PUBLIC HEALTH COMMITTEE
(Formerly the Board of Health)
REPORT 23-008

9:30 a.m.
Wednesday August 16, 2023
Council Chambers, City Hall, 2nd Floor
71 Main Street West, Hamilton, Ontario

Present:	Mayor A. Horwath (Chair) Councillor M. Wilson (Vice-Chair) Councillors C. Cassar, B. Clark, J.P. Danko, M. Francis, T. Hwang, T. Jackson, C. Kroetsch, T. McMeekin, N. Nann, E. Pauls, M. Tadeson and A. Wilson
Absent with Regrets:	Councillors J. Beattie – Personal and M. Spadafora – Personal

THE PUBLIC HEALTH COMMITTEE PRESENTS REPORT 23-008 AND RESPECTFULLY RECOMMENDS:

1. Public Health Services Indigenous Health Strategy (BOH23026) (City Wide) (Item 8.1)

That the Public Health Services Indigenous Health Strategy, attached as Appendix "A" to Report BOH23026, be approved.

2. Public Health Services 2022 Annual Performance and Accountability Report (BOH23024) (City Wide) (Item 9.2)

That Report BOH23024, respecting Public Health Services 2022 Annual Performance and Accountability Report, be received.

3. Mental Health Street Outreach Program and Hamilton Public Library Partnership (BOH23027) (City Wide) (Item 10.1)

(a) That the Board of Health authorize and direct the Medical Officer of Health to enter into an amendment of the current Collaboration Agreement between the City of Hamilton Public Health Services' Alcohol Drug and Gambling Services and Mental Health Street Outreach Program (Mental Health Street Outreach Program) and the Hamilton Public Library, satisfactory in form to the City Solicitor, including:

(i) The temporary increase of a 0.4 FTE Social Worker, in the Mental Health Street Outreach Program, to increase service delivery to the Hamilton Public Library for up to an approximate four-month period to be fully funded by the Hamilton Public Library; and,

(ii) Upon request and written agreement, that the complement in the Mental Health Street Outreach Program may at any time during the term of the Collaboration Agreement have the City provide an additional Social Worker, for up to 14 hours per week at the expense of the Hamilton Public Library.

4. Supervised Consumption Site Evaluation Framework (BOH23025) (City Wide) (Item 10.2)

(a) That the Supervised Consumption Site Evaluation Framework, attached as Appendix "A" to Public Health Committee Report BOH23025, ***and with the inclusion of local community engagement***, be approved; and,

(b) That the Public Health Services budgeted complement be increased by 1.0 FTE in order to hire a Program Evaluation Coordinator at anticipated annualized cost of $127,630 to be referred to the 2024 Tax Operating Budget for Council approval.

5. 2023 Public Health Services Organizational Risk Management Plan (BOH23022) (City Wide) (Item 10.3)

That Appendix "A" to Report BOH23022, the 2023 Public Health Services Organizational Risk Management Matrix and Action Plan, be approved.

6. Request for Air Monitoring at GFL Environmental Landfill Site in Ward 9 (Added Item 11.1)

That the Public Health Committee request that the Public Health Staff write a letter to the Ministry of Environment, Conservation and Parks requesting that air monitoring be conducted to verify what is in the odour emanating from the GFL Environmental landfill site in Ward 9 and the results of the monitoring be shared with the surrounding community.

FOR INFORMATION:

(a) CHANGES TO THE AGENDA (Item 2)

The Committee Clerk advised the Committee that there were no changes to the agenda.

The agenda for the August 16, 2023 Public Health Committee was approved, as presented.

(b) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

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

(i) June 12, 2023 (Item 4.1)

The Minutes of the June 12, 2023 meeting of the Public Health Committee were approved, as presented.

(d) COMMUNICATIONS (Item 5)

(i) The following Communication items were approved, as presented:

(a) Correspondence from Ann-Marie Kungl, Board of Health Chair, Simcoe Muskoka District Health Unit respecting the Simcoe Muskoka District Health Unit 2024 Budget (Item 5.1)

Recommendation: Be received.

(b) Correspondence from David Marshall, Board of Health Chair, Haliburton, Kawartha, Pine Ridge District Health Unit respecting the the Haliburton, Kawartha, Pine Ridge District Health Unit 2024 Budget (Item 5.2)

Recommendation: Be received.

(c) Correspondence from Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer, Public Health Sudbury and Districts respecting Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023 (Item 5.3)

Recommendation: Be endorsed.

(d) Correspondence from Cynthia St. John, President, Association of Ontario Public Health Business Administrators respecting Support for the Recommendations in Dr. Moore's 2022 Annual Report and Calling for Sustained Public Health Funding Levels (Item 5.4)

Recommendation: Be received.

(e) Correspondence from Dr. Vera Etches, Medical Officer of Health, Ottawa Public Health, respecting the State of Ottawa's Health 2023 Report and new Strategic Plan 2023-2027 (Item 5.5)

Recommendation: Be received.

(f) Correspondence from Dr. Charles Gardner, President, Association of Local Public Health Agencies, respecting Public Health Matters - A Business Case for Local Public Health (Item 5.6)

Recommendation: Be received.

(e) STAFF PRESENTATIONS (Item 8)

(i) Public Health Services Indigenous Health Strategy (BOH23026) (City Wide) (Item 8.1)

Dr. Richardson, Medical Officer of Health, Public Health Services and Terry Ramirez, Indigenous Health Strategy Specialist, Public Health Services, addressed the Committee respecting the Public Health Services Indigenous Health Strategy, with the aid of a PowerPoint presentation.

The presentation respecting Report BOH23026, Public Health Services Indigenous Health Strategy, was received.

For disposition of this matter, please refer to Item 1.

(f) CONSENT ITEMS (Item 9)

(i) Food Advisory Committee Minutes (Item 9.1)

The following Food Advisory Committee Minutes were received:

(a) January 14, 2020 (Item 9.1(a))
(b) February 11, 2020 (Item 9.1(b))
(c) March 10, 2020 (Item 9.1(c))
(d) May 11, 2021 (Item 9.1(d))
(e) June 8, 2021 (Item 9.1(e))
(f) August 10, 2021 (Item 9.1(f))
(g) September 14, 2021 (Item 9.1(g))
(h) October 12, 2021 (Item 9.1(h))
(i) November 9, 2021 (Item 9.1(i))
(j) December 14, 2021 (Item 9.1(j))
(k) January 11, 2022 (Item 9.1(k))
(l) June 14, 2022 (Item 9.1(l))
(m) June 6, 2023 (No Quorum Report) (Item 9.1(m))

(g) DISCUSSION ITEMS (Item 10)

(i) Supervised Consumption Site Evaluation Framework (BOH23025) (City Wide) (Item 10.2)

The Report Recommendations were put on the floor, as follows:

(a) That the Supervised Consumption Site Evaluation Framework, attached as Appendix "A" to Report BOH23025, be approved; and,

(b) That the Public Health Services budgeted complement be increased by 1.0 FTE in order to hire a Program Evaluation Coordinator at anticipated annualized cost of $127,630 to be referred to the 2024 Tax Operating Budget for Council approval.

The following amendment was put on the floor:

That sub-section (a) to Report BOH23025, respecting Supervised Consumption Site Evaluation Framework, ***be amended***, by adding the words "***and with the inclusion of local community engagement"***, as follows:

(a) That the Supervised Consumption Site Evaluation Framework, attached as Appendix "A" to Report BOH23025, ***and with the inclusion of local community engagement***, be approved; and,

For further disposition of this matter, please refer to Item 4.

(h) NOTICES OF MOTION (Item 12)

(i) Request for Air Monitoring at GFL Environmental Landfill Site in Ward 9 (Ward 9) (Added Item 12.1)

The Rules of Order were waived to allow for the introduction of a Motion respecting Request for Air Monitoring at GFL Environmental Landfill Site in Ward 9.

For disposition of this matter, please refer to Item 6.

(i) ADJOURNMENT (Item 15)

There being no further business, the Public Health Committee be adjourned at 12:03 p.m.

