Hamilton Public Health Services: **Board of Health Governance Models**
What We Heard Report

Prepared by MASS LBP for Hamilton Public Health Services

July 25, 2023

Introduction

In the Summer of 2023, Hamilton Public Health Services contracted MASS LBP, a public policy firm with governance and consultation expertise, to gather and summarize perspectives concerning the governance structure currently used by Hamilton's Board of Health. This report consolidates the perspectives, concerns and ideas raised by members of City Advisory Committees, healthcare professionals, community partners, City Council members, as well as members of the public. Based on what was learned from a community survey, an extensive series of interviews and meetings, as well as one community-organized public meeting, the report suggests that there is strong support to update the Hamilton Board of Health governance structure.

Context

Hamilton Public Health Services offers a range of services and supports to improve and protect the health and well-being of Hamilton's population and reduce health inequities. This includes immunization and screening for communicable diseases, education programs, family, child and youth health services, population health assessment, sexual health services, air quality monitoring, school services, dental services, food and water safety, injury prevention, and public health inspections.

In Hamilton, the Board of Health is responsible for setting the strategic direction of public health in the city through the governance of Hamilton Public Health Services. This includes approving the Annual Service Plan and Budget and making major policy decisions. The board is also responsible for appointing the Medical Officer of Health and Associate Medical Officers of Health.

From March 2021 to 2023, Hamilton community members delegated to City Council in support of restructuring the Board of Health to include both City Council and community members, similar to the governance structure used by Ottawa Public Health and Toronto Public Health. Delegates also described the impact of worsening health inequities from the COVID-19 pandemic, and the need to include the perspectives of community members with health expertise and/or with lived experience of marginalization when making public health decisions.

Models

There are four options that this consultation explored, some of which are used to govern other public health units in Ontario. These options and their features are explained below.

Current Model

In Hamilton, all members of City Council are members of Hamilton's Board of Health. Members of Council meet monthly as the Public Health Standing Committee to discuss topics such as the delivery of programs, services or to review or revise public health policies. Recommendations from these meetings are submitted to Hamilton City Council who, acting in their role as the Board of Health, make the final decision to approve or reject the recommendation.

CURRENT MODEL

This option ensures that all elected councillors have a say in important decisions related to public health matters. However, other municipalities in Ontario use different governance structures that include a mix of elected and appointed members. This helps to ensure that medical or other professional forms of expertise, as well as community perspectives, contribute to the governance of the Public Health Unit.

Option 1: Add an Advisory Committee to advise the Public Health Standing Committee

Hamilton's City Council could establish a volunteer Advisory Committee to advise the Public Health Standing Committee whose scope and terms of reference would be defined by the Board of Health. This Advisory Committee would consider and raise issues and refer their advice to the Public Health Standing Committee. If added to Hamilton's current governance structure, these recommendations would be reviewed by all members of Council acting in their capacity as the Public Health Standing Committee, and decisions would continue to be made by all members of Council acting in their capacity as the City's Board of Health.

OPTION 1: ADD A COMMUNITY ADVISORY COMMITTEE

Some interview respondents suggest that this option allows for greater participation from community members, while deliberation and decision-making remain with elected members of Council.

Option 2: Appoint community members to the Public Health Standing Committee

Another option is that Hamilton could appoint both councillors and community representatives to the Public Health Standing Committee which can make policies and other recommendations that are then referred to the Board of Health, made up of all members of Council, for a final decision. Community representatives on the Public Health Standing Committee could represent a range of professional and community perspectives and are appointed for a fixed term by City Council.

OPTION 2: APPOINT COMMUNITY MEMBERS TO THE PUBLIC HEALTH STANDING COMMITTEE

Public Health Standing Committee

Appointed members of Council, health and community representatives and a representative from the school boards

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Hamilton Board of Health

Mayor and 15 councillors

Some interview respondents suggest that this option helps to ensure more substantive involvement from both health professionals and community members in public health matters, while also ensuring that the final decision on public health matters remains with elected members of Council.

Option 3: Change membership of the Board of Health

The final option that Hamilton could consider is changing the membership of the Board of Health so that it is comprised of both appointed community members and elected members of Council. This is the structure used by Toronto Public Health and Ottawa Public Health and is similar to the governance structures of other public health units in Ontario. In this option, the Board of Health has authority defined by provincial legislation and can make decisions that set public health policies affecting the City and the public health unit. In this option, with the agreement of the Province, City Council could either delegate or retain the decisions regarding the public health budget, as well as the appointment of the Medical and Associate Medical Officers of Health.

OPTION 3: CHANGE MEMBERSHIP OF THE BOARD OF HEALTH

Hamilton Board of Health

~6 appointed members of Council, ~6 health and community representations + 1 representative from the school boards

Some interview respondents suggest that this option, used in cities like Toronto and Ottawa, affords greater independence to the Board of Health and supports evidence-based decision-making that is also responsive to community needs and the perspective of elected members of Council.

Methodology: Data collection

Following advocacy from community members and local organizations for a reorganization of the Board of Health, the City Council tasked HPHS with reviewing the current governance structure. HPHS was also mandated to investigate optimal strategies to guarantee effective local public health governance. To facilitate this research and engage with Advisory Committees, community partners, healthcare experts, and the general public, HPHS contracted MASS LBP, an Ontario-based firm with expertise in governance and public engagement.

Over the Summer of 2023, MASS LBP, with review from Hamilton Public Health Services used the following formats to broadly consult with the community:

- **Survey** (see appendix A): An online public opinion survey was conducted that was accessible for a period of 47 days. It was promoted through Engage Hamilton, the city's public engagement platform, as well as through word of mouth and paid advertisements. These advertisements also appeared on social media, City-owned billboards, and in various newsletters and websites. The survey, which was voluntary and anonymous, collected demographic information to understand the preferences of different constituencies. The survey asked questions to gauge respondents' opinions on good governance principles, perceptions of the Board of Health's responsiveness, and preferences among the three alternative governance options.

- **Interviews** with Advisory Committees, community partners, healthcare professionals, previous delegates, and members of City Council (see appendices B and C): Under the guidance of Hamilton Public Health Services (HPHS), the Consultant extended invitations to these key individuals, organizations, and Advisory Committees to share their insights during individual or group calls. This method facilitated a more in-depth exploration of their views on good governance principles, potential issues with the existing governance structure, perspectives on the proposed options, as well as suggestions for enhancing governance. An initial list of health system and community partners was generated from reviewing the membership of the former Vaccine Readiness Network, the former Hamilton COVID-19 Response Table, and the Greater Hamilton Health Network. Health system and community partners with governance expertise (e.g., Toronto Public Health, Ottawa Public Health, Hamilton's Chamber of Commerce, and the Hamilton Community Legal Clinic) were also invited to participate. Participants were also encouraged to refer colleagues and community members to the Consultants, a method known as snowball sampling. This helps ensure more diverse perspectives are captured and is one way to help mitigate the digital divide since other methods mainly relied on e-mail communication or online survey participation. A complete list of those consulted is included in Appendix C.

