



City of Hamilton
PUBLIC HEALTH COMMITTEE
REVISED

Meeting #: 23-011
Date: November 13, 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 October 2, 2023

5. COMMUNICATIONS

5.1 René Lapierre, Board of Health Chair, Public Health Sudbury and Districts, respecting Calls for Expansion of Outdoor Air Quality Monitoring Stations and the Air Quality Health Index Across Northern Ontario

Recommendation: Be Received.

6. DELEGATION REQUESTS

6.1 Sarah Warry, Yous Matter Inc., respecting addiction and the underhoused (for today's meeting)

- *6.2 Liz Roediger, Stand for Stoney Creek, respecting a community perspective related to agenda item 10.2 (Monitoring Local Impacts of Air Pollution on Mental and Neurological Health Outcomes) (for today's meeting)

7. DELEGATIONS

- 7.1 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 today's meeting)

8. STAFF PRESENTATIONS

- 8.1 Personal Health Information Protection Act Training for Councillors (BOH23037) (City Wide)
- 8.2 Strengthening Public Health (BOH23038) (City Wide)

9. CONSENT ITEMS

- 9.1 Vaccine Ambassador Pilot Program – Evaluation Report (BOH23036) (City Wide)

10. DISCUSSION ITEMS

- 10.1 Blue Flag Beach Program (PW23068/BOH22004(b)) (City Wide)
- 10.2 Monitoring Local Impacts of Air Pollution on Mental and Neurological Health Outcomes (BOH23041) (City Wide) (Outstanding Business List Item)

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT



**PUBLIC HEALTH COMMITTEE
(Formerly the Board of Health)
MINUTES 23-010**

9:30 a.m.

Wednesday October 2, 2023

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

Present: Mayor A. Horwath
Councillor M. Wilson (Acting Chair)
Councillors C. Cassar, J.P. Danko, M. Francis, T. Hwang, T. Jackson,
C. Kroetsch, T. McMeekin, N. Nann, M. Spadafora, M. Tadeson and
A. Wilson

**Absent with
Regrets:** Councillors J. Beattie, B. Clark and E. Pauls – Personal

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

1. 2023-2024 Respiratory Virus Season Update (BOH23032) (City Wide) (Item 9.1)

(Hwang/A. Wilson)

That Report BOH23032 respecting the 2023-2024 Respiratory Virus Season Update, be received.

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

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

- Yes - Ward 13 Councillor Alex Wilson
- Yes - Ward 1 Councillor Maureen Wilson

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

(A. Wilson/M. Wilson)

- (a) That the 2023-2024 Alcohol Drug & Gambling Services and Community Mental Health Promotion Program budgets, **and the additional 3% recently added by the Ministry of Health**, 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.

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

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

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

(Cassar/Nann)

(a) 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;
- (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; **and,**

(iii) That staff be directed to report back to the Public Health Committee on what was learned from the project, at its conclusion.

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

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

5. COMMUNICATIONS

- 5.5 Correspondence from Hon. Sylvia Jones, Deputy Premier and Minister of Health, respecting 2023-24 Five per cent base funding increase to community-based mental health and addictions service providers funded by the Ministry of Health

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 2023-2024 5% Base Funding Increase to Community and Youth Mental Health and Addictions Service Providers referred to the consideration of Item 10.1, Alcohol Drug and Gambling Services Program and Community Mental Health Promotion Program Budget 2023-2024*~~

(Cassar/ Tadeson)

That the agenda for the October 2, 2023 Public Health Committee be approved, as amended.

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

Yes	-	Mayor Andrea Horwath
Absent	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar
Absent	-	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
Absent	-	Ward 7 Councillor Esther Pauls
Yes	-	Ward 14 Councillor Mike Spadafora
Yes	-	Ward 11 Councillor Mark Tadeson
Yes	-	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) September 8, 2023 (Item 4.1)

(Tadeson/ McMeekin)

That the Minutes of the September 8, 2023 meeting of the Public Health Committee be approved, as presented.

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

Yes	-	Mayor Andrea Horwath
Absent	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar
Absent	-	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
Yes	-	Ward 14 Councillor Mike Spadafora
Yes	-	Ward 11 Councillor Mark Tadeson
Yes	-	Ward 13 Councillor Alex Wilson
Yes	-	Ward 1 Councillor Maureen Wilson

(d) COMMUNICATIONS (Item 5)

(i) (Hwang/ Kroetsch)

That the following Communication items be approved, as presented:

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

Recommendation: Be endorsed.

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

Recommendation: Be endorsed.

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

Recommendation: Be received.

- (d) 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 (Item 5.4)

Recommendation: Be received.

- (e) Correspondence from Hon. Sylvia Jones, Deputy Premier and Minister of Health, respecting 2023-24 Five per cent base funding increase to community-based mental health and addictions service providers funded by the Ministry of Health (Added Item 5.5)

Recommendation: Be received and referred to the consideration of Item 10.1, Alcohol Drug and Gambling Services Program and Community Mental Health Promotion Program Budget 2023-2024.

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
Absent	-	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
Yes	-	Ward 3 Councillor Nrinder Nann
Absent	-	Ward 7 Councillor Esther Pauls
Yes	-	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 Item 5.5, refer to Items 2 and (f)(i).

(e) DELEGATION REQUESTS (Item 6)

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

(Kroestch/ A. Wilson)

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

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
Absent	-	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
Yes	-	Ward 3 Councillor Nrinder Nann
Yes	-	Ward 7 Councillor Esther Pauls
Yes	-	Ward 14 Councillor Mike Spadafora
Yes	-	Ward 11 Councillor Mark Tadeson
Yes	-	Ward 13 Councillor Alex Wilson
Yes	-	Ward 1 Councillor Maureen Wilson

(f) DISCUSSION ITEMS (Item 10)

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

(A. Wilson/Tadeson)

- (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.

(A. Wilson/M. Wilson)

- (a) That sub-section (a) to Report BOH23033, respecting Alcohol Drug and Gambling Services Program and Community Mental Health Promotion Program Budget 2023-2024, **be amended**, by adding the words "**and the additional 3% recently added by the Ministry of Health,**" as follows:
 - (a) That the 2023-2024 Alcohol Drug & Gambling Services and Community Mental Health Promotion Program budgets, **and the additional 3% recently added by the Ministry of Health**, funded by Ontario Health, be approved;

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

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

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

(Hwang/M. Wilson)

- (a) 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.

(A. Wilson/M. Wilson)

- (a) That Report BOH23033, respecting Alcohol Drug and Gambling Services Program and Peter Boris Centre for Addiction Research Knowledge Translation Projects Funding, **be amended**, by adding sub-section "**(iii) That staff be directed to report back to the Public Health Committee at the conclusion of the project**" as follows:

- (iii) That staff be directed to report back to the Public Health Committee at the conclusion of the project.**

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

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

For disposition of this matter, please refer to item 3.

(g) ADJOURNMENT (Item 15)

(Tadeson/McMeekin)

That, there being no further business, the Public Health Committee be adjourned at 10:29 a.m.

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

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

Councillor Maureen Wilson
Chair, Public Health Committee

Aleah Whalen
Legislative Coordinator
Office of the City Clerk



Public Health
Santé publique
SUDBURY & DISTRICTS

October 16, 2023

VIA EMAIL

The Honourable Minister David Piccini
Minister of Environment, Conservation and Parks
Ministry of Environment, Conservation and Parks
5th Floor, 777 Bay Street
Toronto, Ontario M7A 2J3

Dear Minister Piccini:

Re: Calls for expansion of outdoor air quality monitoring stations and the Air Quality Health Index across Northern Ontario

Expanding air quality monitoring stations across Northern Ontario, to provide comprehensive data to inform the Air Quality Health Index (AQHI), is needed now more than ever.

With climate change, wildfire is an increasing risk, particularly in Northern Ontario. Exposure to wildfire smoke can cause health impacts including headaches, cough, dizziness, chest pains, shortness of breath, asthma attacks and irregular heart beat¹. Some people are at higher risk of health problems when exposed to wildfire smoke, including older adults, pregnant people, people who smoke, infants and young children, people working or exercising outdoors and people with existing illnesses or chronic health conditions².

The AQHI is a tool for Ontarians to be informed of the health risks from local air pollution and take recommended actions to protect their health³. However, many northern Ontario communities do not have local outdoor air monitoring stations and therefore do not benefit from the AQHI.

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Elm Place

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON POM 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON POP 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

34 rue Birch Street
Box / Boîte 485
Chapleau ON POM 1K0
t: 705.860.9200
f: 705.864.0820

toll-free / sans frais

1.866.522.9200

phsd.ca



Letter to the Honourable Minister David Piccini
Re: Calls for expansion of outdoor air quality monitoring stations and the Air
Quality Health Index across Northern Ontario
October 16, 2023
Page 2 of 3

At its meeting on September 21, 2023, the Board of Health carried the following
resolution #50-23:

WHEREAS according to recent research, climate change in Ontario is expected to increase the number of wildfires caused by human activity and by lightening by 20% and 62%, respectively, between the periods of 1975-1990 and 2020-2040, and it is expected that the increases will be even greater in parts of Northern Ontario; and

WHEREAS wildfire smoke can impact air quality and cause health effects hundreds of kilometers from the fire zone; and

WHEREAS many northern Ontario communities do not have local outdoor air monitoring stations and therefore do not benefit from the Air Quality Health Index (AQHI), a tool for Ontarians to be informed of the health risks from local air pollution and take recommended actions to protect their health; and

WHEREAS there is only one air quality monitoring station within Sudbury and districts that provides data for the AQHI, being one of only five stations across Northern Ontario; and

WHEREAS expanding air quality monitoring stations and the reach of the AQHI to more communities in the North would benefit communities' health, and would provide a more robust surveillance system on wildfire smoke impacts;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the letters dated July 5, 2023 from the Porcupine Health Unit and August 1, 2023, from the Timiskaming Health Unit to the Honourable Minister, David Piccini, calling for the installation of Air Quality Monitoring Stations in their respective service areas; and

FURTHER THAT air quality monitoring stations and the AQHI be expanded across Northern Ontario to improve opportunities for health for all.

The AQHI can increase awareness of impacts of air pollutants, including those created by wildfire smoke, and reduce or eliminate serious health impacts through adherence to health protective advice. Access to the AQHI, informed by local data, could benefit everyone. At the community level, it can have a significant positive impact when used to inform health protective policies, for example for outdoor recreational programs, daycares, and long-term care homes.

