



**City of Hamilton**  
**PUBLIC HEALTH COMMITTEE**  
**AGENDA**

**Meeting #:** 24-002  
**Date:** February 5, 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

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**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 January 15, 2024

**5. COMMUNICATIONS**

5.1 Bernie MacLellan, Chair, Board of Health, and Dr. Miriam Klassen, Medical Officer of Health, Huron Perth Public Health, respecting Call for federal government to take immediate action on nicotine pouches

Recommendation: To be endorsed and that staff be directed to write a letter of response

**6. DELEGATION REQUESTS**

**7. DELEGATIONS**

**8. STAFF PRESENTATIONS**

- 8.1 2024 Annual Service Plan and Budget and Public Health Priorities (BOH24001) (City Wide)

**Discussion of Private & Confidential Appendix “A” to Report BOH24001 would be pursuant to Section 9.3, Sub-sections (b) and (d) of the City's Procedural By-law 21-021, as amended, and Section 239(2), Sub-sections (b) and (d) of the *Ontario Municipal Act, 2001, as amended, as the subject matter pertains to personal matters about an identifiable individual, including City or local board employees; and labour relations or employee negotiations.***

**9. CONSENT ITEMS**

- 9.1 Immunization of Schools Pupils Act Information Report (BOH24002) (City Wide)

**10. DISCUSSION ITEMS**

**11. MOTIONS**

**12. NOTICES OF MOTION**

**13. GENERAL INFORMATION / OTHER BUSINESS**

- 13.1 Outstanding Business List

a. Items Considered Complete and Needing to be Removed:

- a. Report on Recommendations for a Board of Health Advisory Committee

OBL Item 2023-C

Date added: February 8, 2023 (Council Minutes Item 7.7)

Date Completed: January 15, 2024 (PHC Report 24-001, Item 1)

**14. PRIVATE AND CONFIDENTIAL**

- 14.1 Confidential Appendix A to 2024 Annual Service Plan and Budget and Public Health Priorities (BOH24001) (City Wide)

**Pursuant to Section 9.3, Sub-sections (b) and (d) of the City's Procedural By-law 21-021, as amended, and Section 239(2), Sub-sections (b) and (d) of the *Ontario Municipal Act, 2001, as amended, as the subject matter pertains to personal matters about an identifiable individual, including City or local board employees; and labour relations or employee negotiations.***

**15. ADJOURNMENT**

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



**PUBLIC HEALTH COMMITTEE  
(Formerly the Board of Health)  
MINUTES 24-001**

**9:30 a.m.**

**Monday, January 15, 2024**

Council Chambers, City Hall, 2<sup>nd</sup> Floor  
71 Main Street West, Hamilton, Ontario

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**Present:** Councillor M. Wilson (Acting Chair)  
Councillors C. Cassar, B. Clark, J.P. Danko, M. Francis, T. Hwang, T. Jackson, C. Kroetsch, T. McMeekin, N. Nann, M. Spadafora, M. Tadeson, E. Pauls, J. Beattie, and A. Wilson

**Absent with  
Regrets:** Mayor A. Horwath – City Business

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

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

**(Kroetsch/Danko)**

- (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 **Sub-Committee**, **subject to the approval of (b)**, 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 Public Health **Sub-**

**Committee be established** 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 Procedural By-law that shall create a new Public Health **Sub-Committee that reports directly to the Board of Health** 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*;
  - (ii) **Prepare the Terms of Reference for the Public Health Sub-Committee; and,**
  - (iii) Prepare for approval the qualifications and criteria for the selection of the community representatives to ensure that the Public Health **Sub-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.

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

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

**FOR INFORMATION:**

**(a) CHANGES TO THE AGENDA (Item 2)**

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

**6. DELEGATION REQUESTS**

- 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)

**(McMeekin/Nann)**

That the agenda for the January 15, 2024, Public Health Committee be approved, as amended.

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

Absent	-	Mayor Andrea Horwath
Absent	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar
Yes	-	Ward 9 Councillor Brad Clark
Absent	-	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
Absent	-	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) December 4, 2023 (Item 4.1)**

**(Cassar/Hwang)**

That the Minutes of the December 4, 2023 meeting of the Public Health Committee be approved, as presented.

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

Absent	-	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
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
Absent	-	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) Correspondence from Kathryn Wilson, Board of Health Chair, Peterborough Public Health, respecting Public Health Strengthening (Item 5.1)**

**(Tadeson/Jackson)**

That the Correspondence from Kathryn Wilson, Board of Health Chair, Peterborough Public Health, respecting Public Health Strengthening, be received.

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

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

**(e) DELEGATION REQUESTS (Item 6)**

**(i) (Nann/A.Wilson)**

That the following Delegation Requests, be approved as follows:

- (1) Kojo Dampety, respecting Item 10.1 Options the City of Hamilton's Board of Health Governance (BOH23039) (City Wide) (for today's meeting) (Item 6.1)
- (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) (Added Item 6.2)

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

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

**(f) DELEGATION REQUESTS (Item 7)**

- (i) Kojo Dampthey, respecting Item 10.1 Options the City of Hamilton's Board of Health Governance (BOH23039) (City Wide) (for today's meeting) (Added Item 7.1)**

Kojo Dampthey addressed the Committee, respecting Item 10.1 Options the City of Hamilton's Board of Health Governance (BOH23039) (City Wide).

- (ii) 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) (Added Item 7.2)**

Kim Ritchie addressed the Committee, respecting Item 10.2 Hamilton Opioid Action Plan: Embedded Harm Reduction Pilot (HSC24001/BOH23021(a)) (City Wide).

**(McMeekin/Beattie)**

That the Delegations from Kojo Dampthey, respecting Item 10.1 Options the City of Hamilton's Board of Health Governance (BOH23039) and Kim Ritchie, Canadian Drug Policy Coalition, respecting Item 10.2 Hamilton Opioid Action Plan: Embedded Harm Reduction Pilot (HSC24001/BOH23021(a)), be received.

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

Absent	-	Mayor Andrea Horwath
Yes	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar
Yes	-	Ward 9 Councillor Brad Clark
Yes	-	Ward 8 Councillor John-Paul Danko
Absent	-	Ward 5 Councillor Matt Francis
Yes	-	Ward 4 Councillor Tammy Hwang
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
Absent	-	Ward 14 Councillor Mike Spadafora
Yes	-	Ward 11 Councillor Mark Tadeson
Yes	-	Ward 13 Councillor Alex Wilson
Yes	-	Ward 1 Councillor Maureen Wilson



**(g) DISCUSSION ITEMS (Item 10)**

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

**(1) (Cassar/Nann)**

- (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, 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.

(2) **(Kroetsch/Danko)**

That Report BOH23039, respecting the Options for the City of Hamilton's Board of Health Governance, be **amended** as follows:

- (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 **Sub-Committee, subject to the approval of (b)**, 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 Public Health **Sub-Committee be established** 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:
  - (iii) Prepare any amendments to the Procedural By-law that shall create a new Public Health **Sub-Committee that reports directly to the Board of Health** 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*;
  - (iv) **Prepare the Terms of Reference for the Public Health Sub-Committee; and,**

- (iii) Prepare for approval the qualifications and criteria for the selection of the community representatives to ensure that the Public Health **Sub-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.

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

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

For disposition of this matter, refer to item 1.

- (ii) **Hamilton Opioid Action Plan: Embedded Harm Reduction Pilot (HSC24001/BOH23021(a)) (City Wide) (Item 10.2)**
  - (1) **(Hwang/Francis)**
    - (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

**(2) (A. Wilson/Tadeson)**

That sub-section (c) of Report HSC24001/BOH23021(a), respecting Hamilton Opioid Action Plan: Embedded Harm Reduction Pilot be **amended** as follows:

- (c) That Public Health Services conduct an evaluation of the pilot Embedded Harm Reduction in Men’s Emergency Shelters and **engage in confidential consultation with those with lived experiences, and** report back in Q4 2024; and,

**Result: Amendment, CARRIED by a vote of 15 to 0, as follows:**

Absent	-	Mayor Andrea Horwath
Yes	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar
Yes	-	Ward 9 Councillor Brad Clark
Yes	-	Ward 8 Councillor John-Paul Danko
Yes	-	Ward 5 Councillor Matt Francis
Yes	-	Ward 4 Councillor Tammy Hwang
Yes	-	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) (M. Wilson/A.Wilson)**

- (a) That Report HSC24001/BOH23021(a), respecting Hamilton Opioid Action Plan: Embedded Harm Reduction Pilot BE DEFERRED to the April 2, 2024, Public Health Committee meeting; and
- (b) That Public Health Services staff be directed to report back upon further consultation with the Opioid Action Table and the Hamilton Drug Strategy Steering Committee.

**Result: Motion, CARRIED by a vote of 10 to 5, as follows:**

Absent	-	Mayor Andrea Horwath
Yes	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar
No	-	Ward 9 Councillor Brad Clark
No	-	Ward 8 Councillor John-Paul Danko
No	-	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
No	-	Ward 7 Councillor Esther Pauls
No	-	Ward 14 Councillor Mike Spadafora
Yes	-	Ward 11 Councillor Mark Tadeson
Yes	-	Ward 13 Councillor Alex Wilson
Yes	-	Ward 1 Councillor Maureen Wilson

**(h) ADJOURNMENT (Item 15)**

**(McMeekin/Nann)**

That, there being no further business, the Public Health Committee be adjourned at 12:07 p.m.

**Result: Motion, CARRIED by a vote of 15 to 0, as follows:**

Absent	-	Mayor Andrea Horwath
Yes	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar
Yes	-	Ward 9 Councillor Brad Clark
Yes	-	Ward 8 Councillor John-Paul Danko
Yes	-	Ward 5 Councillor Matt Francis
Yes	-	Ward 4 Councillor Tammy Hwang
Yes	-	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,

Councillor Maureen Wilson  
Chair, Public Health Committee

Aleah Whalen  
Legislative Coordinator  
Office of the City Clerk

The Honourable Mark Holland  
Minister of Health of Canada  
*via email:* hcminister.ministresc@hc-sc.gc.ca

January 23, 2024

**Re: Call for federal government to take immediate action on nicotine pouches**

Dear Minister Holland,

At the December 8, 2023 meeting of the Huron Perth Public Health, Board of Health (HPPH BOH), the Board received an update on nicotine pouches in the Medical Officer of Health Report. Following discussion surrounding the aggressive marketing tactics, availability to youth, and the general appeal of the product to youth, a motion was passed to send a letter highlighting the concern and call for change regarding nicotine pouches.

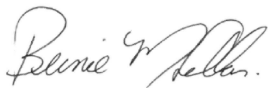
The HPPH BOH supports the [calls to action](#) made by a group of health organizations – Action on Smoking and Health, Canadian Cancer Society, Canadian Lung Association, Coalition québécoise pour le contrôle du tabac, Heart & Stroke, and Physicians for a Smoke-Free Canada – which urges the Health Ministers to:

- reclassify nicotine pouches as a prescription product, or to suspend the sale of nicotine pouches until the regulatory gap is closed, both of which are approaches that could be done quickly and administratively without the need for regulatory amendment; and
- establish a temporary moratorium on approval of any more nicotine pouch products, or any new category of nicotine products, under the Natural Health Product Regulations, until the regulatory gap is closed, unless the products are sold on a prescription basis.

In addition, the HPPH BOH reinforces alpha's [call to action](#) made in August 2023 to develop a comprehensive federal smoking, vaping and nicotine strategy to reach a target of less than 5% commercial tobacco use by 2035 with respect to all nicotine delivery products.

We urge you to take immediate action to address harmful youth access to nicotine pouches.

