



Hamilton

# INFORMATION REPORT

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| <b>TO:</b>                | Mayor and Members<br>Board of Health  |
| <b>COMMITTEE DATE:</b>    | July 10, 2020   |
| <b>SUBJECT/REPORT NO:</b> | COVID-19 Response and Health Equity Update (BOH20012)<br>(City Wide)                          |
| <b>WARD(S) AFFECTED:</b>  | City Wide   |
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| <b>SIGNATURE:</b>         |   |

## COUNCIL DIRECTION

Not Applicable

## PURPOSE

The purpose of this report is to inform the Board of Health (BOH) about Public Health Emergency Control Group's (PHECG) review of actions to aid decision making to support vulnerable populations. Health equity continues to be a Public Health priority. This report is designed to support the BOH to provide direction for further assessment and/or report back by staff.

Relevant documents have been released during COVID-19 and were used as a framework to review actions and guide decision making. The reviews involved have focused on health equity impacts, many are ongoing as needed, with many having been acted upon in operational plans.

## BACKGROUND

The City of Hamilton is legislated by the *Emergency Management and Civil Protection Act* which establishes requirements for municipal emergency management programs in the province. Public Health Services (PHS) is also legislated, and given legal

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authorities, by the *Health Protection and Promotion Act*, and corresponding Emergency Management Standard and Guideline.

The City of Hamilton's Emergency Plan has eight priorities. In order of importance they include:

- (1) Provide for the health and safety of all responders;
- (2) Save lives;
- (3) Reduce suffering;
- (4) Protect public health;
- (5) Protect critical infrastructure;
- (6) Protect property;
- (7) Protect the environment; and,
- (8) Reduce economic and social loss.

Health Equity is a component of the City of Hamilton's 2016-2025 Strategic Plan. It is recognized that economic and social disparities within our community have a negative impact on health status at both an individual and community level (City of Hamilton, 2010). A health equity lens is utilized all through Public Health programming and is specifically considered in Emergency Response Planning. That lens has been used to consider the challenges faced by vulnerable populations due to the pandemic. The City EOC and PHECG have worked together to ensure that actions have been taken to protect and support the health of vulnerable populations throughout the pandemic.

## **INFORMATION**

Planning within the context of COVID-19 has incorporated a health equity lens in considering the challenges faced by vulnerable populations. The City of Hamilton Emergency Operations Centre (EOC) and PHECG have worked in close alignment to support vulnerable populations throughout the pandemic. As outlined below, documents related to the health equity impacts of COVID-19 have been released and used PHS Planning Section as a framework to review our COVID-19 action plans and inform further activities and actions.

In early March 2020, prior to the formal declaration of a pandemic, the PHS Planning Section undertook an activity that mapped out a plan for PHS' response to the COVID-19 threat. This initial plan included actions to work with the EOC and community partners to support vulnerable populations with respect to food, medications, social services, and transportation. This plan also included enhanced surveillance that would allow PHS to identify and mitigate the progression of COVID-19 and health and social impacts of public health measures (Table One).

On March 11, 2020, the World Health Organization declared a pandemic and the Province declared a state of emergency which allowed for the implementation of strict

public health measures. The PHS Planning Section identified a potential significant impact on the mental health and wellbeing of community members due to the uncertainty and stress of COVID-19 as well as the isolating impact of physical distancing. The initial plan to support vulnerable populations was revised to include (1) participation in mental health sector planning with community agencies to monitor trends in referral for service and virtual service delivery to be responsive at the local level; (2) development and implementation of a health promotion campaign related to mental wellbeing in the context of COVID-19; and (3) prioritization of essential public health service.

On April 2, 2020, PHS received correspondence from the Ontario Human Rights Commission which included principles and recommended actions on a range of human rights issues and emergency-related responses to managing the pandemic. As part of the PHS Planning Section's activities an internal review of our pandemic plans against the recommendations of the Ontario Human Rights Commission to ensure that key issues were addressed. During this process, areas for potential action were identified and recommendations were made to PHECG and the City EOC for implementation (Table Two).

On April 24, 2020, PHS received correspondence from Ottawa Public Health with an ethical framework modified to the emerging context of COVID-19. As part of the PHS Planning Section's activities an internal review of the ethical framework proposed by Ottawa Public Health as well as several frameworks proposed by international organizations to ensure key issues were addressed. During this process, areas for potential action were identified and recommendations were made to PHECG and the City EOC for implementation (Table Three).

While key considerations outlined in these documents have been acted upon through operational plans, the ability to address disparities must be reviewed in an ongoing way.

The COVID-19 pandemic will require a prolonged public health response. It is recognized that the impact on our community is, and will continue to be, significant. As new evidence emerges with respect to the virus COVID-19 virus, as well as local surveillance with respect to the impact of SDOH on the burden of illness, our plans and actions will continue to evolve. As we move forward, PHS will consider opportunities to integrate these actions into our broader Health Equity and Inclusion Strategy.