Letter to the Honourable Minister David Piccini

Re: Calls for expansion of outdoor air quality monitoring stations and the Air Quality Health Index across Northern Ontario

October 16, 2023

Page 3 of 3

With this in mind, we support the Timiskaming Health Unit and Porcupine Health Unit calling for installation of air quality monitoring stations in their respective service areas, and further call for expansion of air quality monitoring stations and the AQHI across Northern Ontario.

Sincerely,



René Lapierre
Chair, Board of Health

cc: The Honourable Doug Ford, Premier of Ontario
The Honourable Sylvia Jones, Deputy Premier of Ontario, Minister of Health
The Honourable Steven Guilbeault, Member of Parliament, Minister of Environment and Climate Change
The Honourable Mark Holland, Member of Parliament, Minister of Health
Carol Hughes, Member of Parliament, Algoma-Manitoulin-Kapuskasing
Marc Serré, Member of Parliament, Nickel Belt
Viviane Lapointe, Member of Parliament, Sudbury
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin-Kapuskasing
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
All Ontario Boards of Health

¹ Government of Canada. *Wildfire smoke 101: Wildfire smoke and your health*.

<https://www.canada.ca/en/health-canada/services/publications/healthy-living/wildfire-smoke-health.html>. Accessed 2023/10/04.

² Government of Canada. *Wildfire smoke 101: Wildfire smoke and your health*.

<https://www.canada.ca/en/health-canada/services/publications/healthy-living/wildfire-smoke-health.html>. Accessed 2023/10/04.

³ Government of Canada. About the Air Quality Health Index. <https://www.canada.ca/en/environment-climate-change/services/air-quality-health-index/about.html>. Accessed 2023/10/04

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

Sent: October 18, 2023 1:33 PM

To: clerk@hamilton.ca

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

Unsubscribe

It appears that you have subscribed to commercial messages from this sender. To stop receiving such messages from this sender, please unsubscribe

Submitted on Wed, 10/18/2023 - 13:33

Submitted by: Anonymous

Submitted values are:

Committee Requested

Committee

General Issues 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

Sarah Warry

Yous Matter Inc



Reason(s) for delegation request

I would like to discuss addiction and people whom are underhoused.

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:

[Change communication preferences](#)

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

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

Sent: November 10, 2023 5:21 AM

To: clerk@hamilton.ca

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

Unsubscribe

It appears that you have subscribed to commercial messages from this sender. To stop receiving such messages from this sender, please unsubscribe

Submitted on Fri, 11/10/2023 - 05:21

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

Liz Roediger

Stand for Stoney Creek



Reason(s) for delegation request

This presentation is to provide a community perspective related to agenda item 10.2 (Monitoring Local Impacts of Air Pollution on Mental and Neurological Health Outcomes).

Will you be requesting funds from the City?

Yes

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

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

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Hamilton

INFORMATION REPORT

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	November 13, 2023
SUBJECT/REPORT NO:	Personal Health Information Protection Act Training for Councillors (BOH23037) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Sue Connell (905) 546-2424 Ext. 3798
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

Not Applicable.

INFORMATION

The *Personal Health Information Protection Act* (PHIPA) is Ontario's health-specific privacy legislation which came into force on November 1, 2004. The *Personal Health Information Protection Act* governs the way personal health information may be collected, used, and disclosed within the health sector.

The *Personal Health Information Protection Act* regulates Health Information Custodians, as well as individuals and organizations that receive personal health information from Health Information Custodians. For Hamilton Public Health Services, the Health Information Custodian is the Medical Officer of Health.

It is important to note that Hamilton Public Health Services is a part of the City of Hamilton and as a result, is an organization that is both a custodian under the Personal Health Information Protection Act and a public sector institution. This means that Hamilton Public Health Services must also abide by the provisions of the provincial *Freedom of Information and Protection of Privacy Act* (FIPPA) and its municipal counterpart, the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA).

The general rule is that, subject to certain exceptions, a custodian that is also an

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**SUBJECT: Personal Health Information Protection Act Training for Councillors
(BOH23037) (City Wide) - Page 2 of 2**

institution or a part of an institution is governed by the *Personal Health Information Protection Act*, not the *Freedom of Information and Protection of Privacy Act* or the *Municipal Freedom of Information and Protection of Privacy Act*, with respect to personal health information in its custody or under its control.

All information in the custody and control of an organization, other than personal health information, is subject to the *Freedom of Information and Protection of Privacy Act*, or the *Municipal Freedom of Information and Protection of Privacy Act*, as they apply.

The orientation presentation that accompanies Report BOH23037 provides the following overview:

- An overview of the *Personal Health Information Protection Act*;
- The legislated responsibilities of the Medical Officer of Health as the Health Information Custodian for Hamilton Public Health Services; and,
- An explanation of the relationship between the *Personal Health Information Protection Act* and the *Freedom of Information and Protection of Privacy Act*/*Municipal Freedom of Information and Protection of Privacy Act*.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.



Hamilton

PERSONAL HEALTH INFORMATION PROTECTION ACT TRAINING FOR COUNCIL

David Goodis, INQ Law

November 13, 2023

Who I am

- Partner with INQ Law (since 2021)
- Former **Assistant Information and Privacy Commissioner of Ontario**
 - over 30 years with Information and Privacy Commissioner
 - mainly legal role, did adjudication, represented Information and Privacy Commissioner in court
 - author of “2023 Ontario Annotated Freedom of Information and Protection of Privacy Acts”
 - teach law at Osgoode Hall, University of Toronto (administrative law, privacy law)

What we will cover today

- *Municipal Freedom of Information and Protection of Privacy Act* refresher
- *Personal Health Information Protection Act* introduction
- *Municipal Freedom of Information and Protection of Privacy Act* vs. *Personal Health Information Protection Act* – which applies?
- Councillors handling constituents' personal information
- Identifiability and small cell count
- De-identification under *Personal Health Information Protection Act*
- Transparency vs. privacy
- Consulting with the Information and Privacy Commissioner

- *Municipal Freedom of Information and Protection of Privacy Act* applies to Ontario **municipalities** and **boards of health**
- Freedom of Information and privacy responsibilities on “head” [s.2]
- **Municipal head** is Council unless delegated (Hamilton delegated head is City Manager)
- **Board of Health head** is all the members of the board, unless individual/group designated by board

- Part I: **Freedom of Information** rules
- Any person can make request for access to records
- City must respond within 30 days
 - Unless time extension)
- City may charge **fees**
- Requester can appeal any denial of access to the **Information and Privacy Commissioner of Ontario**
 - Independent Legislative officer
- Information and Privacy Commissioner can **order** disclosure (can challenge in court)
- Head has duty to report Freedom of Information statistics to Information and Privacy Commissioner annually

- Part II: **Privacy** rules
- Rules for collection, use, disclosure, retention, destruction
- Rules for protecting Personal Information against **loss, theft, unauthorized access** [Regulations]
 - Includes need for **cybersecurity**
 - Prevent employee **snooping**
- Any person can make complaint to Information and Privacy Commissioner
- Information and Privacy Commissioner may investigate, but issues only **report** with recommendations (cannot challenge in court)

- Institutions must report privacy breaches to Information and Privacy Commissioner annually
- Act contains **offences** subject to fines for various things, including wilful disclosures, obstruction of Information and Privacy Commissioner [s.48]

Personal Health Information Protection Act introduction

- *Personal Health Information Protection Act*
- Applies to **health information custodians** [s.3]
 - Health care practitioners, hospitals, long-term care homes, pharmacies, labs
 - Also includes **Medical Officer of Health** of a board of health under *Health Protection and Promotion Act*
- *Personal Health Information Protection Act* contains rules for handling of **personal health information** by **custodians** [s.4]
 - Must be “identifiable”
 - Must pertain to person’s mental or physical health

Personal Health Information Protection Act introduction

- *Personal Health Information Protection Act* includes **circle of care** concept
- Personal Health Information can be shared among those involved in providing care to the patient [s.18]
- Patients have **right of access** to their own Personal Health Information [Part V]
 - If record “dedicated primarily to Personal Health Information about” person, they have right to full record [s.52(3)]
 - If not, they have right only to part with their Personal Health Information
- If mixed record held by custodian, may need to make access decision on Personal Health Information under ***Personal Health Information Protection Act*** , and rest under ***Municipal Freedom of Information and Protection of Privacy Act***

Personal Health Information Protection Act introduction

- Person can complain to **Information and Privacy Commissioner** about custodian handling their Personal Health Information, or failing to give access
- **Information and Privacy Commissioner** has strong investigation and order making powers [Part VI]

Personal Health Information Protection Act introduction

- *Personal Health Information Protection Act* gives **Medical Officer of Health** right to receive Personal Health Information...
- Custodian may share **personal health information** with **Medical Officer of Health** for public health purpose [*Health Protection and Promotion Act, Immunization of School Pupils Act*] [*Public Health Information Protection Act* s.39(2)(a)] **Information and Privacy Commissioner** may investigate complaints, make any **order** necessary to ensure compliance with the act [Part VI]
- Information and Privacy Commissioner decisions may be challenged in **court**

Personal Health Information Protection Act introduction

- *Personal Health Information Protection Act* contains offence provisions
- Including wilful collection, use, disclosure [s.72]
- Fines up to \$200k, prison up to one year for individuals
- Fines increase to \$1M for organizations
- Health care professionals have been **convicted, fined** [e.g. in “snooping” cases]

Municipal Freedom of Information and Protection of Privacy Act vs. Personal Health Information Protection Act

- *Municipal Freedom of Information and Protection of Privacy Act* will be the controlling statute for any personal information held by the city
 - Even if about the person's physical or mental health
- But remember **Medical Officer of Health** is subject to *Personal Health Information Protection Act* and Board of Health is subject to *Municipal Freedom of Information and Protection of Privacy Act*
- see chart on next page...