Yours Sincerely,



Bernie MacLellan  
Chair, Board of Health



Dr Miriam Klassen  
Medical Officer of Health

cc:

Mr. Ben Lobb, Member of Parliament, Huron-Bruce

Mr. John Nater, Member of Parliament, Perth-Wellington

The Honourable Sylvia Jones, Deputy Premier and Minister of Health

The Honourable Lisa Thompson, Minister of Agriculture, Food and Rural Affairs and Member of Provincial Parliament Huron-Bruce

Mr. Matthew Rae, Member of Provincial Parliament Perth-Wellington

Association of Local Public Health Agencies

All Ontario Boards of Health





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

<b>TO:</b>	Mayor and Members Public Health Committee
<b>COMMITTEE DATE:</b>	February 5, 2024
<b>SUBJECT/REPORT NO:</b>	2024 Annual Service Plan and Budget and Public Health Priorities (BOH24001) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Konrad Lisnyj (905) 546-2424 Ext. 5452
<b>SUBMITTED BY:</b>	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health, Public Health Services Healthy and Safe Communities Department
<b>SIGNATURE:</b>	

**Discussion of Confidential Appendix “A” to this Report in closed session is subject to the following requirement(s) of the City of Hamilton’s Procedural By-law and the *Ontario Municipal Act, 2001*:**

- Personal matters about an identifiable individual, including City or a local board of employees; and,
- Labour relations or employee negotiations

**RATIONALE FOR CONFIDENTIALITY**

Confidential Appendix “A” to Report BOH24001 is being considered in Closed Session as it contains information regarding an identifiable individual, labour relations, or employee negotiations.

**RATIONALE FOR MAINTAINING CONFIDENTIALITY**

Confidential Appendix “A” to Report BOH24001 is recommended to remain confidential until February 16, 2024.

**RECOMMENDATION (CLOSED SESSION)**

Not Applicable.

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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.

**RECOMMENDATION (OPEN SESSION)**

- (a) That the 2024 Annual Service Plan and Budget be approved and that the Medical Officer of Health be directed to submit it to the Ministry of Health, in keeping with the information that is outlined in Public Health Committee Report BOH24001;
- (b) That the Board of Health call on the Ministry of Health to provide timely information and expectations for the unfolding Strengthening Public Health Strategy surrounding upcoming changes to the Ontario Public Health Standards, and provide permanent funding, including annual increases, to fully implement and sustain the revised requirements; and,
- (c) That Confidential Appendix “A” to Report BOH24001 remain confidential until February 16, 2024.

**EXECUTIVE SUMMARY**

The purpose of this recommendation report and its accompanying presentation is to seek approval for the 2024 Annual Service Plan and Budget. Submission of the approved Annual Service Plan and Budget to the Ministry of Health is required to receive provincial funding to support the delivery of public health programs and services under the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (the Ontario Public Health Standards). The Annual Service Plan and Budget outlines Public Health Services’ plans for the delivery of programs and services as well as budgeted expenditures for a given year in accordance with the Ontario Public Health Standards, based on local needs.

At the November 13, 2023 Public Health Committee, information was presented on the planning principles used to develop the 2024 Annual Service Plan and Budget, in the context of significant budget pressures, local needs and public health priorities, and the Ministry of Health’s unfolding strategy to strengthen public health (see Report BOH23038). Public Health Services has worked to address budget pressures and align with provincial direction, through strategic resource allocation, with minimal service level and staffing changes. This information is detailed below, in addition to Confidential Appendix “A” to Public Health Committee Report BOH24001.

The accompanying presentation provides updated local community health status information and highlights the priority areas that Public Health Services will continue focusing on in 2024 to address Hamilton’s population health needs and Council priorities. These include health equity, child and youth healthy growth and development, mental health and substance use, and climate impacts. Specific actions will be implemented to adapt and improve existing programs and services to address these population health needs. Appendix “B” to Public Health Committee Report BOH24001

contains information about Public Health Services' 2023 progress in addressing these priority action areas.

While the overall Public Health Services budget was presented within the Healthy and Safe Communities Department report and budget presentation at the General Issues Committee Meeting on January 23, 2024, specific highlights are made in the financial section of this report and its accompanying presentation related to the 2024 Annual Service Plan and Budget. The 2024 Annual Service Plan and Budget expenditures constitute 83.8% or \$50.9 M of the total Public Health Services gross budget. Staff undertook a thorough review of the Province's guidance for this budget, and additional areas of existing municipal programming identified as eligible have been included in the 2024 submission. The increase in gross base expenditures sits at 3.7% for 2024 over 2023. As well, eligible Opioid Action Plan and Council referred items included in the City's 2024 budget have been included. Anticipated provincial subsidies and fees amount to \$35.5 M, and, in keeping with earlier direction, reserves of \$0.5 M have been used to mitigate against the increased cost, resulting in a net levy increase of \$15.0 M, or 8.2% over 2023.

### **Alternatives for Consideration – Not Applicable**

### **FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

**Financial:** Approval of the 2024 Annual Service Plan and Budget by the Board of Health and submission to the Ministry of Health is required to receive provincial funding to support the delivery of public health programs and services under the Ontario Public Health Standards. The 2024 Annual Service Plan and Budget submission is due to the Ministry of Health on April 2, 2024.

In August 2023, the Ministry of Health announced a provincial strategy to strengthen public health by providing stable, sustainable funding. This strategy includes restoring for 2024 the provincial base funding for public health units under the 2020 provincial and municipal cost-share formula for all programs under the Ontario Public Health Standards, apart from the Ontario Seniors Dental Care Program, which remains 100% provincially funded. The Ministry of Health additionally introduced an annual 1% base funding increase yearly through 2026. The Ministry of Health is also reviewing both the Ontario Public Health Standards for implementation in 2025, and its longer-term provincial base funding methodology for public health, with the aim of implementation in 2026.

The newly announced provincial funding levels are less than increases in wages, benefits, and inflation, alongside rising costs associated with population growth and increasing service demand, resulting in budget

pressures. The Ministry of Health also discontinued provincial COVID-19 funding at the end of December 2023, and directed that this work be integrated into existing programs, services, and business processes and funded by existing cost-shared base budget.

The 2024 Annual Service Plan and Budget Mandatory Programs base budget is \$45,220,492. This is made up of Gross Expenditures (\$46,178,742), less Fees and General (\$958,250). (Total of \$50,936,449 including the Ontario Seniors Dental Care Program budget). This reflects a 3.7% increase in gross base expenditures from 2023. Existing municipally funded programming including that for non-mandatory oral health programs was added to the submission, as well as the 2024 related Council-directed items.

The anticipated provincial subsidy for the 2024 Annual Service Plan Mandatory Programs is \$29,773,290. The municipal contribution is \$15,447,202 (includes \$451,744 of reserve funding).

The anticipated Ontario Seniors Dental Care Program funding in 2024 is \$4,757,707, reflecting an increase from 2023. This increase is essential to cover the rising costs of dentures and specialist services required to maintain service levels provided in 2023. Ideally, the Province will increase base funding to address these costs. If not the ability to refer seniors for these critical services will be impacted, and staff will return to Committee for further direction.

The Ministry of Health provided no one-time funding opportunities for expenditures previously funded in this manner nor for extraordinary costs in 2024.

**Staffing:** Overall staffing levels for Public Health Services, including programs within the Annual Service Plan and Budget, were addressed in the Healthy and Safe Communities Department report and budget presentation at the General Issues Committee meeting on January 23, 2024.

In the 2024 Annual Service Plan and Budget, the total staffing is 339.9 FTE, which represents a decrease of 133.95 FTE compared to the 473.85 FTE in 2023. This reduction is attributed to the ending of provincial COVID-19 funding on December 31, 2023 and provincial direction to adjust existing programming to accomplish this work within base budgets. Overall Public Health Services base staffing remains the same, with the exception of an additional 3.0 FTE for Council-directed increases (1.0 FTE for Monitoring Local Impacts of Air Pollution on Mental and Neurological

Health Outcomes (Report BOH23041), 1.0 FTE for the Supervised Consumption Site Evaluation Framework (Report BOH23025), and 1.0 FTE for the Hamilton Opioid Action Plan (Report BOH23021).

In order to navigate significant budget pressures and align with provincial direction, the duties of 12.06 FTE have been adjusted and some minimal service level changes have been made to the Sexual Health Program and Infection Prevention and Control Program in 2024 as detailed below. For additional information on staffing implications, please see Confidential Appendix “A” to Public Health Committee Report BOH24001.

**Legal:** Boards of health are accountable for meeting all requirements included in legislation and the documents that operationalize them. It is a requirement within the Ontario Public Health Standards that boards of health submit an Annual Service Plan and Budget each year to the Ministry of Health. Approval and submission of the 2024 Annual Service Plan and Budget to the Ministry of Health fulfils this requirement.

## **HISTORICAL BACKGROUND**

The Annual Service Plan and Budget allows boards of health to communicate their program plans and budgeted expenditures to the Province and the public for a given year. It lays out an assessment of the population health needs in Hamilton, priority areas for action, detailed program plans, budgeted expenditures, and requests to the Province for base and one-time funding.

## **POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

The Ontario Public Health Standards outline requirements that direct the delivery of mandatory public health programs and services by boards of health pursuant to the *Health Protection and Promotion Act*. The recommendations in this report conform with existing business processes for approving and submitting the Annual Service Plan and Budget to the Ministry of Health.

## **RELEVANT CONSULTATION**

Staff consulted with Finance and Administration to prepare the 2024 Annual Service Plan and Budget, who are supportive of the staff recommendations.

## **ANALYSIS AND RATIONALE FOR RECOMMENDATION**

The Ontario Public Health Standards set the minimum requirements for public health programs and services for boards of health across the province, targeting the

prevention of disease, health promotion and protection, and community health surveillance. In line with these Standards, Public Health Services offers a wide range of services and supports related to health promotion, health protection, and injury and disease prevention to enhance the health and well-being of the Hamilton population. The dedicated team of professionals, including nurses, doctors, public health inspectors, dental staff, nutritionists, social workers, epidemiologists, specialist roles and health promoters, collaborates with community partners to address the health needs of the community. Services encompass immunization, infectious and communicable diseases prevention and control, education programs, family and child health services, population health assessment, substance use, sexual health services, air quality monitoring, school services, dental services, food and water safety, injury prevention, and public health inspections, as well as foundational programs that underlie and support all programs and services.

In August 2023, the Ministry of Health announced a provincial strategy to strengthen public health (refer to Item 5.1 of the September 8, 2023 Public Health Committee Meeting, titled “Correspondence from Dr. Kieran M. Moore, Chief Medical Officer of Health of Ontario and Assistant Deputy Minister, Public Health, Ministry of Health, respecting the Provincial Strategy to Strengthen Public Health in Ontario”) and as described above. Timely information and expectations for the unfolding Strengthening Public Health Strategy surrounding upcoming changes to the Ontario Public Health Standards and provision of permanent funding, including any annual increases, required to fully implement and sustain the revised requirements will be essential to its success.

Included in the strategy are the restoration in 2024 of previously reduced subsidies as well as 1% per year increases to subsidy through 2026. Despite these positive changes, growth in provincial funding levels remain less than increases in wages, benefits, and inflation, alongside rising costs associated with population growth and increased service demand, resulting in budget pressures. The Ministry of Health also discontinued provincial COVID-19 funding at the end of December 2023 while requiring boards of health to integrate ongoing COVID-related outbreak management, infection prevention and control and immunization work into base budgets through adjustments in programming.

Information was presented to the Public Health Committee on November 13, 2023 on the planning principles used to develop the 2024 Annual Service Plan and Budget (refer to Public Health Committee Report BOH23038). In summary, staff have worked to:

- Balance core public health functions and mandates, local population health needs, Council priorities, and provincial direction;
- Strategically allocate resources with the least impact on service levels as well as staff;
- Strengthen efficiencies;

**SUBJECT: 2024 Annual Service Plan and Budget and Public Health Priorities (BOH24001) (City Wide) - Page 7 of 8**

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- Preserve essential services and improve population health outcomes for equity-deserving populations, including piloting Public Health Services Centres that integrate public health services in high-needs neighbourhoods, and engage with communities and partners on public health needs and services; and,
- Realign core supports to best practices, and the evolving public health role, post-pandemic.