Respectfully submitted,

Mayor Andrea Horwath
Chair, Public Health Committee

Matt Gauthier
Legislative Coordinator
Office of the City Clerk

Public Health Services

INDIGENOUS HEALTH STRATEGY

Nothing For **Us**, Without **Us**

Hamilton

The photo on the title page is of two Cornhusk Dolls on a bench by Kanien'kehá:ka (Mohawk) artist Angel Doxdator. The Corn Husk Doll is one of the core teachings of the Haudenosaunee. I understand that she was very beautiful, so beautiful that she would spend hours gazing at her reflection in the river. She spent so much time admiring herself that she would skip her responsibilities to the community. She felt entitled. As a result, The Creator took away the Corn Husk Doll's beautiful face.

It was a lesson in humility. Everyone is equal; no one part is greater than the whole.

These Corn Husk Dolls make me think of learning from each other. Everyone has knowledge or gifts to share. Everyone is essential and has a role in the community. It is like the Haudenosaunee teaching of the Five Arrows bundled together. An individual arrow can easily snap but bundle them all together; they are unbreakable. We are stronger together, working together to benefit the whole community.

It is vital that Indigenous Cultural Safety training is available for non-Indigenous community members to provide them with the tools they need to create a safe space for Indigenous clientele and ensure a strong bond of trust within the community.

It is essential to have equitable resources, services, and access.

It is essential to respect each other, work together and share ideas to keep things moving forward.

Terry Ramirez
Tuscarora, Six Nations of the Grand River
Indigenous Health Strategy Specialist
Public Health Services
City of Hamilton

* The corn husk dolls were made by Angel Doxtater.

TRADITIONAL LAND ACKNOWLEDGEMENT FOR THE CITY OF HAMILTON

The City of Hamilton is situated upon the traditional territories of the Erie, Neutral, Huron-Wendat, Haudenosaunee and Mississaugas. This land is covered by the Dish With One Spoon Wampum Belt Covenant, which was an agreement between the Haudenosaunee and Anishinaabek to share and care for the resources around the Great Lakes. We further acknowledge that this land is covered by the Between the Lakes Purchase, 1792, between the Crown and the Mississaugas of the Credit First Nation.

Today, the City of Hamilton is home to many Indigenous people from across Turtle Island (North America) and we recognize that we must do more to learn about the rich history of this land so that we can better understand our roles as residents, neighbours, partners and caretakers.

CONTENTS

GRATITUDE AND ACKNOWLEDGMENT

This report would not have been possible without the support of:

- Coalition of Hamilton Indigenous Leaders (CHIL), Donna Gerber, Program Manager (Previous)
- De dwa da dehs nye>s Aboriginal Health Centre, Constance McKnight, Chief Executive Officer (Previous)
- Hamilton Regional Indian Centre, Audrey Davis, Executive Director
- McMaster University, Shylo Elmayan, Director Indigenous Student Services
- Mohawk College, Amy Kelaidis, Director and Special Advisor, Indigenous Initiatives
- NPAAMB Indigenous Youth Employment and Training, Shari St. Peter, Executive Director (Previous)
- Niwasa Kendaaswin Teg, Monique Lavelle, Executive Director
- Native Women's Centre, Paula Whitlow, Executive Director (Previous)
- Ontario Aboriginal Housing Services, Justin Marchand, Executive Director
- Sacajawea Non-Profit Housing, Melanie McAuley, Executive Director
- Six Nations of The Grand River Territory
- Mississaugas of the Credit First Nation
- Indigenous Community members of Hamilton, Six Nations of the Grand River Territory, and Mississaugas of the Credit First Nation who participated in the interviews and the survey.

Thank you for your time, patience and wonderful insights.

EXECUTIVE SUMMARY

Hamilton Public Health Services (HPHS) recognizes the inequities in the health of Indigenous people. The goal of public health is to improve and protect the health and well-being of the population and reduce health inequities (Ministry of Health, 2021). HPHS worked with the Indigenous leaders and community in Hamilton to help inform a strategy to improve the health of Indigenous people in the City of Hamilton. HPHS conducted interviews with leaders of Indigenous organizations in Hamilton and Health leaders from Six Nations of the Grand River and Mississaugas of the Credit First Nation. A survey was available to community members to share their insights. This report uses responses from the interviews and surveys to provide recommendations for the HPHS Indigenous Health Strategy.

The recommendations have been categorized into the following themes:

1. **Relationship Building**
2. **Communication**
3. **Staffing and Governance**
4. **Collaboration and Co-development**
5. **Equitable and Safe Services**
6. **Resources**
7. **Advocacy**
8. **Access to Indigenous Traditional Knowledge and Practices**

The findings from the survey and interviews provide the groundwork for HPHS to implement a strategy that honours the principles of friendship, mutual respect, and peace, as the Two Row Wampum agreement teaches. The Indigenous view of health and healing is wholistic and extends beyond physical health and the body to include the mind and spirit and this view is reflected in the recommendations.

Leaders from Indigenous community organizations have approved this report and a release to the broader Indigenous community will take place later in 2023. An implementation plan will be co-developed and will include goals, timelines and deliverables. An action-oriented plan can only be completed by engaging with Indigenous leaders and community from its inception. It is expected that a detailed implementation plan will be completed by the end of 2024 to allow for fulsome engagement, consultation and collaboration.

INTRODUCTION

The Ontario Public Health Standards (OPHS) provide the legislated mandate for the provision of public health services for all Public Health Units in Ontario. The goal of Public Health is to improve and protect the health and well-being of the population and reduce health inequities (Ministry of Health, 2021).

Within the OPHS, the Health Equity Guideline (2018) describes health inequities as "health differences that are:

- Systematic, meaning that health differences are patterned, where health generally improves as socioeconomic status improves;
- Socially produced, and therefore could be avoided by ensuring that all people have the social and economic conditions that are needed for good health and well-being; and
- Unfair and/or unjust because opportunities for health and well-being are limited" (Ministry of Health and Long-Term Care, 2018a, p. 5).

For Indigenous communities in Ontario, the historic and ongoing impacts of colonialism have contributed to health inequities that are systematic, socially produced, unfair, and unjust. Colonialism, through colonial strategies such as the Indian Act and residential schools, aimed to control and assimilate Indigenous Peoples by severing relationships between children and their families, families and their land and territory, and Indigenous nations from their cultures, values, and belief systems (Greenwood & Lindsay, 2019).

To understand the link between colonialism and health, the determinants of Indigenous health have often been reframed as proximal, intermediate, and distal determinants. Proximal determinants are the factors that directly influence health, such as an individual's health behaviours, physical environment (e.g., housing quality), employment status, income, and education (Reading & Wien, 2009). Intermediate determinants are described as the roots of these proximal determinants, such as the quality and funding levels of healthcare, education, and social support systems, as well as community cohesion and environmental stewardship. Distal determinants such as colonialism, racism, and self-determination, shape proximal and intermediate determinants and have the most significant impact on health. Within these determinants, self-determination is seen as the most important, since Indigenous health outcomes are most optimal when Indigenous people determine and control the programs, services, and systems designed to improve their health (Reading & Wien, 2009).

The "Working with Indigenous Communities Guideline" (2018) of the OPHS provides guiding relationship principles for engagement of Public Health with Indigenous communities.

These principles are: relationship building; recognition, respect and mutuality; self-determination; timely communication and knowledge exchange; and coordination.

The Truth and Reconciliation Commission of Canada describes reconciliation as an ongoing process of establishing and maintaining respectful relationships. Hamilton Public Health Services (HPHS) is committed to effective engagement with Indigenous communities to ensure equity-focused public health practice and to reduce health inequities. In May 2019, HPHS hired an Indigenous Health Strategy Specialist to develop an Indigenous Health Strategy to guide this work.

This Strategy focuses on strengthening relationships with Indigenous communities and improving HPHS' capacity to support Indigenous communities. In keeping with the principles described above, HPHS engaged with Indigenous leaders and community members through:

- interviews conducted with leaders of Indigenous organizations between August 2019 and February 2020
- a survey available to Indigenous community members from Hamilton, Six Nations of the Grand River Territory, and Mississaugas of the Credit First Nation from June to December 2022.

This report builds upon findings from the Indigenous Health Strategy Interim Report (2022) which gathered information from Indigenous leaders; it includes survey feedback from Indigenous community members that reinforces and strengthens the voices of the Indigenous leaders.

