



City of Hamilton
PUBLIC HEALTH COMMITTEE
REVISED

Meeting #: 24-003
Date: April 2, 2024
Time: 9:30 a.m.
Location: Council Chambers
Hamilton City Hall
71 Main Street West

Matt Gauthier, Legislative Coordinator (905) 546-2424 ext. 6437

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 February 5, 2024

5. COMMUNICATIONS

5.1 Correspondence from Joy Lachica, Board of Health Chair, Peterborough Public Health, respecting Legislated improvements to indoor air quality (IAQ) in indoor public settings are required to reduce the transmission of COVID-19 and other airborne pathogens

Recommendation: Be received.

- *a. Correspondence from Joy Lachica, Board of Health Chair, Peterborough Public Health, respecting Legislated improvements to indoor air quality (IAQ) in indoor public settings are required to reduce the transmission of COVID-19 and other airborne pathogens

- REVISED

Recommendation: Be received *and referred to the Medical Officer of Health for analysis and a report back to the Public Health Committee.*

- 5.2 Correspondence from Wess Garrod, Board of Health Chair, Kingston, Frontenac, Lennox and Addington Public Health, respecting Public Health Ontario Laboratories

Recommendation: Be endorsed.

- *a. Correspondence from Wess Garrod, Board of Health Chair, Kingston, Frontenac, Lennox and Addington Public Health, respecting Public Health Ontario Laboratories - REVISED

6. DELEGATION REQUESTS

- 6.1 Kathleen Zavarise, Trillium Gift of Life, respecting Spreading Awareness about Organ and Tissue Donation (for a future meeting)

7. DELEGATIONS

8. STAFF PRESENTATIONS

9. CONSENT ITEMS

- 9.1 City of Hamilton Support for SCORE! Program (BOH24007) (City Wide) (Outstanding Business List Item)
- 9.2 Monitoring Heat-Related Deaths and Illnesses in Hamilton (BOH24005) (City Wide) (Outstanding Business List Item)
- 9.3 Suspect Drug-Related Deaths and Opioid-Related Paramedic Calls (September-December 2023) (BOH24006) (City Wide)

10. DISCUSSION ITEMS

- 10.1 Selection Criteria and Policy and By-Law Changes to Implement the Public Health Sub-Committee (BOH24003) (City Wide) (Outstanding Business List Item)

11. MOTIONS

12. NOTICES OF MOTION

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

*12.1 Resolution to declare the City of Hamilton a “No Paid Plasma Zone”

13. GENERAL INFORMATION / OTHER BUSINESS

13.1 Amendments to the Outstanding Business List

a. Items Considered Complete and to be Removed

a. Feasibility of Tracking Heat-Related Deaths and Illnesses

Added: May 15, 2023 (Special PHC Report 23-006, Item 1(e))
Addressed as Item 9.2 on today's agenda

b. Consultation with SCORE! (Strengthening Community Roots: Anchoring Newcomers in Wellness and Sustainability) on the Riverdale Neighborhood Project (Ward 5)

Added: December 4, 2023 (PHC Report 23-012, Item 5)
Addressed as Item 9.1 on today's agenda

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT



**PUBLIC HEALTH COMMITTEE
(Formerly the Board of Health)
MINUTES 24-002**

9:30 a.m.

Monday, February 5, 2024

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

Present: Mayor A. Horwath (Chair)
Councillors C. Cassar, J.P. Danko, M. Francis, T. Hwang, T. Jackson,
C. Kroetsch, T. McMeekin, N. Nann, E. Pauls, J. Beattie, and A. Wilson
and M. Wilson

**Absent with
Regrets:** Councillors B. Clark, M. Spadafora, M. Tadeson – City Business

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

**1. 2024 Annual Service Plan and Budget and Public Health Priorities (BOH24001)
(City Wide) (Item 8.1)**

(Nann/McMeekin)

- (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.

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

Yes	-	Mayor Andrea Horwath
Yes	-	Ward 10 Councillor Jeff Beattie

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

**2. *Immunization of Schools Pupils Act* Information Report (BOH24002) (City Wide)
(Item 9.1)**

(Cassar/Nann)

That Report BOH24002, respecting *Immunization of Schools Pupils Act* Information Report (City Wide), be received.

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

Yes	-	Mayor Andrea Horwath
Yes	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar
Absent	-	Ward 9 Councillor Brad Clark
Yes	-	Ward 8 Councillor John-Paul Danko
Yes	-	Ward 5 Councillor Matt Francis
Yes	-	Ward 4 Councillor Tammy Hwang
Yes	-	Ward 6 Councillor Tom Jackson
Yes	-	Ward 2 Councillor Cameron Kroetsch
Absent	-	Ward 15 Councillor Ted McMeekin
Yes	-	Ward 3 Councillor Nrinder Nann
Yes	-	Ward 7 Councillor Esther Pauls
Absent	-	Ward 14 Councillor Mike Spadafora
Absent	-	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 there were no changes to the agenda.

(Hwang/Cassar)

That the agenda for the February 5, 2024, Public Health Committee be approved, as presented.

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

Yes	-	Mayor Andrea Horwath
Yes	-	Ward 10 Councillor Jeff Beattie
Yes	-	Ward 12 Councillor Craig Cassar
Absent	-	Ward 9 Councillor Brad Clark
Yes	-	Ward 8 Councillor John-Paul Danko
Yes	-	Ward 5 Councillor Matt Francis
Yes	-	Ward 4 Councillor Tammy Hwang
Yes	-	Ward 6 Councillor Tom Jackson
Yes	-	Ward 2 Councillor Cameron Kroetsch
Yes	-	Ward 15 Councillor Ted McMeekin
Absent	-	Ward 3 Councillor Nrinder Nann
Absent	-	Ward 7 Councillor Esther Pauls
Absent	-	Ward 14 Councillor Mike Spadafora
Absent	-	Ward 11 Councillor Mark Tadeson
Yes	-	Ward 13 Councillor Alex Wilson
Absent	-	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) January 15, 2024 (Item 4.1)

(Beattie/Pauls)

That the Minutes of the January 15, 2024 meeting of the Public Health Committee be approved, as presented.

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

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

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

(d) COMMUNICATIONS (Item 5)

- (i) 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 (Item 5.1)**

(A. Wilson/Cassar)

That the Correspondence from 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, be endorsed.

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

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

(e) STAFF PRESENTATIONS (Item 8)

(i) **2024 Annual Service Plan and Budget and Public Health Priorities (BOH24001) (City Wide) (Item 8.1)**

Dr. Elizabeth Richardson, Medical Officer of Health, Jennifer Vickers-Manzin, Director, Healthy Families, Julie Prieto, Director, Epidemiology and Wellbeing, and Kevin McDonald, Director, Healthy Environments, addressed Committee respecting 2024 Annual Service Plan and Budget and Public Health Priorities, with the aid of a presentation.

(Nann/McMeekin)

That the Presentation from Dr. Elizabeth Richardson, Medical Officer of Health, Jennifer Vickers-Manzin, Director, Healthy Families, Julie Prieto, Director, Epidemiology and Wellbeing, and Kevin McDonald, Director, Healthy Environments, respecting 2024 Annual Service Plan and Budget and Public Health Priorities, be received.

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

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

For disposition of this matter, refer to item 1.

(f) **MOTIONS (Item 11)**

(i) **Pharmacare Update (Added Item 11.1)**

(McMeekin/M. Wilson)

That staff be directed to report back to the Public Health Committee with an information report on Pharmacare.

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

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

(g) GENERAL INFORMATION AND OTHER BUSINESS (Item 13)

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

(A. Wilson/Hwang)

That the following Amendment to the Outstanding Business List, be approved:

- (1) 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)

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

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

Absent	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Absent	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

(h) ADJOURNMENT (Item 15)

(Cassar/Hwang)

That, there being no further business, the Public Health Committee be adjourned at 11:25 a.m.

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

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

Respectfully submitted,

Mayor Andrea Horwath
Chair, Public Health Committee

Tamara Bates
Legislative Coordinator
Office of the City Clerk

January 31, 2024

Hon. Sylvia Jones
Deputy Premier and Minister of Health
sylvia.jones@ontario.ca

Hon. Paul Calandra
Minister of Municipal Affairs and Housing
minister.mah@ontario.ca

Hon. Mark Holland
Minister of Health (Canada)
hcmminister.ministresc@hc-sc.gc.ca

Hon. Sean Fraser
Minister of Housing, Infrastructure and Communities (Canada)
minister-ministre@infcc.gc.ca

Dear Honourable Ministers,

Re: Legislated improvements to indoor air quality (IAQ) in indoor public settings are required to reduce the transmission of COVID-19 and other airborne pathogens

Through the COVID-19 pandemic, we have learned that the SARS-CoV-2 virus transmits via an airborne mechanism. Additionally, despite the end to the global declaration of emergency, COVID-19 continues to cause illness and death due to severe disease and through Post COVID Condition (Long COVID). In the region served by Peterborough Public Health, there were 109 PCR-confirmed COVID-19 deaths in 2022 and 35 in 2023.¹ Recently released data from Statistics Canada shows that nationally, in 2022, COVID-19 climbed to the third leading cause of death in Canada; in 2020 and 2021, COVID-19 was the fourth leading cause of death.² Last month, the seven-day average wastewater signal for December 11, 2023 was at 42 normalized viral copies per mL, the highest since monitoring began in January 2021.³ Suffice it to say that COVID-19 is still present and harming our community's health and the economy's stability.

With this recognition, the Board of Health of Peterborough Public Health continues to advocate for improvements in preventive activities and at its January 10th Board of Health meeting resolved to continue this advocacy with this letter to you for your consideration.

Among the most important interventions to prevent COVID-19 is improving the indoor air quality (IAQ) of the air that we breathe. In January 2023, we last wrote to you to advocate for consideration of IAQ improvements. In May of 2023, the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) released a new standard that now operationalizes the improvements. Canada uses ASHRAE to inform its current building code development, and so this new standard should be integrated as soon as possible in Canada to improve health and save lives.

ASHRAE Standard 241: [Control of Infectious Aerosols](#), specifically addresses improving IAQ to reduce infection from airborne pathogens. The Ontario Society of Professional Engineers notes that “incorporating ASHRAE Standard 241 into the Canadian National Building Code will significantly improve indoor air quality and ensure that building designs and systems are optimized to minimize airborne disease transmission.”⁴

Advancing cleaner air policies and implementing ASHRAE Standard 241 comes with a significant boost to both public health and economic outcomes. “The total monetized COVID-reduction benefit of 16 weeks of Infection Risk Management Mode per year [during the peak ‘season’ of transmission] is about \$40 billion, about 10 times the total cost. Monetized values of other benefits, such as increased productivity and reduction in other virus infections, would likely be another \$20 billion to \$40 billion.”⁵ The return on investment is *at least* 6:1, potentially as much as 8:1.

The bottom line is that scientists, academics, engineers, doctors, and public health practitioners agree that cleaner air in indoor public spaces is needed to truly get ahead of this pandemic and mitigate the onset of future public health emergencies related to airborne pathogens.^{6,7,8}

ASHRAE Standard 241 specifically addresses improved IAQ as it relates to respiratory viruses, a component currently missing from provincial and federal building codes and regulations. The Standard lays out practical solutions that owners, operators, and managers of shared spaces can take to protect those occupying their spaces from airborne pathogens.

ASHRAE Standard 241 and improved indoor air quality should be adopted into federal and provincial building codes and highly considered for inclusion in local property standards by-laws to ensure improvements in the air we breathe and our health.