Municipal Freedom of Information and Protection of Privacy Act vs. Personal Health Information Protection Act

Type of information	Held by city	Held by Board of Health/Medical Officer of Health or other Health Information Custodian that's part of city
Personal information	<i>Municipal Freedom of Information and Protection of Privacy Act</i>	<i>Municipal Freedom of Information and Protection of Privacy Act</i>
Personal health information	<i>Municipal Freedom of Information and Protection of Privacy Act</i>	<i>Personal Health Information Protection Act</i> (although can claim certain <i>Municipal Freedom of Information and Protection of Privacy Act</i> Freedom of Information exemptions)

Municipal Freedom of Information and Protection of Privacy Act vs. Personal Health Information Protection Act

Some examples:

- Access request to **city**, records contain Personal Information + Personal Health Information
 - City makes decision under *Municipal Freedom of Information and Protection of Privacy Act* to all records
- Access request to **Medical Officer of Health**, records contain Personal Information + Personal Health Information
 - if records dedicated primarily to requester's Personal Health Information, **Medical Officer of Health** makes access decision under *Personal Health Information Protection Act*
 - If records not dedicated primarily to requester's Personal Health Information, **Medical Officer of Health** makes decision under *Personal Health Information Protection Act* for requester's Personal Health Information, and decision under *Municipal Freedom of Information and Protection of Privacy Act* for rest

Councillors handling constituent Personal Information

- Councillors routinely **receive or collect** personal information of constituents in daily work
- May include person complaining about a matter, seeking city's assistance
 - Person may provide **sensitive personal information** about themselves
- What can Councillor do with this Personal Information?
- Information and Privacy Commissioner decisions have dealt with these situations

Councillors handling constituent Personal Information

Information and Privacy Commissioner Privacy Complaint MC08-49 (Vaughan, 2010)

- Person sends letter to city manager complaining about a City Councillor's **expense claims**, requested audit
- Complainant's name and contents of letter made public
- Information and Privacy Commissioner rules disclosure acceptable
 - "Individuals raising matters before municipal councils should not expect anonymity...There is a **public interest in the transparency and accountability of...municipal government**, and...this...applies to the identity of individuals who may raise matters of public interest and concern"

Councillors handling constituent Personal Information

Information and Privacy Commissioner Privacy Complaint MC18-23 (Leamington, 2021)

- Person sends email to town, raises concerns about an annual outdoor event hosted by town
- Town disclosed his email to event organizers, other town residents
- Personal Information = person's personal opinions or views
- Information and Privacy Commissioner rules complainant **could not reasonably have expected** his email would be disclosed [*Municipal Freedom of Information and Protection of Privacy Act s.32(c)*]
- Key distinction: he did not ask town to **take any action!**

Councillors handling constituent Personal Information

Best practice

- When receiving complaint that contains Personal Information or Personal Health Information (almost always be the case, even if it's just email address)...
- Don't simply **forward** the communication unless person consents
- Dangerous to **assume** consent
- Consider **anonymizing** complaint if practical (person's identity could be irrelevant)
- Treat sensitive Personal Information/Personal Health Information very carefully, allow access on "**need to know**" basis
- Follow up to complaint: may be inappropriate to ask about **outcome**

Identifiability and small cell count

- Under *Municipal Freedom of Information and Protection of Privacy Act* and *Personal Health Information Protection Act*
- Information not **personal** unless it is **identifiable**
- Must be reasonable to expect an individual can be identified from information [Pascoe (Ontario Court of Appeals 2002)]
- May include:
 - Handwriting [Order M-585]
 - Residential address [Order PO-2265]
 - Twitter handle [Order PO-3997]

Identifiability and small cell count

- May not include:
 - Grades of 500 students [Order PO-2713]
 - Photos from long distance [Order PO-1972]
 - **Partial** postal codes [Order PO-2811, upheld by SCC 2014]
- **Small cell count** principle
- Where pool of possible choices to identify a particular individual is **so small**, possible to guess who the person might be
- Example: “How many people on my street complained to the city about my driveway?” [I live on a small street with only five houses]

De-identification

- *Personal Health Information Protection Act* defines **de-identification** as:
 - Process of removing Personal Information that (i) identifies an individual or (ii) for which there is a reasonable expectation that the information could be used, either alone or with other information, to identify an individual
- *Information and Privacy Commissioner Personal Health Information Protection Act Decision 175 (2022)*
 - Complaint that medical record service provider was anonymizing, selling health data
 - Information and Privacy Commissioner finds act of de-identifying is “use” under *Personal Health Information Protection Act*
 - Patient **consent not required** if de-id process done properly, with sufficient safeguards
 - Custodians must be **transparent** about this use

Transparency vs. privacy

- Generally, where **Personal Health Information** held by custodian, *Personal Health Information Protection Act* supersedes *Municipal Freedom of Information and Protection of Privacy Act*
- But *Health Protection and Promotion Act* may supersede *Personal Health Information Protection Act*
 - Chief Medical Officer of Health may order **Health Information Custodian** to produce information, including **Personal Information/Personal Health Information**, where sufficient risk to health [*Health Protection and Promotion Act* s.77.6]
 - Chief Medical Officer of Health may use/disclose information to investigate or reduce risk
 - Trumps *Personal Health Information Protection Act /Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act*
 - Broad discretion to collect, disclose

Transparency vs. privacy

- *Personal Health Information Protection Act* permits Medical Officer of Health to disclose Personal Health Information in various situations including:
 - To eliminate or reduce risk of **serious harm** [s.40(1)];
 - To inform relative about **deceased individual** [s.38(4)];
 - For contemplated court/tribunal **hearing** [s.41];
 - To assist **law enforcement** investigation [s.43(1)(g)]; and,
 - To assist **research** [s.44]

Transparency vs. privacy

- Information and Privacy Commissioner has found that *Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act* institutions should disclose personal information in the **public interest**
- Some examples:
 - Police chief/deputy salaries [York v. Information and Privacy Commissioner of Ontario, Ontario Court of Appeals, 2012]
 - Report on allegations of wrongdoing in hiring senior financial manager [Barker, Ontario Court of Appeals, 2019]
 - Records of injuries person sustained in nursing home [Order MO-2395]

Transparency vs. privacy

- In exceptional cases, both *Personal Health Information Protection Act* and *Municipal Freedom of Information and Protection of Privacy Act* require institution/Health Information Custodian to disclose information where:
 - Reasonable grounds to believe it is in the public interest to do so and the record reveals a grave environmental, health or safety hazard to the public [*Municipal Freedom of Information and Protection of Privacy Act* s.5, *Personal Health Information Protection Act* s.8(2)]
- Disclosure may include **Personal Information/Personal Health Information**
- Never been invoked explicitly
- Proactive disclosure of COVID-19 information during pandemic may have implicitly fit

Transparency vs. privacy

- Under *Personal Health Information Protection Act*, be careful about **identifiability** in proactive disclosures
- Example: releasing fact **an individual** passed away from specific disease
- Public may be able to piece together who the person was from **publicly available information** such as obituary
- On the other hand, may be **reasonable** to release if truly necessary to reduce risk to public health or safety

Consulting with the Information and Privacy Commissioner

- Information and Privacy Commissioner can be good resource for *Personal Health Information Protection Act* advice
- Long track record of weighing in on particular matters (sometimes publicly through the **media**!)
- Information and Privacy Commissioner respects difficulty organizations face in balancing privacy and transparency
- Although will not likely give “blessing”, can give **practical advice**, cite relevant case law or published guidance



Hamilton

THANK YOU



Hamilton

INFORMATION REPORT

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	November 13, 2023
SUBJECT/REPORT NO:	Strengthening Public Health (BOH23038) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Konrad Lisnyj (905) 546-2424 Ext. 5452
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

Not Applicable.

INFORMATION

The purpose of this report is to provide an overview of Public Health Services’ planning process in the context of significant budget pressures and the unfolding of the Ministry of Health’s strategy to strengthen public health over the coming few years (see Correspondence sent as Item 5.1 to the September 8, 2023 Public Health Committee Meeting, titled “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”).

In the accompanying presentation to Public Health Committee Report BOH23038, members are provided with the following information:

- An overview of the upcoming provincial changes that will impact Hamilton’s Board of Health and the work of Public Health Services;
- The principles that Public Health Services has been using to develop the 2024 Annual Service Plan and Budget to align with the current fiscal and planning context; and,
- Public Health Services’ ongoing transition post-pandemic to strengthen service delivery to address the population health needs of the Hamilton community.

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Next Steps

The 2024 Annual Service Plan and Budget submission is due to the Ministry of Health in March 2024 and will be shared with the Public Health Committee at its meeting on February 2024. Further information on action areas to address Council priorities, Provincial direction, and local population health needs will be included in that report.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.

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Strengthening Public Health

Public Health Committee

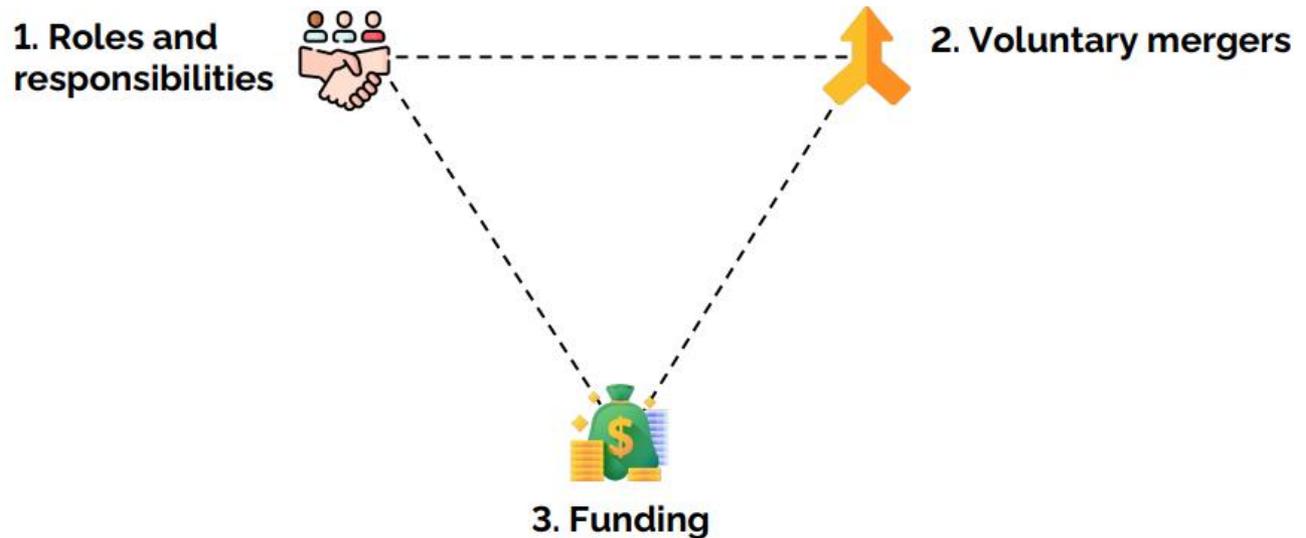
November 13, 2023

This presentation will review:

- The provincial strategy to **Strengthen Public Health**;
- The principles Public Health Services has been using to develop the 2024 Annual Service Plan and Budget based on the current fiscal and planning context; and,
- Public Health Services' ongoing transition post-pandemic to strengthen service delivery for our community.