- **Community-led Workshop:** On July 20, 2023, the Hamilton Anti-Racism Resource Centre and the Hamilton Centre for Civic Inclusion hosted a two-hour in-person workshop to provide information about the consultation and facilitate feedback from members who are often disproportionately represented and adversely impacted by the current health system. The Consultants attended the workshop and the views of the participants are reflected in the

findings of this report. A report summarizing the views of the participants at this event appears in the appendix to this report.

What we heard

Survey Results

The survey received 928 responses. See Appendix A for a copy of the survey shared with the public.
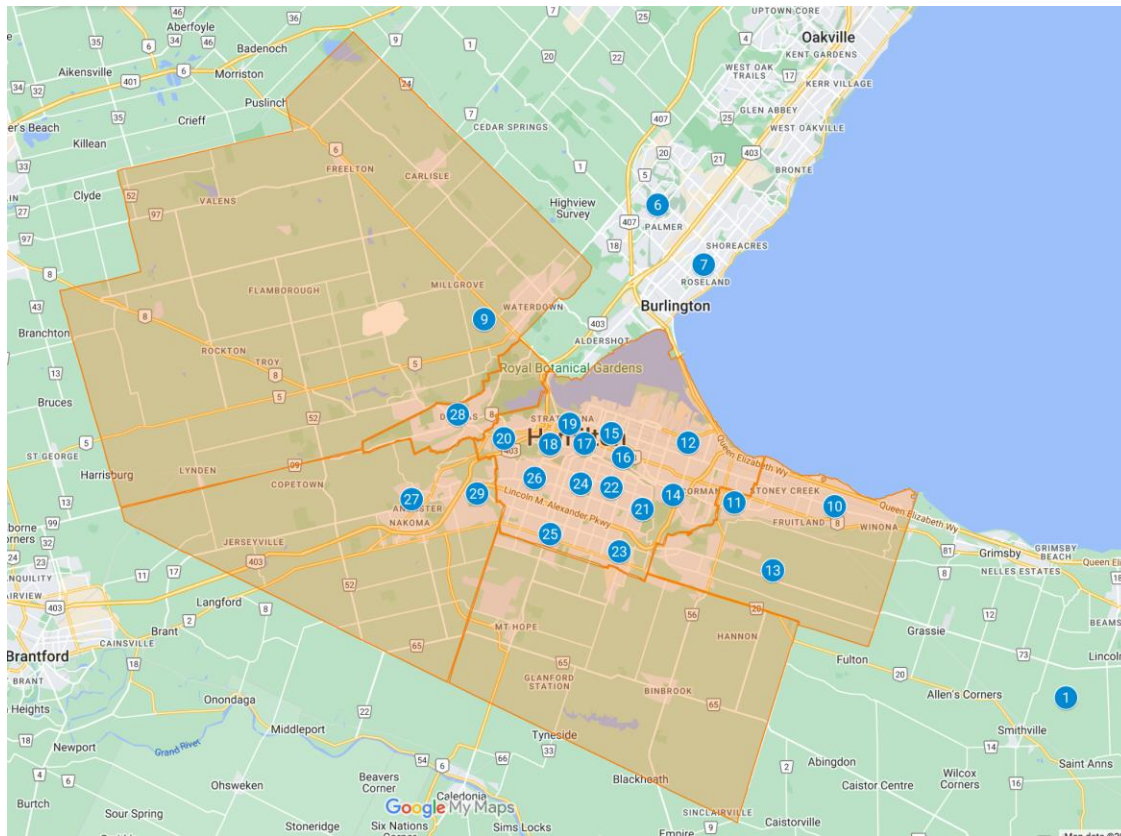
Of the 928 survey respondents:

- 736 provided postal codes (FSA) from within Hamilton
- 140 respondents provided postal codes from outside of Hamilton but may work in or access services in Hamilton
- 45 did not provide postal codes
- 7 provided incorrectly formatted postal codes and the location cannot be determined
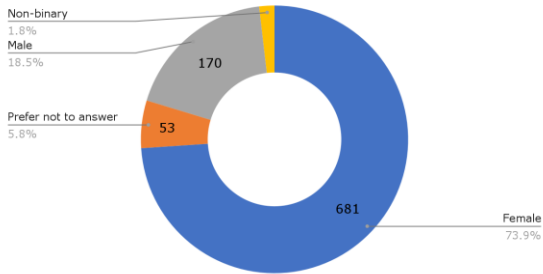- This map shows 876 postal codes (FSAs) that could be mapped

Survey Findings

Across all demographics, the survey results demonstrate strong support for changing Hamilton's Board of Health governance structure. Among the governance attributes most preferred, respondents identified 'impartiality,' 'accountability,' and 'high ethical standards' as critical qualities that should characterize Hamilton's Board of Health. Overall, respondents prefer representatives who have relevant health expertise, are familiar with the needs of diverse communities, and who have experience
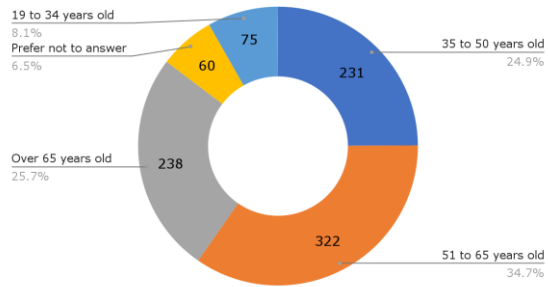
governing organizations. The survey indicates that twice as many respondents strongly support Option 3 as support either Option 1 or Option 2. This suggests that a strong majority of survey respondents believe that Hamilton Public Health Services would be best governed by a Board of Health composed of both elected and appointed representatives.
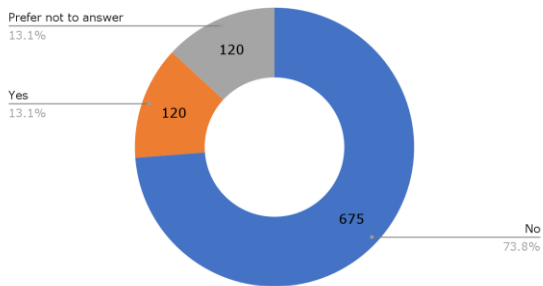
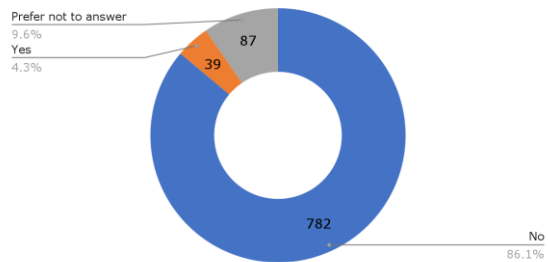## Respondent Demographics

What is your gender?

Non-binary
1.8%
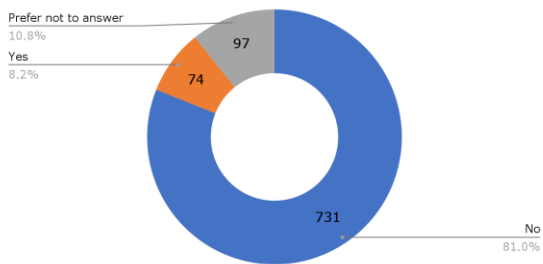Male
18.5%
Prefer not to answer
5.8%
170
53
681
Female
73.9%

What is your age range?