Respectfully,

Original signed by

Councillor Joy Lachica
Chair, Board of Health

/ag

cc: Local MPPs
Local MPs
Local Councils
Ontario Boards of Health
Association of Local Public Health Agencies (aLPHa)

¹ Public Health Ontario. (2023). Ontario COVID-19 Data Tool. Retrieved November 27, 2023 from <https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=trends>

² Statistics Canada. (2023). Leading causes of death, total population, by age group. Retrieved December 19, 2023, from <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310039401>

³ Peterborough Public Health. (2023). COVID-19 and Respiratory Virus Risk Index. Retrieved November 29, 2023 from <https://www.peterboroughpublichealth.ca/covid-19-risk-index/>

⁴ Ontario Society of Professional Engineers. (2023) OSPE Supports Adoption of ASHRAE Standard 241 in the Canadian National Building Code. Retrieved August 16, 2023 from, <https://ospe.on.ca/advocacy/ospe-supports-adoption-of-ashrae-standard-241-in-the-canadian-national-building-code/>

⁵ Richard Bruns, PhD. ASHRAE Journal. (2023). Cost-Benefit Analysis of ASHRAE Standard 241. Marwa Zaatari, PhD., Anurag Goel, Joesph Maser. ASHRAE Journal. (2023). Why Equivalent Clean Airflow Doesn't Have To Be Expensive

⁶ The Lancet. (2023). US CDC announces indoor air guidance for COVID-19 after 3 years. Retrieved July 7, 2023 from [https://www.thelancet.com/pdfs/journals/lanres/PIIS2213-2600\(23\)00229-1.pdf](https://www.thelancet.com/pdfs/journals/lanres/PIIS2213-2600(23)00229-1.pdf)

⁷ National Collaborating Centre for Environmental Health. (2021). COVID-19 and indoor air: Risk mitigating measures and future-proofing. Retrieved July 7, 2021 from <https://ncceh.ca/content/blog/covid-19-and-indoor-air-risk-mitigating-measures-and-future-proofing>

⁸ Ibid.



KFL&A
Public Health

March 1, 2024

VIA: Electronic Mail (president@oahpp.ca)

Dr. Michael Sherar
President and Chief Executive Officer
Public Health Ontario
661 University Ave, Suite 1701
Toronto, ON M5G 1M1

Dear Dr. Sherar:

At its meeting of February 28, 2024, the Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion:

THAT the KFL&A Board of Health strongly opposes the closure of the local Public Health Ontario Laboratory in Kingston and will send correspondence to:

- 1. Dr. Michael Sherar, President and Chief Executive Officer, Public Health Ontario**

FURTHER THAT a copy of this letter be forwarded to:

- 1. Hon. Sylvia Jones, Deputy Premier and Minister of Health**
- 2. Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister, Public Health**

We are deeply concerned about the proposed closure of the Public Health Ontario Laboratory in Kingston and its anticipated negative impact on access to diagnostic services, timely support of public health decision-making, and availability of well water testing in rural areas.

Local access to laboratory services is fundamental to promoting public health and preventing the spread of infectious diseases. The Public Health Ontario Laboratory site in our community has played a crucial role in our efforts to maintain a healthy population, especially during the COVID-19 pandemic. The presence of the local laboratory in Kingston fosters innovation, research and education through key partnerships with KFL&A Public Health and other local public health agencies in the region, post-secondary institutions, and other community partners like long-term care homes. The laboratory supports over 570,000 residents in the region. Individuals and organizations relying on the lab's services may face increased barriers to timely and accurate diagnoses.

The local Public Health Ontario Laboratory in Kingston has been an invaluable partner in our efforts to monitor and control infectious diseases within our community. The skilled professionals operating the lab have consistently demonstrated a commitment to excellence, providing reliable and efficient

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

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Kingston, Ontario K7M 1V5
613-549-1232 | 1-800-267-7875
Fax: 613-549-7896

Branch Offices

Cloyne	613-336-8989	Fax: 613-336-0522
Napanee	613-354-3357	Fax: 613-354-6267
Sharbot Lake	613-279-2151	Fax: 613-279-3997

diagnostic services. The closure of such a well-functioning facility poses a threat to the effective management of public health issues and may compromise our ability to respond promptly to emerging health concerns. It is essential to the future vision of a stronger and more resilient public health system as outlined by the Chief Medical Officer of Health's 2022 Report on "Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics". As part of the report, Public Health Ontario Laboratory surge capacity and local expertise is critical in preparing for future pandemics.

Considering the critical role that the Public Health Ontario Laboratory plays in safeguarding public health, we respectfully urge you to reconsider the decision to close this essential facility. Collaborative efforts should be explored to address any challenges faced by the lab, ensuring its continued operation and the preservation of accessible diagnostic services for our community.

We appreciate the complex nature of the decisions you must make, and we believe that, together, we can find alternative solutions that maintain the integrity of our local public health system. The collective health and well-being of our community depend on the continued operation of the microbiology lab, and we trust that your leadership will prioritize these concerns in the decision-making process.

Thank you for your time and consideration. We look forward to the opportunity to engage in a constructive dialogue that prioritizes the health of our community.

Sincerely,



Wess Garrod
KFL&A Board of Health Chair

cc: Hon. Sylvia Jones, Deputy Premier and Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister, Public Health Ontario Boards of Health
Association of Local Public Health Agencies (alPHa)

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

Sent: March 3, 2024 7:13 AM

To: clerk@hamilton.ca

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

Submitted on Sun, 03/03/2024 - 07:12

Submitted by: Anonymous

Submitted values are:

Committee Requested

Committee

Public Health Committee

Will you be delegating in-person or virtually?

In-person

Will you be delegating via a pre-recorded video?

No

Requestor Information

Requestor Information

Kathleen Zavarise

Trillium gift of life



Preferred Pronoun

she/her

Reason(s) for delegation request

I am an ambassador for the Trillium Gift of Life and very passionate about advocating and spreading awareness about organ and tissue donation. I am seeking assistance in providing information and education to the Hamilton community. Hamilton is ranked 140 out 170 for registered donors. I know Hamilton can do better. Whole 90 percent of Ontarians support organ donation only 35 percent are registered.

I look forward to working together to spread awareness to all City of Hamilton staff and members of the community.

Thank you in advance for your assistance in this matter

Will you be requesting funds from the City?

No

Will you be submitting a formal presentation?

No



INFORMATION REPORT

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	April 2, 2024
SUBJECT/REPORT NO:	City of Hamilton Support for SCORE! Program (BOH24007) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Heather Harvey (905) 546-2424 Ext. 3635
SUBMITTED BY:	Kevin McDonald Director, Healthy Environments Division Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

The Public Health Committee, at its December 4, 2023 meeting, approved the following:

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

The purpose of this report is to outline ways in which existing City of Hamilton programs can support the SCORE! program, both within the Riverdale neighbourhood as well as in Wards 1, 2, 3, 8 and 14 as the SCORE! program looks to expand into the implementation phase (2024-2026).

This Information Report satisfies the request in Item 2023-J, respecting the SCORE! Program, be removed from the Public Health Committee Outstanding Business List.

INFORMATION

Background

The SCORE! (Strengthening Community Roots: Anchoring Newcomers in Wellness and Sustainability) program is a research study led by Dr Sonia Anand, Professor of

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.

Medicine and her team at McMaster University and funded by the Public Health Agency of Canada. The goal of SCORE! is to prevent chronic diseases in newcomer children through healthy active living. Healthy active living includes regular physical activity, healthy eating, mental health and well-being and optimal sleep. Newcomer children were selected as the target audience as they are more likely to live in lower socioeconomic status households and experience health disparities. The Riverdale community (Ward 5) was selected because of the high percentage of recent immigrants (16%) that live in Riverdale West compared to Hamilton overall (3.3%).

The SCORE! team has been working with the Riverdale community since April 2022. During this time, they have engaged with the community through a variety of means to better understand community needs and potential solutions to the challenges experienced among children of newcomer families to grow, thrive, and reach optimal health. The study has included a community survey, using photo voice to document barriers and facilitators to healthy active living, partnering with schools to learn about youth perspectives on what activities they'd like to participate in, mapping of existing programs and services as well as piloting potential interventions. The work has been guided by a Community Advisory Board as well as collaboration through numerous partners including schools, health care providers, non-profits, City of Hamilton, YMCA and post-secondary institutions.

The City of Hamilton has been a partner in the initial phase of the study in numerous ways, including participation in the Multi-Sectoral Policy Roundtable, which has worked to address systems level issues to create an environment supportive of healthy active living. Additionally, Recreation Division staff have worked closely with the SCORE! within the Riverdale community to look at opportunities to increase access to, and participation in, Recreation programming at the Dominic Agostino Recreation Centre as well as other programming space.

Expansion of SCORE!

The SCORE! team plans to use their learnings from the Riverdale community to expand into 13 additional neighbourhoods with higher rates of recent immigrant settlement, across 6 wards (1, 2, 3, 5, 8 and 14), pending funding from the Public Health Agency of Canada. The focus of the Implementation Phase for the SCORE! program includes increased support to assist with access to Recreation programs through the use of Recreation Navigators as well as expanded program opportunities through both Recreation and the SCORE! program to 100 newcomer families in 14 neighbourhoods.

Staff from Recreation Division, Public Health Services, and the Children's & Community Services Division met with the SCORE! project team to discuss their needs related to the expansion of the program, beyond the Riverdale community. This discussion highlighted the alignment of SCORE! with:

SUBJECT: City of Hamilton Support for SCORE! Program (BOH24007) (City Wide)
- Page 3 of 3

1. 2022-2026 Council Priorities;
2. Recreation Master Plan;
3. Affordable Access to Recreation Strategy;
4. Ontario Public Health Standards; and,
5. Early Years Community Plan.

Building on the existing partnership between the SCORE! team and the City of Hamilton in the Riverdale neighbourhood, numerous opportunities were identified in which existing City programs and services could be leveraged to further support the SCORE! program and its goal of increased access to healthy active living for participating families (see Appendix “A” to Public Health Committee Report BOH24007).

There are no financial impacts to the City as a result of the identified potential supports. Departments were able to leverage existing staff time, programs and resources to mitigate costs, given the existing alignment between City of Hamilton programs and services and the SCORE! program.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH24007	Potential Opportunities for the City of Hamilton to Support the SCORE! Project Implementation Phase
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Potential Opportunities for the City of Hamilton to Support the SCORE! Project Implementation Phase

The below table outlines potential opportunities for the City of Hamilton to support the SCORE! Project as part of their upcoming Implementation Phase grant application. This includes consultation with Recreation Division, Public Health Services (PHS) and Children’s and Community Services Division (CCS). In most cases, this work is embedded in current workplans/operations and existing funding.

Division/ Department	Support	Details	Financial Impact
Recreation	1. Recreation Assistance Program: Streamlined enrollment into the Recreation Assistance Program based on SCORE! Registration/referral	<ul style="list-style-type: none"> • Free Family Participation and Skate passes to access all drop in gym, pool, and skate programs free of charge • \$150 towards the cost of recreation programs (instructed swim lessons, sports programs) for those families facing financial hardship, verified by SCORE! 	<p>Provided in kind, no financial impact</p> <p>Provided via the SCORE! Grant and Recreation Assistance Program program budget, no financial impact</p>
Recreation	2. Increase access and knowledge of recreation programs offered for SCORE! participants	<ul style="list-style-type: none"> • Promotion and communication regarding programs, registration days, and process to register to build awareness of services and overcome process barriers • Access to alternative registration methods for those unable to access technology • Potential to reserve spaces or add additional classes based on demand/waitlists (instructor dependent) 	<p>Provided via the inclusion translation budget, no financial impact</p> <p>No financial impact</p> <p>Covered with program registration fees, no financial impact</p>
Recreation	3. Access to rental space to provide SCORE! programming where gaps exist (i.e. cultural/language based programs,	<ul style="list-style-type: none"> • Free room/outdoor rental space up to \$10K annually as per Recreation’s Fee Waiver and Reduction Policy 	<p>Rentals occur during regular operating hours, no financial impact</p> <p>SCORE! grant to cover any additional staffing costs</p>

	outdoor programs, native sport programs)		
Public Health Services	4. Chronic Disease Prevention – Active Sustainable School Travel	<ul style="list-style-type: none"> • Conduct School Travel Plans for priority schools in SCORE! neighbourhoods • Support priority schools in SCORE! neighbourhoods with Active Sustainable School Travel events and promotion • Facilitate student, parent/caregiver and community engagement in School Travel Plans as relevant 	<p>No additional staff time needed, incorporated into routine operations</p> <p>Provided in kind, no financial impact</p>
Public Health Services	5. Chronic Disease Prevention – Parks	<ul style="list-style-type: none"> • Conduct park assessments within SCORE! neighbourhoods to identify opportunities for enhancing utilization 	<p>No additional staff time needed, incorporated into routine operations</p> <p>Provided in kind, no financial impact</p>
Public Health Services	6. Chronic Disease Prevention – Built Environment	<ul style="list-style-type: none"> • Potential to work with SCORE! and community members to develop neighbourhood asset maps using existing processes. 	<p>No additional staff time needed, incorporated into routine operations</p> <p>Provided in kind, no financial impact</p>
Public Health Services	7. School Program – SCORE! promotion in target school communities within identified wards (staff, students, parents/caregivers)	<ul style="list-style-type: none"> • Public Health Nurses working in target schools that are in identified SCORE! wards can promote programs and resources that are available to the target audience through already established communication channels (e.g. school newsletters, websites etc.) 	<p>No additional staff time needed, incorporated into routine operations</p> <p>Provided in kind, no financial impact</p>
Public Health Services	8. School Program – Facilitate partnerships and connections with school community	<ul style="list-style-type: none"> • Public Health Nurses working in target schools that are in identified SCORE! wards can facilitate engagement, partnerships and connections between the SCORE! team and key 	<p>No additional staff time needed, incorporated into routine operations</p> <p>Provided in kind, no financial impact</p>

