



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	November 18, 2019
SUBJECT/REPORT NO:	Public Health Priorities (BOH19034) (City Wide)
WARD(S) AFFECTED:	City Wide
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COUNCIL DIRECTION

Not applicable.

INFORMATION

Background

Public health agencies work to keep people safe from environmental threats and infectious diseases, support people to live longer in good health, reduce health disparities across our communities and support policy makers with health data, evidence and intelligence.

Early this year, the Board of Health received a report on the population health assessment for Hamilton that was completed to support development of the 2019 Annual Service Plan and Budget (Report BOH19005). That assessment showed that there have been health improvements at the city level in areas such as life expectancy, heart disease, smoking, reproductive health, infectious diseases, crime, and some social determinants of health. However, it also showed that health disparities have widened, and that there are significant health challenges to address.

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.

Based on the assessment, three priority areas for public health action were identified:

1. **Health Equity** – The significant health inequities in Hamilton are especially concentrated among urban Indigenous people and those living in poverty. As well, overall the gaps between those most and least advantaged have widened.
2. **Healthy Weights** – Excess weight, poor diet, and physical inactivity are major factors in disability and death among Hamiltonians; and,
3. **Mental Health and Addictions** – Hamilton is challenged by high rates of mental health issues and substance misuse.

Based on the best available evidence for public health action in each of these areas, staff identified several actions to address these priorities:

Health Equity

1. Continue using population health data and evidence to identify health inequities and determine effective interventions to reduce those inequities across all program areas;
2. Develop an Indigenous Health Strategy by developing relationships and engaging with Indigenous communities to address health inequities;
3. Provide Indigenous Cultural Competency Training for all Public Health Services (PHS) staff; and,
4. Work with system partners through the provision of health intelligence, collaboration and program delivery.

Healthy Weights

1. Continue implementation of priority actions within Hamilton's Food Strategy;
2. Continue development of built and social environments that enable physical activity;
3. Implement actions from Hamilton's Vision Zero plan in collaboration with Public Works and community partners; and,
4. Continue providing programs that promote healthy lifestyles during preconception, prenatal/postnatal periods, and early years.

Mental Health and Addictions

1. Continue to identify and implement evidence-based programs to address stigma related to mental health and substance misuse;
2. Develop a public health initiative to address community violence and identify strategies to reduce violence and the trauma associated with it;
3. Incorporate a trauma-informed approach into Public Health Services' programs and practices;

4. Collaborate with school boards to deliver Positive Parenting Programs with a focus on parents of children with externalizing behaviours; and,
5. Identify opportunities to increase social connectedness for children and youth outside of the school setting.

The above actions were developed by cross-PHS advisory groups using a results-based accountability approach, which included:

- Identification of factors contributing to the issue and populations at higher risk;
- Review of evidence to determine the most effective and promising public health interventions;
- Identification and prioritization of the most appropriate interventions for PHS to implement based on local needs, resources, and the public health mandate;
- Assessment of historical progress to date with development of renewed action plans, or new action plans where required; and,
- Development of measures of success to monitor progress.

This work also fulfills the requirement of boards of health to use population health assessment information to identify local priorities and inform planning as outlined in the Ontario Public Health Standards. An action plan summary for each priority area is provided in Appendix “A” to Report BOH19034.

Further rationale for the identified actions is provided below.

Health Equity

Hamilton is ethnically and socially diverse but challenged by a high concentration of urban poverty and significant health inequities.¹ There is a high proportion of people with low income, seniors living alone, and lone parent families.¹ Many of these populations have poorer health outcomes. Our Indigenous community is also faced with many health and social inequities; 78% live in poverty and 69% receive support from Ontario Works.² Indigenous people also experience higher rates of infectious and chronic diseases, and substance use.²

In Q1 & Q2 2019, each PHS program area completed work to identify priority populations. These are groups of people who experience greater health risks due to the disadvantages of social determinants and are more likely to benefit from public health interventions. During Q3 & Q4 2019 and early 2020, each area is reviewing the effectiveness and appropriateness of existing programs and services to reduce the health inequities of the identified priority populations, and identifying and implementing program improvements where greater impact could be achieved.

