



City of Hamilton
PUBLIC HEALTH COMMITTEE
REVISED

Meeting #: 24-001
Date: January 15, 2024
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 December 4, 2023

5. COMMUNICATIONS

5.1 Correspondence from Kathryn Wilson, Board of Health Chair, Peterborough Public Health, respecting Public Health Strengthening

Recommendation: Be received.

6. DELEGATION REQUESTS

6.1 Kojo Dampsey, respecting Item 10.1 Options the City of Hamilton's Board of Health Governance (BOH23039) (City Wide) (for today's meeting)

- *6.2 Kim Ritchie, Canadian Drug Policy Coalition, respecting Item 10.2 Hamilton Opioid Action Plan: Embedded Harm Reduction Pilot (HSC24001/BOH23021(a)) (City Wide) (for today's meeting)

7. DELEGATIONS

8. STAFF PRESENTATIONS

9. CONSENT ITEMS

10. DISCUSSION ITEMS

- 10.1 Options for the City of Hamilton's Board of Health Governance (BOH23039) (City Wide) (Outstanding Business List Item)

Referred from Council, December 13, 2023

- 10.2 Hamilton Opioid Action Plan: Embedded Harm Reduction Pilot (HSC24001/BOH23021(a)) (City Wide)

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 23-012**

9:30 a.m.

Monday, December 4, 2023

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

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

**Absent with
Regrets:** Councillors J. Beattie – Personal, and T. Jackson – Personal

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

**1. Quarterly Update on Hamilton Opioid Information System (July – September 2023)
(BOH23041) (City Wide) (Item 9.1)**

(Kroetsch/ Pauls)

That Report BOH23041 respecting the Quarterly Update on Hamilton Opioid Information System (July – September 2023), 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. Third-Party Air Monitoring re: Green For Life Landfill Stoney Creek (BOH23042) (Wards 5 and 9) (Item 10.1)

(Clark/ Francis)

- (a) That Public Health Services Staff be directed to work with AtkinsRéalisis to develop a feasibility study with options to perform air monitoring for a minimum seven-day period at the Green For Life Environmental Inc. Landfill, Stoney Creek, not to exceed \$10,000, to be funded by the Stoney Creek Compensation Royalties (Green For Life Landfill) Reserve 117036, and report back to the Public Health Committee in Q1, 2024; and,
- (b) That the matter respecting Item 2023-1, independent third-party air monitoring at the Green For Life Stoney Creek Landfill, be identified as complete and removed from the Public Health Committee Outstanding Business List.

Result: Motion, CARRIED by a vote of 14 to 0, as follows:

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

3. Hamilton's Waterpipe By-law Amendment (BOH23017(b)) (City Wide) (Item 10.2)

(McMeekin/ A. Wilson)

- (a) That Hamilton Waterpipe By-law 23-170 be repealed; and,

- (b) That the draft Hamilton Waterpipe By-law attached as Appendix “A” to Report BOH23017(b), in a form satisfactory to the City Solicitor, be approved.

Result: Motion CARRIED by a vote of 14 to 0, as follows:

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

**3. Food Advisory Committee 2024 Budget Request (BOH23043) (City Wide)
(Item 10.3)**

(Hwang/ A. Wilson)

- (a) That the Food Advisory Committee 2024 base budget submission attached as Appendix “A” to Public Health Report 23-012 in the amount of \$1,500, be approved and referred to the 2024 budget process for consideration.

Result: Motion, CARRIED by a vote of 14 to 0, as follows:

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

5. Consultation with SCORE! (Strengthening Community Roots: Anchoring Newcomers in Wellness and Sustainability) on the Riverdale neighborhood project (Ward 5) (Item 11.1)

(Francis/ Tadeson)

That staff (including Hamilton Early Years Staff) be directed to work with McMaster University's SCORE! (Strengthening Community Roots: Anchoring Newcomers in Wellness and Sustainability) program to explore their needs in greater detail with respect to the Riverdale neighborhood project and report back in Q1 2024 on the requests, options available and potential costs associated.

Result: Motion, CARRIED by a vote of 14 to 0, as follows:

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

FOR INFORMATION:

(a) CHANGES TO THE AGENDA (Item 2)

The Committee Clerk advised the Committee of the following change to the agenda:

5. COMMUNICATIONS

- 5.4 Correspondence from Loretta Ryan, Executive Director, Association of Local Public Health Agencies (ALPHA), respecting 2024 Budget Consultations

Recommendation: Be received

(Tadeson/ Hwang)

That the agenda for the December 4, 2023 Public Health Committee be approved, as amended.

Result: Motion, CARRIED by a vote of 14 to 0, as follows:

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

(b) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

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

(i) November 13, 2023 (Item 4.1)

(Nann/ Kroetsch)

That the Minutes of the November 13, 2023 meeting of the Public Health Committee be approved, as presented.

Result: Motion CARRIED by a vote of 14 to 0, as follows:

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

Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Absent	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
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

(d) COMMUNICATIONS (Item 5)

(i) (Tadeson/ Hwang)

That the following Communication items be approved, as presented:

- (a) Correspondence from Wess Garrod, KFL&A Board of Health Chair respecting Strengthening Public Health: Voluntary Mergers (Item 5.1)

Recommendation: Be endorsed.

- (b) Correspondence from Hon. Sylvia Jones, Deputy Premier and Minister of Health and Patrick Dicerni, Assistant Deputy Minister, Hospitals and Capital Division, respecting additional 2023-2024 funding for delivery of HIV- and/or hepatitis C-related services

Recommendation: Be received and 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 2023-2024 HIV & Hepatitis C Programs Funding budget.

- (c) Correspondence from Kathryn Wilson, Board of Health Chair, Peterborough Public Health respecting Adequate Funding for the Ontario Seniors Dental Care Program

Recommendation: Be received.

- (d) Correspondence from Loretta Ryan, Executive Director, Association of Local Public Health Agencies (ALPHA), respecting 2024 Budget Consultations

Recommendation: Be received.

Result: Motion, CARRIED by a vote of 14 to 0, as follows:

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

(e) GENERAL INFORMATION / OTHER BUSINESS (Item 13)

(i) Outstanding Business List (Item 13.1)

(Tadeson/ Francis)

That the changes to the Outstanding Business List, be approved.

(a) Items Considered Complete and Needing to be Removed:

- (i) Monitoring Local Impacts of Air Pollution on Mental and Neurological Health Outcomes (BOH23041) (City Wide)
OBL Item: 2023-H
Date Added: June 21, 2023 (Council Minutes 23-012 Item 7.1)
Date Completed: November 13, 2023 (PHC Report 23-011 - Item 5)

Result: Motion CARRIED by a vote of 14 to 0, as follows:

Yes	-	Mayor Andrea Horwath
Absent	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar
Yes	-	Ward 9 Councillor Brad Clark
Yes	-	Ward 8 Councillor John-Paul Danko
Yes	-	Ward 5 Councillor Matt Francis

Yes	-	Ward 4	Councillor Tammy Hwang
Absent	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
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) ADJOURNMENT (Item 15)

(Tadeson/ Spadafora)

That, there being no further business, the Public Health Committee be adjourned at 10:05 a.m.

Result: Motion CARRIED by a vote of 14 to 0, as follows:

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

Respectfully submitted,

Mayor Andrea Horwath
Chair, Public Health Committee

Aleah Whalen
Legislative Coordinator
Office of the City Clerk

January 5, 2024

The Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

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

The Honourable Michael Tibollo
Associate Minister of Mental Health and Addictions
michael.tibollo@ontario.ca

Dear Premier Ford and Ministers Jones and Tibollo,

RE: Public Health Strengthening

At its meeting on December 13th meeting, the Board of Health for Peterborough Public Health received a presentation on the importance of investment in health promotion strategies and a diversified skilled workforce to deliver impactful local public health activities.

The Health Promotion Ontario's [White Paper on the Value of Local Health Promotion in Ontario, 2023](#), stated the value of local health promotion delivered by local public health agencies and how it is an effective strategy in addressing Ontario's Health Care crisis. It recommends strong and sustained investment in local health promotion by public health units to ensure that health promotion is prioritized on an ongoing basis. The Chief Public Health Officer of Canada's report: [The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada, 2023](#) also underscored the importance of health promotion strategies for ensuring resilience and preparedness in the face of pandemics and emergencies.

Public health strategies are only impactful if there is appropriately resourced, skilled and diversified workforce to deliver them. The Ontario Chief Medical Officer of Health's 2022 report [Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics](#) outlines the importance of funding an adequate and skilled, adaptable and resilient public health workforce that is cross trained in core public health work and has the surge capacity to meet the current and future needs of Ontario.

There are opportunities for system improvements as part of the review of Board of Health roles and responsibilities announced under the government's Public Health Strengthening initiative. The Board of Health respectfully urges the Provincial Government to ensure local Public Health Units are supported to invest in coordinated action to promote health and reduce the burden of chronic diseases, substance use and injuries and increase health equity. This includes both maintaining the current breadth and scope of health promotion work outlined by the Ontario Public Health Standards and a continued investment of a skilled and diversified public health workforce.

We also respectfully request that the Chief Medical Officer of Health ensure proactive engagement in the sector-driven review of the Ontario Public Health Standards.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

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

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

Sent: January 9, 2024 5:03 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 Tue, 01/09/2024 - 17:03

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

Kojo Dampety



Preferred Pronoun

he/him

Reason(s) for delegation request

Delegating on the amendments to Restructure the Board of Health at the Jan 15th PH Standing Committee.

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: January 11, 2024 4:51 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 Thu, 01/11/2024 - 16:51

Submitted by: Anonymous

Submitted values are:

Committee Requested

Committee

Public Health Committee

Will you be delegating in-person or virtually?

Virtually

Will you be delegating via a pre-recorded video?

No

Requestor Information

Requestor Information

Kim Ritchie

Canadian Drug Policy Coalition



Preferred Pronoun

she/her

Reason(s) for delegation request

I am writing to you on behalf of the Canadian Drug Policy Coalition, an organization committed to promoting informed drug policies grounded in principles of public health, human rights, and social inclusion. I am requesting the opportunity to delegate before the City Council of Hamilton to discuss significant concerns and provide insights regarding the Hamilton Opioid Action Plan, Embedded Harm

Reduction pilot.

Our coalition has been actively monitoring and participating in harm reduction initiatives across Canada, and we believe that our perspective could greatly contribute to the ongoing discussion in Hamilton. Our aim is to address concerns and collaborate with the council to ensure that the embedded harm reduction pilot not only addresses the immediate needs of those affected by drug poisoning but also aligns with best practices in harm reduction and public health policy.

Will you be requesting funds from the City?

No

Will you be submitting a formal presentation?

No

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

Written Delegation - 750 words

- 750 words
- Email to clerk@hamilton.ca

<https://www.hamilton.ca/city-council/council-committee/council-committee-meetings/request-speak-committee-council>

<https://pub-hamilton.escribemeetings.com/filestream.ashx?DocumentId=390212>

Madam Mayor and members of the Public Health Committee, my name is Kim Ritchie, and I represent the Canadian Drug Policy Coalition's Hamilton harm reduction working group.

My insights today are drawn from my professional background in leadership roles, where I developed and implemented innovative harm reduction programs and from 15 years of personal experience with illicit substance use, criminalization and chronic homelessness.

All of which took place on the streets of our city...

Today, I address a critical issue that directly impacts some of the most vulnerable community members: men who use substances and are experiencing homelessness. The proposal suggests diverting funds intended for safer use spaces in men's shelters towards an embedded harm reduction pilot program. This proposal, while well-intentioned, is deeply concerning for several reasons.

Detailed Concerns with the Pilot:

- There should have been consultation with those most deeply impacted by this proposal, which raises significant doubts about its efficacy.
- The lack of clarity regarding the proposed 'community of practice.' It's vital that such a community is clearly defined and inclusive, particularly of those with lived experience.
- 'Referrals and advocacy' and 'community accompaniments' are standard duties of shelter workers and do not align with the core principles of harm reduction.
- Frontline shelter workers actively respond to drug poisonings in an unsafe environment and provide "hands-on" support with limited training, minimal pay, and inadequate support, causing rampant trauma and burnout. As a result,

shelters are having difficulty with staff retention. The proposed 'hands-on support during an overdose' is ineffective and harmful UNLESS it occurs in a supervised, safe space.

- 'Harm reduction drop-in groups' are counterproductive in an environment where there is a lack of trust and safety in staff due to service users facing criminalization, surveillance and service restrictions related to drug use. Responding to these issues in the way of a supervised consumption site that shows care for the people we serve will increase trust and we have seen this at YWCA SUS.
- The proposal does not address the issue of punitive measures, specifically service restrictions related to drug use and carrying harm reduction supplies.

Proposed Solutions:

To address these issues, we propose the following solutions from

The Guidance Document for Harm Reduction in Shelter Programs: A Ten Point Plan

- Provision of 24/7 harm reduction supplies (injection, inhalation, naloxone, safer sex supplies) and training developed and led by PWLLE.
- Non-punitive, safety-oriented drug use policies. Residents should not face service restrictions for drug use. Drug use should be approached as a health issue and address the behaviours, not the drug use itself.
- Overdose prevention and response measures, including safer use spaces, peer witnessing, **wellness checks** that are non-stigmatizing and not fear-based facilitated by PWLLE, and active promotion of NORS with access to phones 24/7
- Involvement of residents in harm reduction initiatives, ensuring their voices lead the design and operation of services. "Harm reduction drop-in group", "community of practice" and any other programming should involve PWLLE in the design, operation and evaluation of HR services. They must be paid for their knowledge and expertise according to **CAPUD's best practice guidelines**.
- Additional support services, such as grief and loss support (Consider replicating the **GLOW initiative**) and notification of where drug-checking services are available and how to access them
- Safe physical space – identify areas of concern for overdose risk. Single-use bathrooms should be monitored with alarms and ways of gaining access should an overdose occur. Stairwells, communal bathrooms, remote or hidden locations, and alleys outside buildings must be reviewed. **Consider brave buttons and a safer bathroom toolkit**. Urban core CTS uses the brave button and they say it's excellent

- Implementation of the [Integrated Prevention & Harm Reduction Initiative \(IPHARE\)](#) across all shelter locations.