Public Health Services	9. Healthy Families – Reproductive & Child Health	<p>partners within an identified target school community as relevant and appropriate</p> <ul style="list-style-type: none"> Promotion of the SCORE! Project through the Canada Prenatal Nutrition Program beyond the existing Riverdale group. 	No additional staff time needed. Incorporated into routine operations.
Public Health Services	10. Healthy Families- Home Visiting and Health Connections (Healthy Babies Healthy Children/Nurse Family Partnership)	<ul style="list-style-type: none"> Promotion of the SCORE! Project through Public Health Nurses in Home Visiting and Health Connections to all applicable clients Connect with SCORE! Navigator(s) to train the navigator(s) on how to complete Healthy Babies Healthy Children screens and refer clients to home visiting where applicable 	No additional staff time needed. Incorporated into our current operations.
Children’s & Community Services	11. Connect SCORE! team to Wesley Urban Ministries	<ul style="list-style-type: none"> Wesley Urban Ministries provides licensed child care and EarlyON Child and Family Centre Services in the Riverdale Recreation Centre 	No financial impact covered through existing funding
Children’s & Community Services	12. Connect SCORE! with other EarlyON and Licensed child care providers as they explore additional neighbourhoods throughout City	<ul style="list-style-type: none"> Promote EarlyON Child and Family Centre and Licensed Child Care programs across City which supports direct access to children and families utilizing these services 	No financial impact covered through existing funding
Children’s & Community Services	13. Financial Assistance to licensed child care through the Fee Subsidy program	<ul style="list-style-type: none"> Provide information for how SCORE! families can access this service 	No financial impact covered through existing funding
Children’s & Community Services	14. Learning, Earning and Parenting/Home	<ul style="list-style-type: none"> Potential to partner with SCORE! for access to young parents, youth and ‘vulnerable’ citizens who access these services 	No financial impact covered through existing funding

Children's & Community Services	Management and Youth programs 15. Child Care expansion under the Canada Wide Early Learning and Child Care plan	<ul style="list-style-type: none">• Potential consultation with SCORE! participants to provide input into child care needs. This engagement will help inform directed growth applications for new child care spaces under the Canada Wide Early Learning and Child Care plan in priority wards across the City	No financial impact covered through existing funding
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INFORMATION REPORT

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	April 2, 2024
SUBJECT/REPORT NO:	Monitoring Heat-Related Deaths and Illnesses in Hamilton (BOH24005) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Ruth Sanderson (905) 546-2424 Ext. 4859
SUBMITTED BY:	Julie Prieto Director, Epidemiology and Wellness Division Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

On May 15, 2023, the Public Health Committee, during its consideration of the 2023 Hamilton Community Heat Response Plan (Report BOH23019), approved the following:

“That staff in Healthy and Safe Communities and Public Health be directed to report back to the Public Health Committee on the feasibility of tracking heat-related deaths and illnesses in Hamilton in Q4 2023.”

This information report satisfies Item 2023-F(e), respecting the feasibility of tracking heat-related deaths and illnesses in Hamilton in Q4 2023, and can be removed from the Public Health Committee Outstanding Business List.

INFORMATION

Background

Assessing the health impacts of extreme heat events on the local level is an evolving area of public health practice. Existing data sources are available to local public health units that can aid in tracking heat-related health impacts, and each data source has its strengths that makes it most suited for unique monitoring purposes. Ontario’s health privacy law, the *Personal Health Information Protection Act, 2004* allows personal health information to be used or disclosed to protect and promote public health as set out in the *Health Protection and Promotion Act*. However, detailed protocols to guide

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Ontario's public health units on how best to use and incorporate various heat-related health data sources at the local level do not yet exist.

One of Canada's 2022 National Adaptation Strategy objectives is to identify the extent to which climate change is affecting health and establish methods for tracking future health impacts. Further, the Association of Public Health Epidemiologists in Ontario initiated a working group in 2023 to establish indicators and methods to track heat-related death and illness at the local level using data sources available to public health units, and results are anticipated to be completed in 2024/2025.

A review of heat warnings issued by the Medical Officer of Health for Hamilton from 2011 through 2023, indicated that heat warnings occur seasonally from May to September; the earliest recorded heat warning during that period was declared on May 25 and the latest on September 6. Thus, the risk of heat-related deaths and illness in Hamilton is seasonal from May through to the end of September each year.

Public Health Services is preparing a Community Heat Response Strategy recommendation report for Public Health Committee's April 29, 2024 meeting, including related tasks on surveillance and assessment identified in more detail in this report. Innovative electronic tools exist that combine local built environment and climate datasets with demographic data that can help to identify potential environmental equity priorities including vulnerable geographic areas and populations for heat events in Hamilton.^{1,2} These tools have already been considered in establishing priority populations for response and public health programming and were not included in the feasibility assessment.

Feasibility Assessment

Feasibility to monitor heat-related deaths and illnesses in Hamilton was assessed based on criteria such as data availability, quality and utility for program planning and evaluation. Two feasible approaches were identified for ongoing monitoring from currently available data sources and are described in Tables 1 and 2, below. This work will be developed with existing resources through a phased approach in 2024.

¹ Department of Geography, Université Laval. (2023). Mapping the vulnerability and exposure to extreme heat waves of populations living in housing in Canadian communities. www.heatwaves.ffgg.ulaval.ca

² Dalla Lana School of Public Health, University of Toronto (2023) HealthyDesign.City. Health Plan. <https://healthyplan.city/en>

Table 1: Surveillance of Emergency Department Visits

Purpose	This tracking will provide a real-time indicator to support situational awareness in the event of a heat event or warning. It will inform the service levels in the Health Hazards Program with respect to extreme heat response.
Data Sources	Use the Acute Care Enhanced Surveillance System (ACES) that captures the pre-diagnostic chief complaint as recorded by the triage nurse within minutes of a resident presenting at an emergency department. Use the validated ENVIRO syndrome code that describes heat exhaustion, heat stroke and sunburn, in conjunction with daily temperature and heat warning data.
Report Frequency and Audience	Weekly reporting to Public Health Leadership Team will occur each year during the heat season in Hamilton between May 1 and September 30 with the flexibility to initiate or extend the weekly reporting period if a heat warning is anticipated or report daily on the previous day's visits in the event of an extended heat warning or emergency situation.

From May 1, 2023, through to September 21, 2023, there were 33 visits to the emergency department based on pre-diagnostic complaints for heat-related illness for Hamiltonians. Note that this system will provide an indicator of the impact of heat on health and does not consider the potential exacerbation of Hamiltonians' other underlying medical conditions by a heat event.

Generally, in 2023, the heat-related visits to the emergency department by Hamiltonians increased with increases in the maximum and minimum temperatures in Hamilton, and particularly when heat warnings were in effect. Appendix "A" to Public Health Committee Report BOH24005, Figure 1 illustrates the number of visits to the emergency department based on pre-diagnostic complaints for heat-related illness for Hamiltonians in 2023. It records the patient's reason for the visit upon sign-in to the emergency department and may differ from the ultimate diagnosis. This health data has been combined with temperature data and the dates when heat warnings were in effect to indicate the relationship between temperature and events. There were four heat warnings in Hamilton in 2023, lasting between two to four days each. Fourteen of the 33 visits (42.4%) occurred during the declared heat warnings. The greatest cluster, of six emergency department visits, corresponded with the longest heat warning from September 3, 2023 to September 6, 2023. There was also a cluster of four visits for heat-related illnesses to the emergency department early in the heat season from May 9, 2023 to May 12, 2023, when temperatures first increased but did not meet the threshold for a heat warning.

Table 2: Annual Assessment of Heat-Related Illness and Deaths

Purpose	This monitoring will provide an understanding of the impact of heat on Hamiltonians for planning purposes through a review of historical trends in heat-related illness and death. In addition, it will contribute to assessing progress toward specific program targets for heat-related illness and death (e.g., reduce hospitalizations, eliminate deaths).
Data Source	Use the Ministry of Health’s system for emergency department visits, hospitalizations, and deaths along with standard medical codes specifically for diagnosed heat-related illness and death. This information is generally available within nine months of the event for emergency and hospital visits, and two years for death data. Note that these codes narrowly define heat-related illness and may not include other conditions that may have been exacerbated by heat.
Report Frequency and Audience	Annual reporting through the Annual Service Plan and Budget will be used in conjunction with heat-response program reporting or climate change action assessments.

Appendix “A” to Public Health Committee Report BOH24005, Figure 2 illustrates trends over time of emergency department visits for diagnosed heat-related illness among Hamiltonians. There were 96 emergency department visits attributed specifically to a heat-related illness in 2021. Considering the 10 years from 2012 to 2021, a total of 1,291 emergency department visits occurred. The peak number of visits occurred in 2016 at 204 and the lowest number of occurrences occurred in 2014 at 62.³

Over the ten-year period between 2012 to 2021 there was a total of 28 hospitalizations for heat-related illness for Hamiltonians for an average of just under three hospitalizations per year. In 2020, six hospitalizations occurred, which was the peak number during the ten-year period reviewed while only one hospitalization occurred in three different years.⁴ Heat warnings also peaked at 24 days in 2020 for the City of Hamilton.

In 2021, the most recent year where data is available, there were no deaths recorded specifically due to heat-related illness for Hamiltonians. Over the ten-year period

³ Ontario Ministry of Health, IntelliHealth Ontario, Ambulatory Emergency External Cause, Extracted April 18, 2022.

⁴ Ontario Ministry of Health, IntelliHealth Ontario, Discharge Abstract Database. Extracted October 5, 2023.

**SUBJECT: Monitoring Heat-Related Deaths and Illnesses in Hamilton (BOH24005)
(City Wide) - Page 5 of 5**

between 2012 to 2021 there were no deaths among Hamiltonians attributed primarily to heat-related illness however there were two deaths in 2011.⁵

Public Health Services has access to death data for Hamiltonians through Ontario's IntelliHealth system. However, there is a significant lag time – typically more than two years - between a death occurrence and when the information is available in the system. Alternative data feeds were considered including requesting timely data directly from Ontario's Chief Coroner. However, email discussion with a representative of Ontario's Office of the Chief Coroner in September 2023, identified that most deaths related to heat would be considered "natural" and would not involve a coroner investigation and therefore would not be captured in the coroner's data. The use of the coroner's data is not recommended in this feasibility assessment and could be revisited if collection circumstances change.

Exploration of available emergency medical services (EMS) data with representatives of Hamilton Paramedic Services in the fall of 2023, identified that using the heat-related data including pre-hospital events would require additional lead time to understand the utility of the data in its current form for public health surveillance purposes and clean the data for analysis. Further exploration in the future may be warranted to assess utility.

