,

Sylvia Jones
Deputy Premier and Minister of Health

c: Dr. Kieran Moore, Chief Medical Officer of Health
Associate Medical Officers of Health, Public Health Units
Business Administrators, Public Health Units

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | www.wechu.org

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Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

October 28, 2022

The Honorable Sylvia Jones
Minister of Health and Deputy Premier
777 Bay Street, 5th Floor
Toronto, ON M7A 1E9

Dear Minister Jones:

On October 20, 2022, the Windsor-Essex County Board of Health passed the following Resolution regarding the **Inclusion of Language Interpretation and Translation Services to the Healthy Smiles Ontario (HSO) Fee Guide. WECHU's resolution as outlined below recognizes that oral health is important to overall health and well-being. Access to prevention and treatment-based dental care is recognized as a basic human right for children and youth. Given the emergence of remote/virtual translation supports in recent years, this mechanism serves as an effective way to reduce barriers for children and youth access to oral health treatment. The Windsor-Essex County Board of Health therefore recommends the province of Ontario include billing options for translation and interpretation services in the Health Smiles Ontario Fee Guide.**

Windsor-Essex County Health Unit Board of Health
RECOMMENDATION/RESOLUTION REPORT
Inclusion of Language Interpretation and Translation Services to the Healthy Smiles Ontario Fee Guide
October 20, 2022

ISSUE/PURPOSE

The *Healthy Smiles Ontario* (HSO) program is a publically-funded dental care program for children and youth 17 years old and under which provides free preventive, routine, and emergency dental services to those who can not otherwise afford it. The *Healthy Smiles Ontario Schedule of Dental Services and Fees for Dentist Providers (HSO Fee Guide)* is an administrative tool distributed to dentists, so that they can provide services to clients in the HSO program and bill for these services.

Although limited English language skills have been identified as a key barrier to preventive dental health care utilization (Mehra, Costanian, Khanna, et al, 2019), language interpretation and translation services are not included in the HSO Fee Guide. Almost a quarter (22%) of Windsor and Essex County's population is comprised of immigrants or refugees ('newcomers") (Statistics Canada, 2016), with 14% of residents most often speaking a language outside of English at home (Statistics Canada, 2021).

The impact of language as a barrier to accessing dental care may be reduced by having access to language interpretation and translation services (Reza, Amin, Srgo et al., 2016). As community dentists are not required to accept HSO as a form of payment, this can already be a significant barrier to accessing services. In Windsor and Essex County, patients have been turned away due to an inability to access translation services. This is understandable, as a patient or guardian needs to be able to provide consent and understand what is involved in treatment. Changes to the funding for HSO, by covering the costs associated with remote interpretation services

(i.e., interpretation services that are accessible from a phone, mobile device, or computer) would remove one more of the existing barriers to service.

BACKGROUND

Oral health is important to overall health and well-being for children and youth. Poor dental health can lead to negative health and social outcomes for young people, and is important to many aspects of a child's development (Rowan-Legg, 2013). One significant oral health concern in children is early childhood caries (ECC) which is decay involving the primary teeth in children younger than 6 years of age. Ethnicity and newcomer status are considered risk factors for ECC with evidence demonstrating that children of recent immigrants and refugees have higher rates of caries and lower rates of preventative dental visits, compared to Canadian-born children (Reza, Amin, Srgo et al., 2016). Newcomer families may lack knowledge about publicly funded dental programs, lack dental health insurance, and have poor oral hygiene, which together can increase the risk and prevalence of oral health issues (Salami, Olukotun, Vastani, et al. 2022). Newcomers may also frequently face other social, cultural, economic, and language barriers to preventive dental health care utilization (Mehra, Costanian, Khanna, et al, 2019). Specifically, limited English skills have been associated with less use of dental care services, as well as challenges with communication with healthcare providers. Language issues may also interact with other known barriers to dental care for newcomers, such as household income and parental education (Reza, Amin, Srgo et al., 2016).

The impact of language, as a barrier to dental health care may be reduced by having access to language interpretation and translation services (Reza, Amin, Srgo et al., 2016). It has been suggested that both dental visits and other oral health promotion efforts for newcomer families would be more impactful if public health organizations and private dental offices, could have access to interpreting services (Amin, Elyasi, Schroth, et al., 2014). Given the important role that parents and caregivers can play in a child's oral health, any efforts to improve the oral health literacy of newcomer families, could be considered an important support for those seeking access to services through the HSO program. .

Expansion of public dental programs such as Healthy Smiles Ontario to priority populations has been identified as a key goal of the Windsor-Essex County Health Unit (WECHU). Given the growing urgent need and increase in dental decay among vulnerable children in Windsor-Essex (WECHU, 2018) and recognizing the existing barriers to access to care, the WECHU recommends that fees associated with language interpretation and translation services be included in publicly funded dental programs, such as the Healthy Smiles Ontario program.

PROPOSED MOTION

Whereas, oral health is important to overall health and well-being. Access to preventive and treatment-based dental care is recognized as a basic human right for children and youth; and

Whereas, in Ontario, while many groups of children continue to have elevated rates of early childhood caries, specific groups of children are disproportionately affected, including those that are newcomers; and

Whereas, the publically funded *Healthy Smiles Ontario* dental program is intended to reduce overall inequity in access to preventative and affordable dental care for all young people under the age of 18, who do not have access to dental insurance or any other government programs; and

Whereas, the Windsor Essex County Health Unit recognizes the diversity of its residents, in that newcomers make up almost a quarter of the population in its jurisdiction and the important role that the HSO program plays in helping vulnerable children access preventative and emergency dental care; and

Whereas, numerous studies and research reports have indicated the urgent need to transform the current oral care health system, including providing equitable access to newcomers by addressing language obstacles;

Now therefore be it resolved that the Windsor-Essex County Board of Health recommends the province of Ontario include billing options for translation and interpretation services in the *Healthy Smiles Ontario Fee Guide; and*

FURTHER THAT, while there is a variety of modalities of interpretation, it is *remote interpretation services*, accessible 24/7 from a phone, mobile device, or computer, that should be considered as a useful and affordable option; and

FURTHER THAT this resolution be shared with the Ontario Minister of Health, the Chief Medical Officer of Health, the Association of Public Health Agencies, Ontario Boards of Health, the Essex County Dental Society, the Ontario Association of Public Health Dentistry, the Ontario Dental Association and local municipalities and stakeholders.

References

Amin, M., Elyasi, M., Schroth, R., Azarpazhooh, A., Compton, S., Keenan, L., et al. (2014). Improving the oral health of young children of newcomer families: a forum for community members, researchers, and policy-makers. Journal of the Canadian Dental Association. Retrieved from https://jcda.ca/article/e64

Mehra, V.M., Costanian, C., Khanna, S. & Tamin*, H. (2019)* .Dental care use by immigrant Canadians in Ontario: a cross-sectional analysis of the 2014 Canadian Community Health Survey (CCHS). *BMC Oral Health* **19,** 78. Retrieved from https://doi.org/10.1186/s12903-019-0773-x

Reza, M., Amin, M. S., Sgro, A., Abdelaziz, A., Ito, D., Main, P., & Azarpazhooh, A. (2016). Oral health status of immigrant and refugee children in North America: A scoping review. Journal of the Canadian Dental Association, *82*(g3), 1488-2159. Retrieved from https://jcda.ca/g3

Rowan-Legg, A. (2013, January 11). Oral health care for children - a call for action. *Paediatric Child Health*, 37-43.

Salami, B., Olukotun, M., Vastani, M., Amodu, O., Tetreault, B., Obegu, P. O., Plaquin, J., & Sanni, O. (2022). Immigrant child health in Canada: a scoping review. BMJ global health, 7(4), e008189. Retrieved from https://doi.org/10.1136/bmjgh-2021-008189

Statistics Canada. (2017). Focus on Geography Series, 2016 Census. Retrieved from https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-cma-eng.cfm?LANG=Eng&GK=CMA&GC=559&TOPIC=7

Statistics Canada. (2021). Census Profile, 2021 Census of Population. Retrieved from https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&SearchText=Essex&DGUIDlist=2021A00033537&GENDERlist=1,2,3&STATISTIClist=1&HEADERlist=0

Windsor Essex County Health Unit. (2018). Oral Health Report 2018 Update. Retrieved from https://www.wechu.org/resources/oral-health-report-2018

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,

Gary McNamara
Chair, Board of Health

Dr. Kenneth Blanchette
Chief Executive Officer

c: Sylvia Jones, Minister of Health, Ministry of Health
Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health
Association of Local Public Health Agencies – Loretta Ryan
Association of Municipalities of Ontario
Ontario Association of Public Health Dentistry
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Corporation of the County of Essex – Clerk's office

November 14, 2022

Dear Mayor Eisenberger and Mayor-Elect Horwath,

I'm writing to you today on behalf of GoodLife Fitness and Fit4Less to share our joint concerns around the rising COVID-19 numbers amidst an already difficult time with flu season, respiratory issues with children, limited available medication, and the continuing strain on our healthcare system. We share your concern with these trends and believe the work you are doing is invaluable and representative of a genuine commitment to mitigate the risk to the people of Ontario.

It is no secret that the pandemic and its closures had a tremendous impact on the fitness industry and our organization. GoodLife and Fit4Less continue to balance the longstanding impact of the COVID-19 pandemic with the current challenging economic environment and our work towards our overall mission to give everyone in Canada the opportunity to live a fit and healthy good life.

It is our fundamental belief that the contributions of the fitness industry positively impact the overall healthcare system. There are studies including a recent report in the British Journal of Sports Medicine that indicate a strong association between regular physical activity and COVID vaccine effectiveness. Physical activity is one of the most important factors in one's health and ability to recover from illness; and the more physically active our population is, the less strain on our hospitals and healthcare system. In fact, a study conducted by the Fitness Industry Council of Canada and 4Global showed that physical activity generated $23.4 billion in health savings in 2019 through preventing, managing and treating the mental and physical impacts of chronic conditions.

Beyond these benefits, regular physical activity has a positive impact on overall mental wellness. We believe that the opportunity we provide our members to become fitter and healthier truly represents a pillar of our healthcare system that is too often undervalued among decision makers.

That is why we have taken clear steps to create an environment where our members can be physically active in a safe and healthy environment. This includes four fundamental pillars that are part of The GoodLife Standard: Health and Safety; Cleanliness; Service and Experience; and Respect, Caring and Belonging. These pillars have been developed with the support of leading physicians and experts and have been extremely well received by both our members and employees, and we are confident in their ongoing role in keeping our clubs safe.

As you contemplate the steps needed to withstand this challenging environment, we encourage you to consider the impact of our sector in your decision making, and the toll of COVID related mandates. We have made tremendous strides in creating safe and healthy environments for our members, and we have trust in our members to adhere to our protocols and make decisions that are aligned with their personal health priorities (i.e.,wearing a mask when they feel they need to). We are concerned that any mandated requirement will discourage gym use and lead to an additional strain on our sector, but more importantly the already challenged healthcare system.

Additionally, mandated requirements create an extremely challenging environment for our employees and their limited ability to enforce protocols. Through the various stages of the pandemic, our employees endured significant verbal and physical abuse when trying to enforce the requirements. While we believe it is important to offer a safe environment for our members, we are also mindful of our responsibility to provide a safe working environment for our employees. We believe this challenge would only be amplified as members have become accustomed to a “post-COVID” environment.

Our hope is that you will consider these factors in your decision-making process over the next few months. It is our strong recommendation that any steps towards mandating masks or social distancing are not widespread, rather highly targeted to the environments that need it most, like hospitals, schools and long-term care facilities.

As Canada’s largest fitness company, we are very committed to working with you and your public health unit and would be happy to discuss this further. The fitness sector has suffered enough over the last few years and we firmly believe that we can continue to operate safely and contribute to the healthcare system.

We would value the opportunity to have a call with you to discuss this further, and appreciate your time and consideration.

Sincerely,

Jane Riddell
President
GoodLife Fitness

Tracy Matthews
Vice President, Experience & Safety
GoodLife Fitness

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	November 28, 2022
SUBJECT/REPORT NO:	Board of Health Orientation 2022-2023 (BOH22018) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Nancy Sullivan (905) 546-2424, Ext. 5752
SUBMITTED BY: **SIGNATURE:**	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services

COUNCIL DIRECTION

Not Applicable.

INFORMATION

In keeping with the Ontario Public Health Standards (see "Appendix A" to Report BOH22018), it is an organizational requirement that members of boards of health are aware of their roles and responsibilities, and emerging issues and trends in public health, through the development and implementation of a comprehensive orientation plan for new board members, and a continuing education program for all board members.

The following orientation will be provided to all members of Hamilton's Board of Health:

- Introductory presentation on board of health governance and accountability at the Board of Health meeting on November 28, 2022;
- Presentation of population health data, health equity concepts and public health priorities at the Board of Health meeting on January 16, 2023;
- Presentation of the 2023 Annual Service Plan and Budget Submission at the Board of Health meeting on February 13, 2023; and,
- Availability of online resources related to the public health mandate and governance.

APPENDICES AND SCHEDULES ATTACHED

“Appendix A” to Report BOH22018	Ontario Public Health Standards 2021

Ontario Public Health Standards:

Requirements for Programs, Services and Accountability

Protecting and Promoting the Health of Ontarians

Effective: June, 2021

Ontario

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability are published as the public health standards for the provision of mandatory health programs and services by the Minister of Health, pursuant to Section 7 of the *Health Protection and Promotion Act*

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Policy and Legislative Context

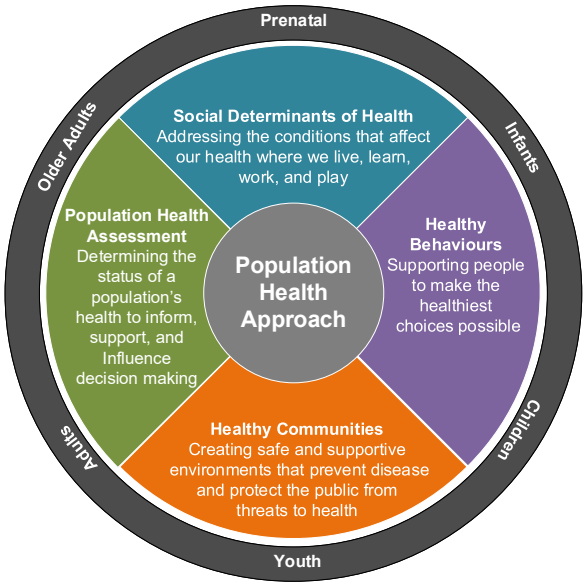
What is Public Health?

The focus of public health is on the whole population. Its work is embedded in the daily lives of the people of Ontario. Public health interventions have made the food we eat safer, they have protected us from infectious diseases and environmental threats to health, and they have created healthier environments to support and inform choices about risks, including those related to tobacco and alcohol. Public health also impacts communities by developing healthier built environments, responding to public health emergencies, and promoting social conditions that improve health.

Public health works through multiple channels and on multiple issues in order to have an impact on the health of the population. The work is diverse, including individual clinical service delivery, education, inspection, surveillance, and policy development, among other activities. What unifies public health action is its focus on prevention, upstream interventions and societal factors that influence health.

Our public health system reflects the diversity of Ontario's population. Boards of health serve populations large and small, in urban and rural settings. Each has responsibility for delivering local public health programs and services within its geographic borders. Public health does this in partnership with many other entities including governmental, non-governmental, and community organizations. Public health also builds partnerships with Indigenous communities (inclusive of First Nations [Status and Non-Status], Métis, Inuit, and those who self-identify as Indigenous) to work together to address their public health needs.

Figure 1: What is Public Health?



Public health work is grounded in a population health approach – focused on upstream efforts to promote health and prevent diseases to improve the health of populations and the differences in health among and between groups. Health risks and priorities change as people grow and age and public health works to address health across the life course.

Policy Framework for Public Health Programs and Services

The work of public health is diverse, multi-faceted, and expansive. The **Policy Framework for Public Health Programs and Services** (Figure 2) brings focus to core functions of public health (i.e., assessment and surveillance, health promotion and policy development, health protection, disease prevention, and emergency management) and highlights the unique approach to our work. It articulates our shared goal and objectives, and outlines the contribution of our work in reaching population health outcomes related to health and health equity.

Our goal is realized through the achievement of program outcomes and contributions to population health outcomes - by reducing preventable disease, injury and death and taking action on health inequities for the people of Ontario. The public health sector works in partnership with health and social sectors to contribute to these population health outcomes.

Consistent with Ministry of Health (ministry) policy direction, public health programs and services are focused primarily in four domains:

- Social Determinants of Health;
- Healthy Behaviours;
- Healthy Communities; and
- Population Health Assessment.

The population health approach assesses more than health status and the biological determinants of health, but includes the social factors that influence health, including income, education, and employment. It moves beyond traditional health perspectives that focus on disease and disability, taking into account mental and social well-being and quality of life.

The public health sector achieves its objectives and ultimately improves population health outcomes through the delivery of public health programs and services. Our programs and services reach all Ontarians, with a special focus on those at greater risk of poor health outcomes. Boards of health are guided by the principles of Need; Impact; Capacity; and Partnership, Collaboration, and Engagement. The application of these principles ensures that boards of health assess, plan, deliver, manage, and evaluate public health programs and services to meet local needs, while also working towards common outcomes.

Figure 2: Policy Framework for Public Health Programs and Services

Goal	To improve and protect the health and well-being of the population of Ontario and reduce health inequities			
Population Health Outcomes	• Improved health and quality of life • Reduced morbidity and premature mortality • Reduced health inequity among population groups			
Domains	**Social Determinants of Health**	**Healthy Behaviours**	**Healthy Communities**	**Population Health Assessment**
Objectives	To reduce the negative impact of social determinants that contribute to health inequities	To increase knowledge and opportunities that lead to healthy behaviours	To increase policies, partnerships and practices that create safe, supportive and healthy environments	To increase the use of population health information to guide the planning and delivery of programs and services in an integrated health system
Programs and Services	**Goals** • To increase the use of public health knowledge and expertise in the planning and delivery of programs and services within an integrated health system • To reduce health inequities with equity focused public health practice • To increase the use of current and emerging evidence to support effective public health practice • To improve behaviours, communities and policies that promote health and well-being • To improve growth and development for infants, children and adolescents • To reduce disease and death related to infectious, communicable and chronic diseases of public health significance • To reduce disease and death related to vaccine preventable diseases • To reduce disease and death related to food, water and other environmental hazards • To reduce the impact of emergencies on health			
Principles	**Need** • Assess the distribution of social determinants of health and health status • Tailor programs and services to address needs of the health unit population	**Impact** • Assess, plan, deliver, and manage programs and services by considering evidence, effectiveness, barriers, and performance measures	**Capacity** • Make the best use of available resources to achieve the capacity required to meet the needs of the health unit population	**Partnership, Collaboration and Engagement** • Engage with multiple sectors, partners, communities, priority populations, and citizens • Build and further develop the relationship with Indigenous communities. These relationships may take many forms and need to be undertaken in a way that is meaningful to the particular community and/or organization

Statutory Basis for the Standards

Authority for the establishment of boards of health is provided under Part VI, Section 49, of the *Health Protection and Promotion Act*. The *Health Protection and Promotion Act* specifies that there shall be a board of health for each health unit. A health unit is defined in the *Health Protection and Promotion Act*, in part I, section 1(1), as the "...area of jurisdiction of the board of health". In order to respect the board of health as the body that is accountable to the ministry, while also respecting the delegation of authority for the day-to-day management and administrative tasks to the medical officer of health, the requirements for the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS) have been written as "The board of health shall...".

Section 5 of the *Health Protection and Promotion Act* specifies that boards of health must superintend, provide or ensure the provision of public health programs and services in specified areas as follows:

- Community sanitation and the prevention or elimination of health hazards;
- Provision of safe drinking water by small drinking water systems;
- Control of infectious and diseases of public health significance, including providing immunization services to children and adults;
- Health promotion, health protection, and disease and injury prevention;
- Family health;
- Collection and analysis of epidemiological data; and
- Such additional health programs and services as prescribed by regulations.

Section 7 of the *Health Protection and Promotion Act* grants authority to the Minister of Health to "publish public health standards for the provision of mandatory health programs and services, and every board of health shall comply with them" (s.7(1)), thereby establishing the legal authority for the OPHS.

Where there is a reference to the *Health Protection and Promotion Act* within the OPHS, the reference is deemed to include the *Health Protection and Promotion Act* and its regulations.

Boards of health may deliver additional programs and services in response to local needs identified within their communities, as acknowledged in Section 9 of the *Health Protection and Promotion Act*.

Furthermore, boards of health should bear in mind that in keeping with the *French Language Services Act*, services in French should be made available to French-speaking Ontarians located in designated areas.

Boards of health need to be knowledgeable about their duties and responsibilities as specified in other applicable Ontario laws, including but not limited to: the *Building Code Act, 1992;* the *Child Care and Early Years Act, 2014*; the *Employment Standards Act*, *2000*; the *Immunization of School Pupils Act*; the *Healthy Menu Choices Act, 2015*; the *Smoke-Free Ontario Act, 2017*; the *Skin Cancer Prevention Act (Tanning Beds), 2013*; the *Occupational Health and Safety Act*; and the *Personal Health Information Protection Act, 2004*.

Purpose and Scope of the Standards

The role of boards of health 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. The OPHS define the responsibilities of boards of health in an integrated health system and are informed by the core public health functions, which include:

- Assessment and Surveillance;
- Health Promotion and Policy Development;
- Health Protection;
- Disease Prevention; and
- Emergency Management.

Boards of health are responsible for programs and services in all core function areas, demonstrating accountability to the ministry, and monitoring and measuring the effectiveness, impact and success of their programs and services. The OPHS articulate the ministry's expectations for boards of health in these three areas.