In closing, while the 'Embedding Harm Reduction Pilot' marks a step towards addressing these issues, it falls significantly short of the comprehensive harm reduction principles and trauma-informed approach required to meet the needs of PWUDs.

Harm reduction has become a buzzword across shelter systems. Shelters often do not practice from a harm reduction framework. Harm reduction, at its core, reduces the negative impacts associated with drug use. However, as long as shelters operate with zero-tolerance policies for drug use, service users will continue to die in the hands of those providing care.

We must involve PWLLE in every aspect of policymaking, reevaluate punitive approaches to substance use, and implement evidence-based harm reduction strategies in shelters.

This commitment isn't only about policy changes; it's about saving lives, restoring dignity, and building a community where everyone feels safe, supported and valued.

Thank you for your attention to these critical matters.



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

TO:	Chair and Members Governance Review Sub-Committee
COMMITTEE DATE:	November 17, 2023
SUBJECT/REPORT NO:	Options for the City of Hamilton's Board of Health Governance (BOH23039) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Rachel Harris (905) 546-2424 Ext. 4239 Nancy Sullivan (905) 546-2424 Ext. 5752 Ashley Vanderlaan (905) 546-2424 Ext. 4718
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

RECOMMENDATION

- (a) That Council approve, in principle, a semi-autonomous Board of Health governance structure with features similar to the City of Toronto and City of Ottawa;
- (i) That Council direct staff to prepare and submit an application to the Province of Ontario for special legislation amending the *City of Hamilton Act, 1999* and the *Health Promotion and Protection Act* to authorize the City to implement a semi-autonomous Board of Health governance model, with features similar to the City of Toronto and City of Ottawa Board of Health governance structures; and,
- (ii) That Council direct staff to report back to the Public Health Committee, following approval of legislative changes with a plan to implement legislative changes and establish a semi-autonomous Board of Health for the City of Hamilton;
- (b) That as an interim solution until legal authorization is received to implement a semi-autonomous Board of Health governance model, a change be made to the membership of the Public Health Standing Committee to include six City Council members, six community representatives, and one education representative,

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

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

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

using the City of Hamilton's existing selection processes, and that for the foregoing purposes staff be directed to report back to the Public Health Committee to; and,

- (i) Prepare any amendments to the Procedure By-law that shall create a new Public Health Standing Committee, which By-law shall be drafted to become effective not earlier than the date on which the existing Public Health Standing Committee has been dissolved by the Mayor pursuant to section 284.8(1) of the *Municipal Act*, and,
 - (ii) Prepare for approval the qualifications and criteria for the selection of the community representatives to ensure that the Public Health Standing Committee members represent the community and have the necessary skills and competencies.
- (c) That Item 2023-C, respecting a consultation with stakeholders to identify issues, opportunities, and options for Board of Health governance, be removed from the Public Health Committee Outstanding Business List.

EXECUTIVE SUMMARY

The City of Hamilton's Board of Health is currently comprised of all members of City Council. Beginning in March 2021, delegations were received from community members about restructuring the Board of Health so that it would also include community representatives. Delegates advocated that both City Council members and community representatives with health expertise and lived experience needed to be a part of public health decisions.

As directed via a motion at the February 8, 2023 City Council Meeting¹ and an amending motion at the April 12, 2023 City Council Meeting,² Public Health Services were asked to consult with appropriate City of Hamilton Advisory Committees, community partners, healthcare professionals, and members of the public about Hamilton's current Board of Health structure and alternate governance options. Options explored in the consultation included:

¹ City of Hamilton Council Meeting Minutes (February 8, 2023). Item 7.7: Motion on Recommendations for a Board of Health Advisory Committee. <https://pub-hamilton.escribemeetings.com/FileStream.ashx?DocumentId=352532>

² City of Hamilton Council Meeting Minutes (April 12, 2023). Revised Audit, Finance, and Administration Committee Report 23-005 Amended Item 6.0 (a)(ix): Restructuring the Board of Health Standing Committee. <https://pub-hamilton.escribemeetings.com/FileStream.ashx?DocumentId=361310>

- **Option 1: Advisory Committee**
Adding an Advisory Committee to advise on issues directed to them by the current Public Health Standing Committee, which would consist of community representatives and an education representative;
- **Option 2: Changing the Current Public Health Standing Committee**
Changing the current Public Health Standing Committee membership to include City Council members, community representatives, and an education representative; and,
- **Option 3: Semi-Autonomous Board of Health Structure**
Changing the structure and membership of the Board to Health so it is partially (i.e., semi-autonomous) or fully (i.e., autonomous) separate from City Council, with membership that includes City Council members, community representatives, and an education representative.

The consultation consisted of a public survey posted on the Engage Hamilton platform,³ key informant meetings and interviews, and a community-led public meeting. In total, 928 members of the public participated in the online survey, 63 key informant interviews and meetings were conducted with Advisory Committees, community partners, healthcare professionals, and City Council members, and approximately 50 community members attended the community-led public meeting. Appendix “A” to Report BOH23039 details the consultation methods, participants, and results.

Across the public survey, interviews, and meetings, there was strong support to change the structure and membership of the Board of Health. Consultation participants felt that while there are merits of the current governance structure, systemic change requires decision-making to be shared between elected members of City Council and community representatives with health expertise and lived experience. Consultation participants expressed the most support for a semi-autonomous Board of Health structure consisting of six City Council members, six community representatives with health expertise and lived experience, and an education representative (i.e., Option 3). This Recommendation will require changes to the *City of Hamilton Act, 1999*⁴ and potentially the *Health Protection and Promotion Act*.⁵ As such, changing the membership of the Public Health Standing Committee is recommended as an interim solution until these legislative changes are made.

³ City of Hamilton. (2023). Changing the Structure of the Board of Health.

<https://engage.hamilton.ca/bohgovernance>

⁴ City of Hamilton Act, 1999, S.O. 1999, c. 14, Sched. C. (1999).

<https://www.ontario.ca/laws/statute/99c14c>

⁵ Health Protection and Promotion Act, R.S.O. 1990, CHAPTER H.7. (1990).

<https://www.ontario.ca/laws/statute/90h07>

Alternatives for Consideration – See Page 10

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: Recommendation (a) Semi-Autonomous Board of Health Structure
Section 49 of the *Health Protection and Promotion Act* provides that each member of the Board of Health who is not a member of City Council is entitled to remuneration on a daily basis, as well as reasonable and actual expenditures. For reference, the two peer jurisdictions that currently function under a semi-autonomous Board of Health structure compensate their citizen members \$125-\$200 per meeting attended, as well as associated parking and mileage expenses.

Staffing: Not Applicable.

Legal: Recommendation (a): Semi-Autonomous Board of Health Structure
The *Health Protection and Promotion Act* is provincial legislation that creates Boards of Health and establishes Board of Health power and authority. Under Section 11 of the provincial *City of Hamilton Act, 1999*, the City has the “powers, rights and duties of a Board of Health under the *Health Protection and Promotion Act*”. In order to provide the legislative authority necessary to implement the recommended semi-autonomous Board of Health structure with membership that includes City Council members, community representatives, and an education representative, the *City of Hamilton Act, 1999* must be amended. The *Health Protection and Promotion Act* may also require amendments.

In order to amend provincial legislation, the City is required to submit an application to the Province of Ontario. Further discussions by City staff with representatives from the Ministry of Municipal Affairs and Housing and the Ministry of Health will be required to determine the best approach for implementing the necessary legislative changes. A local Member of Provincial Parliament will then be required to table a Bill in the Legislative Assembly of Ontario with the legislative amendments that will enable the establishment a new governance model for the Board of Health.

Following approval of legislative amendments, staff will be required to amend or develop appropriate by-laws and City policies to establish and implement the new Board of Health governance structure. Amendments will be dependent on final legislative changes, and staff will report back with an implementation plan at that time.

Recommendation (b): Change to the Membership of Public Health Standing Committee

No legislative changes are required to implement this change. Pursuant to section 284.8(1) of the *Municipal Act*, the Mayor can dissolve the existing Public Health Standing Committee. Council has the power to establish a new Public Health Standing Committee that has a mixed Council and community member composition. Establishing a Public Health Standing Committee with changed membership can be implemented with amendments to City by-laws and corporate policies. Refer to Policy Implications and Legislative Requirements Section for details.

HISTORICAL BACKGROUND

Under Section 11 of the provincial *City of Hamilton Act, 1999* the City has the “powers, rights and duties of a Board of Health under the *Health Protection and Promotion Act*”. The City of Hamilton’s Board of Health uses a single-tier governance model, which means that the Board of Health is comprised of all members of City Council and the administrative structure of the public health unit is incorporated within the municipality. As such, City Council, when acting as the Board of Health, is responsible for making decisions related to public health in Hamilton and fulfilling the Ontario Public Health Standards⁶ and other legislative requirements under the *Health Protection and Promotion Act* as well as other Acts.

Hamilton and Haldimand-Norfolk are the only two public health units that use this single-tier governance model. Most (24 health units) of Ontario’s 34 health units are governed by autonomous Boards of Health, which means that the administrative structure of the public health unit is separate from the municipality or municipalities. Autonomous Boards of Health are comprised of elected officials appointed by the municipality or municipalities and citizen representatives that are appointed by the Province of Ontario. There are also six regional Boards of Health in Ontario, where the regional government serves as the Board of Health and the administrative structure of the public health unit operates under the regional government. Regional Boards of Health are comprised of elected representatives and have no community representatives or Provincial appointees. Lastly, two health units, Toronto Public Health and Ottawa Public Health, are governed by a semi-autonomous Board of Health. These Boards function administratively as single-tier governance models (i.e., the public health unit is part of the municipality) but their Board of Health consists of both City Council members and community representatives. In these semi-autonomous model, City Council may retain a limited authority to make certain decisions, such as budget and the appointment of Medical Officers.

⁶ Ministry of Health. (2021). Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards).
https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf

Procedurally, public health governance in Hamilton follows a two-step process. The governance and delivery of public health programs and services are first discussed at the Public Health Standing Committee, which is comprised of all members of City Council. Reports from these meetings are then submitted to City Council acting as the Board of Health for further consideration and decision-making. This approach has remained consistent since 2006, when changes were made following reviews of public health's response to the 2003 Severe Acute Respiratory Syndrome (SARS) outbreak in Ontario. At this time, City Council began meeting monthly as the Board of Health Standing Committee to discuss the governance and delivery of public health programs and services (now called the Public Health Standing Committee). Historically, Board members have generally agreed that the Board has the appropriate committee structure in place (see BOH20021(a), BOH18011(a), BOH16033).

While Hamilton's Board of Health governance model has remained consistent, discussions about effective public health governance have continued locally, provincially, and nationally. Several provincial and national reports between 2019 and 2023 have recommended that public health governance and decision-making be informed by evidence, public health expertise, local expertise, and community engagement.^{7,8,9,10} Locally, beginning in March 2021, Hamilton community members have delegated in support of restructuring the Board of Health. Delegates advocated for the need to include health expertise and the perspectives of community members from equity-deserving groups when making public health decisions (e.g., the perspectives of Black, Indigenous, racialized, and 2SLGBTQ+ communities, women, people with disabilities, and people living with low-income). Delegates shared that this was especially important in the context of the COVID-19 pandemic, since the pandemic disproportionately impacted racialized and low-income community members, as well as

⁷ Ministry of Health. (2019). Discussion Paper: Public Health Modernization. https://health.gov.on.ca/en/pro/programs/phehs_consultations/docs/dp_public_health_modernization.pdf

⁸ Public Health Agency of Canada. (2021). A Vision to Transform Canada's Public Health System. <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/state-public-health-canada-2021/cpho-report-eng.pdf>

⁹ Di Ruggiero, E., Bhatia, D., Umar, I., Arpin, E., Champagne, C., Clavier, C., Denis, J-L., & Hunter, D. (2022). Governing for the Public's Health: Governance Options for a Strengthened and Renewed Public Health System in Canada. <https://nccph.s3.amazonaws.com/uploads/2022/06/OCPHO-Report-Governance-2022-En.pdf>

¹⁰ Chief Medical Officer of Health of Ontario. (2023). Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics. <https://files.ontario.ca/moh-cmoh-annual-report-2022-en-2023-03-15.pdf>

worsened existing health and social inequities.¹¹ Delegates also expressed support for the semi-autonomous governance models used by Ottawa Public Health and Toronto Public Health. Concurrent to these delegations, Karima Kanani, Partner at Miller Thomson LLP, provided a governance education session to Public Health Standing Committee members. This session outlined good governance principles, described how public health is governed across Ontario, and identified options, considerations, and implications for changing the City of Hamilton's Board of Health.¹²

Recognizing this local, provincial, and national context and direction was first provided via a motion at the February 8, 2023 City Council Meeting¹

- (a) That staff engage in consultation with appropriate City of Hamilton Advisory Committees, community partners, healthcare professionals, members of the public and other interested stakeholders to identify issues and opportunities with the current Board of Health's governance process;
- (b) That based on the results of the consultation, staff report back with options for the Board of Health's governance which will include as an option a dedicated Board of Health Advisory Committee as well as an option for a semi-autonomous board of health, and report back to the Governance Review Sub-Committee with recommendations prior to the end of Q3 of 2023;

And additional direction was provided via an amending motion at the April 12, 2023 City Council Meeting².