Summary

Tracking heat-related illness and deaths in Hamiltonians will begin in 2024 from May through September using existing data sources and staffing resources with the following two components: (1) surveillance of emergency department complaints; and, (2) annual assessments of heat-related emergency department visits, hospitalization visits and deaths. This information will be used to inform the service levels, planning and evaluation in the Health Hazards Program with respect to extreme heat response.

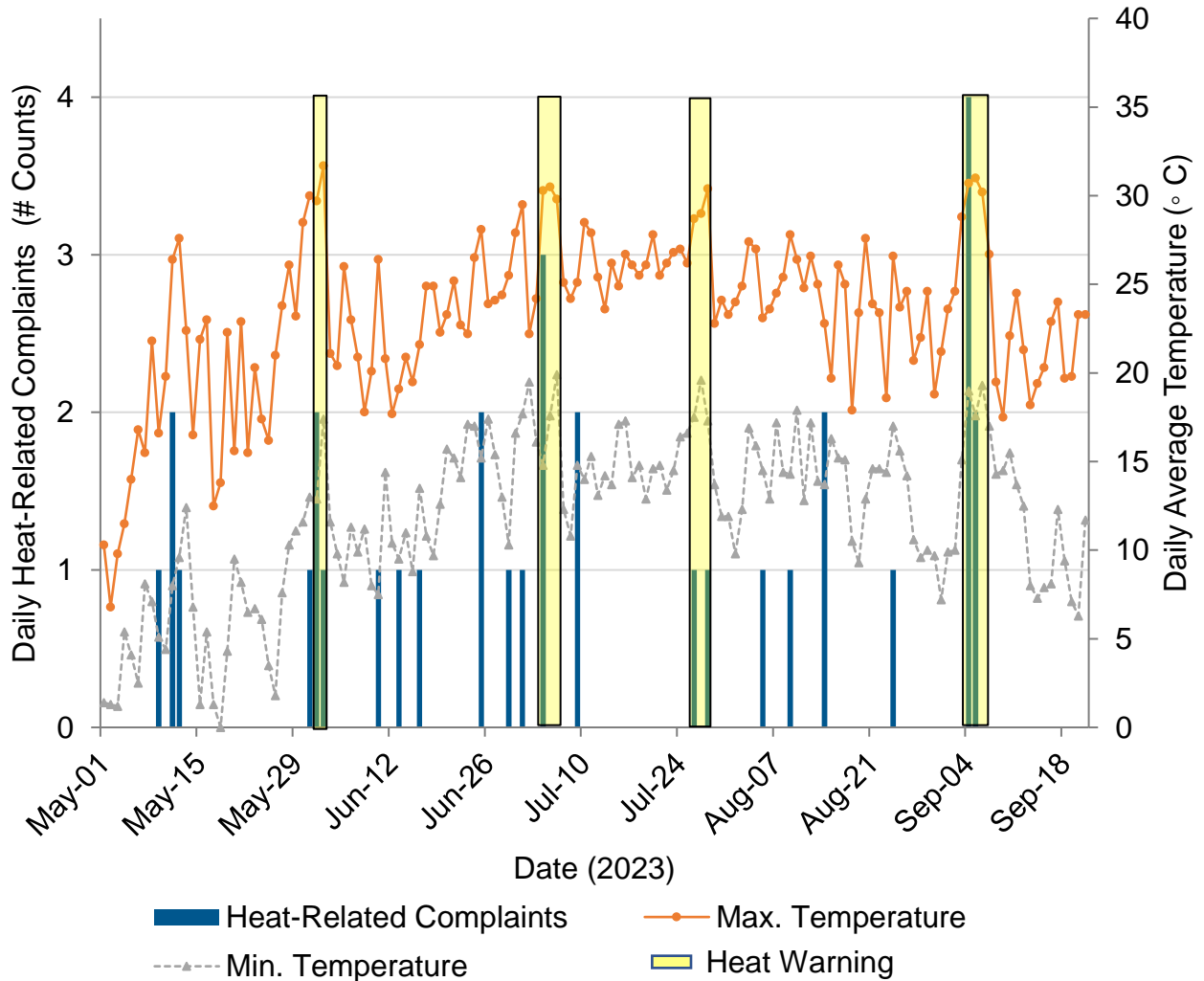
APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH24005: Supporting Figures for Monitoring Heat-Related Deaths and Illnesses in Hamilton

⁵ Ontario Ministry of Health, IntelliHealth Ontario, Vital Statistics. Extracted April 2023.

Supporting Figures for the Report Monitoring Heat-Related Deaths and Illnesses in Hamilton

Figure 1: Heat-Related Emergency Department Visits Based on Chief Complaint with Heat Warnings, Maximum and Minimum Temperature, Hamiltonians, May 1 – September 21, 2023.

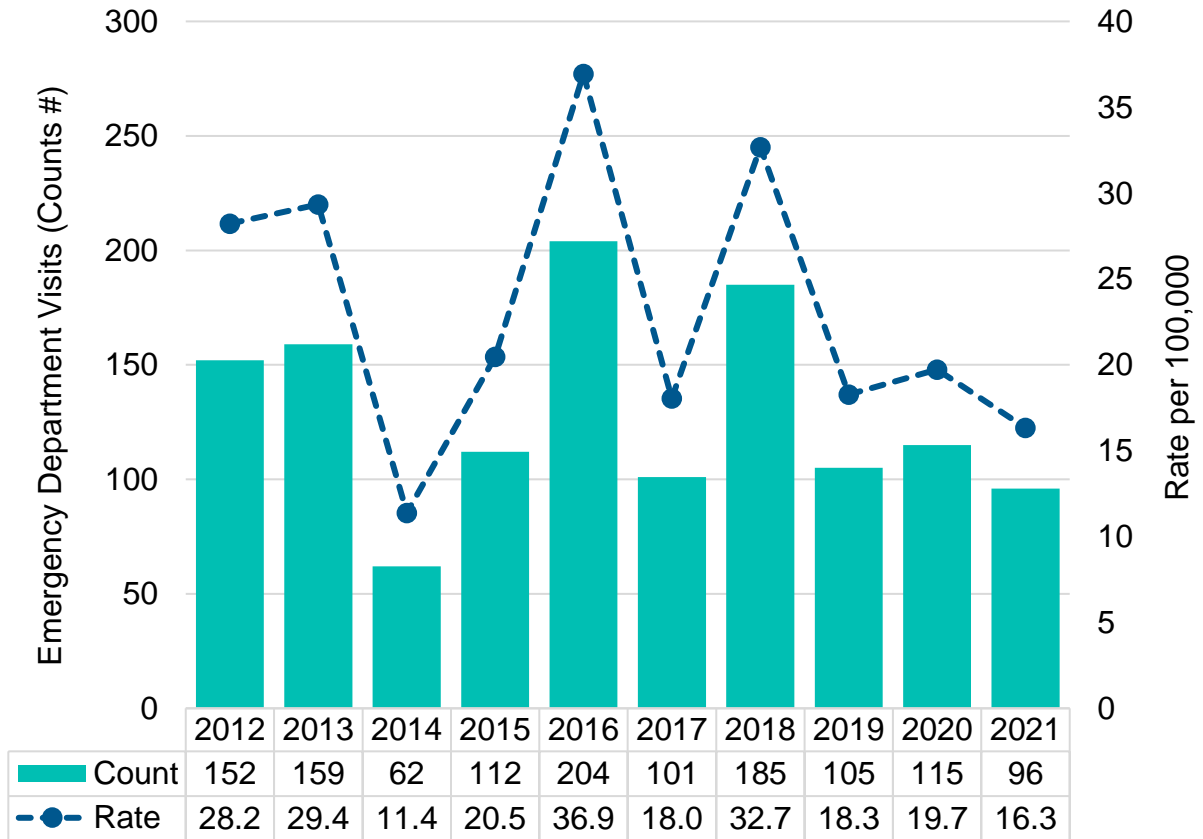


Data Sources:

Acute Care Enhanced Surveillance System (ACES), ENVIRO Syndrome, May – September 2023, Accessed Sep 22, 2023. Daily Average Temperatures for Hamilton May – Sep 2023. Downloaded from:

<https://hamilton.weatherstats.ca/charts/temperature-daily.html>

Figure 2: Heat-Related Emergency Department Visits, Counts & Rate, Hamiltonians, 2012-2021.



Data Sources:

Ambulatory Emergency External Cause, Ontario Ministry of Health, IntelliHealth ONTARIO [Date Extracted 18 April 2022];
 Statistics Canada, Table 17-10-0142-01 Population Estimates by Census Division [Data Effective 5 April 2023].

Note: A heat-related visit is based on ICD codes X30- Exposure to excessive natural heat & light or T67- Effects of heat and light.



INFORMATION REPORT

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	April 2, 2024
SUBJECT/REPORT NO:	Suspect Drug-Related Deaths and Opioid-Related Paramedic Calls (September-December 2023) (BOH24006) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Grace Thaxton Patterson (905) 546-2424 Ext. 1735 Rachel Goodland (905) 546-2424 Ext. 4149
SUBMITTED BY:	Julie Prieto Director, Epidemiology and Wellness Division Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

This report is in follow-up to direction provided via a motion at the February 13, 2023 Board of Health Meeting:

“That City staff be directed to provide quarterly reports on overdoses tracked by [Emergency Medical Systems] and all deaths related to toxic drugs to the Board of Health beginning in Q2 2023.”

INFORMATION

Hamilton continues to experience a significant public health burden related to the ongoing toxic and unpredictable drug supply. This report provides an overview of the opioid-related impacts in Hamilton based on data available up to December 31, 2023. Multiple data sources are used in this report which describe different forms of substance-related harm. The information from these data sources should be interpreted together to provide a more complete understanding of the evolving impacts of the volatile toxic drug supply on both fatal and non-fatal substance-related harms in Hamilton.

In Hamilton, opioid-related paramedic calls decreased substantially from October to December 2023 after rising steadily in previous quarters of 2023. Emergency department visits and hospitalizations continue to parallel trends in paramedic calls, rising through September 2023. Suspect drug-related deaths and opioid-related deaths

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have remained comparable to previous quarters in 2023, though the total number of suspect drug-related deaths in 2023 is lower than in 2022 and 2021 (see Appendix “A” to Public Health Committee Report BOH24006, Figure 1). One drug alert was issued on November 10, 2023, in response to a short-term spike in suspect drug-related deaths, some of which occurred in local residential care facilities. From October to December 2023, community reports highlighted several substances of concern circulating locally that were linked to drug poisoning incidents.

Between October 2023 and December 2023, the distribution of harms across age and sex groups has remained consistent, with most paramedic calls and suspect drug-related deaths occurring among males aged 30 to 60 years. Most incidents leading to suspect drug-related deaths occurred in private residences and toxicology data show that most opioid-related deaths in Hamilton involve at least one other substance, most commonly a stimulant. Further analysis of the local data is described below.

Opioid-Related Paramedic Calls

There were 964 opioid-related paramedic calls in 2023, 167 (17%) of which occurred from October to December 2023.¹ While the yearly total is the highest ever recorded in Hamilton, the calls from October to December 2023 represent the lowest number of calls in a three-month period since 2020 and is a significant departure from trends observed in the first three quarters of 2023. The monthly count of calls in 2023 ranged from 74 to 105 from January to September 2023 and 50 to 62 from October to December 2023. Further data is needed to determine if this decrease represents a lasting change in the trajectory of call data. Between October and December 2023, paramedic calls were concentrated geographically, with 48% originating in Ward 2 and 22% occurring in Ward 3.

Emergency Department Visits and Hospitalizations

Data describing counts of opioid-related emergency department visits and hospitalizations at Hamilton hospitals is available up to September 30, 2023. Opioid-related emergency department visits and hospitalizations are those where opioids are confirmed as either the main or contributing cause.

The number of opioid-related emergency department visits in Hamilton hospitals historically mirrors trends observed for opioid-related paramedic calls. Emergency department visits increased steadily throughout 2023.² From January to March 2023 there were 202 visits, 219 from April to June 2023, and 248 from July to September

¹ Hamilton Paramedic Services. Opioid-Related Emergency Medical Services Calls. Extracted January 2, 2024.

² Hamilton Health Sciences, Integrated Decision Support: National Ambulatory Care Reporting System. Opioid-related emergency department visits and hospitalizations. Received December 4, 2023.

