



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

**Meeting #:** 25-001  
**Date:** January 13, 2025  
**Time:** 9:30 a.m.  
**Location:** Council Chambers  
Hamilton City Hall  
71 Main Street West

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

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1. **CALL TO ORDER**
2. **CEREMONIAL ACTIVITIES**
3. **APPROVAL OF AGENDA**  
(Added Items, if applicable, will be noted with \*)
4. **DECLARATIONS OF INTEREST**
5. **APPROVAL OF MINUTES OF PREVIOUS MEETING**
  - 5.1 December 4, 2024
6. **DELEGATIONS**
  - 6.1 Delegation from Monica Nikopooulos respecting Water Fluoridation Effects on the Immune Compromised, Unborn, Very Young and Elderly (Pre-Recorded Video)  
(Approved December 2, 2024)
7. **ITEMS FOR INFORMATION**

7.1 Correspondence from the Office of the Chief Medical Officer of Health, Ministry of Health respecting the City of Hamilton's request for Governance Change (referred from Council on December 11, 2024)

Recommendation: Be received.

7.2 BOH24025(a)

Public Health Sub-Committee Orientation: Session 2 (City Wide)

*This item will be preceded by a staff presentation.*

**8. ITEMS FOR CONSIDERATION**

**9. MOTIONS**

9.1 Amendment to the Public Health Sub-Committee Terms of Reference

9.2 Feasibility of Implementing Wastewater Surveillance

**10. NOTICE OF MOTIONS**

**11. PRIVATE AND CONFIDENTIAL**

**12. ADJOURNMENT**



## PUBLIC HEALTH SUB-COMMITTEE MINUTES 24-001

9:30 a.m.

Monday, December 2, 2024

Council Chambers (Hybrid)  
71 Main Street West, Hamilton, Ontario

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**Present:** Councillor C. Kroetsch (Chair)  
K. Johnson (Vice-Chair)  
Councillors C. Cassar, T. Hwang, N. Nann (Virtual), M. Tadeson and A. Wilson  
A. Adjekum (Virtual), A. Cheung (Virtual), D. Danko, A. Joseph, C. Kirkby and R. Lennox

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

#### 1. Appointment of Chair and Vice Chair (Item 1)

##### (Cassar/Hwang)

- (a) That Councillor Kroetsch be appointed as Chair of the Public Health Sub-Committee for the 2022-2026 term of Council

**CARRIED**

##### (Joseph/Lennox)

- (b) That K. Johnson be appointed as Vice-Chair of the Public Health Sub-Committee for the 2022-2026 term of Council

**CARRIED**

#### 2. Public Health Sub-Committee Orientation (BOH24025) (Item 8.1)

##### (Lennox/Cassar)

That Report BOH24025 respecting Public Health Sub-Committee Orientation, be received.

**CARRIED**

**3 Hamilton Opioid Information System Semi-Annual Update (December 2024) (BOH24026) (City Wide) (Item 9.1)**

**(Lennox/A. Wilson)**

That Report BOH24026 respecting Hamilton Opioid Information System Semi-Annual Update (December 2024), be received.

**CARRIED**

**FOR INFORMATION:**

**(a) APPROVAL OF AGENDA (Item 2)**

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

**8. STAFF PRESENTATIONS**

8.1 Public Health Sub-Committee Orientation (BOH24025) (City Wide)

(a) Governance Education Presentation – REVISED PRESENTATION

**(Danko/Cassar)**

That the agenda for the December 2, 2024, Public Health Sub-Committee be approved, as amended.

**CARRIED**

**(b) DECLARATIONS OF INTEREST (Item 3)**

There were no declarations of interest.

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

**(i) Public Health Committee – November 4, 2024 (Item 4.1)**

**(Cassar/Hwang)**

That the Minutes of the November 4, 2024, meeting of the Public Health Committee be received for information.

**CARRIED**

**(d) DELEGATION REQUESTS (Item 6)**

**(i) Delegation Request from Monica Nikopooulos respecting Water Fluoridation Effects on the Immune Compromised, Unborn, Very Young and Elderly (for a future meeting) (Item 6.1)**

**(Cassar/Kirkby)**

That the Delegation Request from Monica Nikopooulos respecting Water Fluoridation Effects on the Immune Compromised, Unborn, Very Young and Elderly, be approved, for a future meeting.

**CARRIED**

**(e) STAFF PRESENTATION (Item 8)**

**(i) Public Health Sub-Committee Orientation (BOH24025) (City Wide)  
(Item 8.1)**

Dr. Elizabeth Richardson, Medical Officer of Health, and Karima Kanani, Partner, Miller Thomson LLP, addressed Committee respecting Report BOH24025, Public Health Sub-Committee Orientation, with the aid of a PowerPoint presentation.

**(Danko/Cassar)**

That the presentation from Dr. Elizabeth Richardson, Medical Officer of Health, and Karima Kanani, Partner, Miller Thomson LLP, respecting Report BOH24025, Public Health Sub-Committee Orientation, be received.

**CARRIED**

For disposition of this matter, refer to Item 2.

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

**(Kirkby/Danko)**

That, there being no further business, the Public Health Sub-Committee, be adjourned at 11:54 a.m.

**CARRIED**

Respectfully submitted,

Councillor Cameron Kroetsch  
Chair  
Public Health Sub-Committee

Matt Gauthier  
Legislative Coordinator  
Office of the City Clerk

**WATER FLUORIDATION EFFECTS**  
**ON THE**  
**IMMUNE COMPROMISED**  
**&**  
**UNBORN / VERY YOUNG**

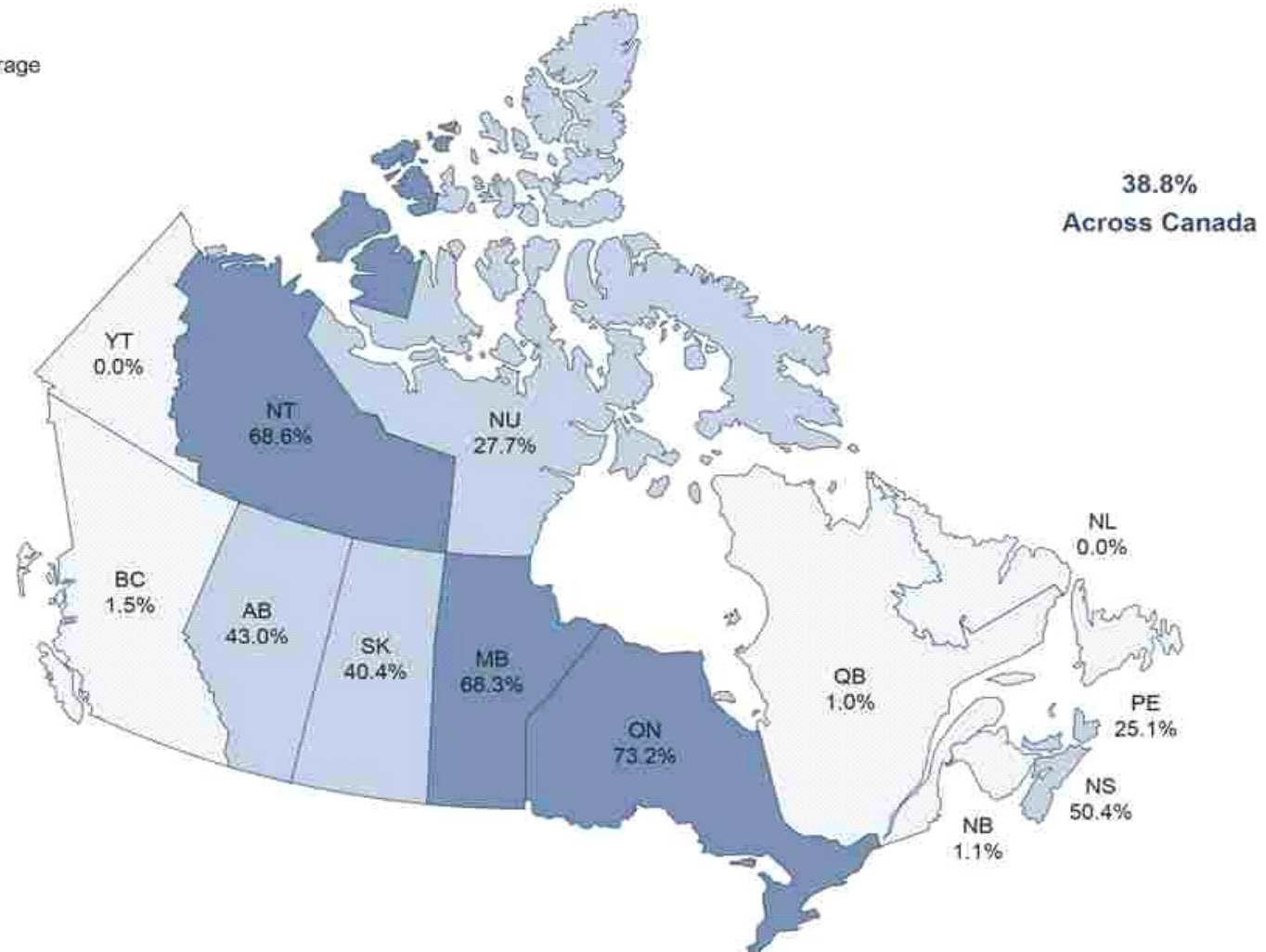
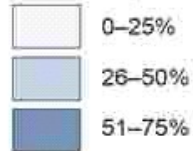
Throughout this presentation, “fluoride” (hydrofluosilicic acid) refers to fluoride that is artificially added to drinking water. NOT the naturally occurring, organic fluoride.