19 to 34 years old
8.1%
Prefer not to answer
6.5%
60
75
231
35 to 50 years old
24.9%
Over 65 years old
25.7%
238
322
51 to 65 years old
34.7%

Do you identify as a member of a racialized group?

Prefer not to answer
13.1%
120
Yes
13.1%
120
675
No
73.8%

Do you identify as First Nations, Métis, and/or Inuk/Inuit?

Prefer not to answer
9.6%
Yes
4.3%
39
87
782
No
86.1%

Do you identify as a member of the Two Spirit and LGBTQIA+ community?

Prefer not to answer
10.8%
Yes
8.2%
74
97
731
No
81.0%

Do you identify as a person with a disability?

Prefer not to answer
8.6%
78
Yes
25.7%
234
598
No
65.7%
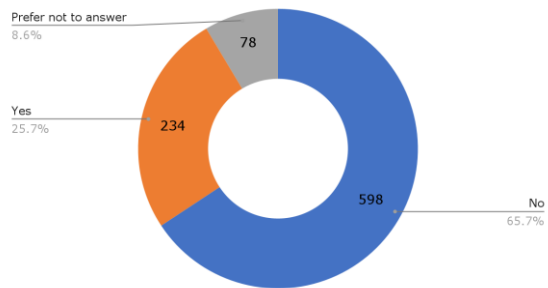
Elements of good governance

Please rate how important you believe each of the following qualities are for the Hamilton Board of Health

Legend: ■ Very Unimportant ■ Somewhat unimportant ■ Neutral ■ Somewhat important ■ Very Important
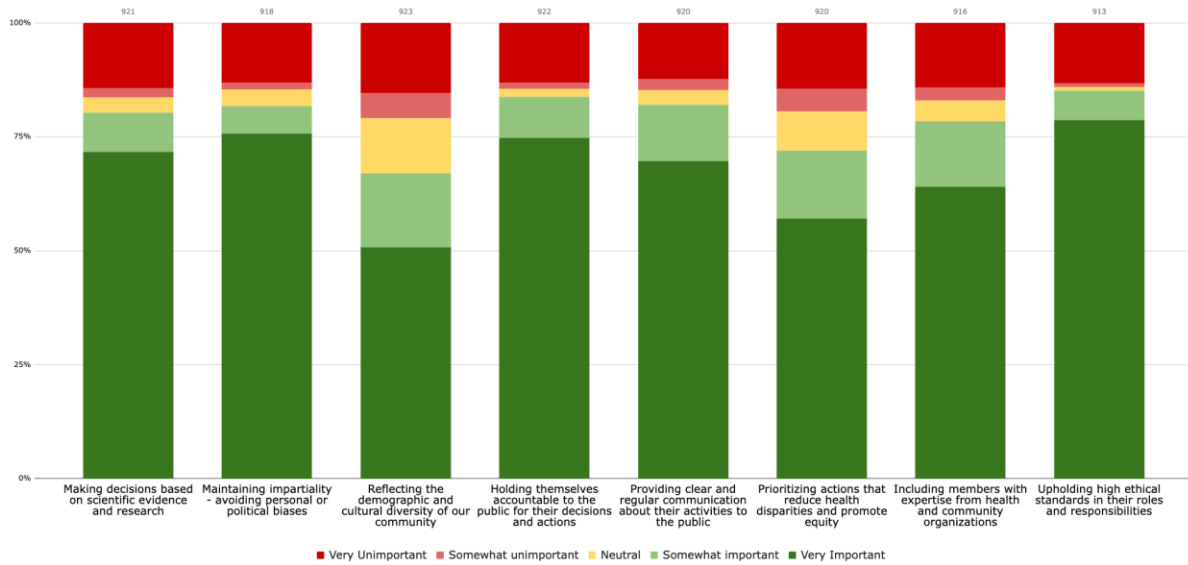
Attributes of representatives

How strongly do you agree or disagree with these statements:

Legend: ■ Strongly disagree ■ Somewhat disagree ■ Neither agree or disagree ■ Somewhat agree ■ Strongly agree
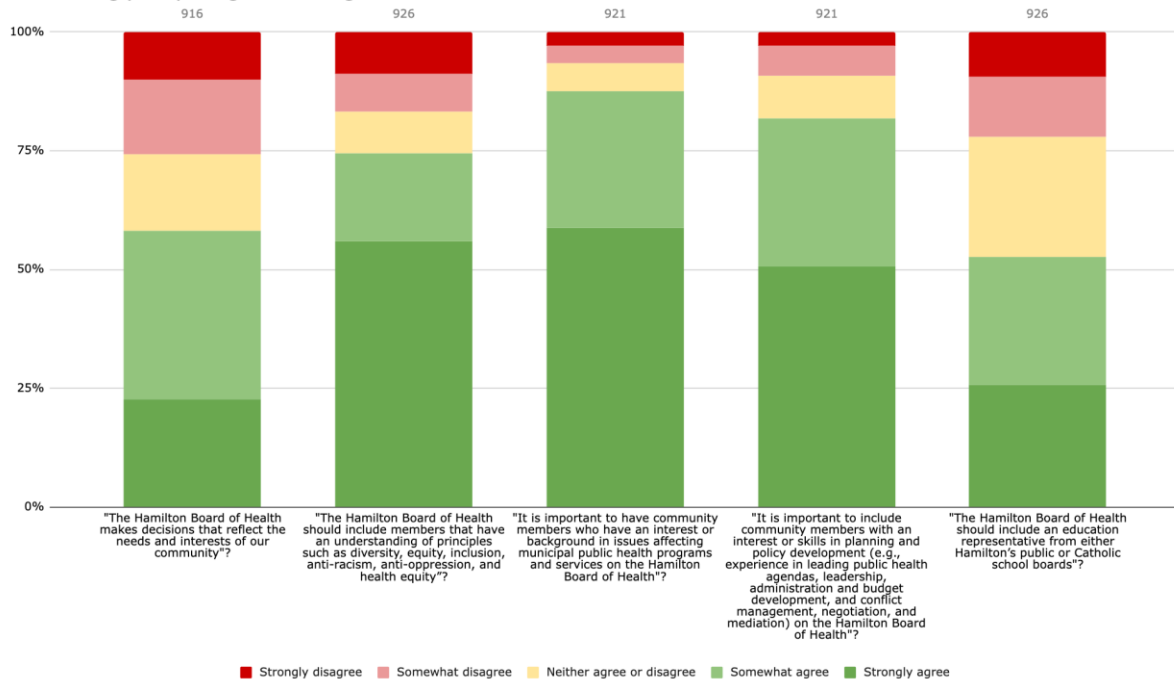
Support for Different Options

How strongly do you support or oppose each option?