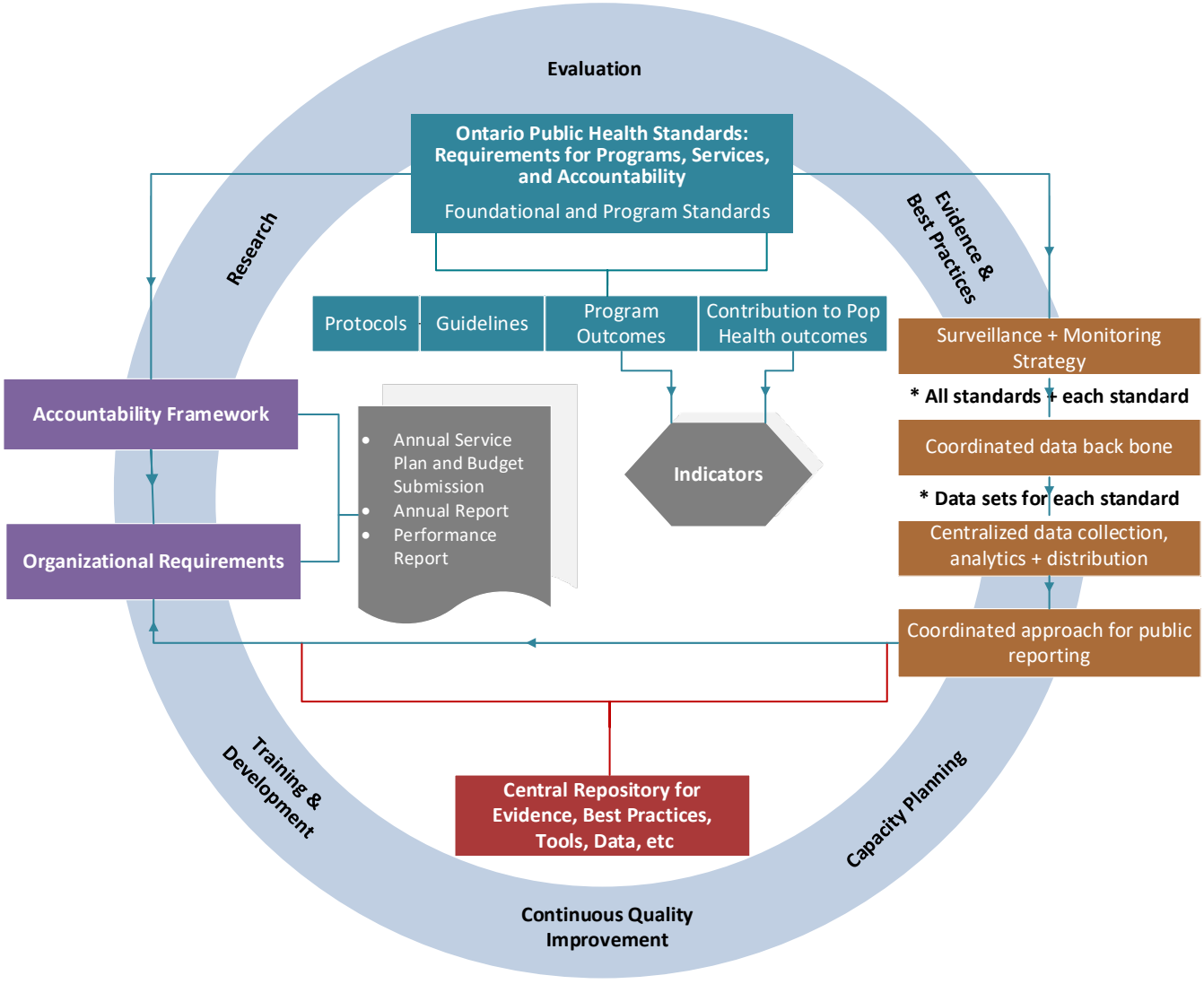
The OPHS consist of the following sections:

- Defining the Work: What Public Health Does, which includes the Foundational and Program Standards;
- Strengthened Accountability, which includes the Public Health Accountability Framework and Organizational Requirements; and
- Transparency and Demonstrating Impact, which includes the Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes and Transparency Framework: Disclosure and Reporting Requirements.

A Coordinated Approach to the Standards and Accountability

The **Coordinated Approach** (Figure 3) diagram illustrates how specific processes and tools will enable and support the implementation of the OPHS and ensure that implementation is informed by research, evidence, and best practices.

Figure 3: Coordinated Approach



Defining the Work: What Public Health Does

Boards of health are responsible for the assessment, planning, delivery, management, and evaluation of a range of public health programs and services that address multiple health needs and respond to the contexts in which these needs occur. The Foundational and Program Standards articulate only those programs and services that all boards of health shall provide and are not intended to encompass the total potential scope of public health programming in Ontario. They include a broad range of population-based activities designed to promote and protect the health of the population as a whole and reduce health inequities.

Many of the requirements in the Foundational and Program Standards are supported by protocols and guidelines. Protocols and guidelines are program and topic specific documents which provide direction on how boards of health shall operationalize or approach specific requirements.

Strengthened Accountability

The Public Health Accountability Framework articulates the scope of the accountability relationship between boards of health and the ministry and establishes expectations for boards of health in the domains of Delivery of Programs and Services; Fiduciary Requirements; Good Governance and Management Practices; and Public Health Practice. The ministry's expectation is that boards of health are accountable for meeting all requirements included in legislation (e.g., *Health Protection and Promotion Act*, *Financial Administration Act*, etc.) and the documents that operationalize them (e.g., the OPHS, Ministry-Board of Health Accountability Agreement, etc.). The Organizational Requirements specify those requirements where reporting and/or monitoring are required by boards of health to demonstrate accountability to the ministry.

Accountability is demonstrated through the submission of planning and reporting tools by boards of health to the ministry, including the Board of Health Annual Service Plan and Budget Submission, performance reports, and an annual report. These tools enable boards of health to demonstrate that they are meeting defined expectations and provide appropriate oversight for public funding and resources.

Transparency and Demonstrating Impact

The Foundational and Program Standards identify requirements that should result in specified program outcomes and ultimately contribute to population-based goals and

population health outcomes.[1] The achievement of goals and population health outcomes builds on achievements by boards of health, along with those of many other organizations, governmental bodies, and community partners. Measurement of program outcomes and population health outcomes will help to assess the impact and success of public health programs and services and demonstrate the collective contribution towards population health outcomes. The Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes describes the indicators that will be used to monitor our work and measure our success.

An integrated surveillance and monitoring strategy enables the planning, implementation, monitoring, and evaluation of public health programs and services. Identification of common measures and centralized coordination of data access, collection, analysis and distribution facilitates efficient utilization of resources and effective, coordinated actions.

Enhanced transparency is a key priority for the ministry and public sector in general. Boards of health are required to ensure public access to key organizational documents that demonstrate responsible use of public funds and information that allows the public to make informed decisions about their health. The Transparency Framework: Disclosure and Reporting Requirements articulates the expectations of public disclosure by boards of health to support enhanced transparency and promote public confidence in Ontario's public health system.

Bringing available data together with other information, such as best practice and research evidence, in a central repository assists with analytics required at provincial, regional, and local levels. This can support each board of health in managing its own governance, administration, and effective program and service planning, as well as demonstrating the value of public health and impact on overall health and wellness of the population.

[1]Refer to Figure 4 for a definition of program outcomes and goals. The population health outcomes are specified in the Policy Framework for Public Health Programs and Services (Figure 2).

Defining the Work: What Public Health Does

2

Defining the Work: What Public Health Does

Foundational and Program Standards

This section includes the Foundational and Program Standards. The Foundational Standards articulate specific requirements that underlie and support all Program Standards. Population health assessment and surveillance requirements are also included in each Program Standard. The Foundational Standards include:

- Population Health Assessment
- Health Equity
- Effective Public Health Practice, which is divided into three sections:
    - Program Planning, Evaluation, and Evidence-Informed Decision-Making
    - Research, Knowledge Exchange, and Communication
    - Quality and Transparency
- Emergency Management

The Program Standards are grouped thematically to address Chronic Disease Prevention and Well-Being; Food Safety; Healthy Environments; Healthy Growth and Development; Immunization; Infectious and Communicable Diseases Prevention and Control; Safe Water; School Health; and Substance Use and Injury Prevention. Boards of health shall assess, plan, deliver, manage, and evaluate programs and services cohesively across thematic areas, impacting multiple settings and meeting needs across the lifespan.

Both the Foundational and Program Standards articulate broad population-based goals and program outcomes, and specific requirements. These concepts are described in Figure 4.

Figure 4: Description of the Components of each Standard

Components of Each Standard		
Goal	**Program Outcomes**	**Requirements**
The goal is a statement that reflects the broadest level of results to be achieved in a specific standard. The work of boards of health, along with other parts of the health system, community partners, non-governmental organizations, governmental bodies, and community members, contributes to achieving the goal.	Program outcomes are the results of programs and services implemented by boards of health. Outcomes often focus on changes in awareness, knowledge, attitudes, skills, practices, environments, and policies. Each board of health shall establish internal processes for managing day-to-day operations of programs and services to achieve desired program outcomes.	Requirements are the specific statements of action. Requirements articulate the activities that boards of health are expected to undertake. Some requirements are core to public health practice and are expected to be adhered to consistently across the province, while others are to be carried out in accordance with the local context through the use of detailed population-based analyses and situational assessments. All programs and services shall be tailored to reflect the local context and shall be responsive to the needs of priority populations.[2] Protocols are named in many requirements to provide further direction on how boards of health must operationalize specific requirement(s). Guidelines are also named in many requirements and provide direction on how boards of health must approach specific requirement(s).

The requirements in the OPHS balance the need for standardization across the province, with the need for variability to respond to local needs, priorities, and contexts. This flexible approach accommodates greater variability where there is an opportunity to plan programs to decrease health inequities and address the needs of priority populations.

[2]Priority populations as defined in the Population Health Assessment Standard.

Foundational Standards

Public health programs and services that are informed by evidence are the foundation for effective public health practice. Evidence-informed practice is responsive to the needs and emerging issues of the health unit's population and uses the best available evidence to address them.

- Population health assessment is integral to public health practice.
- A focus on health equity is important to the delivery of all public health programs and services in order to support people to reach their full health potential.
- Effective public health practice requires boards of health to apply skills in evidence-informed decision-making, research, knowledge exchange, program planning and evaluation, and communication, with a continued focus on quality and transparency.
- Emergency management is a critical role that boards of health play in ensuring that they have the capacity to respond to new and emerging events and cope with a range of disruptions.

Population Health Assessment

Population health assessment includes the measurement, monitoring, analysis, and interpretation of population health data and knowledge and intelligence about the health status of populations and subpopulations, including social determinants of health and health inequities. Population health assessment provides the information necessary to understand the health of populations through the collaborative development and ongoing maintenance of population health profiles, identification of challenges and opportunities, and monitoring of the health impacts of public health practice.

Population health assessment also includes a monitoring role, described as epidemiological surveillance. This is the systematic and ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know, so that action can be taken. It contributes to effective public health program planning, delivery, and management. Dissemination of analyses may take the form of reports, advisories, healthy public policy recommendations, alerts, or warnings.

Goal

Public health practice responds effectively to current and evolving conditions, and contributes to the public's health and well-being with programs and services that are informed by the population's health status, including social determinants of health and health inequities.

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services.
- Planning and delivery of local public health programs and services align with the identified needs of the local population, including priority populations.
- Resources are allocated to reflect public health priorities and reallocated, as feasible, to reflect emergent public health priorities.
- Relevant public health practitioners and community partners receive timely information regarding risks in order to take appropriate action.
- The public, community partners, and health care providers are aware of relevant and current population health information.
- Relevant community partners have population health information, including information on health inequities, necessary for planning, delivering, and monitoring health services that are responsive to population health needs.

Requirements

1. The board of health shall conduct surveillance, including the ongoing collection, collation, analysis, and periodic reporting of population health information, as required by the *Health Protection and Promotion Act* and in accordance with the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
2. The board of health shall interpret and use surveillance data to communicate information on risks to relevant audiences in accordance with the *Healthy Environments and Climate Change Guideline, 2018* (or as current); the *Infectious Diseases Protocol, 2018* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
3. The board of health shall assess current health status, health behaviours, preventive health practices, risk and protective factors, health care utilization relevant to public health, and demographic indicators, including the assessment of trends and changes, in accordance with the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
4. The board of health shall use population health, social determinants of health, health inequities, and other sources of information to assess the needs of the local population, including the identification of populations at risk of negative health outcomes, in order to determine those groups that would benefit most from public health programs and services (i.e., priority populations).[3]
5. The board of health shall tailor public health programs and services to meet identified local population health needs, including those of priority populations.
6. The board of health shall provide population health information, including social determinants of health, health inequities, and other relevant sources to the public, community partners, and other health care providers in accordance with the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).

Health Equity

Health is influenced by a broad range of factors - genetics, individual lifestyles and behaviours, and the physical, social, and economic environments in which we live. These factors contribute to health experienced by individuals and to the overall level of health in a community or population. Factors beyond an individual's biology and

[3]Priority populations are those that are experiencing and/or at increased risk of poor health outcomes due to the burden of disease and/or factors for disease; the determinants of health, including the social determinants of health; and/or the intersection between them. They are identified using local, provincial and/or federal data sources; emerging trends and local context; community assessments; surveillance; and epidemiological and other research studies.

behaviours - those that form the conditions in which people are born, grow up, live, and work - are known as the social determinants of health. Any differences or variations in health status between groups are known as health inequalities. When health inequalities have the potential to be changed or decreased by social action, they are called health inequities.

Health inequities are health differences that are:

- Systematic, meaning that health differences are patterned, where health generally improves as socioeconomic status improves;
- Socially produced, and therefore could be avoided by ensuring that all people have the social and economic conditions that are needed for good health and well-being; and
- Unfair and/or unjust because opportunities for health and well-being are limited.

Health equity means that all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance.

The social determinants of health can be used to gain a deeper understanding of the population health needs of communities. Data can be used to examine various health outcomes (e.g., childhood obesity) from the perspective of social determinants of health (e.g., family income, family education level, etc.) and this information helps boards of health identify priority populations. Programs and services tailored to meet the needs of priority populations, policy work aimed at reducing barriers to positive health outcomes, and activities that facilitate positive behaviour changes to optimize health for everyone, are all important components of a program of public health interventions. By assessing the social determinants of health, boards of health have a better understanding of the impact of various social constructs within their communities, and are better able to plan programs and services that can help address health inequities. In some instances, there is sufficient data to demonstrate disparities in health outcomes for populations at the provincial level, such as Francophone and Indigenous communities.

Indigenous Communities and Organizations

The Indigenous population in Ontario is comprised of First Nations, Métis, and Inuit people. There are many different Indigenous communities across the province, including many different First Nation governments each with their own histories, cultures, organizational approaches, and jurisdictional realities that need to be considered.

Relationships between boards of health and Indigenous communities and organizations need to come from a place of trust, mutual respect, understanding, and reciprocity. It is important to acknowledge that as part of this relationship building, First Nations in Ontario believe that Canada, in its fiduciary capacity and as a Treaty partner, also has an obligation to continue to contribute to the improvement of health care and health outcomes for these communities.

One important first step for boards of health in beginning to build and/or further develop their relationships with Indigenous communities and organizations is to ensure it is done in a culturally safe way. The *Relationship with Indigenous Communities Guideline, 2018* (or as current) provides boards of health with information about the different Indigenous communities that may be within the area of jurisdiction of the board of health.

Goal

Public health practice results in decreased health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances.

Program Outcomes

- The board of health achieves timely and effective detection and identification of health inequities, associated risk factors, and emerging trends.
- Community partners and the public, are aware of local health inequities, their causes, and impacts.
- There is an increased awareness on the part of community partners of the impact of social determinants of health on health outcomes and increased support for actions to decrease health inequities.
- Boards of health implement strategies to reduce health inequities.
- Community partners implement strategies to reduce health inequities.
- Priority populations are meaningfully engaged in the planning of public health interventions.
- Indigenous communities are engaged in a way that is meaningful for them.

- Multi-sectoral collaboration informs development of local strategies to decrease health inequities.

Requirements

1. The board of health shall assess and report on the health of local populations describing the existence and impact of health inequities and identifying effective local strategies that decrease health inequities in accordance with the *Health Equity Guideline, 2018* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
2. The board of health shall modify and orient public health interventions to decrease health inequities in accordance with the *Health Equity Guideline, 2018* (or as current), and by:
   a) Engaging priority populations in order to understand their unique needs, histories, cultures, and capacities; and
   b) Designing strategies to improve the health of the entire population while decreasing the health inequities experienced by priority populations.
3. The board of health shall engage in multi-sectoral collaboration with municipalities and other relevant stakeholders in decreasing health inequities in accordance with the *Health Equity Guideline, 2018* (or as current). Engagement with Indigenous communities and organizations, as well as with First Nation communities striving to reconcile jurisdictional issues, shall include the fostering and creation of meaningful relationships, starting with engagement through to collaborative partnerships, in accordance with the *Relationship with Indigenous Communities Guideline, 2018* (or as current).
4. The board of health shall lead, support, and participate with other stakeholders in health equity analysis, policy development, and advancing healthy public policies that decrease health inequities in accordance with the *Health Equity Guideline, 2018* (or as current).

Effective Public Health Practice

Goal

Public health practice is transparent, responsive to current and emerging evidence, and emphasizes continuous quality improvement.

Program Outcomes

- Public health programs and services are reflective of local population health issues, the best available evidence, new public health knowledge, and adapted to the local context.
- Public health programs and services are modified to address issues related to program effectiveness.
- Public health practitioners, policy-makers, community partners, health care providers, and the public are aware of the factors that determine the health of the population.
- Public health research and knowledge exchange activities are reflective of effective partnerships with community researchers, academic partners, and other appropriate organizations.
- Public health communication strategies reflect local needs and utilize a variety of communication modalities to ensure effective communication.
- The public and community partners are aware of ongoing public health program improvements.
- The public and community partners are aware of inspection results to support making evidence-informed choices.
- Ongoing program improvements enhance client and community partner experience and address issues identified through various means.

Program Planning, Evaluation, and Evidence-Informed Decision-Making

Program planning and evaluation are part of an ongoing and iterative cycle of program development and improvement.

A program is a plan of action intended to achieve specific outcomes. Program planning is an ongoing, iterative process that organizations use to develop and modify a program throughout its lifespan.

Program evaluation is the systematic gathering, analysis, and reporting of data about a program to assist in decision-making. It includes quantitative, qualitative, and mixed-method approaches. Program evaluation produces the information needed to support the establishment of new programs and services (needs assessment); assess whether evidence-informed programs and services are carried out with the necessary reach, intensity, and duration (process evaluation); or document the effectiveness and efficiency of programs and services (outcome evaluation).

Evidence-informed decision-making is the process of analyzing and using the best available evidence from research, context, and experience to inform decisions on development and delivery of public health programs and services. Evidence to inform the decision-making process may come from a variety sources including: key facts, findings, trends, and recommendations from published scientific research; data and analyses obtained from population health assessment and surveillance; legal and political environments; stakeholder perspectives; public engagement; and recommendations based on past experiences including program evaluation information.

Requirements

1. The board of health shall develop and implement a Board of Health Annual Service Plan and Budget Submission which:
    a) Demonstrates the use of a systematic process to plan public health programs and services to address the needs of the community by integrating the best available research and evaluation evidence with contextual factors such as local population health issues, priority populations, community assets and needs, political climate, public engagement, and available resources; and
    b) Describes the public health programs and services planned for implementation and the information which informed it.
2. The board of health shall routinely monitor program activities and outcomes to assess and improve the implementation and effectiveness of programs and services, including collection, analysis, and periodic reporting of indicators related to inputs, resources, implementation processes, reach, outputs, and outcomes.
3. The board of health shall ensure a culture of on-going program improvement and evaluation and shall conduct formal program evaluations where required.
4. The board of health shall ensure all programs and services are informed by evidence.

Research, Knowledge Exchange, and Communication

Exploring an issue or investigating a question is accomplished through research - the organized and purposeful collection, analysis, and interpretation of data. Research may involve the primary collection of new data or the analysis or synthesis of existing data and findings.

Knowledge exchange is collaborative problem-solving among public health practitioners, researchers, and decision-makers. It results in mutual learning through the process of planning, producing, disseminating, and applying existing or new research in decision-making.

Promoting and protecting the public's health require effective communication. Various communication strategies may be needed to ensure the greatest impact, depending on the population, local context, available resources, and local and provincial priorities.

Requirements

5. The board of health shall engage in knowledge exchange activities with public health practitioners across the province, policy-makers, academic and community partners, health care providers, and the public regarding factors that determine the health of the population as informed by population health assessment, surveillance, research, and program evaluation.
6. The board of health shall foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research[4] and knowledge exchange activities, which may include those conducted by the board of health alone or in partnership or collaboration with other organizations.
7. The board of health shall use a variety of communication modalities, including social media, taking advantage of existing resources where possible, and complementing national/provincial health communications strategies.

Quality and Transparency

A public health system with a culture of quality and transparency is safe, effective, client and community/population centred, efficient, responsive, and timely.

[4]Research activities that involve personal health information must comply with the *Personal Health Information Protection Act, 2004* and specifically with Section 44 of that Act.

Requirements

8. The board of health shall ensure a culture of quality and continuous organizational self-improvement that underpins programs and services and public health practice, and demonstrates transparency and accountability to clients, the public, and other stakeholders. This may include:
   a) Identification and use of tools, structures, processes and priorities to measure and improve the quality of programs and services, such as the establishment of a Quality/Practice Committee and/or the development and monitoring of a Quality Improvement Plan;
   b) Measurement of client, community, community partner and stakeholder experience to inform transparency and accountability;
   c) Routine review of outcome data that includes variances from performance expectations and implementation of remediation plans; and
   d) Use of external peer reviews, such as accreditation.
9. The board of health shall publicly disclose results of all inspections or information in accordance with the *Consumption and Treatment Services Compliance and Enforcement Protocol, 2021* (or as current); the *Food Safety Protocol, 2018* (or as current); the *Health Hazard Response Protocol, 2018* (or as current); the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); the *Infection Prevention and Control Protocol, 2018* (or as current); the *Recreational Water Protocol, 2018* (or as current); the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current); the *Tanning Beds Protocol, 2018* (or as current); and the *Tobacco, Vapour and Smoke Protocol, 2018* (or as current).

Emergency Management

Emergencies can occur anywhere and at any time. Boards of health regularly experience new and emerging events ranging from infectious diseases such as SARS, the H1N1 influenza pandemic, and Ebola virus disease to extreme weather events and environmental hazards such as flooding and forest fires.

Effective emergency management ensures that boards of health are ready to cope with and recover from threats to public health or disruptions to public health programs and services. This is done through a range of activities carried out in coordination with other community partners.

This planning, and its associated activities, is a critical role in strengthening the overall resilience of boards of health and the broader health system. Ministry policy and expectations to support a ready and resilient health system will be outlined separately.

Goal

To enable consistent and effective management of emergency situations.

Program Outcome

- The board of health is ready to respond to and recover from new and emerging events and/or emergencies with public health impacts.

Requirement

1. The board of health shall effectively prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidelines.[5]

[5]The ministry policy and guidelines for a ready and resilient health system will set expectations across the broader health system. This will include direction for boards of health in the establishment of an integrated program that incorporates emergency management practices.

Program Standards

Chronic Disease Prevention and Well-Being

Goal

To reduce the burden of chronic diseases of public health importance[6] and improve well-being.

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services for the prevention of chronic diseases.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with the prevention of chronic diseases.
- Priority populations and health inequities related to chronic diseases have been identified and relevant data have been communicated to community partners.
- There is a reduction in population health inequities related to chronic diseases.
- Community partners are aware of healthy behaviours associated with the prevention of chronic diseases.
- Community partners have knowledge of and increased capacity to act on the factors associated with the prevention of chronic diseases and promotion of well-being, including healthy living behaviours, healthy public policy, and creating supportive environments.
- Community partners, policy-makers, and the public, including priority populations, are meaningfully engaged in the planning, implementation, development and evaluation of programs and services for the prevention of chronic diseases.