Strengthening Public Health

- **Strengthening Public Health** focuses on:
 - Optimizing capacity, stability, and sustainability
 - Delivering more equitable health outcomes.
- Shifts away from previous “modernization” approach centred on reducing costs.



Province Strengthening Public Health

1. Refining and Clarifying Roles & Responsibilities

- Using prioritization framework to review Ontario Public Health Standards
- Refine, refocus, and re-level roles and responsibilities among local public health agencies, provincial government, and other stakeholders

2. Supporting Voluntary Mergers

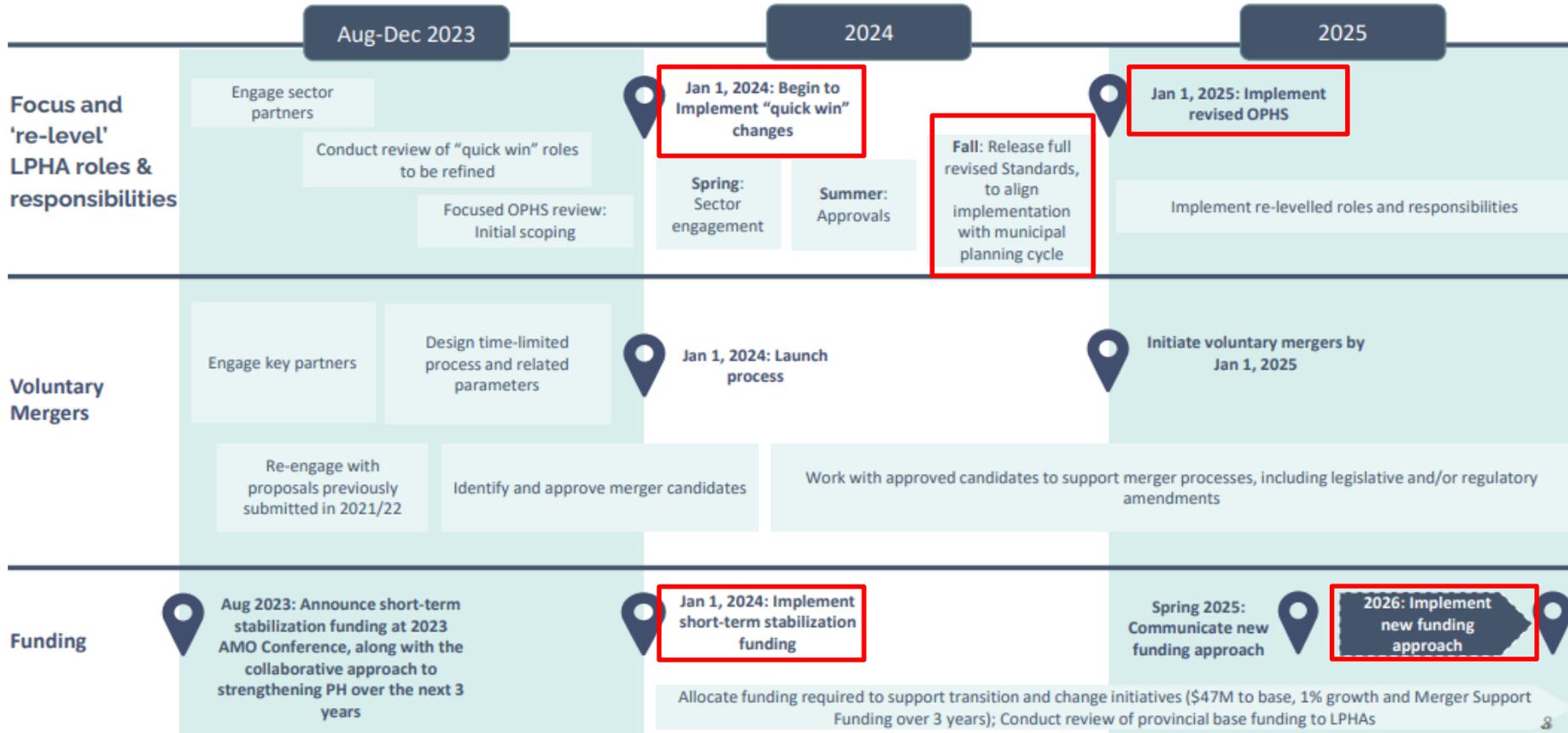
- Incentivizing mergers between local public health agencies through voluntary, sector-driven process, and providing resources and supports

3. Providing Stable, Sustainable Funding

- Restoring provincial base funding under 2020 cost-share formula
- Introducing annual one percent growth base funding increase until 2026
- Establishing a dedicated three-year merger support fund
- Reviewing its longer-term base funding methodology for public health

4

Strengthening Public Health Implementation Timeline



Acronyms: LPHA (local public health agencies); OPHS (Ontario Public health Standards); AMO (Association of Municipalities of Ontario); PH (Public Health)

Several additional factors influence Public Health Services' planning for 2024 and beyond:

- Integrating COVID-19 work into existing business operations
- Evolution of public health role post-pandemic related to immunizations, emergency response, communications
- Maximizing opportunities to improve population health outcomes for priority populations
- Provincial COVID-19 funding ending December 2023
- Newly announced provincial funding level less than increases in wages, benefits, and inflation

2024 Annual Service Plan and Budget Planning Principles

- Balancing:
 - Core public health functions and mandates
 - Council-directed priorities
 - Upstream efforts to promote health and prevent disease
 - Maintaining and enhancing staff resilience and flexibility
 - Strengthening program efficiency
 - Preserving essential services related to priority population health needs
 - Exploring additional funding sources
 - Considering resource trade-offs where necessary

Priority Population Health Needs for Hamilton



Health Equity



Child and Youth Healthy Growth and Development



Mental Health and Substance Use



Climate Change

Delivering Services in 2024 and Beyond

- Adapting Communicable Disease Control programs to accommodate ongoing COVID-19 work
- Adapting services to focus on equity-deserving groups through integrated Public Health Services Centers focusing initially on:
 - Immunizations
 - Harm reduction services
 - Engaging with communities/partners around public health needs
- Realigning core supports to best practices, such as social media and converting to electronic documentation
- Leveraging a broader range of staff skills and competencies
- Participating in Ontario Public Health Standards review

- 2024 Annual Service Plan & Budget
 - Due to Province March 2024
 - Presented to Public Health Committee February 2024
 - Will include action to address Council Priorities, Provincial direction and local population health needs



Hamilton

QUESTIONS?



Hamilton

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	November 13, 2023
SUBJECT/REPORT NO:	Vaccine Ambassador Pilot Program – Evaluation Report (BOH23036) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Rachel Harris (905) 546-2424 Ext. 4239
SUBMITTED BY:	Jordan Walker Director, Communicable Disease Control Division Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

Not Applicable.

INFORMATION

This report summarizes findings from the evaluation of the Vaccine Ambassador Program, which was conducted during the first year of the program. The Vaccine Ambassador Program was developed by the Hamilton Black Health Community Leaders Forum and Public Health Services to promote COVID-19 vaccine uptake among Black, Indigenous, and racialized communities. Since launching in May 2021, vaccine ambassadors have supported booking thousands of COVID-19 vaccine appointments for Hamilton residents.

The evaluation found that vaccine ambassadors shared information to address vaccine hesitancy using multiple strategies, strengthened trust and relationships with community members and partners, and reduced barriers to accessing COVID-19 vaccines. These impacts reinforce the value and effectiveness of peer programs like the Vaccine Ambassador Program. The program was created, implemented, and effective because peer vaccine ambassadors – who were hired from Black, Indigenous, and racialized communities and spoke 17 different languages – share key characteristics with communities they intended to reach. As a result, vaccine ambassadors were able to connect with community members through both community organizations and social networks, which led to a broader reach and furthered the program’s impact.

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The evaluation also identified learnings that are relevant to future programs that intend to reach equity-deserving communities and reduce health inequities. Community engagement in the program’s development, implementation, and governance was critical to the program’s success. In this case, community organizations and representatives proposed the program, co-developed the job posting, sat as members of the hiring committee and as part of the program’s governance table, and partnered with vaccine ambassadors during the program’s implementation. In turn, community partners surveyed as part of the evaluation all agreed that the program was a good model for collaboration between community organizations and the City of Hamilton. Appendix “A” to Report BOH23036 further describes the evaluation, including more information on the program’s impacts and lessons learned.

While the evaluation focused on the program’s initial pilot period, the program has since been extended. Since its inception the program has been funded through 100% provincial funding from the Ministry of Health for extraordinary costs related to COVID-19 response. This funding is currently expected to end following December 2023. However, Public Health Services is exploring a limited opportunity to extend the program into the first quarter of 2024 through remaining extraordinary COVID-19 response funding. Recognizing the value and impact of the program, Public Health Services is additionally exploring how to sustain the program, including seeking funding through Ontario Health, though at present there are no long-term funding solutions identified for this program.