2023. The number of visits from January to September 2023 (n=669) was higher than the number of visits over the same period in 2022 (n=564). However, it is unclear at this point whether this represents a sustained trend or if emergency department visits will continue to trend with paramedic calls and decrease from October to December 2023.

Opioid-related hospitalizations have also increased in 2023 with 25 between January to March 2023, 35 from April to June 2023, and 47 from July to September 2023. These 47 hospitalizations represent the most recorded since the second quarter in 2021 (n=51). The 107 hospitalizations recorded in the first three quarters of 2023 are comparable to the total number of hospitalizations recorded in 2022 (n=109).

Suspect Drug-Related Deaths and Opioid-Related Deaths

Suspect drug-related deaths are deaths in which the preliminary Coroner investigation indicates drug involvement. These data are preliminary and subject to change. While not all suspect drug-related deaths are opioid-related, the demographic distribution of suspect drug-related deaths is similar to the distribution of opioid-related deaths.

Between October and December 2023 there were 44 suspect drug-related deaths, which brings the total to 199 suspect drug-related deaths in Hamilton in 2023.³ There were fewer suspect drug-related deaths in Hamilton in 2023 than in 2022 (n=221) or 2021 (n=222). Of the suspect deaths in 2023, so far 111 of them have subsequently been confirmed or probable opioid-related deaths (up to September 30, 2023) (see Appendix “A” to Public Health Committee Report BOH24006, Figure 2).⁴ The number of confirmed or probable opioid-related deaths from January 2023 to September 2023 ranged from 36 to 38 deaths per quarter, which was lower than the average in 2022 of 42 deaths per quarter.

From January to December 2023, most suspect drug-related deaths occurred among males (75%) and among those aged 30 to 59 (74%). The proportions of deaths among all age and sex groups that occurred among males 30-39, 40-49, and 50-59 were similar (21.1%, 18.1%, and 19.1%, respectively) and more than two times the proportion that occurred among any other age and sex group (see Appendix “A” to Public Health Committee Report BOH24006, Figure 3). The age and sex distribution of suspect drug-related deaths has not changed substantially in recent years and is comparable to the distribution of suspect drug-related deaths across Ontario.

From January to December 2023, 65% of suspect drug-related deaths in Hamilton occurred in a private residence. In Hamilton, other common incident locations included

³ Office of the Chief Coroner, Ontario. Office of the Chief Coroner Weekly Update: Suspect drug related deaths. Received January 11, 2024.

⁴ Office of the Chief Coroner, Ontario. Office of the Chief Coroner Monthly Update: Suspect drug opioid related deaths December 2023. Received January 12, 2024.

the outdoors (15%) and congregate living (11%). The number and percentage of incidents occurring outdoors was significantly higher in 2023 (n=29, 15%) compared to 2022 (n=17, 8%). This trend was not observed for Ontario overall.

Substances Involved in Opioid-Related Deaths

Toxicology reports from confirmed accidental opioid-related deaths occurring from January 2022 to June 2023 find that, in Hamilton, 89% of all opioid-related deaths involved more than one substance (median 3 substances).⁵ Fentanyl was identified in 87% of opioid-related deaths, stimulants (cocaine or methamphetamine) in 76% of opioid-related deaths, benzodiazepines in 39% of opioid-related deaths, and xylazine in 4% of opioid-related deaths.

In the most recent six-month period (January 2023 to June 2023), there was an increase in the detection of bromazolam (39% of deaths), fluorofentanyl (30%), and hydromorphone (18%) as compared to previous time periods. The number of deaths involving frequently identified substances is provided in Appendix “A” to Public Health Committee Report BOH24006, Figure 4. From October 2022 to June 2023, methamphetamine was identified more frequently than cocaine, and the benzodiazepine bromazolam was identified more frequently than the benzodiazepine etizolam. These trends represent a reversal of trends in the previous three-quarter period of January 2022 to September 2022, and highlight the fact that the substances involved or present in drug-toxicity deaths are evolving due to the volatility of the unregulated drug supply. Note that these data are incomplete, as only confirmed (not probable) opioid-related deaths are included in this analysis. Data are preliminary and subject to change.

Community Reports & Alerts

Public Health Services shares a weekly Opioid Situation Report to healthcare providers, social service staff, and community members through the established early warning email system. The information received from members between October 2023 and December 2023 is reported below.

In this period, one alert was issued by Public Health Services on November 10, 2023. This alert informed the community of an increase in suspect drug-related deaths in Hamilton from October 30, 2023 to November 5, 2023. Notably, several of these deaths occurred in residential care facilities in the community.

Community reports in October 2023 to December 2023 highlighted several substances of concern. “Yellow-down” was linked to one drug poisoning occurring in the community in December, which is also linked to other drug poisonings occurring earlier in 2023. A green fentanyl was linked to drug poisonings occurring in Hamilton and nearby

⁵ Office of the Chief Coroner, Ontario. Office of the Chief Coroner Toxicology data for opioid toxicity deaths 2023 Q2. Received November 16, 2023.

**SUBJECT: Suspect Drug-Related Deaths and Opioid-Related Paramedic Calls
(September-December 2023) (BOH24006) (City Wide) - Page 5 of 5**

communities in October 2023. Additionally, there have been community reports of drug poisoning and memory loss associated with “tranq-dope”, which is usually a combination of xylazine and fentanyl.

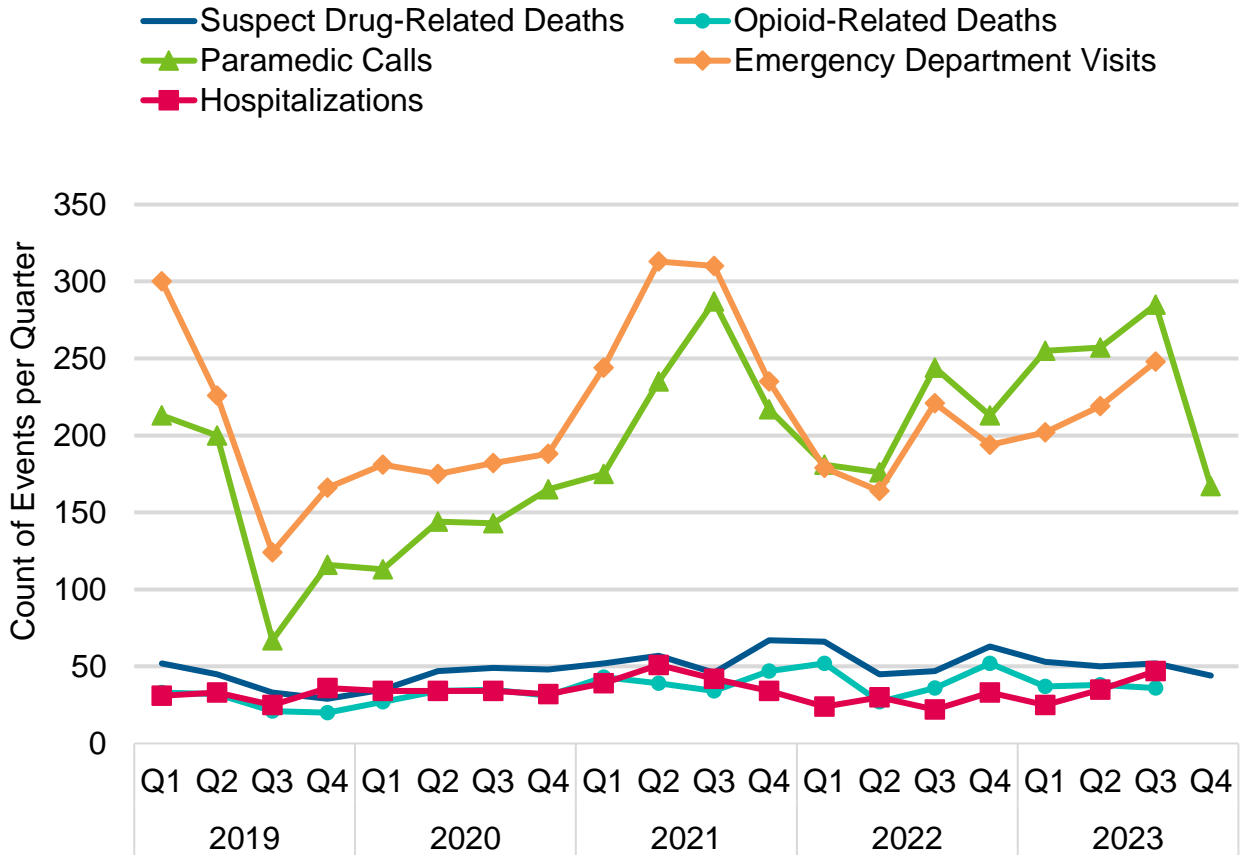
Overall, this quarterly report continues to highlight the burden of the unpredictable and toxic drug supply in Hamilton, and the impact on the health of the community. Continued work to address the harms associated with the unregulated drug supply is ongoing through the Hamilton Opioid Action Plan.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH24006: Supporting figures for the quarterly update on opioid and substance-related harms

Supporting figures for the quarterly update on opioid and substance-related harms

Figure 1: Opioid and substance-related harms, City of Hamilton, 2019 to 2023



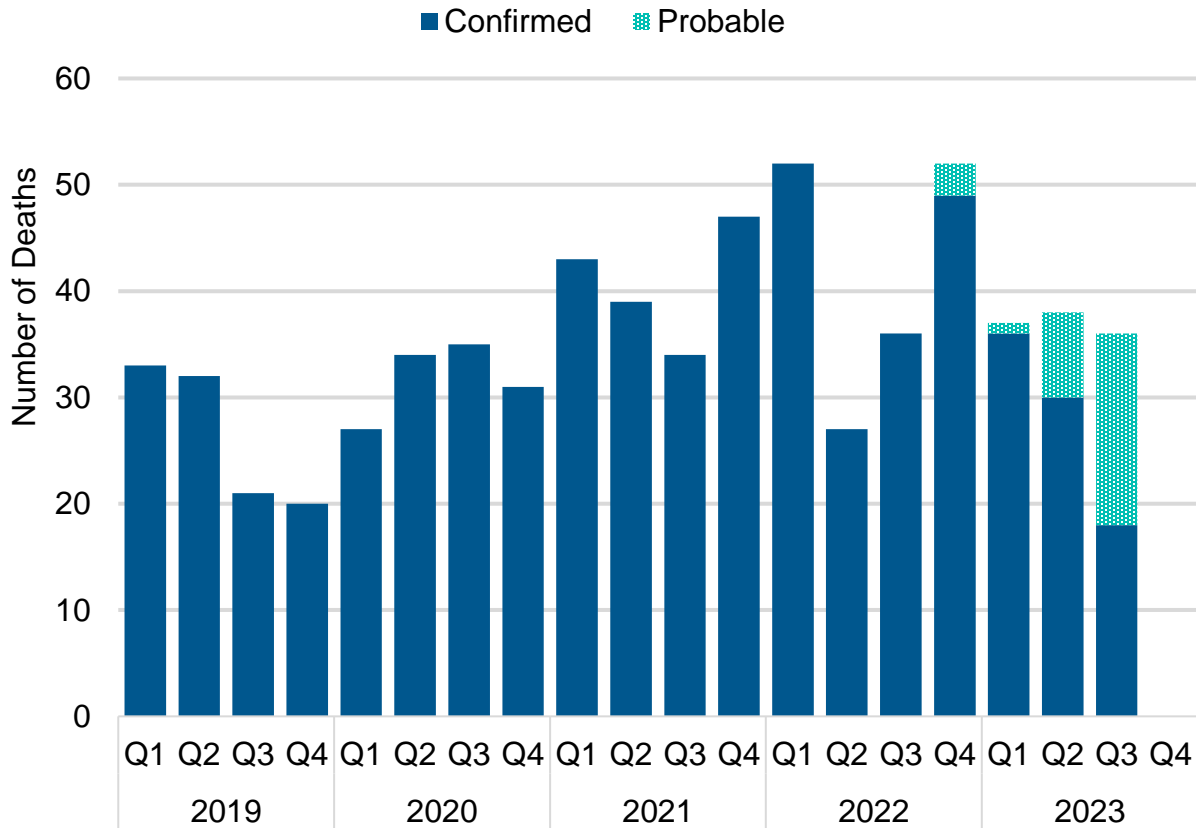
Data Sources:

Hamilton Paramedic Services. Opioid-Related Emergency Medical Services Calls. Extracted January 2, 2024.