METHODS

Interviews with leaders of Indigenous organizations and a survey for Indigenous community members were conducted to help inform the Indigenous Health Strategy. Interview participants included leaders of Indigenous health, youth, legal, and housing organizations and Indigenous-partnered organizations (e.g., school boards, universities, colleges, and provincial health organizations). The interview guide included questions about the participant's vision for a healthy community, their organization's current successes, challenges, and priorities, and how HPHS could help to create a healthier community for Indigenous people.

From August 2019 to February 2020, 28 leaders participated in interviews. Most interviews were conducted one-on-one; however, several two-on-one or small group interviews were held with members from the same organization. All participants were provided the opportunity to review their interview notes (i.e., transcripts) before they were included in the analysis. In total, 21 transcripts from 28 participants were analyzed. In September 2020, previous interviewees were invited to review their responses and comment further. In particular, they were asked to consider how COVID-19 had impacted their communities, given that initial interviews were completed prior to the onset of COVID-19. Additional comments were received from two individuals.

A survey was available for community members from June 2022 to December 2022. The survey included questions about participants' vision for a healthy community, what made them feel healthy, if they had ever used services offered by HPHS, and what services or supports they needed. Participants were invited to complete the survey at Indigenous community events, such as powwows and the Mino Biimadziwin Wakya'ta'shatse Social held at Gage Park, and through flyers about the survey posted at Indigenous community organizations. Only Indigenous respondents aged 18 and older living in Hamilton, Six Nations of the Grand River Territory, or Mississaugas of the Credit First Nation could participate in the survey. Responses were primarily received online, however some paper and telephone surveys were completed. The survey was reviewed and approved by the Mississaugas of the Credit First Nation, Pillar 2: Nation Well-Being & Wellness, and the Research Ethics Committees of the Ontario Federation of Indigenous Friendship Centres and the Six Nations of the Grand River Elected Council.

In total, 52 completed survey responses were received. Most survey respondents described themselves as female (85%), and the survey was also completed by people who described themselves as male, two-spirited, and non-binary. Responses were received from a variety of age ranges, with people 40 to 64 years old making up the largest proportion of respondents (42%), followed by people aged 25 to 39 years (27%), 65 years and older (17%), and 18 to 24 years (13%). Three quarters of participants lived in Hamilton (75%), and the remainder in Six Nations of the Grand River (23%) or Mississaugas of the Credit First Nation (2%). Survey respondents were also from a variety of nations. About half of respondents indicated they were a member of Six Nations of the Grand River Territory (52%). As a result, Haudenosaunee nations (e.g., Cayuga, Mohawk, Tuscarora, Seneca) were most commonly represented. Participants also identified as Mi'kmaw, Ojibway/Ojibwe, Cree, and as members of specific First Nations, among other identities.

Findings from the 21 transcripts and the 52 completed surveys are summarized below. Qualitative data from interviews and survey responses were analyzed thematically, using codes informed by the data and generated from the determinants of Indigenous health. Quantitative survey data was analyzed using frequencies and cross-tabulations.

RESULTS

What is a healthy community?

> We would see happy families that are resilient, demonstrating healthy, strong parenting, strong coping strategies for issues related to trauma, mental unwellness, stress, racism, addictions, poverty, social justice issues and have adequate culturally safe networks of support when it is needed. A healthy community is vibrant, self sustaining, has solid leadership, has good policies with respect for environment, water, etc. A healthy community…has access to culturally relevant health services and has a sense of community that fits their worldview.

In both the survey for community members and the interviews with leaders in the Indigenous community, respondents were asked to share their opinions about what a healthy community is. A healthy community was often described as having a feeling of connectedness and strong relationships between individuals, families, communities, culture, and land. A healthy community was also seen as a community with resources, such as access to wholistic healthcare, affordable housing, recreation, education, mental health supports, cultural events, ceremonies, and community events. In interviews, leaders specifically highlighted that the availability of high quality and barrier-free services is essential to ensure people have the opportunity to attain good health. Other features of a healthy community included teachings and values, such as respect, compassion, and equity. Lastly, safety was another important component; both leaders and community members described safety as an absence of violence and crime. Leaders added that cultural safety in services and having safe spaces for people to go were important.

> As one participant shared, a healthy community is a "community helping to lift each other up…Because of colonization it has moved to 'I' and 'me', we need to move back to community.

What makes community members feel healthy?

Community members were asked to share what helps make them feel healthy, and there were many similarities with the described components of a healthy community. Eating nutritious food was the most commonly identified aspect of what made respondents feel healthy, mentioned by just under half of respondents (44%). Being connected to community, culture, and kin (40%) and being physically active (35%) were also identified by several respondents. The availability of resources such as Indigenous services and culturally safe health care providers, having Community events and programs, being in nature, and access to clean water were all identified as making participants feel healthy.

What programs, services, or supports are needed?

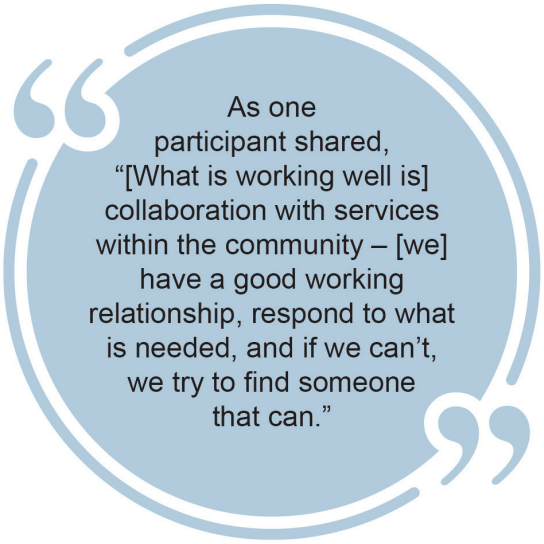
In both the surveys and interviews, participants were asked to describe health needs and about specific supports or services that were needed. They were asked to think about their own needs and identify what programs or services they would most like to have in their community. The most commonly identified need was access to traditional healing and wellness, which was shared by two-thirds of respondents (67%), and access to housing was similarly high (62%).

Other commonly identified needs included:

- access to primary healthcare (38%),
- adult dental services (25%),
- exercise and physical activity opportunities (23%),
- adult mental health (23%),
- nutrition and healthy eating supports (21%),
- diabetes management (19%),
- access to on-the-land ceremonial space (17%),
- alcohol and substance use programs (17%)
- family based programs (15%).
- services for children and youth (e.g., youth programs, childcare, child, and youth dental) were reported by 10% or less of respondents. In part, this may be a result of survey participation limited to those aged 18 and older.

Leaders most commonly reported programs and services that addressed the determinants of Indigenous health as needs; this was similar to what was shared by survey respondents. Community needs identified by leaders included programs and services focused on:

- housing
- mental health
- health promotion
- diabetes
- substance use
- culture
- land-based healing
- programs specific to Indigenous men, two-spirited people, Elders, youth and families



Beyond specific program gaps, interview participants identified more general needs within the community, such as increasing the coordination of supports available within the City of Hamilton. Participants proposed this could be done through increased Indigenous systems navigation support, increased communication between the City and Indigenous organizations about new opportunities, and a centralized support system. This system would enable organizations to better track someone across services, reduce duplication, and avoid retraumatizing community members when information disclosure is required to access services.

The last need identified by leaders was to improve transportation supports. While participants did provide some examples of transportation being provided for community members, the desire was for more transportation "without limits." In other words, transportation that would be available without restriction on age, distance, or ability, and a broader, more wholistic understanding of the importance of transportation to promote health. For example, transportation could be provided for Hamilton residents to travel to Six Nations of the Grand River Territory to attend ceremonies, or for Elders to travel to Hamilton from other nations to share their teachings.

How has COVID-19 impacted the health needs of the Indigenous community in Hamilton?

Research has shown that Indigenous communities have experienced differential impacts of COVID-19, including an increased risk of acquiring and becoming more seriously ill from COVID-19 (Statistics Canada, 2022). The Indigenous Peoples and COVID-19 in Canada report by Mashford-Pringle et al. (2021) highlights that while COVID-19 has advanced Indigenous sovereignty and relationships with government, public health, and other health organizations, other issues such as racism in healthcare, funding disparities, and mistrust persist. These challenges, combined with other impacts of COVID-19 such as decreased access to culture, community, and housing, have the potential to further existing Indigenous and non-Indigenous health gaps (Mashford-Pringle et al., 2021). In Hamilton, similar gaps have previously been documented through the Our Health Counts project (2011), which showed that Indigenous people have a higher burden of chronic diseases, as well as inequities in the determinants of Indigenous health such as access to quality housing and healthcare (Smylie et al., 2011).

