



City of Hamilton
PUBLIC HEALTH COMMITTEE
AGENDA

Meeting #: 23-010
Date: October 2, 2023
Time: 9:30 a.m.
Location: Council Chambers
Hamilton City Hall
71 Main Street West

Aleah Whalen, Legislative Coordinator (905) 546-2424 ext. 6436

1. CEREMONIAL ACTIVITIES

2. APPROVAL OF AGENDA

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

3. DECLARATIONS OF INTEREST

4. APPROVAL OF MINUTES OF PREVIOUS MEETING

4.1 September 8, 2023

5. COMMUNICATIONS

5.1 Correspondence from Sally Hagman, Board of Health Chair, Algoma Public Health, respecting Income-based policy interventions to effectively reduce household food insecurity

Recommendation: Be endorsed

5.2 Correspondence from Bernie Maclellan, Board of Health Chair, Huron Perth Public Health, respecting Support for Healthy Public Policy Regarding Alcohol Marketplace and Product Sales

- 5.3 Correspondence from Kathryn Wilson, Board of Health Chair, Peterborough Public Health, respecting Section 50 Agreements

Recommendation: Be received.

- 5.4 Correspondence from Fabio Costante, Board of Health Chair, and Dr. Kenneth Blanchette, CEO, Windsor-Essex County Health Unit, respecting Investing in a Sustainable Federal School Food Policy

Recommendation: Be received.

6. DELEGATION REQUESTS

- 6.1 Dr. Sonia Anand, McMaster University - SCORE!, respecting the results of the SCORE! (Strengthening Community Roots: Anchoring Newcomers in Wellness and Sustainability) project from the Riverdale neighborhood in Ward 5 (for a future meeting)

7. DELEGATIONS

8. STAFF PRESENTATIONS

9. CONSENT ITEMS

- 9.1 2023-2024 Respiratory Virus Season Update (BOH23032) (City Wide)

10. DISCUSSION ITEMS

- 10.1 Alcohol Drug and Gambling Services Program and Community Mental Health Promotion Program Budget 2023-2024 (BOH23033) (City Wide)

- 10.2 Alcohol Drug and Gambling Services Program and Peter Boris Centre for Addiction Research Knowledge Translation Projects Funding (BOH23034) (City Wide)

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT

Members of the public can contact the Clerk's Office to acquire the documents considered at this meeting, in an alternate format.



**PUBLIC HEALTH COMMITTEE
(Formerly the Board of Health)
MINUTES 23-009**

9:30 a.m.

Wednesday September 8, 2023

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

Present: Mayor A. Horwath (Chair)
Councillor M. Wilson (Vice-Chair)
Councillors J. Beattie, C. Cassar, B. Clark, J.P. Danko, M. Francis,
T. Hwang, T. Jackson, C. Kroetsch, T. McMeekin, E. Pauls, M.
Tadeson and A. Wilson

**Absent with
Regrets:** Councillor M. Spadafora – Personal and N. Nann – City Business

**THE FOLLOWING ITEMS WERE REFERRED TO THE BOARD OF HEALTH FOR
CONSIDERATION:**

**1. Child and Youth Mental Health Transformation and Child and Adolescent Services
Budget 2023-2024 (BOH23029) (City Wide) (Outstanding Business List Item) (Item
8.1 and 14.1)**

(Pauls/A. Wilson)

- (a) That the 2023-2024 Child and Adolescent Services Program budget funded by the Ministry of Health be approved;
- (b) That the Medical Officer of Health, or delegate, be authorized and directed to execute all agreements, contracts, extensions and documents, including submission of budgets and reports required to give effect to all the 2023-2024 Child and Adolescent Services Program budget approved in Report BOH23029;
- (c) That the Medical Officer of Health be authorized and directed to enter into a 24-month secondment agreement with Lynwood Charlton Centre with the option to renew for an additional 24 months, in a form satisfactory to the City Solicitor;
- (d) That the direction to staff within Confidential Appendix “A” to Report BOH23029 be approved and remain confidential until approved by Council; and,

- (e) That Item 2021-G, respecting the challenges, referrals and waiting lists for child and adolescent counselling services within the City's network of Children's and Adolescent Mental Health Services, be removed from the Public Health Committee Outstanding Business List.

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

Yes	-	Mayor Andrea Horwath
Yes	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar
Yes	-	Ward 9 Councillor Brad Clark
Yes	-	Ward 8 Councillor John-Paul Danko
Absent	-	Ward 5 Councillor Matt Francis
Yes	-	Ward 4 Councillor Tammy Hwang
Absent	-	Ward 6 Councillor Tom Jackson
Yes	-	Ward 2 Councillor Cameron Kroetsch
Yes	-	Ward 15 Councillor Ted McMeekin
Absent	-	Ward 3 Councillor Nrinder Nann
Yes	-	Ward 7 Councillor Esther Pauls
Absent	-	Ward 14 Councillor Mike Spadafora
Yes	-	Ward 11 Councillor Mark Tadeson
Yes	-	Ward 13 Councillor Alex Wilson
Yes	-	Ward 1 Councillor Maureen Wilson

2. Hamilton Waterpipe By-law (BOH23017(a)) (City Wide) (Item 8.2)

(Francis/McMeekin)

That the By-law to regulate waterpipe smoking in public places and workplaces in the City of Hamilton, attached as Appendix "A" to Report BOH23017(a), which has been prepared in a form satisfactory to the City Solicitor, be enacted.

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

Yes	-	Mayor Andrea Horwath
Yes	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar
Yes	-	Ward 9 Councillor Brad Clark
Yes	-	Ward 8 Councillor John-Paul Danko
Yes	-	Ward 5 Councillor Matt Francis
Yes	-	Ward 4 Councillor Tammy Hwang
Absent	-	Ward 6 Councillor Tom Jackson
Yes	-	Ward 2 Councillor Cameron Kroetsch
Yes	-	Ward 15 Councillor Ted McMeekin
Absent	-	Ward 3 Councillor Nrinder Nann
Yes	-	Ward 7 Councillor Esther Pauls

Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

3. Suspect Drug-Related Deaths and Opioid-Related Paramedic Calls (April – June 2023) (BOH23031) (City Wide) (Item 9.1)

(A. Wilson/Francis)

That Report BOH23031, respecting Suspect Drug-Related Deaths and Opioid-Related Paramedic Calls (April – June 2023), be received.

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

Yes	-	Mayor Andrea Horwath
Absent	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar
Yes	-	Ward 9 Councillor Brad Clark
Yes	-	Ward 8 Councillor John-Paul Danko
Yes	-	Ward 5 Councillor Matt Francis
Yes	-	Ward 4 Councillor Tammy Hwang
Absent	-	Ward 6 Councillor Tom Jackson
Yes	-	Ward 2 Councillor Cameron Kroetsch
Yes	-	Ward 15 Councillor Ted McMeekin
Absent	-	Ward 3 Councillor Nrinder Nann
Yes	-	Ward 7 Councillor Esther Pauls
Absent	-	Ward 14 Councillor Mike Spadafora
Yes	-	Ward 11 Councillor Mark Tadeson
Yes	-	Ward 13 Councillor Alex Wilson
Yes	-	Ward 1 Councillor Maureen Wilson

4. Healthy Babies Healthy Children Program Budget 2023-2024 (BOH23028) (City Wide) (Item 10.1)

(Hwang/Cassar)

- (a) That the 2023-2024 Healthy Babies Healthy Children program budget be approved;
- (b) That Council approve funding of \$205,194 to allow the continuation of the program with the current Public Health Nurse complement until March 31, 2024, to be funded first from any Public Health Division surplus, then from any Healthy and Safe Communities Departmental Surplus and lastly from any Corporate Surplus or any source deemed appropriate by the General Manager of Corporate Services;

- (c) That staff be directed to refer the annualized estimated cost for the program pressure resulting from capped Ministry funding and annual cost increases of staff salaries and benefits to the 2024 Tax Operating Budget; and,
- (d) That the Medical Officer of Health or delegate be authorized and directed to execute all agreements, contracts, extensions and documents, including submission of budgets and reports required to give effect to all the 2023-2024 Healthy Babies Health Children Program budget approved in Report BOH23028.