As an outcome of this work, there are impacts on two program areas in particular. First, the Sexual Health Program went through a program review. As a result of the review and in order to accommodate other pressures, the following changes are being made:

- The East-end sexual health clinic is in the process of reopening to provide direct clinical services;
- The program will be increasing its focus on collaborating with partners delivering primary care and sexual health care in the community. This includes building capacity and knowledge regarding sexual health amongst healthcare providers;
- The downtown sexual health clinic at the David Braley Health Sciences Centre will continue to be operated;
- Public health case and contact management of sexually transmitted infections including facilitating access to care where appropriate will continue;
- Health promotion activities, including those focused towards equity-deserving groups will continue; and,
- The Mountain sexual health clinic and the Waterdown sexual health clinics will not be reopened.

Secondly, in the Infection Prevention and Control Program, in order to accommodate new demands, routine public health inspections for before and after school programs operated by licensed child care centres will be discontinued. These child care programs are considered lower risk based upon the age and developmental stage of the children in attendance, program characteristics including the length of the program, toileting and diapering practices, and the limited meal preparation and food handling. Similar services provided within the school setting are not inspected. Public Health Services will continue to conduct routine annual inspections of child care facilities identified as medium or higher risk. Additionally, Public Health Services will continue to investigate any complaints and/or reports related to Infection Prevention and Control or Food Safety practices at all licensed child care facilities, including before and after school programs.

In the accompanying presentation to Public Health Committee Report BOH24001, members will receive the following information that is included in the 2024 Annual Service Plan and Budget:

- Updated local community health status information of Hamiltonians;

**SUBJECT: 2024 Annual Service Plan and Budget and Public Health Priorities  
(BOH24001) (City Wide) - Page 8 of 8**

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- Details regarding Public Health Services' priorities and action areas for addressing population health needs; and,
- Further comparisons of budgeted expenditures for delivering Ministry-funded programs in accordance with the Ontario Public Health Standards.

Appendix "B" to Public Health Committee Report BOH24001 contains information surrounding Public Health Services' progress in 2023 towards contributing to its priority action areas.

**ALTERNATIVES FOR CONSIDERATION**

Not Applicable.

**APPENDICES AND SCHEDULES ATTACHED**

Confidential Appendix "A" to Report BOH24001 – Additional Staffing Implications and Rationale for Report BOH24001

Appendix "B" to Report BOH24001 – 2023 Status Updates on Public Health Priorities and Action Areas



**HEALTH EQUITY PRIORITY**

**Action Area: Competency Development**

**Action Area Goal:** Enhance staff competency to improve equitable health outcomes in Public Health Services programs by ensuring all staff have the required knowledge and skills to apply equity and anti-racism principles to their work.

In 2023, Public Health Services:

- Provided Indigenous Cultural Competency Training to 30 staff, with an additional 40 currently in progress, to better understand Indigenous communities’ historical and local context to enable them to provide culturally safe services and build meaningful relationships with Indigenous communities;
- Provided Health Equity and Anti-Racism training to 296 staff to ensure they have the foundational knowledge and skills to effectively apply equity and anti-racism principles in their work; and,
- Provided We All Count training to 25 staff and 23 community partners to increase awareness about the core issues facing the equitable and ethical use of data.

**Action Area: Data for Equity**

**Action Area Goal:** Enhance the use of data on the social determinants of health to enhance understanding of health inequities in Hamilton and inform Public Health Services program planning.

In 2023, Public Health Services:

- Developed health equity-related key performance indicators for three public health programs to measure progress in reducing health inequities and inform equitable service delivery; and,
- Completed a descriptive analysis of community health status information, including analysis of inequities, to systematically understand local population health trends and identify health inequities, priority populations, and targeted strategies.

**Action Area: Community Collaboration**

**Action Area Goal:** Continue to engage priority populations in identifying and addressing health inequities and collaborate with community partners to reduce health inequities through multi-sectoral action.

In 2023, Public Health Services:

- Engaged in comprehensive consultations with the City of Hamilton’s Advisory Committees, community partners, health professionals, and the public to identify issues and opportunities with Hamilton’s current Board of Health governance structure and reported back in Q4 2023 with alternate governance options and recommendations;

- Collaboratively developed the Indigenous Health Strategy with Indigenous leaders and community members, which Council approved in Q3 2023. The strategy identifies service growth opportunities and emphasizes the importance of self-determination and cultural safety in all services provided by Public Health Services; and,
- Continued its Vaccine Ambassador program, which was co-developed by the Hamilton Black Health Community Leaders Forum. Vaccine ambassadors work closely with community partners and use various strategies to share information about vaccines and other public health and community services among Black, Indigenous, and racialized communities.

**Action Area: Awareness and Communication**

**Action Area Goal:** Increase public and community partners’ awareness of local health inequities and their structural causes to drive collective action.

In 2023, Public Health Services:

- Distributed two bulletins to over 50 community stakeholders to inform them of the public release of updated community health status information in 2024, including the project’s status, milestones achieved, and upcoming work.

**CHILD AND YOUTH HEALTHY GROWTH AND DEVELOPMENT PRIORITY**

**Action Area: Optimal Perinatal Health**

**Action Area Goal:** Support the healthiest start in life through prenatal education, early identification of individuals at risk for poor mental health during pregnancy and postpartum, support for breastfeeding, and facilitating access to a range of community supports.

In 2023, Public Health Services:

- Facilitated outreach and education on increased prenatal screening to health professionals and organizations on increased early identification for pregnant individuals at risk for poor mental health. This outreach led to 900 prenatal Healthy Babies Healthy Children screens completed; and,
- Initiated virtual breastfeeding sessions in Q4 2023 to extend the reach of prenatal education programs, reaching 12 individuals over two sessions.

**Action Area: Infant and Early Years Mental Health**

**Action Area Goal:** Reduce the number of children aged 0 to 6 years at risk for poor social and emotional development through education, early identification, and coordinating access to community supports.

In 2023, Public Health Services:

- Trained 100% of Public Health Services’ Healthy Growth and Development Program staff in using screening tools while awaiting supports and services. These tools support the early identification of poor social-emotional development and overall development, leading to the creation of individualized developmental support plans for children aged one month to six years old. This training resulted in increased assessment and screening of children’s overall development and behaviour, with increased referral to children’s mental health and developmental services where appropriate;
- Initiated play-based therapy sessions to support social and emotional development in children aged 0 to six years. Out of the available 98 spots for children to participate in the Theraplay program, 84.7% were booked;
- Implemented the Infant and Early Years Mental Health community pathway to enhance the early identification of social and emotional developmental concerns in children aged 0 to 3.8 years. This pathway focuses on improving access to community supports and optimizing system navigation for those at the highest risk, resulting in 31 families being referred to the Healthy Babies Healthy Children Program. At the same time, Public Health Services is working on the development of a parallel pathway for children aged 3.9 to 6 years for implementation in 2024.

**Action Area: Comprehensive School Health**

**Action Area Goal:** Enhanced school dental screenings and immunization clinics to address deficits of care resulting from the pandemic. Maintain and continually improve partnership and collaboration with local schools and school boards through universal school supports and intensive services to priority schools.

In 2023, Public Health Services:

- Completed dental screening for 22,295 students during the 2022-23 school year to identify urgent dental needs and address deficits of care resulting from the COVID-19 pandemic;
- Completed immunization record screening for 41,611 students during the 2022-23 school year to identify, notify, and promote reporting and/or vaccination for those who do not have an up-to-date immunization record on file with Public Health Services in accordance with the *Immunization of School Pupils Act*;
- Administered 46,668 vaccine doses to grade 7-12 students to catch up on missing immunizations and prevent vaccine-preventable diseases;
- Provided direct public health nurse service to over 100 target schools during the 2022-23 school year to contribute to pandemic recovery efforts and support student mental health; and,
- Achieved a 53% completion rate for National Healthy Schools Certification in target schools, which focuses on promoting and enhancing the health and well-being of students, school staff, and the broader school community.

**MENTAL HEALTH AND SUBSTANCE USE PRIORITY**

**Action Area: Trauma- and Violence-Informed Care**

**Action Area Goal:** Implement an organizational approach to trauma- and violence-informed care through staff training and implementing policies throughout Public Health Services programs.

In 2023, Public Health Services:

- Developed a trauma- and violence-informed care implementation plan to apply an organizational approach to improve staff competency and embed trauma and violence-informed care practices into organizational policies.

**Action Area: Community Mental Health Promotion in Middle Years**

**Action Area Goal:** Collaborate across City Divisions and community partners to promote mental well-being and resilience and prevent substance use in youth.

In 2023, Public Health Services:

- Conducted meetings across the Healthy and Safe Communities Department to explore collaborative opportunities in promoting mental well-being and resilience and preventing substance use in youth.

**Action Area: Municipal Policies on Substance Use**

**Action Area Goal:** Lead the review and update of the 2011 Municipal Alcohol Policy in collaboration with City departments. Collaborate with community stakeholders and other public health units to apply to Health Canada to decriminalize the personal possession of illegal substances.

In 2023, Public Health Services:

- Established a City-wide, cross-departmental working group to coordinate the revision of the Municipal Alcohol Policy to reflect current legislation, evidence, and local needs.

**Action Area: Harm Reduction**

**Action Area Goal:** Coordinate interventions to support safer substance use and decrease adverse events from individuals using alone.

In 2023, Public Health Services:

- Developed the Hamilton Opioid Action Plan, a comprehensive strategy to respond to the toxic drug supply and reduce opioid-related harms and deaths in the community, which Council approved in Q2 2023;

- As a result of the Hamilton Opioid Action Plan, in collaboration with Housing Services, addressed community and Council inquiries by initiating a call for applications to launch a supervised consumption site within a men’s shelter in Hamilton to support safer substance use. No applicants came forward, resulting in the men’s shelter system collectively proposing an alternate plan to embed harm reduction workers into the shelter system. The alternate proposal will be brought forward to Council in 2024 for consideration;
- Developed local guidance to support applicants seeking municipal endorsement for a Consumption and Treatment Services application;
- Developed a 12-month drug checking strips pilot program to support safer substance use with implementation beginning in Q1 2024;
- Responded to 94% (n=3,472) of the Needle Exchange Van harm reduction service requests in 2023 to increase access to safe drug use supplies and support safer substance use; and,
- Distributed naloxone to 16 external stakeholders across 57 sites through the Ontario Naloxone Program to enhance community access to naloxone. An additional nine sites are to complete onboarding in Q1 2024.

## CLIMATE CHANGE PRIORITY

### Action Area: Extreme Heat and Health

**Action Area Goal:** Participate in local efforts to address excessive indoor temperatures in rental housing and identify ways to expand cooling programming and interventions across Hamilton.

In 2023, Public Health Services:

- Initiated work on developing a forthcoming Heat Response Strategy to prevent and protect local residents, specifically vulnerable populations, from heat-related illnesses and deaths;
- Launched the “Be A Heat-Wave Hero” campaign to educate landlords in the highest-risk areas of the community about extreme heat and heat-related illnesses their tenants may be experiencing;
- Held an education session to inform landlords of the risks and impacts of extreme heat in rental units; and,
- Developed toolkits called “CoolKits” to educate and inform public and private subsidized housing providers about the risks, impacts, and prevention of heat-related illness.

### Action Area: Vector-Borne Diseases

**Action Area Goal:** Coordinate and work with partners to ensure vulnerable groups understand and have the means to be adequately protected from Vector Borne Disease (e.g., Lyme, West Nile, etc.).