One of the Calls to Action from the Truth and Reconciliation Commission is to provide skills-based intercultural competency training for public servants. This type of training

aligns with recommendations from Hamilton's Urban Indigenous Strategy. Training is an essential first step in addressing the impacts of colonialism and trauma which have resulted in health inequities for Indigenous communities. Knowledge gained from the training will be used by all areas of PHS for program planning and service delivery. Further, our Indigenous Health Strategy lead is helping to deepen our relationships with and understanding of the needs of our indigenous peoples. This will lead to identification of further public health strategies that can address health inequities for this population.

Healthy Weights

Excess weight, poor diet, and physical inactivity are major drivers of the leading causes of disability and death in Hamilton. Overall, 67.8% of adults over the age of 18 and 27.0% of youth age 12-17 self-report as being overweight or obese.³ Hamiltonians from low-income households report more sedentary behaviour and poorer nutrition.³ Many children in Hamilton are not receiving the nutrients needed for healthy growth and development; up to 30% of students in lower Hamilton do not eat breakfast and over 70% of students do not eat vegetables and fruit daily.⁴

The most effective ways to reduce overweight, obesity and associated health outcomes are through strategies and approaches at the system and population levels. These types of interventions change the context of our environments and make healthy eating and physical activity a part of where we live, learn, work, and play. Optimal health of the whole population is supported because making healthier choices is easier and unhealthy choices are more difficult. An example of this is the 3-year Recreation Healthy Food and Beverage Action Plan. This initiative aims to change the food environment at recreation facilities by increasing availability of nutritious options and access to municipal tap water.

Mental Health and Addictions

Mental health and addictions have a significant burden on our community's health and well-being. Suicide and substance overdoses are among the leading causes of death among Hamiltonians under age 45.⁵ Hospitalization for anxiety disorders and disorders of adult personality and behaviour are higher in Hamilton compared to Ontario.⁵ An increasing number of children are suffering from poor mental health; self-harm among female youth in Hamilton has tripled over the past decade.⁵ In 2018, there were 123 opioid-related deaths in Hamilton, one of the highest rates in Ontario.⁶

Improving mental health and reducing substance use requires a comprehensive approach. One of the focus areas is to reduce stigma and discrimination associated with mental illness and addictions. Stigma is a major barrier that prevents individuals from seeking help and treatment.

The impact of trauma on one's mental and physical well-being cannot be understated. Trauma is defined as, "...experiences that overwhelm an individual's capacity to cope. Trauma early in life, including child abuse, neglect, witnessing violence and disrupted attachment, as well as later traumatic experiences such as violence, accidents, natural

disaster, war, sudden unexpected loss and other life events that are out of one's control..."⁷ It is imperative to provide services using a trauma-informed approach. This requires an understanding of trauma across all aspects of service delivery, where an individual's safety, choice and control are a priority. Trauma-informed services must be designed and delivered in a way that does not cause further traumatization or re-traumatization. This approach is client-centred; it gives the control of decision making about treatment and care of individuals at a pace that is safe for them. In many ways, a trauma-informed approach is the way all of us would like and expect to be treated.

Many mental health and addictions issues can be traced back to vulnerability or trauma during early childhood. Early intervention can prevent issues later in life. Interventions such as positive parenting practices and those that create social connectedness and a sense of belonging have been shown to be most effective for children and youth.

These priorities and the action plans to address them are being incorporated in to the 2020 Annual Service Plan and Budget, which will be presented to the Board of Health in February, and submitted to the Province on March 1, 2020. As well, progress on the action plans will be regularly reported on within the PHS Semi-Annual Performance and Monitoring Reports, with the next progress report planned for March 2020.

References:

1. 2016 Census, Statistics Canada.
2. Our Health Counts Community Report: First Nations Adults and Children, City of Hamilton (2011). <http://www.stmichaelshospital.com/pdf/crich/our-health-counts-report.pdf>
3. Statistics Canada. Canadian Community Health Survey (2013/2014, 2015/2016). <http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&Id=259374>
4. City of Hamilton (2018). City of Hamilton Child and Youth Health Atlas. www.hamilton.ca/childhealthatlas
5. City of Hamilton (2018). HealthCheck: Assessing the local burden of disease in the City of Hamilton. www.hamilton.ca/HealthCheck
6. Public Health Ontario. Interactive Opioid Tool (2018). <https://www.publichealthontario.ca/en/DataAndAnalytics/pages/opioid.aspx>
7. BC Provincial Mental Health and Substance Use Planning Council. (2013). Trauma-informed practice guide. Vancouver, BC. Retrieved from http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH19034 Public Health Priority Action Plans