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| <b>Table One:<br/>Planned Actions to Support Vulnerable Persons in the Context of COVID-19</b> |  |
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| <b>Issue</b>   |  |
| Enhanced Surveillance  | <ul style="list-style-type: none"> <li>Expand surveillance to monitor health equity and the broader societal impacts of COVID-19 due to prolonged public health measures.</li> </ul>   |
| COVID-19 testing for persons living in congregate settings                                     | <ul style="list-style-type: none"> <li>Implement COVID-19 risk-based testing in Long-term Care Homes, Retirement Homes and other congregate living settings.</li> </ul>  |
| Physical distancing and self-isolation for persons experiencing homelessness.                  | <ul style="list-style-type: none"> <li>Support all shelters to establish self-isolation spaces and implement Infection Prevention and Control (IPAC) measures.</li> <li>Work with EOC to establish (1) isolation shelter, and (2) large shelter space allowing for physical distancing and other IPAC measures</li> </ul>  |
| Food and Medication Supply   | <ul style="list-style-type: none"> <li>Implement process for online food ordering and prescription drop off.</li> </ul>  |
| Transportation of Isolated Individuals   | <ul style="list-style-type: none"> <li>Work with EOC and community partners to develop plan for transportation of individuals who are isolated.</li> </ul>   |
| Support for vulnerable individuals   | <ul style="list-style-type: none"> <li>Work with EOC and community partners to establish a Vulnerable Sectors Support Team. Team will connect vulnerable persons with required supports such as income and benefits, transportation support, food, seniors supports, language and interpretation, mental health and addiction services, shelters, and other services as required.</li> </ul> |
| Indigenous Persons   | <ul style="list-style-type: none"> <li>Indigenous Health Strategy Specialist to liaise with Elders, community leaders, and Indigenous health and social service providers to tailor the response to this community.</li> </ul>   |
| Mental Health and Wellbeing  | <ul style="list-style-type: none"> <li>Implement a Mental Health and Wellbeing Health promotion campaign.</li> </ul>   |
| Prioritization of PHS programs that support vulnerable populations.                            | <ul style="list-style-type: none"> <li>Continue to provide essential PHS' Services that support vulnerable populations.</li> </ul>   |
| Mental Health Sector   | <ul style="list-style-type: none"> <li>Work with Canadian Mental Health Association and community agencies to monitor trends and adapt to service demands.</li> </ul>  |
| Heat Alerts  | <ul style="list-style-type: none"> <li>Work with EOC to identify locations for cooling centers during heat alert.</li> </ul>   |
| Temporary Migrant Farm Workers   | <ul style="list-style-type: none"> <li>Work with of farms to protect and prevent infection in vulnerable population.</li> </ul>  |

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| <b>Table One:<br/>Planned Actions to Support Vulnerable Persons in the Context of COVID-19</b> |   |
|--|---|
| <b>Issue</b>   |   |
| LTCH, RH and RCF   | <ul style="list-style-type: none"> <li>• Preparedness audit of Long-Term Care Homes, Retirement Homes and Residential Care Facilities.</li> </ul> |

| <b>Table Two:<br/>Planned Actions to Align Approach with Recommendations of Ontario Human Rights Commission</b> |  |
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| <b>Issue</b>  | <b>Action Required</b>   |
| Financial assistance and social security.   | <ul style="list-style-type: none"> <li>• Public communication regarding Federal and Provincial financial relief.</li> </ul>  |
| Informal workers and service industry.  | <ul style="list-style-type: none"> <li>• Education and support for operators of congregate settings.</li> </ul>  |
| Prevent criminalization of populations who cannot implement public health measures.                             | <ul style="list-style-type: none"> <li>• Collaborate with Police Services and Bylaw to explore alternatives to sanctions and connect vulnerable people to supports.</li> </ul>   |
| Recognize impact of COVID-19 is exacerbated by ongoing negative impact of colonialism.                          | <ul style="list-style-type: none"> <li>• Indigenous Health Strategy Specialist to continue to liaise with Elders, community leaders, and Indigenous health and social service providers to tailor response to this community.</li> </ul> |
| Ensure vulnerable groups, have timely access to vital public health information.                                | <ul style="list-style-type: none"> <li>• Communication to partner agencies serving and supporting vulnerable populations.</li> </ul>   |
| Adopt a public health approach to managing prisoners and people in government-run or regulated institutions.    | <ul style="list-style-type: none"> <li>• Work with local corrections facilities to support a public health approach and provide IPAC recommendations.</li> </ul>   |
| Collect and make publicly available data related to COVID-19 and response measures.                             | <ul style="list-style-type: none"> <li>• Enhanced surveillance and public communication.</li> </ul>  |

| <b>Table Three:<br/>Planned Actions to Align Approach with Ethical Framework Provided by Ottawa Public Health</b> |  |
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| <b>Issue</b>  | <b>Action Required</b>   |
| Protect Health System capacity to respond to pandemic surge, inclusive of all health sectors.                     | <ul style="list-style-type: none"> <li>• Consider revising PHS structure to meet the demands of the pandemic and resume regular public health work.</li> <li>• Continue to ensure optimal use of human and material resources.</li> </ul>  |
| Ensure access to necessary health services.   | <ul style="list-style-type: none"> <li>• Health promotion and communication.</li> <li>• Increase availability of Naloxone and street outreach services.</li> </ul>   |
| Ensure restrictions on civil liberties are rationally connected to the policy objective                           | <ul style="list-style-type: none"> <li>• Open green spaces as soon as decision is within municipal jurisdiction (or as directed by Province).</li> <li>• Keep green spaces open during future waves of relaxing and tightening public health measures due to low risk of disease transmission and high burden on community.</li> </ul> |
| Identify and propose remedies to redress inequities and structural deficiencies                                   | <ul style="list-style-type: none"> <li>• Consider prioritizing work related to the PHS Health Equity Strategy and the City's Equity and Inclusion Strategy.</li> </ul>   |
| Seek input from stakeholders  | <ul style="list-style-type: none"> <li>• Public engagement.</li> </ul>   |
| Prioritize public education for public health measures  | <ul style="list-style-type: none"> <li>• Public communication and awareness.</li> </ul>  |

**APPENDICES AND SCHEDULES ATTACHED**

Not Applicable.

**REFERENCES**

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