- **Impact of COVID-19 on overall health**

  While some additional comments were received from leaders in Indigenous organizations about COVID-19, the survey also asked community members about the impacts of COVID-19 on themselves, their families, and their communities. Respondents were asked if their overall health was better, about the same, or worse for themselves and their families when compared to the time period before COVID-19; about three quarters reported (73%) it was about the

same or better. Similarly, about two-thirds (67%) reported that their family's overall health was the same or better when compared to before the COVID-19 pandemic. The leaders of the Hamilton Indigenous organizations believe that the enhanced supports provided to the Indigenous community members during the pandemic helped them get through the pandemic. The Indigenous organizations provided: weekly check in calls with clients; home drop off for food, medications, and activity projects (e.g. beading kits); provided food banks and increased access to food; online health services and supports; and online activities. The Indigenous organizations worked with HPHS to provide Indigenous vaccine clinics and information about COVID-19 and vaccines in a culturally sensitive way. This is a good example of how HPHS and Indigenous organizations working together is vital to support the health of the Indigenous community.

- **Impact of COVID-19 on mental, spiritual, physical and emotional health**

  When asked about changes in mental, spiritual, physical, and emotional health when compared to before the COVID-19 pandemic, survey respondents reported differences between their self-reported health for these three elements versus how they perceived COVID-19 had impacted their families.

  Respondents indicated that spiritual health was maintained the most; about two-thirds reported that it remained the same or improved for themselves (71%) and their families (65%). However, when asked about physical and mental health for themselves and their families, a significant proportion of respondents reported that these had both worsened:

  - physical health: self-reported-54%, family-38%
  - mental / emotional health: self-reported-46%, family-31%

  To understand how to support these changes in health as a result of the COVID-19 pandemic, respondents were asked to share what services, supports, or resources they anticipated they would require over the next year. The most common theme in the responses was the importance of bringing the community back together to heal from the impacts of the COVID-19 pandemic, especially isolation. Other identified needs included mental health counselling, affordable housing, community and cultural programming, healthy foods, opportunities for physical activity, and supports for Elders.

Have survey respondents accessed public health services before? If so, which programs and services?

The survey asked respondents about their use of HPHS programs and services. Many had not accessed (54%) or were unsure if they had accessed (27%) HPHS before. For those who had previously accessed HPHS, the programs and services they attended varied. The most common programs or services accessed were public health clinics (25%), food handler training (13%), early years or Healthy Babies Healthy Children programming (8%), harm reduction supports (4%) and prenatal and pregnancy supports (4%). Respondents who had accessed HPHS programs were asked to provide suggestions for improvement. Four responses were received, and most were positive comments about their experience with HPHS programs and services. One suggestion to provide on-site naloxone kits and training in CityHousing properties was made.

From the perspective of survey respondents, how can HPHS improve programs and services provided?

Many respondents indicated they had not previously accessed HPHS services. However, nearly two-thirds of respondents (62%) would consider using programs or services offered by HPHS, and just over half of survey respondents (52%) would feel safe using HPHS (about one third reported feeling unsure for each of these questions).

To help inform how HPHS could better support Indigenous communities, respondents were asked to identify any barriers to accessing HPHS. A majority (75%) answered, although almost half (49%) of these respondents identified no barriers. Among the few responses that were received, the most common barriers identified included being unsure if the program or service was safe for Indigenous people (n=5), concerns about either the program location or hours (n=5), lack of transportation to and from programs (n=4), and lack of knowledge of available programs and services (n=3).

When asked about suggestions to help make HPHS safer for themselves and their families, most (63%) respondents provided an answer. Nine responses focused on the need for HPHS to build the community's awareness about available programs and services. For example, respondents suggested having information days at Indigenous organizations or having a newsletter distributed in CityHousing properties.

> "As one participant expressed, we need to "change the perspective of the assumption that other people must do the healing on Indigenous people, that we need to be saved or helped, rather than empower our own abilities that we can heal ourselves."

Nine responses focused on increasing the cultural safety of programs and services. To increase safety and trust, respondents suggested having cultural safety training on a regular basis for staff, having cultural supports in programs (e.g., traditional medicines), making HPHS spaces more welcoming (e.g., through welcoming posters or pictures of Indigenous people), hiring more Indigenous staff in HPHS, and hearing testimonials from community members who have accessed HPHS. Nine responses focused on increasing accessibility and reducing barriers in other ways, such as the use of different communication strategies (e.g., chat options over text), having varied locations and times for programs, providing transportation, or having more services (e.g., resources, vaccination buses, cancer screening buses).

Discussion: How can HPHS better support Indigenous communities?

In interviews, leaders were asked about how HPHS could help create a healthy community for Indigenous people. Responses from leaders ranged, but focused on:

- the importance of meaningful engagement between HPHS, Indigenous organizations, and Indigenous communities;
- opportunities for HPHS to collaborate with Indigenous organizations to provide programs, services, or training; and
- the importance of HPHS acting as an ally to Indigenous communities through advocacy.

Through interviews and surveys, many needs and opportunities were identified, and suggestions were made to enhance HPHS' capacity to support Indigenous communities. All leaders acknowledged the importance of meaningful engagement and relationship building when asked about how HPHS can help create a healthy community for Indigenous people. To build relationships and meaningfully engage, interview participants shared that cultural safety training was critical for HPHS staff. Further, several survey respondents also identified training as a strategy to increase the safety of HPHS as a service setting for both themselves and their families. Interview participants described several necessary components for cultural safety training, including that the training should:

- be locally designed and delivered, purchased from Indigenous organizations, and vetted by the Indigenous community;
- centre Indigenous understandings of health and wellbeing which is wholistic (balancing physical, mental, emotional, and spiritual aspects of being);
- include content on trauma-informed practice, the history and enduring impacts of colonialism, challenging racist stereotypes, allyship, and responding to anti-Indigenous racism;

- include content about the history of medical experimentation and its impact on vaccine confidence;
- provide an overview of the Indigenous community in Hamilton, including Indigenous community organizations and their programs and services; and
- be comprehensive, ongoing, and mandatory for all staff.

The components of a cultural safety training program described above are consistent with the Truth and Reconciliation Commission of Canada's (2015) Call to Action #23, to provide cultural competency training for all healthcare professionals, and Call to Action #57, to provide education to public servants on "the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations." Further, these components are consistent with the Wise Practices for Indigenous-specific Cultural Safety Training Programs as described by Smylie et al. (2017). Smylie et al. (2017) also emphasize that cultural safety training needs to be part of an ongoing process that includes support at both system and organizational levels; such support is required for transformation and reconciliation.

In addition to cultural safety training for staff, leaders identified specific areas where public health staff could strengthen their knowledge of Indigenous wellness to ensure programs and services are culturally safe. Collaborative work by HPHS and Indigenous organizations to offer traditional birth practices, food and tobacco use were identified.

Relationship building and meaningful engagement can also be facilitated through outreach. The participation of public health leadership at community events such as powwows and feasts were mentioned as one way to build relationships. Other suggested strategies related to staffing, including a role funded by HPHS to work within the Indigenous community (e.g., at a community organization), increasing the number of HPHS staff who are Indigenous, and having a larger team to support Indigenous health equity.

In addition to training and relationship building strategies, several mechanisms for meaningful engagement were proposed. Leaders emphasized the critical importance of including Indigenous people in governance and decision-making. Any engagement needs to be collaborative and ensure that Indigenous communities and organizations have a valued voice at the table with autonomy over programs and services that aim to improve their health. Establishing an Indigenous health governance circle was suggested by leaders. This circle could guide Indigenous health initiatives, programs, and services in Hamilton. Leaders shared that this circle should include broad representation from the

healthcare system to ensure the health sector is accountable to Indigenous people. For HPHS specifically, a suggestion was made that HPHS could conduct focus groups with Indigenous community members to help inform current programs. Another suggestion was that HPHS could consult with existing Indigenous organizations and tables about their programs and services.