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

Yes	-	Mayor Andrea Horwath
Yes	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar
Yes	-	Ward 9 Councillor Brad Clark
Yes	-	Ward 8 Councillor John-Paul Danko
Yes	-	Ward 5 Councillor Matt Francis
Yes	-	Ward 4 Councillor Tammy Hwang
Absent	-	Ward 6 Councillor Tom Jackson
Yes	-	Ward 2 Councillor Cameron Kroetsch
Yes	-	Ward 15 Councillor Ted McMeekin
Absent	-	Ward 3 Councillor Nrinder Nann
Yes	-	Ward 7 Councillor Esther Pauls
Absent	-	Ward 14 Councillor Mike Spadafora
Yes	-	Ward 11 Councillor Mark Tadeson
Yes	-	Ward 13 Councillor Alex Wilson
Yes	-	Ward 1 Councillor Maureen Wilson

FOR INFORMATION:

(a) CHANGES TO THE AGENDA (Item 2)

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

(McMeekin/Cassar)

That the agenda for the September 8, 2023 Public Health Committee be approved, as presented.

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

Yes	-	Mayor Andrea Horwath
Yes	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar

Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Absent	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Absent	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Absent	-	Ward 3	Councillor Nrinder Nann
Absent	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Absent	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

(b) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

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

(i) August 16, 2023 (Item 4.1)

(Cassar/Tadeson)

That the Minutes of the August 16, 2023 meeting of the Public Health Committee be approved, as presented.

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

Yes	-	Mayor Andrea Horwath
Yes	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar
Yes	-	Ward 9 Councillor Brad Clark
Yes	-	Ward 8 Councillor John-Paul Danko
Absent	-	Ward 5 Councillor Matt Francis
Yes	-	Ward 4 Councillor Tammy Hwang
Absent	-	Ward 6 Councillor Tom Jackson
Yes	-	Ward 2 Councillor Cameron Kroetsch
Yes	-	Ward 15 Councillor Ted McMeekin
Absent	-	Ward 3 Councillor Nrinder Nann
Absent	-	Ward 7 Councillor Esther Pauls
Absent	-	Ward 14 Councillor Mike Spadafora
Yes	-	Ward 11 Councillor Mark Tadeson
Absent	-	Ward 13 Councillor Alex Wilson
Yes	-	Ward 1 Councillor Maureen Wilson

(d) COMMUNICATIONS (Item 5)

(i) (McMeekin/Cassar)

That the following Communication items be approved, as presented:

- (a) Correspondence from Dr. Kieran M. Moore, Chief Medical Officer of Health of Ontario and Assistant Deputy Minister, Public Health, Ministry of Health, respecting the Provincial Strategy to Strengthen Public Health in Ontario (Item 5.1)

Recommendation: Be Received.

- (b) Correspondence from Dr. Charles Gardner, President, Association of Local Public Health Agencies (aLPHa), respecting Public Health Funding and Capacity Announcement (Item 5.2)

Recommendation: Be Received.

- (c) Correspondence from Hon. Sylvia Jones, Deputy Premier and Minister of Health, and Patrick Dicerni, Interim Assistant Deputy Minister, Ministry of Health, respecting 2023-2024 New Base Funding for HIV and/or Hepatitis C Services (Item 5.3)

Recommendation: Be received and that the Medical Officer of Health, or designate, be authorized and directed to execute all agreements, contracts, extensions, and documents, including submission of budgets and reports, required to give effect to 2023-2024 new base funding to support the delivery of HIV and/or Hepatitis C services.

- (d) Correspondence from Matt Newton-Reid, Board Chair, Middlesex-London Health Unit, respecting the Middlesex-London Health Unit 2024 Budget (Item 5.4)

Recommendation: Be Received.

- (e) Correspondence from Association of Local Public Health Agencies (aLPHa), respecting August 2023 InfoBreak (Item 5.5)

Recommendation: Be Received.

- (f) Correspondence from Hon. Sylvia Jones, Deputy Premier and Minister of Health, respecting Ministry of Health - 2023-2024 Funding for Public Health Programs (Item 5.6)

Recommendation: Be received and that the Medical Officer of Health, or designate, be authorized and directed to execute all agreements, contracts, extensions, and documents, including submission of budgets and reports, required to give effect to the amended City of Hamilton Public Health Funding and Accountability Agreement 2023-2024

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

Yes	-	Mayor Andrea Horwath
Yes	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar
Yes	-	Ward 9 Councillor Brad Clark
Yes	-	Ward 8 Councillor John-Paul Danko
Absent	-	Ward 5 Councillor Matt Francis
Yes	-	Ward 4 Councillor Tammy Hwang
Absent	-	Ward 6 Councillor Tom Jackson
Yes	-	Ward 2 Councillor Cameron Kroetsch
Yes	-	Ward 15 Councillor Ted McMeekin
Absent	-	Ward 3 Councillor Nrinder Nann
Absent	-	Ward 7 Councillor Esther Pauls
Absent	-	Ward 14 Councillor Mike Spadafora
Yes	-	Ward 11 Councillor Mark Tadeson
Absent	-	Ward 13 Councillor Alex Wilson
Yes	-	Ward 1 Councillor Maureen Wilson

(e) STAFF PRESENTATIONS (Item 8)

(i) Child and Youth Mental Health Transformation and Child and Adolescent Services Budget 2023-2024 (BOH23029) (City Wide) (Outstanding Business List Item) (Item 8.1)

Mark Fernandes, Clinic Supervisor, Child & Adolescent Services, Public Health Services and Michelle Hayes, Senior Director of System Planning, Lynwood Charlton Centre, addressed the Committee respecting the Child and Youth Mental Health Transformation and Child and Adolescent Services Budget 2023-2024, with the aid of a PowerPoint presentation.

(Tadeson/Hwang)

That the presentation respecting Report BOH23029, Child and Youth Mental Health Transformation and Child and Adolescent Services Budget 2023-2024, be received.

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

Yes	-	Mayor Andrea Horwath
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Yes	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Absent	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Absent	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Absent	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

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

(ii) Hamilton Waterpipe By-law (BOH23017(a)) (City Wide) (Item 8.2)

Jan Johnston, Manager, Tobacco Control Program, Public Health Services, addressed the Committee respecting the Hamilton Waterpipe By-law, with the aid of a PowerPoint presentation.

(Pauls/Cassar)

That the presentation respecting Report BOH23017(a), Hamilton Waterpipe By-law, be received.

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

Yes	-	Mayor Andrea Horwath	
Yes	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Absent	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Absent	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson

Yes - Ward 1 Councillor Maureen Wilson

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

(f) PRIVATE & CONFIDENTIAL (Item 14)

(i) Confidential Appendix "A" to Item 8.1 - Child and Youth Mental Health Transformation and Child & Adolescent Services Budget 2023-2024 (BOH23029) (City Wide) (Outstanding Business List Item) (Item 14.1)

The Public Health Committee determined that discussion of Confidential Appendix 'A' to Report BOH23029 was not required in Closed Session.

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

(g) ADJOURNMENT (Item 15)

(Pauls/Hwang)

That, there being no further business, the Public Health Committee be adjourned at 11:26 a.m.

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

Yes	-	Mayor Andrea Horwath
Yes	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar
Yes	-	Ward 9 Councillor Brad Clark
Yes	-	Ward 8 Councillor John-Paul Danko
Yes	-	Ward 5 Councillor Matt Francis
Yes	-	Ward 4 Councillor Tammy Hwang
Absent	-	Ward 6 Councillor Tom Jackson
Yes	-	Ward 2 Councillor Cameron Kroetsch
Yes	-	Ward 15 Councillor Ted McMeekin
Absent	-	Ward 3 Councillor Nrinder Nann
Yes	-	Ward 7 Councillor Esther Pauls
Absent	-	Ward 14 Councillor Mike Spadafora
Yes	-	Ward 11 Councillor Mark Tadeson
Yes	-	Ward 13 Councillor Alex Wilson
Yes	-	Ward 1 Councillor Maureen Wilson

Respectfully submitted,

Mayor Andrea Horwath
Chair, Public Health Committee

Matt Gauthier
Legislative Coordinator
Office of the City Clerk

July 4, 2023

The Honourable Doug Ford
Premier of Ontario
Delivered via email: premier@ontario.ca

The Honourable Sylvia Jones
Deputy Premier
Minister of Health
Delivered via email: sylvia.jones@pc.ola.org

The Honourable Michael Parsa
Minister of Children, Community and Social Services
Delivered via email: michael.parsaco@pc.ola.org

Dear Premier Ford, Deputy Premier and Minister Jones, and Minister Parsa:

Re: Income-based policy interventions to effectively reduce household food insecurity (HFI)

On June 28, 2023, the Board of Health for Algoma Public Health (APH) passed a resolution endorsing income-based policy interventions to effectively reduce household food insecurity (HFI), which is an urgent public health problem that imposes serious consequences to the health and well-being of Ontarians.