- (a) That the consideration of either a semi-autonomous or autonomous Board of Health and the following model for the Public Health Committee be put forward as a suggested model during the consultation: (i) through (iii)
- (b) That the following Selection Process for the appointment of the 6 community members and the 1 education representative to the Public Health Committee, be put forward as a suggested model during the consultation: (i) through (iv)

¹¹ City of Hamilton. (2023). Social Determinants of Health Data Collection (SDOH) in Hamilton during COVID-19. <https://www.hamilton.ca/people-programs/public-health/diseases-conditions/coronavirus-covid/covid-19-data#social-determinants>

¹² Kanani, K. (2022). Hamilton Board of Health Governance Education Session. <https://pub-hamilton.escribemeetings.com/filestream.ashx?DocumentId=354790>

Through this direction, staff were asked to consult with Advisory Committees, community partners, healthcare professionals, and members of the public about issues and opportunities related to the Board of Health's governance, including exploring alternative governance models.

For reference, the following three alternative governance models were explored during this consultation. The options include:

- **Option 1: Advisory Committee**
Adding an Advisory Committee to advise on issues directed to them by the current Public Health Standing Committee, which would consist of community representatives and an education representative;
- **Option 2: Changing the Current Public Health Standing Committee**
Changing the current Public Health Standing Committee membership to include City Council members, community representatives, and an education representative; and,
- **Option 3: Semi-Autonomous Board of Health Structure**
Changing the structure and membership of the Board to Health so it is partially (i.e., semi-autonomous) or fully (i.e., autonomous) separate from City Council, with membership that includes City Council members, community representatives, and an education representative.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

As stated in the Legal Implications section above, if Council approves Recommendation (a) to Report BOH23039, to transition to a semi-autonomous Board of Health structure, amendments to the *City of Hamilton Act, 1999* will be required to provide the legal authority to implement a semi-autonomous Board of Health structure. The legislative authority for the semi-autonomous Board of Health structure in the Cities of Ottawa and Toronto is provided under Section 12 of the *City of Ottawa Act, 1999*¹³ and Section 405 of the *City of Toronto Act, 2006*.¹⁴ The sections of the two acts are very similar and can be used as a guide to inform the amendments to the *City of Hamilton Act, 1999*. The application to the Province will request that the *City of Hamilton Act, 1999* be amended to provide for and require the following:

- Provide for the establishment of the Board of Health for the City under the *Health Protection and Promotion Act*,

¹³ City of Ottawa Act, 1999, S.O. 1999, c. 14, Sched. E. (1999).

<https://www.ontario.ca/laws/statute/99c14e#BK16>

¹⁴ City of Toronto Act, 2006, S.O. 2006, c. 11, Sched. A. (2006).

<https://www.ontario.ca/laws/statute/06c11#BK555>

SUBJECT: Options for the City of Hamilton's Board of Health Governance (BOH23039) (City Wide) - Page 9 of 12

- Require the City to establish, by by-law, the Board's size in accordance with subsection 49(2) of the *Health Protection and Promotion Act*;
- Require the City to appoint all of the members of the Board of Health;
- Provide for the City as the Board of Health's area of jurisdiction;
- Provide for additional functions of the City in relation to the Board of Health: and,
 - The City will provide the employees to the Board of Health necessary to enable the Board to carry-out its functions and those employees are employees of the City; and,
 - The City will have the functions in respect of the appointment, re-appointment, or dismissal of the Medical Officer of Health, Associate Medical Officer of Health and its Auditor;
- Provide for additional functions of the Board of Health in relation to the City, in addition to its duties and responsibilities under the *Health Promotion and Protection Act* at the request of the City:
 - Make recommendations on any issues within the City's jurisdiction that involve public health considerations; and,
 - Provide an annual report to the City on Board operations.

As part of the Ontario Public Health Standards, Boards of Health are accountable for executing good governance practices and ensuring the effective functioning of Boards of Health and management of the public health unit. Currently, some of these requirements do not apply to the City of Hamilton's Board of Health due to its single-tier governance structure (e.g., requirements related to the selection of Board of Health members). Should Council approve Recommendation (a) to Report BOH23039 and subsequently receive legislative approval to transition to a semi-autonomous governance model, the City will need to ensure that it has the appropriate by-laws and corporate policies in place to comply with the Ontario Public Health Standards. Following legislative approvals, staff will prepare for Council approval the by-laws and corporate policies required to implement the legislative changes.

If Council approves Recommendation (b) to Report BOH23039 to change the membership of the Public Health Standing Committee, the Mayor would need to dissolve the existing Public Health Standing Committee before a new Standing Committee can be established by Council. Further, amendments will need to be made to By-law No. 21-021 a By-law to Govern the Proceedings of Council and Committees of Council.¹⁵ These include amending the Terms of Reference to change the composition of the Public Health Standing Committee to include six members of City Council, six community representatives with health expertise and lived experience and an education representative. Staff will return with final recommendations for the appointment process for community members, with the following considerations:

¹⁵ City of Hamilton. (2023). By-Law N.21-021 – By-law to Govern the Proceedings of Council and Committees of Council. <https://www.hamilton.ca/sites/default/files/2023-07/21-021-consolidation-july142023.pdf>

- The existing selection process under Corporate Policy: Hamilton City Council – Appointment of Citizens to the City’s Local Boards,¹⁶ which is similar to the processes used by peer jurisdictions;
- The skills and competencies outlined in the Amending Motion, feedback received during the consultation, and the Ontario Public Health Standards which included criteria such as having an interest or background in issues affecting municipal public health programs and services, having an understanding of diversity, equity, inclusion, anti-racism, anti-oppression, and health equity, and having interest or skills in planning and policy development;
- Requesting that the Hamilton-Wentworth District School Board and the Hamilton-Wentworth Catholic District School Board nominate one or more qualified candidate(s) to be considered for as the one education representative to be appointed to the Public Health Standing Committee; and,
- Requesting that the Advisory Committee for Persons with Disabilities and other listed Advisory Committees in the Amending Motion, if resumed, submit confidential interview questions for applicants to help identify qualified candidates.

RELEVANT CONSULTATION

MASS LBP, a public policy firm with governance and consultation expertise, was contracted to undertake this consultation. In May 2023, MASS LBP began consulting with Advisory Committees, community partners, healthcare professionals, City Council members, and members of the public. The consultation methods included a public survey, a series of interviews and meetings, and a community-led public meeting hosted by the Hamilton Anti-Racism Resource Centre and the Hamilton Centre for Civic Inclusion.

In total, 928 members of the public participated in the online survey, 63 key informant interviews and meetings were conducted with Advisory Committees, community partners, healthcare professionals, and City Council members, and approximately 50 community members attended the community-led meeting to provide their feedback. MASS LBP, along with Hamilton Public Health Services, reviewed the consultation results with the Hamilton Anti-Racism Resource Centre and the Hamilton Centre for Civic Inclusion to ensure the findings from the community-led meeting and previous organizational delegations about restructuring the Board of Health were accurately described in the final report. Appendix “A” to Report BOH23039 details the consultation methods, participants, and results.

¹⁶ City of Hamilton. (2023). Corporate Policy: Hamilton City Council – Appointment of Citizens to the City’s Local Boards. https://www.hamilton.ca/sites/default/files/2023-02/Corp-policy_Appointment-of-Citizens-to-the-City'-Local%20Boards-Policy.pdf

In the course of carrying out the consultation and preparing the report, Legal and Clerks were consulted and provided advice on the legal implications of the Recommendations. In addition, the Office of the Chief Medical Officer of Health of Ontario was consulted, and indicated they were supportive of the Recommendations subject to legislative approval. The Office of the Chief Medical Officer of Health also indicated they would support coordination with the Ministry of Municipal Affairs and Housing and the Ministry of Health and facilitate the legislative changes. It is anticipated there will be opportunity to make changes to the *City of Hamilton Act, 1999* and the *Health Protection and Promotion Act* in 2024.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Overall, consultation with Advisory Committees, community partners, healthcare professionals, City Council members, and members of the public revealed there is substantial and widespread support for changing the membership and structure of the Board of Health to a semi-autonomous structure that includes six City Council members, six community representatives with health expertise and lived experience, and one education representative. Consultation participants felt that while there are merits of the current governance structure, systemic change requires decision-making to be shared between elected members of City Council and community representatives with health expertise and lived experience. Appendix “A” of Report BOH23039 fully details the consultation findings.

Making these changes to the structure and membership of Hamilton’s Board of Health will require amendments to the *City of Hamilton Act, 1999* and potentially the *Health Protection and Promotion Act*. As a result, key informants suggested that making changes to the membership of the Public Health Standing Committee could be undertaken as a first step, since these changes are within the purview of the City of Hamilton.

Key informants also outlined considerations for implementing changes to either the Public Health Standing Committee or Board of Health governance structure. Participants shared that there needed to be a transparent selection process for the Public Health Standing Committee and/or the Board of Health to ensure that members had the necessary competencies. Participants generally agreed that the selection process should consist of best practices, a skills matrix, demographic data to ensure representation, and community consultation. Other considerations for more effective public health governance included providing Board of Health members with training and education, building trust between the Board and the community through stronger collaboration and partnerships, and increasing the Board’s accountability and reporting.

ALTERNATIVES FOR CONSIDERATION

Instead of making the interim changes to the Public Health Standing Committee composition, focusing solely on advancing the legislative changes required to transition to a semi-autonomous Board of Health could be considered. While this would not immediately include health expertise, lived experience, and an education representative in public health discussions, it could potentially avoid duplicating nomination and selection processes should changes to the *Health Protection and Promotion Act* and the *City of Hamilton Act, 1999* be made quickly.

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH23039

MASS LBP Hamilton Board of
Health Governance What We
Heard Report

Hamilton Public Health Services: **Board of Health Governance Models What We Heard Report**

Prepared by MASS LBP for Hamilton Public Health Services

July 25, 2023

Introduction

In the Summer of 2023, Hamilton Public Health Services contracted MASS LBP, a public policy firm with governance and consultation expertise, to gather and summarize perspectives concerning the governance structure currently used by Hamilton’s Board of Health. This report consolidates the perspectives, concerns and ideas raised by members of City Advisory Committees, healthcare professionals, community partners, City Council members, as well as members of the public. Based on what was learned from a community survey, an extensive series of interviews and meetings, as well as one community-organized public meeting, the report suggests that there is strong support to update the Hamilton Board of Health governance structure.

Context

Hamilton Public Health Services offers a range of services and supports to improve and protect the health and well-being of Hamilton’s population and reduce health inequities. This includes immunization and screening for communicable diseases, education programs, family, child and youth health services, population health assessment, sexual health services, air quality monitoring, school services, dental services, food and water safety, injury prevention, and public health inspections.

In Hamilton, the Board of Health is responsible for setting the strategic direction of public health in the city through the governance of Hamilton Public Health Services. This includes approving the Annual Service Plan and Budget and making major policy decisions. The board is also responsible for appointing the Medical Officer of Health and Associate Medical Officers of Health.

From March 2021 to 2023, Hamilton community members delegated to City Council in support of restructuring the Board of Health to include both City Council and community members, similar to the governance structure used by Ottawa Public Health and Toronto Public Health. Delegates also described the impact of worsening health inequities from the COVID-19 pandemic, and the need to include the perspectives of community members with health expertise and/or with lived experience of marginalization when making public health decisions.

Models

There are four options that this consultation explored, some of which are used to govern other public health units in Ontario. These options and their features are explained below.

Current Model

In Hamilton, all members of City Council are members of Hamilton’s Board of Health. Members of Council meet monthly as the Public Health Standing Committee to discuss topics such as the delivery of programs, services or to review or revise public health policies. Recommendations from these meetings are submitted to Hamilton City Council who, acting in their role as the Board of Health, make the final decision to approve or reject the recommendation.

CURRENT MODEL



This option ensures that all elected councillors have a say in important decisions related to public health matters. However, other municipalities in Ontario use different governance structures that include a mix of elected and appointed members. This helps to ensure that medical or other professional forms of expertise, as well as community perspectives, contribute to the governance of the Public Health Unit.

Option 1: Add an Advisory Committee to advise the Public Health Standing Committee

Hamilton’s City Council could establish a volunteer Advisory Committee to advise the Public Health Standing Committee whose scope and terms of reference would be defined by the Board of Health. This Advisory Committee would consider and raise issues and refer their advice to the Public Health Standing Committee. If added to Hamilton’s current governance structure, these recommendations would be reviewed by all members of Council acting in their capacity as the Public Health Standing Committee, and decisions would continue to be made by all members of Council acting in their capacity as the City’s Board of Health.

OPTION 1: ADD A COMMUNITY ADVISORY COMMITTEE



Some interview respondents suggest that this option allows for greater participation from community members, while deliberation and decision-making remain with elected members of Council.

Option 2: Appoint community members to the Public Health Standing Committee

Another option is that Hamilton could appoint both councillors and community representatives to the Public Health Standing Committee which can make policies and other recommendations that are then referred to the Board of Health, made up of all members of Council, for a final decision. Community representatives on the Public Health Standing Committee could represent a range of professional and community perspectives and are appointed for a fixed term by City Council.

OPTION 2: APPOINT COMMUNITY MEMBERS TO THE PUBLIC HEALTH STANDING COMMITTEE



Some interview respondents suggest that this option helps to ensure more substantive involvement from both health professionals and community members in public health matters, while also ensuring that the final decision on public health matters remains with elected members of Council.

Option 3: Change membership of the Board of Health

The final option that Hamilton could consider is changing the membership of the Board of Health so that it is comprised of both appointed community members and elected members of Council. This is the structure used by Toronto Public Health and Ottawa Public Health and is similar to the governance structures of other public health units in Ontario. In this option, the Board of Health has authority defined by provincial legislation and can make decisions that set public health policies affecting the City and the public health unit. In this option, with the agreement of the Province, City Council could either delegate or retain the decisions regarding the public health budget, as well as the appointment of the Medical and Associate Medical Officers of Health.