For the 2023-2024 respiratory virus season, the program will provide essential supports for equity-deserving communities, including promoting COVID-19 vaccines and distributing Rapid Antigen Testing Kits. In addition, vaccine ambassadors opportunistically promote other vaccines, such as the seasonal influenza vaccine and vaccine catch-up among Hamilton’s school-aged population. Vaccine ambassadors continue to work closely with community partners and use a variety of strategies when sharing information about vaccines and other public health and community services.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH23036

Vaccine Ambassador Pilot Program
Evaluation Report

Vaccine Ambassador Pilot Program Evaluation Report

Context

Nearly 80% of Hamiltonians have received two or more doses of a COVID-19 vaccine, and achieving this milestone required resident trust and community collaboration. To guide Hamilton's COVID-19 vaccine rollout, a group of health, education, social service, and community organizations and representatives met regularly between December 2020 and May 2022. The group, the Vaccine Readiness Network (VRN), shared information about vaccine planning and distribution, and discussed how to work together to improve vaccine access and confidence, particularly among priority populations. The work of the VRN enhanced the equitable distribution and promotion of COVID-19 vaccines in Hamilton, including leading to the creation of a Vaccine Ambassador Program.¹

At a meeting coordinated by members of the VRN, the Hamilton Black Health Community Leaders Forum² met with Hamilton Public Health Services (HPHS) to discuss vaccination in Black communities. Evidence has shown that Black, Indigenous, and racialized communities have been disproportionately impacted by COVID-19 due to pre-existing health inequities. In Hamilton, local data indicate that Black and racialized Hamiltonians experience higher rates of COVID-19 infection.³ As one strategy for increasing vaccine uptake and reducing these disproportionate impacts among Black communities, the Hamilton Black Health Community Leaders Forum proposed creating a Vaccine Ambassador Program. For the Vaccine Ambassador Program, the City of Hamilton would hire Black, Indigenous, and racialized community members with expertise in community engagement to share information about the COVID-19 vaccine in their communities. Through this approach, language and cultural interpretation would be provided to address access barriers to immunization and promote vaccine confidence. Further, vaccine ambassadors would help build trust for communities that

¹ The impact of the VRN are further described in the report, "[Community Impact on Equitable Vaccine Delivery in Hamilton](#)."

² The Hamilton Black Health Community Leaders Forum is a group of Black health professionals that work to increase access to health services and address the social determinants of health within their communities.

³ Black and racialized community members experienced nearly half of Hamilton's COVID-19 cases between March 1, 2020 and April 21, 2021 (45%), yet 19% of Hamilton's population identifies as Black or racialized. Data are from HPHS. Data have limitations, including with data quality. About two-thirds of those surveyed (64.9%) in COVID-19 case investigations provided information about their race. Non-response answers (e.g., do not know, prefer not to answer) are excluded from the data above.

have been and remain mistreated by the healthcare system. Specific communities were identified and prioritized based on census data, percent of COVID-19 cases, and perceived vaccine hesitancy. The program was approved through the City of Hamilton's Emergency Operations Centre in February 2021.

The program was co-developed with the Hamilton Black Health Community Leaders Forum and remained connected with many VRN members through outreach by vaccine ambassadors. From February to April 2021, the Hamilton Black Health Community Leaders Forum and HPHS developed the job posting and, along with VRN members, promoted the posting in their networks. In addition, various community members were involved in the hiring process to ensure vaccine ambassadors had the relevant skills and expertise. The program was launched in May 2021. The program was guided by the Vaccine Ambassador Community Table, which consisted of representatives from the Hamilton Black Health Community Leaders Forum, VRN, and members of the hiring committee. Once hired, vaccine ambassadors built relationships with community organizations, including organizations sitting as part of the VRN and the Hamilton Black Health Community Leaders Forum.

What is the Vaccine Ambassador Program?

The Vaccine Ambassador Program was designed to improve COVID-19 vaccine confidence among Black, Indigenous, and racialized communities through a team of vaccine ambassadors. Vaccine ambassadors shared information, provided support, developed resources, and created strategies to promote COVID-19 vaccine uptake in their communities, often in partnership with community organizations.

The **desired outcomes** of the Vaccine Ambassador Program, as identified by the Vaccine Ambassador Community Table, were that the program would:

- Reduce barriers to, and hesitancy about, COVID-19 vaccination;
- Build trust and community relationships;
- Ensure vaccine ambassadors felt trained, supported, and able to connect with the community; and
- Generate evidence that explored the value of these roles.

This evaluation report describes program impacts in three sections: 1) sharing information to address hesitancy; 2) strengthening trust and community relationships; and 3) increasing access and reducing barriers.

How was the program evaluated?

The Vaccine Ambassador Program is a pilot program, meaning it was a new initiative meant to be implemented for a specific duration. The evaluation aimed to understand the program's impact and capture how the program was implemented (e.g., components of the program and strategies used). The evaluation activities were:

- Engagement with the Vaccine Ambassador Community Table to seek feedback about the program and the evaluation
- Two facilitated discussions with vaccine ambassadors
- A survey sent to community partners engaged in the program
- Interviews with program staff (i.e., vaccine ambassadors, program leaders, and other staff involved in the program)

What impacts did the program have in the community?

It can be challenging to capture the full reach and impact of peer programs like the Vaccine Ambassador Program, especially considering how vaccine uptake has many individual and social determinants. However, the evaluation found that:

- **Vaccine ambassadors supported booking thousands of vaccine appointments for Hamilton residents.** During the peak of the Omicron wave, the program influenced at least 535 individuals to get vaccinated (November 22nd, 2021 to February 6th, 2022). This short period is the only time where vaccine ambassadors could accurately track appointments they booked, as individuals were able to walk in to appointments after this time.
- **93% of community partners surveyed said they were satisfied with the program**, with 77% of partners indicating that they perceived the program increased vaccine uptake in their community.
- **17 languages are spoken by vaccine ambassadors**, enabling them to communicate with many people in their first language when sharing information, answering questions, or booking appointments.
- **The vaccine uptake gap for first and second doses of COVID-19 vaccination narrowed between Hamilton's most and least racialized neighbourhoods.** As of July 2022, the neighbourhoods with more racialized populations have a similar vaccination rate (83.5% primary series completion) compared to the least racialized neighbourhoods (82.6% primary series completion). This suggests that efforts to increase uptake in Black, Indigenous, and racialized communities by

vaccine ambassadors, community organizations, public health, and health care partners have been effective.

- **The program continues to have an impact.** Even as COVID-19 vaccination slowed in the community in May and June 2022, six ambassador-partnered GO-VAXX clinics administered 153 total doses, including 20 pediatric doses. At one clinic in particular, 52 doses were administered, including nine first doses (ages 12 and older). For these clinics, vaccine ambassadors helped identify locations in priority neighbourhoods, worked with community partners to organize the clinic, and provided on site translation and support. Vaccine ambassadors have also expanded their focus to include catch-up of publicly funded vaccines for students, such as Hepatitis B, HPV, Meningococcal ACYW-135, and Tetanus-Diphtheria-Pertussis vaccines. This helps address one of the deficits of care that emerged as a result of the COVID-19 pandemic.

Sharing Information to Address Hesitancy

Vaccine ambassadors worked in collaboration with community partners to identify strategies and opportunities for information sharing. As one vaccine ambassador described, the role is “not pushing people to take the vaccine. Instead, giving information... encouraging people to challenge their own beliefs.” Vaccine ambassadors and community partners provided many examples of how they worked together to share vaccine information and build confidence. Strategies included posters, flyers, one-on-one conversations, WhatsApp and other social media, Q&A sessions, town halls, videos, community events, webinars, information sessions, help sessions, and in-person meetings. As a result, community partners almost all agreed that the program educated community members about the COVID-19 vaccine (93%).

The number of strategies used highlight how the Vaccine Ambassador Program focused on sharing the right information, at the right time, in the right way (i.e., translated, in plain language). The following quotes further describe this strategic approach:

“When you bring the right information to the right people it is successful. We cannot stick with one strategy, we never stopped changing and revising our strategies.” –
Vaccine Ambassador (Interview)

“I actually had a teenage boy say to me “hey, I'm really sorry I lied about already having my shots. I've seen you guys around and finally decided to get it” ... [It] proves a point that people are busy and have their own things, and so we don't always want to seem

like we're trying to shove another flyer at them or sell them on anything. The consistency of us showing up, people knowing where to find us was enough." – Vaccine Ambassador (Interview)

As stated in the first quote, vaccine ambassadors and community partners adapted their strategies to maximize their impact. While it was important to evolve their approaches, the second quote highlights the importance of consistency. Both approaches are effective ways to share information and support the community depending on the context. Strong community partnerships and having vaccine ambassadors work in small teams enabled the program's ability to be responsive to community needs.

Strengthening Trust and Community Relationships

"The ambassador is flexible and accessible. She is able to connect with those who have questions and if she does not have the answers, she consults with others and brings the answers back to clients." – Community Partner Survey Respondent

"Hosting the community event in partnership with Ambassador...gives credit to the event, trust from our members and confidence to be vaccinated." – Community Partner Survey Respondent

"[What is working well in the program is] outreach to community members, community collaborations, [and] building relationships between community members, community groups, and public health." – Community Partner Survey Respondent

As described in the quotes above, the program was well-received by community members and community partners, and trust was strengthened. In interviews, all vaccine ambassadors reported being able to build relationships with the community. Similarly, community partners almost all agreed (93%) that the program built relationships. The program was particularly effective at creating new relationships. Two-thirds (67%) of survey respondents shared that their relationship with HPHS was formed through the program. In addition, half (50%) of community partners surveyed had sustained engagement, meaning they had been working with the program for at least six months.

Several strategies for building relationships were described. Vaccine ambassadors leveraged programs and networks that were already established by community partners. These included connecting with seniors' groups, ESL programs, faith associations, workplaces, community housing providers, social media groups, and

language speaking groups. Vaccine ambassadors and community partners both described that attending community events was another effective strategy, since it enabled vaccine ambassadors to share information with a large group of people or accompany people from an event to a nearby clinic. Lastly, building relationships with influential people within the communities, such as religious leaders, was also effective. Vaccine ambassadors worked directly with these leaders to create strategies to share information and build vaccine confidence in their communities.

Increasing Access and Reducing Barriers

“I believe with the presence of the vaccine ambassadors some of the misinformation was effectively countered and paved the way for the uptick in vaccine enrollment in the Black communities.” – Vaccine Ambassador Community Table Member

“Working with Vaccine Ambassadors has especially helped to get people vaccinated, especially those who were struggling to work through the normal online booking system - having someone to set up appointments quickly and easily really encouraged people to get vaccinated.” – Community Partner Survey Respondent

Increasing access to the COVID-19 vaccine is another impact of the program. In Hamilton, the COVID-19 vaccine rollout focused on increasing access by providing different opportunities for vaccination through large scale, pharmacy, primary care, and mobile clinics held throughout the city. Vaccine ambassadors often promoted or supported these clinics, and also addressed access barriers that affected their communities. In particular, vaccine ambassadors reduced access barriers by providing support in multiple languages:

“Those unable to speak English can get information from the ambassadors in their own language. We are able to refer clients who were hesitant to have the vaccine because of being able to ask specific questions and getting answers they fully understand from the ambassador.” – Community Partner Survey Respondent

Being able to share information and support community members to get vaccinated in multiple languages was a critical component of this program. Further, vaccine ambassadors described how they kept a list of the languages other vaccine ambassadors spoke with their phone number. This enabled vaccine ambassadors to call each other if support was needed in a language they did not speak themselves. This strategy was useful when vaccine ambassadors were doing community outreach or attending clinics, and also highlights the importance of having a team of vaccine ambassadors.