HFI is inadequate or insecure access to food due to household financial constraints.^(1, 2) It is a sign of poverty, rooted in a lack of adequate and stable income to make ends meet. In 2022, more than 2.8 million Ontarians were food insecure, and this will only get worse with recent sky-rocketing inflation.⁽³⁾

Locally, APH monitors food affordability as required by the *Ontario Public Health Standards*. Our local data shows that low-income households, especially those receiving Ontario Works (OW) and Ontario Disability Support Program (ODSP), struggle to afford basic costs of living and will be increasingly vulnerable as food prices continue to rise.⁽⁴⁾

Not being able to afford adequate food has profound adverse effects on people's physical and mental health and their ability to lead productive lives. This creates a heavy burden on the health care system with adults living in severely food insecure households incurring 121% higher health care costs compared to food secure households.⁽⁵⁾ Effective income policies to reduce food insecurity could offset considerable public expenditures on health care and improve overall health.

Blind River
P.O. Box 194
9B Lawton Street
Blind River, ON P0R 1B0
Tel: 705-356-2551
TF: 1 (888) 356-2551
Fax: 705-356-2494

Elliot Lake
ELNOS Building
302-31 Nova Scotia Walk
Elliot Lake, ON P5A 1Y9
Tel: 705-848-2314
TF: 1 (877) 748-2314
Fax: 705-848-1911

Sault Ste. Marie
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Tel: 705-942-4646
TF: 1 (866) 892-0172
Fax: 705-759-1534

Wawa
18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
TF: 1 (888) 211-8074
Fax: 705-856-1752

Food charity is NOT a solution to the problem. Food banks may provide temporary food relief but do not address the root causes. Only about one-quarter of households experiencing food insecurity go to food banks and for those who do use them, food insecurity does not go away.⁽²⁾

We urge the province to collaborate across sectors to implement income-based policies that effectively reduce food insecurity, such as^(1, 2, 5)

- increasing minimum wage to a rate that better reflects costs of living, such as a living wage,
- raising social assistance to reflect costs of living,
- indexing Ontario Works to inflation, and
- reducing income tax rates for the lowest income households.

Such income policies preserve dignity, address the root cause of the problem, give choice of which foods to buy, and ensure the basic right to food.

Sincerely,



Sally Hagman
Chair, Board of Health,

cc: Dr. J. Loo, Medical Officer of Health and Chief Executive Officer for Algoma Public Health
Local Councils
Local MPs
The Association of Local Public Health Agencies
Ontario Boards of Health

References:

1. Tarasuk V, Li T, Fafard St-Germain A-A. Household food insecurity in Canada, 2021. 2016. <https://proof.utoronto.ca/wp-content/uploads/2022/08/Household-Food-Insecurity-in-Canada-2021-PROOF.pdf>
2. ODPH Position Statement on Responses to Food Insecurity: Ontario Dietitians in Public Health. 2023. Available from: <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>.
3. New data on household food insecurity in 2022. PROOF, 2023. <https://proof.utoronto.ca/>
4. Food affordability in Algoma infographic. 2023.
5. alPHA Resolutions- Determinants of health. Resolution A05-18, Adequate Nutrition for works and Ontario Disability Support Program Participants and Low Wage Earners; Resolution A15- 4, Public Health Support for a Basic Income Guarantee; Resolution A18-2, Public Health Support for a Minimum Wage that is a Living Wage. Association of Local Public Health Agencies, 2009. https://www.alphaweb.org/page/Resolutions_SDOH

The Honourable Peter Bethlenfalvy, Minister of Finance
The Honourable Sylvia Jones, Deputy Premier and Minister of Health
Legislative Building, Queen's Park
Toronto ON M7A 1A1

September 8, 2023

Re: Support for Healthy Public Policy Regarding Alcohol Marketplace and Product Sales

Dear Minister Bethlenfalvy and Minister Jones,

Huron Perth Public Health (HPPH) Board of Health made a motion on September 8, 2023, to endorse the Ontario Public Health Association's (OPHA) letter to you dated May 31, 2023 (attached), titled '[Modernizing alcohol marketplace and product sales](#)'.

The letter from the OPHA implores the Government of Ontario to not increase access, availability or affordability of alcohol and points to Ontario's report card for alcohol policy being [downgraded to an F](#) from the Canadian Alcohol Policy Evaluation (CAPE) 3.0 report released in 2023. This is a clear call for the need for, and room for, policy improvement in Ontario.¹

The OPHA recommends five essential policy measures to decrease alcohol-related harms; all of which are supported by research:

1. Reduce retail density, especially in low socio-economic status (SES) neighbourhoods.
2. Maintain or decrease hours of sale, with no exceptions.
3. Strengthen Ontario's alcohol pricing policies including taxation, minimum pricing, or other means.
4. Stop further privatization of alcohol sales.
5. Apply a whole of government, health-in-all-policies approach to alcohol modernization.

Evidence shows that alcohol is a risk factor for numerous chronic diseases, including cancers, as well as injuries and violence. Alcohol consumption in Huron Perth is an ongoing concern. According to the Canadian Community Health Survey, in 2015 to 2020, 21.6% of adults in Huron Perth residents, ages 19 years and older reported drinking at a high-risk level (7+ drinks) in the past week.² This was significantly higher than the comparable provincial average of 16.3%.²

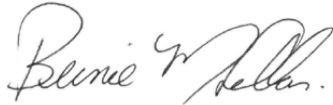
¹ Naimi, T., Stockwell, T., Giesbrecht, N., Wettlaufer, A., Vallance, K., Farrell-Low, A., Farkouh, E., Ma, J., Priore, B., Vishnevsky, N., Price, T., Asbridge, M., Gagnon, M., Hynes, G., Shelley, J., Sherk, A., Shield, K., Solomon, R., Thomas, G. & Thompson, K. (2023). Canadian Alcohol Policy Evaluation 3.0: Results from Ontario. Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria.

² Canadian Community Health Survey (CCHS). 2015-2020. Statistics Canada.

Results from the latest COMPASS survey (2022-23) show that 45% of high school students in Huron Perth who responded to the survey reported drinking alcohol in the past month, and 28% reported binge drinking in the past month.³ The letter from OPHA encompasses recommendations that would be beneficial to Huron Perth communities and residents.

Research has found that people of lower socioeconomic status tend to experience greater harms associated with alcohol consumption than those of high socioeconomic status.^{4,5} HPPH Board of Health recommends that a health equity lens is applied when considering the potential impacts of policy levers, consequences, and public health impacts as a result of modernization of the alcohol marketplace and product sales. We strongly encourage the above five policy measures to be implemented to reduce alcohol-related health harms and burden of diseases.

Sincerely,



Bernie Maclellan
Chair, Huron Perth Public Health

cc:

The Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions
The Honourable Lisa Thompson, Minister of Agriculture, Food and Rural Affairs and Member of Provincial Parliament Huron-Bruce
Mr. Matthew Rae, Member of Provincial Parliament Perth-Wellington
All Ontario Boards of Health

³ Bredin C, Leatherdale ST. Methods for linking COMPASS student-level data over time. COMPASS Technical Report Series. Huron Perth Public Health. 2022-23. Waterloo, Ontario: University of Waterloo. Available at: www.compass.uwaterloo.ca

⁴ World Health Organization (WHO). 4 June 2021. Addressing alcohol consumption and socioeconomic inequalities: how a health promotion approach can help. Snapshot series on alcohol control policies and practice. Brief 1.

⁵ Bloomfield K. Understanding the alcohol-harm paradox: what next? *The Lancet Public Health* 2020; 5: e300–e301

September 26, 2023

The Honourable Sylvia Jones
Deputy Premier of Ontario
Minister of Health
sylvia.jones@ontario.ca

Re: Section 50 Agreements

Dear Minister Jones:

With the August 22, 2023 provincial announcement to refine and clarify the roles of local boards of health, and the opportunity to voluntarily merge local public health agencies, Peterborough Public Health (PPH) would like to request the system protect and maintain requirement for boards of health to foster and create meaningful relationships with Indigenous Peoples.