- Some countries began water fluoridation in 1945 citing dental cavities can be reduced by up to 25%. This is the same era where lead in gasoline and paint, asbestos, aluminum and smoking were deemed safe for the public. Hamilton has been fluoridating since 1966.
- Most countries did not fluoridate their water stating that:
  - it was “mass medication” with no informed consent
  - many water sources already contained naturally occurring fluoride
  - adding chemical fluoride would upset the natural balance of water sources and the ecosystem
  - farmed foods could have harmful fluoride levels
  - it's a known neurotoxin & developmental issues esp. to the unborn & infants
  - the Precautionary Principal was used because of limited proof of efficacy & safety
- By the late 1990’s, many countries that fluoridated had either stopped or greatly reduced the amounts added to their drinking water because:
  - adverse health issues were being reported
  - public awareness and objection
  - education about dental hygiene was being promoted
  - toothpaste and mouthwashes contained fluoride
  - dentists provided topical fluoride treatments
  - better public education regarding causes of tooth decay targeting sugary drinks and foods (introduction of sugar alternatives)
  - most foods contain fluoride: Hamilton Water & Distribution website states:  
“Fluoride is already a naturally occurring material found in our environment such as: water, rocks, air, plants, soil, most foods.”

- Currently, **only about 4-5.7% of the world population** have artificially fluoridated drinking water. Australia, USA and Canada have among the highest number of locations and populations using fluoridation. 98% of Europe does not fluoridate.
- Ontario & Manitoba have the highest number of locations and population for artificial fluoridation in Canada.
- Approx 170 Canadian communities fluoridate, of this 76 are in Ontario.
- The USA Federal Gov't recently announced that they advise to stop fluoridating all public water in 2025.

**Legend**

% Water Systems Coverage





# SOME FLUORIDE FACTS

- Hamilton Water Treatment and Distribution website states:

“hydrofluosilicic acid (fluoride) is [added to the drinking water](#) to promote dental health.”

“The naturally occurring level of fluoride in Lake Ontario, the major source of Hamilton’s drinking water, is 0.15 parts per million”. Hamilton maintains added fluoride of **0.6** parts per million which is **4x the naturally occurring levels**.

- **Hydrofluosilicic acid is an industrial byproduct**, derived from phosphate fertilizer, hence it’s cheap cost. Organic, naturally occurring fluoride found in rocks, soil and water is calcium fluoride, which also contains magnesium, boron, chloride, sodium, potassium, calcium and other minerals to offset excessive fluoride imbalances in the environment and body.
- By 1945, it was believed that fluoridated water reduced dental cavities by up to 25% and some dental associations still report this. Those reports are proven flawed and outdated. **Recent data shows zero dental benefits from fluoridated water.** Topical applications is the **ONLY** way fluoride might benefit teeth.
- Many global conventional and holistic dentists do not use or recommend fluoride products because of the risks, especially for children under 8 years old, opting for proven safer and more effective methods.
- Data shows that tooth decay rates have declined just as rapidly in non-fluoridated countries because of better dental hygiene, oral health education and the awareness about sugary foods and drinks.
- Lead pipes with added fluoride react with each other causing **lead to leach into the water**. As of 2018, Hamilton began using orthophosphate to help create a protective barrier to prevent metals from leaching into the water. Some orthophosphate is ingested causing it’s own host of health issues, being absorbed in the stomach affecting blood, organs and immune systems.
- **MSDS (Material Safety Data Sheet)** (multiple MSDS sources)  
(Hydrofluosilicic Acid (aka Fluorosilicic Acid, Fluosilicic Acid, Hexafluosilicic Acid)  
“**Target Organs:** Skeletal structures, bone. Chronic inhalation and ingestion may cause chronic fluoride poisoning (fluorosis) characterized by weight loss, weakness, anemia, brittle bones, and stiff joints. Effects may be delayed. Chronic exposure to fluoride compounds may cause systemic toxicity. Inorganic fluorides can be harmful. Corrosive to metals, concrete and glass. Avoid discharge into drains, water courses or onto the ground. Do not discharge into lakes, streams, ponds or public waters.”
- In 2014, the Lancet medical journal classified fluoride, arsenic, lead and mercury as neurotoxins.

# CURRENT HEALTH OF CANADIANS

Over the past 10 years, the health of North Americans has deteriorated exponentially.

Since 2021, all cause health disorders, in all ages, have increased by 20% above mean average

- 1 in 2 people will develop cancer. Turbo cancers are now prevalent
- 31% of Ontarians have diabetes/pre diabetes, including youths (2023)
- 10% of Canadians have kidney disease, 50% requiring dialysis
- 25% of Canadians are affected by liver disease
- Over 20% of Canadians ages 12+ have heart disease (2021)
- 20% of Canadians ages 15+ have arthritis (2021)
- Almost 19% of Canadians have high blood pressure affecting ages 8 and up (2022)
- At least 1 in 3 women and 1 in 5 men will suffer from an osteoporotic fracture during their lifetime, including youths.
- 1 in 66 Canadian children have Autism (2022)
- 55% of Canadians use at least 1 prescription medication, 24% use 3 or more medications
  
- Over 80% of Ontarians have one or more of the above (and other) conditions. This means our ability to process and detoxify substances is greatly impaired resulting in a constant state of bodily dysfunction and ailments. Genetics, lifestyle, environment, medications, age, food & beverages, all play a huge factor in excreting fluoride.
  
- The unborn, infants, the immune compromised and the elderly are at a disproportionate risk of excessive fluoride accumulation resulting in health issues that worsen over time, promoting additional health conditions. The unborn, infants and children absorb fluoride more readily than adults, as their teeth and bones are rapidly forming and because of their small size.

# LONG TERM EFFECTS OF ADDED FLUORIDE IN THE BODY

- Fluoride is not an essential nutrient but bio accumulates in more parts of the body than just teeth & bones causing/contributing to: arthritis, kidney and gall stones, pineal gland calcification (sleep disorders and emotional issues such as apathy, aggression and disregard for others), thyroid disease, Alzheimer like symptoms, bone cancer, IQ loss, skeletal fluorosis (bones become rigid and brittle causing bone fractures) , thyroid disease, neurodevelopmental and neurobehavioral disorders, ADD & ADHD
- 80% of our immune system is in the form of healthy gut bacteria. Fluoride destroys it.
- Studies show that our kidneys (and pineal) attract higher concentrations of fluoride leading to kidney damage resulting in high blood pressure. People with impaired kidneys need to consume more water than the average person therefore their fluoride retention is further exasperated.
- Immune compromised people commonly have weakened and impaired liver and kidney functioning preventing them from excreting fluoride efficiently. This leads to worsening of all disease symptoms, and creates additional diagnosis' and health challenges as time goes on.
- Fluoride creates iodine deficiencies affecting all hormones including energy metabolism, sleep, and weight
- When ingested, the mother passes fluoride through the placenta to the fetus and through breast feeding. The unborn and infants teeth are NOT at risk for cavities but retain fluoride putting them at a huge risk for neurodevelopmental issues, lower IQ, hormonal imbalances, skeletal fluorosis, as well as setting the stage for autoimmune disorders very early in life.
- Breastfed babies in fluoridated communities had 6.2 lower IQ points than children living in unfluoridated communities. Formula-fed children had 9.3 IQ points lower. The average IQ of people in Canada is about 100.
- In 2004 the CDC reported that 41% of kids aged 12-15 had some form of dental fluorosis. Ecotoxicology and Environmental Safety journal using the data from a 2015-16 survey stated the “prevalence of dental fluorosis was 70% in U.S. children.” (the US guidelines are 0.7mg, Canada is 0.6mg)

# CONCLUSION

- Health Canada “Expert panel meeting on the health effects of fluoride in drinking water: Summary report” 2023, relies heavily on 1942 data, and states that current evidence to support adverse health effects is inconclusive or negligible.

Health Canada still maintains the benefits of fluoridation in preventing dental cavities outweighs any potential health concerns.

- Hamilton and Ontario are in the global minority who still fluoridate. Up to date, unbiased, scientifically provable evidence shows that fluoride risks outrank the ideology of “prevents less cavities”

- Sept 24, 2024, a U.S. federal judge [ruled](#) that water fluoridation at current U.S. levels poses an “unreasonable risk” of reduced IQ in children.

The USA Federal Gov’t also recently announced that they advise to stop fluoridating all public water in 2025.