OPTION 3: CHANGE MEMBERSHIP OF THE BOARD OF HEALTH



Some interview respondents suggest that this option, used in cities like Toronto and Ottawa, affords greater independence to the Board of Health and supports evidence-based decision-making that is also responsive to community needs and the perspective of elected members of Council.

Methodology: Data collection

Following advocacy from community members and local organizations for a reorganization of the Board of Health, the City Council tasked HPHS with reviewing the current governance structure. HPHS was also mandated to investigate optimal strategies to guarantee effective local public health governance. To facilitate this research and engage with Advisory Committees, community partners, healthcare experts, and the general public, HPHS contracted MASS LBP, an Ontario-based firm with expertise in governance and public engagement.

Over the Summer of 2023, MASS LBP, with review from Hamilton Public Health Services used the following formats to broadly consult with the community:

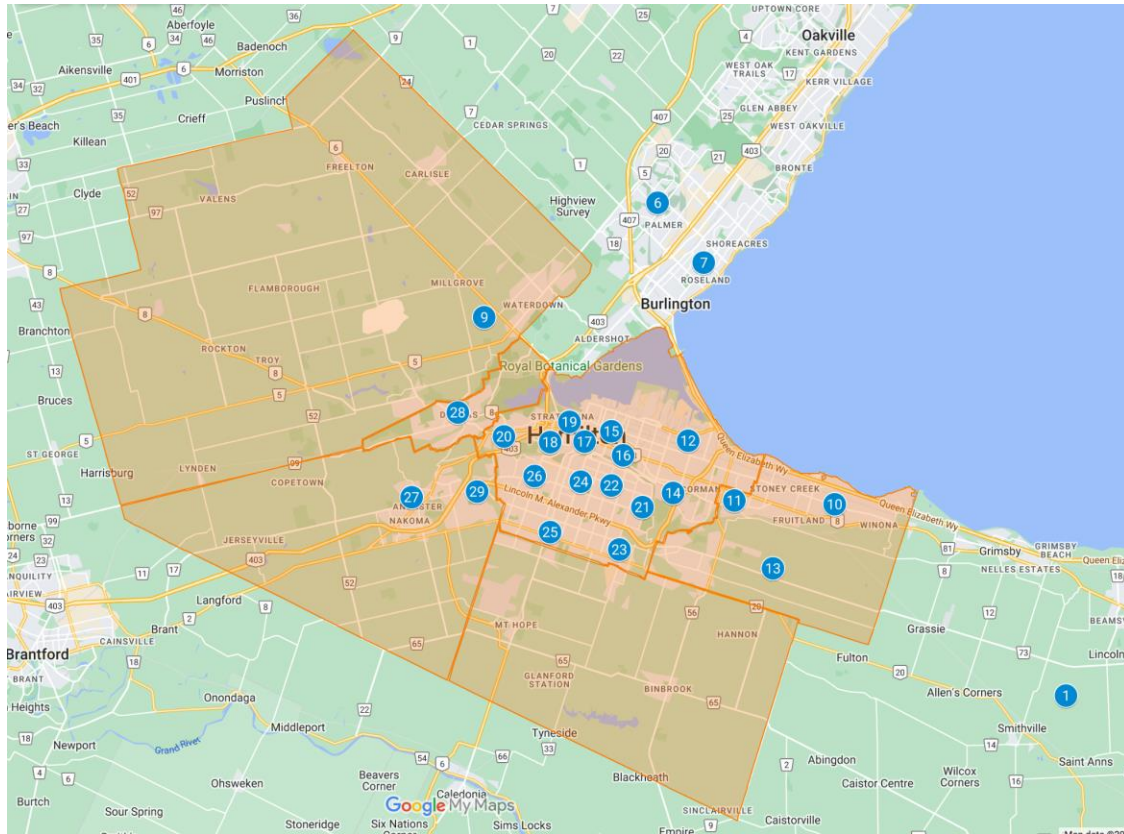
- **Survey** (see appendix A): An online public opinion survey was conducted that was accessible for a period of 47 days. It was promoted through Engage Hamilton, the city's public engagement platform, as well as through word of mouth and paid advertisements. These advertisements also appeared on social media, City-owned billboards, and in various newsletters and websites. The survey, which was voluntary and anonymous, collected demographic information to understand the preferences of different constituencies. The survey asked questions to gauge respondents' opinions on good governance principles, perceptions of the Board of Health's responsiveness, and preferences among the three alternative governance options.
- **Interviews** with Advisory Committees, community partners, healthcare professionals, previous delegates, and members of City Council (see appendices B and C): Under the guidance of Hamilton Public Health Services (HPHS), the Consultant extended invitations to these key individuals, organizations, and Advisory Committees to share their insights during individual or group calls. This method facilitated a more in-depth exploration of their views on good governance principles, potential issues with the existing governance structure, perspectives on the proposed options, as well as suggestions for enhancing governance. An initial list of health system and community partners was generated from reviewing the membership of the former Vaccine Readiness Network, the former Hamilton COVID-19 Response Table, and the Greater Hamilton Health Network. Health system and community partners with governance expertise (e.g., Toronto Public Health, Ottawa Public Health, Hamilton's Chamber of Commerce, and the Hamilton Community Legal Clinic) were also invited to participate. Participants were also encouraged to refer colleagues and community members to the Consultants, a method known as snowball sampling. This helps ensure more diverse perspectives are captured and is one way to help mitigate the digital divide since other methods mainly relied on e-mail communication or online survey participation. A complete list of those consulted is included in Appendix C.
- **Community-led Workshop**: On July 20, 2023, the Hamilton Anti-Racism Resource Centre and the Hamilton Centre for Civic Inclusion hosted a two-hour in-person workshop to provide information about the consultation and facilitate feedback from members who are often disproportionately represented and adversely impacted by the current health system. The Consultants attended the workshop and the views of the participants are reflected in the

findings of this report. A report summarizing the views of the participants at this event appears in the appendix to this report.

What we heard

Survey Results

The survey received 928 responses. See Appendix A for a copy of the survey shared with the public.



Of the 928 survey respondents:

- 736 provided postal codes (FSA) from within Hamilton
- 140 respondents provided postal codes from outside of Hamilton but may work in or access services in Hamilton
- 45 did not provide postal codes
- 7 provided incorrectly formatted postal codes and the location cannot be determined
- This map shows 876 postal codes (FSAs) that could be mapped

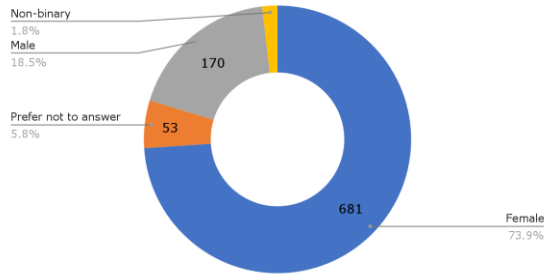
Survey Findings

Across all demographics, the survey results demonstrate strong support for changing Hamilton’s Board of Health governance structure. Among the governance attributes most preferred, respondents identified ‘impartiality,’ ‘accountability,’ and ‘high ethical standards’ as critical qualities that should characterize Hamilton’s Board of Health. Overall, respondents prefer representatives who have relevant health expertise, are familiar with the needs of diverse communities, and who have experience

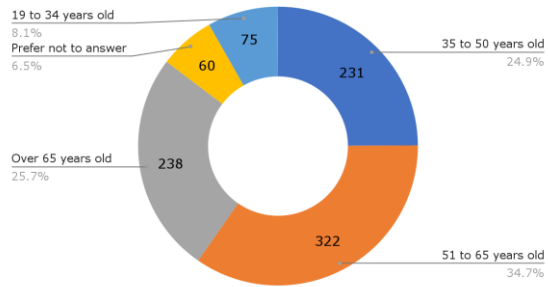
governing organizations. The survey indicates that twice as many respondents strongly support Option 3 as support either Option 1 or Option 2. This suggests that a strong majority of survey respondents believe that Hamilton Public Health Services would be best governed by a Board of Health composed of both elected and appointed representatives.

Respondent Demographics

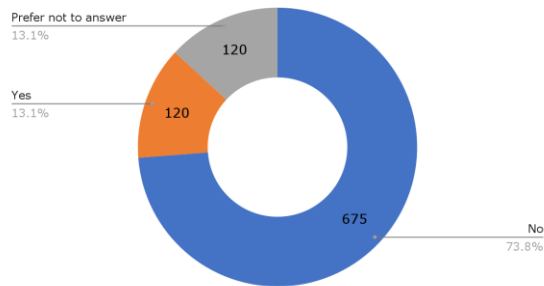
What is your gender?



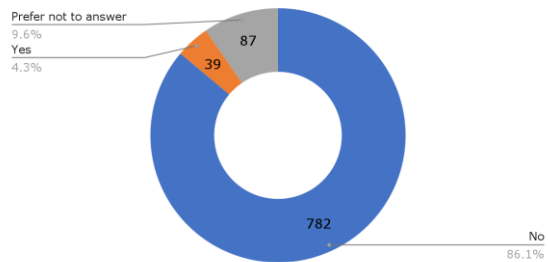
What is your age range?



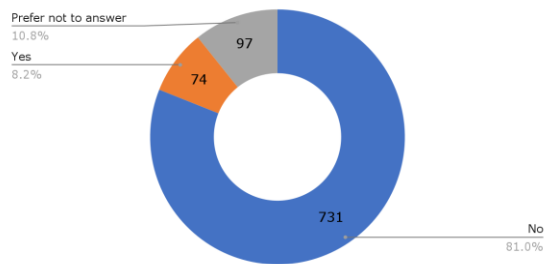
Do you identify as a member of a racialized group?



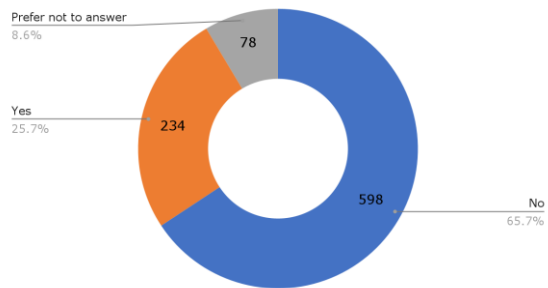
Do you identify as First Nations, Métis, and/or Inuk/Inuit?



Do you identify as a member of the Two Spirit and LGBTQIA+ community?

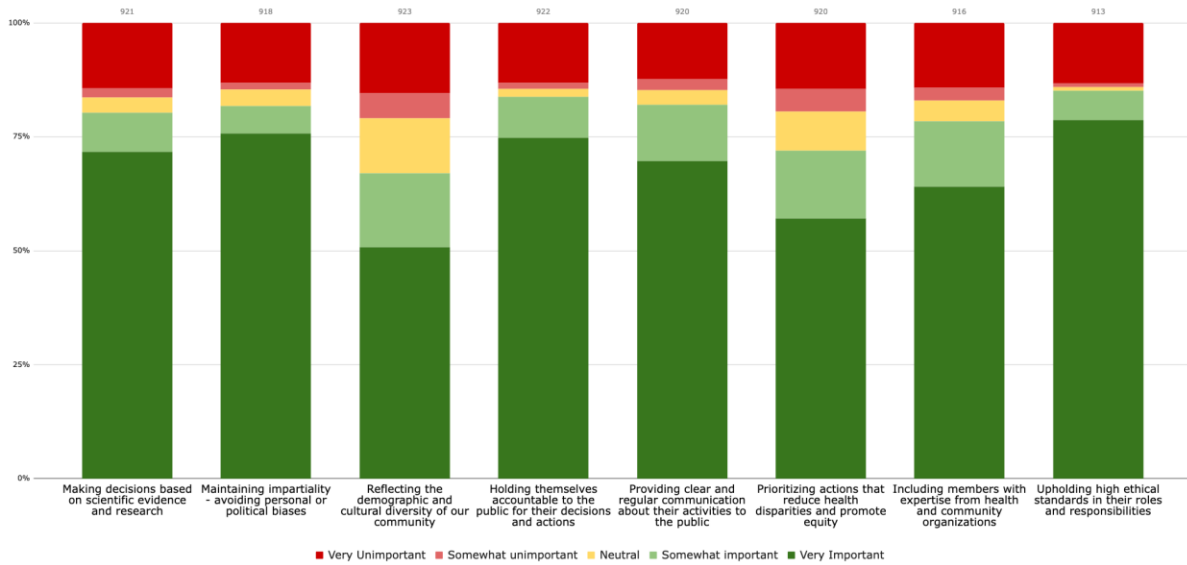


Do you identify as a person with a disability?