Meaningful engagement with Indigenous Peoples and their communities is essential to addressing health inequities. This is acknowledged in the 2018 Ontario Public Health Standards where the Health Equity Standard specifically requires all boards of health to build relationships with Indigenous communities, organizations and First Nations and ensure it is done in a culturally safe way.¹ More recently, arising from post-pandemic evidence, this has been further reinforced within reports from both the Ontario Chief Medical Officer² of Health and Canada's Chief Public Health Officer.³

Our local experience indicates that statutory requirements and provincial standards make a difference. PPH enjoys formal relationships with Hiawatha First Nation and Curve Lake First Nation, as a result of Section 50 agreements in place since 1995. Over the last ten years we have sought to strengthen our relationship with Indigenous Peoples through the establishment of an Indigenous Health Advisory Circle that welcomes participation by the broader Indigenous community to ensure we are attending to all interests and needs regardless of where people reside within the region.

Through these actions, PPH has experienced growth in trust and partnership, not only with the two First Nation communities but also with the urban Indigenous community. But there is more work to be done and we have acknowledged this work in our current Strategic Plan.⁴

Therefore, in view of the Ministry of Health's current goal to deliver more equitable health outcomes, PPH would like to recommend that the Ministry of Health:

1. Ensure continued opportunity for Section 50 agreements within the Health Promotion and Protection Act;
2. Seek to revise the HPPA to be inclusive of urban Indigenous peoples and their health needs under that Act so they have equal opportunities to help shape board of health decision-making; and
3. Ensure the review and revisions of the Ontario Public Health Standards maintains directives for engagement with Indigenous Peoples.

As we look towards a future where Indigenous Peoples experience greater health equity, we urge the Provincial Government to continue to support boards of health so that they are able to act as better allies with Indigenous communities and amplify their voices.

Miigwech,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Local MPPs
Dr. Kieran Moore, Ontario Chief Medical Officer of Health
The Association of Local Public Health Agencies
Ontario Boards of Health

References

1. [Ontario Public Health Standards, 2021](#)
2. [Being Ready: 2022 Annual Report of the Chief Medical Officer of Health of the Legislature of Ontario, 2022](#)
3. [Principles for Engaging with First Nations, Inuit and Metis: Chief Public Health Officer Health Professional Forum, 2023](#)
4. [Strategic Plan 2022-2025: Peterborough Public Health](#)

September 21, 2023

The Honourable Chrystia Freeland, Deputy Prime Minister
Ministry of Finance
Email: chrystia.freeland@fin.gc.ca

The Honourable Jenna Sudds
Ministry of Families, Children and Social Development
Email: jenna.sudds@parl.gc.ca

The Honourable Lawrence MacAulay
Ministry of Agriculture and Agri-Food
Email: lawrence.macaulay@parl.gc.ca

The Honourable Jean-Yves Duclos
Ministry of Public Services and Procurement
Email: jean-yves.duclos@parl.gc.ca

Dear Honourable Federal Ministers Freeland, Sudds, MacAulay and Duclos:

Investing in a Sustainable Federal School Food Policy

I am writing on behalf of the Windsor-Essex County Board of Health. As the federal government prepares to release a National School Food Policy and invest in programs across the country, we wish to reiterate the call for the development of a universal, cost-shared school food program for Canada and share our concerns about the current state of student nutrition programs in Ontario and our region.

The Government of Canada has an opportunity to advance the health and well-being of all Canadian children and lay the basis for long-term health by including an investment in school food access in the Budget 2024. We applaud the Government's commitments to healthy school food in the 2021 Liberal Party Platform and urge you to act on those commitments in the next budget cycle.

Recommended actions to fulfill commitments to healthy school food in the Budget 2024:

The current state of school food programs across Canada is a patchwork with limited resources. While many schools in Ontario do have student nutrition programs partially funded by the Ministry of Children, Community and Social Services, a significant investment from the federal government would allow for expansion of services and address existing gaps. The current reliance on fundraising, volunteers, and donations is inconsistent, unsustainable, and puts schools who most need the support at a significant disadvantage. (Ref: 1,2)

The Windsor-Essex County Board of Health supports the following recommendations proposed by the Canadian Coalition for Healthy School Food:

1. Allocate \$1 billion over five years in Budget 2024 to establish a National School Nutritious Meal Program as a key element of the evolving Food Policy for Canada, with \$200 million per year to contribute to provinces, territories and First Nation, Métis, and Inuit partners to fund their school food programs.
2. Enter into immediate discussions with Indigenous leaders to negotiate agreements for the creation and/or enhancement of permanent independent distinctions based First Nation, Métis, and Inuit school meal programs.
3. Create a dedicated school food infrastructure fund to provide schools with facilities and equipment for food production and preparation, so they can reliably and efficiently serve nutritious food in adequate volumes.

In addition, school food programs should be designed to *(Ref: 3)*:

- serve tasty, nourishing, culturally appropriate foods;
- ensure that ALL students in a school can access the program in a non-stigmatizing manner;
- be a cost-shared model, including federal support;
- be flexible and locally adapted to the context of the school and region, including commitment to Indigenous control over programs for Indigenous students;
- support Canadian farmers and local food producers;
- provide conflict of interest safeguards that prevent programs from marketing to children;
- promote food literacy.

The benefits of funding a sustainable food school program in Canada

Through our work supporting the 93 OSNP-led school food programs in Windsor-Essex County, we have seen first-hand the importance of school food to our students' health and wellbeing, including their academic success and the development of lifelong eating habits. As rising costs of food stretch school food program budgets, and leave many families struggling to make ends meet, the importance of federal investments in student nutrition programming cannot be overstated.

Research has long found school meals to be one of the most successful drivers of improved health, education, and well-being in children of all ages. School food programs have also been shown to have broad, positive impacts on families, communities, and the economy by reducing household food costs, creating jobs, and strengthening sustainable food systems.

School food programs offer many academic and nutritional benefits and should be implemented along with additional income supports to reduce health inequities and food insecurity for families across Canada. School food policy and programs alone cannot alleviate poverty and food insecurity *(Ref: 1,2)*. School food programs can, however, play an important role in improving nutrition intake, supporting healthy growth and development, supporting academic success, attendance, and educational attainment, and improving mental health and well-being *(Ref: 4)*.

The demand for comprehensive school food programs in Windsor and Essex County (WEC) and Ontario is high.

Based on the Canadian Health Survey of Children and Youth (CHSCY), **12.9%** of children aged 1 to 17 years old in WEC lived in food-insecure households in 2019 (5). Nationally, the cost of food purchased from Canadian stores rose 9.8% in 2022, the fastest rate since 1981 (+12.0%), after rising 2.2% in 2021 (*Ref: 6*). While many Canadians are feeling the effects of inflation and rising food costs, those living in food-insecure households are particularly vulnerable, as after paying for housing (i.e., rent or mortgage), many have little funds available for all other necessities including hydro, water, clothing and food.

Currently across Ontario, many school programs are unable to meet current demands, and as a result, these programs are left with the difficult decision of either limiting food provided or shutting down completely before the end of the school year. Many programs have been strained by limited increases to provincial funding since 2014, rising food costs, and increased demand. Locally, only \$0.65 per student per week is available through the OSNP food delivery model. This equates to 1.5 servings of fresh produce a week per student, which is far below minimum nutrition requirements for growth and development. Schools who have not previously had a school nutrition program are seeing a demand and there are no funds to support new programs. In addition, many elementary schools do not have adequate facilities to allow safe food handling and production of onsite food for meal/snack programs, or for hands-on food literacy learning opportunities for students.

The Windsor-Essex County Board of Health stands alongside other Ontario Boards of Health, School Boards, Municipalities, and other government agencies and organizations in supporting the Coalition for Healthy School Food's vision that every school-aged child and youth has a nutritious meal or snack at school daily.

We urge the federal Ministries of Families, Children and Social Development and Agriculture and Agri-Food to continue your work towards a comprehensive, cost-shared, universally accessible National School Food Policy and national school nutritious meal program with provinces, territories, municipalities, Indigenous partners, and stakeholders (*Ref: 7*). Every investment in children and youth counts.