**I ask Hamilton Council to stop or pause water fluoridation immediately citing the Precautionary Principle until safety concerns using recent data have been addressed**

## REFERENCES

- [https://en.wikipedia.org/wiki/Water\\_fluoridation\\_controversy](https://en.wikipedia.org/wiki/Water_fluoridation_controversy) 2024
- <https://www.thecanadianencyclopedia.ca/en/article/fluoride-in-our-tap-water> 2013
- <https://worldpopulationreview.com/country-rankings/water-fluoridation-by-country> 2024
- <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://sds.ixom.com/pdf/shess-en-mtr-UGHS-000000015539.pdf>
- <https://www.statcan.gc.ca/o1/en/plus/353-heart-and-stroke-month>
- [https://www150.statcan.gc.ca/n1/pub/82-570-x/2023001/section1-eng.htm#a3\\_5](https://www150.statcan.gc.ca/n1/pub/82-570-x/2023001/section1-eng.htm#a3_5)
- <https://www.statista.com/topics/10846/cardiovascular-disease-in-canada/#statisticChapter>
- <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/osteoporosis-related-fractures-2020.html#a2.1>
- <https://www150.statcan.gc.ca/n1/daily-quotidien/210628/dq210628e-eng.htm>
- <https://www.healthing.ca/diseases-and-conditions/autism/autism-in-canada-stats-impact-and-resources>
- <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/infographic-autism-spectrum-disorder-children-youth-canada-2018.html>
- <https://www.canada.ca/en/public-health/services/chronic-diseases/prevalence-canadian-adults-infographic-2019.html>
- <https://www.diabetes.ca/getmedia/b4f2add1-c56b-48e5-93cd-beb9feebb667/2024-Backgrounder-Ontario.pdf>
- <https://www.lifesitenews.com/news/rfk-jr-talks-fluoride-vaccines-with-msnbc-the-day-after-trumps-victory/>
- <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://iris.who.int/bitstream/handle/10665/352532/9789240045064-eng.pdf?sequence=1>
- <https://askthedentist.com/fluoride-facts/#what-is-fluoride>
- <https://worldmetrics.org/average-iq-in-canada/>
- [https://www.thespec.com/news/canada/kingston-to-reopen-community-water-fluoridation-debate/article\\_dcf9501-487a-5497-8a57-a5c9647734cb.html](https://www.thespec.com/news/canada/kingston-to-reopen-community-water-fluoridation-debate/article_dcf9501-487a-5497-8a57-a5c9647734cb.html)
- <https://althealthworks.com/fluoride-officially-classified-as-a-neurotoxin-by-worlds-most-prestigious-medical-journal/>
- <https://wwwn.cdc.gov/TSP/PHS/PHS.aspx?phsid=210&toxid=38>
- <https://fluoridealert.org/?s=cdc&origin=home>
- <https://fluoridealert.org/news/cdc-data-shows-more-us-children-are-overexposed-to-fluoride-than-ever-before/>
- <https://childrenshealthdefense.ca/news/breaking-fluoride-in-water-poses-unreasonable-risk-to-children-u-s-federal-judge-rules/>
- <https://childrenshealthdefense.org/defender/pregnant-mothers-fluoridated-tap-water-children-higher-risk-neurobehavioral-problems/>
- <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2818858>
- <https://childrenshealthdefense.org/defender/cochrane-review-water-fluoridation-minimal-effect-dental-health/>
- [https://en.wikipedia.org/wiki/Water\\_fluoridation\\_by\\_country](https://en.wikipedia.org/wiki/Water_fluoridation_by_country)
- <https://www.cbc.ca/news/health/fluoride-tap-water-1.4990257>

## REFERENCES CON'T

- [https://articles.mercola.com/sites/articles/archive/2024/11/05/high-blood-pressure-children-and-teens.aspx?ui=b96be9e58304ba9af4da68c02535587cdee4cff4b290406484830874a35610b4&sd=20111228&cid\\_source=dnl&cid\\_medium=email&cid\\_content=art2ReadMore&cid=20241105\\_HL2&foDate=false&mid=DM1654471&rid=156297189](https://articles.mercola.com/sites/articles/archive/2024/11/05/high-blood-pressure-children-and-teens.aspx?ui=b96be9e58304ba9af4da68c02535587cdee4cff4b290406484830874a35610b4&sd=20111228&cid_source=dnl&cid_medium=email&cid_content=art2ReadMore&cid=20241105_HL2&foDate=false&mid=DM1654471&rid=156297189)
- <https://fluoridealert.org/news/canada-fluoridated-and-non-fluoridated-cities-and-towns/>
- <https://pubmed.ncbi.nlm.nih.gov/36644332/>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC6913880/>
- <https://www.cochrane.org/news/water-fluoridation-less-effective-now-past>
- <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/reports-publications/water-quality/expert-panel-meeting-effects-fluoride-drinking-summary.html>
- <https://vigilantnews.com/post/victory-fluoride-in-water-poses-unreasonable-risk-to-children-federal-judge-rules/>
- <https://www.fluoridefreecanada.ca/fluoridated>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC6913880/>
- [https://canadahealthalliance.org/?s=fluoride&jet\\_ajax\\_search\\_settings=%7B%22search\\_source%22%3A%22post%22%7D](https://canadahealthalliance.org/?s=fluoride&jet_ajax_search_settings=%7B%22search_source%22%3A%22post%22%7D)
- <https://wwwn.cdc.gov/TSP/PHS/PHS.aspx?phsid=210&toxid=38>
- <https://www.acsh.org/news/2024/09/01/fluorine-and-fluoride-are-entirely-different-heres-why-48965>
- <https://www.hamilton.ca/home-neighbourhood/water-wastewater-stormwater/water-treatment-distribution/water-fluoridation>
- <https://www.britannica.com/story/water-fluoridation-just-the-facts>
- <https://www.cbc.ca/news/canada/montreal/montreal-fluoride-water-west-island-1.7355340>
- <https://www.sciencedirect.com/science/article/abs/pii/S2214785323032790>
- <https://althealthworks.com/what-is-the-difference-between-natural-fluoride-and-the-kind-that-is-artificially-added-to-our-water-supply/>
- <https://primowater.com/blog/friend-or-foe-orthophosphates-in-drinking-water/>
- <https://fscimage.fishersci.com/msds/11110.htm>
- [chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/https://reviewboard.ca/upload/project\\_document/EA1011-001\\_Hydroflosilicic\\_acid\\_MSDS.PDF](chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/https://reviewboard.ca/upload/project_document/EA1011-001_Hydroflosilicic_acid_MSDS.PDF)
- <chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/https://www.health.nsw.gov.au/environment/water/Documents/fluoridation-questions-and-answers-nsw.pdf>
- [https://pubchem.ncbi.nlm.nih.gov/compound/sodium\\_fluoride#section=Health-Hazards](https://pubchem.ncbi.nlm.nih.gov/compound/sodium_fluoride#section=Health-Hazards)
- <https://www.thegazette.com/article/curious-iowa-why-do-some-cities-fluoridate-their-water-while-others-do-not/>
- <https://www.livescience.com/37123-fluoridation.html>
- <https://www.hamilton.ca/home-neighbourhood/water-wastewater-stormwater/water-treatment-distribution/drinking-water-system>
- <https://www.canada.ca/en/public-health/services/publications/healthy-living/community-water-fluoridation-across-canada.html>
- <https://www.cochrane.org/news/water-fluoridation-less-effective-now-past>
- Video 2024: <https://thehighwire.com/ark-videos/expert-attorney-exposes-decades-of-fluoride-harms/>



**Pilon, Janet**

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**Subject:** City of Hamilton Request for Governance Change

From: Sims, Kevin (MOH) <mailto:Kevin.Sims@ontario.ca> On Behalf Of Kiel, Colleen (She/Her) (MOH)  
Sent: Monday, December 2, 2024 4:03 PM  
To: Richardson, Elizabeth <mailto:Elizabeth.Richardson@hamilton.ca>  
Cc: Minister (MMAH) <mailto:minister.mah@ontario.ca>; Office of the Mayor <mailto:Officeofthe.Mayor@hamilton.ca>; Greenberg, Martha (She/Her) (MMAH/MRA) <mailto:Martha.Greenberg@ontario.ca>; Moore, Kieran (MOH) <mailto:Kieran.Moore1@ontario.ca>; Walker, Elizabeth S. (She/Her) (MOH) <mailto:Elizabeth.Walker@ontario.ca>; Choi, Elizabeth (MOH) <mailto:Elizabeth.Choi@ontario.ca>; Ma, Carol (MOH) <mailto:Carol.Ma@ontario.ca>; Feeney, Brent (MOH) <mailto:Brent.Feeney@ontario.ca>; Dyck, Ryan (MOH) <mailto:Ryan.Dyck@ontario.ca>  
Subject: City of Hamilton Request for Governance Change

Dear Dr. Richardson,

I'm writing to respond to the City of Hamilton's request to adopt a semi-autonomous Board of Health governance model. I am pleased to inform you that earlier today, the province introduced the More Convenient Care Act, 2024. If passed, this legislation would amend the City of Hamilton Act, 1999, to enable the City of Hamilton to appoint its own Board of Health.

Please see news release and backgrounder at the following link for information about these changes: <https://news.ontario.ca/en/release/1005436/ontario-continuing-to-build-a-more-connected-and-convenient-health-care-system>

If passed, the legislation would establish a governance structure that enables the City of Hamilton to appoint City Council members and representatives from the community and education sectors to the Board of Health. By incorporating a broader range of perspectives in public health decision-making, the province trusts that this model will help enhance Hamilton's ability to address its public health priorities effectively and in alignment with community needs.

Please note, this change is posted on

<https://www.ontariocanada.com/registry/search.do?action=beginBasic> for public consultation. We encourage you to share the posting with your partners for feedback.

Please feel free to reach out to me should you have any questions or require further details.

