



City of Hamilton
PUBLIC HEALTH COMMITTEE
AGENDA

Meeting #: 24-005
Date: June 3, 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 April 29, 2024

5. COMMUNICATIONS

5.1 Correspondence from Angela Diano, Executive Director, ALPHA-1 Canada, respecting Item 11.1, Resolution to declare the City of Hamilton a “No Paid Plasma Zone”

Recommendation: Be received and referred to the consideration of Item 11.1.

Deferred from April 29, 2024 Meeting

- 5.2 Correspondence from Christine Duncan-Wilson, Chair, Immunity Canada, respecting Item 11.1, Resolution to declare the City of Hamilton a “No Paid Plasma Zone”

Recommendation: Be received and referred to the consideration of Item 11.1.

Deferred from April 29, 2024 Meeting

- 5.3 Correspondence respecting Item 10.1(a) - Sub-section (a)(i) to Report BOH24010, Heat Response Strategy, from the following individuals:

Recommendation: Be received and referred to the consideration of Item 10.1(a)

- a. Joshua Weresch

6. DELEGATION REQUESTS

- 6.1 Delegation Requests respecting Item 11.1, Resolution to Declare the City of Hamilton a "No Paid Plasma Zone", for today's meeting, from the following individuals:

DEFERRED FROM APRIL 29, 2024 Meeting

- a. Kat Lanteigne, Executive Director, BloodWatch.org
- b. Christine Duncan-Wilson, Immunity Canada
- c. Jennifer van Gennip, Network of Rare Blood Disorder Organizations (NRBDO)
- d. Anthony Marco, Hamilton and District Labour Council
- e. Donna Hartlen, GBS/CIDP Foundation of Canada

7. DELEGATIONS

8. STAFF PRESENTATIONS

9. CONSENT ITEMS

- 9.1 Update on the Hamilton Opioid Action Plan – June 2024 (BOH24015) (City Wide)
- 9.2 Suspect Drug-Related Deaths and Opioid-Related Paramedic Calls (January-March 2024) (BOH24016) (City Wide)
- 9.3 Canada’s Pharmacare Plan: Impact on Population Health (BOH24011) (City Wide) (Outstanding Business List Item)

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

- 9.4 Public Health Services 2023 Annual Performance and Accountability Report (BOH24012) (City Wide)

10. DISCUSSION ITEMS

- 10.1 Expansion of Subsidy for Air-Conditioning to Low-Income Households (BOH24010(a)) (City Wide)
- a. Heat Response Strategy (BOH24010) (City Wide)

(Sub-section (a)(i) of the amendment to Item 1 of the Public Health Committee Report 24-004, respecting Heat Response Strategy (BOH24010) (City Wide) (below), was deferred from Council on May 8, 2023, in order for staff to review and report back to the Public Health Committee)
- 10.2 Child and Adolescent Services Annual 2024-2025 Budget (BOH24013) (City Wide)
- 10.3 Healthy Babies Healthy Children Program Budget 2024-2025 (BOH24014) (City Wide)

11. MOTIONS

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

DEFERRED FROM APRIL 29, 2024 MEETING

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

- 13.1 Amendments to the Outstanding Business List
- a. Items Considered Complete and to be Removed
 - a. Pharmacare Information Report

Added: February 5, 2024 (PHC Report 24-002, Item 1(b))
Addressed as Item 9.3 on today's agenda.
 - b. Heat Response Strategy

Added: April 29, 2024 (PHC Amended Report 24-004, Item 2)
Addressed as Item 10.1 on today's agenda

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT

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



**PUBLIC HEALTH COMMITTEE
(Formerly the Board of Health)
MINUTES 24-004**

9:30 a.m.

Monday April 29, 2024

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

Present:	Councillor C. Kroetsch (Acting-Chair) Councillors J. Beattie, C. Cassar, B. Clark, J.P. Danko, M. Francis, T. Hwang, T. Jackson, T. McMeekin, E. Pauls, M. Spadafora, M. Tadeson and A. Wilson
Absent with Regrets:	Mayor A. Horwath (Chair) and Councillor N. Nann – Personal and Councillor M. Wilson (Vice-Chair) – City Business

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

1. Heat Response Strategy (BOH24010) (City Wide) (Item 8.1)

(A. Wilson/Cassar)

- (a) That the Heat Response Strategy attached as Appendix “A” to Report BOH24010, with the exception of Action Numbers 6, 7, 9 and 10 be approved;
- (b) That the Hamilton Paramedic Service report to the General Issues Committee regarding the operational feasibility of having the Mobile Integrated Health program increase outreach and wellness checks to clients during periods of extreme heat (Action Number 6);
- (c) That the Director of Environmental Services, Public Works report to the General Issues Committee regarding the feasibility of installing shade structures in areas identified using heat and equity mapping, and the installation of misting stations in priority locations (Action Numbers 7 and 9); and,

- (d) That the Director of Transit, Public Works report to the General Issues Committee regarding the operational feasibility of offering free or discounted transportation during heat warnings and extended heat warnings to act as cooling places (Action Number 10).

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

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

2. Third-Party Air Monitoring for Green for Life Stoney Creek Landfill (BOH24008) (Ward 5 and 9) (Outstanding Business List Item) (Item 9.1)

(Clark/Beattie)

- (a) That Report BOH24008, respecting Third-Party Air Monitoring for Green for Life Stoney Creek Landfill (Wards 5 and 9), be received;
- (b) *That AtkinsRéalis be contracted to implement a short-term fixed location canister sampling survey, as referenced as item 4.2.2. in Appendix "A" of report BOH24008, and that the cost be funded by the Stoney Creek Compensation Royalties (Green For Life Landfill) Reserve 117036, and that Public Health Services staff report back to Public Health Committee in Q3, 2024; and*
- (c) *That the timing of the sampling be restricted to 7 days in the late evening and early morning hours in late spring or early summer and that the implementation start date be random without notice to GFL.*

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

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

FOR INFORMATION:

(a) CHANGES TO THE AGENDA (Item 2)

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

4. APPROVAL OF MINUTES OF PREVIOUS MEETING

4.1 April 2, 2024 - REVISED

5. COMMUNICATIONS

Deferred to the June 3, 2024, Public Health Committee meeting:

5.3 Correspondence from Angela Diano, Executive Director, ALPHA-1 Canada, respecting Item 11.1, Resolution to declare the City of Hamilton a “No Paid Plasma Zone”

Recommendation: Be received and referred to the consideration of Item 11.1.

5.8 Correspondence from Christine Duncan-Wilson, Chair, Immunity Canada, respecting Item 11.1, Resolution to declare the City of Hamilton a “No Paid Plasma Zone”

Recommendation: Be received and referred to the consideration of Item 11.1.

6. DELEGATION REQUESTS

Deferred to the June 3, 2024, Public Health Committee meeting:

6.1 Delegation Requests respecting Item 11.1, Resolution to Declare the City of Hamilton a "No Paid Plasma Zone", for today's meeting, from the following individuals:

- (a) Kat Lanteigne, Executive Director, BloodWatch.org
- (b) Christine Duncan-Wilson, Immunity Canada
- (c) Jennifer van Gennip, Network of Rare Blood Disorder Organizations (NRBDO)
- (d) Anthony Marco, Hamilton and District Labour Council
- (e) Donna Hartlen, GBS/CIDP Foundation of Canada

Added:

6.2 Delegation Requests respecting 10.1, Heat Response Strategy (BOH23010) (City Wide), for today's meeting, from the following individuals:

- (b) Jacqueline Wilson, Canadian Environmental Law Association
- (c) Don McLean, Hamilton 350 Committee
- (d) Ian Borsuk, Environment Hamilton
- (e) Clare Freeman, Hamilton Community Legal Clinic

8. STAFF PRESENTATIONS

8.1 Heat Response Strategies (BOH24010) (City Wide)

- (a) Heat Response Strategies (BOH24010) (City Wide) – Revised Report and Appendices
- (b) Heat Response Strategies (BOH24010) (City Wide) – Staff Presentation

11. MOTIONS

Deferred to the June 3, 2024, Public Health Committee meeting:

11.1 Resolution to Declare the City of Hamilton a "No Paid Plasma Zone", for today's meeting, from the following individuals:

CHANGE TO THE ORDER OF ITEMS:

Item 10.1 respecting Heat Response Strategy (BOH24010) (City Wide) has been moved under Staff presentations (Item 8) as a presentation has been added to the Item.

(Beattie/Hwang)

That the agenda for the April 29, 2024, Public Health Committee be approved, as amended.

Result: Motion CARRIED by a vote of 9 to 0, as follows:

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

(b) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

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

(i) April 2, 2024 REVISED (Item 4.1)

(Hwang/Beattie)

That the REVISED Minutes of the April 2, 2024, meeting of the Public Health Committee be approved, as presented.

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

Absent	-	Mayor Andrea Horwath
Absent	-	Ward 1 Councillor Maureen Wilson

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

(d) COMMUNICATIONS (Item 5)

(i) (A. Wilson/Hwang)

That the following Communication items be approved, as presented:

- (a) Correspondence from Felicia Radassao, respecting Health Connections Lactation Consultants (Item 5.1)

Recommendation: Be received.

- (b) Correspondence from the Municipality of St. Charles respecting Support for the Resolution Passed by Public Health Sudbury & Districts on January 18, 2024, regarding Household Food Insecurity (Item 5.2)

Recommendation: Be received and referred to the Emergency & Community Services Committee.

- (c) Correspondence from Haliburton, Kawartha, Pine Ridge District Health Unit respecting *Smoke-Free Ontario Amendment Act (Vaping is not for Kids)*, 2023 (Item 5.4)

Recommendation: Be received.

- (d) Correspondence from Middlesex-London Health Unit respecting Recommendation for Provincial and Federal Restrictions on Nicotine Pouches (Item 5.5)

Recommendation: Be received.

- (e) Correspondence from Association of Local Public Health Agencies (alPHa) respecting 2023 Chief Medical Officer of Health (CMOH) Annual Report: An All-of-Society Approach to Substance Use and Harms (Item 5.6)

Recommendation: That the Public Health Committee congratulate Dr. Kieran Moore, Chief Medical Officer of Health (Ontario) and that staff be directed to report back in a series of reports on issues raised in the 2023 CMOH Report as it relates to Hamilton.

- (f) Correspondence from the Honourable Sylvia Jones, Deputy Premier and Minister of Health, respecting Additional Base and One-Time Funding for Public Health Programs (Item 5.7)

Recommendation: Be received and the Medical Officer of Health, or designate, be authorized and directed to execute all agreements, contracts, extensions, and documents, including submission of budgets and reports required to give effect to the Public Health Additional Base and One-Time Funding for Public Health Programs.

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

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

(e) DELEGATION REQUESTS (Item 6)

(A. Wilson/Cassar)

That the following delegation requests, be approved, as follows:

(i) **Delegation Requests respecting 10.1, Heat Response Strategy (BOH23010) (City Wide), for today's meeting, from the following individuals (Item 6.2):**

- (a) Stewart Klazinga, ACORN Hamilton (Item 6.2(a))
- (b) Jacqueline Wilson, Canadian Environmental Law Association (Added Item 6.2(b))
- (c) Don McLean, Hamilton 350 Committee (Added Item 6.2(c))
- (d) Ian Borsuk, Environment Hamilton (Added Item 6.2(d))
- (e) Clare Freeman, Hamilton Community Legal Clinic (Added Item 6.2(e))

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

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

(f) **DELEGATIONS (Item 7)**

(i) **Kathleen Zavarise, Trillium Gift of Life, respecting Spreading Awareness about Organ and Tissue Donation (Approved April 2, 2024) (Item 7.1)**

(Beattie/McMeekin)

That Kathleen Zavarise, Trillium Gift of Life, be granted an additional 5 minutes, beyond the 5-minute time limit, to complete their delegation respecting Spreading Awareness about Organ and Tissue Donation.

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

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

Kathleen Zavarise, Trillium Gift of Life, addressed the Committee respecting Spreading Awareness about Organ and Tissue Donation.

(Beattie/A. Wilson)

That the Delegation from Kathleen Zavarise, Trillium Gift of Life, respecting Spreading Awareness about Organ and Tissue Donation, be received.

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

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

(ii) **Delegations respecting Item 10.1, Heat Response Strategy (BOH23010) (City Wide) (Item 7.3)**

(1) The following delegates addressed the Committee respecting Item 10.1, Heat Response Strategy (BOH23010):

- (a) Stewart Klazinga, ACORN Hamilton (Item 7.3(a))
- (b) Jacqueline Wilson, Canadian Environmental Law Association (Added Item 7.3(b))
- (c) Don McLean, Hamilton 350 Committee (Added Item 7.3(c))
- (d) Ian Borsuk, Environment Hamilton (Added Item 7.3(d))
- (e) Clare Freeman, Hamilton Community Legal Clinic (Added Item 7.3(e))

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

That the following delegations respecting Item 10.1, Heat Response Strategy (BOH23010), be received and referred to the consideration of Item 10.1:

- (a) Stewart Klazinga, ACORN Hamilton (Item 7.3(a))
- (b) Jacqueline Wilson, Canadian Environmental Law Association (Added Item 7.3(b))
- (c) Don McLean, Hamilton 350 Committee (Added Item 7.3(c))
- (d) Ian Borsuk, Environment Hamilton (Added Item 7.3(d))
- (e) Clare Freeman, Hamilton Community Legal Clinic (Added Item 7.3(e))

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

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

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

(g) STAFF PRESENTATIONS

(i) Heat Response Strategy (BOH24010) (City Wide) (Item 8.1)

Matt Lawson, Manager, Health Hazards and Vector Borne Diseases Program, Healthy Environments Division, Public Health Services, provided the Committee with a presentation respecting Report BOH24010, Heat Response Strategy, with the aid of a PowerPoint presentation.

(A. Wilson/Pauls)

That the Staff Presentation respecting Report BOH24010, Heat Response Strategy, be received.

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

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

(h) CONSENT ITEMS (Item 9)

(i) Third-Party Air Monitoring for Green for Life Stoney Creek Landfill (BOH24008) (Ward 5 and 9) (Outstanding Business List Item) (Item 9.1)

(Clark/Hwang)

That Report BOH24008, respecting Third-Party Air Monitoring for Green for Life Stoney Creek Landfill (Wards 5 and 9), be received.

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

(i) **GENERAL INFORMATION / OTHER BUSINESS (Item 13)**

(i) **Amendments to the Outstanding Business List (Item 13.1)**

(A. Wilson/Cassar)

That the following amendments to the Public Health Committee's Outstanding Business List, be approved:

(1) Items Considered Complete and to be Removed (Item 13.1(a)):

- (i) Independent Third-Party Air Monitoring for GFL Stoney Creek Landfill
Added: December 4, 2023 (PHC Report 23-012, Item 2(a))
Addressed as Item 9.1 on today's agenda.

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

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

(j) **ADJOURNMENT (Item 15)**

(Clark/Hwang)

That, there being no further business, the Public Health Committee be adjourned at 11:48 a.m.

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

Absent	-	Mayor Andrea Horwath
Absent	-	Ward 1 Councillor Maureen Wilson

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

Respectfully submitted,

Councillor Cameron Kroetsch
Acting-Chair, Public Health
Committee

Matt Gauthier
Legislative Coordinator
Office of the City Clerk



April 17, 2024

Mayor Andrea Horwath
Hamilton City Hall
71 Main Street West
Hamilton, Ontario L8P 4Y5

Dear Mayor Horwath:

I was born and raised in Hamilton, Ontario and I have had a deep commitment to advocating on behalf of vulnerable communities, patients, and caregivers throughout my career. Currently serving as the Executive Director of Alpha-1 Canada and the Board Chair of the Network of Rare Blood Disorders Organizations (NRBDO), I am compelled to express the distress and confusion within patient communities regarding the potential decision to ban the collection of source plasma in Hamilton, as approved by the Ontario Government through a public-private partnership between Canadian Blood Services and Grifols Canada.

Hamilton is home to thousands of patients who depend on life-saving plasma-derived medicines. These critical treatments are manufactured from compensated plasma donations sourced outside of Canada. It is essential to recognize that everyone involved in the supply chain, from manufacturing to distribution and administration, is compensated for their contributions. Not only the countless individuals manufacturing the products, but many Hamiltonians are also compensated for their time and efforts:

- the logistics personnel in Hamilton-Wentworth;
- the distribution centre staff in Hamilton-Wentworth;
- the infusion nurses in Hamilton infusion clinics;
- the blood bank staff in Hamilton hospitals.

Why, then, should the plasma donor not be compensated for their time and effort?

As someone who donates plasma weekly and interacts with donors regularly, I find it offensive to suggest that plasma donation is predatory. The motivations behind each donor's decision are personal, and insinuating that such donations are against "Hamilton's values" undermines the autonomy and informed choices of its residents.

It is important to understand the significant impact of plasma donations on patients' lives. For instance, it takes over 900 plasma donations to treat just one patient with alpha-1 antitrypsin deficiency for a year. 1 in 5,000 Canadians live with alpha-1 antitrypsin deficiency, a genetic disorder, that occurs when there is a lack of a protein in the blood called alpha-1 antitrypsin (AAT). AAT protects the lungs, so without it severely affected patients can have little to no lung protection, which can require lung transplants and cause premature death. A plasma protein replacement therapy is the only specific treatment for severe alpha-1 antitrypsin deficiency.

Provincial and territorial governments have recognized the necessity of supporting public-private partnerships to meet the needs of Canadians living with blood and bleeding disorders.

I respectfully urge you and your Public Health Committee colleagues to listen to the voices of patients and families in Hamilton and consider the extensive research and data, supporting the public-private partnership between Canadian Blood Services and Grifols Canada. This partnership not only aligns with Hamilton's values but also reflects the city's mission and vision.

On behalf of the alpha-1 patient community, I would like to request that you withdraw the notice of motion for the April 29 meeting of the Committee on Public Health to declare the City of Hamilton a "plasma-free zone."

Sincerely,

Angela Diano
Executive Director



April 18, 2024

Mayor Andrea Horwath
Hamilton City Hall
71 Main Street West
Hamilton, Ontario
L8P 4Y5

Dear Mayor Horwath,

As a Hamiltonian, I would like to express my concern regarding the notice of motion for the April 29th meeting of the Committee on Public Health to declare the City of Hamilton a “plasma-free zone”. Not only am I a plasma product user, but I am also Chair of Immunity Canada, the patient organization representing thousands of primary immunodeficiency patients across Canada who are life dependant on the plasma-derived medicinal product (PDMP), Immunoglobulin replacement therapy (IG).

For over 85% of primary immunodeficiency patients there is no alternative therapy than IG. In their 2019 report on IG, Health Canada stated that primary immunodeficiency was the only disease state that is life dependent on IG. These patients, like myself, rely on this PDMP for not only continued stability of their disease but to live.

The WHO and the EMA has listed IG as a critical medicine, and currently Canada only produces enough plasma to supply 13% of our patient needs, purchasing the rest on the global market. The US supplies 75% of the global plasma supply. To illustrate it in another way, in order to supply Canada’s patient needs, for every 10 plasma donors needed, only 2 are Canadian.

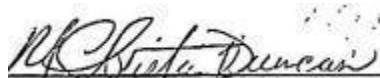
Plasma is a highly regulated industry, with not only regional regulators, but global safety standards, regulations and independent auditors. Donor safety remains paramount as not only are these built in requirements for regulators but also will determine the quality of the end product. There are no safety concerns, either for the patient receiving the product or the plasma donor.

CBS’ plasma business plans, including the partnership with the Spanish collector in question, would grow Canada’s plasma self-sufficiency from 13% to 50%. This initiative is supported by

the Province of Ontario, patients, patient organizations, physicians, physician organizations, and other stakeholders affected.

On behalf of Immunity Canada, I ask you to consider the perspectives of those affected stakeholders, as well as Canadian Blood Services, before making any reactionary motions that would create barriers to access to treatment for not only Hamiltonians like me but potentially thousands of Canadians.

Sincerely,

A handwritten signature in black ink, reading "M Christine Duncan-Wilson", written over a horizontal line.

M Christine Duncan-Wilson
Chair, Immunity Canada

cc: uzma.queshi@hamilton.ca, matt.gauthier@hamilton.ca, jennifer.vangennip@nrbdo.ca

25 May 2024

To the mayor and councillors of Hamilton's council:

Hope this finds you – in the spirit of Dorothy Day's admonition to comfort the disturbed and to disturb the comfortable – both comforted and disturbed.

I am appalled at the deferral of Councillor Kroetsch's amendment, as reported by Saira Peesker on CBC Hamilton (23 May 2024), to provide more access to air conditioners for tenants in multi-residential units but want to thank Councillors Nann, Hwang, and Alex Wilson for supporting Councillor Kroetsch's amendment. Also, I would like to know if the mayor is going to go to the tenants quoted in Saira's article and tell them that she has a lot of time for this idea to happen, while both of those tenants and many others are sweltering in the heat. She may have a lot of time for this idea to happen, but others quite obviously do not have time for her and the large contingent of councillors to wrap their collective minds around this idea, which is not just an idea, an insubstantial concept, but a lived and embodied reality of people in this city. Further, \$52,000 is not that much money to spend on this; and yet, even if it were financially costly, there is no price to be put upon the sustaining of people's lives, young and old alike. It's rather interesting how \$214,800,000 can be given to policing services without any questions asked, but, somehow, \$52,000 for tenants to have air conditioning cannot be as easily given.