Sincerely,



Fabio Costante, Board of Health Chair

c:

- Ontario Boards of Health
- Local School Board Directors of Education
- Local MPPs, MPs
- Senator Dr. Sharon Burey

Sincerely,



Dr. Kenneth Blanchette, CEO

References

1. [Open Letter: Stop headlining the pan-Canadian school food policy as a way to reduce food insecurity among children](#). Dec 9, 2022.
2. [Ontario Dietitians on Public Health, Position Statement and Recommendations on Response to Food Insecurity](#). Dec, 2020.
3. [Coalition for Healthy School Food. Guiding Principles](#). 2022.
4. [Hernandez, Kimberley & Engler-Stringer, Rachel & Kirk, Sara & Wittman, Hannah & McNicholl, Sasha. \(2018\). The case for a Canadian national school food program.](#)
5. Public Health Ontario. (2023). [Food Insecurity among Children using the Canadian Health Survey of Children and Youth](#).
6. Statistics Canada. (2023). [Consumer Price Index: Annual review, 2022](#).
7. [Prime Minister Mandate Letters, 2021](#).

From: City of Hamilton <hello@hamilton.ca>

Sent: September 22, 2023 3:03 PM

To: clerk@hamilton.ca

Subject: Webform submission from: Request to Speak to a Committee of Council

Submitted on Fri, 09/22/2023 - 15:02

Submitted by: Anonymous

Submitted values are:


Committee Requested

Committee
Public Health Committee

Will you be delegating in-person or virtually?
In-person

Will you be delegating via a pre-recorded video?
No

Requestor Information

Requestor Information
Dr. Sonia Anand
McMaster University - SCORE!
1280 Main Street West
Michael DeGroote Centre for Learning and Discovery Room 3200
Hamilton, Ontario. L8S 4K1
fachm@mcmaster.ca


Preferred Pronoun
she/her

Reason(s) for delegation request

Dr. Sonia Anand, Associate Vice-President, Global Health McMaster University is requesting the opportunity to appear as a delegate to the Public Health Committee meeting on Monday, November 13th. Dr. Anand would like to share the results of the SCORE! (Strengthening Community Roots: Anchoring Newcomers in Wellness and Sustainability) project from the Riverdale neighborhood in Ward 5, a neighborhood that consists of a large proportion of newcomers to Canada. SCORE! is funded by the Public Health Agency of Canada under its Healthy Canadians and Communities Fund. The goal of SCORE! is to engage and partner with the community to co-design an intervention, or package of interventions, to help optimize healthy active living in the children and youth of new immigrant families. A key

component of SCORE's progress is the input and support received from many community partners, including the City of Hamilton, Public Health, Mohawk College, Hamilton Health Sciences, several city councillors, members of Parliament, YMCA/YWCA, Green Venture, and representatives from the School Boards. All of these committed partners have helped the SCORE! project make progress, connecting us to community members and service providers so that we could hear, first-hand, the concerns and challenges of Riverdale residents.

Dr. Anand would like to delegate to the committee to share more about the work that the SCORE! project has been doing since April 2022 and the plans for the project as it moves into Phase 2 of 3 (Implementation) and the planned expansion to other newcomer communities in Hamilton.

Thank you for your time and consideration.

Will you be requesting funds from the City?

No

Will you be submitting a formal presentation?

Yes

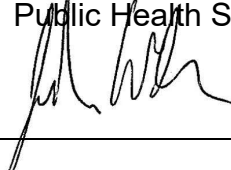
The sender designated this message as non-commercial mandatory content with the following note:

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71 Main Street West
Hamilton, ON, L8P 4Y5
Canada



INFORMATION REPORT

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	October 2, 2023
SUBJECT/REPORT NO:	2023-2024 Respiratory Virus Season Update (BOH23032) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Malcolm Scott (905) 546-2424 Ext. 2265
SUBMITTED BY:	Jordan Walker Director, Communicable Disease Control Division Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

Not Applicable.

INFORMATION

This report provides information related to Hamilton Public Health Services planned and implemented actions in preparation for the 2023-2024 respiratory virus season. The primary goals of these actions are preventing harm to high-risk persons, reducing transmission within the community, and preserving operational capacity of the health care system. Information covered in this report includes updates to current respiratory virus transmission, indications of the future state of transmission, vaccine program updates, disease control updates, key messages for Hamiltonians, and additional resources that will be updated throughout the 2023-2024 respiratory virus season.

Local Respiratory Virus Transmission

Public Health services will continue to communicate updates on respiratory virus activity in the community throughout the 2023-2024 season. For the most up-to-date statuses, please see the “Additional Respiratory Virus Season Resources” section below.

Indication of Future State of Respiratory Virus Transmission

Current data indicates that the transmission of COVID-19, influenza, and Respiratory Syncytial Virus (RSV) continue, and Public Health Services anticipates a combined impact of these respiratory pathogens as we enter the winter months. In the southern hemisphere, several countries experienced both increased activity and an earlier start to

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their 2023 respiratory virus season. Although it is uncertain how the 2023-24 season will unfold in Ontario, planning is underway for the anticipated increases in activity and possibility of co-circulation of COVID-19, influenza, and Respiratory Syncytial Virus (RSV). The continued threat of these and other respiratory pathogens is likely to cause seasonal pressures on health system resources.

Vaccine Program Updates

For the coming 2023-2024 respiratory season, emphasis will be on provision of seasonal influenza vaccinations at the same time as COVID-19 Fall 2023 doses. Co-administration is considered safe and effective and is strongly recommended. It will be promoted by both the Ministry of Health and locally through Hamilton Public Health Services health promotion channels.

Beginning in early October 2023, the initial prioritization for administration of these vaccines will be those individuals that are at high-risk of severe disease and/or hospitalization from both influenza and COVID-19 infections. This includes:

- Residents and staff of congregate living settings;
- Pregnant Individuals;
- People 65 years of age and older;
- All children 6 months to 4 years of age (based on influenza risk);
- Individuals who are from a First Nation, Inuit or Métis community, and/or who self-identify as First Nation, Inuit, or Métis, and their household members;
- Adults or children 6 months of age and over with chronic health conditions; and,
- Members of racialized and other equity deserving communities.

Health care providers will also be eligible for Fall 2023 boosters of COVID-19 and annual influenza during this initial phase of the roll-out. After vaccines have been allocated and made available for high-risk groups, it is anticipated in the start of November 2023 that eligibility will be opened to the general public.

Subject to availability of vaccine product, Public Health Services will receive seasonal influenza vaccine and Fall 2023 COVID-19 vaccine product from the Ontario Government Pharmacy during the last week of September 2023. Throughout October 2023, COVID-19 and influenza vaccines will begin to be administered through various channels to high-risk groups. Initial allotments of vaccines will be mobilized to our partners in long-term care homes and hospitals. Long-term care homes will self-administer vaccines to their residents, caregivers, and staff, and hospitals will be responsible for their own staff and in-patients. Subsequent vaccine deliveries will be allocated to Public Health Services, and community partner clinics focused on administering to those persons meeting the high-risk criteria. In early October 2023, pharmacies will also start receiving vaccine to offer to the above priority populations and support retirement homes which will vaccinate their residents and staff through on-site clinics operated in partnership with pharmacies.

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Starting in November 2023, influenza and COVID-19 Fall 2023 doses will be available for the general public, primarily through pharmacies. Pharmacies are the key channel for the general public due to the geographic distribution of locations across the City of Hamilton and the reach they offer. Public Health Services' mobile clinics will continue to focus on the provision of COVID-19 vaccination and co-administration with influenza vaccines to equity deserving populations. Mobile clinic locations will be focused in areas of the city that have historically had low uptake of COVID-19 vaccinations and are negatively impacted by social determinants of health. The vaccine program, including the Vaccine Ambassador program, will be working with our City of Hamilton and community partners to identify additional opportunities to provide Fall 2023 respiratory vaccines to high priority populations.

The Vaccine Ambassador program will continue its work during the 2023-2024 respiratory virus season. This program has been essential in reaching populations throughout the COVID-19 pandemic and post-pandemic time and assisting them in accessing evidence-based COVID-19 information and addressing other barriers to vaccine access. For the 2023-2024 respiratory virus season, the Vaccine Ambassador program will also add promotion, education, and information regarding seasonal influenza vaccines. This program offers culturally appropriate information in a variety of languages, as well as assistance with booking appointments and accessing transportation to vaccine clinics. Vaccine Ambassadors also work with community partners and organizations to identify opportunities to attend cultural events throughout the fall to promote vaccinations and answer questions about the vaccines. Recent success stories include the Colombian Association Latin Festival, where Ambassadors interacted with 160 individuals, and the Newcomer Health Information and Welcome Session which was attended by approximately 200 individuals. Upcoming plans in Fall 2023 include the Mino Biimadziwin/Wakya'ta'shatse Indigenous Social Event and an event at the Ukrainian Seniors Centre. At these events, the Vaccine Ambassadors will be engaged in health promotion activities around COVID-19 and routine vaccines, offering information about other public health and community services, addressing vaccine hesitancy, and exploring opportunities for COVID-19 vaccine in the community.