All Responses

	Option 1: Adding a community advisory committee to the Public Health Committee	Option 2: Changing the membership of the Public Health Standing Committee	Option 3: Changing the membership of the Board of Health"?
928	928	928	

Legend: Strongly oppose | Somewhat oppose | Neutral | Somewhat support | Strongly support
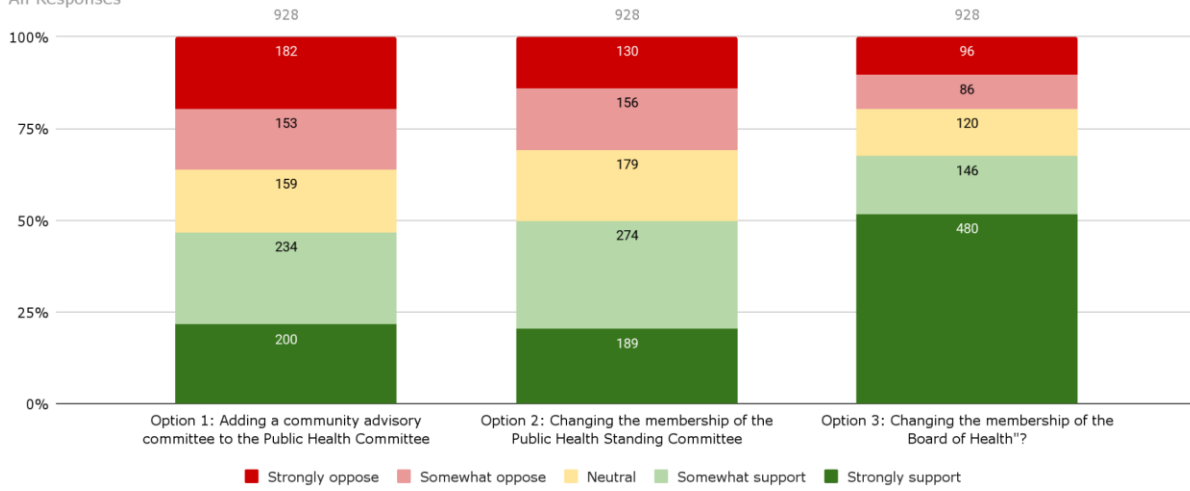
How strongly do you support or oppose each option?

Respondents Yes (BIPOC) vs No (Not BIPOC): Racialized Groups and as First Nations, Métis, and/or Inuk/Inuit vs

Legend: Strongly oppose | Somewhat oppose | Neutral | Somewhat support | Strongly support
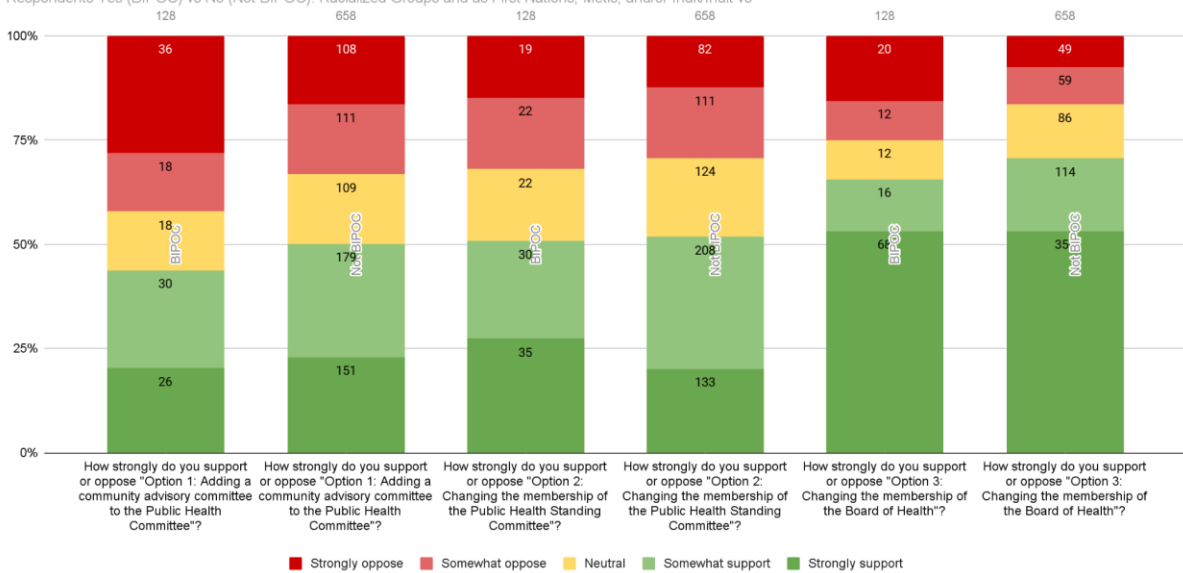
* BIPOC (Black, Indigenous and People of Colour)

Interview Findings

The Consultants carried out a total of 63 key informant interviews. The majority were with community organizations and health system representatives, and also included nearly all members of Council. For a detailed list of organizations interviewed and the questions posed, refer to appendices B and C.

Recurring themes

Respondents value professional expertise and diverse backgrounds

Most participants (81%) emphasized the importance of the Board of Health reflecting the community it serves. This means having members with different backgrounds, experiences, viewpoints, and ways of thinking.

Many participants noted that some groups face structural barriers and other difficulties accessing public health services in Hamilton. These groups may include Indigenous, Black, senior, newcomer, 2SLGBTQ+ individuals, as well as those people experiencing poverty or unstable housing or homelessness, people with disabilities, and/or people who use drugs. The participants emphasized that the Board of Health must be aware of these unique experiences and needs, as the decisions they make can greatly affect these individuals and communities.

Additionally, many participants believe that the Board of Health should have a mix of health and social expertise as well as other professional skill sets like accounting and law. Participants noted the value of having Board members with expertise in mental health, primary care, hospital care, long-term care, and epidemiology.

Participants frequently noted that a Board made up of diverse members can more effectively respond to the community. Understanding the unique needs and health concerns of the people they serve allows the Board to gather the right information and make decisions that truly reflect the community's best interests.

A minority of participants disagreed with the need to enhance diversity and suggested that councillors are best equipped to speak for and understand the needs of the communities they are elected to represent.

Respondents believe accountability to community members is essential

Just over a third of participants highlighted that an effective Board of Health is one that is accountable to its community. This means that the Board is transparent and maintains clear lines of communication with the public. The public can dissect information and the reasoning behind policy and funding decisions. They understand the governance structure and decision-making process. Governance roles and responsibilities are clearly defined and there is authentic engagement to ensure that community voices are heard.

Participants added that accountability requires involving community at the decision-making level. This includes using evidence-based approaches, evaluating decisions and reporting back to the community, and individual accountability to anti-oppressive and inclusive governance practices.

Other participants believe that accountability flows from the electoral process and believe that members of the Board of Health are most accountable when they face periodic elections.

Respondents believe the Board must consider systemic Inequities

Almost one third of respondents noted the importance of using evidence-based approaches to guide the Board of Health's decision-making. By incorporating perspectives that focus on social determinants of health, anti-discrimination, cultural awareness, intergenerational challenges, and disability considerations, the Board can develop more comprehensive and effective health strategies. These approaches, grounded in empirical research and best practices, aim to alleviate long standing systemic challenges.

Participants conveyed that by understanding and addressing these areas, the Board would be more equipped to design policies that are both forward-thinking and cognizant of the diverse needs within the community. Furthermore, it was noted that such an approach would not only prevent potential oversights but also be more efficient in the long run, mitigating the need for policy adjustments due to unforeseen implications.