Hamilton Health Sciences, Integrated Decision Support: National Ambulatory Care Reporting System. Opioid-related emergency department visits and hospitalizations. Received December 4, 2023.

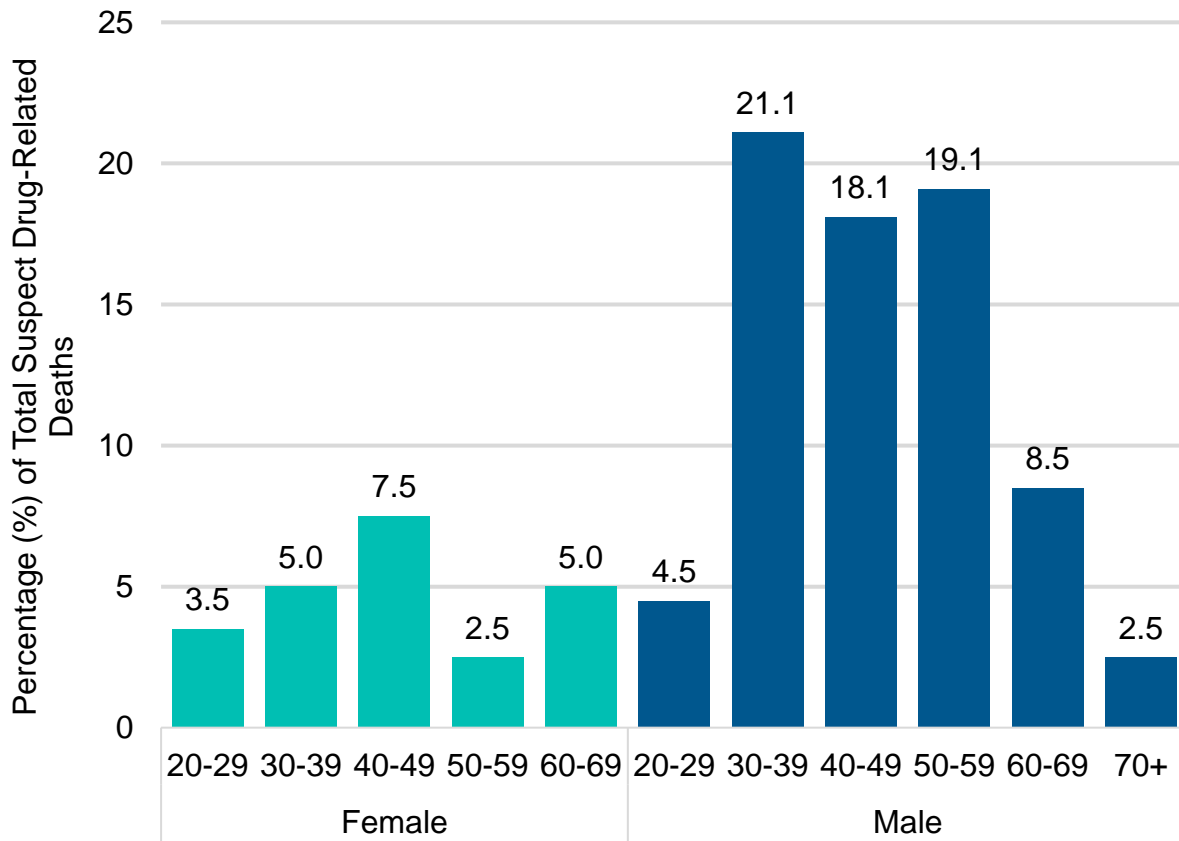
Office of the Chief Coroner, Ontario. Office of the Chief Coroner Weekly Update: Suspect drug related deaths. Received January 11, 2024.

Office of the Chief Coroner, Ontario. Office of the Chief Coroner Monthly Update: Suspect drug opioid related deaths December 2023. Received January 12, 2024. **Figure 2: Confirmed and probable opioid-related deaths, City of Hamilton, 2019 to 2023**



Data Source: Office of the Chief Coroner, Ontario. Office of the Chief Coroner Monthly Update: Suspect drug opioid related deaths December 2023. Received January 12, 2024.

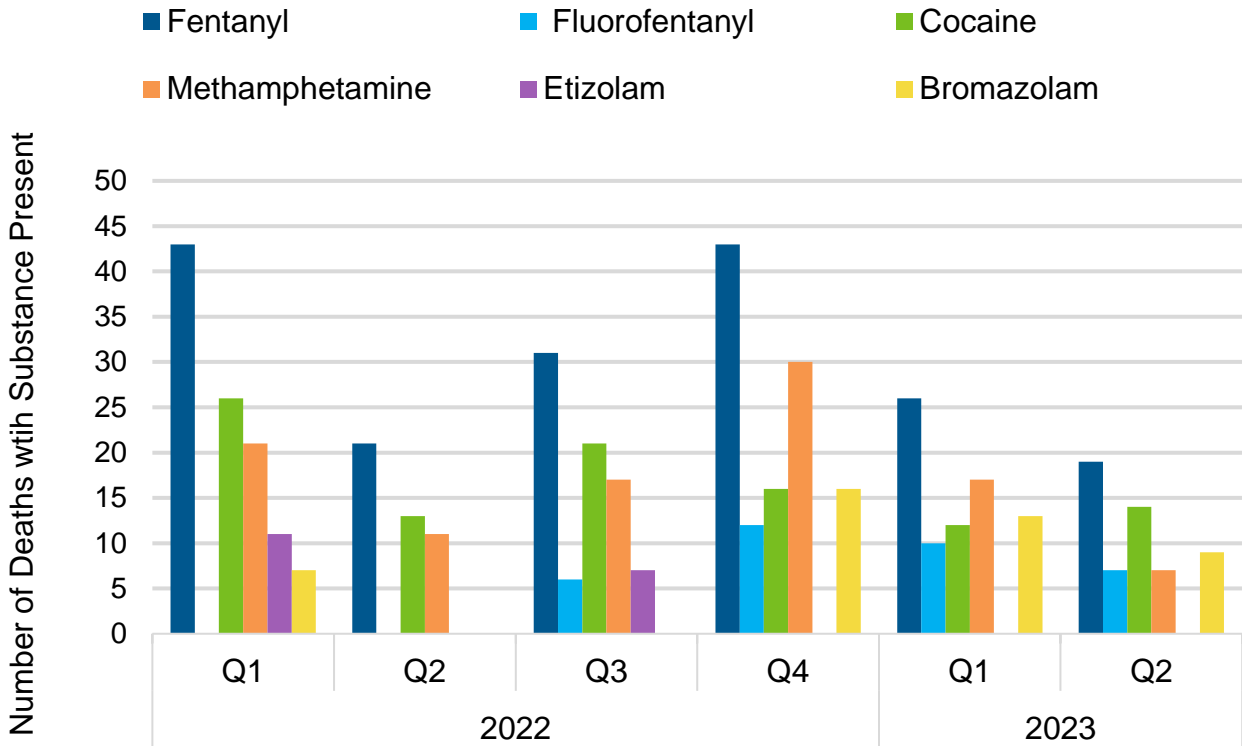
Figure 3: Suspect drug-related deaths by age and sex, City of Hamilton, January 1 to December 31, 2023



Data Source: Office of the Chief Coroner, Ontario. Office of the Chief Coroner Weekly Update: Suspect drug related deaths. Received January 11, 2024.

Note: Data are not shown for age/sex groups with <5 counts (aged 0-19 and Females aged 70+) to protect individuals' privacy.

Figure 4: Substances present in opioid toxicity deaths, City of Hamilton, January 2022 to June 2023



Data source: Office of the Chief Coroner, Ontario. Office of the Chief Coroner Toxicology data for opioid toxicity deaths 2023 Q2. Received November 16, 2023. **Notes:** Only those substances involved in at least 10% of all toxicology reports were plotted.

For some substances and time points (such as bromazolam in Q2 and Q3 2022), there were fewer than five deaths. Data have been suppressed in these instances to protect individuals’ privacy. Data presented in the bar graph are ordered from left to right, according to the legend above.



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

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	April 2, 2024
SUBJECT/REPORT NO:	Selection Criteria and Policy and By-Law Changes to Implement the Public Health Sub-Committee (BOH24003) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Rachel Harris (905) 546-2424 Ext. 4239
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

RECOMMENDATION

- (a) That the Criteria for the Selection of Community and Education Representatives on the Public Health Sub-Committee, as outlined in Appendix "A" to Report BOH24003, be approved;
- (b) That the Terms of Reference for the Public Health Sub-Committee, as outlined in Appendix "B" to Report BOH24003, be approved;
- (c) That the Amendments to the Corporate Policy – Appointment of Citizens to the City's Local Boards, as outlined in Appendix "C" to Report BOH24003, be enacted by Council;
- (d) That Council direct staff to initiate the process for recruiting community and education representatives for the Public Health Sub-Committee once the Amendments to the Corporate Policy – Appointment of Citizens to the City's Local Boards are enacted;
- (e) That Appendix "D" attached to Report BOH24003, respecting the Amendments to By-law 21-021, A By-Law to Govern the Proceedings of Council and Committees of Council, be enacted by Council once the existing Public Health Committee has been dissolved by the Mayor pursuant to section 284.8(1) of the *Municipal Act*;

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.

and,

- (f) That Item 2024-A(b), respecting the interim solution to establish a Public Health Sub-Committee, be removed from the Public Health Committee Outstanding Business List.

EXECUTIVE SUMMARY

In January 2024, following an education session and a community consultation, Council approved recommendations to request that the Province of Ontario authorize a semi-autonomous Board of Health for Hamilton and make any required changes to the *City of Hamilton Act, 1999* and the *Health Protection and Promotion Act* (see Public Health Committee Report BOH23039). This process is anticipated to take up to two years. In the interim, Council supported dissolving the Public Health Standing Committee and establishing a Public Health Sub-Committee comprised of six City Council members, six community representatives, and an education representative. As directed by Council, this report recommends the selection process and criteria for the community and education representatives, the Terms of Reference, and the amendments to corporate policies and By-laws required to operationalize the Public Health Sub-Committee.

The proposed selection process is aligned with the Corporate Policy – Appointment of Citizens to the City’s Local Boards, with some Amendments to allow for additional community input. In developing the selection criteria, the consultation findings (see Public Health Committee Report BOH23039), the Ontario Public Health Standards, the criteria outlined in the amending motion that provided direction to the consultation, and the criteria used for Ottawa and Toronto’s Board of Health were considered.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: Not Applicable.

Staffing: Not Applicable.

Legal: Changes to both the Corporate Policy – Appointment of Citizens to the City’s Local Boards and By-law 21-021, A By-Law to Govern the Proceedings of Council and Committees of Council, are required. Pursuant to section 284.8(1) of the *Municipal Act*, the Mayor can dissolve the existing Public Health Standing Committee. Council then has the power to establish a new Public Health Sub-Committee. No legislative changes are required. Refer to Policy Implications and Legislative Requirements Section for details.

HISTORICAL BACKGROUND

Beginning in March 2021, Hamilton community members delegated in support of restructuring the Board of Health so that it would also include community representatives. Delegates advocated for the need to include health expertise and the perspectives of community members from equity-deserving groups when making public health decisions. Staff were directed to consult with Advisory Committees, community partners, healthcare professionals, members of the public, and other interested stakeholders, such as City Council members, to explore options for the Board of Health's governance.^{1,2} The consultation found that there was substantial and widespread support to transition to a semi-autonomous Board of Health comprised of City Council members, community representatives, and an education representative. While Council approved, in principle, transitioning to a semi-autonomous Board of Health in January 2024, Provincial approval and legislative changes are required to change the structure of the Board of Health. This process is expected to take approximately two years.