Best regards,  
Colleen Kiel

Colleen Kiel  
Director | Public Health Strategic Policy, Planning and Communications Branch Office of the Chief Medical Officer of Health Ministry of Health

Taking pride in strengthening Ontario, its places and its people





Hamilton

Public Health Sub-Committee Orientation  
Session 2  
Part 1

January 13, 2025

# Orientation Overview

## Session 1

December 2, 2024

- Overview of Public Health Sub-Committee orientation
- Good governance education session (Karima Kanani)
- Public health in Hamilton – Part 1:
  - History & fundamentals
  - 2024 priorities

## Session 2

January 13, 2025

- Overview of public health in Ontario (Loretta Ryan & Monika Turner)
- Public health in Hamilton – Part 2: Programs & Services

## Session 3

February 24, 2025

- 2025 Annual Service Plan & Budget
  - Community health status
  - Renewed priorities and action plans
  - Financial information

## Session 4

March 17, 2025

- Integrating equity, diversity and inclusion into decision-making processes (Evelyn Myrie)

### Notes:

- In addition, the Clerk's Office will arrange an education session with the Integrity Commissioner regarding conflicts of interest
- Following these orientation sessions, relevant ongoing education will be provided as reports are brought forward

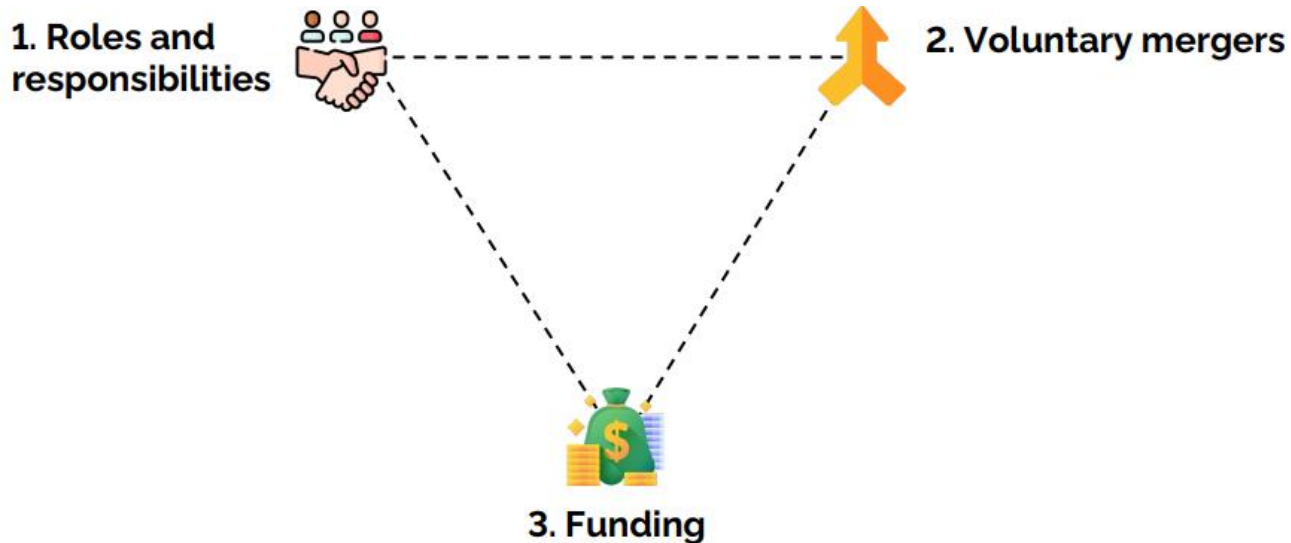
# Public Health Governance Update

- On December 2, 2024, the ***More Convenient Care Act, 2024***, was introduced in the legislature.
- The proposed Act included the required legislative amendments to **reform Hamilton's board of health to a semi-autonomous governance structure.**
- The proposed Act will make its way through the legislative process and has been posted to the regulatory registry for comment.

# Public Health Funding

- Most programs are cost-shared, with the Province providing an annual grant. Current funding ratio for Ontario Public Health Standards programs is:
  - 69% Provincial funding
  - 31% Municipal funding
- Remainder of programs are 100% funded from municipal levy/fees or provincial or federal granting arrangements
  - e.g. Healthy Babies Healthy Children; Alcohol, Drug & Gambling Services; Child & Adolescent Services

# Provincial *Strengthening Public Health* Strategy



- Restoring provincial base funding under 2020 cost-share formula
- Introducing annual 1% growth in base funding increase until 2026
- Establishing a dedicated three-year merger support fund
- Reviewing base funding methodology for public health

# Public Health Governance



Loretta Ryan, Chief Executive Officer, alPHa

Monika Turner, Principal, Roving Capacity

Monday, January 13, 2025

# Session Introduction

- What is Public Health
- Public Health Legislation in Ontario
- Ontario Public Health Standards
- Ontario Public Health Standards Accountability Framework
- Board of Health Roles and Responsibilities
- Board of Health Structures
- Ministry of Health
- Public Health Funding
- aPHa Leadership and Services
- Questions and Answers

# What is Public Health?

Art and science of protecting and improving the health and well-being of people in the community

- Focus on social determinants of health
- World Health Organization definition
- Is preventive and aims to work as upstream as possible.

Population health focus

- On the health of the entire population or segments of it, such as high-risk groups/priority populations in the community

Ethical orientation

- Population vs. individual focus
- Public health is focused on population health rather than the individual patient focus of health care system (acute care)



# Public Health System in Canada

Provinces and territories have the mandate to protect the health of population and deliver public health services.

Federal:

- Public Health Agency of Canada
- First Nations-Inuit Health Branch, Health Canada
- *Canada Health Act*

Provincial:

- Ministry of Health, Chief Medical Officer of Health, Public Health Ontario

Local:

- Local Public Health Agencies - public health units

# Public Health Legislation

- ***Health Protection and Promotion Act***
  - Provide for the organization + delivery of public health programs + services
  - Prevention of spread of disease; health promotion + protection
- ***Municipal Act***
  - Local Board defined
  - Meetings and Closed Meeting Provisions
- ***Municipal Freedom of Information + Protection of Privacy (MFIPPA)***
- ***Personal Health Information + Privacy Protection Act (PHIPPA)***
  - Retention of records
  - Protection + treatment of personal health data

# HPPA Sections

## Part II

### **Health Programs and Services**

- s.5 sets out specific areas that must be provided by Boards of Health
- s.7 grants authority to the Minister to “publish public health standards for the provision of mandatory health programs + services”. (i.e. Ontario Public Health Standards) Boards of Health must comply with them.

## Part III

### **Community Health Protection**

- public health inspectors’ duties and enforcement

## Part IV

### **Communicable Diseases**

## Part VI

### **Health Units and Boards of Health**

- composition, operation + authority of Boards of Health
- Medical Officer of Health appointment
- funding by obligated municipalities

## Part VI.1

### **Provincial Public Health Powers**

- most recent section. Put in after SARS - useful in COVID-19 pandemic

## Part VII

### **Administration**

- protects individuals doing duties in good faith from personal liability



# Ontario Public Health Standards

## **Foundation Standards**

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Emergency Management

## **Program Standards**

- Chronic Disease Prevention and Well-Being
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Safe Water
- School Health
- Substance Use and Injury Prevention

# Accountability Framework

The Public Health Accountability establishes the accountability relationship between Boards of Health and the Ministry.

Boards of Health reporting requirements in the four domains of:

- Delivery of Programs and Services
- Fiduciary Requirements
- Good Governance and Management Practices
- Public Health Practice

# Accountability Framework Cont'd

Board of Health requirements include:

- Submit an Annual Service Plan and Budget Submission to include all programs and services delivered by boards of health and program costing for ministry-funded programs.
- Submit action plans as requested to address any compliance or performance issues.
- Submit all reports as requested by the ministry.
- Have a formal risk management framework in place that identifies, assesses, and addresses risks.
- Produce an annual financial and performance report to the general public.
- Comply with all legal and statutory requirements.

# Public Health Governance

## Roles and Responsibilities

The Board of Health, acting in its governance role, sets the desired goals for an organization and establishes the systems and processes to support achievement of those goals.

### **Key Responsibilities include:**

- Establish general policies and procedures which govern the operation of the health unit
- Uphold provincial legislation governing the mandate of the Board of Health under the *Health Protection and Promotion Act* and other legislation
- Accountable to the community for ensuring that its health needs are addressed by the appropriate programs and ensuring that the health unit is well managed
- Ensure program quality and effectiveness and financial viability
- Hire the Medical Officer of Health with approval of the Minister of Health

# Public Health Governance Roles and Responsibilities

**Critical elements of an effective health unit governance policy framework include:**

- Principles of Governance and Board accountabilities;
- A statement of the Board's obligations to act in the best interest of the health unit;
- Roles and responsibilities of the Board of Directors;
- Roles and responsibilities of individual Directors;
- Clear differentiation between governance and management;
- Board focused on strategic leadership and direction;
- Board establishes policies, makes decisions and monitors performance of the organization's business and its own effectiveness.



# Board of Health Members

## Elected Officials

- Juggling many hats - which one to wear when?
- Fiduciary responsibility to the board you are on
- Duty to the Board of Health
- Tension in system given cost-shared programs

## Citizen representatives:

- Appointed by municipality (often in autonomous/integrated municipalities)

## Provincial appointees under Order in Council

- Provincial process in s.49 of *Health Protection and Promotion Act*
- Current challenges

# Board of Health Structures

## **Autonomous**

- Separate from a municipality
- Multiple obligated municipalities on Board of Health
- May have provincial appointees and/or citizen representatives
- Autonomous/integrated boards in Chatham-Kent

## **Semi-Autonomous/Single Tier**

- Municipal council serves as the Board of Health and staff within municipal structure
- Semi-autonomous occurs where council appoints members to a separate board but retains authority for budget and staffing approvals

## **Regional**

- Regional council is the Board of Health with no citizen reps or provincial appointees
- Staff within administration of regional government

# Ministry of Health

## Minister:

- Lead Cabinet Minister for all provincial health matters including public health
- Has the *Health Protection and Promotion Act* authority to publish Ontario Public Health Standards, make regulations, make Medical Officer of Health/Associate Medical Officer of Health appointments, provincial funding, and conduct Public Health Unit assessments

## Chief Medical Officer of Health: (CMOH)

- Chief Medical Officer of Health provides public health advice within and beyond provincial government and provides public health advice and direction to Boards of Health, Medical Officers of Health and to the public
- Appointed by Ontario Legislature and is an Assistant Deputy Minister in the Ministry of Health
- Has specific powers under *Health Protection and Promotion Act* if of opinion that there is a risk to health

## Public Health Division:

- Division of Ministry of Health that oversees, manages + works with local Public Health Units
- 5 branches that report to an Executive Lead who reports to Chief Medical Officer of Health