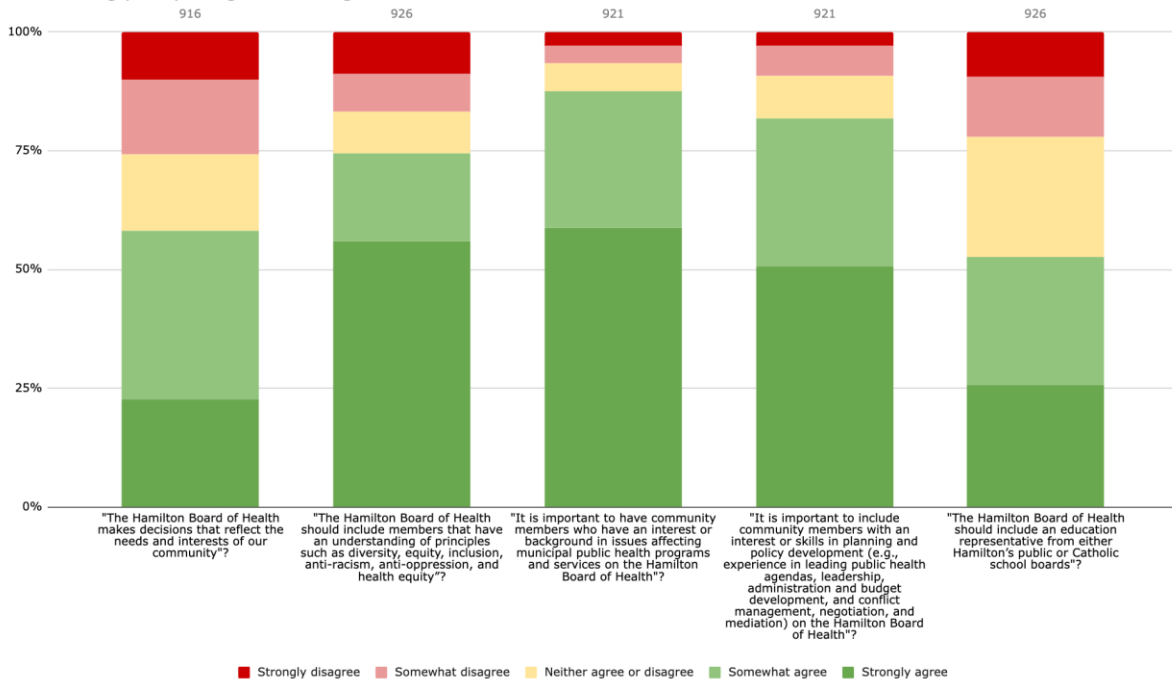
Elements of good governance

Please rate how important you believe each of the following qualities are for the Hamilton Board of Health



Attributes of representatives

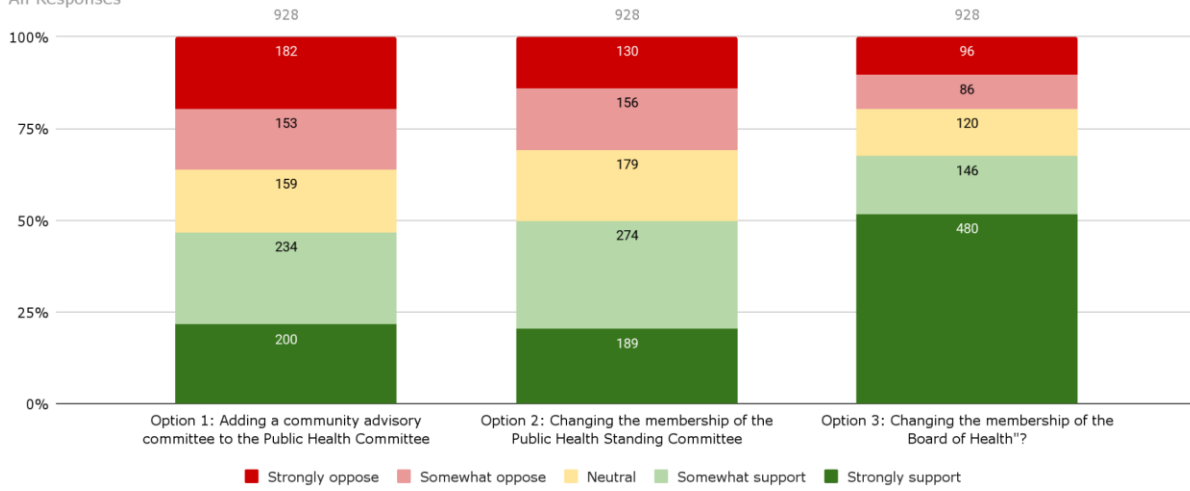
How strongly do you agree or disagree with these statements:



Support for Different Options

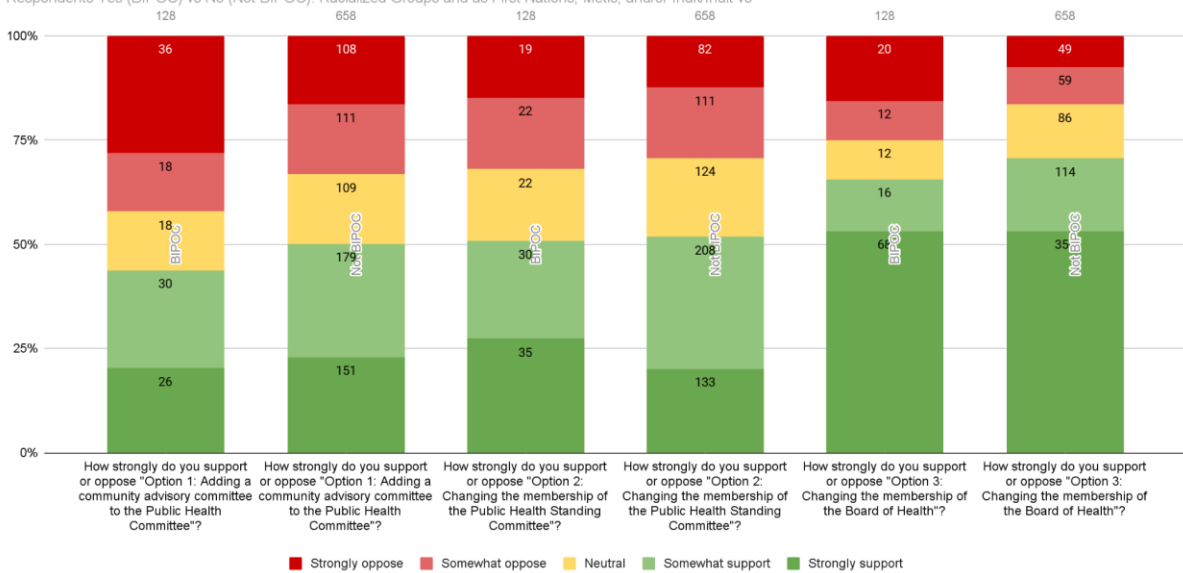
How strongly do you support or oppose each option?

All Responses



How strongly do you support or oppose each option?

Respondents Yes (BIPOC) vs No (Not BIPOC): Racialized Groups and as First Nations, Métis, and/or Inuk/Inuit vs



* BIPOC (Black, Indigenous and People of Colour)

Interview Findings

The Consultants carried out a total of 63 key informant interviews. The majority were with community organizations and health system representatives, and also included nearly all members of Council. For a detailed list of organizations interviewed and the questions posed, refer to appendices B and C.

Recurring themes

Respondents value professional expertise and diverse backgrounds

Most participants (81%) emphasized the importance of the Board of Health reflecting the community it serves. This means having members with different backgrounds, experiences, viewpoints, and ways of thinking.

Many participants noted that some groups face structural barriers and other difficulties accessing public health services in Hamilton. These groups may include Indigenous, Black, senior, newcomer, 2SLGBTQ+ individuals, as well as those people experiencing poverty or unstable housing or homelessness, people with disabilities, and/or people who use drugs. The participants emphasized that the Board of Health must be aware of these unique experiences and needs, as the decisions they make can greatly affect these individuals and communities.

Additionally, many participants believe that the Board of Health should have a mix of health and social expertise as well as other professional skill sets like accounting and law. Participants noted the value of having Board members with expertise in mental health, primary care, hospital care, long-term care, and epidemiology.

Participants frequently noted that a Board made up of diverse members can more effectively respond to the community. Understanding the unique needs and health concerns of the people they serve allows the Board to gather the right information and make decisions that truly reflect the community's best interests.

A minority of participants disagreed with the need to enhance diversity and suggested that councillors are best equipped to speak for and understand the needs of the communities they are elected to represent.

Respondents believe accountability to community members is essential

Just over a third of participants highlighted that an effective Board of Health is one that is accountable to its community. This means that the Board is transparent and maintains clear lines of communication with the public. The public can dissect information and the reasoning behind policy and funding decisions. They understand the governance structure and decision-making process. Governance roles and responsibilities are clearly defined and there is authentic engagement to ensure that community voices are heard.

Participants added that accountability requires involving community at the decision-making level. This includes using evidence-based approaches, evaluating decisions and reporting back to the community, and individual accountability to anti-oppressive and inclusive governance practices.

Other participants believe that accountability flows from the electoral process and believe that members of the Board of Health are most accountable when they face periodic elections.

Respondents believe the Board must consider systemic Inequities

Almost one third of respondents noted the importance of using evidence-based approaches to guide the Board of Health's decision-making. By incorporating perspectives that focus on social determinants of health, anti-discrimination, cultural awareness, intergenerational challenges, and disability considerations, the Board can develop more comprehensive and effective health strategies. These approaches, grounded in empirical research and best practices, aim to alleviate long standing systemic challenges.

Participants conveyed that by understanding and addressing these areas, the Board would be more equipped to design policies that are both forward-thinking and cognizant of the diverse needs within the community. Furthermore, it was noted that such an approach would not only prevent potential oversights but also be more efficient in the long run, mitigating the need for policy adjustments due to unforeseen implications.

Respondents value evidence-based decision making

Almost a fifth of participants believe that an effective public health governance option should prioritize evidence-based decision making and minimize influence from political considerations. While some highlighted the importance of clear roles and impartiality, others recognized the value of elected representatives but stressed the need to balance this with input from health and community experts.

It was commonly agreed that the Board should adhere strictly to ethical and financial standards. Stability, consensus-building, rotating membership, timely actions, and efficient decision-making were emphasized as crucial.

Additionally, 10% of participants pointed out the importance of the Board understanding its primary role. They defined this as focusing on high-level decisions, which include legal and fiduciary responsibilities, without getting involved in specific actions or daily operations. They believe such a board should think ahead and provide consistent support and guidance.

Indigenous Perspectives on Public Health Governance in Hamilton

For Indigenous Peoples in Hamilton and across Canada, the historic and ongoing impacts of colonialism have contributed to health inequities. Indeed, there are specific factors such as colonialism, self-determination, and community cohesion that function as key determinants of Indigenous health outcomes, which are known as the Indigenous determinants of health. Recognizing these Indigenous determinants of health and the principle of Indigenous self-determination in health, public health is mandated to engage with Indigenous communities and organizations to decrease health inequities, as

outlined by the 'Relationships with Indigenous Communities Guideline, 2018.'

Indigenous individuals and organizations, which participated in this consultation as members of the Circle of Beads (Hamilton Indigenous Consultation Circle), emphasized the importance of public health governance being community-centred, accountable, and autonomous. Additionally, the Circle also emphasized the important expertise in health and knowledge of local interests, including Indigenous ones. The principle of "nothing about us without us" was reiterated, as was the need for opening lines of communication, and greater overall awareness of the health needs of urban Indigenous peoples in Hamilton. Participants expressed concern that the existing governance model does not provide for expertise in public health issues, and worried that there remains a lingering stigma towards the public health needs of Indigenous residents. These participants noted Canada's long history of medical racism that needs to be overcome. For better engagement, community voices must be heard, and decision-making should be transparent.

Consequently, most participants support Option 3, calling for a governance change that includes at least two dedicated Indigenous community representatives selected through community consultation. Overall, the sentiment was for urgent, comprehensive reform that prioritizes Indigenous perspectives.

Perspectives on the Current Governance Model

When asked about their views on the current governance option compared to their ideal vision, just over a third felt it met expectations. However, the majority, nearly 80%, acknowledged its merits but emphasized considerable shortcomings.

In evaluating the current governance structure, some respondents recognized the value of incorporating elected officials and ensuring diverse viewpoints are presented to the City Council. Approximately 6% felt that having councillors participate at different stages contributes to consistent and effective decision-making.

The primary concern raised by respondents was the noticeable absence of representation, both from diverse communities and in terms of health expertise. They pointed out that the current governance structure lacks individuals with comprehensive health system knowledge. Many respondents highlighted that having wide-ranging representation results in policies that proactively address community needs. Adopting greater diversity not only minimizes potential harms to marginalized groups but can also prove to be more efficient than revising decisions in response to subsequent advocacy.

Regarding the perceived representation deficit, 15% of respondents underscored the absence of necessary health expertise within the current governance structure. They raised questions about the capability of current board members to critically explain the origin, relevance, and timeliness of the data and recommendations presented by staff. A few voiced concerns about the sole reliance on a single health authority (Hamilton Public Health Services) for guidance, stressing the need for multiple health viewpoints. Other respondents emphasized that representation from the healthcare sector is crucial for correctly interpreting the data and ensuring informed decision-making.

One challenge in accessing or understanding pertinent data appears to stem from a perceived gap between the community's experiences and the Board of Health's knowledge. One fifth of participants indicated a trust deficit between the community and the Board. This sentiment of being overlooked intensifies when outreach or engagement efforts don't lead to tangible changes. A few participants pointed out the redundancy of this consultation, noting it covers ground already addressed by community leaders since March 2021. Furthermore, a few observed sporadic or superficial interactions between the Council and its Advisory Committees. To bridge these gaps, participants emphasized the importance of enhanced communication, transparency, and accountability to the community.

One in ten participants observed that the existing structure, wherein identical members report across participate at the Public Health Standing Committee, the Board of Health and City Council, can lead to redundant conversations, potentially delaying decisions. A similar proportion raised concerns about the potential for public health issues to be influenced by political considerations within the prevailing option. These participants also pointed to what they perceive as a dated, top-down culture within the Board of Health that hasn't been receptive to diverse viewpoints.

Proposed Models and Moving Forward

Interview participants were given the opportunity to select the Hamilton Public Health Services governance option they thought would be most suitable for Hamilton. The responses were as follows:

- More than two thirds of respondents favoured significant change and indicated a preference for either the second or third option — with many suggesting that the second option might be an interim solution until provincial support for a fully semi-autonomous Board could be obtained.
- Of the more than two thirds of respondents favouring change, more than half of respondents believe that the third option is the best choice. In this option, the Board of Health would balance representation from City Council with health professionals and the community.
- The balance of respondents who endorsed change preferred the second option that would adjust the composition of the Public Health Standing Committee to include health professionals and community members.
- Fewer than 10% of all respondents endorsed the current option with all citing their openness to adding an advisory committee.
- Most respondents who favour change agree that the inclusion of an education representative is prudent, given the strong involvement of Hamilton Public Health Services with children and schools.