In 2023, Public Health Services:

- Informed local conservation authorities that Public Health Services provides signage for Lyme disease to ensure residents using trails understand how to adequately protect themselves from Lyme disease, where two signs were posted on the Spencer Creek Trail; and,
- Collaborated with vaccine ambassadors to develop multilingual health education materials to expand Lyme disease and infection information reach to culturally diverse groups.

**Action Area: Data for Climate Change Health Impacts**

**Action Area Goal:** Develop a plan to establish an ongoing weather-related health event monitoring system for the City of Hamilton that works towards more real-time communication.

In 2023, Public Health Services:

- Initiated work on developing a plan to enhance its data surveillance system to monitor individuals presenting with heat-related illnesses in hospitals. Data will be shared with the Public Health Committee by Q2 2024.

**Action Area: Climate and Health Education and Awareness**

**Action Area Goal:** Support the Corporate Office for Climate Change Initiatives and others across the City in the development of climate/health promotional material, education/awareness through research, and identification of existing communication channels to priority and at-risk populations.

In 2023, Public Health Services:

- Collated lists of communication channels, priority neighbourhoods, and at-risk populations served through existing Public Health community services to expand the reach of future communications and education campaigns among priority populations. The Office for Climate Change Initiatives was informed of this outreach to priority neighbourhoods related to extreme heat. Collaboration on identifying priorities between the Office for Climate Change Initiatives and Public Health Services’ Health Hazards and Vector-Borne Diseases Program will continue in 2024.



Hamilton

# 2024 ANNUAL SERVICE PLAN AND BUDGET AND PUBLIC HEALTH PRIORITIES

February 5, 2024

This presentation will **review** the information in **the 2024 Annual Service Plan and Budget submission** to the Ministry of Health, which includes:

- Updated local **community health status information** of Hamiltonians
- Public Health Services' **priorities and action areas** for **addressing population health needs** and **Council priorities**
- **Budgeted expenditures** for delivering Ministry-funded programs in accordance with the Ontario Public Health Standards



# Annual Service Plan and Budget

The **Annual Service Plan and Budget** is a **Ministry of Health** requirement that outlines **detailed program plans** and **budgeted expenditures** for **Ministry-funded programs** to fulfil the requirements of the **Ontario Public Health Standards** in a given year.

## Four Foundational Standards

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

## Nine Program Standards

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

# 2024 Annual Service Plan and Budget Planning

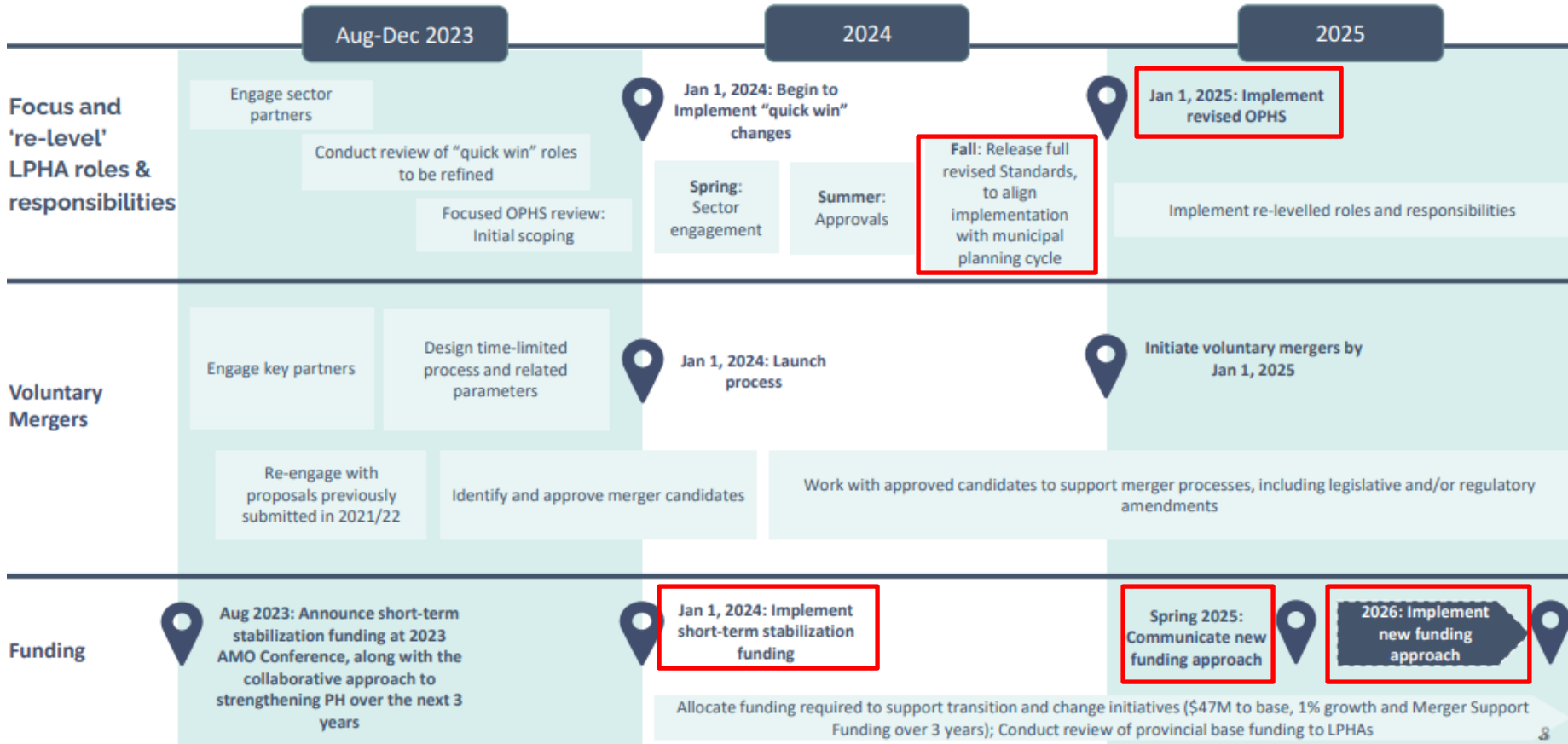
(BOH23038)

To **prepare** for the 2024 Annual Service Plan and Budget, Public Health Services worked to:

- **Balance core public health functions and mandates, local population health needs, Council priorities, and Provincial direction**
- Strategically allocate resources with **least impact on service levels and staff**
- **Strengthen program efficiency**
- **Preserving essential services** and improve population health outcomes **for equity-deserving populations**
  - **Adapt programs for ongoing COVID-19 work**
  - Pilot integrated **Public Health Services Centres**
  - **Engage with communities and partners** on public health needs
- Realign core supports to **best practices and evolving public health role**

# Provincial Strategy to Strengthen Public Health

(BOH23038)



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

# Evidence to Action

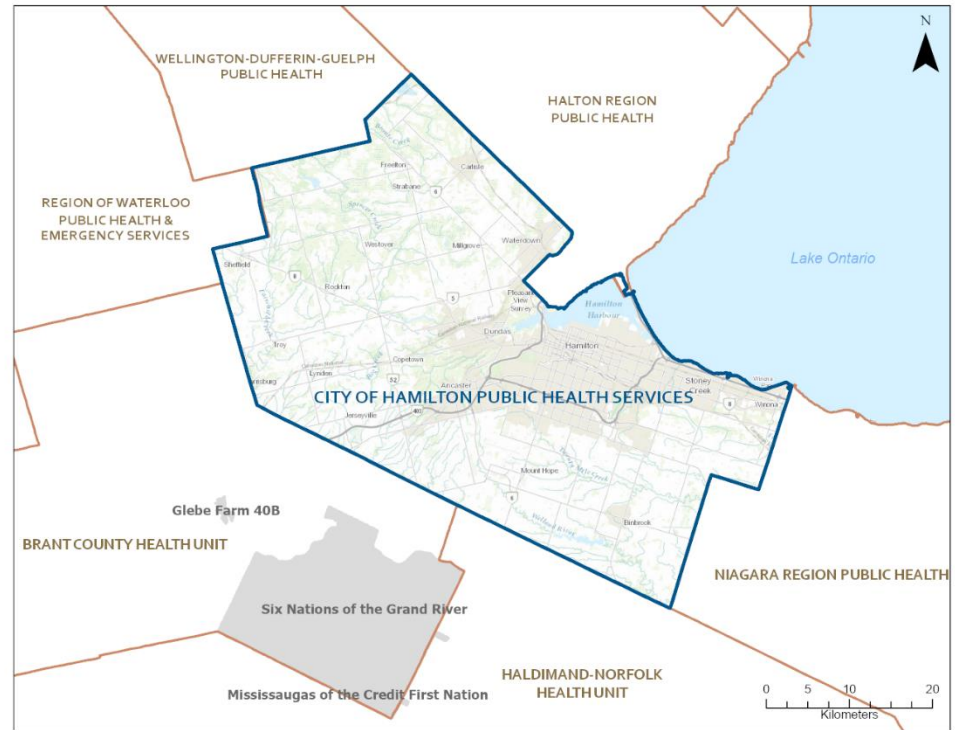
**Combine community health status information with other sources of evidence to adapt and improve existing programs and inform multi-year priority actions that address population health needs.**



Source: National Collaborating Centre for Methods and Tools

# Hamilton: A Health Status Snapshot

- **5<sup>th</sup> largest population** of all Ontario municipalities
  - 2023 Population: **605,842**
  - Projected 2046 Population: **809,661**
- Changes in demographics, for example:
  - **Increasing houselessness**
    - Monthly range from **1,465-1,985** in 2023 compared to **864-1,105** in 2020
  - **Increasing** proportion of Hamiltonians identifying as **racialized**
    - Estimated **25.1%** in 2021 compared to **15.7%** in 2011
  - For the first time in recorded history, Hamilton has **more seniors** than children and youth
    - Those aged 65yrs+ make up **18.4%** of the population in 2022, compared to **17.3%** in 2018



# Hamilton: A Health Status Snapshot

- Hamilton males and females are expected to live to **78.8** years and **83.6** years, respectively. Both are lower than the Ontario as a whole (males **80.5** years, females, **84.6** years)
- Ranking of the **top 5 leading causes of death** did not change between 2012 and 2021
- The **rate of deaths** (per 100,000) has **increased** from **809** in 2012 to **907** in 2021
  - Aging population
  - Emerging leading causes of death, e.g.:
    - **COVID-19** (ranked 10<sup>th</sup>)
    - Increase in **unintentional poisonings** (moved from 28<sup>th</sup> to 7<sup>th</sup>)