# Public Health Funding

- Brief history of public health funding in Ontario
- Current funding model and challenges
  - August 2023 announcement of going back to 75/25 model (previous to 2020) with all former 100% provincial programs still in for 2024
  - 1% growth funding over next 3 calendar years as of 2024
  - Dedicated 3-year merger support fund – commitment to pay 100% of associated transition costs

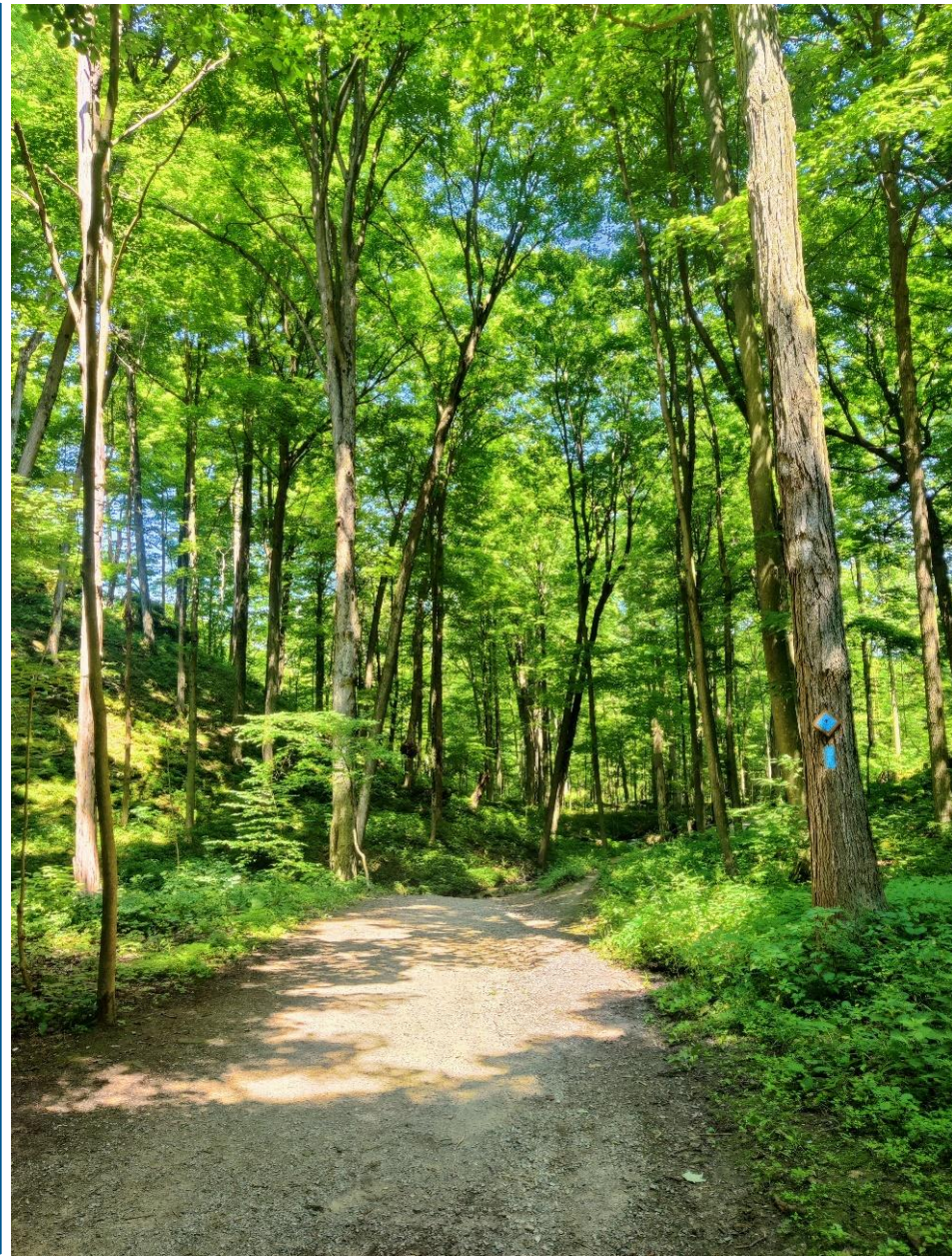
# Public Health Funding Cont'd

- *Health Protection and Promotion Act* provisions
  - s. 72 the obligated municipalities **shall** pay
    - The expenses of Board of Health in performance of its function + duties under *Health Protection and Promotion Act* + other legislation
    - The expenses of Medical Officer of Health in performance of their functions under *Health Protection and Promotion Act* + other legislation
  - s. 76 the Minister **may** make grants for the purposes of this *Act* on such conditions as he or she considers appropriate

# Question + Answer Session



Public Health in Hamilton –  
Part 2:  
Introduction to  
Programs  
& Services



# Upcoming Reports Related to the Provincial Accountability Framework

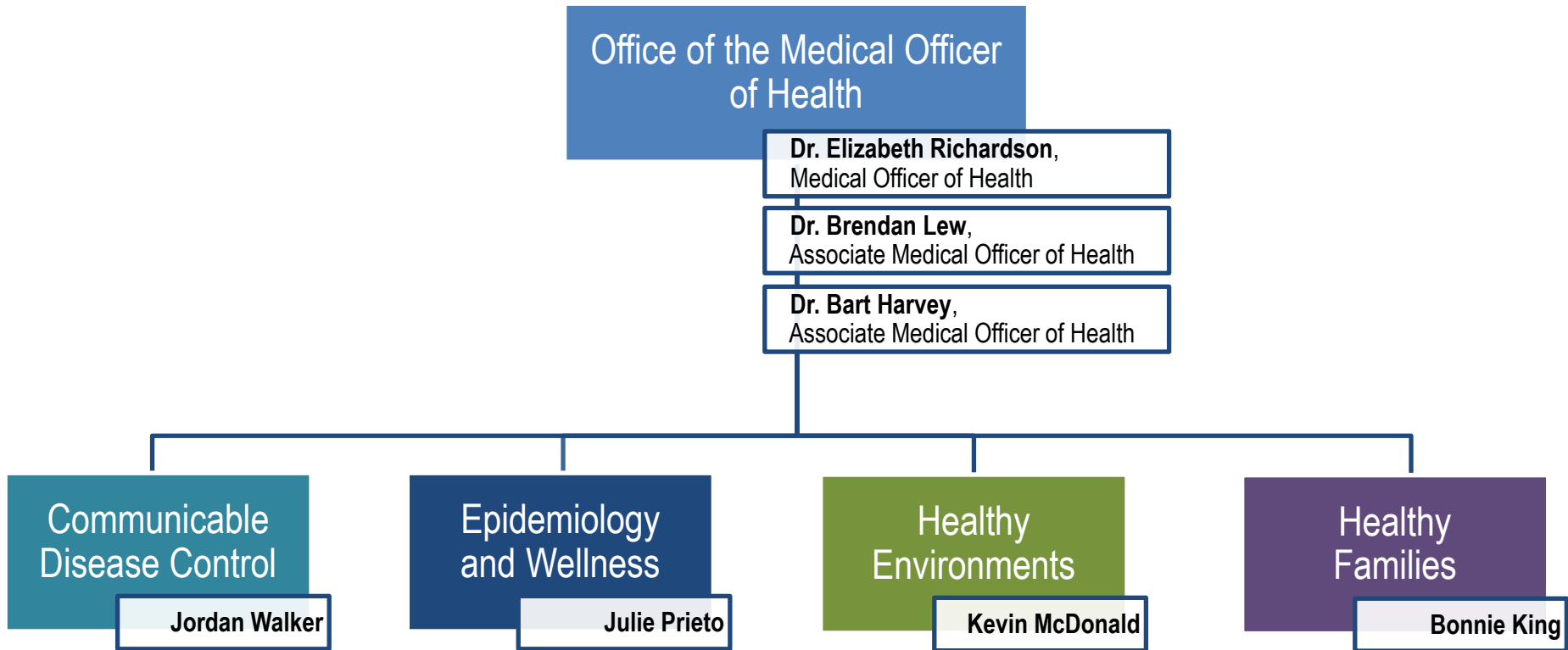
Report	Meeting Date
2025 Annual Service Plan & Budget	February 24, 2025
2024 Annual Performance & Accountability Report	Q2 2025
2025 Organizational Risk Management Plan	Q3 2025



# Current Context: **Local Pressures & Opportunities**

- Broad mandate with limited / finite resources
- Increased complexity and acuity of health issues
- Increased demand for public health services
- Continued need for increased workforce flexibility

# Public Health Services Organizational Structure



# Communicable Disease Control Division

Community Vaccination & School Clinics

Emergency Response

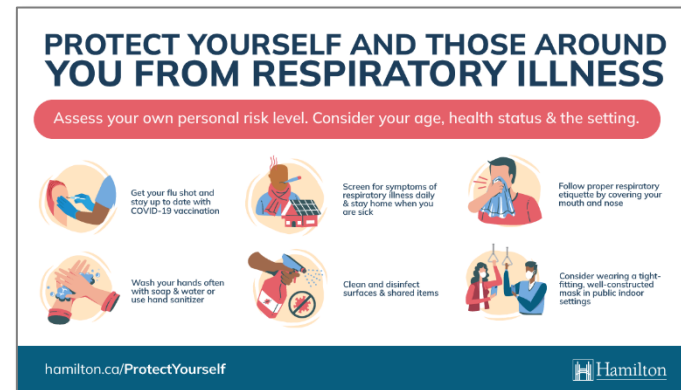
Infection Prevention & Control and Outbreak Management

Infectious Disease

Vaccine Inventory Management

## Divisional Goals

- Reduce the burden of:
  - **Communicable and infectious diseases** of public health significance
  - **Vaccine preventable diseases** through the promotion and administration of immunization and enforcement of the *Immunization of School Pupils Act*
- Manage inventory and distribution of publicly funded vaccines to health care providers.
- Prepare for, respond to, and recover from emergencies with public health impacts.