Respondents value evidence-based decision making

Almost a fifth of participants believe that an effective public health governance option should prioritize evidence-based decision making and minimize influence from political considerations. While some highlighted the importance of clear roles and impartiality, others recognized the value of elected representatives but stressed the need to balance this with input from health and community experts.

It was commonly agreed that the Board should adhere strictly to ethical and financial standards. Stability, consensus-building, rotating membership, timely actions, and efficient decision-making were emphasized as crucial.

Additionally, 10% of participants pointed out the importance of the Board understanding its primary role. They defined this as focusing on high-level decisions, which include legal and fiduciary responsibilities, without getting involved in specific actions or daily operations. They believe such a board should think ahead and provide consistent support and guidance.

Indigenous Perspectives on Public Health Governance in Hamilton

For Indigenous Peoples in Hamilton and across Canada, the historic and ongoing impacts of colonialism have contributed to health inequities. Indeed, there are specific factors such as colonialism, self-determination, and community cohesion that function as key determinants of Indigenous health outcomes, which are known as the Indigenous determinants of health. Recognizing these Indigenous determinants of health and the principle of Indigenous self-determination in health, public health is mandated to engage with Indigenous communities and organizations to decrease health inequities, as

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outlined by the 'Relationships with Indigenous Communities Guideline, 2018.'

Indigenous individuals and organizations, which participated in this consultation as members of the Circle of Beads (Hamilton Indigenous Consultation Circle), emphasized the importance of public health governance being community-centred, accountable, and autonomous. Additionally, the Circle also emphasized the important expertise in health and knowledge of local interests, including Indigenous ones. The principle of "nothing about us without us" was reiterated, as was the need for opening lines of communication, and greater overall awareness of the health needs of urban Indigenous peoples in Hamilton. Participants expressed concern that the existing governance model does not provide for expertise in public health issues, and worried that there remains a lingering stigma towards the public health needs of Indigenous residents. These participants noted Canada's long history of medical racism that needs to be overcome. For better engagement, community voices must be heard, and decision-making should be transparent.

Consequently, most participants support Option 3, calling for a governance change that includes at least two dedicated Indigenous community representatives selected through community consultation. Overall, the sentiment was for urgent, comprehensive reform that prioritizes Indigenous perspectives.

Perspectives on the Current Governance Model

When asked about their views on the current governance option compared to their ideal vision, just over a third felt it met expectations. However, the majority, nearly 80%, acknowledged its merits but emphasized considerable shortcomings.

In evaluating the current governance structure, some respondents recognized the value of incorporating elected officials and ensuring diverse viewpoints are presented to the City Council. Approximately 6% felt that having councillors participate at different stages contributes to consistent and effective decision-making.

The primary concern raised by respondents was the noticeable absence of representation, both from diverse communities and in terms of health expertise. They pointed out that the current governance structure lacks individuals with comprehensive health system knowledge. Many respondents highlighted that having wide-ranging representation results in policies that proactively address community needs. Adopting greater diversity not only minimizes potential harms to marginalized groups but can also prove to be more efficient than revising decisions in response to subsequent advocacy.

Regarding the perceived representation deficit, 15% of respondents underscored the absence of necessary health expertise within the current governance structure. They raised questions about the capability of current board members to critically explain the origin, relevance, and timeliness of the data and recommendations presented by staff. A few voiced concerns about the sole reliance on a single health authority (Hamilton Public Health Services) for guidance, stressing the need for multiple health viewpoints. Other respondents emphasized that representation from the healthcare sector is crucial for correctly interpreting the data and ensuring informed decision-making.

One challenge in accessing or understanding pertinent data appears to stem from a perceived gap between the community's experiences and the Board of Health's knowledge. One fifth of participants indicated a trust deficit between the community and the Board. This sentiment of being overlooked intensifies when outreach or engagement efforts don't lead to tangible changes. A few participants pointed out the redundancy of this consultation, noting it covers ground already addressed by community leaders since March 2021. Furthermore, a few observed sporadic or superficial interactions between the Council and its Advisory Committees. To bridge these gaps, participants emphasized the importance of enhanced communication, transparency, and accountability to the community.

One in ten participants observed that the existing structure, wherein identical members report across participate at the Public Health Standing Committee, the Board of Health and City Council, can lead to redundant conversations, potentially delaying decisions. A similar proportion raised concerns about the potential for public health issues to be influenced by political considerations within the prevailing option. These participants also pointed to what they perceive as a dated, top-down culture within the Board of Health that hasn't been receptive to diverse viewpoints.

Proposed Models and Moving Forward

Interview participants were given the opportunity to select the Hamilton Public Health Services governance option they thought would be most suitable for Hamilton. The responses were as follows:

- More than two thirds of respondents favoured significant change and indicated a preference for either the second or third option — with many suggesting that the second option might be an interim solution until provincial support for a fully semi-autonomous Board could be obtained.

- Of the more than two thirds of respondents favouring change, more than half of respondents believe that the third option is the best choice. In this option, the Board of Health would balance representation from City Council with health professionals and the community.

- The balance of respondents who endorsed change preferred the second option that would adjust the composition of the Public Health Standing Committee to include health professionals and community members.

- Fewer than 10% of all respondents endorsed the current option with all citing their openness to adding an advisory committee.

- Most respondents who favour change agree that the inclusion of an education representative is prudent, given the strong involvement of Hamilton Public Health Services with children and schools.

Option 1 Commentary

The minority of respondents who advocated adding an Advisory Committee to the Public Health Standing Committee believe that this approach would best preserve Council accountability and democratically elected representation. Respondents endorsing this approach generally believe the

existing option works appropriately and provides effective governance. However, all respondents who prefer the status quo agree that the addition of an Advisory Committee would enhance wider community representation.

Most respondents, however, held a contrary view. While acknowledging that an advisory committee might widen participation and help to influence the decisions of the Public Health Standing Committee, many respondents suggested that an advisory committee was not sufficient to strengthen the independence and representativeness of public health governance in Hamilton. Those who are concerned about a trust gap between the Board of Health and community believe this option would not be sufficient to bridge the divide.

Option 2: Considerations

While many respondents view the second option as an improvement, most characterized it as a half measure towards greater Board of Health independence. Some respondents expressed concern that the Board of Health could simply overrule Committee recommendations and that the two bodies could come into conflict. Others believed this was less likely since Council would continue to vet and approve appointments to the Committee which would both widen the range of voices on the Committee but diminish the likelihood of outright opposition.

Many — often reluctantly — characterized option 2 as a potential basis for compromise because the Board of Health would continue to be made up exclusively of members of Council, while the Public Health Standing Committee could share its seats between councillors, and health, education and community representatives. Others rightly observed that although the third option requires the agreement of the Province and a change to the City of Hamilton Act, the second option could be implemented directly by Council without the involvement of the Province.

Option 3: Considerations

The majority of respondents identified Option 3, which advocates for restructuring the Board of Health, as the most promising model. This preference stems from the belief that systemic change is only attainable when decision-making authority is collaboratively held by councillors, community members and health professionals. Several proponents of Option 3, however, noted a potential vulnerability: during emergency situations, like the COVID-19 pandemic, the public health unit should strive to sustain the support of the wider public. Even though emergency decisions are vested with the Medical Officer of Health, he or she still benefits from the legitimacy and support of the members of the Board of Health.