## TOP 5 LEADING CAUSES OF DEATH

1

Ischemic Heart Disease

2

Dementia and Alzheimer Disease

3

Cancer of the Lung and Bronchus

4

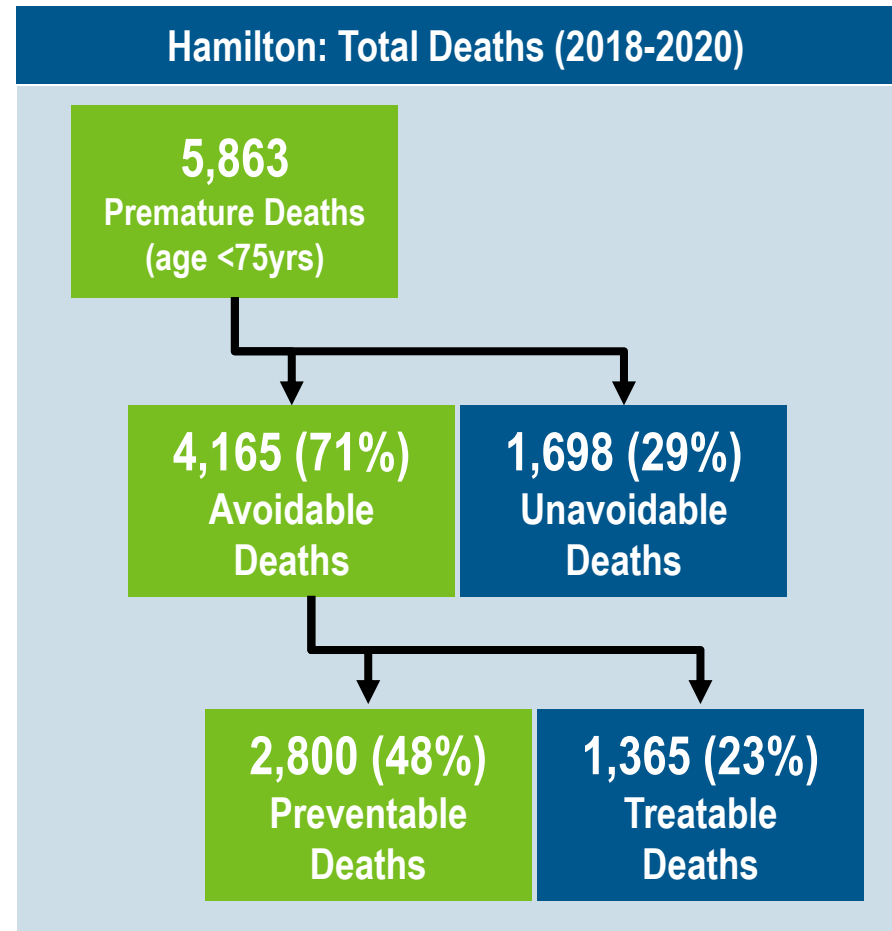
Cerebrovascular Disease

5

Chronic Lower Respiratory Disease

# Hamilton: A Health Status Snapshot

- **Rate of premature deaths** (per 100,000) has **increased** from **314** in 2012 to **369** in 2021
  - Largely attributed to unintentional poisonings and COVID-19
- It is not equal for all Hamiltonians, and this inequality has widened over time. For example:
  - Hamilton's neighbourhoods with the **greatest proportion of low-income households** experience a premature death rate about **175% greater** than neighbourhoods with the **lowest proportion of low-income households**
- Nearly half (**48%**) of **premature deaths** among Hamilton residents could **potentially be avoided** through primary **prevention efforts**



# Hamilton: A Health Status Snapshot

## Key highlights of local health trends:

### Improving

- Ischemic heart disease (2012-2021)
- Hypertension (2012-2021)
- Chronic obstructive pulmonary disease (2011-2020)
- Teen pregnancy (2009-2022)
- Tobacco smoking initiation (2015-2020)



### Worsening

- Local burden of mental health and substance use
- Seasonal pressures of respiratory illness
- Syphilis (2013-2022)
- Lyme disease (2013-2022)





# PUBLIC HEALTH PRIORITIES



# Our Priorities

**Four priorities** identified to **address population health needs** and **Council priorities** for the coming years:



**Health Equity**



**Child and Youth Healthy Growth and Development**



**Mental Health and Substance Use**



**Climate Impacts**

# Outline of Priority Slides

- Relevant **community health status information**
- Alignment to the **Ontario Public Health Standards**
- Alignment to **Term of Council Priorities**
- Specific **Action Areas** within each priority
- The **Objectives** over the next one to four years

# HEALTH EQUITY



# Health Equity



## Health Status Highlights

- Many factors drive health inequities, including **income, education, racialization, family structure, and housing**. Compared to Ontario, Hamilton has:
  - **Higher percentage** of residents with **less than a high school education** (10.4% vs. 8.8%), **lone-parent families** (19.2% vs. 17.1%), and **households in core housing need** (13.0% vs. 12.1%)
  - **Lower percentage** of residents living in **poverty** (7.7% vs. 8.3%), and those identifying as **racialized** (25.1% vs. 34.3%)
- Various health risk factors are disproportionately experienced by Hamiltonians
- Among health outcomes, substance poisoning, assault, sexually transmitted and blood-borne infections, diabetes, and self-harm have the greatest inequities in Hamilton

Risk Factor	Health Inequalities
Tobacco Use	Higher among adults with no high school diploma, lone parents and LGBTQ+
Physical Activity	Lower among low income, racialized and adults with no high school diploma
Metabolic Risks	Higher among low income and adults with no high school diploma
Food Insecurity	Higher among students from families with low income

# Health Equity



**Priority Goal:** To decrease health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances.

- Ontario Public Health Standards,  
Health Equity Foundational Standard

## Priority Action Areas for Public Health:

Competency  
Development

Data for Equity

Community  
Collaboration

Demonstrating  
Impact

## Alignment with Term of Council Priorities:

Sustainable Economic &  
Ecological Development

Safe & Thriving  
Neighbourhoods

Responsiveness &  
Transparency

16

# Health Equity



Priority Action Areas	Action Area Goals
<b>Competency Development</b>	Enhance staff competency to improve equitable health outcomes in programs
<b>Data for Equity</b>	Enhance the collection and use of data on the social determinants of health for Hamiltonians
<b>Community Collaboration</b>	Increase engagement with priority populations in identifying and addressing health inequities and collaborate with community partners
<b>Demonstrating Impact</b>	Measure and demonstrate the impact of programs on health inequities in our community



## Health Equity – Action Area: Competency Development

**Action Area Goal:** Enhance staff competency to improve equitable health outcomes in programs

### Objectives

- Through 2025, promote an **organizational culture** that increases **health equity competence** by providing training to and setting behavioural expectations for all staff
- Through 2024, provide **Indigenous Cultural Competency Training** to 55 additional staff to better understand and apply local contexts to build meaningful relationships with Indigenous communities





## Health Equity – Action Area: Data for Equity

**Action Area Goal:** Enhance the collection and use of data on the social determinants of health for Hamiltonians

### Objectives

- Through 2024, provide 100% of programs with **equity-focused population health assessments** to guide the **development of targeted services**
- Through 2024, establish **health equity key performance indicators** for 100% of programs to **measure and demonstrate impact** on local health inequities
- Through 2027, expand **enhanced social determinants of health data collection**

## Health Equity – Action Area: Community Collaboration



**Action Area Goal:** Increase engagement with priority populations in identifying and addressing health inequities and collaborate with community partners

### Objective

- Through 2027, **increase engagement with priority populations** to strengthen relationships, build trust, and emphasize the integration of lived experience **across Public Health Services**

## Health Equity – Action Area: Demonstrating Impact



**Action Area Goal:** Measure and demonstrate the impact of programming on health inequities in our community

### Objective

- Through 2027, expand **monitoring and reporting** on the priority populations **that programs reach**

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# CHILD AND YOUTH HEALTHY GROWTH AND DEVELOPMENT



# Child and Youth Healthy Growth and Development



## Health Status Highlights

- Children and youth social circumstances
  - **13.0%** live in **low-income households**, higher than Ontario (11.5%)
  - **10.2%** are in **core housing need**, higher than Hamiltonians of all ages (8.9%)
  - **21.7%** of students report **going to bed or school hungry**, lower than Ontario (25.5%)
- **Mental health concerns are increasing**
  - **29.0%** of students (grades 9-12) report only fair or poor mental health, similar to Ontario (28.9%)
  - **1 in 8** (13.1%) students report seriously contemplating suicide, lower than Ontario (15.0%)
  - **28%** of Hamilton mothers had at least one mental health concern during their pregnancy
- **8%** of kindergarten students and **9%** of grade 2 students required **urgent dental care**, which is lower than pre-pandemic
- Percentage of students with **up-to-date vaccine record** continues to be **lower compared to pre-pandemic**, as it is province wide



**1 in 8 grade 9-12 students seriously contemplated attempting suicide**

# Child and Youth Healthy Growth and Development



**Priority Goal:** To achieve optimal preconception, pregnancy, newborn, child, youth, parental, and family health, and to achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools.

- Ontario Public Health Standards,  
Healthy Growth & Development Program Standard and School Health Program Standard

## Priority Action Areas for Public Health:

Optimal Prenatal  
Health

Infant and Early  
Years Mental Health

Optimal Health of  
School-Aged  
Children and Youth

## Alignment with Term of Council Priorities:

Sustainable Economic &  
Ecological Development

Safe & Thriving  
Neighbourhoods

Responsiveness &  
Transparency

# Child and Youth Healthy Growth and Development – Priority Action Areas



Priority Action Areas	Action Area Goals
<p><b>Optimal Prenatal Health</b></p>	<p>Improve health and mental health during pregnancy and the immediate postpartum period</p>
<p><b>Infant and Early Years Mental Health</b></p>	<p>Reduce the number of children aged 0-6 years at risk for poor social and emotional development</p>
<p><b>Optimal Health of School-Aged Children and Youth</b></p>	<p>In partnership and collaboration with school boards and schools:</p> <ul style="list-style-type: none"> <li>• Improve the mental health and well-being of school-aged children and youth</li> <li>• Increase access to oral health care services for children and youth disproportionately impacted by the social determinants of health</li> <li>• Reduce the burden of disease and absence from school due to lapsed <i>Immunization of School Pupils Act</i> vaccinations and records</li> </ul>

## Child and Youth Healthy Growth and Development – Action Area: Optimal Prenatal Health



**Action Area Goal:** Improve health and mental health during pregnancy and the immediate postpartum period

### Objective

- Through 2027, achieve an annual 5% **increase in the use of prenatal supports** among individuals with poor perinatal mental health and other prenatal risk factors

## Child and Youth Healthy Growth and Development – Action Area: Infant and Early Years Mental Health



**Action Area Goal:** Reduce the number of children aged 0-6 years at risk for poor social and emotional development

### Objective

- Through 2027, **improve coordination of community screening to identify children at risk and connect families** to a range of prevention, early intervention, and treatment options

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## Child and Youth Healthy Growth and Development – Action Area: Optimal Health of School-Aged Children and Youth



**Action Area Goals:** In partnership and collaboration with school boards and schools:

- Improve the mental health and well-being of school-aged children and youth
- Increase access to oral health care services for children and youth disproportionately impacted by the social determinants of health
- Reduce the burden of disease and absence from school due to lapsed *Immunization of School Pupils Act* vaccinations and records

### Objectives

- Through 2026, achieve an annual 10% **increase** in the number of **priority school communities** that report **positive impacts on student health and well-being**
- Through 2026, increase **access to preventative oral health care** among children in priority populations
- Through 2026, **increase vaccination rates** among students enrolled in Hamilton schools for the diseases listed under the *Immunization of School Pupils Act*



# MENTAL HEALTH AND SUBSTANCE USE



# Mental Health and Substance Use



## Health Status Highlights

- Mental health and substance use disorders often co-occur and share several risk factors
- **Mental Health**
  - **16%** of Hamiltonians over 12 years report mood and anxiety disorders; **higher among females, aged 20-44 years, and low income**
  - Intentional self-harm emergency department visits are higher in Hamilton (176.8 per 100,000 population) than in Ontario; **higher among females aged 10-19 years**
- **Substance Use**
  - Over **1,000 local deaths attributed to 3 substances** (alcohol, tobacco and opioids) annually
  - Hamilton's opioid-related death rate was **63% greater** than the provincial average in 2022 and is the **9<sup>th</sup> highest** among the 34 provincial public health units
    - Rate is **higher among males aged 25-64 years and people who are houseless**

Based on most current data, over 1,000 local deaths are attributed to 3 substances annually:

**208** deaths related to Alcohol

**783** deaths related to Tobacco

**168** deaths related to Opioids

# Mental Health and Substance Use



**Priority Goal:** To promote community mental health and well-being and reduce the burden of substance use.

- Adapted from Ontario Public Health Standards, Substance Use and Injury Prevention Program Standard