Beyond cultural safety training and further engagement with the Indigenous community and leaders, suggestions were made to help strengthen existing HPHS programs. These opportunities focus on increasing the Indigenous community's awareness of HPHS programs and services and to make them more welcoming and accessible. Suggestions include:

- review current spaces where HPHS programs and services are held and consider how they could be more welcoming and safer for Indigenous clients;
- explore opportunities to improve transportation supports (e.g., through bus passes or changing clinic locations) for programs and services;
- review existing programs and services to ensure they are culturally safe (e.g., food safety, health promotion messaging, school programming, tobacco use messaging); and
- develop a tailored communication plan about existing programs and services for Indigenous organizations and community members

In addition to improving existing programs and services, leaders provided some examples of opportunities for collaboration between HPHS and Indigenous organizations on new or existing initiatives. Most suggestions related to partnering with Indigenous organizations to provide specific services at their sites. Requested services included:

- mental health counselling
- Dental Health Bus
- seniors dental programming
- flu vaccine clinics
- sexual health clinics
- The Van Needle Syringe program

Other opportunities for collaboration and co-development of programs identified by leaders were:

- prenatal, postnatal, breastfeeding, and parenting programs
- health promotion and harm reduction messaging to ensure it is culturally appropriate
- pilot collaborative service delivery models or new programs.

Lastly, leaders suggested opportunities to work together in other ways outside of improving existing or developing new programs and services. These included:

- provide or extend invitations to professional development workshops to staff in Indigenous organizations (e.g. mental health and harm reduction);
- explore how HPHS resources could help support Indigenous organizations (e.g., data or epidemiology support, librarian support);
- share educational opportunities (e.g., Infection Prevention and Control events) with Indigenous community organizations;
- connect Native Youth Advancement With Education Hamilton (NYA:WEH) and HPHS School Programs to build relationships;
- ensure Public Health Nurses (PHNs) working in schools are aware of Indigenous community organizations, and identify other opportunities for PHNs to support students;
- increase outreach to Indigenous organizations about HPHS programs and services;
- collaborate on conferences, symposiums, or forums; and
- explore opportunities for HPHS to support Indigenous students, including through internships/ practicums or offering specific programs on campus (e.g., food safety training).

> "I would like to see them [Indigenous organizations] be equitable, funded in the same way so they can provide benefits, pensions and job security that they often do not get because the funding is different – it is less than… Turn over for Indigenous practitioners is high because the pay is way less (75%) and the benefits are not as appealing, less job security. This affects the relationship with clients – need the consistency and relationship for the clients to make any steps forward. It is difficult to build trust for people."

Results from interviews and surveys identified many health needs, including traditional healing and wellness, mental health supports, access to housing, exercise and physical activity opportunities, diabetes management, and community and cultural programming. Increased access to land-based healing such as gardening, harvesting, medicine picking, and land based ceremonial space was identified as an important need for the community. Many of these needs would be best met by Indigenous community organizations that will centre Indigenous knowledge in their programs and services. In this way, leaders shared that HPHS has a role as an ally to Indigenous service providers. This is particularly important as while one of Hamilton's strengths is the quality of Indigenous services available, leaders emphasized that these services are underfunded relative to the needs of the community. Leaders shared that HPHS can be an ally in the following ways:

- Advocate for funding for Indigenous services, including health and housing.
- Leverage the success of events such as the Mino Biimadziwin Wakya'ta'shatse Social, to continue to invest in and partner to hold events that support Indigenous community health and wellbeing.
- Explore opportunities for HPHS to fund additional roles to focus on Indigenous health within the community, including roles where staff could work for and with community organizations.
- Continue to increase staff knowledge and awareness of Indigenous programs, services, histories, and worldviews in order to advocate effectively.
- Support the designation of land within Hamilton specifically set aside for Indigenous on the Land Healing and Ceremonial space, this includes the building of structures and a sacred fire site for ceremony.

RECOMMENDATIONS

Indigenous health needs to be in Indigenous hands; equitable and adequate resources and funding must also be in place to support Indigenous health. The Indigenous view of health and healing is wholistic and extends beyond physical health and the body to include the mind and spirit and this view is reflected in these recommendations.

1. Relationship Building

- Build relationships with local Indigenous organizations and nearby reserves to work together, following their direction for the Indigenous community.
- Provide ongoing Indigenous cultural safety education for HPHS staff.
- Ensure active and visible participation from HPHS Leaders at Indigenous community and cultural events.
- Increase communication between the City and Indigenous organizations about new opportunities.
- Increase awareness of the services and opportunities provided by HPHS and the City. Examine the time and locations of services to see if changes to these would better serve the community.

2. Communication

- Participate in information events hosted by, or for Indigenous communities to provide information about HPHS and City of Hamilton services.
- Develop a newsletter listing services and events to share with the community (CityHousing buildings were identified as target sites),
- Expand methods of community outreach– e.g. Chat over text.

3. Staffing and Governance

- Increase the number of Indigenous staff in HPHS and the City of Hamilton and include a role that is funded by HPHS to work within the Indigenous community (e.g. at a community organization).
- Create a team of HPHS staff who are Indigenous to support Indigenous health equity.
- Establish an Indigenous health governance circle, to guide Indigenous health initiatives, programs, and services in Hamilton. This circle should include broad representation from the healthcare system to ensure the health sector is accountable to Indigenous people.

4. Collaboration & Co-development

- Indigenous community to lead and guide HPHS work based on their self-identified needs.
- Co-develop prenatal, postnatal, breastfeeding, and parenting programs.

- Co-develop health promotion and harm reduction messaging to ensure it is culturally appropriate.
- Pilot collaborative service delivery models or new programs.
- Collaborate on activities such as conferences, symposiums, or forums.
- Leverage the success of events such as the Mino Biimadziwin Wakya'ta'shatse Social and continue to invest in and partner for events that support Indigenous community health and wellbeing.
- Partner with Indigenous organizations to provide specific services at their sites. For example:
    - mental health counselling
    - Dental Health Bus
    - seniors dental programming
    - Flu vaccine clinics
    - sexual health clinics
    - The Van Needle Syringe program

5. Equitable and Safe Services

- Create a sense of belonging, safety and inclusivity with Indigenous communities
- Ensure all services are culturally safe and provided in a welcoming physical space.
- Increase access to adult dental services that is equitable with other services provided to non-Indigenous community members.
- Increase access to diabetes management services including opportunities for traditional management.
- Increase access to and availability of affordable safe housing
- Increase safe adult mental health services including counselling.
- Increase safe mental health services to provide continuity of care.
- Provide mental health services available at the time when they are needed and without a waiting list.
- Increase the awareness of and access to opportunities to participate in local programming for exercise and physical activity. Ensure these services are safe for Indigenous people.
- Improve coordination of supports available within the city.
- Grow and support Indigenous system navigation.

- Create a centralized support system. This system should enable organizations to have improved ability to track someone across services, reduce duplication, and avoid retraumatizing community members when it is required that they disclose information to access services.
- Grow and support family-based programs.
- Increase programs that support men and two-spirit people.
- Expand and grow supports for children and youth including mental health.
- Increase supports for Indigenous older adults in the community.
- Provide Naloxone kits and training at CityHousing properties.
- Ensure services are available across all parts of the City and at varied locations.