Among the respondents who supported the third option, there was a range of views concerning the composition of the Board of Health. A little more than one fifth of respondents proposed an equal split between councillors and community representatives or else a three-way split among councillors, community members, and health professionals. Many noted, however, that individuals may hold concurrent identities — representing both the perspective of a community and a profession. Only one tenth of respondents contended that the Board should exclusively consist of community representatives

and health professions and exclude elected councillors altogether. Proponents of this model argue that maximum independence would be beneficial, and that City Council could still retain the power to set Hamilton Public Health Services' budget and appoint its Medical Officer of Health. Providing a different perspective, fifteen percent of respondents believed that councillors should remain on the Board but constitute a narrow minority, with the majority of seats being filled by appointed community, health and education representatives.

Additional Considerations

In addition to identifying which governance options they preferred, respondents provided ideas to incorporate into the new option moving forward. One quarter of respondents proposed the need for a transparent selection process for the Public Health Standing Committee and/or Board of Health to ensure that membership, whether councillors or community members, had the competencies necessary to serve on a committee or board. Competencies identified included a combination of lived experience, health expertise, financial and legal knowledge, and collaboration and strategic planning skills.

Some participants expressed concern with how to determine which community voices are added and who might be excluded. Participants generally agreed that the selection choices should be based on best practices, a skills matrix, demographic data for representation, and community consultation. In addition to the selection process, several participants proposed membership training and education to ensure that the governing body is familiar with public health concepts and expertise.

Slightly less than a quarter of respondents also emphasized the need for stronger collaboration and partnership with the community to build trust and make better decisions. There are many community organizations and institutions, in health care and intersecting fields, that are applying new approaches to work more closely with equity-deserving groups. In partnership with such organizations, the Board of Health can better target historical, systemic, and ongoing health inequities.

Participants also suggested ideas for better accountability and reporting. Some ideas centered on access to information, such as collecting identity-based data, utilizing community knowledge and perspectives shared through consultation processes, and creating an aggregate public health indicators dashboard. For example, Hamilton Public Health Services and the Board of Health should closely collaborate with the Greater Hamilton Health Network for access to information. Using community knowledge and relevant data means that the Board should understand that decisions cannot always be made on neat timelines, as good decisions require consulting with best practices and the community. In addition to information and data practices, participants advocated for reporting and evaluation.

Recommendation

Our consultation concludes that a significant majority of survey respondents, interview respondents and community workshop attendees support major structural changes to update and improve Hamilton's public health governance model. Option 3 was the preferred option of most respondents overall, with softer support voiced for Option 2. Very few respondents believe that the current model should be preserved or that the addition of an advisory committee can meet the wider desire to see more voices and professional expertise participate in public health governance in Hamilton.

Changing the composition of Hamilton Public Health Services' governance model to include more voices would bring Hamilton into line with peer jurisdictions like Ottawa and Toronto, among many others across Ontario.

Acknowledgments

We wish to express our appreciation to the individuals and organizations who took time to share their perspectives on this important issue.

MASS LBP, 2023

Appendices

Appendix A: Survey

We are asking you to complete a survey to provide feedback on the structure of the City of Hamilton's Board of Health, which governs Hamilton Public Health Services (HPHS). The results from this survey will be used to help develop options and recommendations for potential changes to the Board of Health's governance structure. These options and recommendations will be shared with the City of Hamilton's Governance Review Sub-Committee in Fall 2023.

This survey is being conducted by MASS LBP on behalf of HPHS. The responses you provide are anonymous. No information that could be used to identify you will be collected. This survey will take approximately 10 minutes to complete. Looking for a translated version? In the top right corner of this website, you can "Select Language" to set your preferred language to translate the page and survey. All fields marked with an asterisk (*) are required.

1. Rate how important you believe each of these qualities are for the Hamilton Board of Health.

	Very Un-important	Somewhat unimportant	Neutral	Somewhat Important	Very Important
Making decisions based on scientific evidence and research					
Maintaining impartiality, avoiding personal or political biases					
Reflecting the demographic and cultural diversity of our community					
Holding themselves accountable to the public for their decisions and actions					
Providing clear and regular communication about their activities to the public					
Prioritizing actions that reduce health disparities and promote equity					
Including members with expertise from health and community organizations					
Upholding high ethical standards in their roles and responsibilities					

2. How strongly do you agree or disagree with the statement: "**The Hamilton Board of Health makes decisions that reflect the needs and interests of our community**"?

Choose an option: Strongly agree, Somewhat agree, Neither agree or disagree, Somewhat disagree, Strongly disagree

3. How strongly do you agree or disagree with the statement: "**The Hamilton Board of Health should include members that have an understanding of principles such as diversity, equity, inclusion, anti-racism, anti-oppression, and health equity**"?

   Choose an option: Strongly agree, Somewhat agree, Neither agree or disagree, Somewhat disagree, Strongly disagree

4. How strongly do you agree or disagree with the statement: "**It is important to have community members who have an interest or background in issues affecting municipal public health programs and services on the Hamilton Board of Health**"?

   Choose an option: Strongly agree, Somewhat agree, Neither agree or disagree, Somewhat disagree, Strongly disagree

5. How strongly do you agree or disagree with the statement: "**It is important to include community members with an interest or skills in planning and policy development (e.g., experience in leading public health agendas, leadership, administration and budget development, and conflict management, negotiation, and mediation) on the Hamilton Board of Health**"?

   Choose an option: Strongly agree, Somewhat agree, Neither agree or disagree, Somewhat disagree, Strongly disagree

6. How strongly do you agree or disagree with the statement: "**The Hamilton Board of Health should include an education representative from either Hamilton's public or Catholic school boards**"?

   Choose an option: Strongly agree, Somewhat agree, Neither agree or disagree, Somewhat disagree, Strongly disagree

Exploring Public Health Governance Structures

The City of Hamilton is exploring three other public health governance structures:

- **Option 1:** Adding an advisory committee made up of community representatives to the Public Health Standing Committee that this committee could consult. The Public Health Standing Committee would consider this advice in their recommendations to the Board of Health. Final decisions would continue to be made by the Board of Health, which consists of only City Council members.
- **Option 2:** Changing the membership of the Public Health Standing Committee to include both councillors and community representatives to provide recommendations to Council as the Board of Health. Final decisions would continue to be made by the Board of Health, which consists of only City Council members.

- **Option 3:** Changing the membership of the Board of Health, which would mean final decision making is shared between councillors and the community members.