Option 1 Commentary

The minority of respondents who advocated adding an Advisory Committee to the Public Health Standing Committee believe that this approach would best preserve Council accountability and democratically elected representation. Respondents endorsing this approach generally believe the

existing option works appropriately and provides effective governance. However, all respondents who prefer the status quo agree that the addition of an Advisory Committee would enhance wider community representation.

Most respondents, however, held a contrary view. While acknowledging that an advisory committee might widen participation and help to influence the decisions of the Public Health Standing Committee, many respondents suggested that an advisory committee was not sufficient to strengthen the independence and representativeness of public health governance in Hamilton. Those who are concerned about a trust gap between the Board of Health and community believe this option would not be sufficient to bridge the divide.

Option 2: Considerations

While many respondents view the second option as an improvement, most characterized it as a half measure towards greater Board of Health independence. Some respondents expressed concern that the Board of Health could simply overrule Committee recommendations and that the two bodies could come into conflict. Others believed this was less likely since Council would continue to vet and approve appointments to the Committee which would both widen the range of voices on the Committee but diminish the likelihood of outright opposition.

Many — often reluctantly — characterized option 2 as a potential basis for compromise because the Board of Health would continue to be made up exclusively of members of Council, while the Public Health Standing Committee could share its seats between councillors, and health, education and community representatives. Others rightly observed that although the third option requires the agreement of the Province and a change to the City of Hamilton Act, the second option could be implemented directly by Council without the involvement of the Province.

Option 3: Considerations

The majority of respondents identified Option 3, which advocates for restructuring the Board of Health, as the most promising model. This preference stems from the belief that systemic change is only attainable when decision-making authority is collaboratively held by councillors, community members and health professionals. Several proponents of Option 3, however, noted a potential vulnerability: during emergency situations, like the COVID-19 pandemic, the public health unit should strive to sustain the support of the wider public. Even though emergency decisions are vested with the Medical Officer of Health, he or she still benefits from the legitimacy and support of the members of the Board of Health.

Among the respondents who supported the third option, there was a range of views concerning the composition of the Board of Health. A little more than one fifth of respondents proposed an equal split between councillors and community representatives or else a three-way split among councillors, community members, and health professionals. Many noted, however, that individuals may hold concurrent identities — representing both the perspective of a community and a profession. Only one tenth of respondents contended that the Board should exclusively consist of community representatives

and health professions and exclude elected councillors altogether. Proponents of this model argue that maximum independence would be beneficial, and that City Council could still retain the power to set Hamilton Public Health Services’ budget and appoint its Medical Officer of Health. Providing a different perspective, fifteen percent of respondents believed that councillors should remain on the Board but constitute a narrow minority, with the majority of seats being filled by appointed community, health and education representatives.

Additional Considerations

In addition to identifying which governance options they preferred, respondents provided ideas to incorporate into the new option moving forward. One quarter of respondents proposed the need for a transparent selection process for the Public Health Standing Committee and/or Board of Health to ensure that membership, whether councillors or community members, had the competencies necessary to serve on a committee or board. Competencies identified included a combination of lived experience, health expertise, financial and legal knowledge, and collaboration and strategic planning skills.

Some participants expressed concern with how to determine which community voices are added and who might be excluded. Participants generally agreed that the selection choices should be based on best practices, a skills matrix, demographic data for representation, and community consultation. In addition to the selection process, several participants proposed membership training and education to ensure that the governing body is familiar with public health concepts and expertise.

Slightly less than a quarter of respondents also emphasized the need for stronger collaboration and partnership with the community to build trust and make better decisions. There are many community organizations and institutions, in health care and intersecting fields, that are applying new approaches to work more closely with equity-deserving groups. In partnership with such organizations, the Board of Health can better target historical, systemic, and ongoing health inequities.

Participants also suggested ideas for better accountability and reporting. Some ideas centered on access to information, such as collecting identity-based data, utilizing community knowledge and perspectives shared through consultation processes, and creating an aggregate public health indicators dashboard. For example, Hamilton Public Health Services and the Board of Health should closely collaborate with the Greater Hamilton Health Network for access to information. Using community knowledge and relevant data means that the Board should understand that decisions cannot always be made on neat timelines, as good decisions require consulting with best practices and the community. In addition to information and data practices, participants advocated for reporting and evaluation.

Recommendation

Our consultation concludes that a significant majority of survey respondents, interview respondents and community workshop attendees support major structural changes to update and improve Hamilton’s public health governance model. Option 3 was the preferred option of most respondents overall, with softer support voiced for Option 2. Very few respondents believe that the current model should be preserved or that the addition of an advisory committee can meet the wider desire to see more voices and professional expertise participate in public health governance in Hamilton.

Changing the composition of Hamilton Public Health Services’ governance model to include more voices would bring Hamilton into line with peer jurisdictions like Ottawa and Toronto, among many others across Ontario.

Acknowledgments

We wish to express our appreciation to the individuals and organizations who took time to share their perspectives on this important issue.

MASS LBP, 2023

Appendices

Appendix A: Survey

We are asking you to complete a survey to provide feedback on the structure of the City of Hamilton's Board of Health, which governs Hamilton Public Health Services (HPHS). The results from this survey will be used to help develop options and recommendations for potential changes to the Board of Health's governance structure. These options and recommendations will be shared with the City of Hamilton's Governance Review Sub-Committee in Fall 2023.

This survey is being conducted by MASS LBP on behalf of HPHS. The responses you provide are anonymous. No information that could be used to identify you will be collected. This survey will take approximately 10 minutes to complete. Looking for a translated version? In the top right corner of this website, you can "Select Language" to set your preferred language to translate the page and survey. All fields marked with an asterisk (*) are required.

1. Rate how important you believe each of these qualities are for the Hamilton Board of Health.

	Very Un- important	Somewhat unimportant	Neutral	Somewhat Important	Very Important
Making decisions based on scientific evidence and research					
Maintaining impartiality, avoiding personal or political biases					
Reflecting the demographic and cultural diversity of our community					
Holding themselves accountable to the public for their decisions and actions					
Providing clear and regular communication about their activities to the public					
Prioritizing actions that reduce health disparities and promote equity					
Including members with expertise from health and community organizations					
Upholding high ethical standards in their roles and responsibilities					

2. How strongly do you agree or disagree with the statement: **"The Hamilton Board of Health makes decisions that reflect the needs and interests of our community"**?

Choose an option: Strongly agree, Somewhat agree, Neither agree or disagree, Somewhat disagree, Strongly disagree

3. How strongly do you agree or disagree with the statement: **"The Hamilton Board of Health should include members that have an understanding of principles such as diversity, equity, inclusion, anti-racism, anti-oppression, and health equity"?**

Choose an option: Strongly agree, Somewhat agree, Neither agree or disagree, Somewhat disagree, Strongly disagree

4. How strongly do you agree or disagree with the statement: **"It is important to have community members who have an interest or background in issues affecting municipal public health programs and services on the Hamilton Board of Health"?**

Choose an option: Strongly agree, Somewhat agree, Neither agree or disagree, Somewhat disagree, Strongly disagree

5. How strongly do you agree or disagree with the statement: **"It is important to include community members with an interest or skills in planning and policy development (e.g., experience in leading public health agendas, leadership, administration and budget development, and conflict management, negotiation, and mediation) on the Hamilton Board of Health"?**

Choose an option: Strongly agree, Somewhat agree, Neither agree or disagree, Somewhat disagree, Strongly disagree

6. How strongly do you agree or disagree with the statement: **"The Hamilton Board of Health should include an education representative from either Hamilton’s public or Catholic school boards"?**

Choose an option: Strongly agree, Somewhat agree, Neither agree or disagree, Somewhat disagree, Strongly disagree

Exploring Public Health Governance Structures

The City of Hamilton is exploring three other public health governance structures:

- **Option 1:** Adding an advisory committee made up of community representatives to the Public Health Standing Committee that this committee could consult. The Public Health Standing Committee would consider this advice in their recommendations to the Board of Health. Final decisions would continue to be made by the Board of Health, which consists of only City Council members.
- **Option 2:** Changing the membership of the Public Health Standing Committee to include both councillors and community representatives to provide recommendations to Council as the Board of Health. Final decisions would continue to be made by the Board of Health, which consists of only City Council members.

- **Option 3:** Changing the membership of the Board of Health, which would mean final decision making is shared between councillors and the community members.

7. How strongly do you support or oppose “**Option 1: Adding a community advisory committee to the Public Health Committee**”?*

Choose an option: Strongly support, Somewhat support, Neutral, Somewhat oppose, Strongly oppose

8. How strongly do you support or oppose “**Option 2: Changing the membership of the Public Health Standing Committee**”?*

Choose an option: Strongly support, Somewhat support, Neutral, Somewhat oppose, Strongly oppose

9. How strongly do you support or oppose “**Option 3: Changing the membership of the Board of Health**”?*

Choose an option: Strongly support, Somewhat support, Neutral, Somewhat oppose, Strongly oppose

Tell Us About Yourself

In our society, people are often described by their race or racial background. Although race is not based in science, race influences the way we are treated by individuals and institutions. Along with race, other individual factors such as gender, age, sexuality, and disability also impact the way we are treated by individuals and institutions which affects one’s health and well-being. We’re asking you these questions to help ensure this survey captures the diversity of Hamilton.

10. What is your gender?

Choose an option: Male, Female, Non-binary, Prefer not to answer

11. What is your age range?

Choose an option: Less than 18 years old, 18 to 34 years old, 35 to 50 years old, 51 to 65 years old, Over 65 years old, Prefer not to answer

12. What are the first 3 characters of your postal code?

13. Do you identify as a member of a racialized group?

Choose an option: Yes, No, Prefer not to answer

14. Do you identify as First Nations, Métis, and/or Inuk/Inuit?

Choose an option: Yes, No, Prefer not to answer

15. Do you identify as a member of the Two Spirit and LGBTQIA+ community?

Choose an option: Yes, No, Prefer not to answer

16. Do you identify as a person with a disability?
Choose an option: Yes, No, Prefer not to answer

Submit

Appendix B: Interview Questions

Interview Questions for BOH Governance Structure

Group interviews: 45-50 minutes
Individual Interviews: 20-30 minutes

What does Hamilton Public Health Services (HPHS) do?

HPHS offers a range of services and supports to improve and protect the health and wellbeing of Hamilton’s population and reduce health inequities. This includes immunization and screening for communicable diseases, education programs, family, child and youth health services, population health assessment, sexual health services, air quality monitoring, school services, dental services, food and water safety, injury prevention, and public health inspections. Nurses, doctors, public health inspectors, social workers, health promoters, epidemiologists, analysts, dental hygienists and other trained public health professionals work with community partners to address the growing and changing health needs of our community.

What does the Board of Health do?

The Board of Health governs HPHS. This includes approving the Annual Service Plan and Budget and major policy decisions. The Board is also responsible for the hiring of the Medical Officer of Health and Associate Medical Officers of Health.

In Hamilton, City Council acts as the Board of Health for HPHS. Currently, all City Council members meet monthly as the Public Health Standing Committee to discuss the governance and delivery of public health programs and services, as well as major policy issues. Reports from these meetings are submitted to Hamilton City Council acting in their role as the Board of Health for consideration and final decision making.

1. What do you believe are the elements of an effective governance option for Hamilton’s Board of Health?
2. To what extent does the existing option fulfil what you believe are important elements?
3. What changes would you make to strengthen the Hamilton Board of Health’s governance option?
4. There are three alternative governance options being explored for the City of Hamilton:
 - a. Adding a community advisory committee to the Public Health Committee
 - b. Changing the membership of the Public Health Committee
 - c. Changing the membership of the Board of Health.

Which do you think is best suited for Hamilton?

Appendix C: Interview Participants

Below is a list of organizations that participated in consultations, either through group discussions or individual interviews with their representatives.

- Accessibility Hamilton Alliance
- ACORN Hamilton Chapter
- Advisory Committee for Immigrants and Refugees
- Advisory Committee for Persons with Disabilities
- AIDS Network
- Canadian Mental Health Association – Hamilton
- Chamber of Commerce (Hamilton)
- Circle of Beads / (Indigenous Consultation Circle)
- City Councillors
- Committee Against Racism
- Compass Community Health Centre
- De dwa da dehs nye>s Aboriginal Health Centre
- Delegates from McMaster University
- Good Shepherd Hamilton
- Greater Hamilton Health Network
- Greater Hamilton Health Network - Health Equity Council
- Hamilton Anti-Racism Resource Centre
- Hamilton Black Health Community Leaders Forum
- Hamilton Centre for Civic Inclusion
- Hamilton Community Foundation
- Hamilton Community Legal Clinic
- Hamilton Trans Health Coalition
- Hamilton Urban Core Community Health Centre
- HamOntYouth Steering Committee
- Housing and Homelessness Advisory Committee
- Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Advisory Committee
- McMaster Family Health Team & Dept of Family Medicine
- Seniors Advisory Committee
- Social Planning & Research Council
- St. Joseph's Healthcare Hamilton
- Thrive Group
- Former Medical Officers of Health
- Women and Gender Equity Committee

Invited, but not Interviewed

The below organizations were not interviewed due to scheduling conflicts, time constraints, or no response.