6. Resources

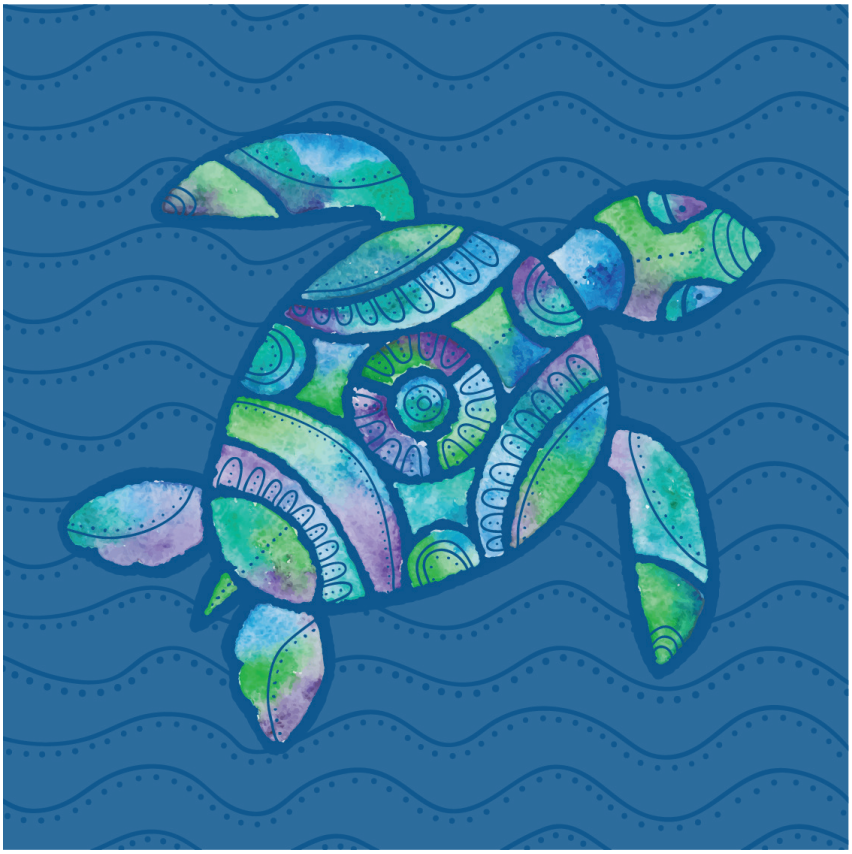
- Provide professional development activities to staff in Indigenous organizations or include them in professional development activities provided for HPHS staff (e.g. mental health and harm reduction).
- Explore how HPHS resources could help support Indigenous organizations (e.g., data or epidemiology support, librarian support).
- Share educational opportunities external to HPHS (e.g., Infection Prevention and Control events) with Indigenous community organizations.
- Connect the NYA:WEH and HPHS School Programs to build relationships,
- Ensure Public Health Nurses (PHNs) working in schools are aware of Indigenous community organizations and identify other opportunities for PHNs to support students.
- Increase outreach to Indigenous organizations about HPHS programs and services.
- Explore opportunities for HPHS to support Indigenous students, including through internships/practicums, provide specific programs on campus (e.g., food safety training)

7. Advocacy

- Advocate for funding for Indigenous services, including health and housing services.
- Advocate for an equitable wage for mental health workers at Indigenous organizations.
- Advocate for clean water.

8. Access to Indigenous Traditional Knowledge and Practices

- Preserve, strengthen and increase access to Indigenous Traditional Knowledge and practices.
- Support access to traditional food (e.g. access to wild game and lyed corn, support community gardens that include traditional medicines).
- Provide support for and access to nutrition and healthy eating supports that include traditional knowledge and diets.
- Provide land based ceremonial space.
- Support events that allow for development of a strong connection to community, culture, and family. This is especially important after reported isolation and negative impacts to mental and spiritual health from the pandemic.
- Increase transportation services without restrictions to allow for attendance at cultural events and to visit family and elders to increase access to traditional healing at Six Nations or Mississaugas of the Credit.



DISCUSSION & NEXT STEPS

Many of the recommendations align with key local, national and international recommendations and calls to action. The chart below shows where there is alignment with the HUIS, the Truth and Reconciliation Commission (TRC) Calls to Action and the United Nations Declaration on the Rights of Indigenous People (UNDRIP). The recommendations also reflect many of the action areas identified in the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls.

HPHS Indigenous Health Strategy Recommendation	HUIS			TRC	UNDRIP
	Land	Spirit	People		
Relationship Building					
Provide ongoing Indigenous cultural safety education for HPHS staff			#24	18, 23 iii)	
Staffing and Governance					
Increase the number of Indigenous staff in HPHS and the City of Hamilton and include a role that is funded by HPHS to work within the Indigenous community (e.g. at a community organization)			#36	23 i)	
Create a team of HPHS staff who are Indigenous to support Indigenous health equity			#36	23 i)	
Establish an Indigenous health governance circle, to guide Indigenous health initiatives, programs, and services in Hamilton. This circle should include broad representation from the healthcare system to ensure the health sector is accountable to Indigenous people					Article 23
Collaboration & Co-development					
Indigenous community to lead and guide HPHS work based on their self-identified needs					Article 19
Co-develop prenatal, postnatal, breastfeeding, and parenting programs				34	
Leverage the success of events such as the Mino Biimadziwin Wakya'ta'shatse Social and continue to invest in and partner for events that support Indigenous community health and well-being		#21			
Resources					
Explore opportunities for HPHS to support Indigenous students, including through internships/practicums, provide specific programs on campus (e.g., food safety training)			#25		
Advocacy					
Advocate for an equitable wage for mental health workers at Indigenous organizations				23 ii)	
Access to Indigenous Traditional Knowledge and Practices					
Preserve, strengthen and increase access to Indigenous Traditional Knowledge and practices					Article 24 1, Article 31
Support access to traditional food (e.g. access to wild game and lyed corn, support community gardens that include traditional medicines)	#9				Article 24 1
Provide support for and access to nutrition and healthy eating supports that include traditional knowledge and diets	#9				Article 24 1
Provide land based ceremonial space	#6				Article 24 1

The next step for HPHS is to work collaboratively with Indigenous leaders and community to create an implementation plan to address these recommendations. This Strategy report will be shared with community partners and the broader health care sector in Hamilton, as the findings and recommendations are not limited to HPHS and are valuable for other organizations, as they also play a critical role in reconciliation and improving health outcomes for Indigenous communities. It is also important to note that although some of the recommendations are directed solely at HPHS, others cannot be directly influenced or controlled by HPHS. As mandated by the OPHS, Public Health is responsible for health equity analysis, policy development and the advancement of healthy public policies to decrease health inequity. This requires participation from and support of other partners. HPHS is committed to continuing to work with Indigenous communities and other partners to advocate for improved health outcomes for Indigenous Peoples.

Lastly, work aligned with some of the recommendations has already begun. Some examples are:

- Mandatory Indigenous Cultural Competency Training for all HPHS staff. This training is part of the HPHS Departmental Learning & Development Plan and began in 2019. The training includes all the components identified through the interviews and focus groups. This training was suspended due to the pandemic and has recently resumed.
- Work with Indigenous organizations in Hamilton to increase COVID-19 vaccine confidence and uptake, including Indigenous specific vaccine clinics.
- Collaborative planning and support for an annual Indigenous Social event. The inaugural event was held in 2021 and was held to bring the Indigenous community together to support and foster connection which was lost over the due to the pandemic. This event is open to all Hamilton residents and aims to bring Indigenous and non-Indigenous communities together to celebrate and experience Indigenous culture.
- Assessment of the HPHS Dental Program physical clinic to create a safe and welcoming space for clients. This has also been done, along with an Indigenous community leader, at several Hamilton Health Sciences locations.

The findings from the survey and interviews provide the groundwork for HPHS to implement a strategy that honours the principles of friendship, mutual respect, and peace, as the Two Row Wampum agreement teaches. HPHS must continue to work as an ally and respect the self-determination of Indigenous Peoples. Indigenous leaders have reviewed and approved this report and a release to the broader Indigenous community will take place later in 2023. An implementation report will be co-developed and will include goals, timelines and deliverables. An action-oriented plan can only be completed by engaging with Indigenous leaders and community from its inception. It is expected that a detailed implementation plan will be completed by the end of 2024 to allow for fulsome engagement, consultation and collaboration.

REFERENCES

Churchill, M., Parent-Bergeron, M., Smylie, J., Ward, C., Fridkin, A., Smylie, D., & Firestone, M. (2017). Evidence brief: Wise practices for Indigenous-specific cultural safety training programs. Well Living House Action Research Centre for Indigenous Infant, Child and Family Health and Wellbeing. **http://www.welllivinghouse.com/wp-content/uploads/2019/05/2017-Wise-Practices-in-Indigenous-Specific-Cultural-Safety-Training-Programs.pdf**

Greenwood, M., & Lindsay, N.M. (2019). A commentary on land, health, and Indigenous knowledge(s). Global Health Promotion, 26(3), 82-86.

Mashford-Pringle, A., Skura, C., Stutz, S., & Yohathasan, T. (2021). What we heard: Indigenous Peoples and COVID-19. Public Health Agency of Canada. **https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/indigenous-peoples-covid-19-report/cpho-wwh-report-en.pdf**

Ministry of Health. (2021). Ontario public health standards: Requirements for programs, services and accountability. Queen's Printer of Ontario.