[6]Chronic diseases of public health importance include, but are not limited to, obesity, cardiovascular diseases, respiratory disease, cancer, diabetes, intermediate health states (such as metabolic syndrome and prediabetes), hypertension, dementia, mental illness, and addictions.

- There is increased public awareness of the impact of risk factors, protective factors and healthy behaviours associated with chronic diseases.
- There is an increased adoption of healthy living behaviours among populations targeted through program interventions for the prevention of chronic diseases.
- Youth have decreased exposure to ultraviolet (UV) radiation, including reduced access to tanning beds.
- Tanning bed operators are in compliance with the *Skin Cancer Prevention Act (Tanning Beds), 2013*.
- Food premises are in compliance with the *Healthy Menu Choices Act, 2015*.

Requirements

1. The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to chronic diseases and report and disseminate the data and information in accordance with the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
2. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the health unit population.

    a) The program of public health interventions shall be informed by:

        i. An assessment of the risk and protective factors for, and distribution of, chronic diseases;

        ii. Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental, and other relevant sectors;

        iii. An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication;

        iv. Consideration of the following topics based on an assessment of local needs:

            - Built environment;
            - Healthy eating behaviours;
            - Healthy sexuality;
            - Mental health promotion;
            - Oral health;
            - Physical activity and sedentary behaviour;

- Sleep;
- Substance[7] use; and
- UV exposure.

v. Evidence of effectiveness of the interventions employed.

b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Chronic Disease Prevention Guideline, 2018* (or as current); the *Health Equity Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); the *Tobacco, Vapour and Smoke Guideline, 2018* (or as current) and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).[8]

3. The board of health shall enforce the *Skin Cancer Prevention Act (Tanning Beds), 2013* in accordance with the *Tanning Beds Protocol, 2018* (or as current.
4. The board of health shall enforce the *Healthy Menu Choices Act, 2015* in accordance with the *Menu Labelling Protocol, 2018* (or as current).
5. The board of health shall provide the Ontario Seniors Dental Care Program in accordance with the *Oral Health Protocol, 2018* (or as current).

[7]Substance includes tobacco, e-cigarettes, alcohol, cannabis, opioids, illicit, other substances and emerging products.
[8]The *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current) provides guidance on alcohol, cannabis, opioids, and illicit substances.

Food Safety

Goal

To prevent or reduce the burden of food-borne illnesses.

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services related to food safety.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with food safety.
- Timely and effective detection, identification, and response to food-borne illnesses, their associated risk factors, emerging trends, and unsafe food offered for public consumption.
- Food-borne illness risks are mitigated.
- Food handlers are educated in food safety to handle and manage food for public consumption in a safe and sanitary manner.
- The public and community partners are aware of safe food-handling practices and food safety issues.
- The public and community partners have the knowledge and skills needed to handle food in a safe manner.
- There is reduced incidence of food-borne illnesses.

Requirements

1. The board of health shall:
   a) Conduct surveillance of suspected and confirmed food-borne illnesses, food premises, and food for public consumption;
   b) Conduct epidemiological analysis of surveillance data including monitoring of trends over time, emerging trends, and priority populations; and
   c) Respond by adapting programs and services

   in accordance with the *Food Safety Protocol, 2018* (or as current); the *Operational Approaches for Food Safety Guideline, 2018* (or as current); and

the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).

2. The board of health shall ensure food handlers in food premises have access to training in safe food-handling practices and principles in accordance with the *Food Safety Protocol, 2018* (or as current) and the *Operational Approaches for Food Safety Guideline, 2018* (or as current).
3. The board of health shall increase public awareness of food-borne illnesses and safe food-handling practices and principles in accordance with the *Food Safety Protocol, 2018* (or as current) and the *Operational Approaches for Food Safety Guideline, 2018* (or as current) by:
    a) Adapting and/or supplementing national/provincial food safety communications strategies where local assessment has identified a need; and/or
    b) Developing and implementing regional/local communications strategies where local assessment has identified a need.
4. The board of health shall provide all the components of the Food Safety Program in accordance with the *Food Safety Protocol, 2018* (or as current) and the *Operational Approaches for Food Safety Guideline, 2018* (or as current).
5. The board of health shall ensure 24/7 availability to receive reports of and respond to:
    a) Suspected and confirmed food-borne illnesses or outbreaks;
    b) Unsafe food-handling practices, food recalls, adulteration, and consumer complaints; and
    c) Food-related issues arising from floods, fires, power outages, or other situations that may affect food safety in accordance with the *Health Protection and Promotion Act*; the *Food Safety Protocol, 2018* (or as current); the *Infectious Diseases Protocol, 2018* (or as current); and the *Operational Approaches for Food Safety Guideline, 2018* (or as current).

Healthy Environments

Goal

To reduce exposure to health hazards[9] and promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks, including the impacts of a changing climate.

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services related to reducing exposure to health hazards and promoting healthy built and natural environments.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with health hazards and healthy built and natural environments.
- There is a decrease in health inequities related to exposure to health hazards.
- Timely and effective detection, identification, and response to health hazards and associated public health risks, trends, and illnesses.
- The public and community partners are aware of the risks of health hazard incidents.
- The public and community partners are aware of health protection and prevention activities related to health hazards and conditions that create healthy built and natural environments.
- Community partners and the public are engaged in the planning, development, implementation, and evaluation of strategies to reduce exposure to health hazards and promote the creation of healthy natural and built environments.
- Community partners have the information necessary to create healthy public policies related to reducing exposure to health hazards and creating healthy built and natural environments.
- There is reduced public exposure to health hazards.

[9]Health hazard, as defined in s.1(1) of the *Health Protection and Promotion Act*, means “(a) a condition of a premises, (b) a substance, thing, plant or animal other than man, or (c) a solid, liquid, gas or combination of any of them, that has or that is likely to have an adverse effect on the health of any person.”

Requirements

1. The board of health shall:
   a) Conduct surveillance of environmental factors in the community;
   b) Conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations; and
   c) Use information obtained to inform healthy environments programs and services

   in accordance with the *Health Hazard Response Protocol, 2018* (or as current); the *Healthy Environments and Climate Change Guideline, 2018* (or as current); the *Infectious Diseases Protocol, 2018* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
2. The board of health shall identify risk factors and priority health needs in the built and natural environments.
3. The board of health shall assess health impacts related to climate change in accordance with the *Healthy Environments and Climate Change Guideline, 2018* (or as current).
4. The board of health shall engage in community and multi-sectoral collaboration with municipal and other relevant partners to promote healthy built and natural environments in accordance with the *Healthy Environments and Climate Change Guideline, 2018* (or as current).
5. The board of health shall collaborate with community partners to develop effective strategies to reduce exposure to health hazards and promote healthy built and natural environments in accordance with the *Health Hazard Response Protocol, 2018* (or as current) and the *Healthy Environments and Climate Change Guideline, 2018* (or as current).
6. The board of health shall implement a program of public health interventions to reduce exposure to health hazards and promote healthy built and natural environments.
7. The board of health shall, as part of its strategy to reduce exposure to health hazards and promote healthy natural and built environments, effectively communicate with the public by:
   a) Adapting and/or supplementing national/provincial health communications strategies where local assessment has identified a need;
   b) Developing and implementing regional/local communications strategies where local assessment has identified a need; and
   c) Addressing the following topics based on an assessment of local needs:

- Built and natural environments;
- Climate change;
- Exposure to hazardous environmental contaminants and biological agents;
- Exposure to radiation, including UV light and radon;
- Extreme weather;
- Indoor air pollutants;
- Outdoor air pollutants; and
- Other emerging environmental exposures

in accordance with the *Healthy Environments and Climate Change Guideline, 2018* (or as current).

8. The board of health shall assess and inspect facilities where there is an elevated risk of illness associated with exposures that are known or suspected to be associated with health hazards in accordance with the *Health Hazard Response Protocol, 2018* (or as current).
9. The board of health shall investigate potential health hazards and respond by preventing or reducing exposure to health hazards in accordance with the *Health Hazard Response Protocol, 2018* (or as current).
10. The board of health shall ensure 24/7 availability to receive reports of and respond to health hazards in accordance with the *Health Hazard Response Protocol, 2018* (or as current).
11. The board of health shall conduct routine inspections, complaint-based investigations, enforcement and public reporting for Consumption and Treatment Services (CTS) within its jurisdiction in accordance with the *Consumption and Treatment Services Compliance and Enforcement Protocol, 2021* (or as current) except for CTS that are directly operated by the local board of health. Boards of health that directly operate a CTS will not inspect their own facility; these inspections, complaint-based investigations, enforcement and public reporting shall be conducted by another organization as identified by the ministry. Complaints received by a local board of health about any CTS it operates should be directed to the ministry and/or any organization identified by the ministry.

Healthy Growth and Development

Goal

To achieve optimal preconception, pregnancy, newborn, child, youth, parental, and family health.

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services related to achieving optimal preconception, pregnancy, newborn, child, youth, parental, and family health.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with healthy growth and development.
- There is a decrease in health inequities related to healthy growth and development.
- Community partners have knowledge of the factors associated with and effective programs for the promotion of healthy growth and development, as well as managing the stages of the family life cycle.
- The board of health collaborates with and fosters collaboration among community partners, children, youth, and parents in the planning, development, implementation and evaluation of programs, services, and policies, which positively impact the health of families and communities.
- Individuals and families are aware of the factors associated with healthy growth and development, and the importance of creating safe and supportive environments that promote healthy growth and development.
- Individuals and families have increased knowledge, skills and access to local supports to effectively foster healthy growth and development at different life stages, and progress through the transitions between these stages.
- Youth have knowledge of contraception, healthy sexuality, healthy fertility, and healthy pregnancies.

Requirements

1. The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to healthy growth

and development and report and disseminate the data and information in accordance with the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).

2. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to support healthy growth and development in the health unit population.

   a) The program of public health interventions shall be informed by:

      i. An assessment of risk and protective factors that influence healthy growth and development.

      ii. An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication.

      iii. Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental, social, and other relevant sectors with specific attention to:

         - School boards, principals, educators, parent groups, student leaders, and students;
         - Child care providers and organizations that provide child care services such as Community Hubs and Family Centres;
         - Health care providers;
         - Social service providers; and
         - Municipalities.

      iv. Consideration of the following topics based on an assessment of local needs:

         - Breastfeeding;
         - Growth and development;
         - Healthy pregnancies;
         - Healthy sexuality;
         - Mental health promotion;
         - Oral Health;
         - Preconception health;
         - Pregnancy counselling;
         - Preparation for parenting;
         - Positive parenting; and

- Visual health.

v. Evidence of the effectiveness of the interventions.

b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Health Equity Guideline, 2018* (or as current); the *Healthy Growth and Development Guideline, 2018* (or as current); and the *Mental Health Promotion Guideline, 2018* (or as current).

3. The board of health shall provide all components of the Healthy Babies Healthy Children Program in accordance with the *Healthy Babies Healthy Children Protocol, 2018* (or as current) (Ministry of Children, Community and Social Services).

Immunization

Goal

To reduce or eliminate the burden of vaccine preventable diseases through immunization.

Program Outcomes

- Timely and effective detection and identification of children susceptible to vaccine preventable diseases, their associated risk factors, and emerging trends.
- Children have up-to-date immunizations according to the current Publicly Funded Immunization Schedules for Ontario, and in accordance with the *Immunization of School Pupils Act* and the *Child Care and Early Years Act, 2014*.
- Timely and effective detection and identification of priority populations facing barriers to immunization, their associated risk factors, and emerging trends.
- Eligible persons, including underserved and priority populations, have access to provincially funded immunization programs and services.
- Improved uptake of provincially funded vaccines among Ontarians.
- Reduced incidence of vaccine preventable diseases.
- Effective inventory management for provincially funded vaccines.
- Health care providers report adverse events following immunization to the board of health.
- Timely and effective outbreak management related to vaccine preventable diseases.
- Increased public confidence in immunizations.

Requirements[10]

1. The board of health shall, in accordance with the *Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018* (or as current), assess, maintain records, and report on:

[10]For requirements related to school-based immunization programs and services, refer to the School Health Standard.

a) The immunization status of children enrolled in licensed child care settings, as defined in the *Child Care and Early Years Act, 2014*;

b) The immunization status of children attending schools in accordance with the *Immunization of School Pupils Act;* and

c) Immunizations administered at board of health-based clinics as required in accordance with the *Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018* (or as current) and the *Infectious Diseases Protocol, 2018* (or as current).

2. The board of health shall conduct epidemiological analysis of surveillance data for vaccine preventable diseases, vaccine coverage, and adverse events following immunization, including monitoring of trends over time, emerging trends, and priority populations in accordance with the *Infectious Diseases Protocol, 2018* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).

3. The board of health shall work with community partners to improve public knowledge and confidence in immunization programs and services by:

a) Adapting and/or supplementing national/provincial health communications strategies where local assessment has identified a need;

b) Developing and implementing regional/local communications strategies where local assessment has identified a need; and

c) Addressing the following topics based on an assessment of local needs:

- Diseases that vaccines prevent;
- Immunization for travelers;
- Introduction of new provincially funded vaccines;
- Legislation related to immunizations;
- Promotion of childhood and adult immunization, including high-risk programs and services;
- Recommended immunization schedules for children and adults, and the importance of adhering to the schedules;
- Reporting immunization information to the board of health as required;
- The importance of immunization;
- The importance of maintaining a personal immunization record for all family members;
- The importance of reporting adverse events following immunization; and
- Vaccine safety.

4. The board of health shall provide consultation to community partners on immunization and immunization practices, based on local needs and as requested.
5. The board of health shall promote and provide provincially funded immunization programs and services to eligible persons in the health unit, including underserved and priority populations.
6. The board of health shall have a contingency plan to deploy board of health staff capable of providing vaccine preventable diseases outbreak management and control, such as mass immunization, in the event of a community outbreak.
7. The board of health shall provide comprehensive information and education to promote effective inventory management for provincially funded vaccines in accordance with the *Vaccine Storage and Handling Protocol, 2018* (or as current). This shall include:
   a) Training at the time of cold chain inspection;
   b) Distributing information to new health care providers who handle vaccines; and
   c) Providing ongoing support to health care providers who handle vaccines, including guidance on effective inventory management.
8. The board of health shall promote appropriate vaccine inventory management in accordance with the *Vaccine Storage and Handling Protocol, 2018* (or as current) in all premises where provincially funded vaccines are stored. This shall include:
   a) Prevention, management, and reporting of cold chain incidences; and
   b) Prevention, management, and reporting of vaccine wastage.
9. The board of health shall ensure that the storage and distribution of provincially funded vaccines, including to health care providers practicing within the health unit, is in accordance with the *Vaccine Storage and Handling Protocol, 2018* (or as current).
10. The board of health shall:
    a) Promote reporting of adverse events following immunization by health care providers to the local board of health in accordance with the *Health Protection and Promotion Act*; and
    b) Monitor, investigate, and document all suspected cases of adverse events following immunization that meet the provincial reporting criteria[11] and promptly report all cases.

[11]The provincial reporting criteria are specified in Appendix B – Provincial Case Definitions of the *Infectious Diseases Protocol, 2018* (or as current).

Infectious and Communicable Diseases Prevention and Control

Goal

To reduce the burden of communicable diseases and other infectious diseases of public health significance.[12,13]

Program Outcomes

- The board of health is aware of and uses local data to influence and inform the development of local healthy public policy and its programs and services for the prevention of infectious and communicable diseases.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with infectious and communicable diseases.
- Timely and effective detection, identification, and management of exposures and local cases/outbreaks of infectious and communicable diseases of public health significance, including diseases of public health significance, their associated risk factors, and emerging trends.
- Effective case management results in limited secondary cases.
- Priority populations have increased access to sexual health and harm reduction services and supports that prevent exposure to and the transmission of sexually transmitted infections and blood-borne infections.
- Reduced transmission of infections and communicable diseases.
- Reduced progression from latent tuberculosis infection (LTBI) to active tuberculosis (TB) disease.
- Reduced development of acquired drug-resistance among active TB cases.

[12]Infectious diseases of public health significance include but are not limited to; those specified as diseases of public health significance as set out by regulation under the *Health Protection and Promotion Act* and include zoonotic and vector-borne diseases. Emerging infectious diseases may be considered of public health significance based on a variety of criteria, including their designation as an emerging disease by international, Federal, and/or Provincial/Territorial health authorities, their potential for preventability or public health action, and the seriousness of their impact on the health of the population and potential spread.

[13]Communicable diseases are communicable diseases defined in the legislation as set out by regulation under the *Health Protection and Promotion Act*.

- The public, community partners, and health care providers report all potential rabies exposures.
- Veterinarians report all animal cases of avian chlamydiosis, avian influenza, novel influenza, and Echinococcus multilocularis infection for appropriate follow up of human contacts of infected animals.
- Effective and efficient management and mitigation of public health risks associated with infection prevention and control lapses.
- Increased awareness and use of infection prevention and control practices in settings that are required to be inspected.

Requirements

1. The board of health shall conduct population health assessment and surveillance regarding infectious and communicable diseases and their determinants. These efforts shall include:
   a) Reporting data elements in accordance with the *Health Protection and Promotion Act*; the *Infectious Diseases Protocol, 2018* (or as current)*;* the *Rabies Prevention and Control Protocol, 2018* (or as current)*;* the *Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol, 2018* (or as current)*;* and the *Tuberculosis Prevention and Control Protocol, 2018* (or as current);
   b) Conducting surveillance and epidemiological analysis, including the monitoring of trends over time, emerging trends, and priority populations in accordance with the *Infectious Diseases Protocol, 2018* (or as current); the *Population Health Assessment and Surveillance Protocol, 2018* (or as current); the *Rabies Prevention and Control Protocol, 2018* (or as current); the *Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol, 2018* (or as current); and the *Tuberculosis Prevention and Control Protocol, 2018* (or as current);
   c) Responding to international, Federal/Provincial/Territorial and local changes in diseases epidemiology by adapting programs and services; and
   d) Using the information obtained through assessment and surveillance to inform program development regarding diseases of public health significance and other emerging infectious diseases.
2. The board of health shall provide public education to increase awareness related to infection prevention and control measures, including respiratory etiquette, and hand hygiene. These efforts shall include:

a) Adapting and/or supplementing national/provincial health education/ communications strategies where local assessment has identified a need; and/or

b) Developing and implementing regional/local communications strategies where local assessment has identified a need.

3. The board of health shall work with community partners and service providers to determine and address the need for knowledge translation resources and supports in the area of infection prevention and control. These efforts shall include:

   a) Adapting and/or supplementing national/provincial health education/ communications strategies where local assessment has identified a need; and/or

   b) Developing and implementing regional/local communications strategies where local assessment has identified a need.

4. The board of health shall work with appropriate partners to increase awareness among relevant community partners, including correctional facilities, health care, and other service providers, of:

   a) The local epidemiology of communicable diseases and other infectious diseases of public health significance;

   b) Infection prevention and control practices; and

   c) Reporting requirements for diseases of public health significance, as specified in the *Health Protection and Promotion Act*.

5. The board of health shall communicate, in a timely and comprehensive manner, with all relevant health care providers and other partners about urgent and emerging infectious diseases issues.

6. The board of health shall, based on local epidemiology, supplement provincial efforts in managing risk communications to appropriate stakeholders on identified risks associated with infectious diseases and emerging diseases of public health significance.

7. The board of health shall use health promotion approaches to increase adoption of healthy behaviours among the population regarding sexual practices and injection drug use to prevent and reduce exposures to sexually transmitted and blood-borne infections by collaborating with and engaging health care providers, community and other relevant partners, and priority populations.

8. The board of health shall collaborate with health care providers and other relevant partners to ensure access to, or provide based on local assessment, clinical services (e.g., sexual health/sexually transmitted infection [STI] clinics) for priority populations to promote and support healthy sexual practices and the

prevention and/or management of sexually transmitted infections and blood-borne infections.

9. The board of health shall collaborate with health care providers and other relevant partners to ensure access to, or provide based on local assessment, harm reduction programs in accordance with the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).
10. The board of health shall collaborate with health care providers and other relevant community partners to:
    a) Create supportive environments to promote healthy sexual practices,[14] access to sexual health services, and harm reduction programs and services for priority populations; and
    b) Achieve a comprehensive and consistent approach, based on local assessment and risk surveillance, to address and manage sexually transmitted infections and blood-borne infections in accordance with the *Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol, 2018* (or as current).
11. The board of health shall provide public health management of cases, contacts, and outbreaks to minimize the public health risk in accordance with the *Infectious Diseases Protocol, 2018* (or as current); the *Institutional/Facility Outbreak Management Protocol, 2018* (or as current); the *Management of Potential Rabies Exposures Guideline, 2018* (or as current); the *Rabies Prevention and Control Protocol, 2018* (or as current); the *Sexual Health and Sexually Transmitted/ Blood-Borne Infections Prevention and Control Protocol, 2018* (or as current); and the *Tuberculosis Prevention and Control Protocol, 2018* (or as current).
12. The board of health shall facilitate timely identification of active cases of TB and referrals of persons through immigration medical surveillance in accordance with the *Tuberculosis Prevention and Control Protocol, 2018* (or as current) and *Tuberculosis Program Guideline, 2018* (or as current), and shall provide or ensure access to TB medication at no cost to clients or providers.
13. The board of health shall receive and respond to all reported cases of potential rabies exposures received from the public, community partners, and health care providers in accordance with the *Health Protection and Promotion Act*; the *Management of Potential Rabies Exposures Guideline, 2018* (or as current); and the *Rabies Prevention and Control Protocol, 2018* (or as current).
14. The board of health shall address the prevention and control of rabies threats as per a local Rabies Contingency Plan and in consultation with other relevant

[14]Healthy sexual practices include, but are not limited to, contraception and the prevention and/or management of sexually transmitted infections and blood-borne infections.

agencies[15] and orders of government, in accordance with the *Management of Potential Rabies Exposures Guideline, 2018* (or as current) and the *Rabies Prevention and Control Protocol, 2018* (or as current).

15. The board of health shall receive and respond to all reported animal cases of avian chlamydiosis (infection of birds with the causative agent of psittacosis in humans), avian influenza, novel influenza, and *Echinococcus multilocularis* infection, in accordance with the *Health Protection and Promotion Act*; the *Management of Avian Chlamydiosis in Birds Guideline, 2018* (or as current); the *Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline, 2018* (or as current); and the *Management of Echinococcus Multilocularis Infections in Animals Guideline, 2018* (or as current).
16. The board of health shall develop a local vector-borne management strategy based on surveillance data and emerging trends in accordance with the *Infectious Diseases Protocol, 2018* (or as current).
17. The board of health shall participate on committees, advisory bodies, or networks that address infection prevention and control practices[16] and policies of, but not limited to, hospitals and long-term care homes in accordance with the *Institutional/Facility Outbreak Management Protocol, 2018* (or as current).
18. The board of health shall receive reports of complaints regarding infection prevention and control practices and respond to and/or refer to appropriate regulatory bodies, including regulatory colleges[17], in accordance with applicable provincial legislation and in accordance with the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); and the *Personal Service Settings Guideline, 2018* (or as current).
19. The board of health shall inspect and evaluate infection prevention and control practices in personal service settings in accordance with the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); and the *Personal Service Settings Guideline, 2018* (or as current).
20. The board of health shall inspect settings associated with risk of infectious diseases of public health significance in accordance with the *Healthy Environments and Climate Change Guideline, 2018* (or as current); the *Infection*

[15]Currently these agencies include the Ministry of Natural Resources and Forestry (MNRF), the Canadian Food Inspection Agency (CFIA) and the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA).
[16]Infection prevention and control practices that may be addressed could include having current evidence-informed infection prevention and control policies and conducting regular staff education sessions to communicate and enhance awareness about the content of the policies.
[17]For the purposes of requirement 17, a “regulatory college” means the college of a health profession or group of health professions established or continued under a health professions Act named in Schedule 1 to the *Regulated Health Professions Act, 1991*.