## Priority Action Areas for Public Health:

Trauma- and  
Violence-  
Informed Care

Youth Mental  
Well-Being

Municipal  
Policies on  
Substance Use

Harm Reduction

## Alignment with Term of Council Priorities:

Sustainable Economic &  
Ecological Development

Safe & Thriving  
Neighbourhoods

Responsiveness &  
Transparency

# Mental Health and Substance Use



Priority Action Areas	Action Area Goals
<b>Trauma- and Violence-Informed Care</b>	Strengthen Public Health Services' approach to trauma- and violence-informed care
<b>Youth Mental Well-Being</b>	Increase resiliency and promote mental health and well-being among youth in the middle years
<b>Municipal Policies on Substance Use</b>	Enhance the Municipal Alcohol Policy to mitigate the harms associated with alcohol use on municipal properties
<b>Harm Reduction</b>	Enhance harm reduction education, programs, and services to support safer substance use among people who use substances

## Mental Health and Substance Use – Action Area: Trauma- and Violence-Informed Care



**Action Area Goal:** Strengthen Public Health Services' approach to trauma- and violence-informed care

### Objective

- Through 2025, provide 100% of services in emotionally and physically safe environments through the incorporation of **trauma- and violence-informed care principles**

## Mental Health and Substance Use – Action Area: Youth Mental Well-Being



**Action Area Goal:** Increase resiliency and promote mental health and well-being among youth in the middle years

### Objective

- Through 2024, develop a **plan to address risk and protective factors** among youth in the middle years

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## Mental Health and Substance Use – Action Area: Municipal Policies on Substance Use

**Action Area Goal:** Enhance the Municipal Alcohol Policy to mitigate the harms associated with alcohol use on municipal properties

### Objective

- Through 2025, lead and coordinate the **revision of the Municipal Alcohol Policy** and support implementation of the revised policy to promote healthy, safe, and enjoyable environments

## Mental Health and Substance Use – Action Area: Harm Reduction



**Action Area Goal:** Enhance harm reduction education, programs, and services to support safer substance use among people who use substances

### Objectives

- Through 2024, update the **Hamilton Drug Strategy** with a **focus on alcohol, cannabis, and other substances of concern** to reduce the harms associated with substance use
- Through 2025, implement the **Hamilton Opioid Action Plan** in collaboration with community partners to reduce opioid-related harms and deaths and increase access to treatment
- Through 2025, **increase supports for safer substance use** among people at high risk of alcohol- and cannabis-related harms

# CLIMATE IMPACTS





# Climate Impacts



## Health Status Highlights

- **Hamilton's temperature will increase.** The annual average temperature is projected to increase from 8.3°C to 10.4°C in 2050 and 12.5°C in 2080
- Estimated **1,291** emergency department visits for heat-related illness for Hamiltonians from 2012 to 2021 (Hamilton rate is similar to Ontario's)
  - Inequities exist, **more visits** occur among those with **lowest income** and **highest housing needs**
- Climate change affects ecosystems and supports the spread of infectious diseases, such as vector-borne diseases
  - **Lyme disease cases** have **increased** in Hamilton since 2013, with the **highest number** of cases seen to date (**79**) reported in 2023
  - In 2023, Hamilton's rate of Lyme disease was 13.1 cases per 100,000, and was the 10<sup>th</sup> highest among the 34 provincial public health units (highest was 176.7 cases per 100,000)

# Climate Impacts



**Priority Goal:** To promote healthy built and natural environments that support health and mitigate existing and emerging risks, including the impacts of a changing climate, and to enable consistent and effective management of emergency situations.

- Adapted from Ontario Public Health Standards, Healthy Environments Program Standard and Emergency Management Foundational Standard

## Priority Action Areas for Public Health:

Vector-Borne  
Diseases

Extreme Heat and  
Health

Emergency  
Management

## Alignment with Term of Council Priorities:

Sustainable Economic &  
Ecological Development

Safe & Thriving  
Neighbourhoods

Responsiveness &  
Transparency

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# Climate Impacts



Priority Action Areas	Action Area Goals
<b>Vector-Borne Diseases</b>	Increase surveillance, public awareness, and detection of climate-sensitive vector-borne diseases to reduce the incidence of vector-borne disease in the Hamilton community
<b>Extreme Heat and Health</b>	Goals related to this priority area are under development and will be shared via a forthcoming “Heat Response Strategy” in Q1-Q2 2024
<b>Emergency Management</b>	Increase preparedness and public awareness to respond to threats related to climate change

## Climate Impacts – Action Area: Vector-Borne Diseases



**Action Area Goal:** Increase surveillance, public awareness, and detection of climate-sensitive vector-borne diseases to reduce the incidence of vector-borne disease

### Objective

- Through 2025, **increase awareness of tick identification and prevention measures** among Hamilton adults aged 18yrs+, including parents

## Climate Impacts – Action Area: Extreme Heat and Health



**Action Area Goal:** Goals related to this priority area are under development and will be shared via a forthcoming “Heat Response Strategy” in Q1-Q2 2024

### Objective

- Objectives related to this priority are under development



## Climate Impacts – Action Area: Emergency Management

**Action Area Goal:** Increase preparedness and public awareness to respond to threats related to climate change

### Objectives

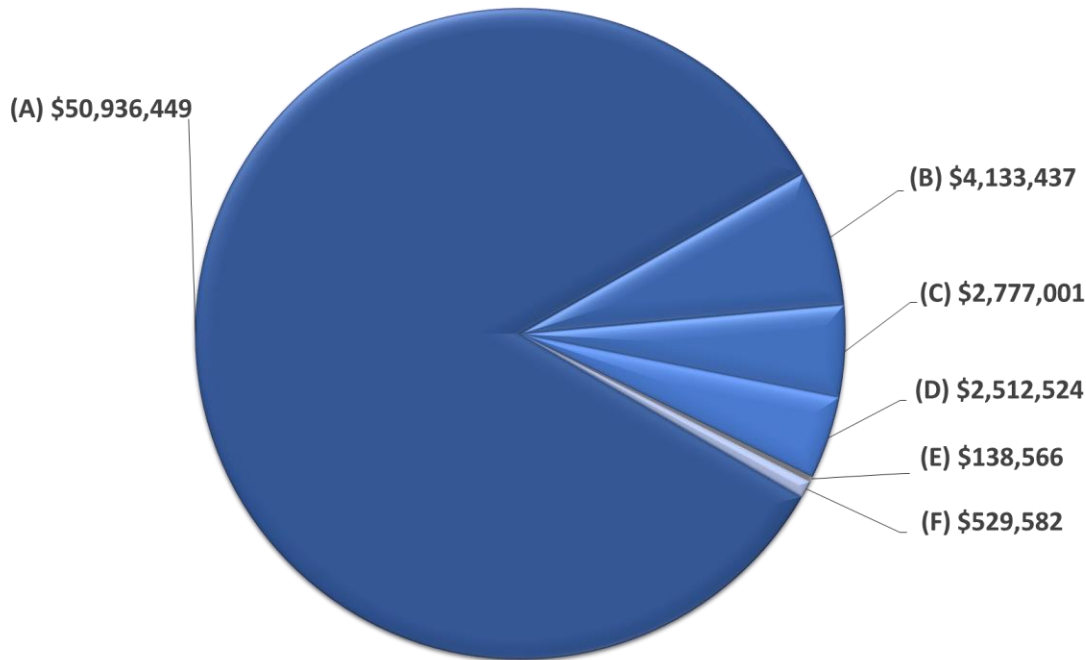
- Through 2024, support the development and delivery of **risk communications** to the public during emerging threats related to climate change (e.g., smoke and wildfires)
- Through 2024, support testing and validating the City's forthcoming **Heat Response Strategy** with community partners

# BUDGET



# 2024 Public Health Overall Budgeted Expenditures

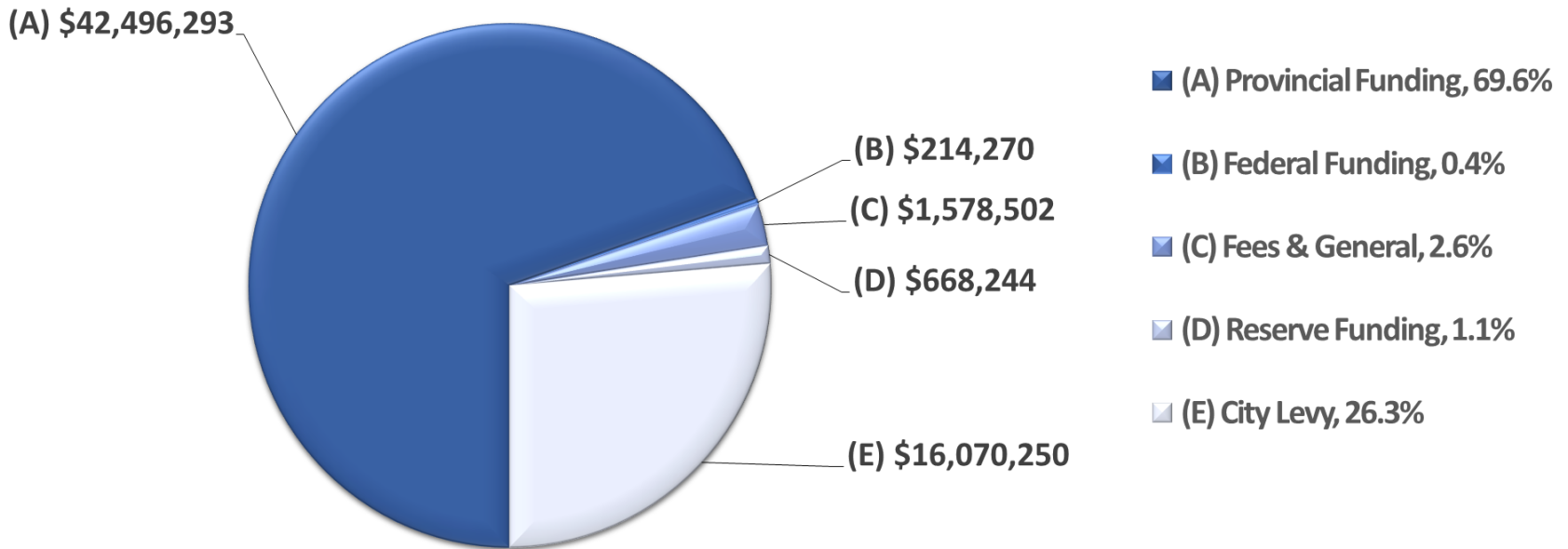
Total: \$61,027,560



- (A) Annual Service Plan, 83.5%
- (B) Healthy Babies Healthy Children, Provincial, 6.8%
- (C) Alcohol, Drugs & Gambling Services / Mental Health & Street Outreach, Provincial, 4.3%
- (D) Child & Adolescent Services, Provincial, 4.1%
- (E) Residential Care Facilities, City, 0.2%
- (F) Other City Programs .4%: Pest Control, Physician Recruitment, Cold Supplies etc, Provincial 0.1%: Anonymous test; Federal 0.4%: Prenatal Nutrition Support Total 0.9%