Ministry of Health and Long-Term Care. (2018a). Health equity guideline. Queen's Printer of Ontario.

Ministry of Health and Long-Term Care. (2018b). Relationship with Indigenous communities guideline. Queen's Printer of Ontario.

Reading, C.L. & Wien, F. (2009). Health inequalities and social determinants of Aboriginal peoples' health. National Collaborating Centre for Aboriginal Health. **https://www.ccnsa-nccah.ca/docs/determinants/RPT-HealthInequalities-Reading-Wien-EN.pdf**

Smylie, J., Firestone, M., Cochran, L., Prince, C., Maracle, S., Morley, M., Mayo, S., Spiller, T., & McPherson, B. (2011). Our health counts. Urban Aboriginal health database research project. Community report First Nations adults and children. De dwa da dehs nye>s Aboriginal Health Centre. **https://www.ourhealthcounts.ca/images/PDF/OHC-Report-Hamilton-ON.pdf**

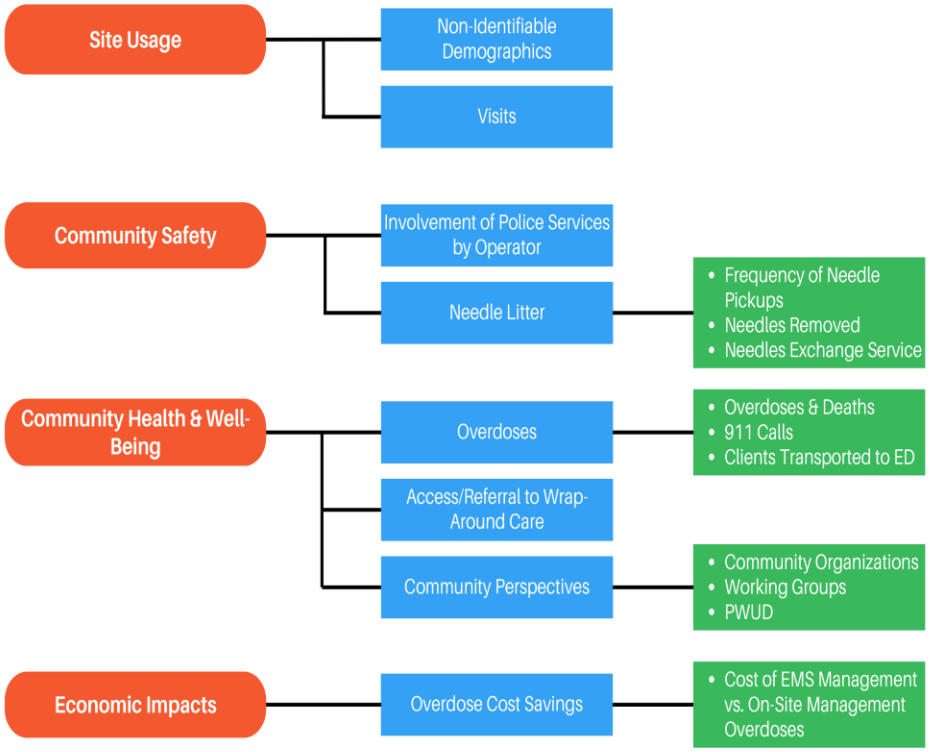
Statistics Canada. (2022). Coronavirus (COVID-19) and Indigenous communities. **https://www.sac-isc.gc.ca/eng/1581964230816/1581964277298**

Truth and Reconciliation Commission of Canada. (2015). Calls to action. **https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf**

Hamilton

Supervised Consumption Site Evaluative Framework

Goal: An open data program that demonstrates the community impact of supervised consumption sites in Hamilton



Notes:

- Assumes monthly reporting with the exception of the community survey
- Data sharing agreements would need to be put in place
- Final metrics subject to change

2023 Public Health Services Organizational Risk Management Action Plan

The chart below shows the **current ratings** for 2023 risks categorized by low, medium, and high.

IMPACT	1	2	3	4	5
5	8.2 Space limitations in key IT applications	12.2 Active violence			
4	8.1 Network outage	6.1 Outdated organizational policies & procedures 12.1 Network security 13.1 Health inequities 14.1 Change to provincial policies		2.1 Lack of capacity to meet growing demand 3.1 Precarious staffing 5.1 Unreliable information management practices	
3	12.3 Theft		1.2 Financial forecasting gaps 4.1 Environmental emergency 8.2 Use of unsupported technology 9.1 Elected officials' balancing responsibilities 9.2 Incomplete risk management 9.3 Impact of changing priorities with changed BOH membership/ structure 11.1 Negative image due to lack of understanding of PH role & services	2.2 Impacts of COVID-19 on organizations and R&Rs of PHS	1.1 Uncertainty re: impact of budget pressures on programs & services
2		1.4 Lack of provincial funding to complete capital projects	10.1 Privacy breaches 11.2 Negative image due to reduced services 11.3 Negative image due to limits to data sharing	8.4 Lack of IT capacity to implement new and improve technologies	
1			1.3 Financial fraud or corruption		

LIKELIHOOD

Overall Risk Rating
= Low Risk
= Medium Risk
= High Risk

2023 City of Hamilton Public Health Services Organizational Risk Management Action Plan

Overall Objective: PHS will use a formal risk management framework that identifies, assesses, and addresses risk.