Vaccine Ambassadors have recently begun distributing Rapid Antigen Testing Kits in the community and will continue distribution into the 2023-2024 respiratory virus season. To date, over 200 test kits have been distributed. These kits are an important early step in the detection of COVID-19 infection in high-risk individuals so that they can promptly access treatment for COVID-19 infection. In November 2023, the Vaccine Ambassadors will also be hosting a community meeting to engage the community on vaccine related needs and provide up-to-date information in follow-up to a session held in May 2023. The community meeting held in May 2023 provided opportunities for members of the Black African, South Asian, and Latin communities to come together to connect and to provide feedback to the Vaccine Ambassador Team. The Vaccine Ambassador team was able to gain information about where community members

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access trusted information about vaccines, myths and concerns about vaccines, community needs, and the role of the Vaccine Ambassadors. The follow-up meeting planned for November 2023 will be inclusive of additional cultural communities.

Disease Control Updates

In preparation for the 2023-2024 respiratory virus season, Public Health Services has planned and implemented several actions to ensure all residents and higher-risk facilities have the knowledge and tools to prevent the spread of disease. There are three themes to our preparedness: Communication, Collaboration, and Outbreak Preparedness and Management.

Public and Targeted Communications

The general public will continue to receive consistent communications of recommended preventive measures (e.g. staying up-to-date with vaccinations, staying home when sick, etc.) throughout the 2023-2024 respiratory virus season. This will be done through Public Health Services' traditional communication and social media channels. City of Hamilton resources, including the online dashboards for Respiratory Virus Transmission Status, COVID-19 Status of Cases, and COVID-19 Vaccine Distribution will routinely be updated throughout the 2023-2024 respiratory virus season. These resources provide snapshots of respiratory transmission in the community, vaccination distribution, and ongoing respiratory outbreaks in congregate living facilities. This information allows the general public to tailor their preventive measures to both community and individual risk. Partners, including long-term care and retirement home administrators and operators, Hamilton Paramedic Services, Hamilton Health Sciences, and St. Joseph's Healthcare Hamilton are also directed to these resources to inform their practices. For a complete list of resources, please see the Additional Respiratory Virus Season Resources section below. Additionally, partners, such as Hamilton's four publicly funded school boards, will receive targeted messaging regarding fall preparedness (e.g. staying up-to-date with vaccinations, etc.) for further sharing amongst their communities.

Collaboration with Partners to Ensure Preparedness

To prepare for the 2023-2024 respiratory season, Public Health Services participated in a series of emergency preparedness exercises with health system partners. In August 2023, Public Health Services partnered with Ontario Health West to facilitate a respiratory exercise that aimed to: affirm roles and responsibilities related to respiratory virus season preparedness and response; identify gaps in readiness planning to mitigate risks ahead of the respiratory virus season; and, clarify coordination and communication mechanisms. The exercise included local leaders from the health sector including Ontario Health, long-term care homes, hospital laboratories, Hamilton Health Sciences, St. Joseph's Healthcare Hamilton, City of Hamilton Emergency Management, Infection Prevention and Control Hub, and Home and Community Care. Public Health Services has participated in two additional preparedness exercises – the first led by Ontario Health and the Ministry of Health focused on paediatric respiratory virus season

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readiness provincially, and the other facilitated by McMaster Children's Hospital focused on surge readiness and collaborative planning in Hamilton.

Fall Education Sessions are planned for October 2023 with administrators and operators of Hamilton's long-term care, retirement homes, and other congregate living settings to support their respective facilities' preparedness. These sessions are being designed with input from the long-term care and retirement home community to ensure it meets their unique needs. The most up-to-date setting-specific guidance, COVID-19 and influenza vaccine rollout timelines, and outbreak management protocols, measures, and processes will be reviewed. This year's iteration will also feature table-top outbreak preparedness simulations designed and adapted by Public Health Services. These simulations will provide operators and administrators hands-on experience with managing outbreaks to translate knowledge and build confidence to take appropriate actions during respiratory outbreaks.

Public Health Services staff are also working jointly with the local Infection Prevention and Control Hub, a team of infection control professionals from Hamilton Health Sciences and St. Joseph's Healthcare Hamilton, to ensure congregate living settings are prepared this respiratory virus season. Public Health Services is responsible for declaring outbreaks and supporting outbreak management, and the Infection Prevention and Control Hub is dedicated to building capacity within congregate living settings through the provision of high-quality infection prevention and control support. Jointly, Public Health Services and the Hamilton Infection Prevention and Control Hub have a shared goal to advise settings on outbreak prevention and preparedness for managing cases, contacts, and outbreaks, in conjunction with advice provided through the Ministry of Health, other relevant Ministries, and infection control best practices to mitigate morbidity and mortality in settings that serve vulnerable populations. This goal is accomplished through the provision of training, education, guidance, and resources to staff and caregivers. The Infection Prevention and Control Hub additionally provides proactive on-site preparedness assessments and can assist with routine infection control audits.

Outbreak Preparedness and Management

Higher-risk settings, such as long-term care homes and retirement homes, will continue to be supported in managing outbreaks within their facilities. Public Health Services will consult with and direct congregate living settings on outbreak prevention, preparedness, and management for managing cases, contacts and outbreaks, in conjunction with advice provided through the Ministry of Health and other relevant Ministries. Guidance and recommendations will be provided regarding infection prevention and control measures to prevent outbreaks and control the spread of disease within facilities in outbreak. Staff will use data to monitor the progression of active outbreaks to ensure that implemented measures are working effectively and the spread of disease has been curtailed. Public Health Services will collaborate with and make referrals to the local

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Infection Prevention and Control Hub to ensure infection control practices are aligned with Ministry Guidance and infection control best practices. Referrals can lead to both proactive on-site assessments to evaluate preparedness and routine infection control practices, and reactive on-site assessments in response to outbreak management to assess the implementation of infection control measures.

Key Messages

Hamiltonians are recommended to take a multi-layered approach this respiratory virus season to prevent the spread of diseases and to reduce serious health outcomes. This includes:

- Staying up-to-date with vaccinations including COVID-19 and influenza;
- Screening for respiratory symptoms daily and staying home when sick;
- Practicing good hand and respiratory hygiene (e.g. handwashing, covering mouth when sneezing or coughing, etc.);
- Speaking with a health care provider about treatments for COVID-19, influenza, and Respiratory Syncytial Virus (RSV); and,
- Hamiltonians can also consider wearing a tight-fitting, well-constructed mask in indoor public settings, especially anyone at higher risk of severe infection.

Additional Respiratory Virus Season Resources

For the most up-to-date information regarding transmission of respiratory viruses in the community, vaccine distribution, and ongoing outbreaks in higher-risk settings, please see the list of resources below. These resources will be routinely updated at the intervals indicated below to ensure the general public can make the most informed decisions this respiratory virus season.

- Respiratory Virus Transmission Status Dashboard – Updated Wednesdays
 - <https://www.hamilton.ca/people-programs/public-health/diseases-conditions/coronavirus-covid/covid-19-data#transmission-status>
- Influenza and Respiratory Syncytial Virus (RSV) Dashboard – Updated Tuesdays
 - <https://www.hamilton.ca/people-programs/public-health/diseases-conditions/influenza-flu>
- COVID-19 Status of Cases Dashboard – Updated Tuesdays
 - <https://www.hamilton.ca/people-programs/public-health/diseases-conditions/coronavirus-covid/covid-19-data#status-of-cases>
- COVID-19 Vaccine Dashboard – Updated Tuesdays
 - <https://www.hamilton.ca/people-programs/public-health/diseases-conditions/coronavirus-covid/covid-19-data#vaccine-distribution>
- Active Outbreaks on Open Data – Updated Monday to Friday
 - https://data-spatialsolutions.opendata.arcgis.com/datasets/93c3500fbc241358a13cf21409dfad6_4/about

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APPENDICES AND SCHEDULES ATTACHED

Not Applicable.