# Communicable Disease Control Division



## An example of outbreak management:

- A Public Health Nurse received a call to report a confirmed measles case
- A.J. (4-year-old) attended a birthday party with over 40 people, including several vulnerable children and adults
- The response was quickly mobilized, and additional Public Health Nurses were deployed from other programs to provide support
- The Vaccine Program organized a measles post-exposure prophylaxis clinic
- The same day as the case was confirmed, two Public Health Nurses administered nine vaccines to susceptible individuals
- **This swift response ensured no further measles cases related to this exposure were reported in Hamilton**

# Epidemiology & Wellness Division

Alcohol, Drugs & Gambling Services & Mental Health Street Outreach

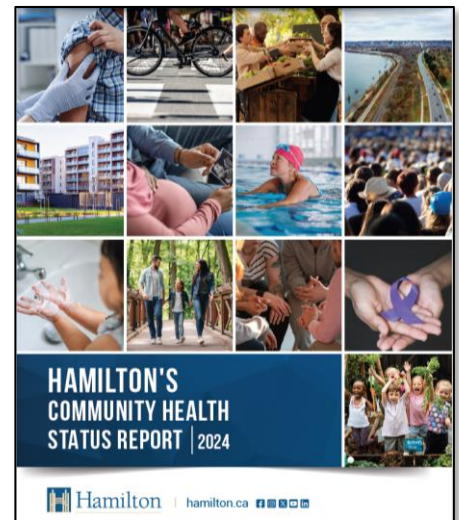
Data Management

Epidemiology & Evaluation

Mental Well-Being & Substance Use

## Divisional Goals

- Focus on mental well-being, substance use prevention, harm reduction initiatives, and outreach and addiction services for vulnerable populations
- Provide data, surveillance, and population health information to ensure programs are evidence-based and responsive to local needs
- Support business operations and service delivery in compliance with legislative privacy, security and records and information management requirements



# Epidemiology & Wellness Division



## An example of addressing complex needs of unhoused residents:

- AK, a 65-year-old newcomer connected with the Mental Health and Street Outreach Program for support with housing
- He was feeling isolated, so he started going to the casino to be around people and developed a gambling addiction.
- An Outreach Worker connected him to housing and settlement support
- A Public Health Nurse connected him to recreation programs, seniors social programming, and a family doctor.
- AK received support for his gambling addiction through Public Health Services' Alcohol, Drug & Gambling Services
- **By building trust over time, Public Health Services was able to connect AK with multiple services to address and overcome the complex challenges he was facing**

# Healthy Environments Division

Chronic Disease  
Prevention

Food & Water Safety

Health Hazards &  
Vector Borne Diseases

Tobacco Control

## Divisional Goals

- Reduce the burden of chronic diseases of public health importance
- Promote the development of healthy built and natural environments and mitigate the impacts of climate change on human health
- Reduce human exposure to health hazards and vector-borne diseases
- Prevent and reduce the burden of food-borne and water-borne illnesses



# Healthy Environments Division



## An example of creating healthy, safe environments for children:

- Ward 1 school identified safety issues for children at school drop off due to unsafe driving behaviours
- Public Health Services led a School Street Feasibility Study, opening the roadway in front of the school to pedestrians and closing it to vehicles during drop-off times
- The study resulted in decreased traffic, increased perceived safety and potentially increased active travel to school
- This led to an opportunity for long-term implementation and scale up to other parts of Hamilton, in partnership with other City departments
- **Giving space back to children and their families is a key step in increasing the health, well-being, and safety of our community**



# Healthy Families Division

Child & Adolescent Services

Dental & Vision Screening

Healthy Growth & Development

Health Promotion

Planning & Competency Development

School Program

## Divisional Goals

- Support Hamiltonians in achieving optimal growth and development through preconception, pregnancy, newborn, child, youth, adult, senior, parental, and family health
- Support public health programs to meet the needs of priority populations and decrease inequities while enhancing the effectiveness and impact of Public Health Services
- Support a consistent high standard of nursing practice across Public Health Services



# Healthy Families Division



## An example of supporting families as they grow:

- A first-time mother called Health Connections seeking parenting support and information for 6-month-old baby
- A Public Health Nurse connected her to long-term home visiting and Coordinated Supports for Families, and referred her for the Child Care Subsidy and Recreation Assistance Program
- Once child entered school, a Registered Dental Hygienist identified an urgent dental need – the family was aware of the issue but unable to pay for dental care
- The child was enrolled in the Healthy Smiles Ontario program to fix the dental issue at no cost
- As a teenager, Sophie received support from Public Health Services' walk-in mental health clinic to cope with anxiety
- **Public Health Services provided support to address opportunities to improve the health and wellbeing of this child in the crucial early years of life**

# Orientation: Next Steps

## Session 2

January 13, 2025

- Overview of public health in Ontario (Loretta Ryan & Monika Turner)
- Public health in Hamilton – Part 2: Programs & Services



## Session 3

February 24, 2025

- 2025 Annual Service Plan & Budget
  - Community health status
  - Renewed priorities and action plans
  - Financial information

## Session 4

March 17, 2025

- Integrating equity, diversity and inclusion into decision-making processes (Evelyn Myrie)

### Notes:

- In addition, the Clerk's Office will arrange an education session with the Integrity Commissioner regarding conflicts of interest
- Following these orientation sessions, relevant ongoing education will be provided as reports are brought forward



Hamilton

# INFORMATION REPORT

<b>TO:</b>	Chair and Members Public Health Sub-Committee
<b>COMMITTEE DATE:</b>	January 13, 2025
<b>SUBJECT/REPORT NO:</b>	Public Health Sub-Committee Orientation: Session 2 (BOH24025(a)) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Carolyn Hureau (905) 546-2424 Ext. 6004
<b>SUBMITTED BY:</b>	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
<b>SIGNATURE:</b>	

## COUNCIL DIRECTION

Not Applicable.

## INFORMATION

As outlined at the first meeting of the Public Health Sub-Committee, several presentations are being provided as part of a four-part public health orientation series. The purpose of this orientation series is to provide Public Health Sub-Committee members with background and information that will support them in fulfilling their role.

The first orientation session (Public Health Sub-Committee Report BOH24025) at the December 2, 2024, Public Health Sub-Committee meeting included:

- A presentation by external speaker, Karima Kanani, partner at Miller-Thompson LLP, regarding the legislative framework for public health governance and good governance principles; and,
- A staff presentation outlining the history of public health in Hamilton, foundational principles, and 2024 priorities.

During the second orientation session on January 13, 2025, Loretta Ryan and Monika Turner from the Association of Local Public Health Agencies will provide an overview of public health in Ontario, including the Ontario Public Health Standards, accountability framework, funding, and governance roles and responsibilities, as well as the Association’s function. This will be followed by a staff presentation outlining the Public

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

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

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

**SUBJECT: Public Health Sub-Committee Orientation: Session 2 (BOH24025(a))  
(City Wide) - Page 2 of 2**

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Health Services' organizational structure, programs and services, and current pressures and opportunities.

The Ontario Public Health Standards ("Standards") set the minimum requirements for public health programs and services by boards of health across the province. These Standards include a total of 90 outcome-based requirements related to the five core public health functions:

- Assessment and Surveillance;
- Health Promotion and Policy Development;
- Health Protection;
- Disease Prevention; and,
- Emergency Management.

It should be noted that the Ontario Public Health Standards are currently under review as part of the Provincial Strategy to Strengthen Public Health in Ontario. The Office of the Chief Medical Officer of Health has advised that the final revised standards will be available in August 2025 for full implementation by January 1, 2026.

Public Health Services offers a wide range of programs and services to meet the requirements set out in the Standards. All of these programs are funded using a provincial/municipal cost-shared model, except for Healthy Babies Healthy Children and the Ontario Seniors Dental Care Program which are 100% provincially funded. Public Health Services also provides services beyond those required under the Standards, to address local needs. These services are either 100% provincially funded (e.g., Ministry of Children, Community and Social Services, Ontario Health West, etc.) or 100% municipally funded. More information regarding budget and funding sources will be provided during the third orientation session scheduled for February 24, 2025.

Appendix "A" to Public Health Sub-Committee Report BOH24025(a) contains service profiles and descriptions of Public Health Services' programs as well as four short stories inspired by the work that staff do each and every day. These stories are meant to help illustrate and contextualize the work of Public Health Services in practice.