I would ask that Councillor Kroetsch's amendment be moved and, with hope, passed at the 3 Jun 2024 meeting of the city's public health committee, and subsequently the committee's report unequivocally adopted at the 12 Jun 2024 meeting of the city's council.

Thank you for your time and attention in these regards.

Regards,

Joshua Weresch, M. Div.,
Resident in Ward 8

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

Sent: April 9, 2024 3:57 PM

To: clerk@hamilton.ca

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

Submitted on Tue, 04/09/2024 - 15:57

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

Kat Lanteigne

BloodWatch.org

2140 A Queen Street East PO Box 51523

Toronto, ON. M4E 3V7

info@bloodwatch.org

Preferred Pronoun

she/her

Reason(s) for delegation request

To support Mayor Horwath's motion to declare the City of Hamilton a "no-paid plasma zone" as non-profit organization that represents tainted blood survivors, patients who use plasma derived medications. Our organization were the vanguards of the Voluntary Blood Donations Act and advise on public blood policy in Canada and internationally. Thank you, kindly, for considering our request.

Will you be requesting funds from the City?

No

Will you be submitting a formal presentation?

Yes

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

Sent: April 17, 2024 3:20 PM

To: clerk@hamilton.ca

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

Submitted on Wed, 04/17/2024 - 15:19

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

Christine Duncan-Wilson

Immunity Canada



Preferred Pronoun

she/her

Reason(s) for delegation request

I will be speaking with regards to the "Paid Plasma" ban that the city is proposing.

Will you be requesting funds from the City?

No

Will you be submitting a formal presentation?

Yes

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

Sent: April 22, 2024 7:03 PM

To: clerk@hamilton.ca

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

Submitted on Mon, 04/22/2024 - 19:03

Submitted by: Anonymous

Submitted values are:

Committee Requested

Committee

Public Health Committee

Will you be delegating in-person or virtually?

In-person

Will you be delegating via a pre-recorded video?

No

Requestor Information

Requestor Information

Jennifer van Gennip

Network of Rare Blood Disorder Organizations (NRBDO)

[REDACTED]

[REDACTED]

jennifer.vangennip@nrbdo.ca

[REDACTED]

Preferred Pronoun

she/her

Reason(s) for delegation request

Related to the motion regarding plasma collection in Hamilton.

Will you be requesting funds from the City?

No

Will you be submitting a formal presentation?

No

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

Sent: April 23, 2024 12:02 PM

To: clerk@hamilton.ca

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

Submitted on Tue, 04/23/2024 - 12:02

Submitted by: Anonymous

Submitted values are:

Committee Requested

Committee

Public Health Committee

Will you be delegating in-person or virtually?

In-person

Will you be delegating via a pre-recorded video?

No

Requestor Information

Requestor Information

Anthony Marco

Hamilton and District Labour Council

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Reason(s) for delegation request

Regarding the Notice of Motion to make Hamilton and Paid-Plasma-Free Zone. (Note: it may be someone else from the Council reading out a statement on behalf of the Hamilton and District Labour Council.)

Will you be requesting funds from the City?

No

Will you be submitting a formal presentation?

No

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

Sent: April 25, 2024 4:18 PM

To: clerk@hamilton.ca

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

Submitted on Thu, 04/25/2024 - 16:18

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

Donna Hartlen

GBS/CIDP Foundation of Canada

3100 Garden Street

PO Box 80060 RPO Rosland Garden

Whitby, ON. L1R 0H1

dhartlen@gbscidp.ca



Preferred Pronoun

she/her

Reason(s) for delegation request

We are a national patient organization representing GBS, CIDP, and MMN patients who are recipients of the plasma-derived product, Immunoglobulin. We would like to present our perspective regarding the Public Health Committee's April 29th motion to make Hamilton a 'Paid-Plasma Free Zone'.

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:	June 3, 2024
SUBJECT/REPORT NO:	Update on the Hamilton Opioid Action Plan – June 2024 (BOH24015) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Sarah Anthony (905) 546-2424 Ext. 7968
SUBMITTED BY:	Julie Prieto Director, Epidemiology & Wellness Division Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

At its meeting on June 12, 2023 the Public Health Committee approved the Hamilton Opioid Action Plan (Public Health Committee Report BOH23021). The Plan included a commitment to report progress back to Public Health Committee.

INFORMATION

Hamilton Opioid Action Plan

To address on-going problematic opioid use and the increasingly toxic drug supply in Hamilton, several local actions have been initiated over the past 18 months. Critical among these actions include the declaration of an emergency in the areas of opioids, mental health, and homelessness in April 2023, and the subsequent development of the Hamilton Opioid Action Plan (Public Health Committee Report BOH23021) which was approved by the Public Health Committee on June 12, 2023.

The Hamilton Opioid Action Plan was developed by subcontractor MASS LBP through consultation with the Hamilton Drug Strategy Steering Committee, community members, persons with lived/living experience, equity-deserving groups, and health and social services leaders. Throughout the consultation period participants clearly articulated the need for the Hamilton Opioid Action Plan to be bold and to present recommendations for immediate action. The plan includes 13 actions that are evidence-informed, feasible, and will help to achieve the goals of the Hamilton Opioid Action Plan.

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The goals of the Hamilton Opioid Action Plan are:

1. Reduce the number of deaths associated with opioid use;
2. Reduce the harms associated with opioid use; and,
3. Increase access to a spectrum of treatment options.

The Hamilton Opioid Action Plan aims to achieve these actions by providing a mix of tangible and achievable short and long-term actions, using data collection and evaluation while enhancing collaboration across community partners.

Immediate Actions

The immediate actions outlined in the Hamilton Opioid Action Plan were targeted to be initiated at four months. These actions were selected for an immediate timeframe as prerequisites to move the overall Hamilton Opioid Action Plan forward, an urgent need identified by the community and actions that could be scaled to available funding. The following were identified as immediate actions in the Hamilton Opioid Action Plan:

1. Establish an Opioid Action Table

The Hamilton Opioid Action Table is an action-focused and operational working group committed to enhancing community coordination and collaboration to collectively address the drug poisoning crisis in Hamilton through tactical implementation of the Hamilton Opioid Action Plan. The Hamilton Opioid Action Table is accountable to the Hamilton Drug Strategy Steering Committee. Members representing community and municipal stakeholders were nominated by the Hamilton Drug Strategy Steering Committee to participate from the following sectors:

- People with lived/lived experience (Two);
- African, Caribbean, and Black community (One);
- Indigenous community (Two);
- Community agencies (One);
- Health systems agencies (One);
- Hospital services (One);
- City Housing (One);
- Community housing/ emergency shelters (Two);
- Primary care (One); and,
- Public Health (One).

Representatives were identified and confirmed for most sectors/communities including a late addition representing first responders to provide insight and support for medium term actions. The table was unable to secure representation from primary care and the African, Caribbean, and Black community. Public Health Services staff consulted with multiple agencies to provide representation

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for these groups. Members of these groups were unable to commit to Hamilton Opioid Action Table membership due to competing priorities and limited capacity.

The first meeting of the Hamilton Opioid Action Table was held on October 25, 2023. Meetings, initiated on a bi-weekly basis and transitioned to a monthly interval upon the establishment of medium-term working groups. These meetings drive the action items outlined in the Hamilton Opioid Action Plan. The meetings also serve as an opportunity to connect stakeholders from across the sector to collaborate and share updates, information, and data in a timely manner.

2. Scale up Supervised Consumption Sites across Hamilton

In August 2023 a call for applications was launched for a safe consumption site within the men’s emergency shelter system in Hamilton. Upon receiving no applications, the men’s shelter system was consulted and put forth an alternative proposal for use of funds originally approved for a safe consumption site. On January 15, 2024, the Public Health Committee directed Public Health Services staff to consult with the Hamilton Opioid Action Table and Hamilton Drug Strategy Steering Committee to endorse an alternate proposal for use of aforementioned funds. On April 10, 2024, Council carried a motion to transfer funds for the following initiatives:

- Young Women’s Christian Association (YWCA) Hamilton’s Safer Use Space;
- Embedded Harm Reduction Pilot in Men’s Emergency Shelters; and,
- Peer Support Worker initiative.

These initiatives aim to provide low-barrier harm reduction services to individuals disproportionately impacted by the mental health, homelessness, and opioid state of emergency in Hamilton.

3. Develop “Safer Use” Policies in Hospitals and Care Setting

The development of safer use policies in hospitals and care settings is led by the hospital services representative at the Hamilton Opioid Action Table. This action seeks to engage hospitals and care settings to become a more supportive environment for people who use substances to receive care. The new Management of Illicit Substances policy developed at St. Joseph’s Healthcare Hamilton has been supported and is currently in the approval process by their Patient Experience, Quality and Patient Safety Improvement Committee. This committee includes people with lived/living experience with substance use. Upon approval, the policy will be rolled out using change management strategies at all St. Joseph’s Healthcare Hamilton locations. This policy takes a humanistic and harm reduction approach to meet people where they are at in relation to their substance use, respect patient autonomy, and prioritize patient and staff safety.

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This is facilitated by assessing the risk associated with each case of nonprescribed substance use, taking measures to reduce harms to the patient, and where possible, reducing unnecessary interactions with security services. St. Joseph's Healthcare Hamilton is working to expand the reach of safer use practices by exploring potential hospital based safer use spaces and working with Hamilton Health Sciences to support the development of their own safer use policy.

4. Increase the Availability of Drug-Checking Services and Resources

Public Health Services has developed a Drug Test Strip Kit Distribution Pilot. The pilot is a 12-month program that will engage local harm reduction service partners to distribute fentanyl test strips and xylazine test strips to people who use substances in the community. The objectives of this program are to increase community access to harm reduction tools and increase community awareness/knowledge of the unregulated drug supply. This pilot also provides a positive opportunity for service providers to connect with clients and discuss harm reduction strategies.

This pilot program will distribute test strips in kits of five, along with testing accessories and instructions developed by Public Health Services with the support of the test strip manufacturer. To support this pilot, Public Health Services has developed a train the trainer program for disseminating key information about drug test strips, client education and distribution. All agencies/teams participating in the pilot will have trained staff. By the end of May 2024, 27 Public Health Services and The Aids Network staff will have received training for this program. At program launch, community members will be able to pick-up kits at the following locations: the Van Needle Syringe Program, Street Health Clinics, and at the Mental Health and Street Outreach Program. The program will scale up to include additional agencies and locations for test strip distribution over time.

Though this pilot was initiated during the fall of 2023, delays in the procurement of the necessary supplies for the test strip kits resulted in a deferral on the implementation of this action. Now that all supplies have been obtained, a distribution start date has been scheduled for May 13, 2024.

Public Health Services staff have also begun preliminary discussion and research on the procurement of a drug checking surveillance option, such as a point of care device. Several community partners have been consulted to gauge interest and feasibility. Guidance has also been provided to staff by the Toronto Drug Checking Service, a provincial leader in drug checking surveillance. Next steps for Public Health Services staff will be exploring drug checking surveillance models and technology for alignment with Hamilton's local context.

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5. Engage and Support Primary Care Providers

This action has not been initiated to date. Due to capacity issues, the primary care sector was unable to participate in the Hamilton Opioid Action Table and support the implementation of this action. This action is currently paused and may be revisited when there is capacity from the primary care sector to support this action.

Medium-Term Actions

The medium-term actions in the Hamilton Opioid Action Plan are targeted to be initiated at six months. These action areas require additional cross sector collaboration through action oriented working groups. The following were identified as Medium-Term actions in the Hamilton Opioid Action Plan:

6. Clarify service pathways and options for individuals who use substances, care providers, and first responders

This action is led by the first responder representative at the Hamilton Opioid Action Table. Other members of this working group include members representing hospital services, health systems agencies, and people with lived/living experience. This working group is in the process of identifying activities and developing a work plan to execute this action. This action aims to develop accessible resources for first responders to be able to link people who use substances to services, and increase awareness of service pathways to hospital staff, first responders, people who use substances and their support networks.

7. Develop and implement new youth prevention programs

Public Health Services is leading action on new youth prevention programs in alignment with 2024 strategic priority work in mental health and substance use as well as ongoing work of the City of Hamilton Youth Strategy. This work identifies youth mental well-being as a priority action area with the goal of increasing resiliency, development of healthy coping strategies and promotion of mental health and well-being among youth in the middle years. In 2024, Public Health Services staff will develop a plan to address risk and protective factors among youth in the middle years. The Hamilton Opioid Action Table and Hamilton Drug Strategy will continue to collaborate with strategies such as the Hamilton Youth Strategy on initiatives addressing youth substance use.

8. Expand supports available to families

This action is led by the women's community housing/emergency shelter representative at the Hamilton Opioid Action Table. Working group members include representatives of hospital services, health systems agencies, and people with lived/living experience. The working group is in the process of identifying activities and developing a work plan to execute this action. This

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action aims to expand supports available to families, particularly children of people who use substances, pregnant women who use substances, and those grieving the loss of loved ones affected by opioid-related deaths. This work will also promote the integration of destigmatizing practices to health and social services agencies that serve these populations.

9. Increase access and support to shelters and drop-ins

This action is led by the men’s community housing/emergency shelter representative. Working group members include representatives of the Indigenous community, health systems agencies and the women’s community housing/ emergency shelter. This action aims to address barriers to access for shelters and drop-ins. One identified barrier is the high staff turnover in the shelter and people serving sector which results in limited real-time knowledge of available services to support people who use substances. This working group is currently developing a plan for ongoing staff awareness that will target increasing the systems knowledge of new staff. The plan is to re-initiate a system service tour where individuals across the broader people serving systems would be able to participate in scheduled guided visits to the shelters and drop-in services across the city. This is an activity that has been done with success prior to the pandemic and would provide front line staff with opportunities to learn about available services in-person, meet with program staff, and enhance efforts to connect clients to the right service or support for their situation. This activity will also promote connection and collaboration among service providers.

Long-Term Actions

The long-term actions outlined in the Hamilton Opioid Action Plan are intended to be initiated at twelve months. Due to the system level scope of the long-term actions additional support will be required from the Hamilton Drug Strategy.

10. Increase the number of physicians able to prescribe opioid agonist therapy (OAT) and safer supply programs

- Increase the number of physicians able to prescribe opioid agonist therapy and safer supply programs with sufficient training and support;
- In partnership with relevant stakeholders, collaboratively advocate to municipal, provincial, and federal governments for more safer supply initiatives; and,
- Support existing safer supply programs.

11. Expand the availability of stabilization services

- Expand the availability of rapid stabilization for persons who use substances with high risk (of death) in hospital;
- Extend the capacity and operating hours of existing rapid access addiction medicine (RAAM) clinics; and,

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- Develop youth-specific rapid access addiction medicine clinic pathways and spaces.

12. Increase access to rapid detox and residential treatment programs

- Expand the availability of rapid detox programs and residential treatment programs;
- Work to reduce long wait times to access both rapid detox and residential treatment programs; and,
- Ensure detox programs are equipped with the resources to support clients or have the means to refer clients to resources to bridge the transition to residential treatment programs and afterward.

13. Develop additional Supervised Consumption Sites throughout Hamilton

- Investigate the long-term expansion of Supervised Consumption Sites through partnerships with hospitals, shelters, and other community organizations in Hamilton; and,
- Collaborate and support organizations with existing Supervised Consumption Sites to expand their capacity and service offerings.

Conclusion

The work of the Hamilton Opioid Action Plan is well underway, supported by the Hamilton Opioid Action Table to reduce deaths and harms associated with opioid use and increase access to a spectrum of treatment options. Implementation of immediate actions are bringing a range of harm reduction resources to priority populations, strengthening relationships between and among municipal services and community partners, and driving harm reduction policy improvements in local hospitals. The progress made through these actions has set the foundation for the collaborative efforts of the action oriented working groups required to execute the medium-term actions. Long-term actions will continue to build on these successes at the system level to provide people who use substances in Hamilton with lifesaving and life changing supports and services.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.



INFORMATION REPORT

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	June 3, 2024
SUBJECT/REPORT NO:	Suspect Drug-Related Deaths and Opioid-Related Paramedic Calls (January-March 2024) (BOH24016) (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 & 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 March 31, 2024. In Hamilton, early indicators such as opioid-related paramedic calls and suspect drug-related deaths decreased in the first quarter of 2024, following trends observed in the fourth quarter of 2023. Indicators which have more lag, such as emergency department visits, hospitalizations, and opioid-related deaths, also decreased in the fourth quarter of 2023. Compared to 2022, the counts of opioid-related paramedic calls, emergency department visits, and hospitalizations were higher in 2023, while the numbers of opioid-related and suspect drug-related deaths were lower (Appendix “A” to Public Health Committee Report BOH24016, Figure 1). One drug alert was issued on February 8, 2024, in response to a short-term increase in Emergency Medical System calls for

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suspect drug poisoning and reports of several substances of concern circulating locally. From January to March 2024, community reports highlighted the increasing potency of the drug supply and ongoing concerns regarding the presence of tranquilizers in the unregulated opioid supply. Further analysis of the local data is described below.

Opioid-Related Paramedic Calls

The significant drop in opioid-related paramedic calls observed from October to December 2023 persisted in the first quarter of 2024 (January to March 2024) (Appendix “A” to Public Health Committee Report BOH24016, Figure 1). There were 163 opioid-related paramedic calls in Hamilton from January to March 2024, representing the lowest number of calls in a three-month period since 2020. Between January and March 2024, paramedic calls were concentrated geographically, with 50% originating in Ward Two and 26% occurring in Ward Three.

Emergency Department Visits and Hospitalizations

Data describing counts of opioid-related emergency department visits and hospitalizations at Hamilton hospitals are available up to December 31, 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 throughout the first three quarters of 2023 before decreasing in October to December 2023.¹ From January to March 2023 there were 202 visits, 219 from April to June 2023, 248 from July to September 2023, and 204 from October to December 2023.

Opioid-related hospitalizations also decreased slightly in the final quarter of 2023 with 25 between January to March 2023, 35 from April to June 2023, 47 from July to September 2023, and 38 from October to December 2023. There were 145 hospitalizations in 2023, which is more than in 2022 (n=109), but less than in 2021 (n=166).

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.

¹ Hamilton Health Sciences, Integrated Decision Support: National Ambulatory Care Reporting System. Opioid-related emergency department visits and hospitalizations. Received March 18, 2024.

**SUBJECT: Suspect Drug-Related Deaths and Opioid-Related Paramedic Calls
(January-March 2024) (BOH24016) (City Wide) - Page 3 of 4**

Between January and March 2024 there were 37 suspect drug-related deaths². There were fewer suspect drug-related deaths in Hamilton in January to March of 2024 than in the same time period in 2023 (n=54) or 2022 (n=66). Of the 209 suspect deaths in 2023, so far 146 of them have subsequently been confirmed or probable opioid-related deaths (up to December 31, 2023) (Appendix “A” to Public Health Committee Report BOH24016, Figure 2). The number of confirmed or probable opioid-related deaths from January to December 2023 ranged from 33 to 39 deaths per quarter, which was lower than the average in 2022 of 42 deaths per quarter.

In the past twelve months (April 2023 to March 2024), most suspect drug-related deaths occurred among males (74%) and among those aged 30 to 59 years of age (73%). The proportions of deaths among males aged 30-39 years, 40-49 years, and 50-59 years (20.4%, 16.5%, and 18.8%, respectively) were substantially higher than the proportions occurring among other age and sex groups (Appendix “A” to Public Health Committee Report BOH24016, 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 April 2023 to March 2024, 66% of suspect drug-related deaths in Hamilton occurred in a private residence. In Hamilton, other common incident locations included the outdoors (17%) and congregate living (10%). Compared to Ontario, Hamilton continues to exhibit a pattern of a higher proportion of deaths occurring outdoors.

Substances Involved in Opioid-Related Deaths

Toxicology reports from confirmed accidental opioid-related deaths occurring from January 2022 to September 2023 find that, in Hamilton, 88% of all opioid-related deaths involved more than one substance (median is three substances).³ Fentanyl was identified in 86% of opioid-related deaths, stimulants (cocaine or methamphetamine) in 76% of opioid-related deaths, benzodiazepines in 41% of opioid-related deaths, and xylazine in 4% of opioid-related deaths.

In the most recent six-month period (April 2023 to September 2023), there was an increase in the detection of oxycodone (11% of deaths), morphine (11%), and cocaine (59%) as compared to previous time periods. Fluorofentanyl (32% of deaths), bromazolam (44%), and hydromorphone (13%) also continue to be identified at elevated rates compared to 2022. The number of deaths involving frequently identified substances is provided in Appendix “A” to Public Health Committee Report BOH24016, Figure 4. 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.

² Office of the Chief Coroner, Ontario. Office of the Chief Coroner Weekly Update: Suspect drug related deaths. Received April 11, 2024.

³ Office of the Chief Coroner, Ontario. Office of the Chief Coroner Toxicology data for opioid toxicity deaths 2023 Q3. Received February 9, 2024.

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 and external partners between January and March 2024 is reported below.