7. How strongly do you support or oppose "**Option 1: Adding a community advisory committee to the Public Health Committee**"?*

   Choose an option: Strongly support, Somewhat support, Neutral, Somewhat oppose, Strongly oppose

8. How strongly do you support or oppose "**Option 2: Changing the membership of the Public Health Standing Committee**"?*

   Choose an option: Strongly support, Somewhat support, Neutral, Somewhat oppose, Strongly oppose

9. How strongly do you support or oppose "**Option 3: Changing the membership of the Board of Health"**?*

   Choose an option: Strongly support, Somewhat support, Neutral, Somewhat oppose, Strongly oppose

Tell Us About Yourself

In our society, people are often described by their race or racial background. Although race is not based in science, race influences the way we are treated by individuals and institutions. Along with race, other individual factors such as gender, age, sexuality, and disability also impact the way we are treated by individuals and institutions which affects one's health and well-being. We're asking you these questions to help ensure this survey captures the diversity of Hamilton.

10. What is your gender?
    Choose an option: Male, Female, Non-binary, Prefer not to answer

11. What is your age range?
    Choose an option: Less than 18 years old, 18 to 34 years old, 35 to 50 years old, 51 to 65 years old, Over 65 years old, Prefer not to answer

12. What are the first 3 characters of your postal code?

13. Do you identify as a member of a racialized group?
    Choose an option: Yes, No, Prefer not to answer

14. Do you identify as First Nations, Métis, and/or Inuk/Inuit?
    Choose an option: Yes, No, Prefer not to answer

15. Do you identify as a member of the Two Spirit and LGBTQIA+ community?
    Choose an option: Yes, No, Prefer not to answer

16. Do you identify as a person with a disability?
    Choose an option: Yes, No, Prefer not to answer

Submit

Appendix B: Interview Questions

Interview Questions for BOH Governance Structure

Group interviews: 45-50 minutes
Individual Interviews: 20-30 minutes

What does Hamilton Public Health Services (HPHS) do?

HPHS offers a range of services and supports to improve and protect the health and wellbeing of Hamilton's population and reduce health inequities. This includes immunization and screening for communicable diseases, education programs, family, child and youth health services, population health assessment, sexual health services, air quality monitoring, school services, dental services, food and water safety, injury prevention, and public health inspections. Nurses, doctors, public health inspectors, social workers, health promoters, epidemiologists, analysts, dental hygienists and other trained public health professionals work with community partners to address the growing and changing health needs of our community.

What does the Board of Health do?

The Board of Health governs HPHS. This includes approving the Annual Service Plan and Budget and major policy decisions. The Board is also responsible for the hiring of the Medical Officer of Health and Associate Medical Officers of Health.

In Hamilton, City Council acts as the Board of Health for HPHS. Currently, all City Council members meet monthly as the Public Health Standing Committee to discuss the governance and delivery of public health programs and services, as well as major policy issues. Reports from these meetings are submitted to Hamilton City Council acting in their role as the Board of Health for consideration and final decision making.

1. What do you believe are the elements of an effective governance option for Hamilton's Board of Health?

2. To what extent does the existing option fulfil what you believe are important elements?

3. What changes would you make to strengthen the Hamilton Board of Health's governance option?

4. There are three alternative governance options being explored for the City of Hamilton:
   a. Adding a community advisory committee to the Public Health Committee
   b. Changing the membership of the Public Health Committee
   c. Changing the membership of the Board of Health.

   Which do you think is best suited for Hamilton?

Appendix C: Interview Participants

Below is a list of organizations that participated in consultations, either through group discussions or individual interviews with their representatives.

- Accessibility Hamilton Alliance
- ACORN Hamilton Chapter
- Advisory Committee for Immigrants and Refugees
- Advisory Committee for Persons with Disabilities
- AIDS Network
- Canadian Mental Health Association – Hamilton
- Chamber of Commerce (Hamilton)
- Circle of Beads / (Indigenous Consultation Circle)
- City Councillors
- Committee Against Racism
- Compass Community Health Centre
- De dwa da dehs nye>s Aboriginal Health Centre
- Delegates from McMaster University
- Good Shepherd Hamilton
- Greater Hamilton Health Network
- Greater Hamilton Health Network - Health Equity Council
- Hamilton Anti-Racism Resource Centre
- Hamilton Black Health Community Leaders Forum
- Hamilton Centre for Civic Inclusion
- Hamilton Community Foundation
- Hamilton Community Legal Clinic
- Hamilton Trans Health Coalition
- Hamilton Urban Core Community Health Centre
- HamOntYouth Steering Committee
- Housing and Homelessness Advisory Committee
- Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Advisory Committee
- McMaster Family Health Team & Dept of Family Medicine
- Seniors Advisory Committee
- Social Planning & Research Council
- St. Joseph's Healthcare Hamilton
- Thrive Group
- Former Medical Officers of Health
- Women and Gender Equity Committee

Invited, but not Interviewed

The below organizations were not interviewed due to scheduling conflicts, time constraints, or no response.

- alPHa Executive
- Centre de Santé Communautaire Hamilton/Niagara
- Coalition of Hamilton Indigenous Leadership

- Conseil scolaire Viamonde
- Disability Justice Network of Ontario
- Environment Hamilton
- Hamilton Family Health Team
- Hamilton Immigration Partnership Council (HIPC)
- Hamilton Indigenous Advisory Committee
- Hamilton-Wentworth Catholic District School Board
- Hamilton-Wentworth District School Board
- MonAvenir Catholic School Board
- Refuge Newcomer Health
- Shelter Health Network
- United Way Halton & Hamilton

Appendix D: Response to Hamilton's Board of Health Governance Structure - Public Consultation (July 20, 2023)

Response to Hamilton's Board of Health Governance Structure - Public Consultation (July 20, 2023)

The Hamilton Anti-Racism Resource Centre (HARRC) and the Hamilton Centre for Civic Inclusion (HCCI) put forward our joint submission to the City of Hamilton's public consultation on reviewing Hamilton Public Health's governance model. Our organizations continue to lead the work to promote equity, anti-racism, diversity, anti-oppression, and inclusion in Hamilton.

Access to health or lack thereof is political.

We believe that people who are socially marginalized and discriminated against are also at risk of being politically marginalized, with their unique needs not being considered by policymakers. We believe that by supporting marginalized populations, we can improve the overall health and well-being of our entire community in Hamilton.

We welcome the opportunity to provide feedback on the public consultation. This process has been a long-time in the making - many of us have stood in front of Hamilton City Council over the past few years through deputations and public calls for change. We hope Hamilton City Council will review our feedback and move well beyond the consultative process to take decisive action.

Community engagement

On July 20th, 2023, we held a community consultation to ask people how they envisioned a governance model that best serves the needs of Hamiltonians from diverse and marginalized backgrounds. Approximately 50 community members participated in our consultation event at the Hamilton Central Public Library. Our participants were representative of the diversity of our community, from a spectrum of racial and socio-economic identities, and included: physicians, nurses, community service providers, students, seniors, recent immigrants, community organizations, and others who live and work in Hamilton.

We structured our consultation event to begin by providing our participants with some foundational background knowledge of the scope of practice of public health and the responsibilities of Hamilton's Board of Health.

We then heard from a panel of health experts who live and/or work in Hamilton. Dr. Kassia Johnson, Dr. Ruth Rodney, Ms. Lisa Nussey and Dr. Natasha Johnson gave their evidence-informed feedback on why we need to see changes to Hamilton's Board of Health to address the systemic inequities that too many of our community members experience. We also heard directly from Hamilton's Medical Officer of Health, Dr. Elizabeth Richardson, who met with community members and shared her insights on the role of public health in Hamilton.