Prevention and Control Complaint Protocol, 2018 (or as current); the *Infection Prevention and Control Protocol, 201*8 (or as current); and the *Personal Service Settings Guideline, 2018* (or as current).

21. The board of health shall ensure 24/7 availability to receive reports of and respond to:

    a) Infectious diseases of public health significance in accordance with the *Health Protection and Promotion Act*; the *Mandatory Blood Testing Act, 2006*; the *Infectious Diseases Protocol, 2018* (or as current); and the *Institutional/ Facility Outbreak Management Protocol, 2018* (or as current);

    b) Potential rabies exposures in accordance with the *Health Protection and Promotion Act*; the *Management of Potential Rabies Exposures Guideline, 2018* (or as current); and the *Rabies Prevention and Control Protocol, 2018* (or as current); and

    c) Animal cases of avian chlamydiosis, avian influenza, novel influenza, or *Echinococcus multilocularis* infection, in accordance with the *Health Protection and Promotion Act*, the *Management of Avian Chlamydiosis in Birds Guideline, 2018* (or as current); the *Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline, 2018* (or as current); and the *Management of Echinococcus Multilocularis Infections in Animals Guideline, 2018* (or as current).

Safe Water

Goals

- **To prevent or reduce the burden of water-borne illnesses related to drinking water.**
- **To prevent or reduce the burden of water-borne illnesses and injuries related to recreational water use.**

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services related to safe water.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with safe water.
- Timely and effective detection, identification, and response to drinking water contaminants and illnesses, their associated risk factors, and emerging trends, including levels of fluoride outside the recommended range.
- Water-borne illness risks are mitigated.
- Members of the public who use private drinking water supplies (e.g., private wells) are aware of how to safely manage their own drinking water systems.
- The public is aware of drinking water safety, including the potential risk of illnesses related to unsafe drinking water.
- Owners/operators of recreational water facilities and owners/operators of small drinking water systems operate in a safe and sanitary manner.
- The public is aware of potential risk of illnesses and injuries related to recreational water facilities and public beach use.
- Public exposure to recreational water-related illnesses and hazards is reduced.

Requirements

1. The board of health shall:
   a) Conduct surveillance of:

- Drinking water systems and associated illnesses, risk factors, and emerging trends;
- Public beaches and water-borne illnesses associated with recreational water, risk factors, and emerging trends; and
- Recreational water facilities;

b) Conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations; and

c) Use the information obtained to inform safe water programs and services

in accordance with the *Infectious Diseases Protocol, 2018* (or as current); the *Population Health Assessment and Surveillance Protocol, 2018* (or as current); the *Recreational Water Protocol, 2018* (or as current); the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current); and the *Small Drinking Water Systems Risk Assessment Guideline, 2018* (or as current).

2. The board of health shall provide information to private citizens who operate their own private drinking water supplies (e.g., private wells) to promote awareness of how to safely manage their own drinking water systems.
3. The board of health shall ensure the availability of education and training for owners/operators of small drinking water systems and recreational water facilities in accordance with the *Operational Approaches for Recreational Water Guideline, 2018* (or as current); the *Recreational Water Protocol, 2018* (or as current); the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current); and the *Small Drinking Water Systems Risk Assessment Guideline, 2018* (or as current).
4. The board of health shall increase public awareness of water-borne illnesses and safe drinking water by working with community partners and by:
   a) Adapting and/or supplementing national/provincial safe drinking water communications strategies, where local assessment has identified a need; and/or
   b) Developing and implementing regional/local communications strategies where local assessment has identified a need.
5. The board of health shall provide all the components of the Safe Water Program in accordance with:
   a) The *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current) and all applicable statutes and regulations to protect the public from exposure to unsafe drinking water; and
   b) The *Operational Approaches for Recreational Water Guideline, 2018* (or as current) and the *Recreational Water Protocol, 2018* (or as current), to reduce

the risks of illness and injuries at public beaches and recreational water facilities.

6. The board of health shall inform the public about unsafe drinking water conditions and provide the necessary information to respond appropriately in accordance with the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current) and the *Small Drinking Water Systems Risk Assessment Guideline, 2018* (or as current).
7. The board of health shall review drinking water quality reports for its municipal drinking water supplies where fluoride is added in accordance with the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current).
8. The board of health shall ensure 24/7 availability to receive reports of and respond to:
    a) Adverse events related to safe water, such as reports of adverse drinking water of drinking water systems, governed under the *Health Protection and Promotion Act* or the *Safe Drinking Water Act, 2002*;
    b) Reports of water-borne illnesses or outbreaks;
    c) Safe water issues arising from floods, fires, power outages, or other situations that may affect water safety; and
    d) Safe water issues relating to recreational water use including public beaches in accordance with the *Infectious Diseases Protocol, 2018* (or as current); *Operational Approaches for Recreational Water Guideline, 2018* (or as current); the *Recreational Water Protocol, 2018* (or as current); the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current); and the *Small Drinking Water Systems Risk Assessment Guideline, 2018* (or as current).

School Health

Goal

To achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools.

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services related to the health of school-aged children and youth.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with the health of school-aged children and youth.
- There is a decrease in health inequities related to the health of school-aged children and youth.
- School boards and schools are aware of relevant and current population health needs impacting students in their schools.
- School boards and schools are meaningfully engaged in the planning, development, implementation, and evaluation of public health programs and services relevant to school-aged children and youth.
- School boards and schools have the knowledge, skills, and capacity needed to act on the factors associated with the health of school-aged children and youth.
- School-based initiatives relevant to healthy living behaviours and healthy environments are informed by effective partnerships between boards of health, school boards, and schools.
- School-aged children, youth, and their families are aware of factors for healthy growth and development.
- There is an increased adoption of healthy living behaviours among school-aged children and youth.
- The board of health achieves timely and effective detection and identification of children and youth at risk of poor oral health outcomes, their associated risk factors, and emerging trends.
- Children and youth from low-income families have improved access to oral health care.
- The oral health of children and youth is improved.
- The board of health and parents/guardians are aware of the visual health needs

of school-aged children.

- Students and parents/gaurdians are aware of the importance of immunization.
- Children and youth have up-to-date immunizations according to the current Publicly Funded Immunization Schedules for Ontario and in accordance with the *Immunization of School Pupils Act*.

Requirements

1. The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to the health of school-aged children and youth and report and disseminate the data and information in accordance with the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
2. The board of health shall provide population health information, including social determinants of health and health inequities, relevant to the school population to school boards and schools to identify public health needs in schools.
3. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to improve the health of school-aged children and youth.
   a) The program of public health interventions shall be informed by:
      - An assessment of the local population, including the identification of priority populations in schools, as well as school communities at risk for increased health inequities and negative health outcomes;
      - Consultation and collaboration with school boards, principals, educators, parent groups, student leaders, and students;
      - A review of other relevant programs and services delivered by the board of health; and
      - Evidence of the effectiveness of the interventions employed.
   b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Chronic Disease Prevention Guideline, 2018* (or as current); the *Health Equity Guideline, 2018* (or as current); the *Injury Prevention Guideline, 2018* (or as current); the *Healthy Growth and Development Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); the *School Health Guideline, 2018* (or as current); the *Tobacco, Vapour and Smoke Guideline, 2018* (or as current) and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).
4. The board of health shall offer support to school boards and schools, in accordance with the *School Health Guideline, 2018* (or as current), to assist with the implementation of health-related curricula and health needs in schools, based on need and considering, but not limited to:

a) Concussions and injury prevention;
b) Healthy eating behaviours and food safety;
c) Healthy sexuality;
d) Immunization;
e) Infectious disease prevention (e.g., tick awareness, rabies prevention, and hand hygiene);
f) Life promotion, suicide risk and prevention;
g) Mental health promotion;
h) Oral health;
i) Physical activity and sedentary behaviour;
j) Road and off-road safety;
k) Substance[18] use and harm reduction;
l) UV exposure;
m) Violence and bullying; and
n) Visual Health.

Oral Health

5. The board of health shall conduct surveillance, oral screening, and report data and information in accordance with the *Oral Health Protocol, 2018* (or as current) and the *Population Health Assessment and Surveillance Protocol*, *2018* (or as current).
6. The board of health shall provide the Healthy Smiles Ontario (HSO) Program in accordance with the *Oral Health Protocol, 2018* (or as current).

Vision

7. The board of health shall provide, in collaboration with community partners, visual health supports and vision screening services in accordance with the *Child Visual Health and Vision Screening Protocol, 2018* (or as current).

Immunization

8. The board of health shall enforce the *Immunization of School Pupils Act* and assess the immunization status of children in accordance with the *Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018* (or as current).

[18]Substance includes tobacco, e-cigarettes, alcohol, cannabis, opioids, illicit, other substances and emerging products.

9. The board of health shall work with school boards and schools to identify opportunities to improve public knowledge and confidence in immunization for school-aged children by:
   a) Adapting and/or supplementing national/provincial health communications strategies, where local assessment has identified a need;
   b) Developing and implementing regional/local communications strategies, where local assessment has identified a need; and
   c) Addressing the following topics based on an assessment of local needs:
      - Diseases that vaccines prevent;
      - Introduction of new provincially funded vaccines;
      - Legislation related to immunizations;
      - Promotion of childhood immunization, including high-risk programs and services;
      - Recommended immunization schedules for children, and the importance of adhering to the schedules;
      - Reporting immunization information to the board of health as required;
      - The importance of immunization;
      - The importance of maintaining a personal immunization record for all family members;
      - The importance of reporting adverse events following immunization; and
      - Vaccine safety.
10. The board of health shall promote and provide provincially funded immunization programs to eligible students in the health unit through school-based clinics.

Substance Use and Injury Prevention

Goal

To reduce the burden of preventable injuries and substance[19] use.

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services for preventing injuries, preventing substance use, and reducing harms[20] associated with substance use.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with the prevention of injuries, preventing substance use, and reducing harms associated with substance use.
- Priority populations and health inequities related to injuries and substance use have been identified and relevant data have been communicated to community partners.
- There is a reduction in population health inequities related to injuries and substance use.
- Community partners are aware of healthy behaviours associated with the prevention of injuries and substance use, which includes reducing the harms associated with substance use.
- Community partners have knowledge of and increased capacity to act on the factors associated with the prevention of injuries, including healthy living behaviours, healthy public policy, and creating supportive environments.
- Community partners have knowledge of and increased capacity to act on the factors associated with preventing substance use, and reducing harms associated with substance use, including healthy living behaviours and developing personal skills, healthy public policy, and creating supportive environments.

[19]Substance includes tobacco, e-cigarettes, alcohol, cannabis, opioids, illicit, other substances and emerging products.
[20]Harm reduction refers to policies, programs and practices that aim primarily to reduce the adverse health, social, and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption.

- Community partners, policy-makers, and the public, including priority populations, are meaningfully engaged in the planning, implementation, development and evaluation of programs and services for preventing injuries and substance use, and harm reduction.
- There is increased public awareness of the impact of risk and protective factors associated with injuries and substance use.
- There is increased public awareness of the benefits of and access to harm reduction programs and services.
- There is an increased adoption of healthy living behaviours and personal skills among populations targeted through program interventions for preventing injuries, preventing substance use, and reducing harms associated with substance use.
- Youth have reduced access to tobacco products and e-cigarettes.
- Tobacco vendors, e-cigarette vendors and other organizations that are subject to the *Smoke-Free Ontario Act, 2017* are in compliance with the Act.

Requirements

1. The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to injuries and substance use and report and disseminate the data and information in accordance with the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
2. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and substance use in the health unit population.

    a) The program of public health interventions shall be informed by:

        i. An assessment of the risk and protective factors for, and distribution of, injuries and substance use;

        ii. Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental, and other relevant sectors;

        iii. An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication;

        iv. Consideration of the following topics based on an assessment of local needs:

- Comprehensive tobacco control;[21]
- Concussions;
- Falls;
- Life promotion, suicide risk and prevention;
- Mental health promotion;
- Off-road safety;
- Road safety;
- Substance use; and
- Violence.

v. Evidence of the effectiveness of the interventions employed.

b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Health Equity Guideline, 2018* (or as current); the *Injury Prevention Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); the *Tobacco, Vapour and Smoke Guideline, 2018* (or as current) and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).

3. The board of health shall enforce the *Smoke-Free Ontario Act, 2017* in accordance with the *Tobacco, Vapour and Smoke Protocol, 2018* (or as current).
4. The board of health shall conduct routine inspections, complaint-based investigations, enforcement and public reporting for Consumption and Treatment Services (CTS) within its jurisdiction in accordance with the *Consumption and Treatment Services Compliance and Enforcement Protocol, 2021* (or as current) except for CTS that are directly operated by the local board of health. Boards of health that directly operate a CTS will not inspect their own facility; these inspections, complaint-based investigations, enforcement and public reporting shall be conducted by another organization as identified by the ministry. Complaints received by a local board of health about any CTS it operates should be directed to the ministry and/or any organization identified by the ministry.

[21]Comprehensive tobacco control includes: preventing the initiation of tobacco; promoting quitting among young people and adults; eliminating exposure to environmental tobacco smoke; and identifying and eliminating disparities related to tobacco use and its societal outcomes among different population groups.

Strengthened Accountability

3

Strengthened Accountability

Public Health Accountability Framework

The **Public Health Accountability Framework** (Figure 5) outlines the parameters and requirements to hold boards of health accountable for the work they do, how they do it, and the results achieved. It articulates the expectations of the ministry of boards of health to promote a transparent and effective accountability relationship. Enhanced accountability supports the implementation of public health programs and services by ensuring boards of health have the necessary foundations related to the delivery of programs and services, financial management, governance, and public health practice. It also supports a strong public health sector that can provide evidence of the value of public health and its contribution to population health outcomes leading to better health for Ontarians.

The Organizational Requirements specify the requirements where monitoring and/or reporting are required of boards of health to demonstrate accountability to the ministry. They are organized according to the following four domains of the accountability framework:

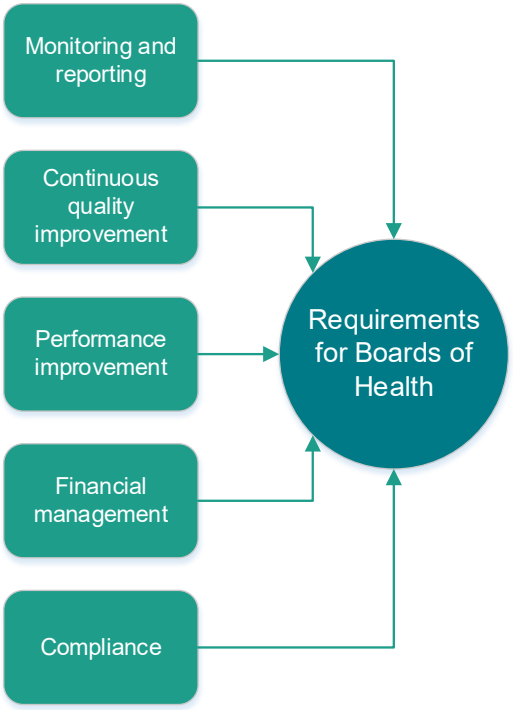
- Delivery of Programs and Services;
- Fiduciary Requirements;
- Good Governance and Management Practices; and
- Public Health Practice.

Figure 5: Public Health Accountability Framework

The Accountability Framework is composed of four Domains

Domain	Delivery of Programs and Services	Fiduciary Requirements	Good Governance and Management Practices	Public Health Practice
Objectives of Domain	Boards of health will be held accountable for the delivery of public health programs and services and achieving program outcomes in accordance with ministry published standards, protocols, and guidelines.	Boards of health will be held accountable for using ministry funding efficiently for its intended purpose.	Boards of health will be held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.	Boards of health will be held accountable for achieving a high standard and quality of practice in the delivery of public health programs and services.

Organizational Requirements incorporate one or more of the following functions:



The Accountability Framework is supported by:

Accountability Documents	• **Organizational Requirements:** Set out requirements against which boards of health will be held accountable across all four domains. • **Ministry-Board of Health Accountability Agreement:** Establishes key operational and funding requirements for boards of health.
Planning Documents	• **Board of Health Strategic Plan:** Sets out the 3 to 5 year local vision, priorities and strategic directions for the board of health. • **Board of Health Annual Service Plan and Budget Submission:** Outlines how the board of health will operationalize the strategic directions and priorities in its strategic plan in accordance with the OPHS.
Reporting Documents	• **Performance Reports:** Boards of health provide to the ministry regular performance reports (programmatic and financial) on program achievements, finances, and local challenges/issues in meeting outcomes. • **Annual Report:** Boards of health provide to the ministry a report after year-end on the affairs and operations, including how they are performing on requirements (programmatic and financial), delivering quality public health programs and services, practicing good governance, and complying with various legislative requirements.

Organizational Requirements incorporate one or more of the following functions:

- **Monitoring and reporting** to measure the activities and achievements of boards of health and assess the results (to demonstrate value and contribution of public health);
- **Continuous quality improvement** to encourage changes in processes, address identified problems, and improve efficiency and effectiveness;
- **Performance improvement** to ensure boards of health achieve the best results possible and contribute to local, provincial, and population health outcomes;
- **Financial management** to ensure that resources are used efficiently and in line with local and provincial requirements; and
- **Compliance** to ensure boards of health meet ministry expectations for required activities articulated in legislation, standards, funding agreements, and policies.

Accountability across the domains is demonstrated through accountability, planning, and reporting tools, including: Ministry-Board of Health Accountability Agreements; Board of Health Strategic Plan; Board of Health Annual Service Plan and Budget Submission; performance and other ad hoc reports; and an annual report. These tools enable boards of health to demonstrate that they comply with all legal requirements and provide appropriate oversight for public funding and resources. They also support the achievement of a high standard and quality of public health practice and good governance and management practices that provide the foundation for the effective delivery of public health programs and service. Furthermore, they demonstrate the value that Ontarians receive for the funding invested in public health, and how that investment contributes to population health outcomes for all Ontarians.

Organizational Requirements

The Organizational Requirements are those requirements where reporting and/or monitoring are required of boards of health to demonstrate accountability to the ministry.

The ministry uses a range of reporting and measurement approaches to assess board of health compliance with these requirements, including:

- Routine board of health audits and year-end attestations;
- Narrative reports and documentation; and
- Indicators and other metrics.

Delivery of Programs and Services Domain

Boards of health are held accountable for the delivery of public health programs and services and achievement of program outcomes in accordance with the Foundational and Program Standards and incorporated protocols and guidelines.

Objective of Requirements

The ministry has a responsibility to ensure that boards of health are delivering mandated programs and services that reflect a level of provincial consistency and local flexibility, and that the services delivered are effective in achieving their intended purposes.

Requirements

1. The board of health shall deliver programs and services in compliance with the Foundational and Program Standards.
2. The board of health shall comply with programs provided for in the *Health Protection and Promotion Act*.
3. The board of health shall undertake population health assessments including identification of priority populations, social determinants of health and health inequities, and measure and report on them.
4. The board of health shall describe the program of public health interventions and the information used to inform them including how health inequities will be addressed.

5. The board of health shall publicly disclose results of all inspections or other required information in accordance with the Foundational and Program Standards.
6. The board of health shall prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidelines.
7. The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities, and report and disseminate the data and information in accordance with the Foundational and Program Standards.
8. The board of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and is reviewed at least every other year.

Fiduciary Requirements Domain

Boards of health are held accountable for using ministry funding efficiently for its intended purpose.

Objective of Requirements

The ministry has a responsibility to ensure that public health funding is used in accordance with accepted accounting principles, legislative requirements, and government policy expectations.

The ministry must also ensure that boards of health make efficient use of public resources by delivering high quality, effective program interventions, ensuring value for money.

Requirements

1. The board of health shall comply with the terms and conditions of the Ministry-Board of Health Accountability Agreement.
2. The board of health shall provide costing information by program.
3. The board of health shall submit budget submissions, quarterly financial reports, annual settlement reports, and other financial reports as requested.
4. The board of health shall place the grant provided by the ministry in an interest bearing account at a Canadian financial institution and report interest earned to the ministry if the ministry provides the grant to boards of health prior to their immediate need for the grant.
5. The board of health shall report all revenues it collects for programs or services in accordance with the direction provided in writing by the ministry.
6. The board of health shall report any part of the grant that has not been used or accounted for in a manner requested by the ministry.
7. The board of health shall repay ministry funding as requested by the ministry.
8. The board of health shall ensure that expenditure forecasts are as accurate as possible.
9. The board of health shall keep a record of financial affairs, invoices, receipts and other documents, and shall prepare annual statements of their financial affairs.
10. The board of health shall comply with the financial requirements of the *Health Protection and Promotion Act* (e.g., remuneration, informing municipalities of financial obligations, passing by-laws, etc.), and all other applicable legislation and regulations.
11. The board of health shall use the grant only for the purposes of the *Health Protection and Promotion Act* and to provide or ensure the provision of programs

and services in accordance with the *Health Protection and Promotion Act*, Foundational and Program Standards, and Ministry-Board of Health Accountability Agreement.

12. The board of health shall spend the grant only on admissible expenditures.
13. The board of health shall comply with the *Municipal Act, 2001* which requires that boards of health ensure that the administration adopts policies with respect to its procurement of goods and services. All procurement of goods and services should normally be through an open and competitive process.
14. The board of health shall ensure that the administration implements appropriate financial management and oversight which ensures the following are in place:
    a) A plan for the management of physical and financial resources;
    b) A process for internal financial controls which is based on generally accepted accounting principles;
    c) A process to ensure that areas of variance are addressed and corrected;
    d) A procedure to ensure that the procurement policy is followed across all programs/services areas;
    e) A process to ensure the regular evaluation of the quality of service provided by contracted services in accordance with contract standards; and
    f) A process to inform the board of health regarding resource allocation plans and decisions, both financial and workforce related, that are required to address shifts in need and capacity.
15. The board of health shall negotiate service level agreements for corporately provided services.
16. The board of health shall have and maintain insurance.
17. The board of health shall maintain an inventory of all tangible capital assets developed or acquired with a value exceeding $5,000 or a value determined locally that is appropriate under the circumstances.
18. The board of health shall not dispose of an asset which exceeds $100,000 in value without the ministry's prior written confirmation.
19. The board of health shall not carry over the grant from one year to the next, unless pre-authorized in writing by the ministry.
20. The board of health shall maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital projects is appropriately managed and reported.
21. The board of health shall comply with the Community Health Capital Programs policy.