As an interim solution until Provincial authorization is received, Council also approved changes to the Public Health Standing Committee. The current Public Health Standing Committee, comprised of all members of City Council, would be dissolved by the Mayor per section 284.8(1) of the *Municipal Act*. Once dissolved, a Public Health Sub-Committee comprised of six City Council members, six community representatives, and an education representative would be established. Like the current Public Health Standing Committee, the Public Health Sub-Committee would report to the Board of Health. In this interim period, the Board of Health would continue to be City Council.

In January 2024, staff were directed by Council to prepare for approval the qualifications and criteria for the selection of the community representatives to ensure that Public Health Sub-Committee members represent the community and have the necessary skills and competencies. The qualifications and criteria for the Public Health Sub-Committee are intended to be the same as what could be used for the semi-autonomous Board of Health. As such, guidance specific to Board composition from the Ontario Public Health Standards and other public health units with semi-autonomous Boards of Health are included in the "Relevant Consultation" section, below.

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

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

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Amendments to the Corporate Policy: Hamilton City Council – Appointment of Citizens to the City’s Local Boards are required to define the selection process and criteria for community and education representatives. These changes are outlined in Appendix “C” to Report BOH24003. In addition, changes to By-law No. 21-021, By-law to Govern the Proceedings of Council and Committees of Council, are required to remove the references to the Public Health Committee that would not apply to the Public Health Sub-Committee, such as the sections on the Committee’s composition and who would serve as Chair and Vice Chair. These changes also include removing the former Appendix “B” to By-law No. 21-021, which outlined the Public Health Committee’s duties. These duties are now included in the Terms of Reference for the new Public Health Sub-Committee, attached as Appendix “B” to Report BOH24003.

No legislative changes are required to dissolve the Public Health Standing Committee and establish a Public Health Sub-Committee. Once Public Health Sub-Committee members are selected, the Mayor can dissolve the existing Public Health Standing Committee pursuant to section 284.8(1) of the *Municipal Act*. At this time, Council can establish the Public Health Sub-Committee.

RELEVANT CONSULTATION

MASS LBP, a public policy firm with governance and consultation expertise, undertook the consultation to explore options for Hamilton’s Board of Health governance. In total, 928 members of the public participated in an online survey, 63 key informant interviews and meetings were held with Advisory Committees, community partners, healthcare professionals, and City Council members, and approximately 50 community members attended a community consultation led by the Hamilton Anti-Racism Resource Centre and the Hamilton Centre for Civic Inclusion. Each of these approaches asked participants to reflect on elements of effective governance for the Board of Health, and participants identified desired skills, qualifications, and competencies.

Consultation participants felt that health expertise, lived experience, and governance skills were important attributes for those governing local public health. Health expertise includes experience in public health, an understanding of health equity, and having members with expertise from health or community organizations, including frontline perspectives. Many participants also emphasized the importance of lived experience to ensure that those governing local public health are reflective of the diverse community they serve. Skills and experience in governance, such as strategic planning, collaboration, leadership, conflict management, and budget and legal knowledge, were also identified. These strategic and fiduciary components of governance were also highlighted in the Governance Education Session presented to the Public Health

Standing Committee by Karima Kanani, Partner at Miller Thomson LLP.³ In addition, consultation participants shared that the selection process should be transparent and based on best practices, a skills matrix, demographic data to ensure representation, and community consultation.

The Ontario Public Health Standards also provide governance guidance under the Good Governance and Management Practices domain. This includes that Boards of Health should develop policies or by-laws related to the “selection of board of health members based on skills, knowledge, competencies and representatives of the community.”⁴ This is similar to the guidance in the Governance Education Session, which advised for Board members to be “identified based on personal attributes and technical competencies, collectively reflecting proficiencies for a skills-based Board inclusive of diversity and representative of the community.”³

The selection criteria and processes from Ontario’s two other semi-autonomous Boards of Health, Toronto and Ottawa, were also reviewed. Both Toronto and Ottawa use their existing citizen appointment processes for community representatives. Ottawa specifies that “all applications must outline how their qualifications, specific skills, interests and background are relevant to the work of the Board of Health.”⁵ Toronto states that public members of the Board of Health should collectively demonstrate a range of listed qualifications, such as interest or skills in planning and policy development and leadership and management.⁶ Appendix “A” to Report BOH24003 notes when recommended criteria are aligned with what is used in Toronto. Many of these criteria are consistent with the criteria described in the amending motion.

During the preparation of this report, Clerks and Legal were consulted. Clerks drafted the amendments required for city policies and by-laws and provided information about the selection process.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

As specified by the Ontario Public Health Standards and reinforced in the consultation, Board of Health members should be selected based on skills, knowledge,

³ Kanani, K. (2022). Hamilton Board of Health Governance Education Session. <https://pub-hamilton.escribemeetings.com/filestream.ashx?DocumentId=354790>

⁴ Ministry of Health. (2021). Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards). https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf

⁵ City of Ottawa. (2024). Board of Health. <https://www.ottawapublichealth.ca/en/public-health-services/board-of-health.aspx>

⁶ City of Toronto. (2020). Board of Health. <https://secure.toronto.ca/pa/decisionBody/44.do>

competencies, and be representative of the community. There are themes across the consultation results, the Ontario Public Health Standards, and the qualifications used for Toronto's Board of Health. These include that Board members should collectively have experience in public health, planning, and policy development, and have other governance skills such as conflict management, collaboration, leadership, and budget development. These themes are reflected in the recommended criteria outlined in Appendix "A" to Report BOH24003.

Another theme that emerged was the importance of selecting members that understand the perspectives of equity-deserving groups and are representative of the community. This is particularly important in the context of Public Health, which is responsible for decreasing health inequities under the Ontario Public Health Standards and the Health Equity Guideline. Understanding health equity, anti-racism, anti-Indigenous racism, inclusion, diversity, equity, and accessibility is listed as a criterion in Appendix "A" to Report BOH24003.

With regards to selecting community and education representatives, consultation participants felt it was important to have a transparent selection process. Both Toronto and Ottawa's Boards of Health use their existing citizen appointment policies. Similar to Toronto and Ottawa's policies, Hamilton's Corporate Policy – Appointment of Citizens to the City's Local Boards focuses on recruiting and selecting citizens in an open, transparent, and equitable way. As such, it is recommended to follow the existing Corporate Policy, with some amendments.

Consultation participants also felt that selection should be made based on best practices, a skills matrix, demographic data to ensure representation, and community consultation. It will be up to the Selection Committee to determine the best mix of skills and competencies for the Public Health Sub-Committee based on the listed criteria. To support the Selection Committee with selecting members who are representative of the community, demographic data are collected as part of the application form for local boards, agencies, and sub-committees. This includes the applicant's ward, gender identity, and self-identification as an Indigenous person, a member of a racialized group, or a person with a disability.

To increase community input into the selection process, the proposed Amendments to the Corporate Policy, as outlined in Appendix "C" to Report BOH24003, list several Committees, groups, and organizations who will be invited to submit interview questions for the Selection Committee's consideration. These include the Accessibility Committee for Persons with Disabilities, the Seniors Advisory Committee, the Circle of Beads/Hamilton's Urban Indigenous Consultation Circle, and the Hamilton Anti-Racism Resource Centre. Should other City of Hamilton Advisory Committees be resumed within recruitment timelines, staff will also reach out to other Advisory Committees for interview questions.

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH24003	Criteria for the Selection of Community and Education Representatives on the Public Health Sub-Committee
Appendix "B" to Report BOH24003	Terms of Reference for the Public Health Sub-Committee
Appendix "C" to Report BOH24003	Amendments to the Corporate Policy – Appointment of Citizens to the City's Local Boards
Appendix "D" to Report BOH24003	Amendments to By-law 21-021, A By-Law to Govern the Proceedings of Council and Committees of Council

Criteria for the Selection of Community and Education Representatives on the Public Health Sub-Committee

Preference will be given to applicants who meet the following criteria:

- a resident of, or owner of a property or business in, the City;
- at least 18 years of age;
- interest or skills in planning and policy development leading to a comprehensive municipal public health agenda that meets local community needs;*
- have an understanding of principles including health equity, inclusion, diversity, equity, accessibility, anti-racism, anti-Indigenous racism, and anti-oppression;
- experience in organizational activities, such as committees, non-profit groups, voluntary societies, occupational associations;*
- skills in leadership and management and/or experience in administration and budget development;*
- demonstrated skills in conflict management, collaboration, negotiation, and mediation;* and,
- able to devote up to 10 to 15 hours per month (for members) or 20 to 25 hours per month (for Chair or Vice Chair) to Public Health matters, including availability during normal business hours.

The following persons are ineligible to be a citizen appointee to the Public Health Sub-Committee:

- A person whose services are employed by the Board of Health, including employees of Public Health Services.

* denotes alignment with the City of Toronto’s qualifications for public members of the Board of Health

Public Health Sub-Committee

Terms of Reference

Established by Council on January 24, 2024

Purpose

To ensure the City of Hamilton meets or exceeds its obligations as a Board of Health under the *Health Protection and Promotion Act*, and in all matters relating to Public Health in order to promote well-being and create opportunities to enhance the quality of life in our community.

Scope

- To consider and recommend to Council on policy matters and emerging issues related to Public Health
- To provide advice and guidance to Public Health Services including input to Strategic Planning initiatives to ensure alignment with Council's Mission, Vision, Values and Goals
- To steward relevant public health legislation when providing advice and guidance to Public Health Services, including the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, the Health Equity Guideline, 2018, and the Relationship with Indigenous Communities Guideline, 2018
- To consider and recommend to Council the overall service levels in relation to the delivery of Public Health programs
- To consider and recommend to Council policies governing equitable service delivery of Public Health Services
- To consider and monitor program implementation and performance through staff reports
- To consider the public health needs of the community and recommend advocacy by Council to address these needs
- To receive delegations from the public and conduct public hearings as required by statute and Council specific to the mandate of this committee on matters under the Sub-Committee
- Matters that have the potential of litigation and are under the mandate of this Sub-Committee, with all matters having definite litigation going to the General Issues Committee.

- To consider recommendations of any Sub-Committees and/or Task Forces which reports directly to the Public Health Sub-Committee

Authority

Forwards recommendations for approval through the Board of Health. When directed by the Board of Health, the Public Health Committee provides input and advice on matters within the Public Health Sub-Committee's scope.

Membership

Six City Council members, six community representatives, and one education representative.

Staff Resources:

Public Health Divisional staff.

Legislative Services shall be provided by the City of Hamilton Clerk's Division.

Meeting arrangements

The Public Health Sub-Committee shall meet at least once per month commencing at 9:30 a.m. in the Council Chambers at City Hall.

The Public Health Sub-Committee shall conduct its meetings in public unless any one or more of the exceptions in section 239 of the *Municipal Act, 2001* apply.

Reporting

Reporting directly to the Board of Health.

Review

The Terms of Reference are to be reviewed annually, and any revisions for approval are to be presented to the Board of Health.

Revisions approved by Council (date(s)):

Selection Process for the Appointment of six community representatives to the Public Health Sub-Committee:

#. The Selection Committee for Agencies, Boards and Committees whose mandate will be to:

- (i) Review applications for the six community representative appointments to the Public Health Sub-Committee;
- (ii) Shortlist the applicants with assistance of staff, where appropriate, based on the applicant information provided;
- (iii) Request that the following Committees submit confidential interview questions for the Selection Committee’s consideration:
 - (a) Accessibility Committee for Persons with Disabilities
 - (b) Seniors Advisory Committee
 - (c) Circle of Beads/Hamilton’s Urban Indigenous Consultation Circle
 - (d) Hamilton Anti-Racism Resource Centre
- (iv) Interview applicants who have met the criteria (below), ensuring that they are not ineligible (below);

Preference will be given to applicants who meet the following criteria:

- a resident of, or owner of a property or business in, the City;
- at least 18 years of age;
- interest or skills in planning and policy development leading to a comprehensive municipal public health agenda that meets local community needs;
- have an understanding of principles including health equity, inclusion, diversity, equity, accessibility, anti-racism, anti-Indigenous racism, and anti-oppression;
- experience in organizational activities, such as committees, non-profit groups, voluntary societies, occupational associations;
- skills in leadership and management and/or experience in administration and budget development;
- demonstrated skills in conflict management, collaboration, negotiation, and mediation; and,
- able to devote up to 10 to 15 hours per month (for members) or 20 to 25 hours per month (for Chair or Vice Chair) to Public Health matters, including availability during normal business hours.

