



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	June 13, 2016
SUBJECT/REPORT NO:	Public Health Services Response to Syrian Newcomer Health (BOH16032) (City Wide)
WARD(S) AFFECTED:	City Wide
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SIGNATURE:	

Council Direction:

Not Applicable

Information:

The purpose of this report is to inform the Board of Health on Public Health Services' (PHS) Incident Management System (IMS) response to support the health of the Syrian newcomers, and broader resettlement efforts.

Background

This update provides a summary of PHS' response in support of the Syrian Government Assisted Refugee (GAR) resettlement efforts. As of March 1, 2016, Hamilton welcomed 1,055 GARs from Syria – nearly double the number of individuals initially anticipated. Resettlement is a significant task, and an increased number of newcomers meant more services were needed during the initial stages of resettlement.

PHS has been working with Wesley Urban Ministries (WUM), the lead agency responsible for resettlement (housing, health, education etc.), and within a larger group of community health, and primary care providers to coordinate health care planning for Syrian newcomers that were living in interim lodging sites across the city. This included:

- Completing initial health assessments;
- Reviewing foreign vaccination records and offering immunization clinics;
- Dental screening;
- Prevention and management of infectious diseases and outbreaks; and
- Ongoing planning and collaboration to ensure the long-term health needs of newcomers are met.

To date there has been significant collaboration amongst the responding organizations.

Mass Immunization Clinics

The focus of PHS' efforts was on ensuring Syrian newcomers living in interim lodging (ILS) sites were caught up on all publically-funded vaccinations. On February 25, 2016, PHS notified the Board of Health of a cluster of varicella (chickenpox) at an ILS and PHS' intention to hold mass immunization clinics in order to optimize the Syrian newcomers' protection against vaccine preventable diseases and minimize the risk of spread of the disease within the ILS and to the broader Hamilton community. Coordinating, planning and implementing these clinics was a major undertaking for PHS as staff coordinated with WUM and other health care providers, reviewed foreign records and administered vaccines with the assistance of interpreters. **PHS held a total of 8 immunization clinics and immunized 274 people with 1,034 vaccines. Sixty-five percent of those receiving immunizations were under 18 years of age.**

Dental Screenings and Healthy Smiles Ontario (HSO) Registration

Like in many communities across the country, the Syrian refugees arriving in Hamilton had major oral health challenges. PHS worked with our health care partners, dental community and WUM to assess the oral health needs of the newcomers. Our initial focus was on screening children and subsequently work has occurred, in collaboration with our partners, to link adults with dental services. The approach to dental screening was multi-faceted with services being offered alongside the mass immunization clinics, as standalone outreach efforts, and in cooperation with primary care as they completed health assessments. Through dental screening, eligible newcomer children 17 years and under were referred to the HSO program so that they could immediately access dental care in the community at private clinics. **A total of 136 children were screened and 85 children were referred to the HSO program.**

Support to the Health Sector

Multiple organizations provided and will continue to offer primary care services to the newcomers, including the Hamilton Family Health Team, Hamilton Urban Core Community Health Centre, McMaster Family Health Team, North Hamilton Community Health Centre, and Refuge: Hamilton Centre for Newcomer Health. PHS was a co-lead for the "Health Table" which coordinated the collective efforts of these groups on behalf

of WUM. This group was responsible for completing the Initial Health Assessments on the refugees and will be providing ongoing care.

Both PHS and primary care were supported by the Health Sector Emergency Management Committee which helps to coordinate activities across health organizations in Hamilton for complex and emergent issues. Members of the Health Sector Emergency Management Committee include Hamilton Health Sciences, St. Joseph's Healthcare Hamilton, McMaster University, Hamilton Family Health Team, and the Local Health Integration Network (corresponding member).

On-Going Resettlement Support

PHS will co-lead the Mayor's Advisory Committee on Syrian Newcomers – Health Working Group, along with a representative from primary care. The Health Working Group is comprised of key health partners and stakeholders in Hamilton. The group will ensure a comprehensive approach to the mental, emotional and physical health needs of Syrian newcomers are understood and supported. The group will further build far-reaching community collaboration within the health sector, stay abreast of emergent health issues and keep stakeholders informed.

Additionally, all PHS programs and services available to the community are available to the Syrian newcomers. This includes: HSO; Smoking Cessation Clinics; Vaccine program; Healthy Babies Healthy Children; Sexual Health Clinics; Canadian Prenatal Nutrition Program; Prenatal Classes; Public health Children's mental health program; and "Bug Buster" head lice clinics

Continuity of Operations

This IMS activation was a significant undertaking that required quick mobilization and redeployment of staff and management. The IMS structure tends to utilize a larger number of management staff throughout the incident due to the need for authority to make decisions, supervise staff, and adhere to City of Hamilton policies (e.g., delegated signing authority, approval of overtime). Both management and staff were temporarily reassigned to support the planning, coordination and implementation of the eight mass immunization clinics between February 25 and April 8, 2016.

Throughout this IMS activation, regular business continuity was carefully monitored to optimize staffing and management resources to ensure minimal impact to external services to the community. Internal impacts were largely management-related with trickle-down to the staff level. These included delays in strategic planning, routine administrative tasks (e.g., required regular updates to policies, procedures and medical directives), and deferral of non-urgent meetings. Overall, PHS was able to minimize delays and impacts of internal and external services due to non-union staff, and in particular management, working regularly throughout the incident outside of business hours. The expectation is that all work that was delayed, including Board of Health

reports and follow-up actions, will be completed by year-end. While this was manageable over the six-week activation, future incidents that are more intense (e.g., number of staff, requiring 24/7 response) or are of longer duration are likely to have external service impacts.

Financial Impacts

Upon activation of IMS and throughout the response, total time dedicated for planning, coordination and implementation of the mass immunization clinics was continually tracked as were many incremental and/or additional costs incurred. A total of 3,237 hours were utilized between February 25 and April 8, 2016 through temporary reassignment of existing staff. Incremental overtime hours were also incurred in the amount of \$5,363.07 (96.75 hours), as well as approximately \$19,511.91 in additional costs relating to the implementation of the eight mass immunization clinics.

As the majority of time related to IMS was within current budgeted allocations, any incremental and/or additional costs will be submitted to the Ministry of Health and Long Term Care (MOHLTC) for request of reimbursement at 100% funding. No negative budgetary impact is anticipated as a result unless the request is not approved.

Future costs for two planned community-based immunization clinics for Syrian newcomers will be tracked and submitted to the MOHLTC for reimbursement. Staff will also seek 100% MOHLTC reimbursement of any additional costs as applicable.