Pilon, Janet

Subject: Board of Health

From: Margaret Bennett
Sent: June 14, 2021 11:05 AM
To: clerk@hamilton.ca
Cc: Nann, Nrinder <Nrinder.Nann@hamilton.ca>; Kojo Damptey <kdamptey@hcci.ca>
Subject: Board of Health

Hello,
I realize I'm probably too late in sending this but hope it can still be considered.

First, I want to acknowledge that I currently serve as the co-chair of the Stinson Community Association and much of my comments come from that experience; however, I am not delegating on behalf of the association. I am delegating as a citizen of Hamilton.

When I moved to Stinson, I didn't know what "Code red" meant. I knew Stinson was a neighbourhood with very mixed demographics, but I wasn't aware of the Code Red work that had been done a couple of years before I moved here. A community member shared the Code Red report with me and some of the statistics from SPRC on neighbourhoods. I was pretty saddened.

I was even more saddened when a few years later, HCF and the city changed how they supported these code red neighbourhoods. I was saddened when the 10 year report showed that very little improvements had been made in health outcomes and life expectancies. It was heartbreaking at our annual barbecue to have families ask for leftovers because that was going to be their only food for the weekend. When we lost the community developers, who highlighted that reality and those stories from across the city's code red neighbourhoods at City Hall? I think that the Community Developers would have been amazing voices to have at the table over the last 15 months.

And then the pandemic hit. And I heard from coordinators of the meal program at Queen Victoria how worried they were for the students that they fed. I consistently saw numbers in our FSA (L8N) being one of, if not the highest in the city. I know Public Health was stretched to the limit and I think they did their best. I first reached out in November to find out why our positivity was so high and asked for communication tips we could share for our neighbourhood that would address our neighbourhood's causes. And then the vaccine rollout happened. I am grateful that Public Health and Dr. Richardson advocated for lower city pharmacies to be included in the pharmacy rollout when they were initially left out. I am grateful that Dr. Richardson declared L8N and L8L, two lower city neighbourhoods where many of the "code red" neighbourhoods fall, as hot spots and prioritized us for vaccines.

But we had 10+ years of data from Code Red and the neighbourhood action strategy that could have been used to inform the vaccine rollout. We should have known that the code red neighbourhoods would be disproportionately affected by the pandemic, and face greater barriers to accessing the vaccine. The data is all in those reports! People who rely on prepaid cell phones did not have the minutes to wait 5 hours to call and book their appointments!

We live in a neighbourhood where there are many people with mental health and general health challenges. They would prefer to get the vaccine from their pharmacy because they know and trust the pharmacist and they can ask about interactions with their current medications. They can envision the experience, and it's not going to be crowded. They feel the anxiety would be less if they could get it from a place and a person they know. And their pharmacy is within walking distance. But we've heard time and again that people who registered with the pharmacy haven't heard from the pharmacist to actually book it, despite being on the waitlist. We've been going to a local pharmacy who isn't distributing the vaccine, to give them posters and information on booking the vaccine in hot spots. They are so grateful because they

have clients asking them. Recognizing that people are often at their pharmacies more than their doctors and the role they can play in distributing information is really important in code red neighbourhoods.

We live in a neighbourhood where other languages are spoken. The card from Public Health with how to check your eligibility in different languages was great. But direct conversations in people's languages also need to happen. With the help of Hamilton Centre for Civic Inclusion and the Filipinas of Hamilton, we targeted a building complex with a high number of Tagalog-speaking people. We registered 7 people in an hour. They all thought their doctor would call them to book them in because they are used to going to the doctor for vaccines. The ones we didn't book were the ones who wanted to call their doctor to ask if they could take it given their health. We learned so much from this to encourage people to call their doctors. When the Vaccine Ambassadors came to sign people up for the pop-up clinic, they got to hear this too. When English is your second language, the information is overwhelming, and we are asking people to do something extraordinary, we need to have conversations with people to help them to understand.

We live in a neighbourhood with the highest concentration of RCFs in the city. Yes, there are LTCs and City Housing, but there are also recovery centres, group homes, and boarding houses. We were told that they were offered the vaccine already, but doing the outreach for the clinic, many of those residents told us they hadn't received the vaccine; even a PSW at one facility didn't know about the pop-up and had a resident who needed a vaccine so she helped them get there. We need to know where those congregant living centres are and make sure that we reach out to them. And sadly, some of those congregant living situations are "unofficial"; they are houses that have been divided into many rooms, and where a lot of people live. These houses may be unknown to the city but they are known to many in the community. We dropped information off at two of them because we know they don't have internet or phone, and we don't know if they have had the vaccine.

When we did the pop-up clinic in L8N last week, the vaccine ambassadors and everyone from the city were amazing. They also told us they learned so much from us. From ideas like using chalk to direct people and share information, to putting signs directing people to the clinic, to signing people up in parks where we know families and people gather, to what languages were spoken and where we could go to "find" people. They were open to our suggestions and said they learned so much from working with us. We hope this can inform their strategies for future vaccine clinics. It was also great to see how neighbours talked to one another. My neighbour told me this weekend that she ran into an Indigenous couple in their 60s who hadn't received their vaccine. She gave them the public health number. She felt empowered with the information she had and is sharing it at the dog park and on her walks because she now also understands the barriers and so is equipped to have conversations with others.

All of this is to illustrate that communities know their neighbours best. I don't believe the Board of Health has mal-intent, but the voices and representation that community groups who can bring diverse interests and marginalized populations are important parts of health. They should be represented on the Board of Health. We have data about the code red neighbourhoods in Hamilton. We need to include people from those neighbourhoods in discussions of health. Sometimes the solution is as simple as sidewalk chalk directing you to the vaccine centre. Sometimes it's more complex like how to respond when someone says they need another person's permission to get health treatment. But the voices of organizations that are working directly with people should be part of our public health strategies. It will allow greater upstream interventions to tackle the social determinants of health before there is a health crisis and it will allow more voices about the challenges in the midst of a health crisis from the people engaged with the most affected every day. I hope that the City will add voices from primary care providers and community groups to the Board of Health.

Thank you for your consideration,
Margaret Bennett
Ward 3 resident