Within this quarter, one alert was issued by Public Health Services on February 8, 2024. This alert informed the community of an increase in Emergency Medical System calls for suspect drug poisoning within a one-week period. Several drugs (presumed fentanyl) circulating locally with varying descriptions were associated with drug poisonings at this time. Additionally, some of these substances were associated unusual drug poisoning presentations, with individuals “dropping quickly and seizing”.

There has also been ongoing concern regarding “tranq-dope” (fentanyl/ opioid combined with a tranquilizer) circulating locally, including in encampments. Opioids combined with tranquilizers like xylazine produce a higher risk for drug poisoning. By mid-February 2024, two different Ontario regions had reported a novel tranquilizer detected in the unregulated opioid supply. Medetomidine is a potent veterinary tranquilizer that has been detected in the Toronto and Kitchener opioid supplies over the last few months.

Within this period, there have also been several community reports of drug poisonings requiring multiple doses (two-three) of naloxone to respond.

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.

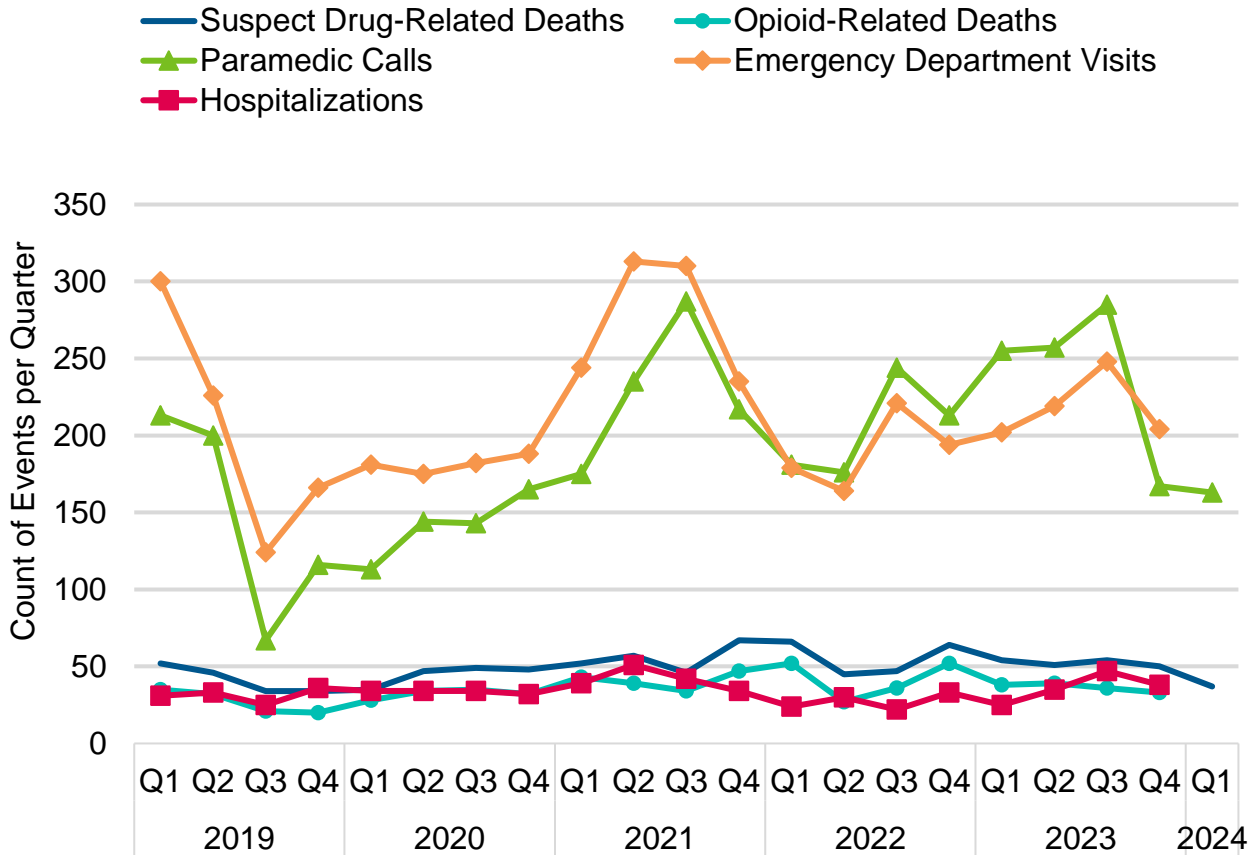
APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH24016

Supporting figures for the Jan – Apr
2024 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 2024



Data Sources:

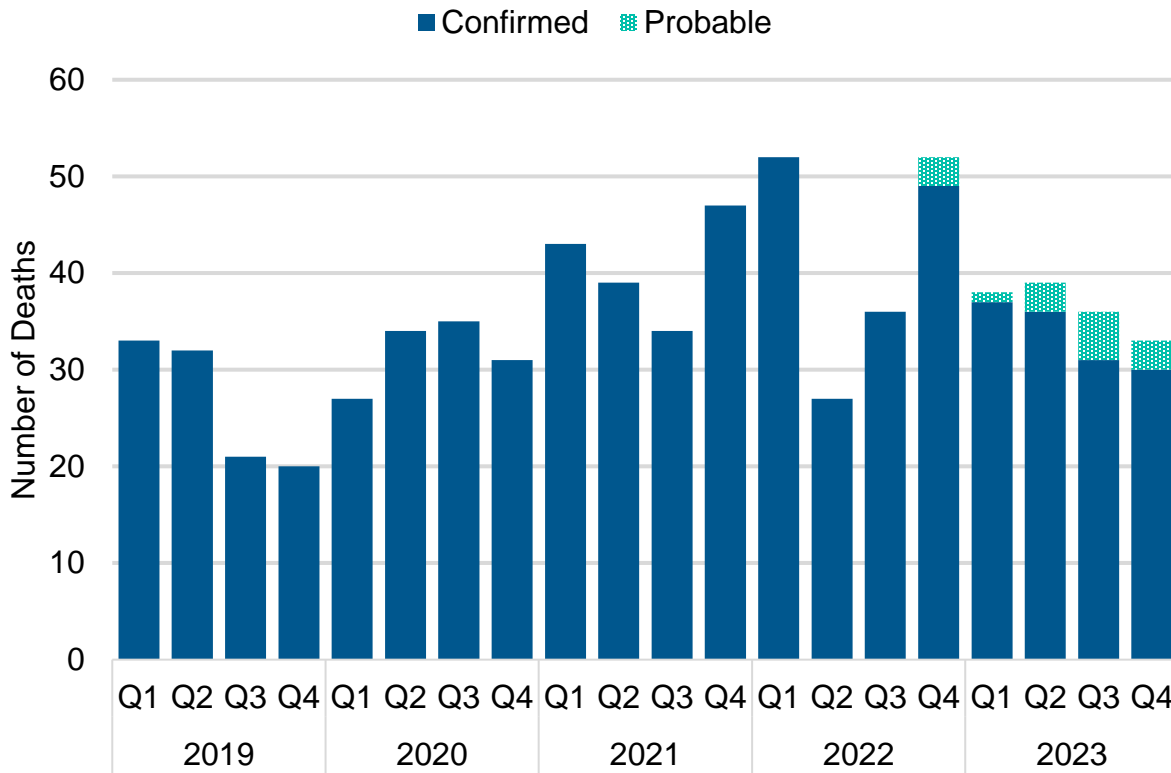
Hamilton Paramedic Services. Opioid-Related Emergency Medical Services Calls. Extracted April 10, 2024.

Hamilton Health Sciences, Integrated Decision Support: National Ambulatory Care Reporting System. Opioid-related emergency department visits and hospitalizations. Received March 18, 2024.

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

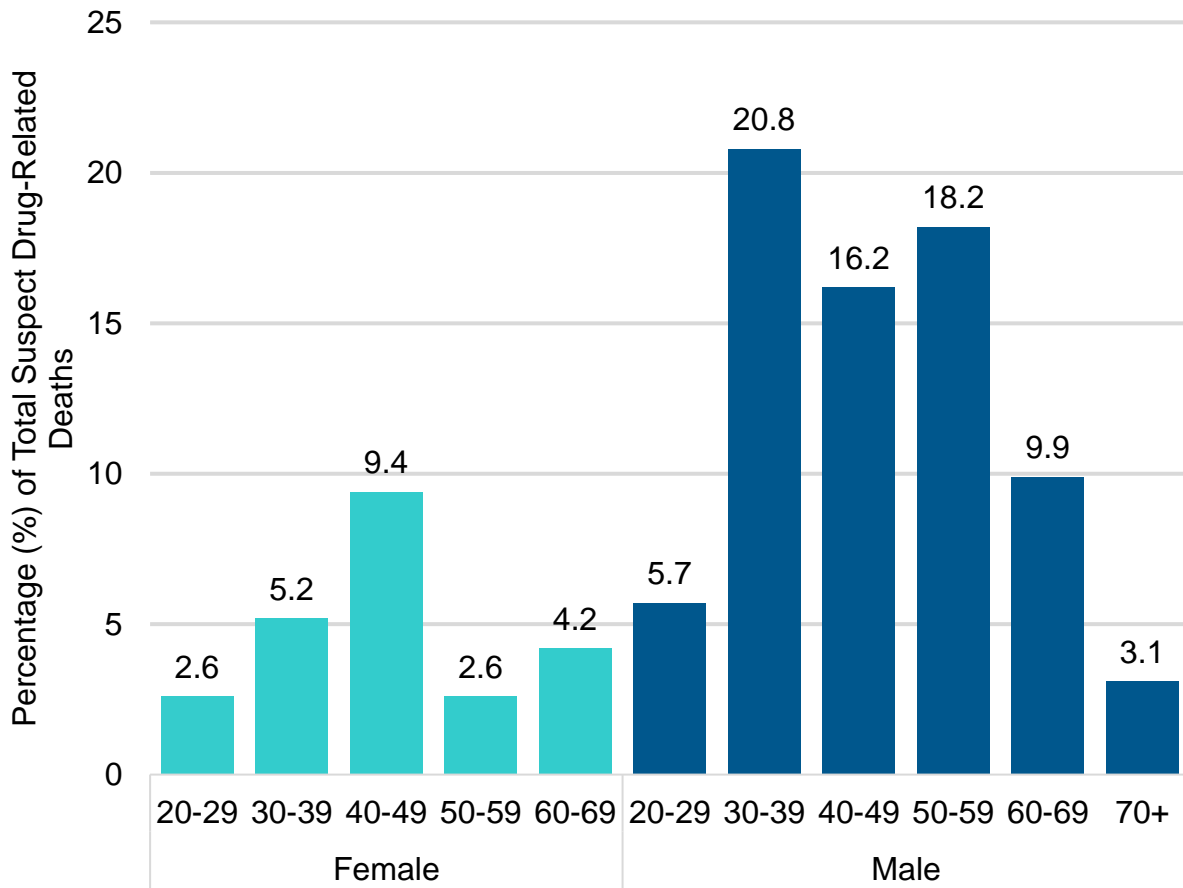
Office of the Chief Coroner, Ontario. Office of the Chief Coroner Monthly Update: Suspect drug opioid related deaths December 2023. Received April 12, 2024.

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 April 12, 2024.

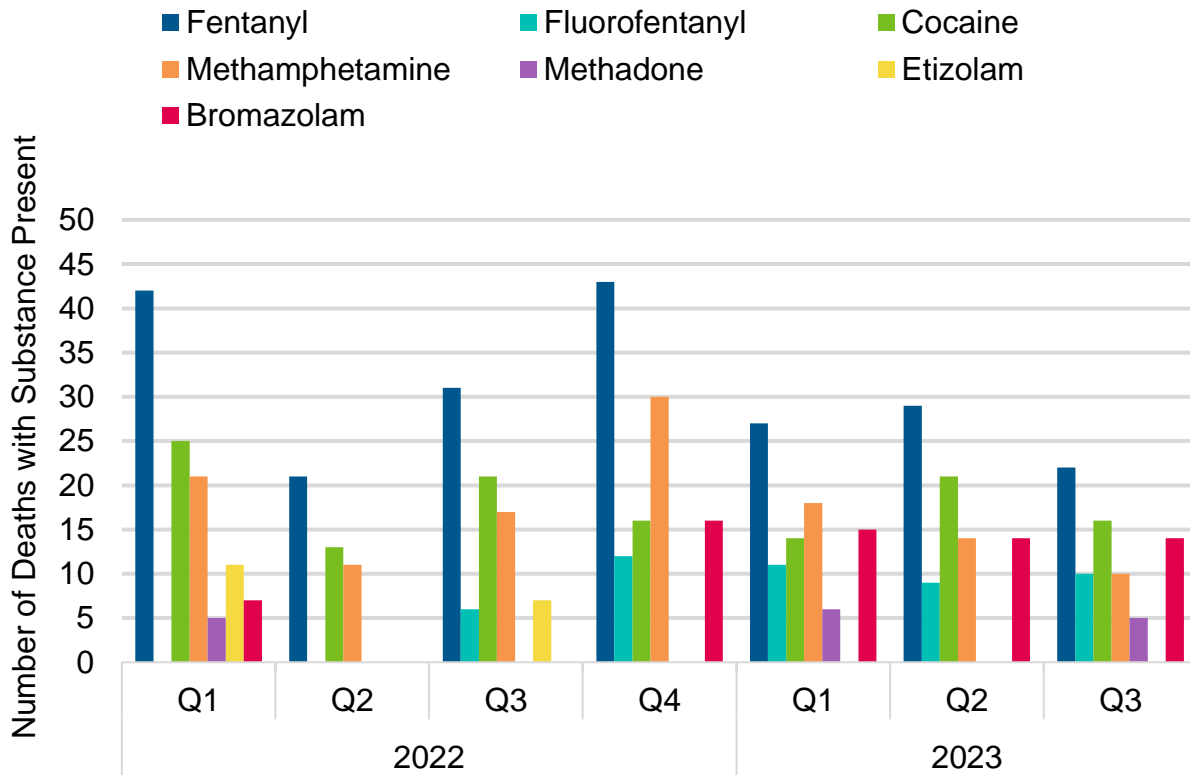
Figure 3: Suspect drug-related deaths by age and sex, City of Hamilton, April 1, 2023 to March 31, 2024



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

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

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



Data source: Office of the Chief Coroner, Ontario. Office of the Chief Coroner Toxicology data for opioid toxicity deaths 2023 Q3. Received February 9, 2024

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.



INFORMATION REPORT

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	June 3, 2024
SUBJECT/REPORT NO:	Canada's Pharmacare Plan: Impact on Population Health (BOH24011) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Erin Walters (905) 546-2424 Ext. 6793
SUBMITTED BY:	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

At the February 5, 2024 Public Health Committee meeting, "Staff were directed to report back to the Public Health Committee with an information report on Pharmacare", to provide further information on the current status of pharmacare in Canada and the potential impact on the leading causes of death in our community.

This Information Report satisfies the requirement for Item #2024-D, respecting Pharmacare, which can be removed from the Public Health Committee Outstanding Business List.

INFORMATION

In Canada, there is recognition of the rising cost of prescription drugs and the lack of coverage among different populations. Many Canadians face financial barriers to accessing essential medications that are critical in treating communicable and chronic diseases which results in negative health outcomes.¹ From a public health perspective, this problem not only affects the overall health of the population but also has the

¹ Government of Canada. (2019). A Prescription for Canada: Achieving pharmacare for all. <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/implementation-national-pharmacare/final-report.html#summ>

potential to exacerbate existing health disparities, as those with fewer resources are disproportionately impacted by this issue.¹

Medication coverage in Canada currently comprises a patchwork of over 100 publicly funded plans and 100,000 private plans. This system has been described as fragmented, inequitable, and inefficient, leaving many Canadians without adequate coverage.¹ Even for those with coverage, navigating the patchwork of public and private drug plans can be complicated and may impact their ability to access appropriate treatments.¹ One in five Canadians struggle to pay for their prescription medicines and three million Canadians don't fill their prescriptions because they can't afford to.¹ With living expenses rising faster than wages and private coverage becoming more restrictive and harder to access, out-of-pocket medication expenses are an increasing burden for many Canadians.^{1, 2}

The rising expense of medication has been felt at all levels. In 2019, Canada spent \$34.3 B on prescription medications, making it one of the fastest-growing healthcare expenses and the second-largest healthcare cost after hospitals.¹ Of the \$34.3 B, public programs accounted for 43.6% of spending, private plans covered 36.9% of expenses and the remaining 19.9% was paid for by Canadian households.³ More information on groups eligible for coverage from public and private plans can be found in Appendix "A" to Public Health Committee Report BOH24011.

The rise in medication spending has fuelled the recent surge of interest in pharmacare. Proponents of universal pharmacare suggests overall costs can be reduced. A single-payer model allows for more cost-effective practices, such as purchasing in bulk and negotiating price agreements.¹ It has been projected that a pharmacare program could decrease overall spending on prescription medication by \$5 B compared to the status quo while offering universal public coverage for all Canadians.¹ In addition to cost savings, it may also reduce the financial burden on Canadian businesses, which currently spend about \$750 per employee annually; and on households, which pay an average of \$450 out-of-pocket each year for prescription medications.¹

Healthcare providers often encounter challenges related to prescribing the most appropriate medications when considering affordability and coverage. Additionally, they need to deal with the poor health outcomes and complications that result from cost-related non-adherence to treatment plans.¹ A 2019 study examined providing prescription medication coverage on the healthcare utilization and overall spending

² Wellesley Institute. (2019). Who Benefits: Gaps in medication coverage for Ontario workers https://www.wellesleyinstitute.com/wp-content/uploads/2019/12/Coverage-Gaps-for-Ontario-Workers_EMBARGO_27.11.19.pdf

³ Hofmeister, M., Sivakumar, A., Clement, F. et al. (2022). Trends in Canadian prescription drug purchasing: 2001–2020. <https://joppp.biomedcentral.com/articles/10.1186/s40545-022-00420-4>

when providing medication coverage for diabetes, cardiovascular disease, and chronic respiratory conditions. The study projected 220,000 fewer emergency room visits and 90,000 fewer hospitalizations each year, saving up to \$1.2 B annually.¹ These savings would increase further as coverage expanded to a broader range of medications.

The idea of implementing a pharmacare policy in Canada dates to the inception of universal healthcare in Canada and interest has fluctuated over time. In recent years, there has been increasing political alignment on the issue leading to the development of the Advisory Council on the Implementation of National Pharmacare in 2018 (Advisory Council).¹ The Advisory Council explored international models of pharmacare including soliciting feedback from patients, healthcare professionals, academics, employers, and government officials across the country.¹

The work of the Advisory Council resulted in recommendations that the federal government collaborate with provincial and territorial governments and stakeholders to establish a universal, single-payer, public pharmacare system.¹ Specifically, that new legislation should:

- Function similar to universal healthcare and embody the same fundamental principles of the *Canada Health Act*;
- Be implemented using a stepwise approach in partnership with provinces and territories;
- Ensure low co-payments that do not create a barrier to access;
- Include a strategy to improve access to expensive drugs for rare diseases; and,
- Be led at a federal level.¹

On February 29, 2024, Bill C-64 (*Pharmacare Act*) was introduced.⁴ The initial phase of this policy provides coverage for diabetes treatment and contraception, with plans for gradual expansion towards a more comprehensive pharmacare model. This model is aligned with the 2019 recommendations from the Advisory Council.^{1,5} The timeline for implementation is unknown and dependent on the legislative process and the speed at which the bill passes through each stage. Funding is also unknown currently and is dependent on negotiations with the provinces and territories, as well as bulk-purchasing agreements with pharmaceutical companies.⁵

⁴ Government of Canada. (2024). Government of Canada Introduces Legislation for First Phase of National Universal Pharmacare <https://www.canada.ca/en/health-canada/news/2024/02/government-of-canada-introduces-legislation-for-first-phase-of-national-universal-pharmacar.html>

⁵ Acri Née Lybecker KML. (2021) The Challenges of Canadian Pharmacare Are More Complicated Than Acknowledged Comment on "Pharmacare in Canada". <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7947897/>

It is important to understand that different audiences will define this problem differently. Implementing a universal pharmacare program in Canada has also been met with criticism. The most common concerns include:

- **Financial Feasibility:** There are concerns that the program could put an unsustainable strain on government budgets, leading to deficits or tax hikes;
- **Complexity:** There are concerns that pharmacare could create an additional level of administration and complexity to pre-existing public and private coverage programs. This includes concerns that it would eliminate "more generous" private drug plans, reducing access to more expensive drugs;⁵
- **Limit Access to Medications:** There are concerns that pharmacare could restrict access to certain medications through a formulary-based system or ration drugs, potentially limiting options for some patients;^{5,6} and,
- **Reduced Pharmaceutical Innovation:** There are concerns that stricter regulations and reduced profitability for the pharmaceutical industry could lead to fewer new drugs being developed and brought to market.⁵

To address these concerns, alternative policy solutions have been considered. These alternative options focus on enhancing current programs as well as developing new programs to address gaps in the system. Alternative approaches include:

- **Targeted Public Programs:** Offering targeted public programs that provide coverage for specific populations or health conditions. This approach would focus on the greatest barriers to medication access and address current gaps in the system;⁷
- **Catastrophic Coverage:** Offering prescription drug coverage to eligible individuals and families who are spending a high proportion of their income on out-of-pocket costs for prescriptions, often due to chronic illnesses or rare diseases;⁷ and,
- **Public Insurance:** Offering public insurance to those who are not eligible or cannot afford a private group insurance plan to reduce out-of-pocket expenses for those without coverage.⁷

These approaches address affordability and access using various mechanisms. The distinct difference between these approaches and a pharmacare approach is the universality of the policy. From a public health perspective, these approaches may

⁶ Gagnon MA. (2021). Understanding the Battle for Universal Pharmacare in Canada Comment on "Universal Pharmacare in Canada".