**APPENDICES AND SCHEDULES ATTACHED**

Appendix "A" to Report BOH24025(a)	Description of Public Health Services' Programs
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# Public Health Services Organizational Structure

Office of the Medical Officer  
of Health

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Communicable  
Disease Control

Director: Jordan Walker  
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Epidemiology  
and Wellness

Director: Julie Prieto  
[Julie.Prieto@hamilton.ca](mailto:Julie.Prieto@hamilton.ca)

Healthy  
Environments

Director: Kevin McDonald  
[Kevin.McDonald@hamilton.ca](mailto:Kevin.McDonald@hamilton.ca)

Healthy  
Families

Director: Bonnie King  
[Bonnie.King@hamilton.ca](mailto:Bonnie.King@hamilton.ca)

# Communicable Disease Control Division

## Emergency Response Program

- **Ensure organizational readiness to respond, mitigate risks, and recover from significant threats to public health or disruptions to Public Health Services by:**
  - Developing and maintaining emergency response plans based on local risk assessments incorporating lessons learned from previous emergency response activations
  - Leading training, simulations, and coordination to enhance preparedness
  - Integrating emergency management into business continuity plans
  - Ensuring 24/7 readiness to respond to urgent issues of public health significance and continuity of critical public health services during emergencies

## Infection Prevention & Control and Outbreak Management Program

- **Control the spread of infectious diseases in the community by:**
  - Managing respiratory and enteric outbreaks in high-risk congregate settings (e.g., long-term care homes, retirement homes, child care centres)
  - Inspecting personal services settings and child care centres for infection control best practices.
  - Investigating infection prevention and control complaints
  - Providing education and health promotion to support effective infection prevention and control (IPAC) practices in community and congregate settings
  - Managing cases, contacts and outbreaks of enteric diseases of public health significance (e.g. Salmonellosis, E. coli)

## Infectious Disease Program

- **Prevent and reduce the spread, morbidity, and mortality of infectious diseases by:**
  - Managing cases, contacts, and outbreaks of diseases of public health significance (e.g., tuberculosis, measles, Syphilis)
  - Promoting healthy sexual behaviours and delivering sexual health and harm reduction services for populations with barriers to accessing healthcare
  - Communication and health promotion to community and health care providers on infectious disease trends, risk factors, and prevention strategies

# Communicable Disease Control Division

## Community Vaccination & School Clinics Program

- **Reduce the burden of vaccine preventable diseases by:**
  - Enhancing vaccine knowledge and confidence through health promotion and providing advice on immunization to the public, health care providers, and organizations
  - Collaborating with community partners to provide immunizations to eligible individuals
  - Administering Grade 7 school-based vaccines (meningococcal, hepatitis B and human papillomavirus (HPV))
  - Administering catch-up clinics in community-based settings for those behind on vaccinations, with focus on populations with barriers to accessing healthcare
  - Administering COVID-19 and influenza vaccines in community clinics, with focus on populations with barriers to accessing healthcare

## Vaccine Inventory Management Program

- **Ensure the effective management of publicly funded vaccines to minimize wastage, promote safety, and maintain efficacy by:**
  - Supplying vaccines to health care providers with proper storage, handling, and distribution practices
  - Conducting storage inspections and cold chain management to preserve vaccine efficacy
  - Supporting health care professionals and community partners in managing vaccine inventories
  - Monitoring and assessing adverse events following immunizations
  - Reviewing immunization records for students, communication to parents and students of overdue vaccinations and enforcement as required under the Immunization of School Pupils Act



# Communicable Disease Control Division

## Work in Action



### **An example<sup>1</sup> of outbreak management:**

Pat, a Public Health Nurse, received a phone call from the Public Health Ontario Laboratory reporting a confirmed measles case. Pat gathered information on the client and lab results and then called the ordering physician and the case’s parents to ensure they were aware of the diagnosis and gathered further information. A.J. is a 4-year-old with one documented dose of Measles, Mumps, and Rubella vaccine, and has a history of recent travel to England. The Public Health Nurse provided A.J.’s parents with Measles education regarding the required period of isolation for A.J., the importance of contact management, infection prevention and control measures required should A.J. require further medical attention.

Pat collected a list of contacts and exposure settings as well as the dates and times A.J. was at these settings. A.J. doesn’t attend daycare but did attend a birthday party on the day of rash onset. 15 children ages four to six years, 26 adults and some siblings attended the birthday party at a local children’s play centre. Pat was informed four adults attending are pregnant and five siblings are under the age of one year. All of these persons require contact tracing to determine their immunization status and whether they are at risk for measles. Individuals who are susceptible can be administered post-exposure prophylaxis, Measles, Mumps, and Rubella vaccine or immunoglobulin (Ig), but there is a limited window of time after exposure in which this will be effective protecting against infection from that exposure.

Given the urgent need for follow-up and the number of contacts, the Program Manager mobilized the response by requesting additional Public Health Nurse support from other Public Health Services programs and engaged the Vaccine Program to mobilize a measles post-exposure prophylaxis clinic.

Susceptible individuals were recommended to have Measles, Mumps, and Rubella vaccine organized the same day with the Vaccine Program, and post exposure prophylaxis vaccine clinic information was provided. As a result, nine appointments were booked into the post exposure prophylaxis vaccine clinic, and doses were administered by two nurses between 2 pm and 8 pm. Of these nine contacts, six received their second Measles, Mumps, and Rubella vaccine and three received their first dose.

This swift response ensured that no further measles cases were reported in Hamilton related to this exposure.

<sup>1</sup> This story has been developed to provide examples of the types of services Public Health Services provides. It is not based on a real client.

# Epidemiology & Wellness Division

## Alcohol, Drugs & Gambling Services and Mental Health Street Outreach Program

- **Deliver integrated, inclusive, and accessible services to individuals in Hamilton facing mental health, addictions, and homelessness challenges, including:**
  - Assessment
  - Counselling
  - Case management
  - Outreach
  - Harm reduction initiatives
  - Health education
  - On-site services with community partners

## Data Management Program

- **Ensure business operations and service delivery comply with legislated privacy, security, and records and information management requirements by:**
  - Maintaining policies, procedures, and records retention processes to safeguard information
  - Delivering high quality information systems, software, and technology to support secure and efficient operations
  - Providing centralized facilities management and reception services to streamline organizational support

## Epidemiology & Evaluation Program

- **Improve understanding of population health outcomes and inequities in Hamilton by:**
  - Analyzing population health data, behaviours, and service use to identify emerging trends
  - Using surveillance data to guide evidence-informed public health practices, program planning, and priority setting
  - Sharing reports, dashboards, and visualizations to raise awareness of population health trends and inequities with community partners and the public

## Mental Well-Being & Substance Use Program

- **Reduce the burden and harms associated with substance use and promote community mental health and well-being by delivering interventions such as:**
  - Developing and promoting policies that support healthier relationships with substances
  - Educating the public on the risks associated with substance use and safer substance use
  - Promoting supportive environments to prevent substance use
  - Providing systems coordination for a community-wide approach to substance use in Hamilton

# Epidemiology & Wellness Division

## Work in Action



### **An example<sup>2</sup> of addressing complex needs of unhoused residents:**

A.K. first connected with Public Health Services’ Mental Health and Street Outreach Program for support with housing. He was 65 years old, a newcomer and had language barriers that made the housing process difficult to work through. An Outreach Worker from Public Health Services worked with him to connect him to housing and settlement supports.

Through several interactions A.K.’s trust in his Outreach Worker grew and he also confided feeling isolated and down, which was made worse by some ongoing health issues. He admitted to going to the casino where he could easily be around people, and although he wasn’t interested in gambling support at that time, he did indicate that wanted more social support. His Outreach Worker met with him and a Public Health Nurse on the team, who had a conversation with him and recommended supports and activities for his health issues. They connected him with City of Hamilton recreation programs and seniors social programming and helped him find a family doctor.

Over time, A.K. was housed and built his own circle of support and found other activities to help reduce the isolation he felt. As he felt more secure, A.K. also showed interest in speaking to someone about his gambling, and he reached out to his Public Health Nurse, who suggested consulting a social worker at Public Health Services Alcohol, Drug & Gambling Services with whom A.K. developed a plan to reduce his gambling.

Establishing and building this trusting relationship over time allowed Public Health Services to connect A.K. with multiple services in the community to address and overcome the complex challenges he was facing.

<sup>2</sup> The name and details in this story have been changed to protect confidentiality.

# Healthy Environments Division

## Chronic Disease Prevention Program

- **Reduce the incidence and burden of chronic disease by:**
  - Promoting active transportation through healthy public policy
  - Reducing sedentary behaviour in workplaces and schools
  - Increasing accessibility and availability of healthy foods
  - Increasing food literacy

## Food & Water Safety Program

- **Reduce the risk of food-borne illnesses by:**
  - Inspecting food premises, festivals, and special events
  - Investigating food safety-related complaints
  - Training and educating food handlers and the public on safe food handling practices
- **Prevent or reduce the burden of water-borne illnesses by:**
  - Inspecting small drinking water systems
  - Inspecting recreational water facilities
  - Monitoring beach water quality
  - Completing annual mandatory and complaint-based inspections

## Health Hazards & Vector Borne Diseases Program

- **Promote healthy built and natural environments by:**
  - Reducing exposure to environmental health hazards and mitigating risks
  - Promoting health evidence related to air pollutant exposure
  - Addressing climate impacts on environmental health risks
- **Reduce the burden of vector-borne diseases by:**
  - Monitoring and implementing control related to West Nile Virus
  - Investigating rabies cases
  - Conducting surveillance of Ticks for Lyme Disease and other vector-borne diseases as they emerge

## Tobacco Control Program

- **Prevent initiation of smoking or vaping, and help those who smoke or vape quit by:**
  - Implementing prevention campaigns
  - Providing cessation counselling and supports
  - Training health care and social service providers
- **Protect individuals from exposure to second-hand smoke and vape by:**
  - Increasing awareness of and enforcing existing by-laws
  - Inspecting hospitals and schools
  - Investigating complaints
- **Enforce the *Smoke-Free Ontario Act* by:**
  - Conducting inspections related to youth access, and product display & promotion
  - Investigating complaints

# Healthy Environments Division

## Work in Action



### An example of creating healthy, safe environments for children

In conversation with the Principal of Strathcona Elementary School, the school’s Public Health Nurse identified safety issues for children at school drop off and pick up times due to unsafe driving behaviours.

Public Health Services worked with staff in the City’s Planning Department to collaborate with the Hamilton Wentworth District School Board and the Strathcona School community to conduct a study to understand whether simple interventions could improve health, well-being, and safety for the children of this school.

In spring 2024, Public Health Services led the School Street feasibility study, which opens a stretch of roadway in front of the school to pedestrians, while closing it to vehicles for drop-off. Public Health Services worked with the School Board to engage with parents, caregivers and the broader community in the months leading up to implementation to ensure buy-in in the project’s success.