The program increased vaccine access in other ways. Vaccine ambassadors had reserved times that they could use to book appointments for community members, promoting equitable access. In addition, the program actively partnered with other teams within HPHS, community organizations, and GO-VAXX to provide on-site translation and support to their vaccine clinics. Vaccine ambassadors also arranged transportation to clinics. Finally, vaccine ambassadors provided input into potential clinic locations. Vaccine ambassadors would identify locations based on information from community partners and their own knowledge about neighbourhoods where their communities lived or gathered. As a result, when feasible to implement these clinics, they were often successful.

What were the program's enablers and barriers?

In addition to capturing the program's impacts, the evaluation also sought to understand how the program was implemented. Above, many of the program's *enablers* – or factors that increased the program's ability to be implemented successfully – were shared. These include vaccine ambassador skills and expertise (e.g., speaking multiple languages, community engagement experience), having a large vaccine ambassador team, and having strong community support for the program. The evaluation also looked at the program's *barriers*, or factors that challenged the program's ability to be implemented successfully.

Most barriers were challenges experienced by vaccine ambassadors and other program staff when implementing the program. Vaccine ambassadors had a well-defined role to promote vaccine uptake using best practices in vaccine promotion and community engagement. However, the program launched during a period of significant COVID-19 infections and outbreaks in Hamilton. This meant that vaccine ambassadors began outreach while being oriented due to the urgency of the COVID-19 response and need for vaccine ambassadors in the community. This led to vaccine ambassadors feeling like there was a lack of role clarity or that they were using strategies that were not necessarily best practices in their communities. This significantly improved over the course of the program, particularly as relationships were built with community organizations, vaccine supply increased, COVID-19 activity decreased, and vaccine ambassadors became involved in community vaccine promotion strategies.

A challenge that persisted throughout the program occurred when developing resources. One of the program's goals was to share information, and vaccine ambassadors developed many resources that were requested by the community. The volume of requests meant that the program required flexible and dedicated

communication support that enabled vaccine ambassadors to create tailored resources quickly. However, obtaining this type of support could be challenging due to the time requirements of review processes combined with staffing pressures during the COVID-19 pandemic.

Two other challenges emerged related to the program model. The program was launched as a six-month pilot and vaccine ambassadors were hired as temporary contract staff. However, the program was extended several times due to the ongoing demand of the COVID-19 response, the need for vaccine ambassadors in the community, and the success of the program. This created challenges for ambassadors and the organization. Vaccine ambassadors reported that being in high demand combined with the precarity of their roles contributed to fatigue, burnout, and not feeling valued.

The other program model challenge was that Hamilton was not eligible for funding for these types of roles through the Province's High Priority Communities Strategy. Locally, the City of Hamilton's Emergency Operations Centre and HPHS prioritized establishing ten vaccine ambassador roles from COVID-19 response funding. Vaccine ambassador positions were allocated based on each community's population size, percentage of COVID-19 cases, and perceived vaccine hesitancy. Due to the diversity of Hamilton's population and the funding available, it was not possible to select a vaccine ambassador from every community. Once the program was established, vaccine ambassadors proactively engaged with communities that did not have an ambassador to identify opportunities to support them. However, some communities may have been missed, or not engaged in the best way for that community.

Lastly, community partners also suggested opportunities for improvement in the survey. These included increasing the number of vaccine ambassadors, increasing vaccine ambassador participation in community activities, and more outreach. Community partners also expressed a need and desire for the program to evolve beyond COVID-19 with a broader health promotion focus to continue connecting community members with resources.

What lessons were learned through the program and evaluation?

"It was a great idea that you had consulted the community members prior to implementing the Vaccine Ambassador program and continuing to collaborate with the different communities after the program was implemented." – Vaccine Ambassador
Community Table Member

“The vaccine ambassador who has been in contact with our organization is excellent. They have reached out to us from the very beginning to present the program and see how we could collaborate/support community uptake for vaccinations. Having ambassadors who speak diverse languages and can provide information to community in such languages is crucial.” – Community Partner Survey Respondent

Programs like the Vaccine Ambassador Program are not new to the community or HPHS. The Vaccine Ambassador Program is a peer program, meaning that the program was created, implemented, and effective because peers (i.e., vaccine ambassadors) share key characteristics with communities they are intending to reach. These shared characteristics foster trust and allow peers to operate through both partnerships with community organizations and social networks. In turn, peers are often able to reach more community members, including those who may not be connected to services or are hard to reach. In the case of the Vaccine Ambassador Program, the program focused on hiring vaccine ambassadors from Black, Indigenous, and racialized communities to promote the COVID-19 vaccine in their communities. However, many other shared characteristics beyond race facilitated the program’s effectiveness as identified by vaccine ambassadors and partners, such as language, culture, gender, being a parent, living in a certain neighbourhood, and being a newcomer. The described program impacts further the value and effectiveness of programs like these.

In addition to the need for dedicated communications support, there were other lessons learned that can help inform future programs. With a large vaccine ambassador team, having a program supervisor was essential for providing day-to-day support. Regular small team meetings (e.g., among vaccine ambassadors that worked with Black communities) and full-team meetings were useful, since they promoted sharing and coordinating work. The program also benefitted from connecting vaccine ambassadors with other experts. For example, health promotion specialists shared information about increasing vaccine confidence, and vaccine ambassadors met regularly with nurses to learn about COVID-19 vaccination. Future programs should consider adopting similar program components.

Lastly, the success of the program is an outcome of the community engagement and support for the program. The program impacts reinforce the necessity of involving the community in programs intended to improve their health. In this case, community organizations and representatives proposed the program, co-developed the job posting, sat as members of the hiring committee and Vaccine Ambassador Community Table, and partnered with vaccine ambassadors. These mechanisms contributed to community partners all agreeing that the program was a good model for collaboration between

community organizations and the City of Hamilton. Future programs like these need to embed community engagement in their program development, implementation, and governance for success.



Hamilton

INFORMATION REPORT

TO:	Chair and Members Public Health Committee
COMMITTEE DATE:	November 13, 2023
SUBJECT/REPORT NO:	Blue Flag Beach Program (PW23068/BOH22004(b)) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Andrea McDonald (905) 546-2424 Ext. 2738 Richard MacDonald (905) 546-2424 Ext. 5818
SUBMITTED BY:	Cynthia Graham Director, Environmental Services Public Works Department
SIGNATURE:	
SUBMITTED BY:	Kevin McDonald Director, Healthy Environments Division Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

At the June 13, 2022 Board of Health meeting (item 7.2), staff received the following direction:

- (a) That the BOH22004(a), respecting Blue Flag Eligibility for a City of Hamilton Beach, be received, and
- (b) That staff be directed to identify the requirements and costs associated with having City of Hamilton beaches meet the requirements of the Blue Flag Program, with a report back to the Board of Health.

INFORMATION

The international Blue Flag Program was established in 1987 to recognize public beaches, marinas and boating tourism who are sustainable and safely managed. This report will focus requirements of Blue Flag Program for public beaches. Many

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

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

SUBJECT: Blue Flag Beach Program (PW23068/BOH22004(b) (City Wide)
- Page 2 of 4

communities have sought blue flag status to promote community pride and tourism. The blue flag lets people know that the beach is sustainably managed and accessible, with high quality services, safety procedures and water monitoring. Additionally, the required educational component of the program helps to connect people with the water and promotes stewardship. It is important to note that Hamilton's beaches are regularly inspected already during bathing season, to ensure safety of users – the Blue Flag program provides another opportunity to give the public information about the water at specific locations.

In Ontario in 2022, there were 22 beaches with the blue flag designation. Many of these beaches are found within in the Town of Wasaga (Wasaga Beach), City of Toronto (Hanlan's Point Beach, Cherry Beach, Kew Balmy Beach, Centre Island Beach, Woodbine Beach Bluffer's Park Beach, Gibraltar Point Beach), Municipality of Lambton Shores (Grand Bend Beach) and City of Sarnia (Canatara Beach). Ontario holds 78% of the Canadian total.

The Blue Flag Program recognizes communities that work hard to promote swimmable, drinkable, fishable water. The program has a rigorous compliance program to meet the Blue Flag status.

For Public beaches there are 33 Blue Flag compliance criteria across four categories. These categories include:

- a) Environmental Education and Information
- b) Water Quality
- c) Environmental Management
- d) Safety and Services

Operators of public beaches must ensure that requirements are met prior to accreditation, and maintained annually, to earn the blue flag status. See Appendix "A" to Report PW23068/BOH22004(b) for the criteria breakdown by category, and the estimated cost to the City of Hamilton to implement the program at one beach location on Lake Ontario.

This program is administered in Canada by a not-for-profit organization "Swim Drink Fish" (SDF). In order to apply for a Blue Flag accreditation status, a beach must undergo a feasibility study by the organization. Successful blue flag organizations and operators fly a dedicated blue flag to demonstrate their compliance to the program.

To have a Blue Flag accredited beach, there are seven steps that are required to be complete, see below:

1. Contact "Swim Drink Fish" to express interest;

2. Feasibility Study- arrange a Feasibility Study with “Swim Drink Fish” staff to assess beach for Blue Flag Canada eligibility;
3. Candidate Phase-implement recommendations from feasibility study;
4. Blue Flag Application Canada- criteria is met, submit application to “Swim Drink Fish”;
5. National Blue Flag Jury- the national jury reviews all Blue Flag Canada applications Successful application are submitted to the international jury;
6. International Blue Flag Jury-the international jury reviews all application. “Swim Drink Fish” awards Blue Flags that receive international jury approval; and
7. Blue Flag season begins- Once swimming season starts Blue Flags can be raised. “Swim Drink Fish” staff work with the operators, to ensure the Blue Flag Canada criteria continue to be met throughout the season. The operator for City owned beaches would be city staff.

The approved application is valid for the current award year. Each year the operator is required to re-apply for Blue Flag certification.