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7947898/>

⁷ Wellesley Institute. (2018). Finding the Way Forward: Equitable access to pharmacare in Ontario <https://www.wellesleyinstitute.com/wp-content/uploads/2018/10/Finding-the-Way-Forward-Equitable-Access-to-Pharmacare-in-Ontario-.pdf>

improve the health of the population, however since not applied to all Canadians, it has the potential to lead to further health inequities.

In 2015, recognizing the importance of a national pharmacare program to improve population health outcomes, the Association of Local Public Health Agencies submitted a resolution to the Government of Canada and the Province of Ontario advocating for the development and implementation of a national, universal pharmacare program.⁸ While a pharmacare program won't directly influence services at the local public health unit level, its impact on population health will be evident through the reduction of health inequities and improvement of health outcomes for communities.

CONCLUSION

A universal Pharmacare program is an example of healthy public policy that would enable all Canadians to access quality, safe and cost-effective medication, improve health outcomes and generate cost savings. It can enable reasonable access to health care services without causing barriers. Pharmacare can also enhance health system integration and cut costs by replacing the current fragmented landscape of 100 publicly-funded prescription medication plans across Canada.¹ From a public health perspective, the issue of pharmacare revolves around ensuring equitable access to essential medications for all Canadians. A lack of coverage can negatively impact the health of the entire population and has the potential to widen existing health inequities.

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH24011

Public and Private Prescription
Medication Coverage in Canada

⁸ Association of Local Public Health Agencies. (2015). National Universal Pharmacare Program, https://cdn.ymaws.com/www.alphaweb.org/resource/collection/CE7462B3-647D-4394-8071-45114EAAB93C/A15-2_Universal_Pharmacare.pdf

Public and Private Prescription Medication Coverage in Canada

Canadian Federal drug plans provide coverage to:

- Indigenous people (with status);
- Settled refugees and refugee and asylum-seeking claimants;
- Members of the Canadian Armed Forces and veterans;
- Members of the Royal Canadian Mount Police; and,
- Individuals incarcerated in federal institutions.¹

For provinces and territories, coverage and eligibility vary significantly across the country.¹ In Ontario, the Ontario Health Insurance Plan+ (OHIP+) and Ontario Drug Benefits provide coverage to:

- Individuals under the age of 25 years or over the age of 65 years old;
- Individuals living in long-term care or homes for specialized care;
- Individuals receiving Ontario Disability Support Program (ODSP); and,
- Individuals receiving Ontario Work (OW).²

Private plans, which are predominately provided by employers, are increasingly restricting coverage, requiring employees to pay a larger share of medication costs.³ Of those who work, there are certain groups are less likely to have employer-sponsored drug plans, including contract or part-time workers, recent immigrants, racialized individuals, and those aged 25-34 years old in Ontario.³

¹ Government of Canada. (2019). Federal Public Drug Benefit Programs <https://www.canada.ca/en/health-canada/services/health-care-system/pharmaceuticals/access-insurance-coverage-prescription-medicines/federal-public-drug-benefit-programs.html>

² Government of Ontario. (2024). Get Coverage for Prescription Drugs <https://www.ontario.ca/page/get-coverage-prescription-drugs>

³ Wellesley Institute. (2019). Who Benefits: Gaps in medication coverage for Ontario workers https://www.wellesleyinstitute.com/wp-content/uploads/2019/12/Coverage-Gaps-for-Ontario-Workers_EMBARGO_27.11.19.pdf



INFORMATION REPORT

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	June 3, 2024
SUBJECT/REPORT NO:	Public Health Services 2023 Annual Performance and Accountability Report (BOH24012) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Konrad Lisnyj (905) 546-2424 Ext. 5452
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

Not Applicable.

INFORMATION

As per the 2022 Annual Performance and Accountability Report (Public Health Committee Report BOH23024), staff committed to bringing forward a 2023 year-end performance and financial report to the Board of Health. This report fulfils this reporting commitment.

The purpose of this report and its accompanying appendices is to provide a status update on Public Health Services' programmatic and financial performance in delivering the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability ('Ontario Public Health Standards') in 2023 to the Public Health Committee, the Ministry of Health, and the public.

Overview of Public Health Services

Public Health Services offers a wide variety of services and supports related to health promotion, health protection, and injury and disease prevention to enhance the health and well-being of the Hamilton population. The dedicated team of professionals, including nurses, doctors, public health inspectors, dental staff, nutritionists, social workers, epidemiologists, specialist roles and health promoters, collaborates with community partners to address the health needs of the community. Services

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

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

encompass immunization, infectious and communicable diseases prevention and control, education programs, family and child health services, population health assessment, substance use, sexual health services, air quality monitoring, school services, dental services, food and water safety, injury prevention, and public health inspections, as well as foundational programs that underlie and support all programs and services.

Key Public Health Services Priorities for 2023

As part of the 2023 Annual Service Plan and Budget, the Board of Health has endorsed four key priorities to address Hamilton's population health needs over the coming years (Board of Health Report BOH23011):

1. Health equity;
2. Child and youth healthy growth and development;
3. Mental health and substance use; and,
4. Climate change.

These priority health issues, exacerbated by the COVID-19 pandemic, are enduring issues that require collaborative and innovative efforts from partners across various sectors.

Public Health Services Priorities: Progress Update

This section will briefly highlight work across Public Health Services designed to address its four priority areas.

1. Health Equity

Public health plays an important role in identifying and addressing unfair health differences in our community.

In 2023, Public Health Services worked to advance health equity by:

- Training staff to better understand and embed health equity and anti-racism principles into program planning and decision-making;
- Using data to understand what impacts health to deliver services to Hamiltonians better;
- Working with community partners and priority groups to reduce health inequities; and,
- Raising public awareness of local health inequities and working together to address their root causes.

Some examples of Public Health Services' role in advancing health equity include co-developing an Indigenous Health Strategy in collaboration with the Indigenous community, gathering input from the Hamilton community to update

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the Board of Health's governance structure for better representation of our diverse community, developing the Community Health Status Report to provide comprehensive information about the community's overall health status, and launching an Instagram account to enhance communication and engagement with community members and partners.

2. Child and Youth Healthy Growth and Development

Public health is essential for supporting children's healthy growth and development in our community, ensuring children, youth, and their families have the information, skills, and support needed to reach their full potential.

In 2023, Public Health Services focused on contributing to children's healthy growth and development to ensure families thrive at every stage by:

- Promoting perinatal health through screening, education, and supports;
- Supporting early childhood development for those up to age six; and,
- Enhancing school-based health services and partnerships.

Key highlights of Public Health Services' role in this area include creating community pathways to improve access to supports and services, providing prenatal screenings for 900 pregnant individuals, conducting preventative dental screenings for over 22,000 students, administering more than 46,000 vaccines to prevent diseases among students, and working in schools to foster healthy, supportive environments by achieving a 53% completion rate for National Healthy Schools Certification in target schools.

3. Mental Health and Substance Use

Public health plays a key role in supporting individuals experiencing mental health and substance use problems, while also addressing the broader impact on the community.

In 2023, Public Health Services worked towards this goal by:

- Using person-centred approaches in our programs and services;
- Collaborating with the community to support mental well-being in the middle years;
- Advancing healthy public policy surrounding substance use; and,
- Enhancing harm reduction efforts.

Examples of Public Health Services' role in addressing this priority include providing accessible mental health counselling and supports across all age groups, responding to over 3,400 harm reduction service requests through the Van Needle Syringe Program, and developing community-wide strategies to

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address substance use issues, such as the Hamilton Opioid Action Plan and the Hamilton Drug Strategy.

4. Climate Change

Public Health Services uniquely addresses the impact of climate change on community health by helping Hamiltonians adapt to a changing climate and build resilience.

In 2023, Public Health Services focused its efforts on aligning with and supporting the City of Hamilton's Climate Change Impact and Adaptation Plan in:

- Addressing extreme heat by improving cooling options in rental housing and across the City;
- Protecting vulnerable populations from diseases spread by insects;
- Enhancing our understanding of how climate change affects health; and,
- Educating the community about climate and health issues.

Some examples of Public Health Services' role in addressing climate change include launching the "Be A Heat-Wave Hero" campaign to educate landlords about extreme heat risks in high-risk areas, monitoring vectors like mosquitoes and ticks, as well as vector-borne diseases such as West Nile virus and Lyme disease, and improving signage on local trails to educate residents on protecting themselves from vector-borne diseases.

The appendices to this report provide additional details surrounding the achievements of Public Health Services in 2023:

- Appendix "A" to Public Health Committee Report BOH24012 contains more detailed information about Public Health Services' progress made in 2023 in addressing the four priorities and their key action areas (previously reported in Public Health Committee Report BOH24001). It also highlights Public Health Services' programmatic performance towards achieving the objectives outlined in the Annual Service Plan and Budget, which extend beyond the four priorities;
- Appendix "B" to Public Health Committee Report BOH24012 provides a comprehensive overview of the advancements made within the four priorities, supported by tangible examples. This information will be shared with the public to demonstrate the impact of Public Health Services' efforts in the community; and,
- Appendix "C" to Public Health Committee Report BOH24012 provides a comprehensive overview of the Provincial portion of the estimated 2023 financial actuals for Ministry of Health-funded programs and services under the Ontario Public Health Standards.

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Overview of Ministry of Health Performance Reporting Requirements

The Ontario Public Health Standards require boards of health to report on program and financial performance to the Ministry of Health through quarterly Standards Activity Reports and an Annual Report and Attestation. Appendix “A” to Public Health Committee Report BOH24012 includes programmatic data reported to the Ministry of Health as part of the third and fourth quarter Standards Activity Reports. The program and financial performance information contained in Public Health Committee Report BOH24012 will be reported to the Ministry of Health through the 2023 Annual Report and Attestation by June 28, 2024.

Additionally, under the Ontario Public Health Standards, boards of health must produce an annual performance and financial report for the public to enhance transparency and increase awareness of local public health issues and services. Appendix “B” to Public Health Committee Report BOH24012 fulfils this reporting requirement, which will be made available on the City of Hamilton’s website at <https://www.hamilton.ca/people-programs/public-health>.

2023 Attestation of Compliance

As part of the Ministry of Health Annual Report and Attestation, boards of health must complete a certificate of attestation to demonstrate compliance with the Organizational Requirements outlined in the Ontario Public Health Standards. In 2023, Public Health Services fully complied with 63 of 64 organizational requirements. This marks an improvement from the previous year, when it fully complied with 59 out of 64 organizational requirements (Public Health Committee Report BOH23024). The requirement not met in 2023 was related to reviewing and revising by-laws, policies, and procedures at least every two years. The COVID-19 pandemic impacted the ability to adhere to the two-year review schedule. Public Health Services has developed plans to review and revise its policies and procedures in 2024 to ensure compliance.

2023 Financial Performance

In 2023, the Ministry of Health granted the City of Hamilton Board of Health \$41,565,725 to support the delivery of programs and services under the Ontario Public Health Standards. This included one-time funding to support the COVID-19 General and Vaccine Programs and various projects and initiatives and one-time mitigation funding to offset the increased costs for Municipalities due to the cost-sharing change from the mixed 75%/25% to 70%/30%. As of December 31, 2023, a total of \$40,576,959 of the Provincial share was spent, with a positive variance of \$988,766. The City of Hamilton contributed \$13,015,141 in support of these same initiatives.

For the programs with the funding year January 1, 2023, to December 31, 2023, the Ministry of Health continued to provide funding based on a Provincial and Municipal cost-share formula for all programs under the Ontario Public Health Standards, apart from the Ontario Seniors Dental Care Program, which remained 100% Provincially

SUBJECT: Public Health Services 2023 Annual Performance and Accountability Report (BOH24012) (City Wide) - Page 6 of 7

funded. Overall, the City of Hamilton Board of Health received \$27,195,200 for the Annual Service Plan and Budget Mandatory Programs ('Mandatory Programs'), and the Ontario Seniors Dental Care Program received \$4,318,125. The Ministry of Health also provided \$7,836,600 for COVID-19 costs above the Mandatory Programs at 100% in 2023, where \$6,847,834 was spent, with a positive variance of \$988,766 which is expected to be recovered by the Ministry of Health. The City of Hamilton has submitted a letter to the Ministry of Health requesting the opportunity to retain these committed funds to help alleviate the costs of the 2024 Mandatory and COVID-19 General and Vaccine Programs. The Ministry of Health also provided one-time mitigation funding to offset the increased costs for Municipalities due to the cost-sharing change from a mixed 75%/25% and 100% funding model prior to 2020. A total of \$2,215,800 was granted, which was fully claimed.

On March 28, 2024, the Ministry of Health granted an additional \$591,900 to reimburse extraordinary costs related to the COVID-19 Vaccine Program from January 1, 2024 to March 31, 2024. This amount is expected to be fully spent.

The Ministry of Health also provided one-time funding for 100% funded programs. A total of \$575,000 for the School-Focused Nurses Initiative (100%) from April 1, 2023 to June 30, 2023, was fully spent. In addition, a total of \$1,061,600 was provided for the following programs from April 1, 2023, to March 31, 2024, that is expected to be fully spent: Public Health Inspector Practicum Program (100%), Needle Syringe Program (100%), Smoke-Free Ontario Enforcement Tablet Upgrades (100%), and Public Health Services Seniors Dental Clinic (100%).

Appendix "C" to Public Health Committee Report BOH24012 provides a more detailed overview of the Provincial portion of the 2023 financial actuals for Ministry-funded programs and services under the Ontario Public Health Standards. The financial data provided in this report are reasonably accurate and complete. It is important to acknowledge that our financial systems are offline due to the ongoing cybersecurity incident impacting the City of Hamilton. As such, minor adjustments may occur once the system is restored, and we can review the final reports. Note that our year-end position is considered an approximation under these circumstances.

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH24012	Program Indicator Results for 2023
Appendix "B" to Report BOH24012	Public Health Services 2023 Annual Performance and Financial Report to the Public

**SUBJECT: Public Health Services 2023 Annual Performance and Accountability
Report (BOH24012) (City Wide) - Page 7 of 7**

Appendix "C" to Report BOH24012

Estimated 2023 Financial Actuals for Ministry
of Health-Funded Programs Under the Ontario
Public Health Standards

2023 Status Updates on Public Health Priorities and Action Areas

HEALTH EQUITY PRIORITY

Action Area: Competency Development

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

In 2023, Public Health Services:

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

Action Area: Data for Equity

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

In 2023, Public Health Services:

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

Action Area: Community Collaboration

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

In 2023, Public Health Services:

- Engaged in comprehensive consultations with the City of Hamilton’s Advisory Committees, community partners, health professionals, and the public to identify issues and opportunities with Hamilton’s current Board of Health governance structure and reported back in Q4 2023 with alternate governance options and recommendations;
- Collaboratively developed the Indigenous Health Strategy with Indigenous leaders and community members, which Council approved in Q3 2023. The strategy identifies service growth opportunities and emphasizes the importance of self-determination and cultural safety in all services provided by Public Health Services; and,
- Continued its Vaccine Ambassador program, which was co-developed by the Hamilton Black Health Community Leaders Forum. Vaccine ambassadors work closely with community partners and use various strategies to share information about vaccines and other public health and community services among Black, Indigenous, and racialized communities.

Action Area: Awareness and Communication

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

In 2023, Public Health Services:

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

CHILD AND YOUTH HEALTHY GROWTH AND DEVELOPMENT PRIORITY

Action Area: Optimal Perinatal Health

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

In 2023, Public Health Services:

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

Action Area: Infant and Early Years Mental Health

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

In 2023, Public Health Services:

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

Action Area: Comprehensive School Health

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

In 2023, Public Health Services:

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

- Achieved a 53% completion rate for National Healthy Schools Certification in target schools, which focuses on promoting and enhancing the health and well-being of students, school staff, and the broader school community.

MENTAL HEALTH AND SUBSTANCE USE PRIORITY

Action Area: Trauma- and Violence-Informed Care

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

In 2023, Public Health Services:

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

Action Area: Community Mental Health Promotion in Middle Years

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

In 2023, Public Health Services:

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

Action Area: Municipal Policies on Substance Use

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

In 2023, Public Health Services:

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

Action Area: Harm Reduction

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

In 2023, Public Health Services:

- Developed the Hamilton Opioid Action Plan, a comprehensive strategy to respond to the toxic drug supply and reduce opioid-related harms and deaths in the community, which Council approved in Q2 2023;
- As a result of the Hamilton Opioid Action Plan, in collaboration with Housing Services, addressed community and Council inquiries by initiating a call for applications to launch a supervised consumption site within a men’s shelter in Hamilton to support safer substance use. No applicants came forward, resulting in the men’s shelter system collectively proposing an alternate plan to embed harm reduction workers into the shelter system. The alternate proposal will be brought forward to Council in 2024 for consideration;
- Developed local guidance to support applicants seeking municipal endorsement for a Consumption and Treatment Services application;
- Developed a 12-month drug checking strips pilot program to support safer substance use with implementation beginning in Q1 2024;
- Responded to 93% (n=3,472) of the Van Needle Syringe Program harm reduction service requests in 2023 to increase access to safe drug use supplies and support safer substance use; and,
- Distributed naloxone to 16 external stakeholders across 57 sites through the Ontario Naloxone Program to enhance community access to naloxone. An additional nine sites are to complete onboarding in Q1 2024.

CLIMATE CHANGE PRIORITY

Action Area: Extreme Heat and Health

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

In 2023, Public Health Services:

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

Action Area: Vector-Borne Diseases

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

In 2023, Public Health Services:

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

Action Area: Data for Climate Change Health Impacts

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

In 2023, Public Health Services:

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

Action Area: Climate and Health Education and Awareness

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

In 2023, Public Health Services:

- Initiated Collated lists of communication channels, priority neighbourhoods, and at-risk populations served through existing Public Health community services to expand the reach of future communications and education campaigns among priority populations. The Office for Climate Change Initiatives was informed of this outreach to priority neighbourhoods related to extreme heat. Collaboration on identifying priorities between the Office for Climate Change Initiatives and Public Health Services’ Health Hazards and Vector-Borne Diseases Program will continue in 2024. work on developing a plan to enhance its data surveillance system to monitor individuals presenting with heat-related illnesses in hospitals. Data will be shared with the Public Health Committee by Q2 2024.

Monitoring Measures (Ministry of Health 2023 Q3 and Q4 Standards Activity Reports)

#	Measure	Year 2023
CHRONIC DISEASE PREVENTION AND WELL-BEING		
Menu Labelling:		
Q1.1	Percentage of new regulated food service premises inspected in 2023	100% (1/1)
Q1.2	Percentage of 2022 premises that were re-inspected at least one time in 2023	0% (0/0)
Q1.3	Number of inspected premises (new and re-inspected) deemed:	
	In full compliance	1
	In partial compliance	0
	Not in compliance, charges laid	0
Q1.4	Percentage of complaints that resulted in an inspection in 2023	0% (0/0)
Locally Developed Indicators:		
Q1.5	Collaborate with City, school board, and community partners to provide enhanced Active and Sustainable School Travel (ASST) support to 10 priority schools by December 2023	Target met. 12 schools received enhanced ASST support.
Q1.6	Complete at least five educator training and skill-building sessions on physical literacy and activity to increase physical activity in elementary and secondary students by the end of 2023	Target met. 10 training and skill-building sessions were held.
Q1.7	Pilot a comprehensive workplace health promotion program to reduce sedentary behaviour in at least one workplace in 2023	Target unmet due to staffing challenges. Work to be continued in 2024.
Q1.8	Complete asset mapping, including physical activity and food assets, as well as active transportation routes in at least one area of the City experiencing health inequities by December 2023	Target met. Asset mapping completed for two geographic areas.
Q1.9	50% of total food and beverage items on recreation concession menus fit green or yellow choices guideline (i.e., healthier options) by the end of 2023	<u>Food Items:</u> Target met. 50.0% (6/12) <u>Beverage Items:</u> Target met. 50.0% (6/12)
Q1.10	Engage at least 15 community partners in the Hamilton Food Literacy Network (FLN)	Target met. 17 partners engaged in the Hamilton FLN.