The following persons are ineligible to be a citizen appointee to the Public Health Sub-Committee:

- A person whose services are employed by the Board of Health, including employees of Public Health Services.
- (v) Submit the six (6) preferred candidates to Council for consideration for the appointment to the Public Health Sub-Committee.

Selection Process for the Appointment of the one education representative to the Public Health Sub-Committee:

#. Both the Hamilton-Wentworth District School Board and the Hamilton-Wentworth Catholic District School Board will each be invited to suggest one or more possible candidates who have the support of the Board for the consideration of the Selection Committee for Agencies, Boards and Committees. Candidates would be required to complete an application.

The Selection Committee for Agencies, Boards and Committees whose mandate will be to:

- (i) Review applications for the one education representative appointment to the Public Health Sub-Committee;
- (ii) Shortlist the applicants with assistance of staff, where appropriate, based on the applicant information provided;
- (iii) Request that the following Committees submit confidential interview questions for the Selection Committee’s consideration:
 - (a) Accessibility Committee for Persons with Disabilities
 - (b) Seniors Advisory Committee
 - (c) Circle of Beads/Hamilton’s Urban Indigenous Consultation Circle
 - (d) Hamilton Anti-Racism Resource Centre
- (iv) Interview applicants who have met the criteria (below), ensuring that they are not ineligible (below);

Preference will be given to applicants who meet the following criteria:

- a resident of, or owner of a property or business in, the City;
- at least 18 years of age;
- interest or skills in planning and policy development leading to a comprehensive municipal public health agenda that meets local community needs;
- have an understanding of principles including health equity, inclusion, diversity, equity, accessibility, anti-racism, anti-Indigenous racism, and anti-oppression;

- experience in organizational activities, such as committees, non-profit groups, voluntary societies, occupational associations;
- skills in leadership and management and/or experience in administration and budget development;
- demonstrated skills in conflict management, collaboration, negotiation, and mediation; and,
- able to devote up to 10 to 15 hours per month (for members) or 20 to 25 hours per month (for Chair or Vice Chair) to Public Health matters, including availability during normal business hours.

The following persons are ineligible to be a citizen appointee to the Public Health Sub-Committee:

- A person whose services are employed by the Board of Health, including employees of Public Health Services.
- (v) Submit the one (1) preferred candidate to Council for consideration for the education representative appointment to the Public Health Sub-Committee.

Amendments to By-law 21-021, A By-Law to Govern the Proceedings of Council and Committees of Council

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Definitions:

“**Sub-Committee**” means a Committee established by Council, comprised of some Members of Council and in certain circumstances also citizen members. Sub-Committees report up to an assigned Standing Committee with members of Sub-Committees being appointed by Council, ***with the exception of the Public Health Sub-Committee, which reports directly to the Board of Health.***

3.15 Board of Health Meetings

- (1) Where Council is exercising the jurisdiction of a Board of Health under the *Health Protection and Promotion Act, 1990*:
 - (a) Council shall meet as necessary to complete such business as would normally be completed by a Board of Health and as required pursuant to the *Health Protection and Promotion Act, 1990* and its Regulations, any Public Health Standards published by the Minister, and any other applicable law including municipal by-laws and policies governing a Board or Health; and
 - (b) the Mayor and Clerk are authorized, upon approval by Council operating as a Board of Health, to sign any necessary resolutions.
- (2) ***The Public Health Sub-Committee shall report directly to the Board of Health;***

- (3) Council may, by resolution:**
 - (a) move into the Board of Health to consider, including debate, the Public Health Sub-Committee Report; and**
 - (b) move out of the Board of Health to report to Council.**

- (3) During the consideration of Public Health Sub-Committee Report, a member may:**
 - (a) request that a matter contained within the Public Health Sub-Committee Report be voted on separately by the Board of Health;**
 - (b) amend a matter contained within the Public Health Sub-Committee Report;**
 - (i) in the event, an amendment is considered to be contrary to the main motion within the Public Health Sub-Committee Report, the Board of Health will follow the following process:**
 - 1. The main motion within the Public Health Sub-Committee Report shall be voted upon;**
 - (a) if the vote result is deemed to be Carried, the matter is considered closed; and**
 - (b) if the vote result is deemed to be lost, the amendment considered to be contrary to the main motion within the Public Health Sub-Committee Report, may be introduced if duly moved and seconded.**

- (4) During the consideration of the Public Health Sub-Committee Report a member may lift an item from the Information Section with the approval of a majority of the members present, for the matter:**
 - (a) to be voted upon by the Board of Health; or**
 - (b) to be debated and/or amended by the Board of Health.**

- (5) An information item that is lifted from the Public Health Sub-Committee Report and amended, will be given an item number and added to the appropriate section of the Public Health Sub-Committee Report, who reports directly to the Board of Health.**

5.1 Standing Committees

The Standing Committees that report directly to Council shall be as follows:

- (a) General Issues Committee**

~~(b) **Public Health Committee**~~

(b) Public Works Committee

(c) Planning Committee

(d) Emergency & Community Services Committee

(e) Audit, Finance & Administration Committee

5.2 Appointment of Committee Chairs and Vice Chairs

(1) Each Standing Committee shall recommend to Council the appointment of a Chair, Vice Chair and, where applicable, 2nd Vice Chair for the required term.

(a) The term of the Chair, Vice Chair and 2nd Vice Chair shall be for a calendar year, or part of a calendar year in an election year.

(b) No Member of Council may serve as Chair, Vice Chair or 2nd Vice Chair of the same Standing Committee for more than one year in a Council term.

(2) Despite subsections 5.2(1)(a) and (b):

~~(a) **the Mayor shall stand as Chair for the term of Council for the Public Health Committee; and**~~

(a) the Mayor may stand as the Chair of the General Issues Committee for the term of Council or the Chair of the General Issues Committee may be rotated amongst the Deputy Mayors.

~~(3) **The Public Health Committee shall recommend to Council the appointment of a Vice Chair in accordance with 5.2(1). Despite subsection 5.2(1)(a) and (b), the Vice Chair shall stand as Vice Chair for the term of Council for the Public Health Committee.**~~

(3) The Vice Chair of the General Issues Committee shall be rotated amongst the Deputy Mayors when the Mayor is Chair of the General Issues Committee or the Deputy Mayor from the previous month shall be the Vice Chair of the General Issues Committee when the Chair of the General Issues Committee is rotated amongst the Deputy Mayors.

(4) Each Sub-Committee, Advisory Committee and Task Force shall recommend to Council the appointment of a Chair and Vice Chair. The Chair or Vice Chair of a Sub-Committee, Advisory Committee or Task Force established by Council may serve for more than one year in a Council term.

(5) Despite subsection 5.2(1)(c) the role of Chair of the General Issues Committee Budget meetings may be chaired by the Mayor or a Councillor with an understanding of financial reporting for the budget year. Despite

subsection 5.2(1)(a) and (b) the Chair of the General Issues Committee Budget meetings may serve for more than one year in a Council term.

- (6) The role of Vice-Chair of the General Issues Committee Budget meetings may be vice-chaired by a Councillor with an understanding of financial reporting for the budget year. Despite subsection 5.2(1)(a) and (b) the Vice-Chair of the General Issues Committee Budget meetings may serve for more than one year in a Council term.

5.3 Standing Committee Membership

- (1) General Issues Committee ~~and Public Health Committee~~ shall be comprised of all Members of Council.
- (6) Each Member of Council shall sit on a minimum of 3 Standing Committees, in addition to the ~~Public Health Committee and~~ General Issues Committee.

5.6 Standing Committee Meeting Times

- (1) Unless otherwise decided by Council, scheduled meetings of the Standing Committees will be as follows:
 - (a) (i) General Issues Committee shall meet at least once per month on a Wednesday commencing at 9:30 a.m.;
 - ~~(ii) Public Health Committee shall meet at least once per month commencing at 9:30 a.m.;~~
 - (ii) Public Works Committee shall meet at least once per month commencing at 1:30 p.m.;
 - (iii) Planning Committee shall meet at least once per month on a Tuesday commencing at 9:30 a.m.;
 - (vi) Audit, Finance & Administration Committee shall meet at least once per month on a Thursday commencing at 9:30 a.m.;
 - (v) Emergency & Community Services Committee shall meet at least once per month on a Thursday commencing at 1:30 p.m.;

5.8 Committee Reports

- (1) Each Standing Committee, the Selection Committee, and other Committees that report directly to Council shall make recommendations to Council.
- (2) ***The Public Health Sub-Committee shall make recommendations to the Board of Health.***
- (3) A minimum of 2 days shall pass before the Report of a Standing Committee, the Selection Committee, or other Committee that reports

directly to Council is presented to Council to provide adequate opportunity for review. Every effort will be made for Standing Committee and/or Selection Committee Reports to be released at an earlier date.

- (4) A minimum of 2 days shall pass before the Report of the Public Health Sub-Committee is presented to the Board of Health to provide adequate opportunity for review. Every effort will be made for the Public Health Sub-Committee Reports to be released at an earlier date.**
- (5) Despite subsection 5.8(3), this rule may be suspended by the affirmative vote of two-thirds of the Members of Council present and voting.**
- (6) Despite subsection 5.8(4), this rule may be suspended by the affirmative vote of two-thirds of the Members of the Board of Health present and voting.**

7.2 When Council approves of the formation of the Advisory Committee or Task Force the procedures as outlined in Appendix **G** shall be followed.

9.2 For the purpose of Sections 9.3, 9.5, 9.6, and 9.7, "Committee" shall mean the Public Health Sub-Committee and any committee of which at least 50% of the members are also members of Council.

13.2 General guidelines describing the respective roles and responsibilities of Council, the Mayor and the Chair of a Committee are set out in Appendix **F** to this By-law.

Appendix **E** - Audit, Finance and Administration Committee, Terms of Reference:

- To consider recommendations from the Auditor General as per the Office of the Auditor General Charter (Schedule F1 to Appendix **E**).

CITY OF HAMILTON

NOTICE OF MOTION

Public Health Committee: April 2, 2024

MOVED BY MAYOR A. HORWATH.....

Resolution to declare the City of Hamilton a “No Paid Plasma Zone”

WHEREAS, the City of Hamilton supports voluntary blood and plasma donation and aims to protect our public collection system, recognizing the importance of blood donation as a public good;

WHEREAS, Canada’s tainted blood crisis resulted in the loss of approximately 8,000 lives and the subsequent Royal Krever Commission recommended Canada operate a fully voluntary, non-remunerated blood and plasma donation system;

WHEREAS, within Ontario’s healthcare system blood donations are viewed as a public resource;

WHEREAS, the integrity of the of the public, voluntary donor system must be protected;

WHEREAS, in Ontario, the Voluntary Blood Donations Act, stipulates that it is against the law for private companies to pay donors and for donors to receive payment for their blood or plasma;

WHEREAS, paid plasma collection schemes are known to target and exploit the most vulnerable members of among communities; and

WHEREAS, this resolution reaffirms the principles of voluntary, non-remunerated blood and plasma donation and aims to protect the integrity of Canada’s public blood system and the integrity of blood donors.

THEREFORE, BE IT RESOLVED:

- (a) That the City of Hamilton designates itself a “Paid-Plasma Free Zone” and declares that private for-profit blood collection companies are not permitted to operate in the city;

- (b) That the City of Hamilton resolves to protect marginalized and vulnerable populations from exploitation resulting from for-profit plasma collection by advertising financial payment for the sale of their blood-plasma; and
- (c) That a copy of this resolution be sent to Canadian Blood Services, federal, provincial and territorial Ministers of Health, Grifols pharmaceuticals, and all Ontario Municipalities requesting that they respect the City of Hamilton as a “Paid-Plasma Free Zone” and support only voluntary Blood and plasma collection.