The accreditation process can take 1-2 years depending on the timing of the application and implementation of the recommendations by “Swim Drink Fish” based on the Feasibility assessment. “Swim Drink Fish” recommend that the first step in the journey to become an accredited Blue Flag beach is the collaborative site visit and Feasibility Study. A Feasibility Study has not been completed by “Swim Drink Fish” and the City of Hamilton to date.

Notwithstanding that a Feasibility Study has not been completed, attached (Appendix “A” to Report PW23068/BOH22004(b)) is a compilation of estimated costs associated with the compliance criteria required for Blue Flag criteria. This table has been estimated based on one potential Blue Flag beach site located on Lake Ontario (Van Wagner’s Beach).

To collect and estimate the implementation costs, staff groups consulted as stakeholders include Recreation Division, Waste Management Division, Public Health Services Division, and Environmental Services Division.

Estimated capital set up costs total \$213,000 and there would be a yearly operational impact of \$300,000 to run the program at one beach location, details can be found in Appendix “A” to Report PW23068/BOH22004(b).

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report PW23068/BOH22004(b) – Blue Flag Criteria

Estimate of Potential Costs for Blue Flag Compliance - One Site on Lake Ontario Beach (Van Wagner's Beach)					
Environmental Education and Information		Staff resource needed	City Div. Lead	Estimated Funding need	Comments
1.	Information about the Blue Flag program must be displayed	No	Environmental Services (ES)	\$5,000	Signage, locations, podiums, flag pole
2.	Environmental education initiatives must be offered and promoted to beach users	Yes	Environmental Services (ES)	\$10,000	Grant or City program to be coordinated and held
3.	Information about recreation water quality must be displayed	No	Public Health (PH)	\$2,000	Public Health Program in place
4.	Information about the local ecosystem must be displayed	No	Environmental Services (ES)	\$5,000	Research, design of panels, fabrication/installation
5.	A map of the beach indicating different facilities must be displayed	No	Environmental Services (ES)	\$2,000	Design of maps, fabrication and installation
6.	A code of conduct that reflects appropriate laws governing the use of the beach and	No	Environmental Services (ES)	\$1,000	Review of existing Rules and Reg. signage that is applicable. Fabrication and installation at several locations.

	surrounding areas must be displayed				
			Estimated Costs	\$25,000	
Water Quality		Staff resource needed	City Div. Lead	Estimated Funding need	Comments
1.	The beach must comply with the water quality sampling and frequency requirements	No	Public Health Services (PHS)	No additional funding needed	Public Health Services conducts annual environmental surveys and weekly routine beach water sampling during the operating season per the Recreational Water Protocol, 2019 and Operational Approaches for Recreational Water Guideline, 2018.
2.	The beach must fully comply with the requirements for water quality analysis	No	Public Health Services (PHS)	No additional funding needed	Public Health Services conducts annual environmental surveys and weekly routine beach water sampling during the operating season per the Recreational Water Protocol, 2019 and Operational Approaches for Recreational Water Guideline, 2018.
3.	No industrial, wastewater or sewage related discharges should affect the beach area.	No	Public Health Services (PHS)	No additional funding needed	Public Health Services conducts annual environmental surveys of the physical beach area to identify changes to existing structures, installation of new structures (e.g., drainage lines, storm water outfalls, signs, etc.), changes in beach landscape that affects runoff, potential pollution sources, garbage or debris collection, and any other

					environmental factor that has the potential to impact water quality, water safety, and/or public health per the Recreational Water Protocol, 2019 and Operational Approaches for Recreational Water Guideline, 2018.
4.	The beach must comply with the Blue Flag microbiological standards for Escherichia coli (E.coli) and intestinal enterococci (streptococci).	No	Public Health Services (PHS)	\$700	Private Lab cost associated with shipping and testing for intestinal enterococci at least 5 times per season. Public Health Services conducts weekly routine beach water sampling during the operating season for Escherichia coli (E.coli) only via <u>Public Health Ontario Lab.</u>
5.	The beach must comply with the Blue Flag requirements for the following physical and chemical parameters	No	Public Health Services (PHS)	\$375	Private Lab cost associated with shipping and testing for a chemical parameter such as pH at least 5 times per season. Public Health Services conducts weekly routine beach water sampling during the operating season for Escherichia coli (E.coli) only via <u>Public Health Ontario Lab.</u>
			Estimated Costs	\$1,075.00	

Environmental Management		Staff resource needed	City Div. Lead	Estimated Funding need	Comments
1.	The local authority/beach operator must establish a beach management committee	Yes	Environmental Services (ES)	N/A	Staff resource to be identified based on input with Swim Drink Fish
2.	The local authority/beach operator must comply with all regulations affecting the location and operation of the beach.	No	Environmental Services (ES)	N/A	
3.	Sensitive areas must be managed accordingly	Yes	Environmental Services (ES)	\$10,000	Consultant to be retained to review and prepare management plan. Any actions identified in this plan will be reviewed and added to the capital/operating budgets as needed.
4.	The beach must be clean.	No	Environmental Services (ES)	.33 Full time employees \$11,025.00	Enhanced cleaning schedule 1 x .33 (student)
5.	Seaweed or natural debris must be left on the beach	No	Environmental Services (ES)	N/A	

6.	And adequate number of garbage bins must be available at the beach. They must be regularly maintained.	No	Environmental Services (ES)	Full time employees noted above	Enhanced cleaning
7.	Recycling bins must be available at the beach	Yes	Waste Management. (WM)	\$1,740 per year	<p>The collection pricing for this in 2023 dollars is per month, for recycling carts to be collected twice per week.</p> <p><i>* Provincial legislative changes will directly impact the collection of blue box materials in Hamilton as our City will be transitioning to Producer responsibility as of April 1, 2025. This means all blue box collection, transfer, disposal, and processing in Ontario will be hived off from municipal contracts and Producers of recyclable packaging will be the new owners and managers of this recycling diversion program. The Waste Free Ontario Act is the provincial legislation that dictates this change in authority and how it will be managed – one thing to note is that Producers are only required to manage "eligible" properties. Van Wagner's Beach is not eligible for Producer responsibility recycling</i></p>

					<i>collection and as a result the future collection of recyclables at this beach will need to be procured for and paid for privately as early as April 1, 2025, in the event Council refuses to continue to collect ineligible sources.</i>
8.	The beach must have an adequate number of toilet or restroom facilities	No	Environmental Services (ES)	N/A	Accessible washrooms available. To review against Swim Drink Fish criteria.
9.	The restroom facilities must be kept clean.	No	Environmental Services (ES)	Full time employees noted above	Enhanced cleaning schedule
10.	The toilet or restroom facilities must have controlled sewage disposal.	No	Facilities	N/A	
11.	Camping, driving and dumping are prohibited on the beach	No	Environmental Services (ES)	N/A	Ensure regulation sign has this added
12.	Domestic animals must be prohibited from the beach	No	Environmental Services (ES)	N/A	Ensure regulation sign has this added/additional signage can be added
13.	All buildings and beach equipment must be appropriately maintained	No	Environmental Services (ES)	N/A	Washroom managed by Parks staff
14.	Marine and sensitive	Yes	Environmental Services (ES)	\$15,000	Consultant may be required to provide a review and management

	freshwater habitats in the vicinity of the beach must be monitored				plan. Any actions identified in this plan will be reviewed and added to the capital/operating budgets as needed. Those capital/operating costs are not known at this time and will vary from site to site.
15.	A sustainable means of transportation should be promoted to the beach area	no	N/A	N/A	Existing trail network, Hamilton Street Railway to Park
			Estimated Costs	\$37,765.00	
Safety and Services		Staff resource needed	City Div. Lead	Estimated Funding need	Comments
1.	Appropriate public safety control measures must be implemented	Yes	Recreation (REC)	4.1 Full time Employees \$257,053	Estimated costs for staffed and equipped lifeguarded beach area
2.	First aid equipment must be available on the beach	Yes	Recreation (REC)	\$107,900	Tower, Lifesaving Equipment, signage, markers/buoys, motorized vessel, supplies
3.	Emergency plans to cope with pollution risks must be in place.	No	Environmental Services (ES) / Public Health	N/A	To be discussed in future with approval agency Swim Drink Fish
4.	There must be the management of different users and uses of the beach	Maybe	Environmental Services (ES)	Full Time employees noted for Environmental Services	Staffing of the park is ongoing and to be enhanced should the program be approved in future steps.

	to prevent conflicts and accidents.				
5.	There must be safety measures in place to protect users of the beach.	No	Environmental Services (ES)	N/A	
6.	A supply of drinking water should be available at the beach.	No	Environmental Services (ES)	\$65,000.00	Check for locations and proximity. Approximately 65k to add a new water service. Subject to conditions, estimate may vary. Additionally, \$2500.00 annually will be required to operate the new asset.
7.	At least one Blue Flag beach in each municipality must have water access and facilities for the physically disabled.	No	Environmental Services (ES)	\$15,000.00	Additional beach mats that enhance accessibility and maybe floating wheelchair may be needed. Other Accessibility for Ontarians with Disabilities Act (AODA) additions to be investigated
			Estimated Costs	\$444,953.00	
	Membership Fee				
	Blue Flag Annual Membership Fee			\$1,560.00	Per beach/per year
	Total Estimated Cost		Total	\$510,358.00	



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Epidemiology and Wellness Division

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	November 13, 2023
SUBJECT/REPORT NO:	Monitoring Local Impacts of Air Pollution on Mental and Neurological Health Outcomes (BOH23041) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Catherine Holtz (905) 546-2424 Ext. 6708 Ruth Sanderson (905) 546-2424 Ext. 4859
SUBMITTED BY:	Julie Prieto Director, Epidemiology and Wellness Division Public Health Services
SIGNATURE:	

RECOMMENDATION

- (a) That the Public Health Services budgeted complement be increased by 1.0 FTE to hire an Epidemiologist to establish a set of evidence informed indicators to monitor the impact of air pollution on the mental and neurological health of Hamilton residents at an anticipated annualized cost of \$141,831 for salary and benefits, to be referred to the 2024 Tax Operating Budget for Council approval; and,
- (b) That Item #2023-H, respecting Monitoring Local Impacts of Air Pollution on Mental and Neurological Health Outcomes be removed from the Public Health Committee Outstanding Business List.