Good Governance and Management Practices Domain

Boards of health are held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.

Objective of Requirements

The organizational requirements within this domain support the use of recommended best practices in governance and organizational processes. By adhering to these practices, boards of health are able to improve the quality and effectiveness of programs and services, prioritize the allocation of resources, improve efficiency, and strive for resiliency in their organizational culture.

Requirements

1. The board of health shall submit a list of board members.
2. The board of health shall operate in a transparent and accountable manner, and provide accurate and complete information to the ministry.
3. The board of health shall ensure that members are aware of their roles and responsibilities and emerging issues and trends by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for board members.
4. The board of health shall carry out its obligations without a conflict of interest and shall disclose to the ministry an actual, potential, or perceived conflict of interest.
5. The board of health shall comply with the governance requirements of the *Health Protection and Promotion Act* (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations.
6. The board of health shall comply with the medical officer of health appointments requirements of the *Health Protection and Promotion Act*, and the ministry's policy framework on medical officer of health appointments, reporting, and compensation.
7. The board of health shall ensure that the administration establishes a human resources strategy, which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce.
8. The board of health shall ensure that the administration establishes and implements written human resource policies and procedures which are made

available to staff, students, and volunteers. All policies and procedures shall be regularly reviewed and revised, and include the date of the last review/revision.

9. The board of health shall engage in community and multi-sectoral collaboration relevant stakeholders in decreasing health inequities.
10. The board of health shall engage in relationships with Indigenous communities in a way that is meaningful for them.
11. The board of health shall provide population health information, including social determinants of health and health inequities, to the public, community partners, and health care providers in accordance with the Foundational and Program Standards.
12. The board of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including:
    a) Use and establishment of sub-committees;
    b) Rules of order and frequency of meetings;
    c) Preparation of meeting agenda, materials, minutes, and other record keeping;
    d) Selection of officers;
    e) Selection of board of health members based on skills, knowledge, competencies and representatives of the community, where boards of health are able to recommend the recruitment of members to the appointing body;
    f) Remuneration and allowable expenses for board members;
    g) Procurement of external advisors to the board such as lawyers and auditors (if applicable);
    h) Conflict of interest;
    i) Confidentiality;
    j) Medical officer of health and executive officers (where applicable) selection process, remuneration, and performance review; and
    k) Delegation of the medical officer of health duties during short absences such as during a vacation/coverage plan.
13. The board of health shall ensure that by-laws, policies and procedures are reviewed and revised as necessary, and at least every two years.
14. The board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following:
    a) Delivery of programs and services;
    b) Organizational effectiveness through evaluation of the organization and strategic planning;
    c) Stakeholder relations and partnership building;

d) Research and evaluation;

e) Compliance with all applicable legislation and regulations;

f) Workforce issues, including recruitment of medical officer of health and any other senior executives;

g) Financial management, including procurement policies and practices; and

h) Risk management.

15. The board of health shall have a self-evaluation process of its governance practices and outcomes that is completed at least every other year. Completion includes an analysis of the results, board of health discussion, and implementation of feasible recommendations for improvement, if any.

16. The board of health shall ensure the administration develops and implements a set of client service standards.

17. The board of health shall ensure that the medical officer of health, as the designated health information custodian, maintains information systems and implements policies/procedures for privacy and security, data collection and records management.

Public Health Practice Domain

Boards of health are held accountable for achieving a high standard and quality of practice in the delivery of public health programs and services.

Objective of Requirements

The organizational requirements within this domain include some of the key requirements of the Effective Public Health Practice Standard within the Foundational Standards, and support the fostering of a culture of excellence in professional practice with boards of health.

A culture of quality and continuous organizational self-improvement is part of effective public health practice, which underpins effective program interventions, and therefore is necessary for the achievement of the desired goals and outcomes of public health programs and services.

Requirements

1. The board of health shall ensure that the administration establishes, maintains, and implements policies and procedures related to research ethics.
2. The board of health shall designate a Chief Nursing Officer.
3. The board of health shall demonstrate the use of a systematic process to plan public health programs and services to assess and report on the health of local populations describing the existence and impact of health inequities and identifying effective local strategies to decrease health inequities.
4. The board of health shall employ qualified public health professionals in accordance with the *Qualifications for Public Health Professionals Protocol, 2018* (or as current).
5. The board of health shall support a culture of excellence in professional practice and ensure a culture of quality and continuous organizational self-improvement. This may include:
    a) Measurement of client, community, and stakeholder/partner experience to inform transparency and accountability; and
    b) Regular review of outcome data that includes variances from performance expectations and implementation of remediation plans.

Common to All Domains

The following list of organizational requirements contains those that are relevant to all four domains of the Public Health Accountability Framework, and have been grouped together here to avoid duplication.

Requirements

1. The board of health shall submit an Annual Service Plan and Budget Submission to include all programs and services delivered by boards of health and program costing for ministry-funded programs.
2. The board of health shall submit action plans as requested to address any compliance or performance issues.
3. The board of health shall submit all reports as requested by the ministry.
4. The board of health shall have a formal risk management framework in place that identifies, assesses, and addresses risks.
5. The board of health shall produce an annual financial and performance report to the general public.
6. The board of health shall comply with all legal and statutory requirements.

Transparency and Demonstrating Impact

4

Transparency and Demonstrating Impact

In addition to the accountability planning and reporting tools, the ministry uses indicators to monitor progress and measure success of boards of health. The **Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes** (Figure 6) describes the indicators that are used to monitor progress in the delivery of public health programs and services, measure achievement of program outcomes, and assess public health's contributions to population health outcomes.

Measurement at the program outcome level measures the impacts achieved through direct delivery of public health programs and services by boards of health (i.e., by meeting the requirements in the Foundational and Program Standards). Impacts can include changes in awareness, knowledge, skills, and behaviours of populations, service delivery agents, and community partners, as well as changes in environments and policies. Indicators that will be used at the provincial level to measure achievement of outcomes per standard are listed in the **Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes** (Figure 6). Boards of health shall establish program outcome indicators locally for those standards that allow for variability to respond to local needs, priorities, and contexts (i.e., Chronic Disease Prevention and Well-Being, Healthy Environments, Healthy Growth and Development, School Health, and Substance Use and Injury Prevention). The Foundational Standards underlie and support all Program Standards; therefore, it is expected that the outcomes of the Foundational Standards will be achieved through the effective delivery of programs and services.

It is expected that the achievement of program outcomes will contribute to the achievement of population health outcomes. Measurement at the population health outcome level includes measures of improved health and quality of life, reduced morbidity and premature mortality, and reduced health inequities amoung population groups as articulated in the **Framework for Public Health Programs and Services** (Figure 2).

Figure 6: Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes

Goal	To provide an evidence-informed basis for monitoring progress and measuring success of boards of health in achieving program outcomes, and understanding the contribution to population health outcomes
Objectives	• Monitoring progress in the delivery of public health programs and services • Measuring board of health success in achieving program outcomes • Assessing public health's contributions to population health outcomes

Program Outcomes	
Focus Area	**Indicators and Information**
Chronic Disease Prevention and Well-Being; Healthy Environments; Healthy Growth and Development; School Health; Substance Use and Injury Prevention	• Locally determined program outcome indicators Indicators will be developed in accordance with locally determined programs of public health interventions
Food Safety	• Proportion of food premises that shift between moderate and high risk based on annual risk categorization assessment • Percentage of Salmonella and E. Coli foodborne outbreaks investigated for which a probable source was identified • Incidence of reportable Salmonella, Campylobacter and E. Coli foodborne illness cases
Immunization	• Percentage of 7 and 17 year olds whose vaccinations are up-to-date for all *Immunization of School Pupils Act* (ISPA) designated diseases • Percentage of grade 7 students whose vaccinations are up-to-date for Hepatitis B, Meningococcal and HPV (12 and 13 year olds) • Percentage of public health units that meet the provincial reporting rate for adverse events following immunization (AEFI) for the three vaccines administered through school-based programs (HPV, Meningococcal, and Hepatitis B)
Infectious and Communicable Diseases Prevention and Control	• Incidence rate of Hepatitis C, Gonorrhea, and Syphilis • Percentage of active respiratory Tuberculosis (TB) cases that complete recommended treatment
Safe Water	• Percentage of re-inspections of spas per year • Percentage of recreational water premises with no critical infractions in the last year (pools, spas, wading pools, splash pads, and receiving basins for water slides)
Contributions to Population Health Outcomes	
Improved Health & Quality of Life	• Adoption of healthy lifestyle behaviours • Perceived health • Health expectancy • Life satisfaction
Reduced Morbidity and Mortality	• Overweight/Obesity • Incidence and prevalence of chronic diseases • Chronic disease and substance use related morbidity and mortality • Life expectancy • Avoidable deaths • Infant mortality • Small for gestational age • Rate per 100,000 of VPD outbreaks by disease • Incidence rates of reportable VPDs • % of the public with confidence in immunization programs

Reducing Health Inequities among Population Groups	• Relative index of inequality associated with:
	  ○ Chronic Diseases
	  ○ Injuries
	  ○ Substance Use
	  ○ Healthy Growth and Development
	• Vulnerability associated with:
	  ○ Early development
	  ○ School readiness
	• Deprivation Index
	• Food Security
	• Disability Rates

To support enhanced transparency in the public sector and promote public confidence in the public health system, boards of health are required to ensure public access to pertinent information through disclosure. The purposes of public disclosure include: helping the public to make informed decisions to protect their health; and sharing information about the work of boards of health and associated level of investment. The Transparency Framework: Disclosure and Reporting Requirements (Figure 7) summarizes the types of information that boards of health are required to publicly disclose in accordance with the Foundational and Program Standards and Organizational Requirements.

Figure 6: Transparency Framework: Disclosure and Reporting Requirements

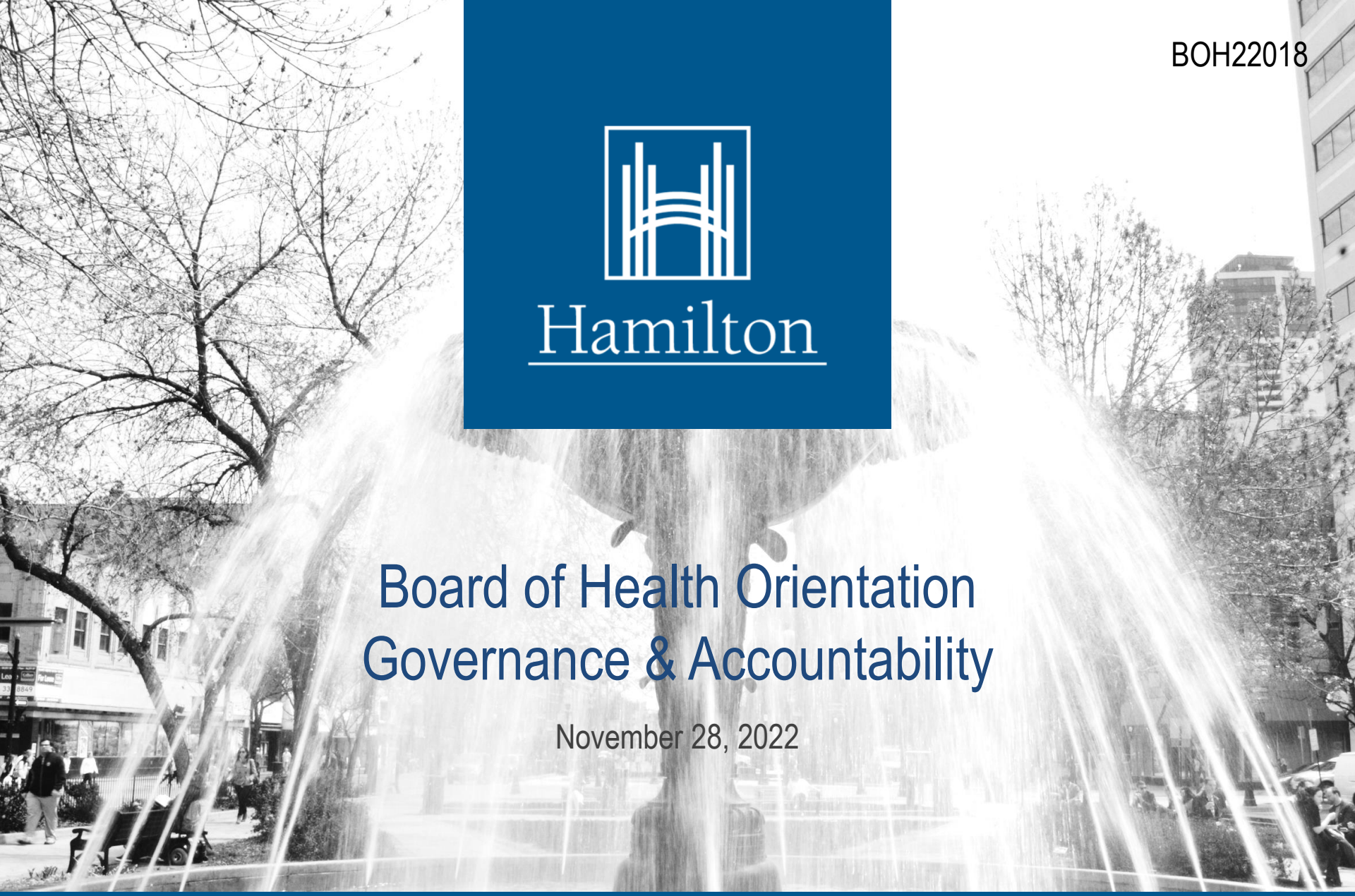
Goal	Promote awareness, understanding, and public confidence in Ontario's public health system.	
Domains	**Protecting the Public's Health**	**Public Reporting**
Objectives	The public knows of the work of public health to protect and promote individual and community health	The public knows how Boards of Health are responding to local community needs

BOH Responsibilities	Post on the board of health website:
	• Results of routine and complaint based inspections of:
	  ○ Food Premises
	  ○ Public Pools and Spas
	  ○ Recreational Water Facilities
	  ○ Personal Services Settings
	  ○ Tanning Beds
	  ○ Recreational Camps
	  ○ Licensed Child Care Settings
	  ○ Small Drinking Water Systems
	• Convictions of tobacco and e-cigarette retailers
	• Infection prevention and control lapses
	• Drinking water advisories for small drinking water systems
	• Status of beach water quality
		Post on the board of health website:
		• Strategic Plan
		• Annual performance and financial report

ISBN 978-1-4868-0928-8 (PDF) Queen's Printer of Ontario

Ontario

BOH22018



Hamilton

Board of Health Orientation
Governance & Accountability

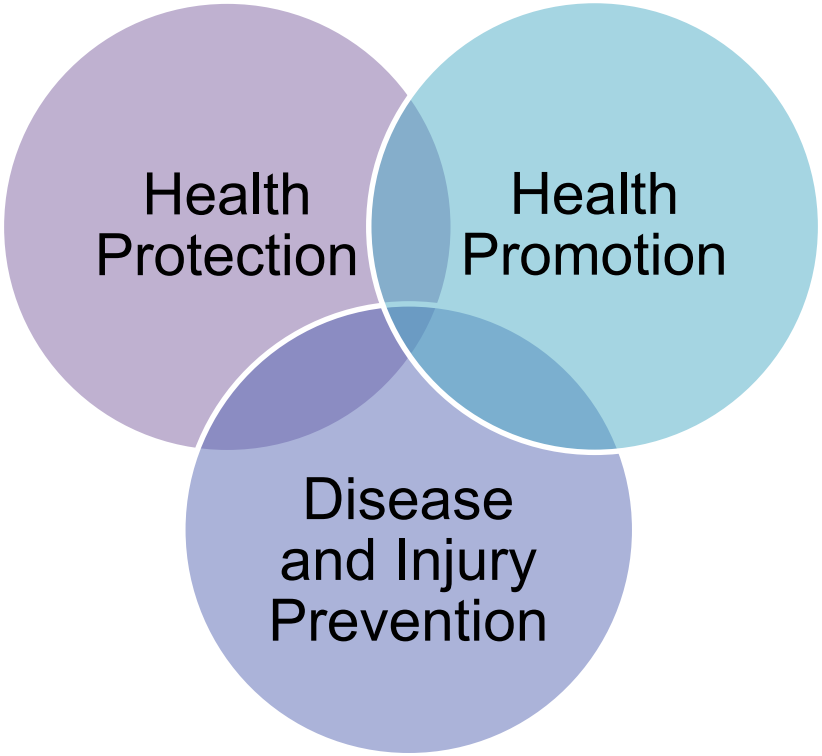
November 28, 2022

Office of the Medical Officer of Health
Public Health Services

What is Public Health

Public Health is the organized efforts of society to keep people healthy and prevent injury, illness and premature death.

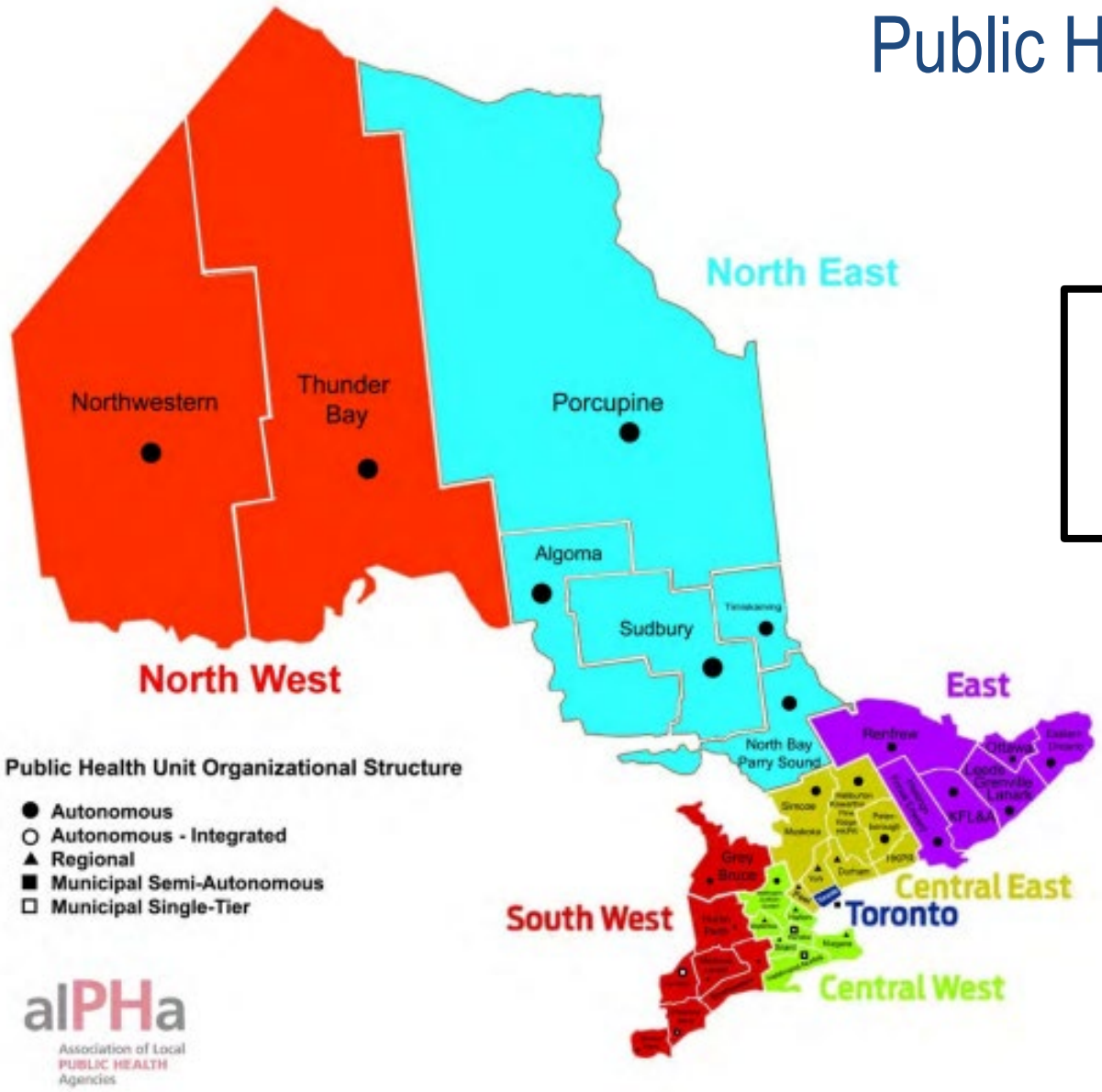
John Last, A Dictionary of Epidemiology



Public Health Today

Focused on **upstream efforts** to promote health and prevent disease in order to improve the health of populations (video embedded below)

Public Health in Ontario



34 local public health agencies

Public Health in Ontario *cont'd…*

Provincial Level

- Ministry of Health
- Office of the Chief Medical Officer of Health
- Ontario Health
- Public Health Ontario (arm's length)

Funding

- Majority of programs are cost-shared; 70% province and 30% municipalities
- Remainder of programs are either 100% provincially funded or 100% municipally funded

Legislation & Standards Governing Boards of Health

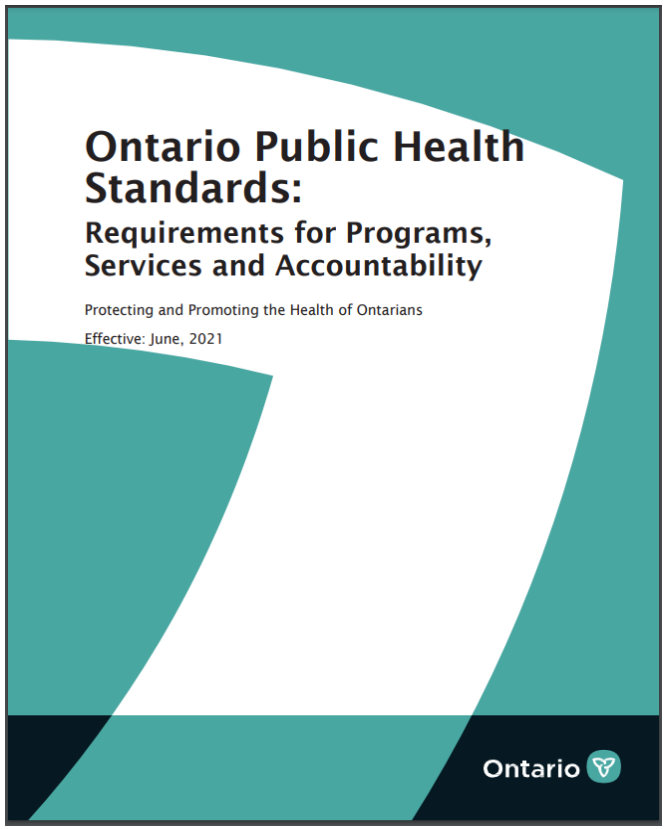
Health Protection & Promotion Act (HPPA)

Ontario Public Health Standards (OPHS)