RISK IDENTIFICATION				RISK ASSESSMENT		RISK REDUCTION		
ID #	**Risk Exposure**	**Description of Risk**	**Cause/Source of Risk**	**Current Controls/Mitigation Strategies (what are we doing)**	**Rating Scale 1 (low) - 5 (high) (Likelihood x Impact)**	**Action Plan (what else can we do?) Only for HIGH risk**	**Person Responsible**	**Estimated Residual Risk once Action Plan is Fully Implemented (L x I)**
1. Financial Risks								
1.1	Uncertainty related to the impact on Public Health Services (PHS) programs and services due to budget pressures as a result of changing and insufficient provincial funding, as well as competing priorities at the municipal level.	Through PHS' 2023 Annual Service Plan and Budget (ASPB) submission, it has been assessed that even with the provincial mitigation funding, the anticipated provincial subsidy will only be approximately 70% of the total costs of mandatory programs in 2023, a shortfall of $2.3M. With the mitigation funding expected to end in 2023, PHS will have substantial cost pressures in 2024 and beyond. Currently, the shortfall is funded through the municipal levy. Additionally, COVID-19 requires dedicated resources to sustain the ongoing response, and permanent funding is required to sustain these efforts. The Ministry of Health has communicated that the one-time funding for the COVID-19 School Focused Nurses Initiative will end in June 2023, and has not committed to providing one-time funding for the reimbursement of COVID-19 general and vaccine extraordinary costs beyond December 2023. Continued underfunding will impact PHS' ability to deliver public health programs and services that meet the needs of the community under the Ontario Public Health Standards.	In 2020, the Province shifted from a mixed 75%/25% and 100% funding model to a 70%/30% Provincial/Municipal funding formula for all public health programs and services under the Ontario Public Health Standards (Mandatory Programs), except the Ontario Seniors Dental Care Program (OSDCP), which remains 100% provincially funded. Since that time, the Ministry of Health has been providing one-time mitigation funding to keep levy increases below 10% of existing costs. The Province has not committed to continuing this funding beyond December 2023. The Board of Health has only received a 1% increase in base funding since 2018 from the Province. The level of provincial funding has not kept pace with inflationary costs or covered additional requirements added to the Ontario Public Health Standards since 2018. In addition, the COVID-19 response has been funded with one-time funding, and the Province has not committed to any additional COVID-19-related funding beyond December 2023.	1. Track all costs related to COVID-19 for reimbursement through quarterly financial reporting processes. 2. Offset COVID-19 response and recovery costs through the redirection of base funding. 3. Manage program and financial performance through the regular monitoring of key performance measures. 4. Advocate to the Province for adequate funding through the ASPB submission and participation in various strategic provincial-level forums (e.g., AMO, alPHa, COMOH, etc.). 5. Cover Provincial funding shortfall through the municipal budget.	**L5, I3**	1. Track all costs related to COVID-19 for reimbursement through quarterly financial reporting processes. 2. Offset COVID-19 recovery costs through the redirection of base funding. 3. Manage uncertainty related to COVID-19 response funding beyond 2023. 4. Manage program and financial performance through the regular monitoring of key performance measures. 5. Advocate to the Province for adequate funding through the ASPB submission and participation in various strategic provincial-level forums (e.g., AMO, alPHa, COMOH, etc.). 6. Fund Provincial funding shortfall through the municipal budget.	1. Public Health Leadership Team (PHLT), Finance & Administration (F&A) 2. PHLT, F&A 3. PHLT 4. PHLT 5. PHLT 6. F&A	**L5, I3**
2. Operational or Service Delivery Risks								
2.1	The Board of Health may not be able to fully address increased demand due to service backlogs and worsening and emerging public health issues due to lack of capacity.	Lack of capacity due to continued staff fatigue/burnout, high turnover of experienced staff, and challenges with recruitment and retention has resulted in resources being unavailable to address increased demand due to deficits of care/service backlogs and worsening and emerging public health issues.	Lack of capacity resulting from challenges with retention and recruitment, and lack of additional funding to support recovery activities.	1. Identification and utilization of gapping funding (resulting from recruitment/retention challenges) has, in some areas, allowed COVID-19-funded staff to additionally work on recovery activities, with those costs reallocated back to the base budget. 2. Review program and financial performance data on a regular basis to ensure effective delivery of services in an efficient and fiscally responsible manner. 3. Identify and communicate PHS priorities.	**L4, I4**	1. Determine and communicate 2023 PHS priorities. 2. Continue to review program and financial data on a regular basis to demonstrate accountability and ensure the effective delivery of services in an efficient and fiscally responsible manner. 3. Work with community partners to address community health priorities through collaborative tables and intersectoral action.	1. PHLT 2. PHLT 3. PHLT	**L3, I3**
2.2	The Board of Health will need to work through the impacts of the COVID-19 pandemic on the organization and the roles and responsibilities of PHS.	Uncertainties related to the changes needed to the organization, roles, and responsibilities of PHS to address the ongoing COVID-19 response, the impact of the COVID-19 pandemic on the health needs of the community, and increased demand due to the re-start and change of corporate processes, while balancing re-start and catch-up of PHS programs and services.	Lack of provincial direction on the continued role of PHS in managing COVID-19. Increased and changing demand due to worsening and emerging public health issues that were caused or exacerbated by the COVID-19 pandemic. Increased and changing demand due to re-start and change of corporate processes, while balancing re-start and catch-up of PHS programs and services.	1. Gathered intelligence and monitoring system changes related to the impact of COVID-19. 2. Developed and implemented advanced plans, including PHS Recovery Plan, Equitable Recovery Plan, and COVID-19 Vaccine and Communicable Disease Control transition plans. 3. Provided timely updates to the Board of Health, including COVID-19 status updates, recovery plans, transition plans, etc.	**L4, I3**	1. Continue gathering intelligence and monitor changes related to the impact of COVID-19 on population health. 2. Complete planning to identify the staffing complement needed to continue meeting Provincial requirements related to COVID-19 and to respond to potential future COVID-19 situations. 3. Continue participating in provincial discussions on the roles and responsibilities of public health. 4. Re-establish planning, change management, and performance management systems.	1. Epidemiology & Evaluation Program 2. Communicable Disease Control Division Director 3. PHLT 4. PHLT	**L4, I2**
3. People / Human Resources Risks								

RISK IDENTIFICATION				RISK ASSESSMENT		RISK REDUCTION		
ID #	Risk Exposure	Description of Risk	Cause/Source of Risk	Current Controls/Mitigation Strategies (what are we doing)	Rating Scale 1 (low) - 5 (high) (Likelihood x Impact)	Action Plan (what else can we do?) Only for HIGH risk	Person Responsible	Estimated Residual Risk once Action Plan is Fully Implemented (L x I)
3.1	The Board of Health may be at risk of precarious staffing due to challenges with recruitment and retention.	Recruitment and retention are difficult due to more competition for certain core public health positions (e.g., public health nurses, public health inspectors, etc.). We are able to recruit staff, but the recruitment process takes longer and is more resource intensive. There have been a significant number of retirements over the last few years due to staff fatigue/burnout and decreased work satisfaction as a result of the prolonged COVID-19 emergency response, and this trend is expected to continue. The result is a loss of experienced staff and new/young staff. Impacts include increased cost of and amount of time needed to onboard, orient, and train new staff, the cost of losing knowledge/expertise when people leave, and the impacts related to depth and quality of work programs can have with new staff. A significant number of positions currently supporting the ongoing COVID-19 response and recovery are temporary positions with uncertain future funding. As a result, these temporary staff are beginning to seek other employment opportunities, and backfilling positions is challenging for the short durations to fill the outstanding contract length (end of the 2023 calendar year). Failure to retain staff to support these areas will impact the ability to continue COVID-19 response activities and/or recovery efforts. Some of these activities cannot be deprioritized and would require reallocation of staffing and impact other ASPB programs and services. Precarious staffing impacts the Public Health Committee's ability to achieve objectives, resulting in constant re-prioritization	Difficult to recruit staff due to unprecedented labour shortages, as a result of both increased competition across all settings and a high number of staff facing burnout and mental health challenges as a result of the COVID-19 emergency response. Difficult to retain staff in which we are losing a high number of experienced staff due to decreased work satisfaction, high competition for core public health positions, and the temporary nature of some positions.	1. Regularly assess current vacancies across the department to proactively identify staffing needs. Participation incorporates assessment and analysis of vacancies. 2. Complete succession planning and ensure sequencing when staff onboarding to transfer knowledge for all program areas. 3. Identify opportunities for new work allies (e.g. co-op students) to build capacity. 4. Ensure contracts are as long as possible (e.g. minimum of one year) to help retain staff. 5. Implement strategies to improve recruitment and retention. Raise key issues and participation in corporate discussions. Consult with and provide feedback to Human Resources (HR). Temporary strategies and continuous quality improvement (CQI) activities were implemented. An external consultant engaged corporately and made recommendations, and corporate recruitment and retention improvements are being rolled out. 6. Establish a Nursing Recruitment and Retention Working Group. 7. Advocate for provincial funding to build capacity in the public health system to ensure dedicated staff are available to respond to emergencies without impacting core public	L4, I4	1. Regularly assess current vacancies across the department to proactively identify staffing needs and share information corporately to inform corporate strategies. 2. Complete succession planning and ensure sequencing when staff onboarding to transfer knowledge for all program areas. 3. Continue to identify opportunities for new work allies (e.g. co-op students) to build capacity. 4. Continue to raise key issues and participate in corporate discussions related to recruitment and retention. Participate in corporate recruitment and retention improvements resulting from external consultant recommendations. 5. Re-establish the Nursing Recruitment and Retention Working Group as needed. 6. Advocate for provincial funding to build capacity in the public health system to ensure dedicated staff are available to respond to emergencies without impacting core public health programs and services. 7. Request HR analysis of staff demographics to inform the development of retention strategies appropriate for the different workforce. 8. Work with HR to implement short-term CQI activities to support recruitment (e.g., periodic posting to have a staffed candidate pool) and increase job satisfaction. 9. Continue implementation of PHS health and wellness initiatives.	1. PHLT 2. PHLT, Managers 3. Health Equity Program 4. PHLT 5. Chief Nursing Officer 6. PHLT 7. PHLT, PHS Human Resources (HR) Business Partner 8. PHLT, PHS HR Business Partner 9. Planning & Competency Development Program	I4, I3
5. Information / Knowledge Risks								
5.1	The Public Health Committee may be at risk due to unreliable information management systems and practices.	Varying information management practices and the absence of a formalized records management platform could lead to loss of information, privacy breaches or non-compliance with the records retention schedule, and could prevent staff from accessing information.	Absence of formalized records and information management platform. Lack of staff awareness, and lack of training on records management, retention, and record management best practices.	1. Internal Privacy, Security and Information Management (PSIM) Committee at PHS was re-established in 2022 to address information management concerns.	L4, I4	1. Develop and implement approved policies to support records and information management.	1. Epidemiology & Wellness Division, Data Management Program	L3, I2