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Epidemiology and Wellness Division

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	October 2, 2023
SUBJECT/REPORT NO:	Alcohol Drug & Gambling Services and Community Mental Health Promotion Program Budget 2023-2024 (BOH23033) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Susan Boyd (905) 546-2424 Ext. 2888
SUBMITTED BY:	Julie Prieto, Director, Epidemiology and Wellness Division Public Health Services
SIGNATURE:	

RECOMMENDATION

- (a) That the 2023-2024 Alcohol Drug & Gambling Services and Community Mental Health Promotion Program budgets, funded by Ontario Health, be approved;
- (b) That the 2023-2024 Alcohol Drug & Gambling Services' Choices and Changes program budget, funded by the Ministry of Children, Community and Social Services, be approved;
- (c) That the 2023-2024 Alcohol Drug & Gambling Services' Other Funding Grants budget, be approved; and,
- (d) That the Medical Officer of Health, or delegate, be authorized and directed to execute all agreements, contracts, extensions, and documents, including submission of budgets and reports required to give effect to the Alcohol Drug & Gambling Services and Community Mental Health Promotion program budget, approved in Report BOH23033.

EXECUTIVE SUMMARY

Alcohol Drug & Gambling Services and Community Mental Health Promotion are two programs within Public Health Services that provide important services to individuals experiencing mental health concerns, addictions issues, or homelessness. The programs work collaboratively with individuals to improve their well-being, while also

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addressing other social determinants of health, and to build capacity within the Hamilton community.

Both Alcohol Drug & Gambling Services and the Community Mental Health Promotion program 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. The purpose of this report is to approve the funding for the budgets named in this report.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: There has been a 2% base budget increase to the Alcohol Drug & Gambling Services and the Community Mental Health Promotion program budgets funded by Ontario Health. There has been correspondence from Ontario Health West regarding the potential of a further 3% base budget increase for 2023-2024, however, final approval has not been received. Details of funding changes are outlined in Table 1 below:

Table 1: Budgets to be Approved - Funding Changes to Annual Budget and FTE

Funding Source	Annual Budget 2023/2024	Annual Budget 2022/2023	FTE 2023/2024	FTE 2022/2023	Change in FTE
Ontario Health West Alcohol Drug & Gambling Services: Substance Use	\$841,695	\$825,191	6.65	6.7	- (0.05)
Ontario Health West Alcohol Drug & Gambling Services: Problem Gambling	\$315,091	\$315,091	2.1	2.2	- (0.1)
Ontario Health West Community Mental Health Promotion Program	\$714,489 ¹	\$700,675 ¹	4.4	4.25	0.15

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SUBJECT: Alcohol Drug & Gambling Services and Community Mental Health Promotion Program Budget 2023-2024 (BOH23033) (City Wide) - Page 3 of 6

Funding Source	Annual Budget 2023/2024	Annual Budget 2022/2023	FTE 2023/2024	FTE 2022/2023	Change in FTE
Choices and Changes Ministry of Children, Community and Social Services	\$135,402	\$129,396	1.15	1.15	0
Other Funding Grants	\$488,689 ²	\$498,887	4.4	4.54	- (0.14)
Total FTE			18.7	18.84	- (0.14)

1. Includes external contract workers: Housing Help Centre; Mission Services; Social Work FTE budgeted in Other Funding Grants is embedded in this program
2. Revenue for Other Funding Grants: Cost Recovery revenues for the Centre for Addiction and Mental Health - Back on Track Remedial Measures; Hamilton Family Health Team \$1,200/month; Hamilton Health Sciences actuals for staffing; and 1.0 FTE Social Work Hamilton Public Library

Table 2: Budgets Previously Approved

Funding Source	Annual Budget 2023/2024	FTE 2023/2024	Approval report	Change in FTE
Health Canada, Substance Use and Addictions Program Harm Reduction Outreach Project	\$147,386	2.5* seconded positions	Report BOH23006	Not applicable, no previous year budget
Levy Funding Alcohol, Drug, & Gambling Services Program Community Mental Health Promotion Program	\$105,600**	1.25	Report FCS23007(a)	Not applicable, no previous year budget

*Provided by The Aids Network, seconded staff

**April to December 2023

Staffing: Staffing changes are outlined in Table 1 above. There are no significant changes to overall staffing within this fiscal year. Although there has been a 2% increase to base budget by Ontario Health West, and an anticipated further 3% base budget increase, this is resulting in in-year stabilization and is not presenting with growth opportunities.

Legal: Not Applicable.

HISTORICAL BACKGROUND

Alcohol, Drug & Gambling Services Program:

Alcohol Drug & Gambling Services receives multiple funding components to support program delivery. Funding components include: (1) Ontario Health funding; (2) Ministry of Children, Community and Social Services funding; (3) revenue from Children's Aid Society; and (4) the Other Funding Grants programs budget revenue (see Table 1). Many of these funding components allow Alcohol Drug & Gambling Services to offer collaborative service delivery with other community agencies, targeting specific service needs.

The Ontario Health Alcohol Drug & Gambling Services funding supports service delivery including assessment, outpatient counselling, and referrals for individuals 21 years and older, who are experiencing a substance use issue, or 12 years and older, for individuals experiencing a problem gambling issue. City of Hamilton Levy funding is assisting to maintain a 0.6 FTE to support wait time management within the program.

The Choices and Changes program, funded by Ministry of Children, Community and Social Services and offsetting revenues from the Children's Aid Society, and Alcohol Drug & Gambling Services Other Funding Grants budget, helps to ease waiting times to addiction services for individuals involved in child welfare. Alcohol Drug & Gambling Services provides services onsite at both Children's Aid Societies to address the needs of parents whose substance use is impacting parenting. A pilot program, provided at the Children's Aid's Society, involving offering education sessions to family members will continue into the 2023-2024 budget year.

The Other Funding Grants program budget includes the following programs: Centre for Addiction and Mental Health, Back on Track Remedial Measures program which provides assessment, treatment and education groups for individuals convicted of driving while impaired; Hamilton Family Health Team partnership providing addiction consultation within primary care; Hamilton Health Sciences initiative to provide addiction services to individuals receiving care in hospital and follow-up into the community, and an initiative with Hamilton Public Library to provide direct service to individuals coming to the library experiencing social and health issues who would benefit from brief intervention and community connection.

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

Community Mental Health Promotion Program:

Ontario Health Community Mental Health Promotion program funding supports service delivery of intensive case management services for individuals experiencing severe and persistent mental illness issues and assertive outreach services for individuals experiencing homelessness.

Health Canada Substance Use and Addition Program funding, is supporting a Harm Reduction Outreach Project, providing harm reduction services to individuals who are experiencing homelessness, income insecurity and benefit from receiving services from an outreach model.

City of Hamilton Levy funding is assisting to maintain 0.65 FTE to provide addiction and mental health counselling support to individuals experiencing housing and income insecurity.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The Ontario Health and Ministry of Children, Community and Social Services policy requires all funded programs to submit a balanced budget and to meet agreed upon targets. The Centre for Addiction and Mental Health requires that the terms of the service agreement contract for Back on Track Remedial Measures be upheld.

RELEVANT CONSULTATION

Finance and Administration was consulted regarding the preparation of the budget.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Through the budgets requiring approval in this Public Health Committee report, Ontario Health, Ministry of Children, Community and Social Services, and Other Funding Grants programs, specialized services are provided for individuals residing in Hamilton experiencing mental health, addiction and homelessness issues. Similar services are not provided in the Hamilton area and there is an ongoing need to provide these services, therefore, budget approval and reporting authorization to maintain funding is recommended. The increase to the Ontario Health base budget of 2% has allowed for stabilization of the 2023-2024 FTE complement.