There was an overwhelming positive response and acceptance of the School Street among the Strathcona school community, including staff, students, families, and residents once they had the opportunity to experience it. Through discussions and written feedback, individuals described the increased enjoyment they had meeting with other families, watching their children playing with one another, and the joy students had in going to school. Additionally, families acknowledged the positive impact the School Street project had on feeling safer and improving the air quality at the school entrance.

In Strathcona, the piloting of School Streets resulted in decreased traffic, increased perceived safety, and potentially increased active travel to school. These positive outcomes demonstrated the potential for long-term implementation and scaling up to other schools in Hamilton. Giving space back to children and their families is a key step in increasing the health, well-being, and safety of our community.

# Healthy Families Division

## Child & Adolescent Services

- **Improve the mental health of infants, children, youth, and their families by increasing access to mental health services, especially among priority populations, and by:**
  - Providing free mental health counselling for children, youth, and their families
  - Offering walk-in single session counselling
  - Implementing *Moodwalks* – an evidence-based walking program for youth experiencing low mood and anxiety
  - Collaborating with health and social service providers to develop mental health care pathways

## Dental & Vision Screening Program

- **Improve oral health among children by:**
  - Conducting oral health screenings for elementary school students
  - Implementing *Healthy Smiles Ontario* including preventive, routine and emergency services for children and youth from low-income households
  - Providing education and outreach regarding the importance of good oral health
- **Ensure the provision of vision screening in schools for Senior Kindergarten students**
- **Improve oral health among adults and seniors experiencing low-income by:**
  - Providing preventive, restorative and emergency dental services
  - Providing support with oral health service navigation
  - Implementing the Ontario Seniors Dental Care Program in partnership with Community Health Centres

## Healthy Growth & Development Program

- **Enable all maternal, newborn, child, youth and families to attain and sustain optimal lifelong health and developmental potential by:**
  - Providing in-home support by public health nurses for:
    - pregnant people and parents with children from birth to school entry (Healthy Babies Health Children program)
    - young parents experiencing financial and/or social challenges (Nurse-Family Partnership program)
  - Developing and implementing the infant and early years mental health pathway to provide timely access to screening, assessment, and referral
  - Providing coordinated supports for families to increase access to municipal-led services
  - Providing support to pregnant people and parents via the Health Connections phone line
  - Providing prenatal and parenting education

# Healthy Families Division

## Health Promotion Program

- **Support evidence-informed programming and effective service provision by:**
  - Planning, implementing and evaluating comprehensive health promotion strategies
  - Strengthening community action to collaboratively address local priorities
  - Supporting the integration of services across the Healthy Families Divisions to improve efficiency and decreasing barriers for clients accessing services

## Planning & Competency Development Program

- **Provide high quality support to enhance organizational effectiveness, efficiency, and impact of programs and services, including:**
  - Strategic and operational planning support (e.g., Annual Service Plan & Budget, risk management planning, priority setting)
  - Performance measurement and continuous improvement (e.g., Annual Performance Report, Ministry reports, compliance assessments)
  - Policy analysis and integration
  - Staff competency development
  - Evidence-informed decision-making and knowledge integration support
  - Health systems integration (e.g., Primary Care Strategy, collaboration with the Greater Hamilton Health Network)
  - Work with programs and priority populations to improve public health practice and embed principles of health equity, anti-racism and anti-Indigenous racism into our work

## School Program

- **Achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools by offering:**
  - **Universal services** for all school boards:
    - Consultation with a Public Health Nurse, Registered Dietitian, Physical Activity Specialist or Health Promotion Specialist
    - Access to electronic health resources
  - **Targeted services** for priority school communities that are most disproportionately impacted by the social determinants of health:
    - Public Health Nurse support (up to one day per week)
    - School health assessments
    - Development and implementation of comprehensive health action plans to support mental health and other identified health priorities
    - Support with the Healthy Schools Certification process

# Healthy Families Division

## Work in Action



### An example<sup>3</sup> of supporting families as they grow:

A first-time mother called into the Health Connections phone line seeking parenting support for her 6-month-old baby girl, Sophie, and to find out more information about accessing daycare. The Public Health Nurse who answered her call was able to further explore her needs and concerns and informed her that she was eligible for the Healthy Babies Healthy Children program, which is a program that offers long-term home visiting with families anytime between pregnancy up to school entry. The Public Health Nurse offered a home visit to which the client consented. At the initial home visit, the Public Health Nurse learned that the client was a single parent receiving Ontario Works and determined that she was eligible for the Coordinated Supports for Families program, which offers coordinated visits with her OW worker and Public Health Nurse, referrals to Child Care Subsidy and Recreation Assistance Program, and a free Presto pass. Throughout her nine months of home visits, the client was able to achieve her established goals, which included strengthening her parenting skills, healthy growth and development for her baby, connection to community resources, and securing a subsidized daycare placement, which ultimately increased her confidence as a parent and improved the well-being of her family.

As Sophie grew and started school, the family met the school’s Public Health Nurse and participated in school-wide health promotion activities. While in Kindergarten, a Public Health Services Registered Dental Hygienist performed a dental screening, identifying an urgent dental need. The Dental Hygienist was able to support the family, learning that the Sophie’s mother was aware of the dental issue, but unable to pay for her child’s treatment. This created a challenging situation for the family as it increased family stress levels and Sophie’s dental pain was impacting her ability to concentrate in school. The Public Health Services Dental Hygienist enrolled her in the Healthy Smiles Ontario dental program to receive free dental care. Sophie was able to have the dental issue fixed at no cost. While also at school, she engaged with a Public Health Nurse and other school staff on school-wide health promotion initiatives to support healthy and safe school community.

In her teenage years, Sophie struggled with anxiety. The Public Health Nurse recommended she visit Public Health Services’ Child and Adolescent Services walk-in clinic, which provides free mental health support for children and youth. The next day, she had a counselling session where they developed a plan to begin to address her mental health concerns.

Public Health Services was able to work with this family over time to provide coordinated support to address the many opportunities to improve the health and wellbeing of this child in the crucial early years of life.

<sup>3</sup> This story has been developed to provide examples of the types of services Public Health Services provides. It is not based on a real client.



# CITY OF HAMILTON

## MOTION

Public Health Sub-Committee: January 13, 2025

**MOVED BY A. JOSEPH.....**

**SECONDED BY.....**

### **Amendment to the Public Health Sub-Committee’s Terms of Reference**

WHEREAS, the Public Health Sub-Committee was established by Council on January 24, 2024;

WHEREAS, the Public Health Sub-Committee Terms of Reference was amended by Council on November 13, 2024, to provide details for the Chair and Vice-Chair of the Public Health Sub-Committee; and

WHEREAS, the Public Health Sub-Committee was established to implement a structural change to governance that recognized health and health equity expertise and to include members from health professions with practice knowledge within public health governance.

THEREFORE, BE IT RESOLVED:

That the Public Health Sub-Committee’s Terms of Reference be ***amended*** to read as follows:

The Chair of the Public Health Sub-Committee shall be a member of City Council, ***a community representative or the education representative.***

Attachment:

Appendix A – Revised Public Health Sub-Committee’s Terms of Reference

# Public Health Sub-Committee

## Terms of Reference

*Established by Council on January 24, 2024*

### Purpose

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

### Scope

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

### Authority

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

## Membership

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

Staff Resources:

Public Health Divisional staff.

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

## Meeting arrangements

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

The Chair of the Public Health Sub-Committee shall be a member of City Council; a community representative or the education representative.

The Vice Chair of the Public Health Sub-Committee shall be a member of City Council; a community representative or the education representative.

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

## Reporting

Reporting directly to the Board of Health.

## Review

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

Revisions approved by Council (date(s)):

Revised by Council on November 13, 2024, Item 7.5

# CITY OF HAMILTON

## MOTION

Public Health Sub-Committee: January 13, 2025

**MOVED BY R. LENNOX**.....

**SECONDED BY COUNCILLOR C. KROETSCH**.....

### **Feasibility of Implementing Wastewater Surveillance**

WHEREAS, disease surveillance is a core tenant of a strong public health system, making it possible to identify and forecast threats to public health, respond quickly by deploying resources effectively, and informing policy and program development;

WHEREAS, wastewater surveillance is an accurate, effective and cost-efficient tool for monitoring community transmission of respiratory viruses and other potential public health threats, such as mpox and H5N1 (and can quickly shift to include other pathogens as needed);

WHEREAS, wastewater surveillance for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) became a mainstay of surveillance and was used to inform policy decisions on public health measures and public health risk communication pertaining to active transmission levels;

WHEREAS, when wastewater surveillance was available, Hamilton Public Health used the data to inform local health providers of mismatches occurring between signals of infectious disease transmission in wastewater data and clinically-reported cases, indicating potentially undiagnosed cases occurring in the community (e.g. mpox, 2023);

WHEREAS, the province discontinued its wastewater surveillance program on July 31, 2024;

WHEREAS, federal wastewater surveillance through the Public Health Agency of Canada is limited in scope to only four cities across Ontario;

WHEREAS, other public health units in Ontario (Peterborough and Ottawa) have opted to continue their wastewater surveillance programs in partnership with local academic institutions (Trent University); and

WHEREAS, wastewater surveillance can provide an early warning of viruses (e.g. H5N1) in a community or high-risk setting and support an early public health response.

THEREFORE, BE IT RESOLVED:

That staff be directed to report back to the Public Health Sub-Committee with a report outlining the feasibility of implementing a local wastewater surveillance program, including respiratory viruses (influenza, SARS-CoV-2, RSV), mpox and H5N1.