EXECUTIVE SUMMARY

As directed by Council at its June 21, 2023 meeting, Public Health Services is reporting back to the Public Health Committee on resources required to develop a suite of evidence informed indicators that can be used locally to monitor the impact of air pollution on mental and neurological health outcomes starting in 2025.

The City of Hamilton is mandated to assess health impacts related to air pollution and has a concern about elevated pollutant concentrations' impacts on residents' mental and neurological health. While assessing the direct impacts of air pollutants on mental

SUBJECT: Monitoring Local Impacts of Air Pollution on Mental and Neurological Health Outcomes (BOH23041) (City Wide) - Page 2 of 7

and neurological health is an emerging field, there is currently no established approach for ongoing, local monitoring of the impact of air pollution on mental and neurological health of Hamiltonians. Therefore, in order to undertake an initiative that would establish a set of evidence informed indicators to monitor the impact of air pollution on the mental and neurological health of Hamilton residents, it is recommended that the Public Health Services budgeted complement be increased by 1.0 full time equivalent to hire an Epidemiologist. This initiative would build on existing disease burden methods through collaborative research to develop, operationalize and evaluate a monitoring approach of a small set of indicators that measures the impact of air pollution on mental and neurological health of Hamilton residents.

Alternatives for Consideration – See Page 6

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The recommendation is for a 1.0 FTE Epidemiologist to support a research and development initiative to monitor the local impact of air pollution on mental and neurological health outcomes, at an anticipated annualized cost of \$141,831 for salary and benefits, and for the request to be referred for consideration in the 2024 Tax Operation Budget.

Staffing: The recommendation is that the Public Health Services budgeted complement be increased by 1.0 FTE Epidemiologist to support a research and development initiative to monitor the local impact of air pollution on mental and neurological health outcomes, and for the request to be referred to the 2024 Tax Operation Budget for Council approval. In addition, it is anticipated that this effort will require prioritization of currently budgeted staff resources including 0.1 FTE Librarian for three months, 0.1 FTE Air Quality Co-ordinator for three months, 0.1 FTE Program Evaluation Co-ordinator for six months and 0.1 FTE Health Analyst for ongoing support.

Legal: Not Applicable.

HISTORICAL BACKGROUND

Previous reports prompting discussion about population health assessment and the impact of air pollution on mental and neurological health of Hamiltonians, by Council include:

- BOH18016(a) – March 20, 2023
Modelling Morbidity and Mortality using the Hamilton Airshed Modelling System;

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- BOH23018 – May 1, 2023
Feasibility of Health Check Identifying the Impact of Air Pollution on Mental Health

Staff identified in May 2023, that it was not yet methodologically feasible to assess the mental or neurological health outcomes due to air pollution among Hamiltonians in the population health assessment update. The effects of air pollution on mental health and neurological outcomes is an emerging area of public health importance. Investigating these potential links is an active area of current research that has not yet translated to standard approaches to monitor their impacts at the local level. For example, the Global Burden of Disease Study uses established methodology to estimate the impact of select risk factors on health outcomes however, it does not currently include the health risk of mental or neurological health outcomes due to air pollution. Further, other robust methods, such as Health Canada's Air Quality Benefits Assessment Tool, do not yet include mental or neurological health outcomes.

At its meeting on June 21, 2023, Council provided Public Health Services with the following direction:

- (a) That Public Health Staff be directed to identify the resources required to develop, in partnership with the Centre for Addictions and Mental Health (CAMH), McMaster University and other local stakeholders, a suite of evidence informed indicators that can be used locally to monitor the impact of air pollution on mental and neurological health outcomes for future Health Check reports;
- (b) That staff report back to Public Health Committee on the identified resources needed by the start of Q4 2023, so that any staffing and/or financial needs can be identified for consideration in the 2024 Budget; and,
- (c) That staff include this information in future Health Check reports to Public Health Committee by the beginning of 2025 and annually thereafter.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Public Health Services through the Board of Health is enabled to explore the impact of air pollution on the health of Hamiltonians by three areas of the Ontario Public Health Standards (2021) that speak to the approach to explore the evidence related to an issue, the requirement to monitor the health of the population, and the requirement to specifically assess the health impacts of climate change including air pollution:

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1. The Research, Knowledge Exchange, and Communication section of the Effective Public Health Practice Standard identifies that “exploring an issue or investigating a question is accomplished through research”. This standard authorizes Public Health Services through the Board of Health to, “foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange activities, which may include those conducted by the Board of Health alone or in partnership or collaboration with other organizations.”;
2. The Population Health Assessment Standard requires that the Board of Health through Public Health Services, “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.”; and,
3. The Healthy Environments Standard outlines that Public Health Services through the Board of Health is required to, “assess health impacts related to climate change” which includes air pollution.¹

RELEVANT CONSULTATION

The Institute of Health Metrics and Evaluation, University of Washington, oversees the administration of the Global Burden of Disease Study. Through email correspondence in April 2023, they indicated the next update to the Global Burden of Disease Study is expected to be released publicly later in 2023 and the update is unlikely to expand outcomes of air pollution to mental or neurological health.

Email correspondence in August 2023 with contacts at Health Canada indicated as of the current available evidence, mental and neurological health outcomes are not yet established as having causal or likely causal relationships with air pollutants; a criterion to include health outcomes in Health Canada’s Air Quality Benefits Assessment Tool that estimates the number of premature deaths and other health outcomes associated with specified changes in air pollution concentrations across geographic units in Canada. Rather, the state of evidence on air pollution and these health outcomes is considered as possible causal as opposed to causal at this time.

¹ Ministry of Health (2021). Ontario Public Health Standards: Requirements for Programs, Services and Accountability.

https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Typically, population health assessment uses established indicators and routine processes to report on the health of Hamiltonians to take action and inform practice. However, there is currently no established approach for ongoing, local monitoring of the long-term impact of air pollutants on mental and neurological health of Hamiltonians. Nor is there a clear pathway that identifies public health actions that can be taken based on monitoring results. An initial environmental scan indicated that there is no standard set of evidence informed indicators that are being used by other Public Health Units in Ontario or Public Health Ontario to routinely monitor the impact of air pollution on mental and neurological health.

Therefore, appropriate resources and expertise are required to assess the current state of evidence to develop and implement a suite of evidence informed indicators that can be used locally to monitor the impact of air pollution on mental and neurological health outcomes, as directed by Council through Item 7.3 at its meeting on June 21, 2023.

This requires building on Public Health Services' established approach that applies the Global Burden of Disease Study's population attributable risk estimates, the proportion of a disease that could possibly be prevented if a risk factor were eliminated, and can leverage some promising developments including the:

- Emergence of strong scientific evidence that identifies air pollution as one of the twelve potentially modifiable risk factors for dementia;² and,
- Increased interest in the reporting and synthesis of emerging evidence that exposure to air pollutants may affect mental and neurological health.^{3,4}

² Livingston, G et al. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission, The Lancet, Volume 396, Issue 10248, 2020, Pages 413-446, ISSN 0140-6736, [https://doi.org/10.1016/S0140-6736\(20\)30367-6](https://doi.org/10.1016/S0140-6736(20)30367-6)

³ Bhui K et al. Air quality and mental health: evidence, challenges and future directions BJPsycho Open (2023)9, e120, 1–12. doi: 10.1192/bjo.2023.507

⁴ Zhang B, Weuve J, Langa KM, et al. Comparison of Particulate Air Pollution from Different Emission Sources and Incident Dementia in the US. JAMA Intern Med. Published online August 14, 2023. doi:10.1001/jamainternmed.2023.3300

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In order to establish an approach for ongoing, local monitoring of the impacts of air pollutants on the mental and neurological health of Hamiltonians, the addition of 1.0 FTE Epidemiologist would support the following work through a research and development initiative:

- a) A rapid review of the scientific literature that seeks to determine what evidence informed indicators can be used locally to monitor the long-term impact of air pollution on mental and neurological health outcomes at a local level;
- b) Active outreach to foster relationships with community researchers, academic partners, and other appropriate organizations such as Public Health Ontario and Health Canada, to complete a situational assessment and support knowledge exchange on related indicators on the impact of air quality on mental and neurological health;
- c) A summary report of potential approaches and indicators including the feasibility of establishing population attributable risk estimates locally to use in future population health assessment products;
- d) A collaborative prioritization process with key researchers and other appropriate organizations to recommend an assessment approach and establish a small initial set of promising indicators that may be ready to report locally in 2025;
- e) Operationalization and evaluation of the initial set of indicators, including suggested process improvements and evaluation of utility and usefulness;
- f) Support the consideration of an action pathway to respond to assessed levels of air pollution, mental health and neurological health outcomes; and,
- g) Ongoing support, maintenance and broader population health assessment of climate change's local health impact, as climate change continues to be a strategic priority in the City of Hamilton.

This proposal has certain important limitations or risks. First, while fostering relationships with researchers to encourage and engage in appropriate public health research is within the mandate of boards of health, this research would be largely explorative and may not yield a locally relevant and operational set of indicators. Further this approach would require incentives or funding for collaborative partners to participate. Finally, without enabling policies at many jurisdictional levels, it is challenging to link this research effort to local public health action that reduces the impact of air pollution on mental health and neurological health outcomes.

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ALTERNATIVES FOR CONSIDERATION

Should Council determine that resources are not available for this research and development initiative and/or that limitations and risks are too great:

- a) Public Health Services could continue to monitor progress on this emerging public health issue (e.g. through Global Burden of Disease Study and Air Quality Benefits Assessment Tool updates and engagement with the Association of Public Health Epidemiologists in Ontario) and continue to seek guidance from Public Health Ontario. As more evidence is gathered, others may work towards establishing standard approaches to assess and monitor the impact of air pollution on mental and neurological health that could be included in future population health assessments for Hamilton residents. There are no financial/staffing/legal implications for this alternative. It is unknown at this time when a standard approach may be developed. If the Global Burden of Disease Study expands to include the impact of air pollution on mental or neurological health outcomes, it would likely occur after 2025. A benefit of this alternative is that Public Health Services would apply evidence vetted by experts in the field and at the guidance from Public Health Ontario at no extra cost to the City of Hamilton.

- b) Public Health Services could divert its epidemiological resources from existing work to prioritize this request with existing full time equivalent. There are no financial/staffing/legal implications for this alternative. A drawback of this alternative is that other mandated work may need to extend timelines or be put on hold.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.