# 2024 Public Health Overall Funding Sources

Total: \$61,027,560



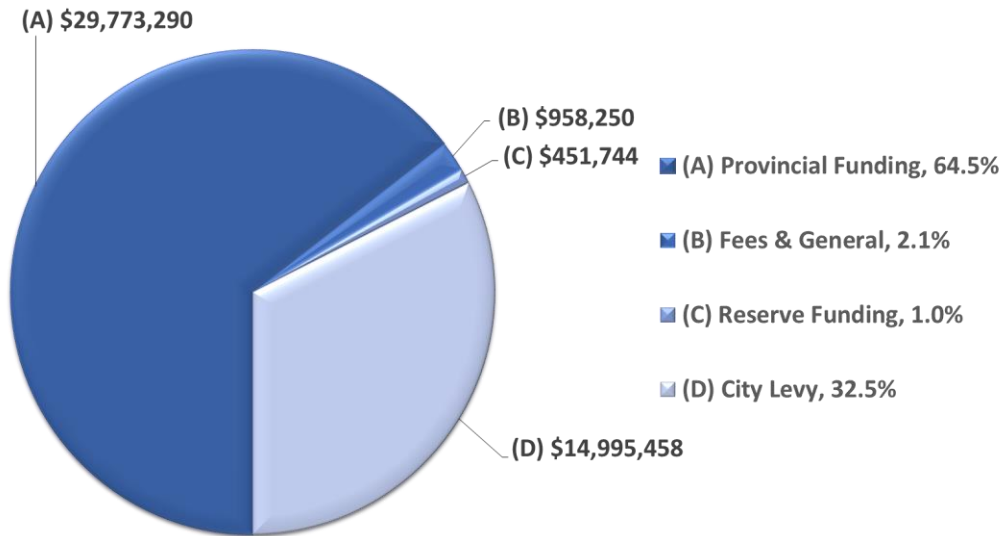


# 2024 Annual Service Plan Funding Sources

Total: \$50,036,499

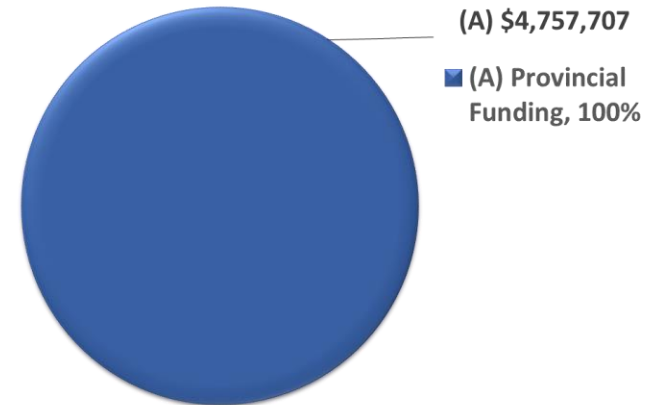
2024 Annual Service Plan Base Funding Sources

Total \$ 46,178,792



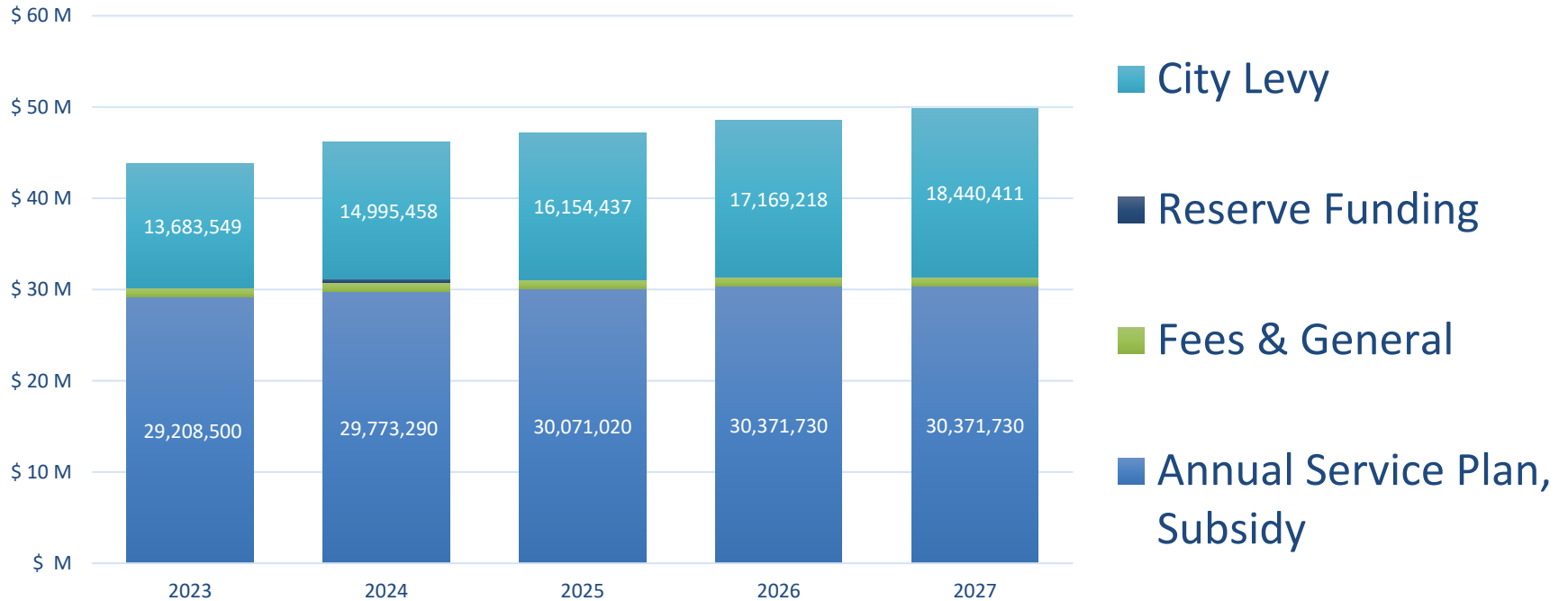
2024 Ontario Seniors Dental Care Program

Total \$ 4,757,707



# 2024 Annual Service Plan Funding Sources

## 2023-2027



	2023	2024	2025	2026	2027
Annual Service Plan, Subsidy	29,208,500	29,773,290	30,071,020	30,371,730	30,371,730
Fees & General	960,637	958,250	973,450	989,000	1,000,565
Reserve Funding	-	451,744	-	-	-
City Levy	13,683,549	14,995,458	16,154,437	17,169,218	18,440,411
<b>Total</b>	<b>43,852,686</b>	<b>46,178,742</b>	<b>47,198,907</b>	<b>48,529,948</b>	<b>49,812,706</b>
City Levy % of Total Expenditure	31.2%	32.5%	34.2%	35.4%	37.0%

# Summary and Next Steps

- Public Health Services will focus on **four priorities** to **address population health needs** and **Council priorities** for the coming years:



**Health Equity**



**Mental Health and Substance Use**



**Child and Youth Healthy  
Growth and Development**



**Climate Impacts**

- Community health status information**, core **public health functions** and **mandates**, provincial direction and these **priorities inform the 2024 Annual Service Plan and Budget**
  - To be submitted to the Ministry of Health April 2024
- Ministry's **Strengthening Public Health Strategy continues to unfold** and will impact Hamilton's Board of Health and the work of Public Health Services




Hamilton

QUESTIONS?



# INFORMATION REPORT

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	February 5, 2024
<b>SUBJECT/REPORT NO:</b>	Immunization of Schools Pupils Act Information Report (BOH24002) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Michael Bush (905) 546-2424 Ext. 3504
<b>SUBMITTED BY:</b>	Jordan Walker, Director, Communicable Disease Control Division Public Health Services
<b>SIGNATURE:</b>	

## COUNCIL DIRECTION

Not Applicable.

## INFORMATION

Immunizations are one of the most impactful and cost-effective public health interventions as they protect individuals from the harmful effects of vaccine-preventable diseases. Community level protection from high rates of vaccination, known as herd immunity, reduces the risk of disease for those who cannot receive a vaccine because of their age or a medical condition. Our local immunization programs aim to safeguard people from vaccine-preventable diseases and mitigate the risk of outbreaks associated with these diseases. Hamilton Public Health Services' Vaccine Program works to:

- Promote and provide advice about immunization to the public, health care professionals, and organizations;
- Distribute publicly funded vaccines to all vaccine providers in Hamilton except pharmacies who receive vaccines through another route;
- Monitor to ensure the proper storage of vaccines by all providers;
- Directly provide vaccines for select groups, including:
  - Grade 7 school-based vaccines, including Grade 8 catch-up;
  - COVID-19 and influenza, focusing on the most vulnerable, equity deserving populations; and,

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

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

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

**SUBJECT: Immunization of Schools Pupils Act Information Report (BOH24002)  
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- Catch-up clinics for those behind in vaccinations, with a particular focus on improving access for equity deserving populations and those without a primary care provider.
- Reviewing vaccination records for all children in school and childcare to ensure they are up to date with vaccinations, and providing reminders to get up to date, and,
- For school children, where the above efforts have failed to ensure that children are vaccinated in keeping with legislation, or a valid reason for an exemption provided, enforcement as required under the *Immunization of School Pupils Act*.

The *Immunization of School Pupils Act* outlines that all children attending school between the ages of 4 to 17 years are required to be immunized for designated diseases according to the Publicly Funded Immunization Schedule for Ontario or have a valid medical or philosophical exemption in place.

Since the COVID-19 pandemic, there has been a decrease in overall immunization rates among children for routine childhood and school-age vaccinations. Response to the COVID-19 pandemic impacted the capacity of Public Health Services and primary care to provide access to immunization services. Since March 2022, Public Health Services has been working to address this backlog through catch-up vaccination clinics, resuming school-based vaccine clinics and providing screening letters to parents regarding incomplete vaccination records. For the 2023/2024 school year, Public Health Services will resume enforcement under the *Immunization of School Pupils Act*.

**Policy Implications and Legislated Requirements:**

The Ontario Public Health Standards include the requirement for boards of health to assess vaccine records, maintain vaccination records and report on immunization status. The Board of Health is mandated to enforce the *Immunization of School Pupils Act 1990*, for school-aged children.

The *Immunization of School Pupils Act* requires every Medical Officer of Health to have an immunization record for students attending school in their jurisdiction. Under the *Immunization of School Pupils Act*, for each student under the age of 18 years, evidence of up-to-date immunizations against the specified diseases must be provided to the local Medical Officer of Health. Public Health Services collects specified information for vaccination against nine designated diseases: diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, measles, mumps, rubella, meningococcal disease, and varicella (chickenpox). For students who are unable to receive vaccines for medical reasons (e.g. allergies, immunocompromised, etc.) a health care provider must complete a medical exemption form and provide it to public health. Parent(s)/guardian(s) may also choose to exempt their child from receiving vaccines for religious or conscientious reasons. As per the *Immunization of School Pupils Act*, to obtain a non-medical exemption, parents/guardians must attend an education session

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provided by Public Health Services as well as complete a “statement of conscience or religious belief” form and have it notarized by a notary public. Provision of a complete form for either exemption to the appropriate Medical Officer of Health places a student in compliance with the *Immunization of School Pupils Act*.

**The Records Process and Reporting:**

Parent(s)/Guardian(s) are responsible for updating Public Health Services every time their child receives an immunization. Providing immunization updates to Public Health Services helps protect the child and the public in the event of a vaccine preventable disease outbreak in our community. Vaccine records can be reported to Public Health Services via fax, phone, mail, or in person.

**Screening and Assessment Process:**

Assessment of immunization records for students is done in accordance with the Immunization Management Protocol under the Ontario Public Health Standards and the *Immunization of School Pupils Act*.

Students with incomplete records or who are overdue for immunization are notified through an information notice indicating which records are incomplete, the process for reporting their vaccine records and how to obtain their records and due vaccines. If this information is not received in the specified time frame, a second notice is sent stating that students may be suspended from school for up to 20 school days or until records have been forwarded to the medical officer of health and assessed for up-to-date status or valid exemption. As soon as a complete record is received, either with an appropriately given vaccine or an exemption, the student can return to school. Every effort is made to avoid suspension, and when they occur, to keep it as short as possible.

Throughout the record review process, nurses are accessible to address phone inquiries from parents or students regarding vaccine and exemption criteria. They also assist in advocating with healthcare providers to retrieve immunization records, and they administer vaccinations at community clinics. While anyone may attend these clinics, they focus on individuals without a family physician, equity deserving groups, and those at immediate risk of school suspension.

The *Immunization of School Pupils Act* outlines the immunization requirements, along with the roles and responsibilities of various stakeholders in its implementation. These include parents, physicians, nurses, the Medical Officer of Health, and school operators.