#	Measure	Year 2023
Q1.11	75% of Hamilton Food Literacy Network (FLN) partners report increased knowledge and skills to offer food programming and/or meet their organizational food literacy goals	Target unmet. Emphasis of the Hamilton FLN partners shifted to collaborative projects to advance food literacy goals. 35.3% (6/17)
Q1.12	Use food cost data collected in at least seven stores (online and in-store) using the Ontario Nutritious Food Basket costing tool to monitor food affordability by the end of October 2023	Target met. Food costing was completed in seven stores.
Q1.13	Increase reach to community members of food affordability findings to inform action throughout 2023	<u>Website</u> : 938 unique user visits <u>Email</u> : 43 partners <u>Presentation</u> : 1 community organization

HEALTHY ENVIRONMENTS

Q2.1	What actions were taken by the board of health to mitigate the health impacts of heat and cold?	<ol style="list-style-type: none"> 1. In order to implement the community action response plan, risks regarding extreme heat events were communicated to key stakeholders via the mass notification system. Individuals who did not have access to air conditioning were encouraged to access cool environments. 2. Risks regarding extreme cold events were also communicated to key stakeholders via the mass notification system. Individuals were encouraged to stay out of the cold (especially those who did not have shelter) for the 2022-23 cold season. 3. Collaborated with community partners regarding access to warm places during extreme cold events in 2022-23. 4. Collaborated with landlords of multi-dwelling residence/apartment buildings with residents who were at high risk of health impacts from extreme heat exposure to ensure they had access to a “cooling room” in the building.
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Locally Developed Indicators:

Q2.2	Distribute 230 radon monitors in 2023	99.6% (229/230) Target unmet.
Q2.3	Inspect 100% of premises subject to the <i>Skin Cancer Prevention Act</i> (2013)	100% (31/31) Target met.
Q2.4	Inspect 100% of arenas and facilities requiring indoor carbon monoxide monitoring systems	92.0% (23/25) Target unmet.

HEALTHY GROWTH AND DEVELOPMENT

Locally Developed Indicators:

#	Measure	Year 2023	
Q3.1	90% of breastfeeding client/group interactions that reported increased knowledge, skills, or confidence after interactions with Hamilton Public Health Services staff	97.0% Target met.	
Q3.2	95% of client participants who reported increased knowledge, skills, and/or confidence on all session objectives after attending a group session (e.g., parenting and Canadian Prenatal Nutrition Program)	95.0% Target met.	
Q3.3	18% of eligible individuals received a Healthy Babies Healthy Children (HBHC) screening during pregnancy	21.0% Target met.	
Q3.4	66% of targeted screening strategies are effectively identifying families with risk during pregnancy, postpartum, and early identification	72.0% Target met.	
Q3.5	90% of high-risk clients (after in-depth assessment) who access home visiting services (prenatal, postpartum, and early identification)	90.0% Target met.	
IMMUNIZATION			
Q4.1	Number of school immunization clinics held by the board of health for the grade 7 school-based program including Hepatitis B (HBV), Meningococcal, and Human Papillomavirus (HPV) vaccines (for September 1, 2022 to August 31, 2023)	327	
Q4.2	Number and type of catch-up clinical services held by the board of health for students in grades 8 to 12 for HBV, Meningococcal, and HPV vaccinations (for September 1, 2022 to August 31, 2023)	Catch-up clinic at a school (no routine school-based provided)	0
		Routine school-based clinic (catch-up vaccinations are also provided)	21
		Catch-up clinic at public health unit office location (specific clinic for school-based program)	39
		Appointments for catch-up school-based immunizations at public health unit office location	3,855
		Doses provided to healthcare providers upon request	8,621
Q4.3	Number of hepatitis B, meningococcal, and human papillomavirus vaccine doses administered to students (for September 1, 2022 to August 31, 2023)	Total number of doses of Hepatitis B vaccine administered to students in grades 7 to 12	17,052
		Total number of doses of Meningococcal vaccine administered to students in grades 7	10,837
		Total number of doses of Human Papillomavirus vaccine administered to eligible students in grades 7 to 12	18,799
Q4.4	Percentage of refrigerators that store publicly funded vaccine that received their routine annual inspection as per the vaccine storage and handling requirements	100% (511/511)	
INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL			
Q5.1	Number of infection prevention and control (IPAC) complaints received that triggered an inspection	Total complaints	51
		Triggered inspection	34
Q5.2	Number of verbal and written infection prevention and control (IPAC)-related section 13 health hazard orders issued under the <i>Health Protection and Promotion Act</i>	1	
Q5.3	Number of IPAC lapses by setting	0	
Q5.4	Hepatitis C	82.5%	

#	Measure	Year 2023				
	Percentage of reported confirmed sexually transmitted and blood-borne infection (STBBI) cases where treatment and follow-up were conducted according to the <i>Infectious Diseases Protocol, 2018</i> (or as current)				(127/154)	
		Gonorrhea			86.6% (420/485)	
		Syphilis			86.2% (119/138)	
		Total			85.7% (666/777)	
Q5.5	Number of catch basins treated with larvicide per round	Round 1			46,061	
		Round 2			43,262	
		Round 3			45,418	
Q5.6	Number of mosquito traps set per week			20 traps 12 weeks		
Q5.7	Total number of cases with acquired drug-resistance for tuberculosis (TB) identified in the public health unit jurisdiction				0	
Q5.8	Board of health activities related to Latent Tuberculosis (TB) Infections	<ul style="list-style-type: none"> Public Health Nurses (PHNs) receive reports of TB infections that are identified through Immigration Medical Surveillance (IMS) and/or other TB screening methods. All received reports are reviewed and risk assessed to identify those individuals who are at a high risk of TB activation. All high-risk individuals receive health teaching, which promotes the initiation of TB Preventative treatment (TPT) and are offered referral to the local TB clinic. Clients who initiate the treatment for TBI are monitored by PHNs for the duration of their treatment. Clients are assessed for their current treatment status, side effects, compliance with medications, bloodwork, and adherence to scheduled medical appointments. If applicable, PHNs contact the client to provide health teaching and promote the continuation and completion of the treatment. For individuals who have challenges in picking up medications from our public health unit, PHNs will help facilitate medication delivery to the client's home. This strategy addresses any transportation barriers and facilitates treatment completion. Hamilton Public Health Services continues to work closely with the local TB Clinic to support 3HP therapy by delivering directly observed therapy (DOT) for those identified as appropriate for the shortened regime. As part of the World TB Day health promotion campaign, our program also used social media platforms to promote our local website and bring awareness to TBI. During Fall 2023, our program also developed a health promotion strategy to enable primary care physicians to treat clients for latent TB. Once approved, the implementation of this comprehensive health promotion/physician engagement strategy will begin in 2024 and continue through 2025. 				
Q5.9	Number of rabies exposures investigated, broken down by species/category of animal and type of exposure (e.g., bite, non-bite, or bat)		Bite exposures	Non-bite exposures	Bat exposures	Total # Investigations
		Dog	663	398		1,061
		Cat	212	198		410
		Bat		149	19	168
		Livestock				0
		Wildlife	51	83		134
	Rodent	21	7		28	
Q5.10			Vaccinated	Unvaccinated		Total # Investigations

#	Measure						Year 2023	
	Rabies vaccination status data for all dogs, cats, ferrets, horses, cattle, and sheep investigated following reported human exposures (i.e., vaccinated, vaccinated non-compliant, unvaccinated, exempt or unknown)		As per O. Reg. 567	Non-compliant		Exempt from vaccination	Unknown status	
		Dog	471	2	119	8	462	1,062
		Cat	146	1	93	5	165	410
		Ferret						0
		Horse	2					2
		Cattle					1	1
		Sheep						0
Q5.11	Rabies post-exposure prophylaxis (PEP)	Count of Suspected Rabies Exposures, in 2023					Number	
		Rabies PEP was not indicated					1,628	
		Started rabies PEP but discontinued given rabies testing results					2	
		Prescribed PEP and were not previously vaccinated					128	
		Received a shortened course of PEP due to previous pre-exposure prophylaxis					6	
		Total					1,764	
FOOD SAFETY								
Q6.1	Total number of all fixed <i>year-round</i> food premises in operation in 2023						2,999	
Q6.2	Total number of all fixed <i>seasonal</i> food premises in operation in 2023						176	
Q6.3	Percentage of year-round high-risk food premises inspected once every four months while in operation						100% (627/627)	
Q6.4	Percentage of year-round moderate-risk food premises inspected once every six months while in operation						100% (1,550/1,550)	
Q6.5	Total number of re-inspections for fixed year-round food premises						840	
Q6.6	Total number of food safety complaints received that triggered an investigation						460	
Q6.7	Total number of tickets issued per section number	Number of Tickets					Section Number	
		1					12	
		2					22	
		1					32	
		1					20 (1) (a)	
		1					25 (2)	
		4					26 (1)	
		3					27 (1)	
		2					7 (1) (a)	
		1					7 (3) (c)	
		2					7 (1) (g)	
		Total Number of Tickets					18	
Q6.8	Total number of summonses issued per section number						0	

#	Measure	Year 2023				
Q6.9	Total number of written section 13 orders (protection from pests) issued under the <i>Health Promotion and Protection Act</i> (HPPA)	25				
Q6.10	Percentage of Salmonella and E. Coli food-borne outbreaks investigated for which a probable source was identified	0% (0/0)				
SAFE WATER						
Recreational Water:						
Q7.1	Percentage of Class A (general public admitted) (seasonal and year-round) pools inspected while in operation	100% (44/44)				
Q7.2	Percentage of Class B (apartment/hotel with 6+ units) (seasonal and year-round) pools inspected while in operation	100% (69/69)				
Q7.3	Number of all Class C recreational facilities in operation	80				
Q7.4	Number of wading pools in operation	9				
Q7.5	Percentage of spas (seasonal and year-round) inspected while in operation	100% (19/19)				
Q7.6	Number of re-inspections for Class A, B, C facilities, and spas	40				
Q7.7	Percentage of recreational water facility complaints that triggered an investigation	100% (2/2)				
Q7.8	Total number of tickets issued by section number	0				
Q7.9	Total number of summonses issued by section number	0				
Drinking Water:						
Q7.10	Percentage of adverse water quality incidents (AWQIs) that had an initial response by the board of health within 24 hours	100% (17/17)				
Q7.11	Total number of written section 13 orders under the <i>Health Protection and Promotion Act</i>	0				
SCHOOL HEALTH						
Q8.1	List of all clinics that were used in 2023 for the provision of clinical service delivery to Healthy Smiles Ontario (HSO) clients as per the HSO Schedule of Services and Fees	Clinic Name	Clinic Location	Clinic Type	Types of Activities / Treatment Provided	Clinic Hours of Operation
		Public Health Dental Clinic	110 King St. W., 3rd Floor, Robert Thompson Building	Public Health Unit Dental Clinic	Screenings, case management, preventive services, restorative services, and emergency dental services. This site also serves low-income adults and OSDCP clients.	Monday through Friday: 8:30 AM-4:30 PM
		East End Preventive Dental Clinic	247 Centennial Parkway North	Public Health Unit Preventive Clinic	Screenings, case management, and preventive services.	Every Tuesday & one Friday per month: 8:30 AM-4:30 PM
		Upper James Preventive Clinic	891 Upper James St.	Public Health Unit Preventive Clinic	Screening, case management, and preventive services.	Every Thursday & most Fridays: 8:30 AM-4:30 PM

#	Measure					Year 2023
		Portable Preventive Clinics	School and community settings	Portable Preventive Dental Equipment	Preventive services.	Last clinic in schools in January 2020. 2 scheduled schools in Spring 2020 were cancelled due to the COVID-19 pandemic. Plan to resume in Spring 2023.
Q8.2	Percentage of students screened who were found to have clinical need for preventive services (i.e., clinically eligible for Healthy Smiles Ontario-Preventative Services Only [HSO-PSO]) (HSO-PSO))					28.6% (6,375/22,295)
Q8.3	Percentage of students screened who were found to have emergency and/or essential needs requiring immediate clinical treatment (i.e., clinically eligible for Healthy Smiles Ontario, Emergency and Essential Services Stream [HSO-EESS])					8.1% (1,809/22,295)
Q8.4	Percentage of students screened and found to be clinically and financially eligible for Healthy Smiles Ontario-Preventative Services (HSO- PSO) who were then enrolled in HSO-PSO					1.3% (292/22,295)
Q8.5	Percentage of students screened and found to be clinically and financially eligible for Healthy Smiles Ontario, Emergency and Essential Services Stream (HSO-EESS) who were then enrolled in HSO-EESS					3.3% (734/22,295)
Q8.6	Percentage of children screened and enrolled by the board of health in the Healthy Smiles Ontario - Emergency and Essential Services Stream (HSO-EESS) who have initiated treatment within 16 weeks of enrolment					90.3% (401/444)
Q8.7	Percentage of students whose parent/guardian received at least one notice/request for immunization information under the <i>Immunization of School Pupils Act</i> (ISPA) assessment process					43.2% (38,482/89,000)
Q8.8	Percentage of students suspended under the <i>Immunization of School Pupils Act</i> (ISPA)					0% (0/89,000) Due to the ongoing COVID-19 response work and the remaining deficits of care, ISPA exemptions were placed on hold for the 2022-23 school year. All students were still screened via the ISPA.
Q8.9	Most requested and/or supported topics of consideration in schools					<ol style="list-style-type: none"> 1. Mental health promotion (inclusive of violence and bullying prevention and life promotion/suicide prevention) 2. Physical activity and sedentary behaviour 3. Healthy eating behaviours
Locally Developed Indicators:						
Q8.10	Percentage of targeted schools who incorporated a comprehensive school health plan as outlined by the Healthy Schools approach in their School Improvement Planning/School Annual Plans.					School improvement planning processes were not yet reinstated.

#	Measure	Year 2023
Q8.11	Percentage of target schools that completed Healthy Schools Certification	53%
Q8.12	7% of cases reported to Children's Aid Society as a result of not accessing dental care	1.8% Below target, as increasing cases not accessing dental care are related to financial barriers rather than child protection issues.
Q8.13	100% of publicly funded schools who received Hamilton Public Health Services' oral health assessments.	100% Target met.

SUBSTANCE USE AND INJURY PREVENTION

Locally Developed Indicators:

Q9.1	100% of Van Needle Syringe Program requests that were responded to	93% Target unmet. Program data continues to highlight the demand for services for mobile needle exchange services in Hamilton.
Q9.2	Number of new eligible stakeholders providing naloxone by the Ontario Naloxone Program	7 Target of increasing by 10 providers in 2023 unmet. Lengthy contract approval process for tracking this indicator.

Monitoring Measures (Ministry of Health Annual Report and Attestation)

#	Measure	2022-23	Epidemiological Interpretation	Comments
IMMUNIZATION				
A1.1	Percentage of grade 7 students whose vaccinations are up-to-date for Hepatitis B, Meningococcal, and Human Papillomavirus (12- and 13-year-olds)			
	Hepatitis B	66.4% (4,088/6,154)	The percentage of grade 7 students continues to show a slight trend upwards from the 2021-22 school year (63.4%) but remains below pre-pandemic levels.	During the 2022-23 school year, Hamilton Public Health Services focused school-based clinical services on catch-up of the grade 8 cohort at the same visit for grade 7 vaccinations. Grade 8 students were prioritized for administration as they would be aging out of elementary/middle school vaccination clinics. Due to limitations in health and human resources available in base funding model, some grade 7 students were delayed for catch-up in grade 8. Data remains lower than during the
	Human Papillomavirus	58.4% (3,597/6,154)	There has been a leveling off of grade 7 students with up-to-date Human Papillomavirus vaccinations from 2021-20 (58.5%).	

#	Measure	2022-23	Epidemiological Interpretation	Comments
	Meningococcal	78.2% (4,814/6,154)	This represents the proportion of the grade 7 student cohort with up-to-date Meningococcal vaccinations. These rates are below historical averages of 94 to 99% (2015-16 to 2018-19).	2018-19 school year which was the last full year of school-based clinics prior to the pandemic and is the best comparator for past versus current status. Lower numbers may indicate that there remains post-pandemic vaccine hesitancy that requires public health intervention.

2023



**PUBLIC HEALTH SERVICES
ANNUAL PERFORMANCE &
FINANCIAL REPORT**

MESSAGE FROM MAYOR ANDREA HORWATH

On behalf of the City of Hamilton, I am pleased to present the highlights of the Board of Health's 2023 Annual Performance and Financial Report. This report serves as a comprehensive reflection of our community's collective efforts toward enhancing public health and well-being in Hamilton.

Throughout this past year, we have made great strides in addressing our community's various health challenges. From reducing health inequities to promoting wellness initiatives, our collaborative endeavours with local organizations and healthcare professionals have been instrumental in advancing positive health outcomes in our city.

As we continue to strive towards our shared vision of a healthier and happier Hamilton, I extend my gratitude to all those who have contributed to these commendable achievements. Our community's efforts, including yours, have been instrumental in these successes.

Together, let us remain steadfast in our commitment to promoting the well-being of our community.

MESSAGE FROM MEDICAL OFFICER OF HEALTH DR. ELIZABETH RICHARDSON

Hamilton Public Health Services remains dedicated to improving the health of the entire community. With this, I am pleased to share the 2023 Public Health Services Annual Performance and Financial Report, showcasing our achievements in pursuing this goal. This report highlights Hamilton Public Health Services' progress toward addressing four priority health issues in our community. The complex nature of these health issues requires a comprehensive and collaborative approach that considers the unique needs and perspectives of the community. I sincerely appreciate our staff's commitment for better health outcomes for all Hamiltonians, and our partners who collaborate with us in this collective effort.

INTRODUCTION

We are pleased to present the 2023 Annual Performance and Financial Report to the Public to showcase Hamilton Public Health Services' significant impact on our community. This report focuses on achievements made towards advancing our four priority areas.

WHAT DOES HAMILTON PUBLIC HEALTH SERVICES DO?

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

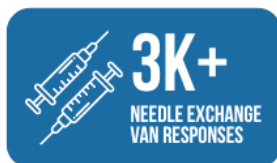
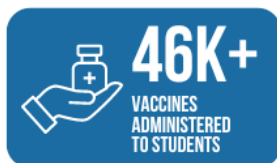
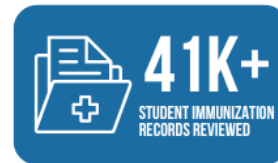
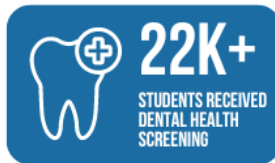
HAMILTON PUBLIC HEALTH SERVICES PRIORITY HEALTH ISSUES

In 2023, the Board of Health endorsed four priorities to focus efforts at addressing the pressing health needs of the Hamilton community:

- **Health Equity:** Public health plays an important role in identifying unfair health differences in our community. We identify, assess and report on these health inequities, including their root causes. We adjust our programs and services to meet the unique health needs of those populations experiencing health inequities in our community. This results in improved health outcomes and reduced disparities among disproportionately impacted populations in our community.
- **Child and Youth Healthy Growth and Development:** Public health is essential for supporting children's healthy growth and development in our community, setting them up for a good start in life. We make sure children, youth, and their families have the information, skills, and support they need for children in our community to be healthy and reach their full potential. This work is especially important due to the impact the COVID-19 pandemic has had on children's health and development in recent years.
- **Mental Health and Substance Use:** Public health plays a key role in supporting individuals experiencing mental health and substance use problems, while also addressing the broader impact on the community. We do this by using a range of strategies, including prevention, harm reduction, and providing direct help and support.
- **Climate Change:** Public health has a unique role in addressing climate change and alleviating its effects on community health. We focus on helping the community adapt to a changing climate and build more resilience. This includes raising awareness about heat-related illnesses, the spread of infectious diseases, and other health issues caused by environmental changes. We also work on developing effective responses to reduce the health impacts of climate change.

These priority health issues are not new; they are enduring issues that have worsened due to the COVID-19 pandemic. They are complex community issues that require innovative and collaborative approaches. They require efforts from multiple partners across various sectors. Hamilton Public Health Services is one of many partners working to improve these issues. Because of the complexity of these issues, it can often take several years to see the impact of our work in the community.

2023 ACHIEVEMENTS



HEALTH EQUITY

Health equity focuses on addressing health inequities in our community such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances.

In 2023, Hamilton Public Health Services worked to advance health equity by:

- Training staff to better understand and embed health equity and anti-racism principles into program planning and decision-making;
- Using data to understand what impacts health to deliver services to Hamiltonians better;
- Working with community partners and priority groups to reduce health inequities; and,
- Raising public awareness of local health inequities and working together to address their root causes.

Staff Training

Building our staff's knowledge, skills, and attitudes is critical for effectively addressing health inequities in the community. When our staff understand the complex health and social issues impacting our community and their underlying causes, they are better equipped to address them. This means they engage in meaningful ways to co-create services and interventions that address the unique needs of populations impacted by health inequities.

In 2023, Hamilton Public Health Services prioritized enhancing staff competency to create a more equitable and inclusive community for all:

- 296 staff members received health equity and anti-racism training, empowering them with tools to apply these principles effectively towards program planning and decision-making.
- 70 staff members underwent Indigenous Cultural Safety Training, deepening their understanding of the historical context underlying health inequities among Indigenous populations in our communities. It also enabled our staff to provide comprehensive and culturally responsive services and continue on the journey of developing meaningful relationships with Indigenous communities.
- 25 staff members and 23 community partners bolstered their skills around the equitable and ethical use of data. This training equipped participants with the skills to use data to drive health equity work in the community, ensure the data reflects the community's needs, and ensure staff have the knowledge and skills to effectively implement Hamilton Public Health Services' forthcoming Health Equity and Anti-Racism Plan.