Finally, we walked through the set of questions that served to guide the consultation process as well as a number of questions we posed to participants to help understand their feedback through a health equity lens.

The message we received was loud, clear, and unified: Participants said they want to see changes to Hamilton Public Health's governance that enable community members and healthcare experts to have seats at the decision-making table so they can collaboratively develop and implement decisions that support our city's population health needs.

The need for change

We believe that the current governance structure for Hamilton Public Health does not allow it to successfully administer its standards, policies, and programs through a strong health equity lens. The current structure is inherently set up to become a conflict of interest when decision-makers are in both positions as, 1) elected officials who create policies that may exacerbate health inequities and 2) elected officials who authorize the public health direction in Hamilton. The lack of diversity and health experience of the current Board of Health governance structure limits the board's ability to address systemic inequities.

For example, some members at our community consultation spoke about their unsuccessful advocacy to Council during the height of the COVID-19 pandemic even though it was apparent that people in distress needed additional resources and support, such as public washrooms and shelter. Others shared their personal health care and self-advocacy experiences, revealing a common narrative that their experiences were misinterpreted by people in positions of authority. Participants believed that this propensity of misinterpreting experiences is why an ad-hoc advisory group will not be strong enough to confront and resolve health inequities.

The impact of COVID-19 pandemic is still being felt and will be felt for years to come. It is evident that there are, and will continue to be, instances when political decisions do not align with strong public health measures. Hamilton's Board of Health must have the ability and courage to put forward strong public health measures even when these measures are unpopular.

For these reasons, participants at our community consultation - residents of Hamilton and those who serve social and healthcare frontlines - recommended that an effective governance model must include community members and health experts with an understanding of health equity on the board to inform our city's strategic vision for public health.

Strength in community voices

We asked participants what kind of governance structure they believed would best support Hamilton's public health needs. First, participants felt it was important to point out that the current Board of Health does not reflect our city's diverse background. Participants noted that

this major gap in representation negatively impacts how Hamilton Public Health sets and rolls out its priorities.

Participants pointed out that the COVID-19 pandemic made this discrepancy apparent because we finally had data that revealed the health inequities that so many community members have been experiencing for years. When decision-makers do not understand or live with the systemic inequities that exist or have the healthcare expertise to understand these issues, they cannot develop comprehensive public health solutions that meet the needs of our communities.

We saw these systemic inequities play out in real time during the height of the COVID-19 pandemic. In 2020, the Office of the Medical Officer of Health issued an important report, the Social Determinants of COVID-19[1], that revealed startling data:

- There was a higher rate of COVID-19 cases amongst visible minorities even though majority of our population identify as white (according to 2016 census data, 81.0% of the population is white and 19.0% is a visible minority but more than 50% of COVID-19 cases at the time occurred amongst visible minorities
- COVID-19 cases were more likely to occur in low-income households
- Visible minorities were three times more likely to live in low-income households

Community members and organizations worked alongside healthcare experts and institutions to address these challenges. In June 2022, Hamilton's Vaccine Readiness Network issued a report identifying several lessons learned from the COVID-19 pandemic that show public health and government officials how we can work collaboratively to reduce systemic inequities that led low-income and visible minorities to be disproportionately affected by COVID-19.[2]

For these reasons, participants overwhelmingly favoured option 3 because they believed direct community representation and shared decision-making will strengthen Hamilton Public Health's outcomes. Participants reviewed options 1 and 2 in the governance proposals but felt that they were too weak because they do not directly allow community members to input their advice, expertise, and skills in decision-making on Hamilton's public health strategies.

Participants did not have a specific type of role that community members must belong to. Instead, they suggested community members could have many different backgrounds, such as:

- People with lived experience of the social, political and health inequities that are experienced across the city
- Healthcare experts
- People who provide social and health supports on the frontlines
- People from diverse demographic, socio-economic, and cultural backgrounds

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[1] Social Determinants of COVID-19. Office of the Medical Officer of Health. Presented to Board of Health, October 19, 2020.
[2] Community Impact on Equitable Vaccine Delivery in Hamilton. Stories and lessons learned from the Vaccine Readiness Network. June 2022.

The path forward

Based on the Ontario government's priorities, it is clear that Hamilton Public Health will likely undergo governance and/or structural changes, whether or not Council is in favour of change. We need to ensure that the path forward focuses on protecting Hamilton's autonomy and flexible responses to our city's unique population needs.

The Ontario government's proposal to modernize public health and potentially replace public health units with 10 regional agencies is an urgent reason why we need to establish a governance model that enables the City of Hamilton to have a **strong local voice** in developing and implementing public health policies and programs that reflect our city's unique needs. It is irresponsible to suggest that we should not proceed with governance changes if the Ontario government is going forward with its modernization plans.

We need to ensure that community concerns are not lost or ignored as the province looks to centralize decision-making in public health. We can look to past and current public health crises in Ontario - Walkerton[3] and the COVID-19 pandemic[4] - as instances where the need for local authority and community feedback influenced how public health authorities responded to emerging public health issues.

The City of Hamilton is still recovering from the COVID-19 pandemic. We know from Hamilton Public Health's reports that marginalized groups have been disproportionately impacted by policies that failed to consider who was at the highest risk for getting sick. Public health data revealed that Hamilton's neighbourhoods with the highest proportion of racialized individuals faced some of the highest rates of COVID-19. Consequently, the city faced (and continues to face) additional strain on our acute healthcare systems, shelters, and emergency resources to resolve issues that we could have mitigated if we listened to community members in the first place.

We need to heed the pandemic's lessons by establishing a new governance model that allows us to hear directly from people who are in the community and have a pulse on emerging public health issues. We must ensure that Hamilton Public Health can effectively carry out its responsibilities as the provincial public health system is expected to move further away from autonomy and towards centralizing decision-making. Unilateral decisions cannot achieve strong public health outcomes.

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[3] Report of the Walkerton Inquiry: The Events of May 2000 and Related Issues. Government of Ontario. http://www.archives.gov.on.ca/en/e_records/walkerton/report1/index.html#full

[4] Public Health Services COVID-19 Situation Report & Organizational Update. Hamilton Board of Health. February 19, 2021. https://pub-hamilton.escribemeetings.com/FileStream.ashx?DocumentId=261256

Immediate actions:

Participants at our community consultation noted that as community members and health experts, they were accustomed to providing feedback on health and community issues in Hamilton. However, their feedback has not necessarily translated into policy changes. Without a direct line towards advocating for public health policies alongside members of Council, we will see the city stagnating under the same status quo structure.

Based on our community engagement process, we have put forward four immediate actions that Council can take when they return to session in Fall 2023:

1) Support Option 3 to create a new Board of Health that includes community members

2) Prioritize Council's agenda to call on the Ontario government to support the required regulatory and legislative changes to enable changes to our governance model

3) Ensure that the new governance model enshrines - in regulatory and legislative provisions - the principles of equity, anti-racism, diversity, anti-oppression, and inclusion so that they are reflected in public health strategy, policies, and programs

4) Implement race-based health data collection to help monitor, evaluate, and mitigate health inequities in public health policies and programs