- alPHa Executive
- Centre de Santé Communautaire Hamilton/Niagara
- Coalition of Hamilton Indigenous Leadership

- Conseil scolaire Viamonde
- Disability Justice Network of Ontario
- Environment Hamilton
- Hamilton Family Health Team
- Hamilton Immigration Partnership Council (HIPC)
- Hamilton Indigenous Advisory Committee
- Hamilton-Wentworth Catholic District School Board
- Hamilton-Wentworth District School Board
- MonAvenir Catholic School Board
- Refuge Newcomer Health
- Shelter Health Network
- United Way Halton & Hamilton

**Appendix D: Response to Hamilton’s Board of Health Governance Structure - Public
Consultation (July 20, 2023)**

Response to Hamilton’s Board of Health Governance Structure - Public Consultation (July 20, 2023)

The Hamilton Anti-Racism Resource Centre (HARRC) and the Hamilton Centre for Civic Inclusion (HCCI) put forward our joint submission to the City of Hamilton’s public consultation on reviewing Hamilton Public Health’s governance model. Our organizations continue to lead the work to promote equity, anti-racism, diversity, anti-oppression, and inclusion in Hamilton.

Access to health or lack thereof is political.

We believe that people who are socially marginalized and discriminated against are also at risk of being politically marginalized, with their unique needs not being considered by policymakers. We believe that by supporting marginalized populations, we can improve the overall health and well-being of our entire community in Hamilton.

We welcome the opportunity to provide feedback on the public consultation. This process has been a long-time in the making - many of us have stood in front of Hamilton City Council over the past few years through deputations and public calls for change. We hope Hamilton City Council will review our feedback and move well beyond the consultative process to take decisive action.

Community engagement

On July 20th, 2023, we held a community consultation to ask people how they envisioned a governance model that best serves the needs of Hamiltonians from diverse and marginalized backgrounds. Approximately 50 community members participated in our consultation event at the Hamilton Central Public Library. Our participants were representative of the diversity of our community, from a spectrum of racial and socio-economic identities, and included: physicians, nurses, community service providers, students, seniors, recent immigrants, community organizations, and others who live and work in Hamilton.

We structured our consultation event to begin by providing our participants with some foundational background knowledge of the scope of practice of public health and the responsibilities of Hamilton’s Board of Health.

We then heard from a panel of health experts who live and/or work in Hamilton. Dr. Kassia Johnson, Dr. Ruth Rodney, Ms. Lisa Nussey and Dr. Natasha Johnson gave their evidence-informed feedback on why we need to see changes to Hamilton’s Board of Health to address the systemic inequities that too many of our community members experience. We also heard directly from Hamilton’s Medical Officer of Health, Dr. Elizabeth Richardson, who met with community members and shared her insights on the role of public health in Hamilton.

Finally, we walked through the set of questions that served to guide the consultation process as well as a number of questions we posed to participants to help understand their feedback through a health equity lens.

The message we received was loud, clear, and unified: Participants said they want to see changes to Hamilton Public Health’s governance that enable community members and healthcare experts to have seats at the decision-making table so they can collaboratively develop and implement decisions that support our city’s population health needs.

The need for change

We believe that the current governance structure for Hamilton Public Health does not allow it to successfully administer its standards, policies, and programs through a strong health equity lens. The current structure is inherently set up to become a conflict of interest when decision-makers are in both positions as, 1) elected officials who create policies that may exacerbate health inequities and 2) elected officials who authorize the public health direction in Hamilton. The lack of diversity and health experience of the current Board of Health governance structure limits the board’s ability to address systemic inequities.

For example, some members at our community consultation spoke about their unsuccessful advocacy to Council during the height of the COVID-19 pandemic even though it was apparent that people in distress needed additional resources and support, such as public washrooms and shelter. Others shared their personal health care and self-advocacy experiences, revealing a common narrative that their experiences were misinterpreted by people in positions of authority. Participants believed that this propensity of misinterpreting experiences is why an ad-hoc advisory group will not be strong enough to confront and resolve health inequities.

The impact of COVID-19 pandemic is still being felt and will be felt for years to come. It is evident that there are, and will continue to be, instances when political decisions do not align with strong public health measures. Hamilton’s Board of Health must have the ability and courage to put forward strong public health measures even when these measures are unpopular.

For these reasons, participants at our community consultation - residents of Hamilton and those who serve social and healthcare frontlines - recommended that an effective governance model must include community members and health experts with an understanding of health equity on the board to inform our city’s strategic vision for public health.

Strength in community voices

We asked participants what kind of governance structure they believed would best support Hamilton’s public health needs. First, participants felt it was important to point out that the current Board of Health does not reflect our city’s diverse background. Participants noted that

this major gap in representation negatively impacts how Hamilton Public Health sets and rolls out its priorities.

Participants pointed out that the COVID-19 pandemic made this discrepancy apparent because we finally had data that revealed the health inequities that so many community members have been experiencing for years. When decision-makers do not understand or live with the systemic inequities that exist or have the healthcare expertise to understand these issues, they cannot develop comprehensive public health solutions that meet the needs of our communities.

We saw these systemic inequities play out in real time during the height of the COVID-19 pandemic. In 2020, the Office of the Medical Officer of Health issued an important report, the Social Determinants of COVID-19¹, that revealed startling data:

- There was a higher rate of COVID-19 cases amongst visible minorities even though majority of our population identify as white (according to 2016 census data, 81.0% of the population is white and 19.0% is a visible minority but more than 50% of COVID-19 cases at the time occurred amongst visible minorities
- COVID-19 cases were more likely to occur in low-income households
- Visible minorities were three times more likely to live in low-income households

Community members and organizations worked alongside healthcare experts and institutions to address these challenges. In June 2022, Hamilton’s Vaccine Readiness Network issued a report identifying several lessons learned from the COVID-19 pandemic that show public health and government officials how we can work collaboratively to reduce systemic inequities that led low-income and visible minorities to be disproportionately affected by COVID-19.²

For these reasons, participants overwhelmingly favoured option 3 because they believed direct community representation and shared decision-making will strengthen Hamilton Public Health’s outcomes. Participants reviewed options 1 and 2 in the governance proposals but felt that they were too weak because they do not directly allow community members to input their advice, expertise, and skills in decision-making on Hamilton’s public health strategies.

Participants did not have a specific type of role that community members must belong to. Instead, they suggested community members could have many different backgrounds, such as:

- People with lived experience of the social, political and health inequities that are experienced across the city
- Healthcare experts
- People who provide social and health supports on the frontlines
- People from diverse demographic, socio-economic, and cultural backgrounds

¹ Social Determinants of COVID-19. Office of the Medical Officer of Health. Presented to Board of Health, October 19, 2020.

² Community Impact on Equitable Vaccine Delivery in Hamilton. Stories and lessons learned from the Vaccine Readiness Network. June 2022.

The path forward

Based on the Ontario government’s priorities, it is clear that Hamilton Public Health will likely undergo governance and/or structural changes, whether or not Council is in favour of change. We need to ensure that the path forward focuses on protecting Hamilton’s autonomy and flexible responses to our city’s unique population needs.

The Ontario government’s proposal to modernize public health and potentially replace public health units with 10 regional agencies is an urgent reason why we need to establish a governance model that enables the City of Hamilton to have a **strong local voice** in developing and implementing public health policies and programs that reflect our city’s unique needs. It is irresponsible to suggest that we should not proceed with governance changes if the Ontario government is going forward with its modernization plans.

We need to ensure that community concerns are not lost or ignored as the province looks to centralize decision-making in public health. We can look to past and current public health crises in Ontario - Walkerton³ and the COVID-19 pandemic⁴ - as instances where the need for local authority and community feedback influenced how public health authorities responded to emerging public health issues.

The City of Hamilton is still recovering from the COVID-19 pandemic. We know from Hamilton Public Health’s reports that marginalized groups have been disproportionately impacted by policies that failed to consider who was at the highest risk for getting sick. Public health data revealed that Hamilton’s neighbourhoods with the highest proportion of racialized individuals faced some of the highest rates of COVID-19. Consequently, the city faced (and continues to face) additional strain on our acute healthcare systems, shelters, and emergency resources to resolve issues that we could have mitigated if we listened to community members in the first place.

We need to heed the pandemic’s lessons by establishing a new governance model that allows us to hear directly from people who are in the community and have a pulse on emerging public health issues. We must ensure that Hamilton Public Health can effectively carry out its responsibilities as the provincial public health system is expected to move further away from autonomy and towards centralizing decision-making. Unilateral decisions cannot achieve strong public health outcomes.

³ Report of the Walkerton Inquiry: The Events of May 2000 and Related Issues. Government of Ontario. http://www.archives.gov.on.ca/en/e_records/walkerton/report1/index.html#full

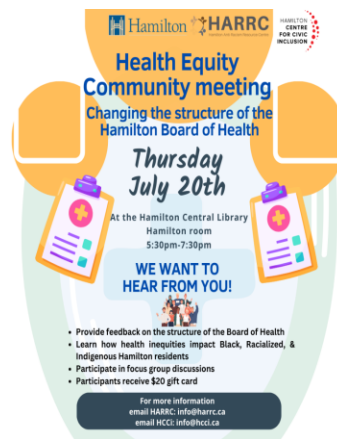
⁴ Public Health Services COVID-19 Situation Report & Organizational Update. Hamilton Board of Health. February 19, 2021. <https://pub-hamilton.escribemeetings.com/FileStream.ashx?DocumentId=261256>

Immediate actions:

Participants at our community consultation noted that as community members and health experts, they were accustomed to providing feedback on health and community issues in Hamilton. However, their feedback has not necessarily translated into policy changes. Without a direct line towards advocating for public health policies alongside members of Council, we will see the city stagnating under the same status quo structure.

Based on our community engagement process, we have put forward four immediate actions that Council can take when they return to session in Fall 2023:

- 1) Support Option 3 to create a new Board of Health that includes community members
- 2) Prioritize Council’s agenda to call on the Ontario government to support the required regulatory and legislative changes to enable changes to our governance model
- 3) Ensure that the new governance model enshrines - in regulatory and legislative provisions - the principles of equity, anti-racism, diversity, anti-oppression, and inclusion so that they are reflected in public health strategy, policies, and programs
- 4) Implement race-based health data collection to help monitor, evaluate, and mitigate health inequities in public health policies and programs





Hamilton

OPTIONS FOR THE CITY OF HAMILTON'S BOARD OF HEALTH GOVERNANCE

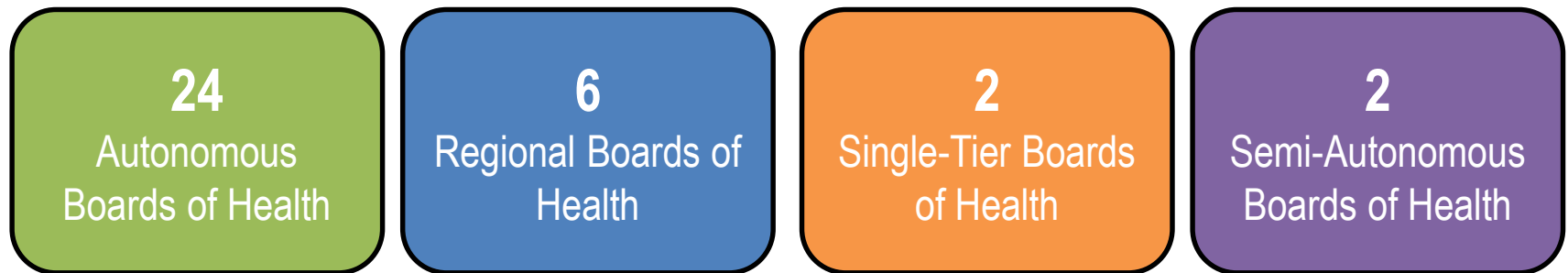
Governance Review Sub-Committee
November 17, 2023

Key Message

- There is substantial and widespread support to change the City of Hamilton's Board of Health to a semi-autonomous governance model that consists of six City Council members, six community representatives with health expertise and lived experience, and one education representative.

Background

- Hamilton City Council operates and functions as the Board of Health, which is referred to as the “single-tier” governance model
- There are four different Board of Health governance models across Ontario, and each model both determines the Board’s composition and reflects how the public health unit is situated relative to the municipality, municipalities, or region



- Since 2006, public health governance in Hamilton has followed a two-step process:
 1. Public Health Standing Committee meets monthly to discuss public health programs and services
 2. Recommendations from these meetings are submitted to City Council, who, acting in the role as the Board of Health, decides whether to approve these recommendations
- Beginning in March 2021, delegations and correspondence were received in support of restructuring the Board of Health to include community representatives with health expertise and lived experience

Consultation Overview

- Two City Council motions directed a consultation to identify issues and opportunities with the current Board of Health, and specified alternative models for consideration
- MASS LBP, an independent public policy firm with governance and consultation expertise, was contracted to lead the consultation, which included:
 - **A public survey** posted to the Engage Hamilton platform, which was promoted to residents through social media and digital advertisements
 - **Key informant interviews and meetings** with Advisory Committees, community partners, healthcare professionals, and City Council members
 - **A community-led public meeting** hosted by the Hamilton Anti-Racism Resource Centre and the Hamilton Centre for Civic Inclusion

Consultation Participants

- **928 survey responses** to the Engage Hamilton survey
- **63 key informant interviews and meetings** with Advisory Committees, community partners, healthcare partners, previous delegates, and City Council members
- **Approximately 50 attendees at the community-led meeting** hosted by Hamilton Anti-Racism Resource Centre and the Hamilton Centre for Civic Inclusion

Consultation Participants

The following Advisory Committees, individuals, and organizations participated through group consultation and/or one-on-one meetings:

- Accessibility Hamilton Alliance
- ACORN Hamilton Chapter
- Advisory Committee for Immigrants and Refugees*
- Advisory Committee for Persons with Disabilities
- AIDS Network
- Canadian Mental Health Association – Hamilton
- Chamber of Commerce (Hamilton)
- Circle of Beads (Indigenous Consultation Circle)
- City Councillors
- Committee Against Racism
- Compass Community Health Centre
- De dwa da dehs nye>s Aboriginal Health Centre
- Delegates from McMaster University
- Former Medical Officers of Health
- Good Shepherd Hamilton
- Greater Hamilton Health Network
- Greater Hamilton Health Network - Health Equity Council
- Hamilton Anti-Racism Resource Centre
- Hamilton Black Health Community Leaders Forum
- Hamilton Centre for Civic Inclusion
- Hamilton Community Foundation
- Hamilton Community Legal Clinic
- Hamilton Trans Health Coalition
- Hamilton Urban Core Community Health Centre
- HamOntYouth Steering Committee
- Housing and Homelessness Advisory Committee*
- Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Advisory Committee*
- McMaster Family Health Team & Department of Family Medicine
- Seniors Advisory Committee
- Social Planning & Research Council of Hamilton
- St. Joseph's Healthcare Hamilton
- Thrive Group
- Women and Gender Equity Committee*

*denotes Advisory Committees where a meeting was not held and individual members participated in the consultation

Alternative Governance Options

In addition to maintaining the current governance structure, the three alternative options explored in this consultation were:

1. **Adding an Advisory Committee to advise on issues directed to them by the current Public Health Standing Committee**, which would consist of community representatives with health expertise and lived experience and an education representative
2. **Changing the membership of the Public Health Standing Committee** to include City Council members, community representatives with health expertise and lived experience, and an education representative
3. **Changing the structure and membership of the Board of Health** so that it is partially (i.e., semi-autonomous) or fully (i.e., autonomous) separate from City Council, with membership that includes City Council members, community representatives with health expertise and lived experience, and an education representative

Consultation Results

- The majority of consultation participants felt that **Option 3: Changing the Structure and Membership of the Board of Health** was the governance option most suitable for Hamilton
 - This transition to a semi-autonomous Board of Health will require changes to the *City of Hamilton Act, 1999* and potentially the *Health Protection and Promotion Act*
- Many interview and meeting participants suggested that **Option 2: Changing the membership of the Public Health Standing Committee** could be an interim solution, since these changes could be implemented by City Council and do not require any legislative changes

Consultation Results

- Key informants provided other ideas to incorporate into the changed governance structures, including:
 - The need for a transparent selection process for the Public Health Standing Committee and/or Board of Health to ensure that membership had the necessary competencies, and that selection was based on best practices, skills, demographic data for representation, and community consultation
 - Membership training and education about public health concepts
 - Stronger Board collaboration, partnerships, accountability, and reporting

Recommendations

- (a) **That Council approve, in principle, a semi-autonomous Board of Health governance structure with features similar to the City of Toronto and City of Ottawa;**
- (i) That Council direct staff to prepare and submit an application to the Province of Ontario for special legislation amending the *City of Hamilton Act, 1999* and the *Health Promotion and Protection Act* to authorize the City to implement a semi-autonomous Board of Health governance model, with features similar to the City of Toronto and City of Ottawa Board of Health governance structures; and,
- (ii) That Council direct staff to report back to the Public Health Committee, following approval of legislative changes with a plan to implement legislative changes and establish a semi-autonomous Board of Health for the City of Hamilton;

Recommendations

- (b) **That as an interim solution until legal authorization is received to implement a semi-autonomous Board of Health governance model, a change be made to the membership of the Public Health Standing Committee to include six City Council members, six community representatives, and one education representative, using the City of Hamilton's existing selection processes, and that for the foregoing purposes staff be directed to report back to the Public Health Committee to:**
- (i) Prepare any amendments to the Procedure By-law that shall create a new Public Health Standing Committee, which By-law shall be drafted to become effective not earlier than the date on which the existing Public Health Standing Committee has been dissolved by the Mayor pursuant to section 284.8(1) of the *Municipal Act*; and,
 - (ii) Prepare for approval the qualifications and criteria for the selection of the community representatives to ensure that the Public Health Standing Committee members represent the community and have the necessary skills and competencies.

Steps for Implementation

1. Initiate process to prepare an application to the Province for special legislation amending the *City of Hamilton Act, 1999* and the *Health Promotion and Protection Act* to authorize the implementation of a semi-autonomous Board of Health
2. For the purpose of implementing changes to the Public Health Standing Committee:
 - Develop qualifications and criteria for the selection of the community representatives and education representative to ensure Public Health Standing Committee members represent the community and have the necessary skills and competencies
 - Amend By-Law 21-021 (By-Law to Govern the Proceedings of Council and Committees of Council)
 - Amend Corporate Policy: Hamilton City Council – Appointment of Citizens to the City's Local Boards (if required)



Hamilton

QUESTIONS?



Hamilton

THANK YOU



CITY OF HAMILTON
HEALTHY AND SAFE COMMUNITIES DEPARTMENT
Housing Services Division

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	January 15, 2024
SUBJECT/REPORT NO:	Hamilton Opioid Action Plan: Embedded Harm Reduction Pilot (HSC24001/BOH23021(a)) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Rob Mastroianni (905) 546-2424 Ext. 8035 Robyn Perry (905) 546-2424 Ext. 7801
SUBMITTED BY:	Michelle Baird Director, Housing Services Division Healthy and Safe Communities Department
SIGNATURE:	

RECOMMENDATIONS

- (a) That Council approve, and staff be authorized to implement an immediate 12-month pilot for Embedded Harm Reduction in Men’s Emergency Shelters, from March 1, 2024 – February 28, 2025 to support vulnerable individuals within the homeless-serving systems who use opioids;
- (b) That the Embedded Harm Reduction pilot program be funded approximately \$607,270 and be funded from a reserve as determined by the General Manager of Finance and Corporate Services Department and General Manager of Healthy and Safe Communities Department;
- (c) That Public Health Services conduct an evaluation of the pilot Embedded Harm Reduction in Men’s Emergency Shelters and report back in Q4 2024; and,
- (d) That the General Manager, Healthy and Safe Communities Department or delegate be authorized and directed, on behalf of the City of Hamilton, to enter into, execute and administer all agreements and documents necessary to implement a shelter based harm reduction staffing enhancement, on terms satisfactory to the General Manager, Healthy and Safe Communities Department, or their designate, and in a form acceptable to the City Solicitor.

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

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

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

EXECUTIVE SUMMARY

In a continued response to mitigate the harms attributed to an increasingly toxic and unpredictable illegal drug supply, the Housing Services Division is proposing recommendations for the implementation of harm reduction services within the men's shelter system. These revised recommendations are coming forward in response to the Call for Applications approved by Council in June 2023, as part of the Hamilton Opioid Action Plan (Public Health Committee Report BOH23021) because there were no applicants to the initial Call for Applicants issued in September 2023.

In response to consultation undertaken after the initial Call for Applicants, a collaborative proposal was submitted by The Good Shepherd Centre Hamilton, Mission Services of Hamilton Inc, and The Governing Council of The Salvation Army in Canada for embedded harm reduction supports for men to reduce the risk of harms and death amongst unhoused individuals in the community. The recommendations will support a system-wide response in the men's emergency shelter system for embedded harm reduction supports to men, who continue to be disproportionately impacted by a toxic drug supply in Hamilton.

The project will support clients by providing ongoing harm reduction and overdose resources, supports and education. These enhanced staffing resources will develop and employ individualized harm reduction plans to decrease the risk of opioid poisonings and to reduce harm and health impacts related to substance use, including:

- Provide referrals and advocacy;
- Provide community accompaniment;
- Facilitate harm reduction drop-in groups;
- Give hands-on support during an overdose event;
- Increase capacity of front-facing staff; and,
- Increase capacity of the general system by developing a community of practice

Alternatives for Consideration – See page 5 and 6

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: Recommendation (a) requests authorization of \$607,270 for the Housing Services Division to operate enhanced harm reduction staffing for 12 months. For this the 2024 costs of \$506,058 and 2025 costs of \$101,212 will be funded from a reserve as determined by the General Manager of Finance and Corporate Services Department and General Manager of Healthy and Safe Communities Department.

Legal: Legal staff will review and provide support as to any agreements to be entered into in support of the recommendations.

Staffing: Not Applicable.

HISTORICAL BACKGROUND

On June 12, 2023 the Hamilton Opioid Action Plan (Public Health Committee Report BOH23021) was approved by Public Health Committee including municipal investment in an 18-month pilot to be implemented to provide a supervised consumption site in a men's shelter through a Call for Applications by the Housing Services Division. A Call for Applications was launched August 28, 2023 and closed September 25, 2023. There were no applications submitted for a Supervised Consumption Site at a men's emergency shelter. After speaking with service providers about the lack of response, the community came forward with a few proposals outside of the scope of the initial Call for Applications. Public Health Services and Housing Services did receive communication from three interested service providers with related project ideas from the community including the proposal recommended in this report.

In September 2023, the Emergency Shelter System finalized Hamilton's Emergency Shelter Standards that committed to a harm reduction approach to services (Emergency & Community Services Committee Report HSC23007).

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The Hamilton Opioid Action Plan aligns with mandated work for Public Health Services as outlined in the Ontario Public Health Standards' "Substance Use and Injury Prevention" program standard.

This recommendation aligns with Hamilton's Emergency Shelter Standards that were presented to Emergency and Community Services Committee in an information report that was received on September 9, 2023. Additionally, Federal Reaching Home and the Provincial Homelessness Prevention Plan funding programs support the funding of access to harm reduction services.

RELEVANT CONSULTATION

The Quarterly Update on Hamilton Opioid Information System (July – September 2023) (Public Health Committee BOH23041) was discussed at the December 4, 2023 Public Health Committee.

Consultation was ongoing with men's emergency shelter providers throughout the Call for Application and afterwards. Public Health Services staff was consulted about the recommended new direction and their involvement in evaluation.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Hamilton continues to experience a significant burden related to opioid use. Within Hamilton, there continues to be disproportionate impact on men experiencing harms and deaths associated with opioids as outlined in Public Health Committee Report BOH23041. From January to September 2023, the majority of suspect drug-related deaths have occurred among males (72%) and among those aged 30 to 59 years (73%). The age and sex distribution of suspect drug-related deaths has not changed substantially in recent years and is comparable to the distribution of suspect drug-related deaths across Ontario.

There is an identified gap with respect to services targeting men who use opioids and who are engaged with the broader men's homelessness serving system (emergency shelters, drop-ins, and other services) to align with the City's opioid plan. There is a significant rate of opioid use among men engaging with this system, however there is a low proportion of opioid related overdose compared to usage levels. Public Health Committee Report BOH23021 recommended a Call for Application process that was launched August 28, 2023 for a supervised consumption site in a men's shelter. There were no service providers that responded to the Call for Applications with a proposal for a supervised consumption space. When community was consulted, service providers gave feedback that the Call for Applications did not offer the time or capital resources to undertake a supervised consumption site. The emergency shelter system continues to experience resource constraints and is pressured to operate a shelter system and to respond to the homelessness crisis with existing resources. Resources are not available to plan and implement a further undertaking.

Further work consulting with service providers to find solutions yielded a few community proposals for projects that were already established, or quick to enact that did not fit the criteria but do respond to the goal of reducing harm related to opioid use amongst people experiencing homelessness.

The Young Women's Christian Association (YWCA) proposed that the City take over funding their existing Safer Use Site at a women's transitional living and drop-in for up to approximately \$580,000 annually. This would require a change to the target population.

Additionally, Wesley Urban Ministries Inc. proposed the City contribute funding to support their Harm Reduction Housing Program at their supportive housing site for all genders, singles, and couples. The funding requested for the 2024 expansion to people who use opioids is approximately \$592,000. This would require a change to the targeted site of intervention, the men's emergency shelter system.

**SUBJECT: Hamilton Opioid Action Plan: Embedded Harm Reduction Pilot
(HSC24001/BOH23021(a)) (City Wide) - Page 5 of 6**

The Housing Services Division is also proposing a revised timeline from 18 months to 12 months in order to keep this project within the approved budget, and this approach will still allow Public Health Services time to evaluate the pilot project.

The collaborative project submitted by The Good Shepherd Centre Hamilton, Mission Services of Hamilton Inc, and The Governing Council of The Salvation Army in Canada for “Embedded Harm Reduction in Hamilton’s Men’s Emergency Shelters” although not a supervised consumption site, represents a significant step-forward in responding to the opioid crisis in this high-risk setting. It serves the target population, single men, and is within the proposed setting, men’s emergency shelters. This approach has shown positive results in several local agency settings, and this will be a system wide pilot program.

The proposed pilot will embed harm reduction specialists into shelter teams. By integrating a team of harm reduction workers, including qualified addiction specialists, peer support workers and individuals with lived/living experience, into existing shelter staff teams. The pilot will address the harmful and potentially lethal impacts of high-risk opioid use.

This pilot will support clients and build capacity within shelter staffing, as well as the individual themselves, and create a wider-community of practice related to harm reduction and general substance use. This enhancement to staff will provide referrals, advocacy, community accompaniment, facilitate harm reduction drop-in groups, and offer hands-on support during an overdose event. There will also be a system level enhancement to the capacity of front-facing staff and the general system by developing a community of practice.

This project recognizes that current staffing models in emergency shelters do not offer the depth of support required to adequately address the complexity of issues faced by people who are living with opioid addiction and experiencing homelessness (and other challenges). The design of the project reflects the positive client outcomes that shelter operators have observed with the introduction of dedicated harm reduction staffing and resources into some shelters/congregate settings.

Public Health Services will complete an evaluation and report back Council in Q4 of 2024.

ALTERNATIVES FOR CONSIDERATION

Alternative 1

Should Council direct staff to expand the pilot for a longer period, for example 18-months, then the costs would expand accordingly to approximately \$910,900.

**SUBJECT: Hamilton Opioid Action Plan: Embedded Harm Reduction Pilot
(HSC24001/BOH23021(a)) (City Wide) - Page 6 of 6**

For this alternative, the 2024 costs of \$556,665 and 2025 costs of \$354,235 will be funded from a reserve as determined by the General Manager of Finance and Corporate Services Department and General Manager of Healthy and Safe Communities Department.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.