Data for Equity

Data is an essential component of advancing health equity issues in the community. Population health data identifies existing health inequities and is used to inform decisions about co-design, programming, and service delivery. Data is also used to determine if our efforts are having the intended impact and outcomes in the community.

In 2023, Hamilton Public Health Services developed equity-specific population health assessments for six programs and equity-related key performance indicators for three programs to guide our efforts to ensure our programs work towards reducing health inequities in the community. Looking ahead, Hamilton Public Health Services is committed to expanding these efforts across all our programs. Additionally, significant work went into planning and analyzing content for the Community Health Status Report that will be released in 2024. This report will provide a comprehensive snapshot of the community's health and guide planning and service delivery.

Community Engagement

Community engagement is essential for addressing health equity issues in the community. By working together with community members, we foster collaboration, inclusivity, empowerment, and a deeper understanding of local needs. When community members are involved and co-design efforts, we ensure our programs and services are equitable, responsive, culturally safe, and tailored to the diverse needs of our community. Community engagement builds trust and strengthens relationships between our organization, community members, and partners.

In 2023, Hamilton Public Health Services undertook various community engagement initiatives to ensure our work reflects the voices and experiences of our community:

- A comprehensive consultation process was undertaken with the City of Hamilton's Advisory Committees, community partners, health professionals, and the public to modify the Board of Health governance structure. This process gathered valuable insights to help make sure our governance reflects and leverages the diversity within our community.

- Working closely with Indigenous leaders and community members, we developed the Indigenous Health Strategy to reflect direction and feedback from the Indigenous community. This strategy identifies opportunities for Hamilton Public Health Services to better support the specific health needs of our Indigenous community. It also emphasizes the importance of self-determination and cultural safety in all our services.
- Through the continuation of the Vaccine Ambassador program, developed in partnership with the Hamilton Black Health Community Leaders Forum and the Vaccine Readiness Network, we shared culturally appropriate information about vaccines and other public health and community services among Black, Indigenous, and racialized communities. This initiative increased vaccination rates among these populations and built trust and strengthened relationships with these communities.

Awareness and Communication

Raising awareness and inviting dialogue about health inequities is vital for addressing disparities in our community. By sharing information and facilitating dialogue through effective communication strategies, we can collectively work to implement targeted interventions to tackle these challenges.

In 2023, Hamilton Public Health Services developed the Community Health Status Report to provide comprehensive information about the community’s overall health status. Routine updates were shared with over 50 community stakeholders to inform them about the report’s progress, milestones achieved, and upcoming work. Various strategies were also planned to communicate and initiate community conversations about the report’s findings upon its release in 2024. Additionally, Hamilton Public Health Services explored new communication channels, launching our own Instagram account to reach and engage with the population we serve.



We are excited to have launched our own Instagram account this year, providing a new channel to connect with community members and partners.

This platform will play an important role in ongoing efforts to heighten awareness of health equity issues and spotlight the initiatives undertaken to address them.

hamilton.ca/PublicHealth

“When working with clients with syphilis who may have transient living situations and limited means of communication, it can be challenging to reach them to provide important public health guidance. Communication through multiple channels including phone and text messages, as well as collaboration with community support workers and with healthcare partners make a huge impact to connect people to the right care and facilitating appropriate treatment. These experiences underscore the importance of proactive outreach and collaboration in addressing the needs of vulnerable individuals within our community.”

– Infectious Diseases Program Public Health Nurse

CHILD AND YOUTH HEALTH GROWTH AND DEVELOPMENT

Healthy growth and development focuses on achieving optimal preconception, pregnancy, newborn, child, youth, parental, and family health.

In 2023, Hamilton Public Health Services focused on contributing to healthy growth and development to ensure families thrive at every stage by:

- Promoting perinatal health through screening, education and supports;
- Supporting early childhood development for those aged 0 to 6; and,
- Enhancing school-based health services and partnerships.

Optimal Perinatal Health

The perinatal period, spanning from pregnancy to 12 months postpartum, is a critical timeframe for infants and parents; it establishes the foundation for long-term well-being. Adequate support during pregnancy contributes to healthier pregnancies, reduces the risk of complications, and promotes positive birth outcomes. In the postpartum period, appropriate support can help establish a nurturing environment for optimal development. Additionally, targeted strategies can address health inequities among children and youth during this critical period.

In 2023, Hamilton Public Health Services increased access to perinatal support:

- Educated health professionals and organizations on the importance of prenatal screening for early identification of pregnant individuals at risk for poor mental health. This outreach and education resulted in the completion of 900 prenatal Healthy Babies Healthy Children screens.
- Introduced virtual breastfeeding sessions to reach those who experience challenges accessing in-person services. Delivering the services in this client-centred way allowed us to reach families who would not be able to access support otherwise and reduce barriers to perinatal support.

Infant and Early Years Mental Health

Mental health among children and youth shapes their cognitive, emotional, and social development. Early experiences profoundly influence long-term mental health outcomes, making it crucial to provide support during their early years. Expanding access to infant and early-year mental health supports builds the foundation for resilient and emotionally healthy individuals, fostering positive outcomes that extend into adolescence and adulthood.

In 2023, Hamilton Public Health Services has implemented various strategies to enhance mental health support for young children:

- Strengthened early identification of social-emotional developmental concerns and created tailored support plans for children aged 0 to 6.
- Streamlined access to appropriate supports and services for children aged 0 to 3.8 years, resulting in increased screening rates and increased referrals to vital mental health and developmental services.
- Introduced innovative approaches, such as play-based therapy sessions, to nurture the social and emotional development of children aged 0 to 6.

“The Coordinated Supports for Families (CSF) program is geared towards single parents receiving Ontario Works subsidy and was created to support the most vulnerable families within the Healthy Babies Healthy Children program. This program improves health equity by reducing barriers to accessing community resources through streamlined referrals to Child Care Subsidy, Recreation Assistance Program, and a free Presto card. It also includes regular joint meetings with the assigned public health nurse and Ontario Works case manager, creating opportunities for client advocacy, relationship building and reduced burden on families. This program has significantly impacted the families involved as we have seen families achieve timely access to daycare, increased involvement in community programming, and parents succeeding in returning to work or school. Access to these resources improves child and family health and well-being, health literacy, and client autonomy, thus contributing to community health. It is a privilege to support the families involved with the CSF program.”

– Home Visiting Program Public Health Nurse

Comprehensive School Health

Creating a supportive school environment is crucial for students’ overall well-being, impacting their physical, mental, and emotional health both in and out of the classroom. Public health efforts in schools play a crucial role in promoting the long-term health and well-being of students and the broader community.

In 2023, Hamilton Public Health Services focused on enhancing school-based health services surrounding dental screenings and immunization clinics to address deficits of care resulting from the pandemic. Additionally, Hamilton Public Health Services focused on continually improving partnerships and collaboration with local schools and school boards. Key achievements during the 2022-23 school year included:

- Completed dental screenings for 22,295 students to identify potential dental issues and urgent dental needs. Regular assessment of oral health issues contributes to the prevention and early intervention of dental problems, promoting overall oral health among students.
- Reviewed and updated immunization records for 41,611 students, ensuring compliance with the *Immunization of School Pupils Act*.
- Administered 46,668 vaccine doses to grade 7-12 students to catch up on missing immunizations, which are crucial for preventing vaccine-preventable diseases.
- Provided direct public health nurse services to over 100 “high priority” schools. This work focused on supporting student mental health and contributing to pandemic recovery efforts.
- Facilitated National Healthy Schools Certification for 53% of the identified “high priority” schools, promoting and enhancing students’ health and well-being and bolstering relationships with schools and school boards.



In honour of National Health Schools Week, we highlighted the work being done to support, empower and engage school communities as they work toward becoming healthy environments for all.

The series of posts highlighted the work of our School, Dental and Vision Screening, and Vaccine programs in local schools.

hamilton.ca/HealthySchools

MENTAL HEALTH AND SUBSTANCE USE

Improving mental health and reducing the burden of substance use is critical for our community’s health and well-being.

In 2023, Hamilton Public Health Services worked towards this goal by:

- Using person-centred approaches in our programs and services;
- Collaborating with the community to support mental well-being in the middle years;
- Advancing healthy public policy surrounding substance use; and,
- Enhancing harm reduction efforts.

Trauma- and Violence- Informed Care

A trauma- and violence-informed approach acknowledges the profound and lasting impact of trauma on the well-being of individuals and the community. Implementing a trauma- and violence-informed approach prioritizes safety, trust, and empowerment that will allow Hamilton Public Health Services to better meet the unique needs of those who have experienced trauma, promoting healing and resilience.

In 2023, Hamilton Public Health Services initiated work to develop a plan to integrate trauma- and violence-informed care practices. This initiative will be implemented in the coming year.

Community Mental Health Promotion in the Middle Years

Promoting the mental well-being of children and youth shapes their cognitive, emotional, and social development and influences their life-long well-being. To build the foundation for resilient and emotionally healthy individuals, it is essential to focus on prevention and early intervention for this age group and ensure access to the appropriate support and services in the community. The pandemic has heightened the need for mental health services among children and youth, emphasizing the importance of increasing collaboration across the community.

In 2023, Hamilton Public Health Services partnered with the City of Hamilton’s Healthy and Safe Communities Department to align efforts in promoting mental well-being and preventing substance use among youth and children. This collaboration aimed to create a more integrated and comprehensive approach to address these issues. This work will be continued in the coming year, seeking additional opportunities to further collaborate with community partners to enhance the effectiveness of mental health promotion and substance use prevention efforts.

Municipal Policies on Substance Use

Addressing substance use challenges in our community requires a comprehensive, multi-faceted approach. By advancing healthy public policies grounded in health promotion, we can effectively address substance use issues within the community. Evidence-based policies not only bolster public health initiatives but also work systematically to reduce the impact of substance use on communities.

In 2023, Hamilton Public Health Services made significant progress in this regard. A City-wide, cross-departmental working group was established to revise the Municipal Alcohol Policy to reflect current legislation, evidence, and local needs. The policy revision process is ongoing, and the updated policy is expected to be brought forward to City Council for approval and implementation in early 2024.

Harm Reduction

Adopting a harm reduction approach recognizes the challenges of substance use and prioritizes community well-being. By implementing harm reduction strategies, Hamilton Public Health Services aims to promote safer practices, prevent overdose-related deaths, and reduce the spread of communicable diseases. This approach builds trust between our team at Hamilton Public Health Services and community members, meeting individuals where they are in their substance use journey. Ultimately, embracing a harm reduction approach improves population health outcomes by addressing the immediate needs of individuals, improving community safety, and fostering a more inclusive and compassionate approach to well-being.

In 2023, Hamilton Public Health advanced several harm reduction efforts:

- Developed the Hamilton Opioid Action Plan, a comprehensive strategy to respond to the toxic drug supply and reduce opioid-related harms and deaths in the community, through collaboration with community partners.
- Collaborated with Housing Services to make a call for applications to launch a supervised consumption site within a men’s shelter to support safer substance use among men who are experiencing homelessness. While no applicants emerged, we collaborated with local shelter providers to propose embedding harm reduction workers into the shelter system. This alternate proposal will be presented to City Council in 2024.
- Provided guidance to community organizations seeking municipal endorsement for Consumption and Treatment Services applications, expanding access to consumption services in the community.
- Created a 12-month pilot program for drug checking strips to support safer substance use, with roll-out scheduled for early 2024.



The Van Needle Syringe Program is a great example of how we are honoring the core principles of a harm reduction approach and meeting clients where they are at, in both a literal and figurative sense.

The post takes our community behind the scenes of The Van to better understand how we provide harm reduction education, supplies, needle disposal and referrals to other community partners.

hamilton.ca/HarmReductionServices

“The Tobacco Cessation team re-opened our Quit Clinic in May of 2023. The clinic helps meet the needs of Hamilton residents who are trying to quit smoking or vaping, particularly those without a family physician. Clients are offered free nicotine replacement therapy in addition to one-on-one counselling with a public health nurse. Many clients are facing multiple challenges that make it more difficult to both quit and access support. In addition to the clinic, a cessation care pathway is used by health care providers in Hamilton to refer clients to the appropriate service for their cessation needs, including referral to the public health Quit Clinic or other services for Indigenous, youth, those with mental health concerns, and pregnant people, and others. The partnerships with community organizations provide access to free nicotine replacement therapy in our community, which allows residents to receive reducing pressures on those trying to quit.”

– Tobacco Control Program Public Health Nurse

CLIMATE CHANGE

Promoting healthy built and natural environments that support health and mitigate existing and emerging risks, including the impacts of a changing climate, is important for the health of the population.

In 2023, Hamilton Public Health Services focused its efforts on aligning with and supporting the City of Hamilton’s Climate Change Impact and Adaptation Plan in:

- Addressing extreme heat by improving cooling options in rental housing and across the City;
- Protecting vulnerable populations from diseases spread by insects;
- Enhancing our understanding of how climate change affects health; and,
- Educating the community about climate and health issues.

Extreme Heat and Health

The impact of extreme heat, which has worsened with a changing climate, poses significant threats to the community’s health. Rising temperatures increase the risk of heat-related illnesses and deaths, especially among vulnerable populations. As climate change continues to amplify the frequency and intensity of extreme heat events, proactive measures are essential to safeguarding public health and mitigating the adverse health outcomes associated with extreme heat. Hamilton Public Health Services plays a vital role in raising awareness about the health risks associated with extreme heat and implementing initiatives to mitigate its impacts. This includes targeted education efforts to inform communities about heat-related illnesses and promote preventive measures to enhance community preparedness and resilience.

In 2023, Hamilton Public Health Services completed several initiatives to minimize the adverse health impacts of extreme heat:

- Developed a Heat Response Strategy to prevent heat-related illnesses and deaths and protect vulnerable residents.
- Launched the “Be A Heat-Wave Hero” campaign to educate landlords about extreme heat risks in high-risk areas.
- Developed “CoolKit” toolkits to educate public and private subsidized housing providers about the risks, impacts, and prevention of heat-related illness.

Vector-Borne Diseases

Changes in our climate significantly influence the prevalence and distribution of vector-borne diseases. As temperatures rise and weather patterns change, the geographic range of disease-carrying vectors, such as mosquitoes and ticks, can move into new areas, putting more people at risk. Addressing the impact of climate change on vector-borne diseases requires a comprehensive approach that incorporates surveillance, prevention, and responsive public health measures to protect the growing health threats posed by these environmental changes. Hamilton Public Health Services plays a role in this area by making sure people know how to protect themselves from these diseases and promoting actions that reduce the vector-borne disease transmission.

In 2023, Hamilton Public Health Services:

- Installed more signs about Lyme disease on local trails to help residents understand how to protect themselves adequately from it.
- Developed educational materials about Lyme disease and infection information in multiple languages to reach culturally and linguistically diverse groups. This work was achieved through collaboration with our Vaccine Ambassadors to engage and educate diverse community members.
- Developed plans to increase surveillance, public awareness, and detection of climate-sensitive vector-borne diseases, which will be implemented in the coming year.



Part of our education on vector-borne diseases involves showcasing what is being done to prevent, assess, and respond to vector-borne disease concerns.

The post demonstrates the annual spring surveillance conducted by our Health Hazards and Vector-Borne Diseases program to assess the local risk of human tick-borne infections by monitoring the presence of ticks in the area.

hamilton.ca/Ticks

Data for Climate Change Health Impacts

Understanding climate change and its impact on health relies heavily on data collection. By gathering data, we can identify health risks related to climate change and prepare for emerging challenges. This helps us better plan and allocate resources where they are needed most to protect our community.

In 2023, Hamilton Public Health Services aimed to develop a plan for a monitoring system to track weather-related health events with more real-time communication. This involved initiating the development of a plan to enhance data surveillance for monitoring heat-related illnesses in hospitals. These data will be shared with the Public Health Committee in mid-2024 to inform future climate response initiatives.

Climate and Health Education and Awareness

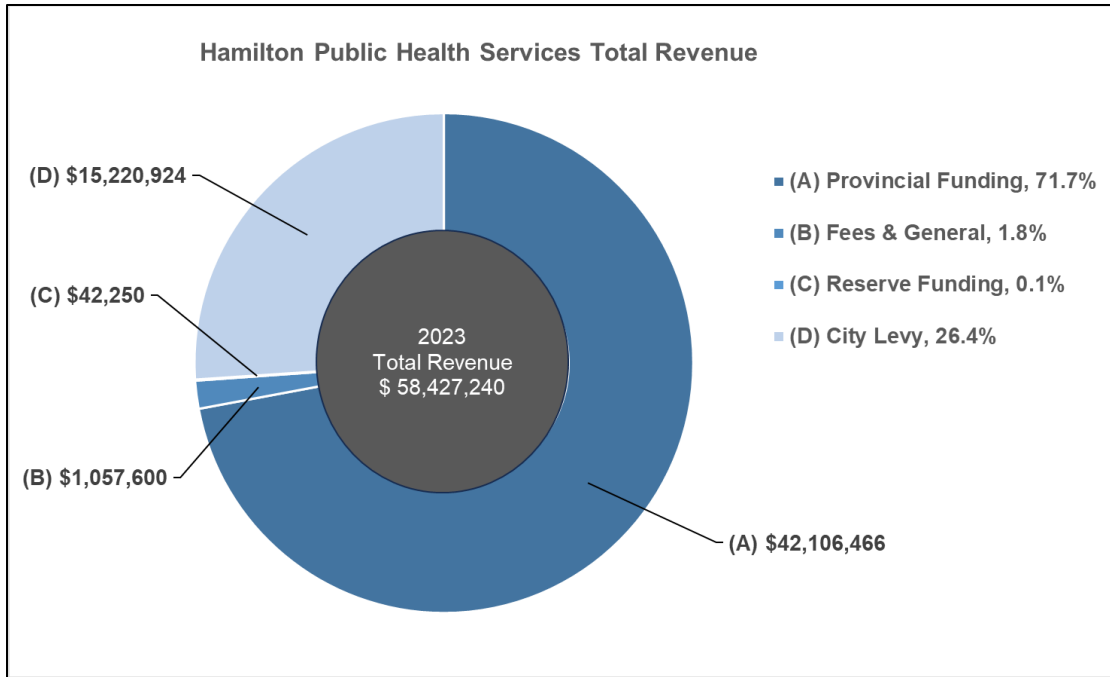
It is essential to raise awareness about how climate change affects our health, especially those most vulnerable in our community. Understanding these connections can help us prepare for increased risks of heat-related illnesses and deaths, vector-borne diseases, and other health issues due to environmental changes.

In 2023, Hamilton Public Health Services focused on supporting the Corporate Office for Climate Change Initiatives and others across the City of Hamilton. Our efforts included developing climate and health promotional material, conducting research for awareness, and identifying communication channels for priority and at-risk populations. Hamilton Public Health Services will build on this work in collaboration with the Office for Climate Change Initiatives to align priorities and identify ongoing initiatives for 2024.

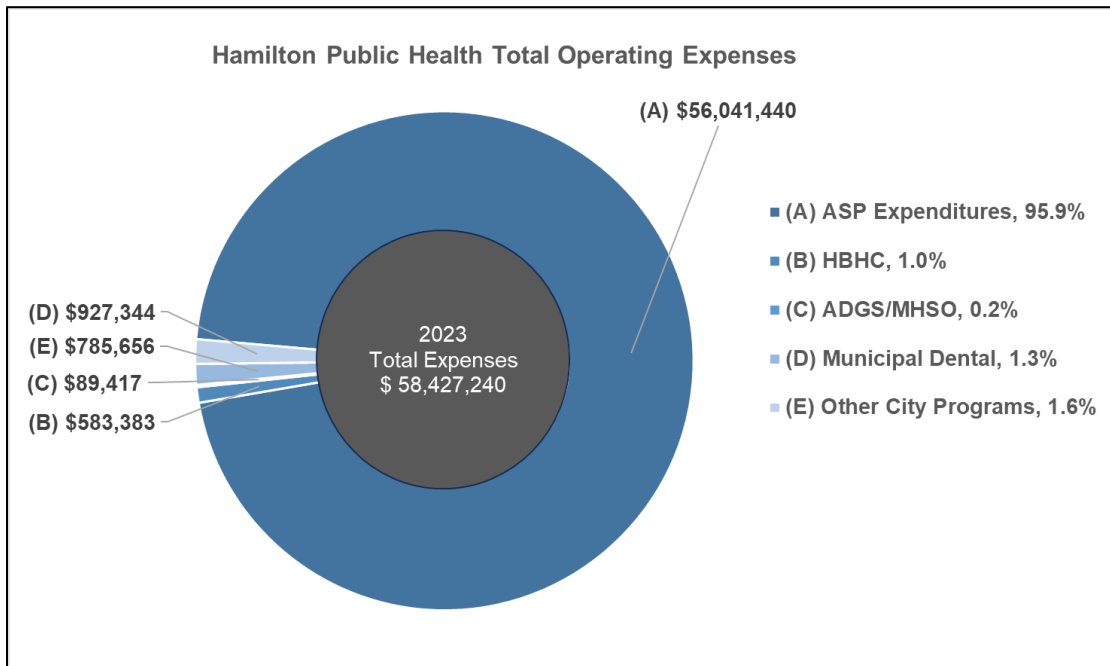
PUBLIC HEALTH SERVICES FUNDING DATA

- The information in the graphs below do not include 100% Ministry of Health-funded programs, as this information is not available due to ongoing cybersecurity incident impacting the City of Hamilton.
- The financial data provided are reasonably accurate and complete. It is important to acknowledge that our financial systems are offline due to the ongoing cybersecurity incident impacting the City of Hamilton. As such, minor adjustments may occur once the system is restored.