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Epidemiology and Wellness Division

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	October 2, 2023
SUBJECT/REPORT NO:	Alcohol Drug and Gambling Services Program and Peter Boris Centre for Addiction Research Knowledge Translation Projects Funding (BOH23034) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Susan Boyd (905) 546-2424 Ext. 2888
SUBMITTED BY:	Julie Prieto Director, Epidemiology and Wellness Division Public Health Services
SIGNATURE:	

RECOMMENDATION

That the Public Health Committee authorize and direct the Medical Officer of Health to enter into a collaboration agreement respecting funding for two knowledge translation projects between the City of Hamilton Public Health Services' Alcohol Drug and Gambling Services Program and the Peter Boris Centre for Addiction Research, satisfactory in form to the City Solicitor, including:

- (i) The temporary increase of a 0.1 FTE Social Worker for one year, in the Alcohol Drug and Gambling Services Program, to provide clinical knowledge and direction to the knowledge mobilization project Brain Connections: Youth Gambling and Gaming Project. The 0.1 FTE will be fully funded through the Peter Boris Centre for Addiction Research; and,
- (ii) The temporary increase of a 0.2 FTE Social Worker for up to two years, in the Alcohol Drug and Gambling Services Program, to provide clinical knowledge and direction to the development of knowledge translation products to the general public about cannabis. The 0.2 FTE will be fully funded through the Peter Boris Centre for Addiction Research.

EXECUTIVE SUMMARY

The City of Hamilton Public Health Services' Alcohol Drug and Gambling Services Program has been approached by the Peter Boris Centre for Addiction Research,

SUBJECT: Alcohol Drug and Gambling Services Program and Peter Boris Centre for Addiction Research Knowledge Translation Projects Funding (BOH23034) (City Wide) - Page 2 of 6

McMaster University to participate in the knowledge translation/mobilization plans for two projects in the areas of youth gambling and gaming and cannabis. The goal of the knowledge translation plans is to bring together research and clinical knowledge to develop useful clinical handouts and videos for the general public and service providers in an accessible way.

The Alcohol Drug and Gambling Services Program will provide a clinical social worker to contribute clinical feedback and knowledge to the projects. This is a role and expertise that staff have provided previously. The Alcohol Drug and Gambling Services Program and Peter Boris Centre for Addiction Research have worked together successfully on an adult gambling knowledge translation project, Brain Connections, and plan to use the skills and knowledge they have gained from this project to engage in producing knowledge translation products in the areas of cannabis, and youth gambling and gaming.

The Peter Boris Centre for Addiction Research has received funding to complete the projects in the above areas and would fully offset the costs for the social work FTE. There is a need for the general public, health promoters, and clinicians to have access to evidenced based and easily accessible information to understand and engage in activities that can help individuals in the community make informed choices and engage in behavioural change in these areas.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The Peter Boris Centre for Addiction Research agrees to cover the full cost of 0.1 FTE social worker including salary and benefits, for an approximate one-year period for the Brain Connections: Youth Gambling and Gaming project. Based on current staffing the approximate cost will be \$15,422.

The Peter Boris Centre for Addiction Research also agrees to cover the full cost of a 0.2 FTE social worker including salary and benefits, for an approximate two-year period for the knowledge translation project in the area of cannabis. Based on current staffing the approximate cost will be \$54,857.

Staffing: The Alcohol Drug and Gambling Services Program will extend hours of existing staff to fill this request.

Legal: A collaborative agreement will be signed between the Peter Boris Centre for Addiction Research and Public Health Services for the current request, satisfactory in form to the City Solicitor.

HISTORICAL BACKGROUND

Public Health Services' Alcohol Drug and Gambling Services Program and the Peter Boris Centre for Addiction Research have worked in partnership to bring research and clinical knowledge together to develop useful handouts and videos making information about gambling and the brain accessible to individuals accessing adult treatment services and for the general public. Currently, the Peter Boris Centre for Addiction Research is engaged in two projects and have reached out to Public Health Services' Alcohol Drug and Gambling Services Program to collaborate on knowledge translation plans. One project is targeting youth gambling and gaming and the other project is working towards knowledge translation in the area of cannabis.

Brain Connections: Youth Gambling and Gaming Project

There was a recent funding call from the Gambling Research Exchange Organization for The Community Investment Program for Preventing and Reducing Gambling Harms in Ontario. Previously in 2016 and 2018 the Peter Boris Centre for Addiction Research and Public Health Services' Alcohol Drug and Gambling Services Program were successful in receiving funding from the Gambling Research Exchange Organization to engage in knowledge mobilization work in the area of gambling and the brain, specifically for the adult population.

Through the dissemination of the knowledge mobilization products, questions were asked if there was similar information available regarding youth gambling and gaming. The youth population was identified as a target population within the Gambling Research Exchange Organization funding call and thus, a joint proposal from Peter Boris Centre for Addiction Research, Public Health Services' Alcohol Drug and Gambling Services and the Brain Connections team was submitted. The proposal was to initiate a project focused on youth gambling and gaming.

This area was also chosen given the prevalence rates of youth gambling and gaming, the risk associated with the blurred line between gambling and gaming, and the related

social and health harms.^{1,2,3} Public Health Services is developing a new health promotion plan with a focus on youth and sports betting and it was recognized there could be synergy between these two projects. The proposal was recently approved for funding by the Gambling Research Exchange Organization with funding being flowed to the Peter Boris Centre for Addiction Research.

The knowledge mobilization products developed within this project can be used for clinical guidance with youth seeking treatment, educational tools for youth and parents, and changing knowledge and practices through public education. Key messages developed can be leveraged to inform a local health and social marketing campaign. The objectives for the current proposal will take a layered approach in the development and mobilization of knowledge translation products reaching youth along the continuum of gambling and gaming experience and harms. Youth engagement and co-design will be an important focus for this project. Developing strategies and products that are informed by youth, developed for different mobilization purposes (clinical, educational and broad health promotion), and connected through shared messaging is a unique opportunity.

Peter Boris Centre for Addiction Research will receive the funds for the project and have included 0.1 FTE social worker funding for approximately one year to cover the time for the social worker in the project and allowing for backfill of current clinical work being completed, not losing direct clinical services.

Cannabis Knowledge Translation Plan

The Peter Boris Centre for Addiction Research has approached Public Health Services' Alcohol Drug and Gambling Services Program to work collaboratively to develop knowledge translation products to help the general population understand the impact of cannabis.

With the recent legalization of cannabis, there is a need for evidenced based knowledge translation products to help educate and inform individuals. The knowledge translation

¹ Boak, A., Hamilton, H.A., Adlaf, E.M., Henderson, J.L. & Mann, R.E. (2018). "The mental health and well-being of Ontario students, 1991-2017: Detailed findings from the Ontario Student Drug Use and Health Survey (OSDUHS)." CAMH Research Document Series No. 47. Toronto, ON: Centre for Addiction and Mental Health. Retrieved from <http://www.camh.ca/Publications/OSDUHS/2017/index.html>.

² Statistics Canada (2019). "What Matters to Canadian Youth?" Retrieved from <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2019046-eng.htm>

³ Gambling, Gaming and Technology Use Program (GGTU) (2023). "Youth and Problem Gambling." Retrieved from <https://kmb.camh.ca/ggtu/knowledge-translation/youth#:~:text=Most%20people%20tend%20to%20underestimate,more%20gambling%20activities%20in%202019>.

products developed through this project will be designed for the public, however will benefit individuals accessing Alcohol Drug and Gambling Services. They will also benefit Alcohol Drug and Gambling Services and the Mental Health and Street Outreach Program staff, as current and accurate knowledge in the quickly expanding field of cannabis research is important in clinical work.

Branching out from the field of gambling addiction to cannabis use is highly feasible. The strength of the Brain Connections partnership as noted above was bringing staff with expertise in research and staff with expertise in direct service counselling together to develop knowledge translation products. Cannabis has consistently remained in the top three primary substances that individuals access help for at the Alcohol Drug and Gambling Services. This has resulted in clinicians developing clinical experience working with the adult population.

Peter Boris Centre for Addiction Research has project funds to cover the salary and benefits for 0.2 FTE social worker for approximately two years to cover the time for the social worker in the project and allowing for backfill of current clinical work being completed, not losing direct clinical services.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Not Applicable.

RELEVANT CONSULTATION

Consultations have taken place with members of the Peter Boris Centre for Addiction Research, Finance and Administration staff, and Brain Connections Project staff.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

With the recent changes in cannabis legislation and the increase in availability to gambling in Ontario there is a need for evidenced based and easily accessible information regarding these issues. Combining current evidenced based research, clinical knowledge, and in youth gambling and gaming co-designed products with youth, will lead to the production of diverse knowledge translation products. Furthermore, working together with a youth gambling and gaming health promotion plan will provide a unique opportunity to connect messaging at a clinical, youth education and broader community campaign level.

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.