**Table 1: Roles and responsibilities in the implementation of the *Immunization of School Pupils Act* and vaccine program**

<b>Role</b>	<b>Responsibility</b>
Parents	<ul style="list-style-type: none"><li>Ensure their child receives all vaccinations designated under the <i>Immunization of School Pupils Act</i>,</li></ul>

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	<ul style="list-style-type: none"> <li>• Report when their child receives vaccines to Public Health Services; and,</li> <li>• If vaccines were not received, provide a valid medical exemption if the child cannot receive the vaccines for medical reasons or a completed statement of conscience or religious belief if the parent does not wish the child to receive the vaccines.</li> </ul>
Physicians and Nurses	<ul style="list-style-type: none"> <li>• Provide vaccines according to Ontario's Publicly-Funded Immunization Schedule; and,</li> <li>• Provide parents with a signed statement showing the vaccines provided to the child (e.g. Yellow Card, etc.)</li> </ul>
Medical Officer of Health	<ul style="list-style-type: none"> <li>• Conduct the screening and suspension process to ensure children are up-to-date on immunizations or have a valid medical exemption on file or have a valid statement of conscience or religious belief on file with Public Health Services;</li> <li>• Enter immunization data into the appropriate provincial vaccine database; and,</li> <li>• Provide Human Papilloma Virus, Hepatitis B and meningococcal vaccine to students in Grade 7.</li> </ul>
School Operator	<ul style="list-style-type: none"> <li>• Provide school and class lists to Public Health Services;</li> <li>• Allow Public Health Services to attend the school to administer specific vaccines; and,</li> <li>• Do not allow students to attend school if the Medical Officer of Health has ordered the student to be suspended under the <i>Immunization of School Pupils Act</i>.</li> </ul>

**Data Analysis**

Hamilton Public Health Services is responsible for assessing and maintaining vaccine records of over 80,000 students enrolled in elementary and secondary schools in Hamilton.

In 2018-2019, after the last full assessment of vaccine records, approximately 16,000 students were notified that they did not have an up-to-date record on file with public health. This was either because a student had not received all required vaccines or the student's vaccine record was not reported to public health by the parent and/or guardian. Of these students, approximately 3,400 were suspended from school; most orders of suspension were rescinded within the first week.

For the 2018-2019 school year, this resulted in a compliance rate between 94.3% to 98.5% for seven to eight year old school students and 93.1% to 99.8% for 17 to 18 year old school students.



These compliance values are used as an approximate indication of immunization coverage for the designated diseases; however, these estimates include a small proportion of non-immunized exempt students (2.6% to 3.4% varying by immunization and age).

**2023/2024 Screening and Suspension Planning:**

From November 2023 to June of 2024, all school age children (Kindergarten to Grade 12) are being assessed for overdue immunizations. Students and parents of children under 17 years old, will be notified of immunizations reported as overdue in Public Health's database. Parents and students are given long lead times to provide updated records to Public Health prior to suspension dates. For the 2023/2024 school year students through Grades 9 to 12 could receive a notice of suspension if found to be non-compliant following assessment of vaccine records.

Screening letters were mailed to birth cohorts 2006, 2007, 2008, and 2009 in November 2023 (these approximate students in Grades 9 to 12). The last day for parents and students to return immunization records to public health for this cohort was January 5, 2024. Suspension orders are then generated and mailed to all remaining non-compliant students. The last day to return immunization records to public health before the suspension order is March 4, 2024. Suspension of students not in compliance will begin on or after March 5, 2024.

The remaining birth cohorts from 2010-2019 will be screened and notified in three separate waves, broken down by birth cohort between March and June of 2024. This group will not be considered for suspensions during the 2023/2024 school year.

In an effort to reach compliance with the Immunization of School Pupils Act, Public Health Services has a multi-year plan to reduce non-compliance rates in the City. Additional birth cohorts will be included for suspension over the next three to four years with the goal of achieving full compliance for all age cohorts by the 2026/2027 school year.

Components of the plan include:

**1. Health Promotion and Sharing of Key Messages;**

- Develop and implement key messages to inform and empower individuals and communities about the importance of immunizations to protect the health of the public, and the *Immunization School Pupils Act*; and,
- Develop and implement key messages and strategies to inform and remind Hamilton parents and guardians of the responsibility and importance of reporting vaccines to Public Health Services.

- 2. Engaging in preparatory screening efforts prior to the school year (Summer Screening); and,**
  - By identifying and notifying students with incomplete immunization records prior to the school year, the program has been able to give parents as much notice as possible regarding incomplete or out of date vaccination records.
  
- 3. Immunization Clinics in secondary schools to address the high volume of students who do not have up-to-date immunizations post COVID-19 pandemic; and,**
  - Prior to suspension of high school students Public Health Services offers high school based catch-up clinics for any students that are behind in their Grade 7 vaccines as well as catch-up for any lapsed immunizations under the *Immunization of School Pupils Act*.
  
- 4. Immunization clinics provided the day before, the day of and the day after suspension day.**
  - These clinics are accessible for any student who requires vaccines to either prevent or rescind a suspension.

**Supporting Vaccination and *Immunization of School Pupils Act* Compliance:**

Public Health Services makes every effort to promote vaccinations and reporting vaccination records, supports access to vaccinations through our clinics and primary care, with an aim to improve vaccination rates among children and youth, and reduce the number and duration of school suspensions.

A core component of the Vaccine Program is the provision of school-based clinics to provide immunizations to Grade 7 and 8 students. This element of the Vaccine Program was restarted in the fall of 2022. Through the spring and summer of 2023, Public Health Services offered additional clinics at high schools to support catch-up of vaccinations missed during the COVID-19 pandemic. Further high school clinics are being offered throughout January and February 2024.

Public Health Services offers routine immunizations at our community clinics each month. In the leadup to this spring's enforcement of the *Immunization of School Pupils Act*, Public Health Services has increased the frequency of these clinics to weekly. These clinics provide catch-up immunizations, primarily to those students who received an immunization notice as part of screening under the *Immunization of School Pupils Act*, and for those without a primary care provider, equity deserving groups or those who might otherwise have difficulty in accessing vaccinations.

Public Health Services has ongoing collaboration and communication with the school board superintendents and principals about school-based clinic plans, screening and

**SUBJECT: Immunization of Schools Pupils Act Information Report (BOH24002)  
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suspension plans and providing key resources and messaging to share with internal school board staff (e.g. Principals, Teachers, Admins) as well as the students, parents, and guardians.

Public Health Services engages with primary care on the promotion of, and access to, routine childhood vaccinations, including publicly funded schedule vaccines, and the importance of reporting vaccines to Public Health Services. Additionally, Public Health Services engages physicians and other health care providers regarding suspensions to ensure awareness and support potential increases in demand for outstanding vaccinations.

The Vaccine Program utilizes the City of Hamilton website to provide information on program services and access, importance of vaccination and vaccine records. The Program also staffs an intake line to address questions or areas of concern by parents of providers. Starting in 2024 a Notice of School Suspensions message will be posted as a banner on Vaccine Program and Public Health Services webpages to draw attention to the requirements and processes under the *Immunization of School Pupils Act*. Further information about or vaccine programs and services can be found at: [www.hamilton.ca/immunization](http://www.hamilton.ca/immunization).

**APPENDICES AND SCHEDULES ATTACHED**

Appendix “A” to Report BOH24002      *Immunization of School Pupils Act – Screening and Suspensions Frequently Asked Questions*



Vaccine Program  
Mail: P.O. Box 897, Hamilton ON, L8N 3P6  
Phone: 905.540.5250 Fax: 905.546.4841  
www.hamilton.ca/vaccines

# Immunization of Schools Pupil Act

## Screening and Suspension FAQ

**1. What is the Immunization of School Pupils Act (ISPA)?** ISPA is a law in Ontario that requires children attending school to be immunized against specific diseases. The law allows for medical exemptions or exemptions based on conscience or religious beliefs. If a child's immunization is not up-to-date or they do not have a valid exemption on record they may be suspended from school. The goal of ISPA is to protect the health of children and prevent disease outbreaks in schools.

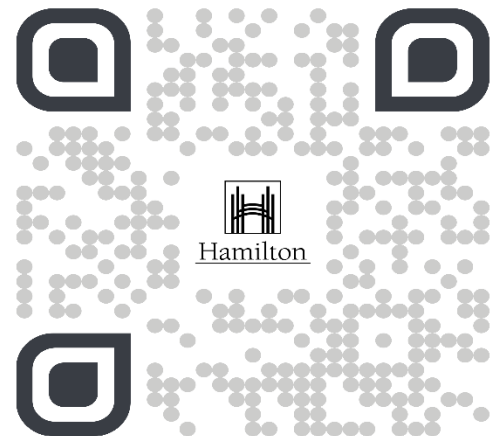
**2. What vaccines are required under the Immunization of School Pupils Act (ISPA)?** Vaccines required include diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, and meningococcal diseases. To be considered fully vaccinated, a child must meet the vaccine schedule as outlined by the Ontario Immunization Schedule and the Canadian Immunization Guide. This means certain vaccines need to be given at specific times and frequencies to ensure complete and effective immunization. You are recommended to consult with a healthcare provider for more details about the requirements, and to review your child's vaccination.

**3. What is the purpose of the screening letter I received?** The screening letter is sent to identify if your child's vaccine record is incomplete or if there are missing exemptions. It is not a suspension order but a preliminary notification.

**4. Why is Public Health not aware of my child's vaccinations?** Public Health might not have your child's updated vaccine records because **parents/guardians need to report them to Public Health. Healthcare providers do not report these automatically.**

**5. How do I report my child's vaccinations?**

- 1. Online Reporting:** via URL <https://hph.icon.ehealthontario.ca/#!/welcome>, or scan the QR code to the right. ***Please upload a scan or image of the vaccine history document(s).***
- 2. Mail or Fax:** Details for mailing or faxing records are provided in the screening letter.
- 3. Phone Reporting:** Call Vaccine Records at 905-540-5250. Expect high call volumes and exercise patience.





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**6. What if my child needs to be vaccinated?** If your child needs vaccinations, your first step should be to visit your primary care provider. They can administer the necessary routine childhood vaccinations to ensure your child is up-to-date. **Reporting vaccine history to Public Health remains the responsibility of the parent/guardian or the student.**

**7. What happens if I don't update my child's vaccine records?** If the records are not updated after the screening, a suspension order may be issued. The suspension order will specify a deadline to provide an updated vaccine record or receive vaccine.

**8. What is a suspension order?** A suspension order is issued if a student's vaccine records are not updated following the screening process. This order specifies the deadline by which the student must submit an up-to-date vaccine record to avoid being suspended from school. The suspension may be up to 20 school days excluding statutory holidays and PA days.

**9. What is the deadline for updating vaccine records?**

- **Report by Date:** The screening letter includes a 'report by date' for updating records.
- **Suspension Date:** Provided in the suspension order, allowing time for record updates post-screening.

**10. Are there any Public Health vaccine clinics available?** Yes, vaccine clinics are available, but it's recommended to first visit your primary care provider for your child's routine childhood vaccinations.

- **Public Health Clinics:** For those without a health card, routine vaccines are available at public health clinics. Book appointments at [www.hamilton.ca/schoolclinics](http://www.hamilton.ca/schoolclinics).
- **High School Catch-up Clinics:** In collaboration with local school boards, these clinics are available only to students who are currently registered in a high school in Hamilton but may be busy. Capacity limitations mean not all students can be vaccinated during these clinics.

**11. Are there any exemptions to the vaccination requirement?** Yes, for medical or personal reasons. Visit [www.hamilton.ca/vaccines](http://www.hamilton.ca/vaccines) for details. For changes to an ISPA exemption, call 905-540-5250.

## Additional Resources

- General Vaccine Information: [www.hamilton.ca/vaccines](http://www.hamilton.ca/vaccines)
- School Clinics Information: [www.hamilton.ca/schoolclinics](http://www.hamilton.ca/schoolclinics)