Health Protection & Promotion Act

- Legal authority to establish boards of health
- Members of a board of health are in a position of trust and held to a high standard of conduct
- Responsibilities and authorities of the board of health as well as the powers of the Medical Officer of Health
- Boards of health required to comply with the Ontario Public Health Standards

Ontario Public Health Standards



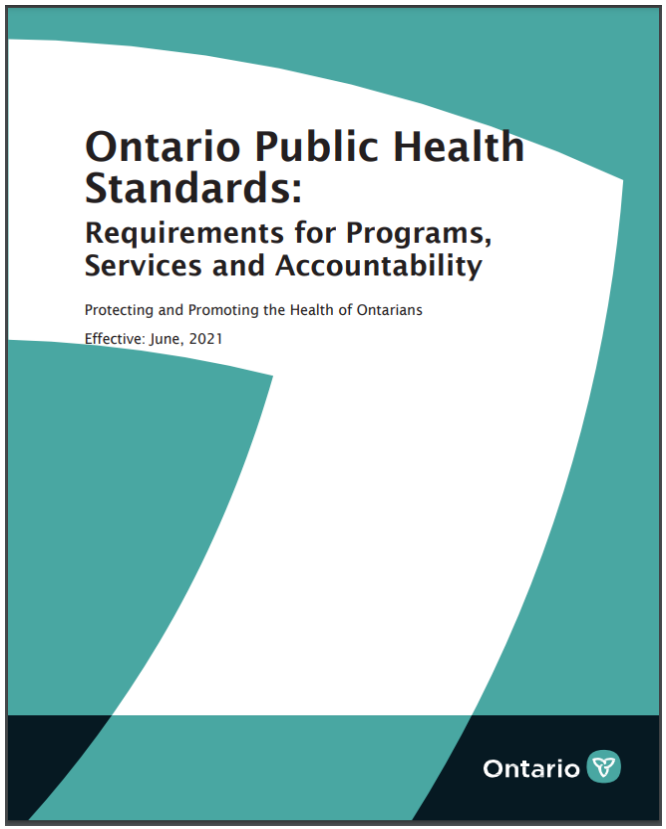
Accountability Framework

- Delivery of Programs & Services
- Fiduciary Requirements
- Good Governance Practices
- Public Health Practice

4 Foundational Standards

1. Health Equity
2. Population Health Assessment
3. Effective Public Health Practice
4. Emergency Management

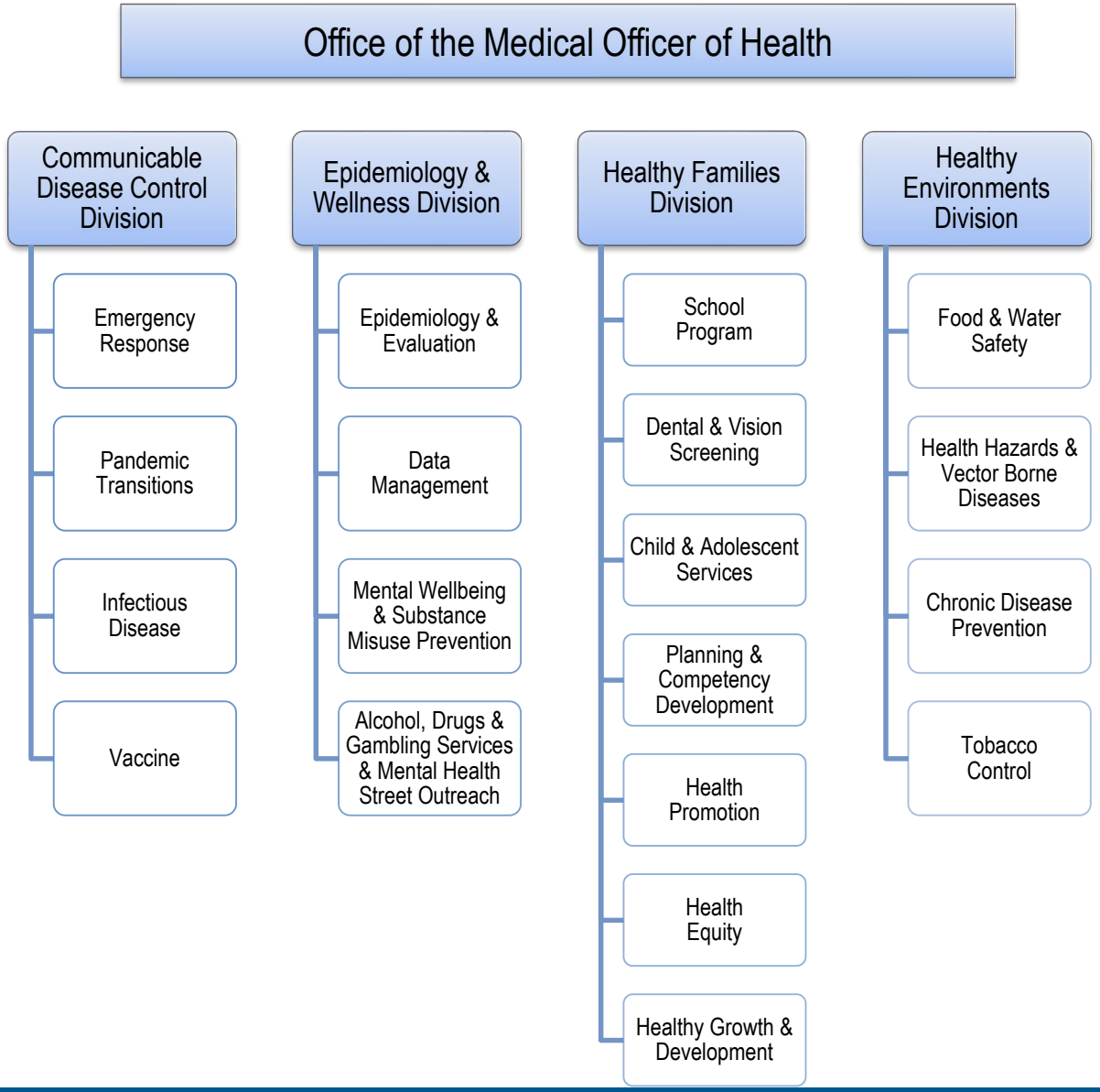
Ontario Public Health Standards



9 Program Standards

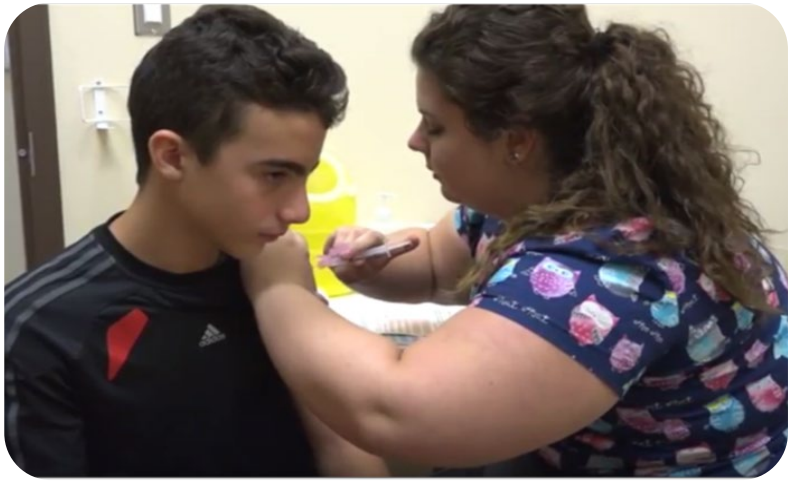
1. Chronic Disease Prevention & Well-Being
2. Food Safety
3. Healthy Environments
4. Healthy Growth & Development
5. Immunization
6. Infectious and Communicable Diseases Prevention & Control
7. Safe Water
8. School Health
9. Substance Use & Injury Prevention

Public Health Services – Organizational Chart

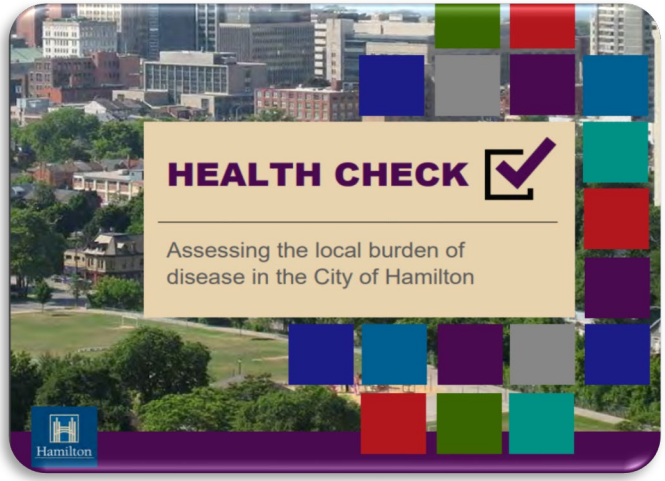


Communicable Disease Control Division

- Reduce the burden of communicable and infectious diseases of public health significance
- Reduce the burden of vaccine preventable diseases through immunization
- Prepare for, respond to, and recover from emergencies with public health impacts



Epidemiology & Wellness Division



Provide data and business support to ensure programs are evidence-based and responsive to local needs.

Focus on mental well-being, substance use prevention, harm reduction initiatives and outreach services for vulnerable populations.

Healthy Environments Division

Reduce the burden of chronic diseases of public health importance.

Promote the development of healthy built and natural environments and mitigate impacts of climate change.

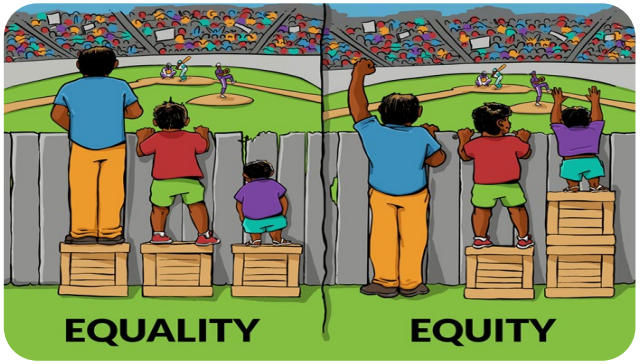
Reduce exposure to health hazards and vector-borne diseases.

Prevent or reduce the burden of food-borne and water-borne illnesses.

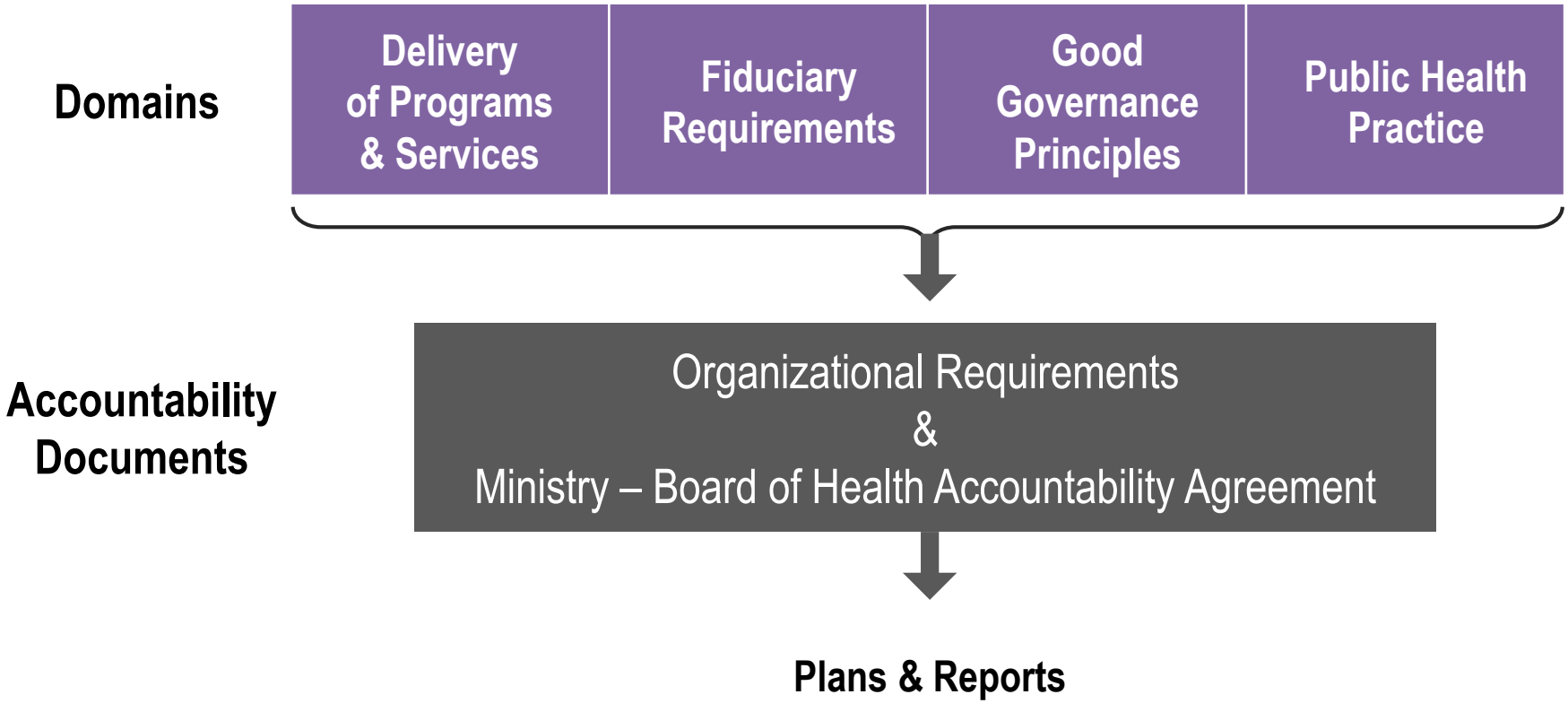
Healthy Families Division

Support Hamiltonians in achieving optimal growth and development through preconception, pregnancy, newborn, child, youth, parental, and family health.

Support public health programs to meet the needs of priority populations and decrease inequities.



Accountability Framework



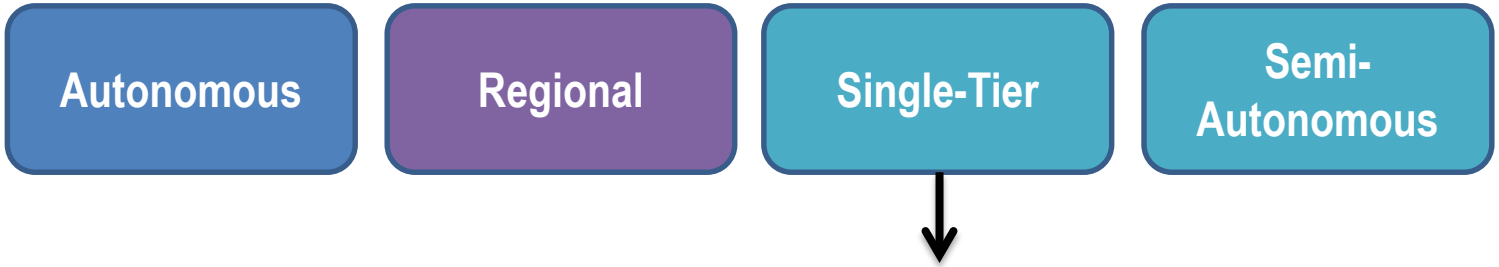
Accountability Framework *Cont'd…*

Plans & Reports

Report	Board of Health Date
2021 Annual Report & Attestation	January 16, 2023
2023 Annual Service Plan & Budget	February 13, 2023
2022 Annual Report & Attestation	April 2023 (placeholder)
2023 PHS Organizational Risk Management	April 2023
2022 Annual Report to the Public	May 1, 2023
Standards Activity (Performance) Reports	Due to the Ministry: ▪ Q2 – July 31, 2023 ▪ Q4 – January 31, 2023

Board of Health Structure

- Different board of health governance models across Ontario



As per the City of Hamilton Act:

- Hamilton City Council also serves as Board of Health (no citizen representatives or provincial appointees)
- Board of Health is a standing committee of Council
- A municipal Councillor on a board of health has two hats:
  - The **municipal politician** and
  - The **public health advocate**

Board of Health Leadership

Board of Health	Strategic leadership is key to shaping public health programs and services relevant to the community
Medical Officer of Health	Responsible to Board of Health for management of public health programs and services, and reports on any issues
Councillors	Important public health champions on a day-to-day basis to support the community to be as healthy as possible

Recent Board of Health Governance Discussions

March 2021	Delegations advocating for reform to Hamilton's current Board of Health to include health experts and diverse community leaders
June 2021	Overview of the history of Board of Health governance structure in Hamilton
September 2021	Board of Health Governance Education Session Board of Health Direction: Connect with Ottawa and Toronto Public Health to learn more about their semi-autonomous board structure
July 2022	Overview of the information shared by Toronto Public Health Board of Health Direction: Request information from Province about feasibility of including members of the public on Hamilton's Board of Health
Next Step	Staff to provide an overview at April 2023 Board of Health meeting and facilitate discussion regarding next steps

Principles of Good Governance

From September 20, 2021 Board of Health Governance Education Session provided by Karima Kanani, Miller Thompson Lawyers: https://pub-hamilton.escribemeetings.com/filestream.ashx?DocumentId=284425

Health System Transformation Context

- Health system undergoing significant change
  - Creation of Ontario Health
  - Subsumed a number of health agencies
- Ontario Health Teams introduced, including Greater Hamilton Health Network
- Ongoing provincial discussions for several years about how best to modernize/strengthen local public health
  - Told to expect further updates in Spring 2023

Board of Health Orientation
Next Steps

Date	Event
January 16, 2023 Board of Health Meeting	Presentation on Population Health, Health Equity and Public Health Priorities
February 13, 2023 Board of Health Meeting	Ontario Public Health Standards Annual Service Plan and Budget for 2023
April 3, 2023	Board of Health: Governance Update
Q1 2023 – Date To Be Determined	In-service with Council Admin Staff to review information and contacts in order to assist in meeting constituent needs

How Can You Learn More?

Additional Online Resources Available

- Ontario Public Health Standards
- Association of Local Public Health Agencies' (alPHa) Board of Health Orientation Manual and other resources
- Previous Board of Health Reports related to governance: BOH21006; BOH21006(a); and BOH21006(b)

Hamilton

Respiratory Diseases Update

Board of Health

November 28, 2022

Public Health Services
Office of the Medical Officer of Health

Overview

1. Respiratory Season - Situation Report
2. Hospital Capacity Update
3. Disease Control Update
4. Vaccine Program Update

Respiratory Season - Situation Report

Erin Rodenburg, Epidemiologist

Local Respiratory Virus Transmission Status

Local COVID-19 Activity: **Moderate & Decreasing**

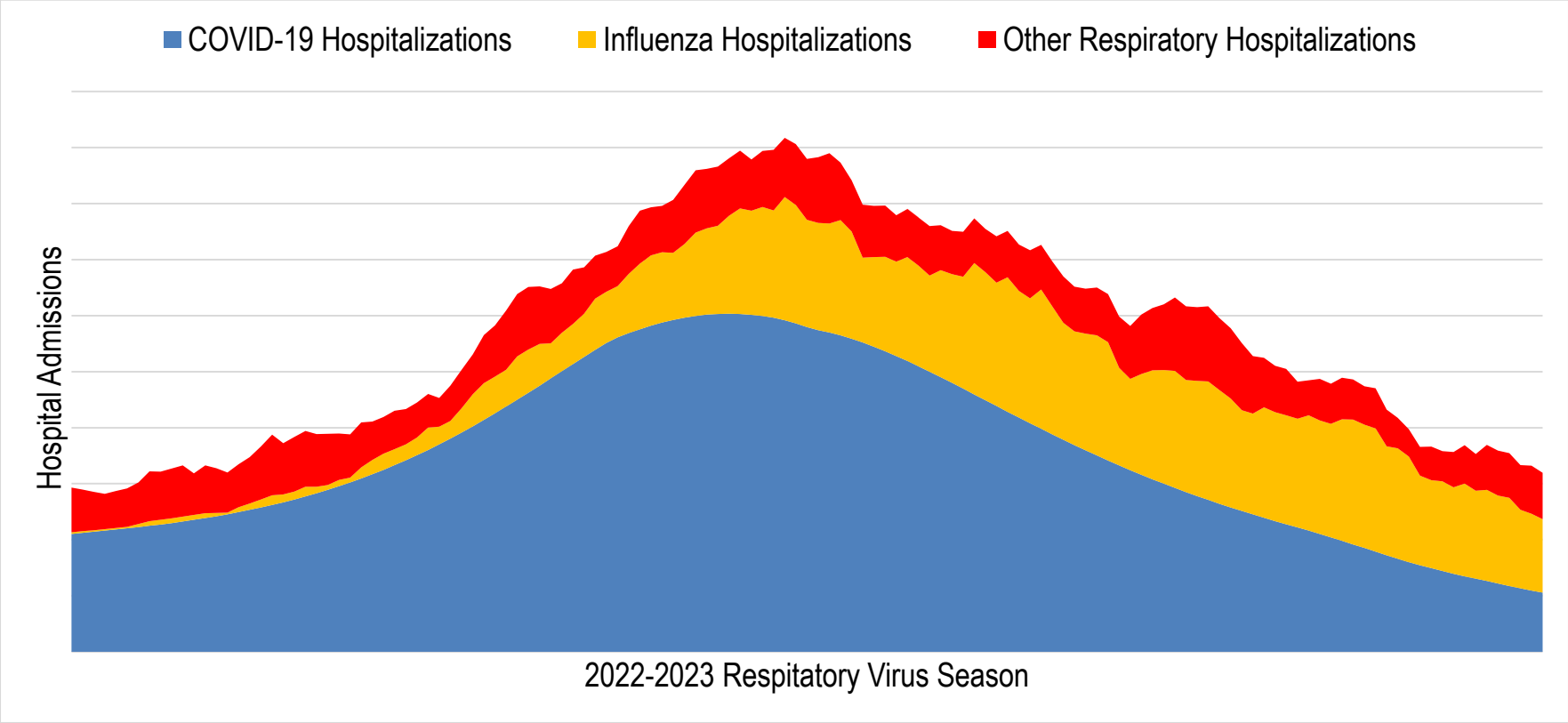
Local Influenza Activity: **Moderate & Stable**

Key Messages:

- COVID-19 cases, hospitalizations, test positivity, wastewater signal and the number of active outbreaks are currently decreasing, while reported intensive care unit admissions continue to remain low. The Omicron subvariant BA.5 continues to be the dominant sub-variant.

- Influenza case detections and test positivity have recently stabilized.

Combined Respiratory Hospitalization Impact on Hamiltonians



Key Messages

- COVID-19, influenza, and other respiratory viruses will have a combined impact on hospital admissions for Hamiltonians during the 2022-2023 respiratory virus season.