Graph 1: Hamilton Public Health Services Total Revenue



Graph 2: Hamilton Public Health Services Total Operating Expenses



Legend:

- **ASP:** Annual Service Plan
- **ADGS/MHSO:** Alcohol, Drugs & Gambling Services / Mental Health and Street Outreach Program
- **HBHC:** Healthy Babies Healthy Children Program
- **Other City Programs:** Includes Pest Control, Physician Recruitment, Cold Alert, Air Quality/Climate Change, and Cost Allocations for Other Ministry of Health-Funded Programs

Estimated 2023 Financial Actuals for Ministry of Health-Funded Programs Under the Ontario Public Health Standards (Provincial Portion)

As part of the Ministry of Health 2023 Annual Report and Attestation (‘Annual Report’), boards of health are required to provide financial year-end actuals for each Ministry-funded program delivered for the period of January 1 to December 31, 2023. The Annual Report has not yet been completed; the deadline is anticipated at the end of Q2 2024. The financial data provided below are reasonably accurate and complete. It is important to acknowledge that our financial systems are offline due to the ongoing cybersecurity incident. As such, minor adjustments may occur once the system is restored, and we can review the final reports. Note that our year-end position is considered an approximation under these circumstances.

Base Funding:

- 1. Mandatory Programs – Cost-Shared (70% Provincially funded/30% Municipally funded):** The Ministry granted \$27,195,200 as the 70% Provincial contribution in 2023 to support the delivery of programs and services under the Ontario Public Health Standards (Mandatory Programs). Overall, Mandatory Programs were underspent due to staff being redeployed to COVID-19 and/or staff hiring issues. As per Ministry direction, expenditures from the COVID-19 General Program were claimed under Mandatory Programs to fully spend funding. Of the \$27,195,200 in funding, approximately \$26,436,742 was spent on Mandatory Programs, and \$758,458 was spent on the COVID-19 General Program. The City of Hamilton contributed \$13,010,147 to support the delivery of Mandatory Programs.
- 2. Ontario Seniors Dental Care Program (100% Provincially funded):** This program was overspent due to additional costs related to denturists and specialists; the Ministry approved a total of \$4,118,125 in base funding and an additional \$200,000 in one-time funding. Actual expenditures are expected to be \$4,323,119, where the City of Hamilton is expected to contribute \$4,994.

One-Time Funding:

Several one-time 100% funding opportunities were approved. These timelines were either January 1 to December 31, 2023 or April 1, 2023 to March 31, 2024. Boards of Health are required to report actuals for both timelines up to December 31, 2023.

- 1. Cost-Sharing Mitigation:**
For the period of January 1 to December 31, 2023, the Ministry granted \$2,215,800 in one-time mitigation funding to offset the increased costs of municipalities as a result of the 70% (Provincial)/30% (Municipal) cost-sharing change for Mandatory Programs from a mixed 75/25% and 100% funding model prior to 2020, which was fully claimed. As of March 28, 2024, the Ministry announced the 2024 base funding has been restored to the level previously

provided under the 2020 cost-share formula, effective January 1, 2024. In addition, a 1% increase will be provided for growth funding for the following three years.

2. COVID-19: General Program (Non-Vaccine):

For the period of January 1 to December 31, 2023, Public Health Services requested \$5,515,478 to reimburse extraordinary costs above the Annual Service Plan and Budget subsidized expenditures associated with COVID-19 case and contact management, outbreak management, infection prevention and control, and surveillance. The Ministry approved \$3,180,100. Of the approximate expenditures of \$3,073,992, \$758,458 will be claimed under the Mandatory Program as stipulated by the Ministry of Health. This will leave approximately \$2,315,534 to be claimed under the COVID-19 General Program, with an expected underspending of \$864,566. The City of Hamilton has submitted a letter to the Ministry requesting the opportunity to retain these committed funds to help alleviate the costs of the 2024 Mandatory and COVID-19 General and Vaccine Programs.

3. COVID-19: Vaccine Program:

For the period of January 1 to December 31, 2023, Public Health Services requested \$7,279,767 to reimburse extraordinary costs above the Annual Service Plan and Budget subsidized expenditures associated with the planning and implementation of the COVID-19 Vaccine Program. The Ministry approved \$4,656,500, and the actual expenditures are expected to be \$4,532,230, with an expected underspending of \$124,200. The City of Hamilton has submitted a letter to the Ministry requesting the opportunity to retain these committed funds to help alleviate the costs of the 2024 Mandatory and COVID-19 General and Vaccine Programs.

On March 28, 2024, the Ministry granted an additional \$591,900 to reimburse extraordinary costs related to the COVID-19 Vaccine Program for the period of January 1 to March 31, 2024. This amount is expected to be fully spent.

4. School-Focused Nurse Initiative:

For the funding period of April 1 to June 30, 2023, the Ministry granted \$575,000 to support additional nursing capacity to provide rapid-response support to school boards and schools in facilitating public health and preventative measures related to the COVID-19 pandemic. For the Annual Report reporting period of April 1 to June 30, 2023, actual expenditures were \$575,000, with \$0 to be recovered by the Ministry.

5. Public Health Inspector Practicum Program:

For the period of April 1, 2023 to March 31, 2024, Public Health Services requested \$10,000 to hire Public Health Inspector Trainees for program support and to provide future Public Health Inspectors with training and hands-on field experience. This funding has been in place for many years and must be requested annually.

The Ministry granted \$10,000, which was fully spent.

6. Ontario Seniors Dental Care Program Capital: Public Health Services Seniors Dental Clinic:

For the period of April 1, 2023 to March 31, 2024, the Ministry granted \$586,500 and \$135,700 carry-over to build two operatory Public Health Services' Seniors Dental Clinics with a dedicated instrument reprocessing/sterilization area. On March 28, 2024, the Ministry granted an additional \$305,000 of funding to cover the additional cost of the project. The total cost to December 31, 2023 is \$94,114; the remaining costs are expected from January 1 to March 31, 2024.

7. Needle Syringe Program:

For the period of April 1, 2023 to March 31, 2024, the Ministry granted \$20,800 for extraordinary costs associated with delivering the Needle Syringe Program. For the Annual Report reporting period of April 1 to December 31, 2023, actual expenditures were \$0. The balance of actual expenditures from January 1 to March 31, 2024 is expected to be \$20,800, with \$0 to be recovered by the Ministry.

8. Smoke-Free Ontario Enforcement Tablet Upgrades:

For the funding period from April 1, 2023 to March 31, 2024, the Ministry granted \$3,600 for purchase to support Tobacco Inspection System Software for mobile units. For the period of April 1 to December 31, 2023, actual expenditures were \$0. The remaining balance will be expensed in the period between January 1 to March 31, 2024.



INFORMATION REPORT

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	June 3, 2024
SUBJECT/REPORT NO:	Expansion of Subsidy for Air-Conditioning to Low-Income Households (BOH24010(a)) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Erica Brimley (905) 546-2424 Ext. 4815 Matt Lawson (905) 546-2424 Ext. 5823
SUBMITTED BY:	Kevin McDonald Director, Healthy Environments Division Public Health Services
SIGNATURE:	Stuart Beumer Director, Ontario Works Healthy and Safe Communities Department

COUNCIL DIRECTION

At its meeting on May 8, 2024 Council approved the following motion:

- (a) That the Heat Response Strategy attached as Appendix “A” to Report BOH24010, with the exception of Action Numbers 6, 7, 9 and 10 be approved, as amended by including the following actions with proposed timelines for implementation.

That the consideration of sub-section (a)(i) of the amendment to Item 1 of the Public Health Committee Report 24-004, respecting Heat Response Strategy (BOH24010) (City Wide) (below), be deferred, in order for staff to review and report back to the Public Health Committee:

- (i) To expand and align the eligibility of the existing Ontario Works air conditioner subsidy of \$350 available to Social Assistance households, to include all low-income households who are most vulnerable to heat

SUBJECT: Expansion of Subsidy for Air-Conditioning to Low-Income Households (BOH24010(a)) (City Wide) - Page 2 of 4

because of a severe medical condition, toward the purchase of an energy efficient air conditioner; and that this expansion be funded through the Climate Change Reserve #108062 at and upset limit, including contingency, not to exceed \$52,500.

This Information Report satisfies the requirements for the Item related to the “Expansion of Subsidy for Air-Conditioning to Low-Income Households” and can be removed from the Public Health Committee Outstanding Business List.

INFORMATION

Interventions that seek to prevent, mitigate, or respond to heat-related harms (i.e., heat-related illness, stress, and mortality) include long-term primary interventions like heat education and awareness interventions, as well as immediate and short-term interventions, such as cooling strategies (i.e., cooler clothing, cooling centres for the public, or cooling apparatuses for personal use like air conditioning). While much focus is often placed on reviewing and assessing immediate, or short-term interventions, it does not negate the crucial need for additional work to investigate and address systems, policies and other societal structures that contribute to inequities which place certain populations at disproportionate risk of harm from heat events and climate change.¹

Air Conditioning and Health Impacts

According to a report to the Chief Coroner of British Columbia (2022), high indoor temperature was the primary cause of injury and death during the extreme heat event in Summer of 2021. During this time, hot air became trapped indoors and continued to rise over time. Although outdoor temperatures decreased overnight, residences did not cool off, exposing people to harmful high temperatures for extended periods of time.²

Based on information collected by Coroners during their investigations, 414 (66.9%) decedents had no air conditioning present in their residence, 46 decedents (7.4%) did have air conditioning in their residence, while for the remaining 159 (25.7%) decedents, it was unknown if they had air conditioning in their residence, or they died not near their home.²

¹ Ontario Agency for Health Protection and Promotion (Public Health Ontario). Rapid review: addressing heat-related harms among vulnerable populations. Toronto, ON: King’s Printer for Ontario; 2023

² Extreme Heat and Human Mortality: A Review of Heat-related Deaths in B.C. in Summer 2021. https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/extreme_heat_death_review_panel_report.pdf

Ontario Works Special Supports Program

The current air-conditioner benefit available to Social Assistance recipients is funded provincially under the discretionary health related benefits program, which is capped through a Ministry of Children, Community and Social Services funding envelope for Ontario Works and Ontario Disability Support Program recipients who are medically vulnerable.

The intent of the program is to assist eligible individuals who have a severe medical condition and where, without an air-conditioner, the symptoms of the medical condition are likely to deteriorate, increase, become episodic or cause hospitalization. Eligible applicants receive a one-time \$350 financial subsidy to purchase an air conditioner per household to assist with cooling an area within their residence. The assumption is that this one-time benefit is used for the medically intended purpose of purchasing an air-conditioner, as supported through the benefit application and medical documentation submitted; follow-up confirmation of purchase and installation is not required. The \$350 amount is based on approximate cost of 5,000-8,000 British Thermal Unit (BTU) window air conditioner units available at retail outlets.

The assistance provided is based on the cost of the air-conditioner, however, it does not allow for additional related costs such as hydro, installation and storage. The current benefit is not available to other low-income residents, including seniors, who are not recipients of Ontario Works or Ontario Disability Support Program.

The 2023 program data indicates that 94 unique households requested the air-conditioning benefit, and 58 air-conditioning benefits were approved and provided to eligible individuals on Ontario Works and Ontario Disability Support Program. The majority of eligible households, approximately 84%, were in the lower city (Wards 1 to 5) and approximately 16% were in upper city (Wards 6 to 8 and Ward 14).

A scan of the medical information provided on approved applications in 2023 identified the following:

- Approximately 70% of applications identified respiratory illnesses such as asthma, Chronic Obstructive Pulmonary Disease or emphysema; and,
- Approximately 30% of applications identified other illnesses, including; heart disease, mental health conditions and associated medications, skin inflammation conditions, cancer, etc.

Estimated Demand and Required Funding

The proposed, temporary expansion of the current provincial Social Assistance program to eligible low-income residents would require households to meet the Statistics Canada Low Income Measure (LIM-AT) threshold, and provide documentation of a severe medical condition where, without an air-conditioner, the symptoms of the medical

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**SUBJECT: Expansion of Subsidy for Air-Conditioning to Low-Income Households
(BOH24010(a)) (City Wide) - Page 4 of 4**

condition are likely to deteriorate, increase, become episodic or cause hospitalization. It would be based on a first come, first served basis until additionally allocated funding is exhausted. This one-time benefit could be available as early as June 10, 2024 with an aligned end-date to the current Social Assistance benefit of September 30, 2024.

The existing staffing resources within Ontario Works can support an additional volume of 150 one-time air-conditioning benefits to low-income households. However, there may not be adequate time or resources available to support an expansion to the air-conditioning benefit if it does not align with the application processes, eligibility criteria and benefit administration requirements of the current benefit.

It is difficult to predict the increased application volume of an expanded low-income benefit as it would depend on the number of persons meeting the eligibility criteria, awareness of the new benefit, and the weather conditions during this summer. The expansion could help to inform the need and demand of medically vulnerable, low-income residents related to air-conditioning should Council consider funding this benefit or similar supports on a more permanent basis through the budget process.

Staff are also prepared to work with City's Office of Climate Change Initiatives to develop resources for approved clients to educate, assist and encourage them to use their benefit towards the purchase of an energy efficient unit.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
 Healthy Environments Division

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	June 3, 2024 (April 29, 2024)
SUBJECT/REPORT NO:	Heat Response Strategy (BOH24010) (City Wide) Sub-section (a)(i) DEFERRED from May 8, 2024, Council Meeting.
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Matthew Lawson (905) 546-2424 Ext. 5823 Sally Radisic (905) 546-2424 Ext. 5549 Shelley Rogers (905) 546-2424 Ext. 1275
SUBMITTED BY:	Kevin McDonald Director, Healthy Environments Division Public Health Services
SIGNATURE:	

RECOMMENDATION

- (a) That the Heat Response Strategy attached as Appendix “A” to Report BOH24010, with the exception of Action Numbers 6, 7, 9 and 10 be approved, as **amended** by including the following actions with proposed timelines for implementation:
- (i) ***To expand and align the eligibility of the existing Ontario Works air conditioner subsidy of \$350 available to Social Assistance households, to include all low-income households who are most vulnerable to heat because of a severe medical condition, toward the purchase an energy efficient air conditioner; and that this expansion be funded through the Climate Change Reserve #108062 at an upset limit, including contingency, not to exceed \$52,500.00;***
 - (ii) ~~***Purchasing 500 pairs of special purpose tickets for cooling kits to be funded from the Climate Change Reserve #108062 at an upset limit, including contingency, not to exceed \$2,700.00;***~~
 - (iii) ~~***Purchasing an additional 1,000 special purpose tickets for distribution at community pools, recreation centres, and other public amenities, to be funded from the Climate Change***~~

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~~**Reserve #108062 at an upset limit, including contingency, not to exceed \$2,700.00;**~~

- ~~(b) That the Hamilton Paramedic Service report to the General Issues Committee regarding the operational feasibility of having the Mobile Integrated Health program increase outreach and wellness checks to clients during periods of extreme heat (Action Number 6);~~
- ~~(c) That the Director of Environmental Services, Public Works report to the General Issues Committee regarding the feasibility of installing shade structures in areas identified using heat and equity mapping, and the installation of misting stations in priority locations (Action Numbers 7 and 9); and,~~
- ~~**(d) That the Mayor, on behalf of City Council, write a letter to the Province advocating for improvements to financial supports available to low income households to address the impacts of climate change and the corresponding heat response that municipalities must undertake to address it.**~~

EXECUTIVE SUMMARY

In May 2023, Public Health Services indicated it would bring more information regarding a Community Heat Response Strategy to the Public Health Committee (see Public Health Committee Report BOH23019). The Community Heat Response Strategy (see Appendix "A" to Report BOH24010) consists of ten actions building on the City's annual Heat Response Plan (see Appendix "B" to Report BOH24010) with the first five heat-related interventions already in practice along with the last five "new" interventions for Committee's consideration moving forward.

Alternatives for Consideration – See Page 5

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: Not Applicable.

Staffing: Not Applicable.

Legal: Not Applicable.

HISTORICAL BACKGROUND

At the May 1, 2023 Public Health Committee Meeting, Public Health Services indicated it would bring more information regarding a Community Heat Response Strategy for 2024-2027 to the Public Health Committee in Q1 2024 (see Public Health Committee Report BOH23019).

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POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The Community Heat Response Strategy aligns with mandated work for Public Health Services as outlined in the Ontario Public Health Standards' "Healthy Environments" program standard. Additionally, this recommendation aligns with Council's direction at the "Special" Public Health Committee Meeting on May 15, 2023:

"That staff in the Licensing and By-law Services Division be directed to prepare an Information Report for Q4 2023 identifying the 2024 priorities and timelines for the development of "new" by-laws, including an Adequate Temperature By-law and report back to the Planning Committee".

RELEVANT CONSULTATION

Throughout the development of the Community Heat Response Strategy, consultation and engagement occurred with staff across relevant City divisions, as well as local community partners providing services to individuals disproportionately impacted by extreme heat, through the Extreme Heat Working Group including the following members:

- Association of Community Organizations for Reform Now (ACORN);
- Accessibility Committee for Persons with Disabilities;
- Canadian Health Association for Sustainability and Equity;
- City Housing Hamilton;
- City of Hamilton, Housing Services;
- City of Hamilton, Office of Climate Change Initiatives;
- City of Hamilton, Parks and Cemeteries;
- City of Hamilton, Public Health Services;
- City of Hamilton, Recreation;
- Environment Hamilton;
- Hamilton 350;
- Hamilton and District Apartment Association;
- Hamilton Community Legal Clinic;
- Hamilton Public Library;
- Hamilton Roundtable for Poverty Reduction;
- Hamilton Street Railway (HSR);
- Native Women's Centre;
- Salvation Army;
- Seniors Advisory Committee;
- Victorian Order of Nurses (VON);
- Wesley; and,
- YWCA Hamilton.

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ANALYSIS AND RATIONALE FOR RECOMMENDATION

The City of Hamilton Climate Science Report¹ predicts that the number of consecutive days that the temperature rises above 30°C will increase and that heat waves, defined as three days or more where the temperature is over 30°C or 40 on the humidex scale, will be more frequent, as well as temperatures over 35°C. Further, research has identified increases in temperature-related mortality with future climate change impacts along with the need for urgent action.²

Health Canada (2022) has identified that at-risk groups for extreme heat events include older adults, low-income earners, people with chronic illnesses (i.e., breathing problems, mental illness, heart problems).³ Moreover, the Hamilton Paramedic Service through their Mobile Integrated Health Program provide on-site advanced medical assessments, treatment, and coordination of care, addressing various health concerns impacting the at-risk populations identified above by Health Canada.⁴ Given their existing successful Mobile Integrated Health program and expertise, there is opportunity for the Hamilton Paramedic Service to increase outreach and wellness checks to clients during periods of extreme heat and leverage current services.

Additionally, research has found that misting stations had cooling effects in skin temperature as both measured and reported by study participants in various parts of the world including: Arizona, the United States of America; Antofagasta, Chile; Rome and Ancona, Italy, and Osaka, Japan.⁵ Hence, the City of Vancouver, British Columbia has also provided misting stations as a cooling intervention for their population which are easily located and accessed via a mapping tool on their website.⁶ Hence, misting station implementation as a cooling intervention could be added to Hamilton's existing

¹ City of Hamilton Climate Science Report.

<https://www.hamilton.ca/sites/default/files/2022-10/climate-change-impact-adapatationplan-science-report.pdf>

² Hebbert et al., 2023. Future temperature-related excess mortality under climate change and population aging scenarios in Canada. *Canadian Journal of Public Health*. 114:726–736. <https://link.springer.com/article/10.17269/s41997-023-00782-5>

³ Health Canada. 2022. Extreme heat events: Health risks and who is at risk of extreme heat events. <https://www.canada.ca/en/health-canada/services/climate-change-health/extreme-heat/who-is-at-risk.html>

⁴ Hamilton Paramedic Service 2022 Annual Report.

https://www.hamilton.ca/sites/default/files/2023-08/emergency_hps-annual-report-2022-final_0.pdf

⁵ Black-Ingersoll et al., 2022. A Literature Review of Cooling Center, Misting Station, Cool Pavement, and Cool Roof Intervention Evaluations. *Atmosphere*. 13(7). <https://www.mdpi.com/2073-4433/13/7/1103>

⁶ City of Vancouver, British Columbia. 2023. Stay safe in the summer heat. <https://vancouver.ca/home-property-development/hot-weather.aspx>

cool places map on the city’s website providing cooling effects to Hamilton’s population during extreme heat events.⁷

Further, in an effort to provide access to cooling interventions (e.g. recreation centres, libraries, public pools, misting stations, etc.) and recognizing that transportation is often a barrier⁸ particularly for people disproportionately impacted by extreme heat including the at-risk population identified by Health Canada, there is a need to consider free or discounted transportation during heat warnings and extended heat warnings to cool places.