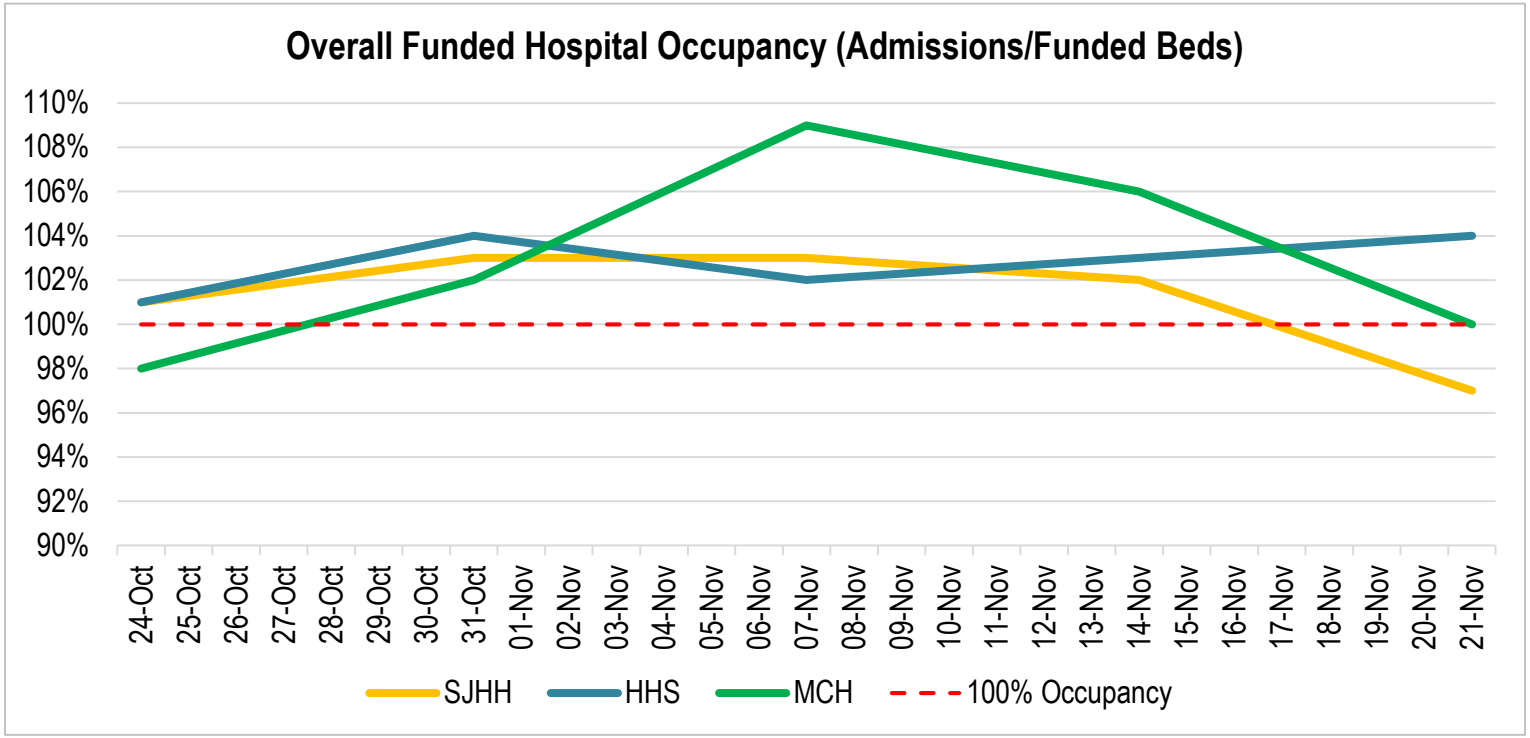
Access to Respiratory Virus Information

- Respiratory Virus Transmission Status (updated Wednesdays):
  - https://www.hamilton.ca/people-programs/public-health/diseases-conditions/coronavirus-covid/covid-19-data#transmission-status
- COVID-19 Status of Cases Dashboard (updated Tuesdays and Fridays):
  - https://www.hamilton.ca/people-programs/public-health/diseases-conditions/coronavirus-covid/covid-19-data#status-of-cases
- COVID-19 Vaccine Dashboard (updated on Tuesdays and Fridays)
  - https://www.hamilton.ca/people-programs/public-health/diseases-conditions/coronavirus-covid/covid-19-data#vaccine-distribution
- Upcoming: Influenza-focused dashboard and new Open Data resource tracking active outbreaks

Hospital Capacity Update

Dr. Brendan Lew, Resident Physician

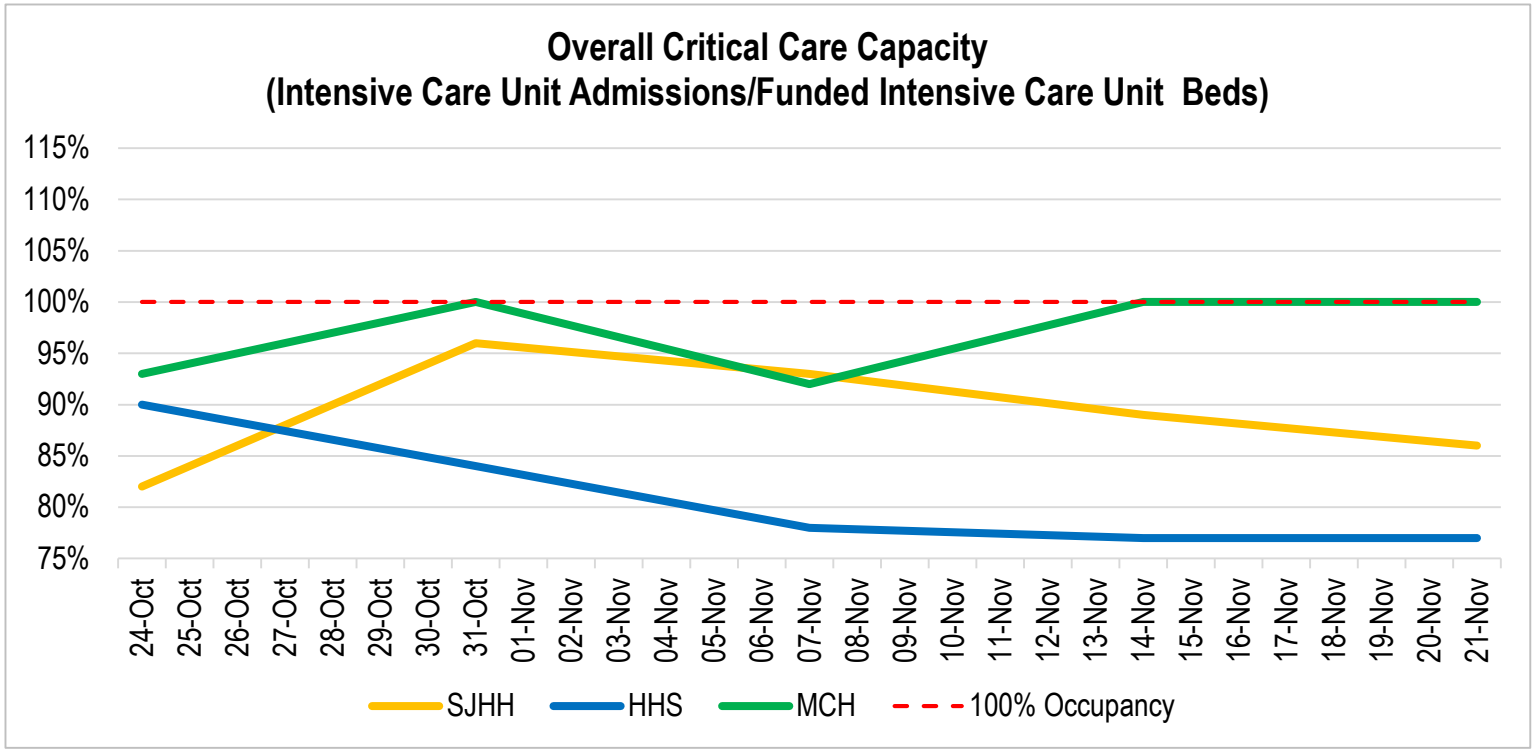
Health System Capacity: Acute Care Occupancy



Key Messages

- Increasing patient volumes/acuity and staffing challenges are creating significant capacity pressures in Hamilton's hospitals.
- **Note:** SJHH: St. Joseph's Healthcare Hamilton, HHS: all Hamilton Health Sciences sites, excluding McMaster's Children's Hospital, MCH: McMaster Children's Hospital. Dates provided are for 2022.

Health System Capacity: Intensive Care Unit Occupancy



Key Messages

- When looking at performance metrics regarding Hamilton's intensive care unit capacity, it is evident that they continue to face occupancy pressures. McMaster Children's Hospital sees sustained intensive care unit pressures.
- **Note:** SJHH: St. Joseph's Healthcare Hamilton, HHS: all Hamilton Health Sciences sites, excluding McMaster's Children's Hospital, MCH: McMaster Children's Hospital. Dates provided are for 2022.

DISEASE CONTROL UPDATE

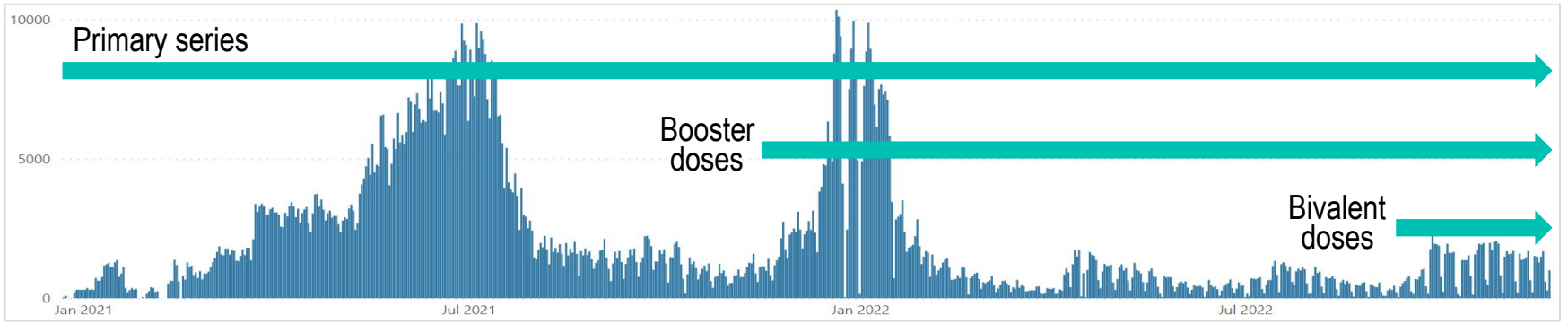
Public Health Measures

- As the risk to Ontarians increases, emphasizing a multilayer approach:
  - Masking in indoor public settings, including schools and childcare settings due to the additional risk of Respiratory Syncytial Virus (RSV) and Influenza
  - Stay up to date with your vaccinations
  - Screen for respiratory symptoms daily
  - Stay home if you feel unwell
  - Always practice good hand hygiene and regularly clean surfaces – which is especially important for Respiratory Syncytial Virus (RSV) and flu viruses
- If you are at high risk and become ill, there are treatments available, including Paxlovid for COVID-19, Tamiflu for flu and Respiratory Syncytial Virus (RSV) prophylaxis for high-risk infants

VACCINE PROGRAM UPDATE

Vaccine Program Update – Data

Daily Number of COVID-19 Vaccine Doses Administered in Hamilton
(December 23, 2020 to November 21, 2022)

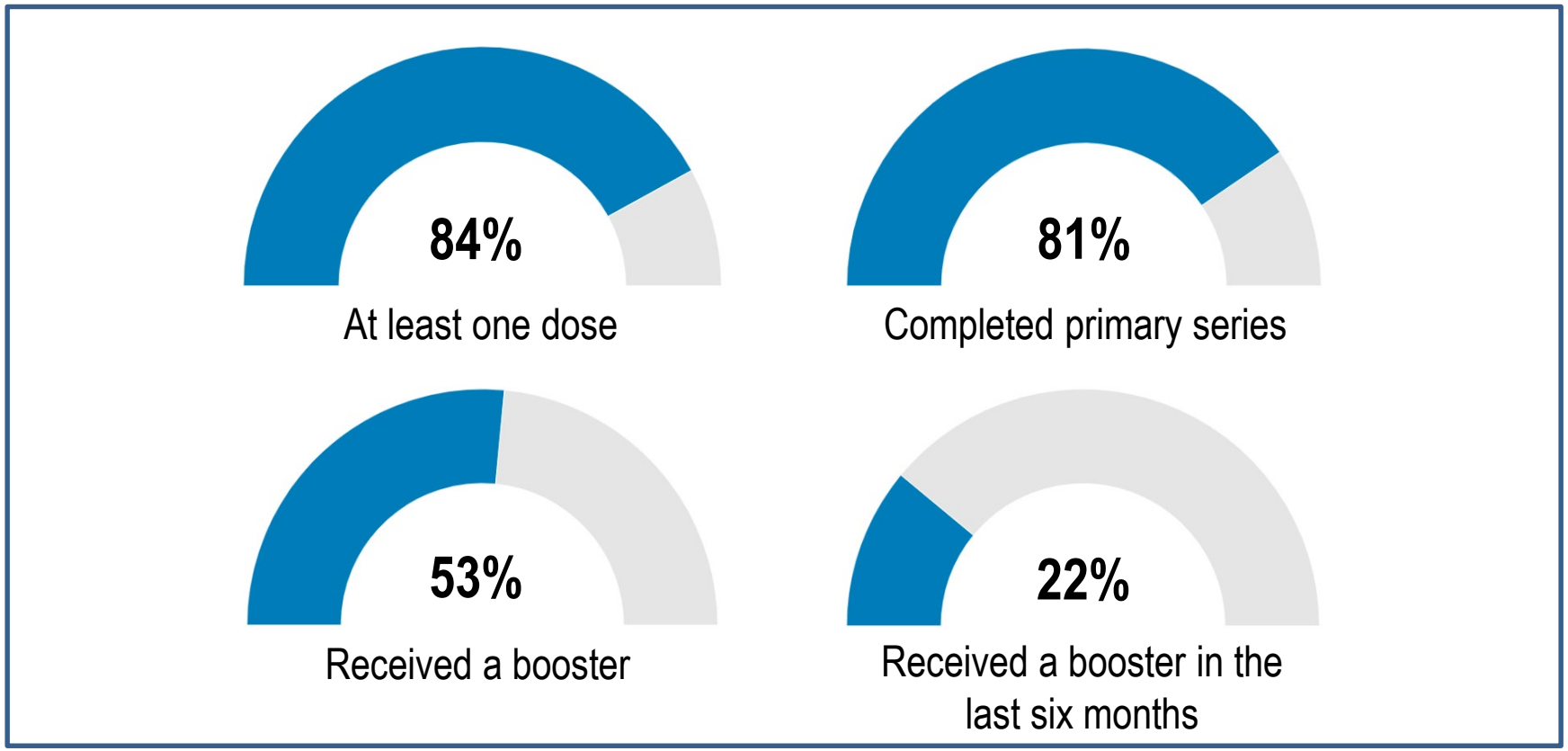


- Over **1.4 million** COVID-19 vaccine doses administered, most at public heath clinics* (**37%**) and pharmacies (**29%**)
- More recently, most doses administered in pharmacy, e.g. **52%** since April 1, 2022

*Operated by public health and community partners under Hamilton Public Health Services authorized organization, excluding hospital and primary care clinics

Vaccine Program Update – Data

Hamilton's COVID-19 Vaccine Coverage (as of November 21, 2022)

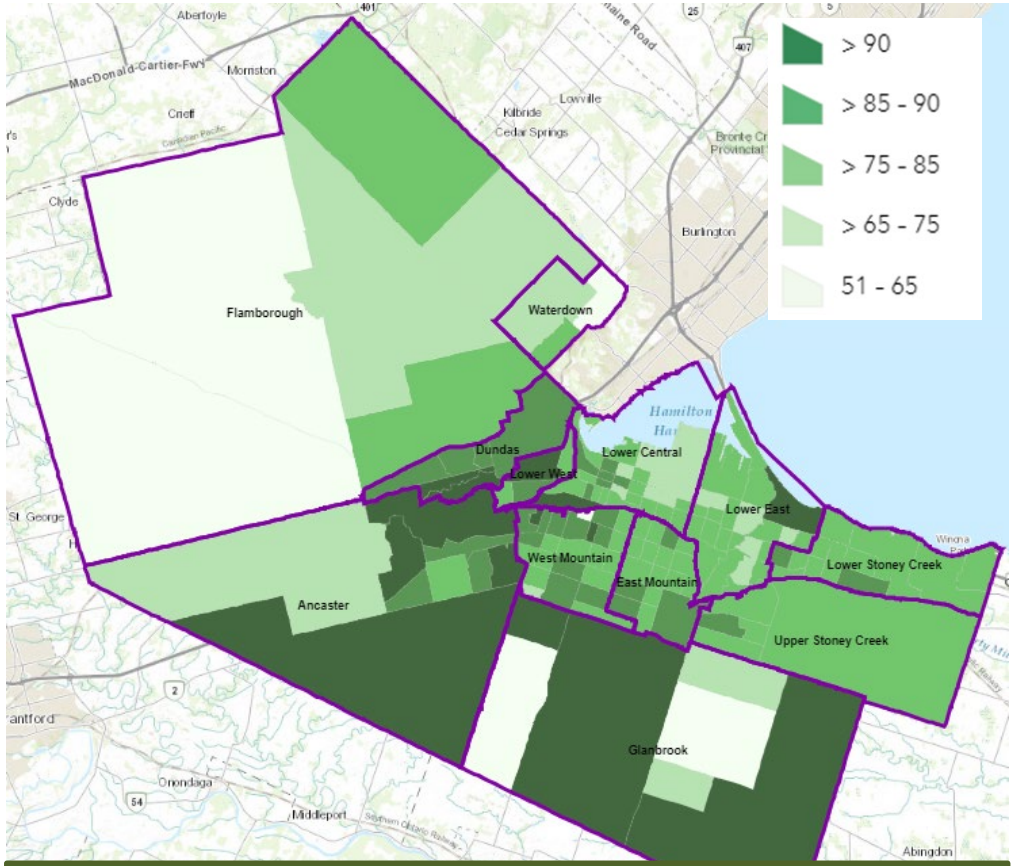


Note: Population aged 6+ months eligible for primary series, 5+ years for a booster

COVID-19 Vaccine Coverage by Geography

% Completed Primary Series

- Most areas in Hamilton have achieved at least **75%** coverage for completion of primary series, and many are above **90%**
- Pockets of lower coverage continue to exist in some rural areas and lower parts of the Hamilton

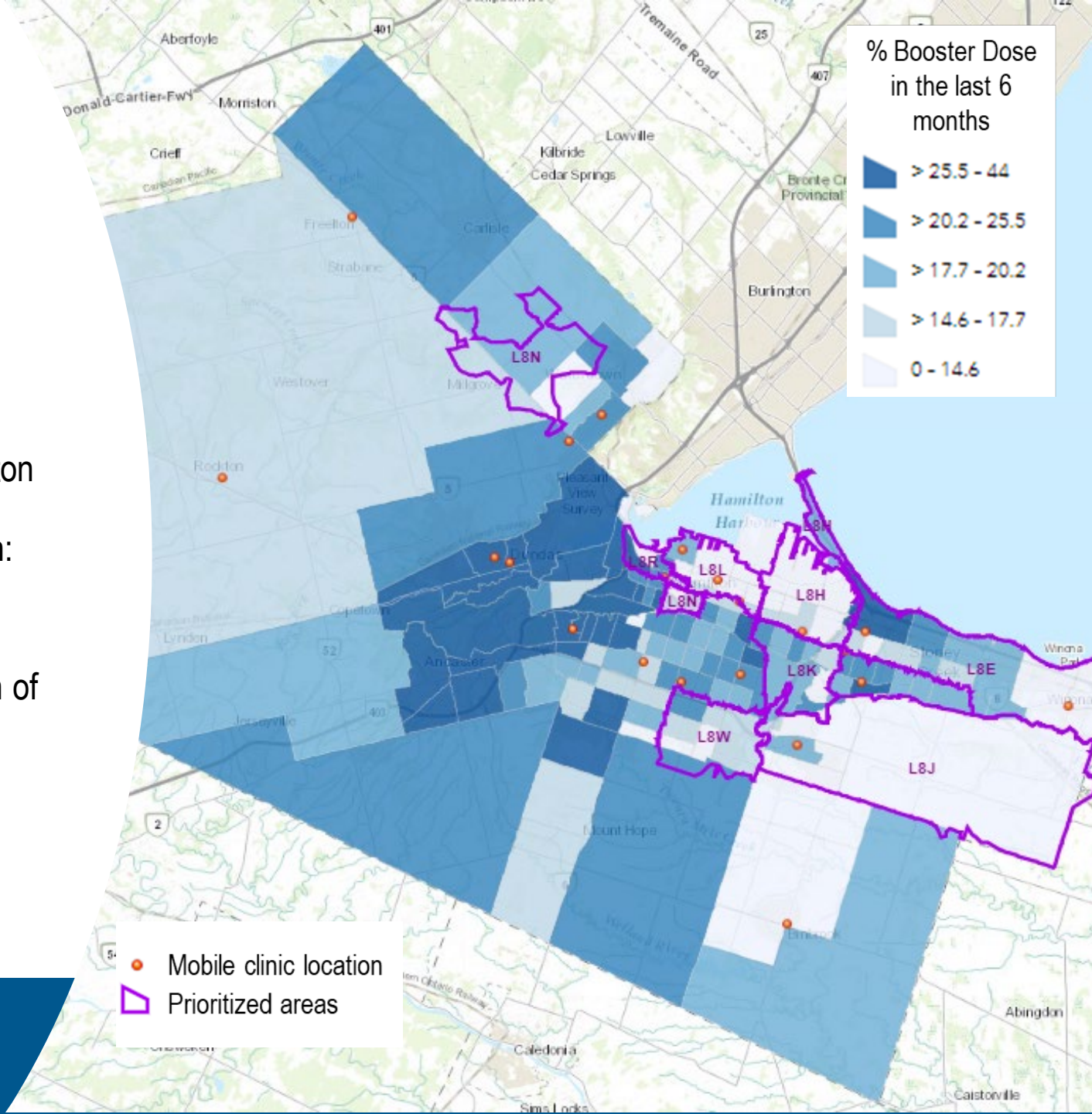


Estimated % Completed Primary Series Coverage
(as of November 21, 2022)

COVID-19 Vaccine by Geography

Several areas in Hamilton are identified as having higher needs, based on:

- Lower COVID-19 vaccine coverage
- Higher concentration of racialized population
- Higher material deprivation



Hamilton

Vaccine Program Update – Where to Get Vaccines

- Continued transition to vaccine administration through standard channels
  - COVID-19 vaccines are widely available at pharmacies
  - Public Health offering COVID-19 vaccines at mobile vaccination clinics and Lime Ridge Mall
    - Lime Ridge Mall clinic scheduled to close December 21, 2022
    - Planning for second mobile vaccination clinic
  - Flu vaccines continue to be available through pharmacies and primary care

Vaccine Program Update – Ensuring Access & Equity

- Hamilton Public Health Services' mobile clinics placed to serve populations at higher risk of experiencing barriers to vaccination
  - Review of Forward Sortation Areas (FSAs) and census tracts with lower vaccination rates and greater risk of experiencing barriers due to social determinants of health
- Vaccine Ambassadors continue work to build confidence, build trust, and share information
  - Promoting Hamilton Public Health Services' mobile clinics through established networks
  - Coordinating event-based GO-VAXX clinics with community partners

Key Messages

- Get the flu shot and stay up-to-date with your vaccinations including a COVID-19 booster if it's been more than 6 months
- Hamiltonians are recommended to take protective measures to reduce serious health consequences from respiratory infections:
  - Strongly recommend wearing a mask when indoors and/or when unable to physically distance from others
  - Stay home when you are feeling unwell
  - Speak to your healthcare provider to know in advance if you're eligible for treatment and where to access that treatment if needed

Hamilton

QUESTIONS?

CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Healthy Environments Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	November 28, 2022
SUBJECT/REPORT NO:	2023 Food Advisory Committee Budget Request (BOH22019) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Richard MacDonald (905) 546-2424, Ext. 5818
SUBMITTED BY: **SIGNATURE:**	Kevin McDonald Director, Healthy Environments Division Public Health Services

RECOMMENDATION

a) That the Food Advisory Committee 2023 base budget submission attached as Appendix "A" to Report BOH22019 in the amount of $1,500, be approved and referred to the 2023 budget process for consideration; and,

b) That, in addition to the $1,500 base funding approval, a one-time budget allocation for 2023 of $2,987.84 from Department ID 112212, be used for broader community engagement such as community event/workshop(s) and/or research on the Food Strategy to be funded by the Food Advisory Committee Reserve Account 29100, be approved and referred to the 2023 budget process for consideration.

EXECUTIVE SUMMARY

The Food Advisory Committee requests that a total budget of $1,500 be referred to the 2023 budget process for consideration. This budget request consists of the Food Advisory Committee's annual base budget of $1,500 to cover basic committee expenses and a request for a one-time budget allocation for 2023 of $2987.84, for broader community engagement such as community event/workshop and/or research on the Food Strategy to be funded by the Food Advisory Committee reserve.

Alternatives for Consideration – See Page 3

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The Food Advisory Committee requests that a total budget of $1,500 be referred to the 2023 budget process, in addition to a one-time budget allocation of $2,987.84 from the Food Advisory Committee reserve, be funded for 2023.

Staffing: Not Applicable.

Legal: Not Applicable.

HISTORICAL BACKGROUND

The Food Advisory Committee was created as a result of the City's 2014 advisory committee review process and the City's 2016 endorsement of the Hamilton Food Strategy. This committee consolidated attention toward food issues that were previously addressed on two separate advisory committees. The Food Advisory Committee can accommodate 13 to 18 members who are appointed by Council. Membership includes a range of food system expertise in farming and food businesses, food literacy, food access and waste, policy, non-profit/community-based food programs, and a non-voting Staff Liaison from Public Health, Healthy Environments Division.

Since 2016, the Food Advisory Committee has advised the Board of Health on Hamilton's Food Strategy actions and focused on community food security with a broader health-promoting food system lens. Since May 2019, when this term's membership started, they have informed and participated in two Food Strategy events, developed and received a community engagement survey, and intend to continue to advise and support the implementation of Food Strategy actions in 2023.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Not Applicable.

RELEVANT CONSULTATION

Corporate Finance Services Department was consulted regarding the process and template to use for submitting Advisory Committee budget requests, along with ensuring adequate funds were available in the Food Advisory Committee's Reserves. This report has also been reviewed and approved by David Trevisani, Manager of Finance and Administration in the Healthy and Safe Communities Department.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

The Food Advisory Committee has put forward a base budget request of $1,500 to cover basic expenses. To continue to effectively implement their mandate, including conducting relevant community engagement/event(s) and/or research, an additional $2,987.84 from their Reserves is required.

The Food Advisory Committee budget request is attached as Appendix "A" to Report BOH22019.

The Food Advisory Committee's full mandate is outlined in their Terms of Reference, attached as Appendix "B" to Report BOH22019.

ALTERNATIVES FOR CONSIDERATION

Council could choose not to refer the Food Advisory Committee budget request to the budget process for Advisory Committees.

Financial: The Food Advisory Committee would not have a budget to operate.

Staffing: Not Applicable.

Legal: Not Applicable.

Policy: Community engagement was undertaken in 2016 to develop this Committee's mandate; discontinuing funds for the Committee could be perceived as not adhering to the City's commitment to community engagement.

Pros: Not funding the Committee may leave additional funds in the Food Advisory Committee Reserve to be used another year or allocated elsewhere.

Cons: Not funding the Committee may result in lower or inequitable engagement and potential loss of volunteer members if base funds to cover the committee's parking reimbursement, training/education and meeting supplies are not available. Not increasing the Committee's budget from the Food Advisory Committee Reserve restricts their ability to fulfil their mandate in any meaningful manner to support and advise the Hamilton Food Strategy implementation. In addition, the Advisory Committee Review recommendations of reforming and amalgamating food related committees would not be followed if budget was not assigned to the Food Advisory Committee.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Community Engagement and Participation
Hamilton has an open, transparent and accessible approach to City government that engages with and empowers all citizens to be involved in their community.

Economic Prosperity and Growth
Hamilton has a prosperous and diverse local economy where people have opportunities to grow and develop.

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

Clean and Green
Hamilton is environmentally sustainable with a healthy balance of natural and urban spaces.

Built Environment and Infrastructure
Hamilton is supported by state-of-the-art infrastructure, transportation options, buildings and public spaces that create a dynamic City.

Culture and Diversity
Hamilton is a thriving, vibrant place for arts, culture, and heritage where diversity and inclusivity are embraced and celebrated.

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

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH22019	2023 Food Advisory Committee Budget Submission
Appendix “B” to Report BOH22019	Food Advisory Committee Terms of Reference

CITY OF HAMILTON

2023

ADVISORY COMMITTEES

BUDGET SUBMISSION FORM

FOOD ADVISORY COMMITTEE

PART A: General Information

ADVISORY COMMITTEE MEMBERS:

Krista D'aoust (Chair)	**Biniam Mehretab**
Mary Ellen Scanlon (Co-Chair)	**Elly Bowen**
Brian Tammi (Secretary)	**Jennifer Silversmith**
Vivien Underdown	**Barbara Stares**
Vicky Hachey	**Frank Stinellis**
Laurie Nielsen	**Kyle Swain**
Jordan Geertsma	**Andrew Sweetnam**
Drew Johnston	**Maria Biasutti**

MANDATE:

As a volunteer advisory committee to the Board of Health, the Food Advisory Committee will support and advise on the implementation of Hamilton's Food Strategy, and the development of inclusive and comprehensive food related policies and programs at the individual, household, and community/population level based on internationally recognized principles of healthy public policy and best practices/available evidence.

PART B: Strategic Planning

STRATEGIC OBJECTIVES:

• Identify and inform, where appropriate, innovative community food security policies and programs that align with the vision and goals of the Hamilton Food Strategy, Hamilton Food Charter, and other City strategies.
• Identify and advise on emerging issues affecting Hamilton's food system.
• Facilitate connections and share information and resources between members, the Board of Health, City staff, and as appropriate, further disseminate these lessons and resources among community organizations, businesses, citizens, and other groups that have an impact on community food security.
• Support research, monitoring, and evaluation efforts, and identify gaps and opportunities that may inform community food security policies and program modifications.
• Facilitate the cross-promotion of community food security within existing programs, events, policies, services, and other actions.

ALIGNMENT WITH CORPORATE GOALS:

Please check off which Council approved Strategic Commitments your Advisory Committee supports			
1) Community Engagement & Participation	X	**2) Economic Prosperity & Growth**	X
3) Healthy & Safe Communities	X	**4) Clean & Green**	X
5) Built Environment & Infrastructure	X	**6) Culture & Diversity**	X
7) Our People & Performance			

PART C: Budget Request

INCIDENTAL COSTS:

Parking Materials, supplies & printing	600.00 400.00
SUB TOTAL	**$1000.00**

SPECIAL EVENT/PROJECT COSTS:

Training/Education Event(s)	500.00
SUB TOTAL	**$1500.00**

TOTAL COSTS	**$1500.00**

Funding from Advisory Committee Reserve (only available to Advisory Committees with reserve balances)	**$2987.84**

TOTAL 2023 BUDGET REQUEST (net of reserve funding)	**$ 4487.84**
PREVIOUS YEAR (2022) APPROVED BUDGET (2022 Request $)	**$1500.00**

CERTIFICATION:

Please note that this document is a request for a Budget from the City of Hamilton Operating budget. The submission of this document does not guarantee the requested budget amount. Please have a representative sign and date the document below.

Representative's Name: **Krista D'Aoust, Chair**

Signature: K D'Aoust

Date: **September 26, 2022**

Telephone #: 289-260-3973

Food Advisory Committee

Terms of Reference

Committee Mandate

As a volunteer advisory committee to the Board of Health, the Food Advisory Committee will support and advise on the implementation of Hamilton’s Food Strategy, and the development of inclusive and comprehensive food related policies and programs at the individual, household, and community/population level based on internationally recognized principles of healthy public policy and best practices/available evidence.

More generally, the Food Advisory Committee will:

- Identify and inform, where appropriate, innovative community food security policies and programs that align with the vision and goals of the Hamilton Food Strategy, Hamilton Food Charter, and other City strategies;
- Identify and advise on emerging issues affecting Hamilton’s food system;
- Facilitate connections and share information and resources between members, the Board of Health, City staff, and as appropriate, further disseminate these lessons and resources among community organizations, businesses, citizens, and other groups that have an impact on community food security;
- Support research, monitoring, and evaluation efforts, and identify gaps and opportunities that may inform community food security policies and program modifications; and
- Facilitate the cross-promotion of community food security within existing programs, events, policies, services, and other actions.

Membership

The Food Advisory Committee will be comprised of 13 to 18 voting members, striving for a balance of representation from all the components within the food system as follows:

- Food Production: 2-3 members (e.g., representation from rural and urban agriculture, including large and small scale farmers, gardeners, soil specialists, horticulturalists);
- Processing & Distribution: 2-3 members (representation from large and small scale food production and distribution, including food entrepreneurs, managers/operators of incubators, food banks, food hubs, food box delivery programs, warehousing, storage, etc.);
- Buying & Selling: 2-3 members (e.g., representation from large and small scale food retail, including grocers, restauranteurs, Farmers Markets managers, social enterprise food entrepreneurs, specialty food stores owners, street vendors, etc.);
- Consumption: 2-3 members (e.g., representation from community and neighbourhood based food programs and cultural groups, including food literacy educators, consumers, chefs, food enthusiasts, etc.);
- Food Waste Management: 2-3 members (representation from food waste management, including researchers/consultants, managers, operators of

environmental groups, gleaning programs, experts/experienced individuals in composting/resource management, etc.);
- 3 members at large (citizens at large, local food advocates, etc.); and
- 2 City Councilors (non-voting, one representing urban and one representing rural wards).

Committee members will be selected through the City of Hamilton’s standardized application process for Advisory Committees. New members will be formally appointed by the Board of Health at the beginning of each term of Council, or as needed. Individuals who do not live in Hamilton but work in the City of Hamilton in a food-related business or organization would be eligible for membership on the Food Advisory Committee based on their ability to provide valuable expertise to advise on food policies and programs in the City.

Food Advisory Committee members are appointed based on their individual qualifications in the following areas:
- Their professional or community work reflects the values and principles within the Hamilton Food Strategy, Hamilton Food Charter, Food Advisory Committee, and Public Health Services;
- They bring skills and experience (including lived experience) in at least one aspect of community food security that allows them to contribute to progressive and innovative policy and program development within the Committee;
- They have skills, knowledge, experience, or a genuine interest in at least one area of Hamilton’s food system;
- They represent at least one element of the rich diversity of the Hamilton population’s food security skills, talents, and needs;
- They can help the Food Advisory Committee facilitate dialogue and partnerships with at least one distinct population grouping in Hamilton’s urban, suburban, and rural communities;
- They respect the complexity and sensitivity of the Food Advisory Committee’s work with diverse partners, and appreciate the need for personal and group skills, problem-solving, and “getting to yes;” and
- They are able to attend monthly meetings of the Food Advisory Committee on a regular basis and can participate in occasional working group meetings.

Roles & Responsibilities

Members of the Food Advisory Committee shall endorse the Vision, Mission, Goals, and Values of the City of Hamilton Food Charter and make themselves familiar with the committee’s Terms of Reference and mandate. General expectations of members include the following:
- Submit an annual progress report of the Committee’s activities by November of each calendar year to the Board of Health and consider various options to keep Council up to date on the committee’s activities;
- Demonstrate a respect for governance and protocol;

- Active participation and a commitment to attend meetings on a regular basis;
- Be accountable to other members and to citizens;
- Work as a team and follow through with commitments;
- Communicate appropriately and be clear about which interest are represented when speaking;
- Communicate all information occurring at the Food Advisory Committee to contacts within their sector, as appropriate; and
- Bring issues/concerns and represent their sector’s interests at the Committee.

Chair/ Co-Chair

Members will, at the beginning of each term, elect from its membership two Co-Chairs, one of which shall be a Citizen member and one a Councillor Liaison member.

In addition to the general roles and responsibilities, Co-Chairs are expected to:

- Build the meeting agendas following the City of Hamilton template;
- Invite guests, in consultation with members and Staff Liaison;
- Preside at meetings;
- Facilitate dialogue among members between meetings;
- Liaise with City Staff Liaison and keep them informed of all Committee issues and actions; and
- Act as spokespeople on behalf of the Food Advisory Committee, as per Standard Operating Procedure #08-001.

Secretary

Members will, at the beginning of each term, elect from its membership a Secretary, which shall be a Citizen member.

In addition to the general roles and responsibilities, the Secretary is expected to:

- Provide relevant information, ideas, and opinions as a participant in the meeting;
- Record without note or comment all resolutions, decisions, and other proceedings at the meeting (as per the Municipal Act, 2001);
- Keep an accurate set of minutes of each meeting;
- Keep an up-to-date membership/contact list;
- Distribute minutes to members and notifying them of upcoming meetings;
- Keep a list of all advisory committees and members;
- Help the Chair with preparing the agenda, advise on meeting procedure, and reference materials and information retrieved from the records; and
- Make meeting and physical set-up arrangements (Note: room bookings with City Facilities will be coordinated through the Advisory Committee’s Staff Liaison).

City Staff Liaisons

City of Hamilton staff will be assigned to this committee as non-voting members to provide technical and content expertise and support, including:

- Public Health Services: 1 - 2 with expertise in nutrition, food systems, policy, and health protection;
- Emergency and Community Services: 1 - 2 with expertise in social policy and community programs;
- Planning and Economic Development: 1 – 2 with expertise in land use planning, licensing, and economic development related to agriculture and food; and
- Public Works Department: 1 – 2 with expertise in urban agriculture and food waste management.

Staff Liaison Role

The role of the Staff Liaison is to function as system experts. The City of Hamilton Public Health Services will appoint personnel with knowledge of nutrition policy, community food systems, and food security to provide support and coordination to the Food Advisory Committee.

The duties of the staff liaison include

- Coordinate, develop, and deliver the Orientation Session for the Advisory Committee;
- Liaise with Food Advisory Committee members, providing technical advice from Public Health Services for the preparation of reports, correspondence, etc.;
- Assist with the preparation of reports to the Board of Health, including an annual progress report of the Committee’s activities by November of each calendar year;
- Assist with agenda preparation, review minutes, and ensure approved minutes are submitted to the Board of Health; and
- Provide background information, advice, and context for implementation of priorities.

City of Hamilton may assign staff to work on specific projects for a specific period of time.

Councillor Liaisons

Two (2) members of City Council will be appointed as representatives to the Food Advisory Committee with a requirement for each Councillor to attend a minimum of (but not limited to) one (1) meeting per year. Council members who are appointed as liaisons would not count toward the committee’s quorum and do not have voting privileges.

Staff Clerk/ Other Staff Support(s)

The duties of the staff clerk include providing procedural process advise to the Staff Liaison and Co-Chairs as needed.

Term of Membership

Food Advisory Committee members are appointed for four (4) year terms with the possibility of renewal. Effort will be made to stagger appointments to ensure continuity.

- Members who miss three (3) consecutive meetings without Committee approval shall be considered as resigning from the committee;
- Any member who is absent for more than fifty percent (50%) of the meetings during their term shall not be eligible for reappointment; and
- Upon appointment to the Food Advisory Committee, members are required to sign an Acknowledgement (Declaration) Form and return it to the Office of the City Clerk prior to attending the first meeting of this committee.

Meeting Frequency

Meetings will occur monthly, with the exception of the months of July, August, and December (minimum of five and maximum of nine times per year). At the call of the Co-Chairs, additional meetings can occur on an ‘as-needed’ basis.

Should the Food Advisory Committee not meet a minimum of three times during a Council term, the Committee will be automatically disbanded at the end of the Council Term.

Decision Making

Food Advisory Committee members value and will make every effort to reach consensus in decision making, including a full discussion of the issue, review of all relevant information, discussion of possible solutions or actions, and the formulation of a statement of general agreement/consensus, or develop a motion and vote on it. The Committee requires consensus to make formal decisions and must follow the procedural processes outlined in the Advisory Committee Procedural Handbook, May 2015.

City of Hamilton staff are non-voting members.

Quorum

Quorum consists of half the voting members plus one. In order to ensure a broad range of perspectives are included in discussions and decision making, this minimum threshold must include a representative from each of the food system components, plus a minimum of one member at large.

Code of Conduct/Conflicts of Interest

All members shall adhere to all City of Hamilton policies, including those respecting code of conduct and conflict of interest. At a minimum, it is expected that members are to

- Maintain an atmosphere of respectful discussion and professionalism;
- Respect the confidentiality of all matters before the Food Advisory Committee;

- Actively contribute their expertise, resources, and individual experiences to further the mandate of the Committee; and
- Declare a conflict of interest when it arises so it may be recorded in the minutes.

Reports to
- Board of Health

Review of Terms of Reference
- To be reviewed on an annual basis, at a minimum.

Approved on:
- May 2016

CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Epidemiology and Wellness Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	November 28, 2022
SUBJECT/REPORT NO:	Follow-up: Alcohol, Drug, & Gambling Services and Community Mental Health Promotion Budget 2022-2023 (BOH22012(b)) (City Wide) **(Outstanding Business List Item)**
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Susan Boyd (905) 546-2424 Ext. 2888
SUBMITTED BY: **SIGNATURE:**	Julie Prieto Director, Epidemiology and Wellness Division Public Health Services

RECOMMENDATION

(a) That the 2022-2023 Alcohol, Drug, & Gambling Services and Community Mental Health Promotion Program budgets, funded by Ontario Health, be approved including the items below; and,
   (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;

(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 Alcohol, Drug & Gambling Services and Community Mental Health Promotion Program budgets, funded by Ontario Health.

EXECUTIVE SUMMARY

The Alcohol, Drug, & Gambling Services Program (ADGS) and its Community Mental Health Promotion program (CMHP) are two programs within Public Health Services that provide important outpatient services to individuals experiencing mental health, addictions and/or homelessness concerns. The programs work collaboratively with

individuals to improve their well-being, while also addressing other social determinants of health.

Both ADGS and CMHP have multiple funding components supporting the delivery of services. The programs are managed together and share some staffing positions across programs to effectively provide service.

At the June 13, 2022 Board of Health meeting, Report (BOH22012) regarding the 2022-2023 Alcohol, Drug & Gambling Services and Mental Health Outreach Program Budgets was presented. All budgets were approved, except for the ADGS and CHMP budgets funded by Ontario Health West, which were deferred to a future Board of Health report. This Board of Health Report (BOH22012(b)) is intended to satisfy that deferred report request.

Direction from the Board of Health was to consult with Ontario Health West and to explore potential funders to address 2022-2023 budget pressures. The outcome of consultations was brought forward at the September 19, 2022 Board of Health meeting via Report (BOH22012(a)), Follow-up: Alcohol, Drug, & Gambling Services and Mental Health Outreach Program Budget 2022-2023. Currently there are no funding options to offset the budget pressures within this budget.

Funding approval is outstanding for the ADGS and CHMP budgets funded by Ontario Health West. These services are essential in offering addiction and mental health care. The purpose of this report is to approve the funding for the budget named in this report.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: Decreases in complement are to stay within budget caps. Details of the funding changes are outlined in the table below:

Funding Source	Annual Budget 2022/2023	Annual Budget 2021/2022	FTE 2022/2023	FTE 2021/2022	Change in FTE
Ontario Health West Alcohol, Drug and Gambling Services Substance Use	$825,191	$825,191	6.7	7.2	Decrease in 0.5 FTE

Funding Source	Annual Budget 2022/2023	Annual Budget 2021/2022	FTE 2022/2023	FTE 2021/2022	Change in FTE
Ontario Health West Alcohol, Drug and Gambling Services Problem Gambling	$315,090	$315,090	2.2	2.3	Decrease in 0.1 FTE
Ontario Health West Community Mental Health Promotion Program	$700,675[1]	$700,675[1]	4.25	4.9	Decrease in 0.65 FTE
Total FTE			13.15	14.40	Decrease in 1.25 FTE

1. Includes external contract workers: Housing Help Centre; Mission Services; new Social Work FTE budgeted in Other Funding Grants will be embedded in this program

Staffing: There will be a decrease in clinical FTE within this budget and a corresponding impact on service provision (outlined in the Analysis and Rationale for recommendation section). Other program investments will allow for retention of staff (BOH22012).

Legal: Not Applicable.

HISTORICAL BACKGROUND

Direction from the Board of Health at its June 13, 2022 meeting was to consult with Ontario Health West and to explore potential funders to address 2022-2023 budget pressures. The outcome of consultations was brought forward at the September 19, 2022 Board of Health meeting through Report (BOH22012(a)) Follow-up: Alcohol, Drug, & Gambling Services and Mental Health Outreach Program Budget 2022-2023.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Ontario Health policy requires all funded programs to submit a balanced budget and to meet agreed upon targets.

RELEVANT CONSULTATION

Finance and Administration has been consulted regarding the preparation of the ADGS and CHMP budgets funded by Ontario Health West.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Because of the changes noted in the history section, we are recommend staying within budget caps. As a result of this recommendation, there are possible effects on service capacity in the Alcohol, Drug, & Gambling Services substance use program including a decrease in the number of appointments for new clients as well as follow-up visits. This will result in increased wait times for first appointments and lengthened 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 who are experiencing homelessness and complex health issues.

However, additional funding for Addiction Services at Hamilton Health Sciences and a new initiative with the Hamilton Public Library will allow for the retention of staff. If we do not approve the recommendations in this report, there would be a loss of 13.5 FTE and significant service provision in the area of mental health and addiction services in the Hamilton community. Therefore, we recommend approving the proposed recommendation.

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.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.