Therefore, ten Community Heat Response Strategy actions were identified via research evidence⁹ and consultation with staff across relevant City divisions, as well as local community partners providing services to individuals disproportionately impacted by extreme heat, through the Extreme Heat Working Group. The first five Community Heat Response Strategy actions are interventions already in practice and the last five are “new” interventions to be considered for implementation moving forward (see Appendix “A” to Report BOH24010).

ALTERNATIVES FOR CONSIDERATION

Public Health Committee may direct staff to revise any of the Community Heat Response Strategy actions (i.e. Action 1 through Action 10 in Appendix “A”), including a further examination of additional interventions.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH24010:	City of Hamilton Community Heat Response Strategy 2024
Appendix “B” to Report BOH24010:	City of Hamilton Community Heat Response Plan March 2024

⁷ City of Hamilton. 2023. Heat Warnings and Health-Related Illness.

<https://www.hamilton.ca/people-programs/public-health/environmental-health-hazards/heat-warnings-heat-related-illness>

⁸ Widerynski, S. et al., 2017. The Use of Cooling Centers to Prevent Heat-Related Illness: Summary of Evidence and Strategies for Implementation. Climate and Health Technical Report Series, Climate and Health Program, Centers for Disease Control and Prevention. <https://www.cdc.gov/climateandhealth/docs/UseOfCoolingCenters.pdf>

⁹ Institute for Health Economics, Alberta Canada. 2022. Adaptation Strategies for Reducing Extreme Heat Health Impacts: A Rapid Review. <https://www.ihe.ca/publications/adaptation-strategies-for-reducing-extreme-heat-health-impacts-a-rapid-review>



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

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	June 3, 2024
SUBJECT/REPORT NO:	Child and Adolescent Services Annual 2024-2025 Budget (BOH24013) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Lynn Foye (905) 546-2424 Ext. 3697
SUBMITTED BY:	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services
SIGNATURE:	

RECOMMENDATION

- (a) That the April 1, 2024, to March 31, 2025, Child and Adolescent Services Program budget, funded by the Ministry of Health, be approved;
- (b) That the Medical Officer of Health or delegate be authorized and directed to submit a letter to request for increased base funding of \$103,931 to cover the budget shortfall and the impact of the continued capped funding along with the 2024-2025 budget to the Ministry of Health;
- (c) That if the Ministry of Health does not provide Public Health Services with additional funding to cover the budget shortfall then Council approve funding of \$77,948 to allow the continuation of the program with the current staffing complement until December 31, 2024, to be funded first from any Child and Adolescent Services program surplus, then from any Healthy and Safe Communities Departmental Surplus and lastly from any Corporate Surplus or any source deemed appropriate by the General Manager of Corporate Services;
- (d) That if the Ministry of Health does not provide Public Health Services with additional funding to cover the budget shortfall, then staff be directed to include the annualized estimated cost indexed for inflation of \$165,000 for the program pressure resulting from capped Ministry funding and annual cost increases of staff salaries and benefits in the 2025 Tax Operating Budget submission; and,

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- (e) That the Medical Officer of Health or delegate be authorized and directed to execute all agreements, contracts, extensions, and documents, including submission of budgets and reports required to give effect to all the 2024-2025 Child and Adolescent Services Program budget approved in Public Health Committee Report BOH24013.

EXECUTIVE SUMMARY

Within Public Health Services, Child and Adolescent Services delivers outpatient mental health services for children and youth from birth to 18 years of age experiencing social, emotional and/or behavioural problems, and their families. Child and Adolescent Services programs are 100% funded by the Ministry of Health and have received verbal confirmation that the 2024-2025 budget envelope will remain the same as the 2023-2024 allocation. As Provincial funding is capped, program pressures will continue due to annual increases in salary and benefits and operational costs. To maintain within those provincial funding levels, the number of front-line staff (Clinical Therapists) who deliver the program would need to be reduced and would result in significant wait times and reduced service delivery levels.

Mental health issues are a significant concern for children and youth in Hamilton. Increasing rates of hospital emergency room visits for self-harm have been well documented at both the provincial and local level.¹ The services provided by Child and Adolescent Services are highly valued by families and can vastly improve the life trajectory of those served and help to turn the curve on mental health and well-being of children and youth in our community.

Child and Adolescent Services delivers brief and time-limited counselling and therapy in clinic and community-based settings in high priority neighbourhoods. Children and youth presenting with significant challenges are supported through specialized assessment and consultation with a psychological associate and connected with broader health and social service organizations to ensure a holistic approach and realize sustainable positive outcomes.

Alternatives for Consideration – See Page 5

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The Ministry of Health increased the Child and Adolescent Services Program budget by 5% in 2023-2024. While this base funding increase enabled the program to maintain clinical staffing and increase Program Secretary by 0.2 FTE the preliminary budget (April 1, 2024, to March 31,

¹ Hamilton Public Health Services. (2024) Hamilton's Community Health Status Report.

**SUBJECT: Child and Adolescent Services Annual 2024-2025 Budget (BOH24013)
(City Wide) - Page 3 of 6**

2025) indicates staffing and program costs have surpassed the increase, resulting in pressure of \$103,931 (see Table 1 below). These costs and the budget shortfall will be outlined in a letter and included in the 2024-2025 budget submission to the Ministry of Health (Recommendation (b) to Report BOH24013).

Table 1: Ministry of Health Funding, Children and Youth Mental Health Services

Budget	April 1, 2023 to March 31, 2024	April 1, 2024 to March 31, 2025	Status
Staffing & Operating Costs	\$2,527,974	\$2,634,845	\$106,871 increase
Ministry of Health Funding	\$2,415,118	(\$2,415,118)	No change to funding
Cost allocations - Levy	\$112,885	\$115,796	2.6% increase
2024/2025 Pressure	\$0	(\$103,931) **	Due to increases in staffing costs and program costs.

* The financial data provided in this report are reasonably accurate and complete. It is important to acknowledge that our financial systems are offline due to the Cybersecurity incident impacting the City of Hamilton. As such, minor adjustments may occur once the system is restored, and we can review the final reports.

** Pressure is for the period April 1, 2024, to March 31, 2025. The pressure from April 1, 2024, to December 31, 2024, is \$77,948 noted in Recommendation (c) to Report BOH24013. The remaining \$25,983 pressure is from January 1, 2025, to March 31, 2025, has been included in Recommendation (d) to Report BOH24013.

**SUBJECT: Child and Adolescent Services Annual 2024-2025 Budget (BOH24013)
(City Wide) - Page 4 of 6**

*** Public Health Services anticipates continued capped funding from the Ministry. If this capped funding continues, the Child and Adolescent Services program is estimating a pressure based on inflationary increases from April 1, 2025, to December 31, 2025, to be \$139,017. This pressure from April 1, 2025-December 31, 2025, is included in Recommendation (d) to Report BOH24013.

Staffing: Recommendations will maintain current Clinical Therapist FTE and preserve service delivery.

Legal: Child and Adolescent Services is contracted with the Ministry of Health to provide programs and services to children and youth, aged birth to 18 years old.

HISTORICAL BACKGROUND

To stay within budget cap over the past several years Child and Adolescent Services has made the following FTE changes:

- **2016-2017** A 0.60 FTE receptionist and 0.24 FTE clinical therapist reduction (Report BOH16025);
- **2017-2018** A 0.22 FTE clinical therapist reduction (Report BOH17014);
- **2018-2019** A five percent base funding increase enabled the program to maintain clinical therapist FTE and increase 0.46 FTE clinical therapist (Report BOH18024);
- **2019-2020** A decrease of 0.17 clinical therapist FTE (Report BOH19036);
- **2020-2021** Staffing levels and permanent 17.39 FTE staff maintained;
- **2021-2022** A five percent base funding increase enabled the program to maintain permanent staff and increase 0.61 Clinical Therapist FTE;
- **2022-2023** Staffing levels and permanent 18.0 FTE staff maintained; and,
- **2023-2024** A five percent base funding increase enabled the program to maintain clinical therapist FTE and increase 0.20 Program Secretary FTE.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Provincially funded child and youth mental health services are provided to children and youth under 18 years of age under the authority of the *Child, Youth and Family Services Act*. Services and supports that address a range of social, emotional, behavioural, psychological and/or psychiatric problems are provided to children and youth who are at risk of, or who have developed, mental health problems, illnesses, or disorders.

RELEVANT CONSULTATION

Finance and Administration has been consulted regarding the preparation of the budget and provided review of included financial figures.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Each year Child and Adolescent Services provides high quality, evidence-based mental health treatment services to approximately 750 new children, youth, and their families in addition to those carried in from the previous year. Many of these clients are vulnerable children or youth dealing with serious emotional and/or behavioural problems as well as complex social problems such as the lack of sufficient housing and the experience of homelessness and poverty.

The number of families Child and Adolescent Services supports each year is variable and dependent on several factors such as: the number of families referred; the length of time each family requires services; staffing levels and the length of wait for services. Continuous quality improvement efforts enable us to achieve small gains to maintain service levels and enhance access for those who are vulnerable. For example, in 2023 we enhanced onsite service provision through Good Shepherd Centre to increase access to play based group therapy for young children and their families experiencing homelessness. Additionally, we have enhanced our Brief Services model to ease access for vulnerable children, youth, and their families by partnering with Neighbour to Neighbour to deliver on-site access to a clinical therapist at their community food centre.

We will monitor impact of this budget allocation on service delivery with a focused priority to mitigate potential negative impact to children and youth and staff.

ALTERNATIVES FOR CONSIDERATION

If Recommendations (c) to Report BOH24013 is not approved, then service levels within the program would have to be adjusted. A service level decrease of 1.0 FTE Clinical Therapist would need to be reduced from the budget to stay within the budget cap. This would reduce the number of clinical staff available to provide child and youth mental health counselling by 1,092 direct service hours annually. Wait times for an initial assessment and wait times for counselling and therapy services will continue to increase and fewer families will be prioritized for counselling and therapy services.

If Recommendation (d) to Report BOH24013 is not approved, Council could consider approval of \$25,983 for funding for January 1, 2025- March 31, 2025. Further request for funding due to the program pressures from the capped funding for the 2025-2026 would then come to the 2025 Tax Operating Budget for consideration.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.



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

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	June 3, 2024
SUBJECT/REPORT NO:	Healthy Babies Healthy Children Program Budget 2024-2025 (BOH24014) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Melissa Biksa (905) 546-2424 Ext. 6709
SUBMITTED BY:	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services
SIGNATURE:	

RECOMMENDATION

- (a) That the April 1, 2024, to March 31, 2025, Healthy Babies Healthy Children program budget be approved;
- (b) That the Medical Officer of Health or delegate be authorized and directed to submit a letter to request for increased base funding of \$108,323 to cover the budget shortfall and the impact of the continued capped funding along with the 2024-2025 budget to the Ministry of Children, Community and Social Services;
- (c) That if the Ministry of Children, Community and Social Services does not provide Public Health Services with additional funding to cover the budget shortfall then Council approve funding of \$81,242 to allow the continuation of the Healthy Babies Healthy Children program with the current staffing complement until December 31, 2024, to be funded first from any Healthy Babies Healthy Children program surplus, then from any Healthy and Safe Communities Departmental Surplus and lastly from any Corporate Surplus or any source deemed appropriate by the General Manager of Corporate Services;
- (d) That if the Ministry of Children, Community and Social Services does not provide Public Health Services with additional funding to cover the budget shortfall of then staff be directed to include the annualized estimated indexed for inflation cost of \$210,000 for the program pressure resulting from capped Ministry funding and annual cost increases of staff salaries and benefits in the 2025 Tax Operating Budget submission;

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- (e) That the Medical Officer of Health or delegate be authorized and directed to receive, utilize, and report on the grant received from the Hamilton Community Foundation for the Nurse Family Partnership program for 2024; and,
- (f) That the Medical Officer of Health or delegate be authorized and directed to execute all agreements, contracts, extensions, and documents, including submission of budgets and reports required to give effect to the 2024-2025 Healthy Babies Healthy Children Program budget approved in Report BOH24014.

EXECUTIVE SUMMARY

The Healthy Babies Healthy Children program is a mandatory public health program funded by the Ministry of Children, Community and Social Services. The Healthy Babies Healthy Children program provides targeted and universal screening both prenatally and postpartum for pregnant individuals and provides screening for children and families up to school entry. In addition to screening, the Healthy Babies Healthy Children program provides intensive home visiting for infants, children, and their caregivers. The Healthy Babies Healthy Children program budget also supports the operation of the Nurse-Family Partnership program in Hamilton. The Healthy Babies Healthy Children program collaborates with health system partners to improve the health and well-being of children and families and has been proven as a successful upstream intervention in the prevention of adverse childhood events and improved health outcomes for children.

This report provides an outline of the 2024-2025 Healthy Babies Healthy Children Program budget for approval by the Board of Health to submit to the Ministry of Children, Community and Social Services.

Alternatives for Consideration – See Page 6

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The Healthy Babies Healthy Children program is intended to be 100% funded by the Ministry of Children, Community and Social Services. Despite yearly advocacy, there has only been one base funding increase since the program began in 1997. In the most recent Ontario provincial budget, additional funding was announced for the Ministry of Children, Community and Social Services, however, it is not known what programs will receive this new investment. Public Health Services anticipates status quo for the Healthy Babies Healthy Children program funding in 2024-2025. When submitting the 2024-2025 budget to the Ministry of Children, Community and Social Services, a letter is being recommended to be sent to accompany the submission to continue to highlight the budget shortfall,

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the impact of the continued capped funding and to also formally request increased funding to cover the budget shortfall.

Table 1, below, outlines the proposed budget for April 1, 2024-March 31, 2025, with the previous fiscal year as a comparator.

Table 1: Healthy Babies Healthy Children Program Budget Summary, April 1, 2024- March 31, 2025

	April 1, 2023- March 31, 2024	April 1, 2024- March 31, 2025	Status
Staffing and Operating Costs	\$4,334,446	\$4,429,400	2.2% increase
Ministry of Children, Community and Social Services Budget	\$3,533,913	\$3,533,913	No base funding increase received for 2024/2025
Levy- Cost Allocations	\$347,524	\$355,517	2.3% increase
Levy- Staffing	\$423,010	\$ 431,647	2.0% increase Approved in 2024 Tax Operating Budget.
2024/2025 Pressure		(\$108,323)**	

1. The financial data provided in this chart is reasonably accurate and complete. It is important to acknowledge that our financial systems are offline due to the ongoing Cybersecurity incident impacting the City of Hamilton. As such, minor adjustments may occur once the system is restored, and we can review the final reports.
2. ** Pressure is for the period April 1, 2024, to March 31, 2025. The pressure from April 1, 2024, to December 31, 2024, is \$81,242 noted in Recommendation (c) to Report BOH24014. The remaining \$27,080 pressure is from January 1, 2025, to March 31, 2025, has been included in Recommendation (d) to Report BOH24014.

Public Health Services anticipates continued capped funding from the Ministry. If this capped funding continues, the Healthy Babies Healthy Children program is estimating a pressure of \$182,919 based on

inflationary increases in staff and operating costs from April 1, 2025, to December 31, 2025. This pressure from April 1, 2025-December 31, 2025, is included in Recommendation (d) to Report BOH24014.

Over the last several years, the program has been grateful to receive an annual grant from the Hamilton Community Foundation to support the on-going work of the Nurse-Family Partnership program. Hamilton Community Foundation has notified Public Health Services that the Foundation will providing a \$40,000 grant to the Nurse-Family Partnership program in 2024. This grant will support the licensing and professional fees in the Nurse-Family Partnership program as well as community events and client incentives. Table 2, below, outlines the grant for 2024, with previous budget year as a comparator.

Table 2: Nurse Family Partnership Grant, January 1, 2024-December 31, 2024

January 1, 2023- December 31, 2023	January 1, 2024- December 1, 2024	Status
\$30,000	\$40,000	33% increase

Staffing: Not Applicable.

Legal: Public Health Services is mandated to provide all components of the Healthy Babies Healthy Children program. An annual service agreement is signed between the Province and City of Hamilton Public Health Services.

HISTORICAL BACKGROUND

The Healthy Babies Healthy Children program is intended to be 100% funded by the Ministry of Children, Community and Social Services, however, as noted above the program has received only one increase to funding since the Healthy Babies Healthy Children program began, creating significant underfunding to the program. However, Council has recognized the value and positive impact home visiting has on pregnant individuals and young families in Hamilton and has supported the Healthy Babies Healthy Children program with funding to support continuation of program operations while the funding remains capped from the province. Annual funding is received from the Tax Supported Operating budget to support program operations, and to fund mandatory City of Hamilton cost allocations as these costs are not allowable to be submitted to the Ministry of Children Community and Social Services.

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.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The recommendations outlined in the report will ensure that Public Health Services is able to fulfil the responsibilities outlined in the Ontario Public Health Standards, Healthy Babies Healthy Children program protocol (2018).¹

RELEVANT CONSULTATION

Finance and Administration was consulted in preparation of the budget and have approved the recommendations included in the report.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Healthy Babies Healthy Children is a mandatory public health program funded by the Ministry of Children, Community and Social Services. The Healthy Babies Healthy Children program offers targeted screening to the prenatal population in Hamilton, ensures that all individuals who give birth in Hamilton are screened postpartum, and promotes early childhood screening in the community. Families are supported through a blended home visiting program with Public Health Nurses and Family Home Visitors. Through partnership with Wesley, the Healthy Babies Healthy Children program works collaboratively with families to achieve goals and help address the social determinants of health. The Healthy Babies Healthy Children program also supports the Nurse Family Partnership program. First time mothers aged 24 years or younger and experiencing socio-economic disadvantage can be enrolled into the Nurse Family Partnership. This program provides support through pregnancy up to two years of life through intensive home visiting.

The Healthy Babies Healthy Children program is a critical early year intervention that helps address Adverse Childhood Events in children. Adverse Childhood Events are defined as potentially traumatic experiences that occur in a child's first 18 years of life. Adverse Childhood Events are associated with poor health outcomes such as chronic disease, mental health disorders, health risk behaviours, and decreases in life expectancy.² In the Healthy Babies Healthy Children program, Public Health Nurses use a number of evidence-based nursing interventions to support healthy pregnancy, birth outcomes and build parental confidence to strengthen the relationships between caregivers and children. These interventions help to buffer the impact of Adverse Childhood Events. In the 2024 Chief Medical Officer of Health of Ontario annual report

¹ Ontario. Ministry of Health and Long-Term Care. Ontario public health standards: Healthy Babies Healthy Children Program Protocol, 2018. Toronto, ON: King's Printer for Ontario.

² Ontario Agency for Health Protection and Promotion (Public Health Ontario). Adverse childhood experiences (ACEs): public health programs to address ACEs in Ontario. Toronto, ON: Queen's Printer for Ontario; 2022.

on the impact of substance use in the province, both the Healthy Babies Healthy Children and Nurse-Family Partnership programs were highlighted as effective upstream interventions in helping to build stronger families, communities and were identified as programs that can both address social determinants of health and improve health equity.³

Public Health Services continues to experience high demands for the Healthy Babies Healthy Children program. In 2023, there was an 8% increase in total screens received for home visiting. In 2023, 71% (n=4512) of the screens completed by the program were identified “with-risk”. With-risk is defined as when a Healthy Babies Healthy Children screen identifies that there is a serious likelihood that a child may not reach his or her potential and the family may benefit from intensive program services (e.g. home visiting, service coordination).⁴ The Healthy Babies Healthy Children program also had a 49% increase in completed in-depth assessments, and as a result had a 29% increase in new families being referred to long-term home visiting. In 2023, there were an additional 575 (35%) home-visits completed by Public Health Nurses.

In addition, the Healthy Babies Healthy Children program continues to support health system coordination for infant and early mental health in children zero to 3.8 years of age. As part of a health-system wide pathway implemented in 2023, the Healthy Babies Healthy Children program serves as the entry-point for screening children who have social and emotional developmental risks. Children and families in this pathway are supported with long-term home visiting, completion of social and emotional developmental screening, development of developmental service plans and referral to community services.

ALTERNATIVES FOR CONSIDERATION

If Recommendation (c) to Report BOH24014 is not approved, then service levels within the program would have to be adjusted. A service level decrease of 1.0 FTE Public Health Nurse would need to be reduced from the budget to stay within the budget cap. This would reduce the number of staff available to complete screening and home visiting in the community and would reduce the number of home visits completed by 320 annually.

If Recommendation (d) to Report BOH24014 is not approved, Council could consider approval of \$27,080 for funding for January 1, 2025-March 31, 2025. Further request

³ Moore K. Balancing Act: An all-of-society approach to substance use and harms. Toronto, ON: King’s Printer for Ontario; 2024. Available from: <https://www.ontario.ca/files/2024-03/moh-cmoh-annual-report-2023-en-2024-03-28.pdf>

⁴ Ontario. Ministry of Health and Long-Term Care. Ontario public health standards: Healthy Babies Healthy Children Program Protocol, 2018. Toronto, ON: King’s Printer for Ontario.

for funding due to the program pressures from the capped funding for the 2025-2026 would then come to the 2025 Tax Operating Budget process.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.

CITY OF HAMILTON

MOTION

Public Health Committee: April 29, 2024

MOVED BY MAYOR A. HORWATH.....

SECONDED BY COUNCILLOR

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.