BOARD OF HEALTH

REPORT 11-004

9:30 a.m.
March 29, 2011
Council Chambers
Hamilton City Hall

Present:	Mayor B. Bratina, Chair Councillor J. Farr, Vice Chair Councillors B. McHattie, S. Merulla, C. Collins, T. Jackson, M. Pearson, B. Johnson, L. Ferguson, R. Powers, R. Pasuta, J. Partridge
Absent:	Councillor B. Morelli – Bereavement Councillor S. Duvall – City Business Councillor T. Whitehead – Personal Business Councillor B. Clark – Personal Business
Also Present:	C. Murray, City Manager Dr. E. Richardson, Medical Officer of Health Dr. C. Mackie, Associate Medical Officer of Health Dr. N. Tran, Associate Medical Officer of Health D. Barr-Elliott, Director, V. Edwards, Healthy Living Division T. Bendo, Director, Planning and Continuous Improvement Division R. Hall, Director, E. Mathews, Health Protection Branch G. McArthur, Director, S. Boyd, Clinical and Preventative Services Division D. Sheehan, Director, Family Health Division C. Newman, Legislative Assistant, Office of the City Clerk

THE BOARD OF HEALTH PRESENTS REPORT 11-004 AND RESPECTFULLY RECOMMENDS:

1. Communicable Disease and Health Hazard Investigations Quarterly Report (Q4 October 1 to December 31, 2010) BOH10017(d) (City Wide) (Item 5.1)

That report BOH10017(d) respecting Communicable Disease and Health Hazard Investigations Quarterly Report, be received.

2. Data Sharing Agreement Between OAHPP and Local Medical Officers of Health BOH11009 (City Wide) (Item 5.2)

(a) That the Board of Health endorse the Medical Officer of Health (MOH) to disclose certain public health data, including personal health information, to the Ontario Agency for Health Protection and Promotion (OAHPP) for the purpose of the Ontario Agency for Health Protection and Promotion Act, 2007 and in a manner consistent with the Personal Health Information Protection Act (PHIPA);

(b) That the Medical Officer of Health execute a data sharing Agreement with the OAHPP, satisfactory in form to the City Solicitor.

3. 2011-2012 AIDS Bureau Program Plan and Budget Submission (BOH11006) (City Wide) (Item 8.1)

(a) That the 2011-2012 Program Plan required by the Ministry of Health and Long Term Care – AIDS Bureau to negotiate the Service Agreement for Public Health Services, Injection Drug Use Outreach Program of the Mental Health and Street Outreach Services, and the Anonymous HIV Testing programs be approved;

(b) That the Medical Officer of Health be authorized and directed to sign the Service Agreement between the City and the Ministry of Health and Long Term Care – AIDS Bureau in a form satisfactory to the City Solicitor;

(c) That Appendix A: AIDS Bureau Program Plan – Anonymous HIV Program; Appendix B: AIDS Bureau Program Plan – IDU Outreach Program; and Appendix C: AIDS Bureau Budget Submission 2011-2012 attached to BOH Report 11-004, be approved;

(d) That the Medical Officer of Health be authorized and directed to submit reports as required by the Ministry of Health and Long Term Care – AIDS Bureau to meet accountability agreements.

4. Ontario Retirement Homes Act, 2010 and Proposed Draft Regulations under the Ontario Retirement Homes Act, 2010 (BOH11008) (City Wide) (Item 8.2)

That staff be directed to submit Appendix D attached BOH Report 11-004, containing Submissions on the Proposed Regulation to the Retirement Homes Project, to the Ontario Seniors' Secretariat.

5. CORRESPONDENCE (Item 11)

(i) Letter from the Ministry of Health Promotion and Sport respecting one-time funding up to $84,000 for the City of Hamilton, Public Health Services for the period ending March 31, 2011 to support tobacco prevention education and social marketing activities. (Item 11.1 (a))

Recommendation: That the Medical Officer of Health be authorized and directed to receive, utilize, and report on the use of these funds to support tobacco prevention activities.

(ii) Letter from the Ministry of Health and Long-Term Care respecting additional one-time funding of $26,000 to be spent by March 31, 2011 for the City of Hamilton to purchase computer hardware and software to support the electronic submission of reports from vaccine cold chain inspections to the Ministry of Health and Long-Term Care. (Item 11.1 (b))

Recommendation: That the Medical Officer of Health be authorized and directed to enter into an agreement to receive, utilize, and report on the use of funds for the vaccine cold chain inspection program.

(iii) One time funding to support the promotion of healthy sexuality and local sexual health programs (Item 11.1 (c))

Recommendation: That the Medical Officer of Health be authorized and directed to enter into an agreement to receive, and utilize funds to support the promotion of healthy sexuality and local sexual health programs.

(iv) Letter from the Public Health Agency of Canada confirming one-time enhancement funding of $4893.75 to support activities related to promoting National Nutrition Month (March) at Hamilton Prenatal Nutrition Program (HPNP) groups. (Item 11.1 (d))

Recommendation: That the Medical Officer of Health be authorized and directed to receive, utilize, and report on the use of these funds to support HPNP groups.

(v) Letter from the Ministry of Health and Long-Term Care respecting base funding of up to $170,040 to support salary and benefits related to two new Full Time Equivalent public health nursing positions. (Added Item 11.1 (e))

Recommendation: That the Medical Officer of Health be authorized and directed to enter into an agreement to receive, utilize, and report on the use of funds to hire two additional FTE nurses, to support priority populations impacted by social determinants of health.

(vi) Letter from the Ministry of Health and Long-Term Care respecting the Public Sector Compensation Restraint to Protect Public Services Act, 2010 (Added Item 11.1 (f))

Recommendation: That the correspondence from the Ministry of Health and Long Term Care, be referred to the Medical Officer of Health to allow consultation with Human Resources and Legal Departments, and report back to the Board of Health.

FOR THE INFORMATION OF COUNCIL:

(a) CHANGES TO THE AGENDA (Item 1)

ADDED DELEGATION REQUESTS

4.1 Chris Hacon, respecting the removal of fluoride from City water

ADDED GENERAL INFORMATION

11.1 Correspondence

(e) Letter from the Ministry of Health and Long-Term Care respecting base funding of up to $170,040 to support salary and benefits related to two new Full Time Equivalent public health nursing positions.

Recommendation: That the Medical Officer of Health be authorized and directed to enter into an agreement to receive, utilize, and report on the use of funds to hire two additional FTE nurses, to support priority populations impacted by social determinants of health.

(f) Letter from the Ministry of Health and Long-Term Care respecting the Public Sector Compensation Restraint to Protect Public Services Act, 2010

Recommendation: That the Medical Officer of Health be authorized, and directed to Complete the Compliance Report, in conjunction with both the Human Resources Department and Finance Department.

On a motion the agenda was approved, as amended.

(b) DECLARATIONS OF INTEREST (Item 2)

None

(c) MINUTES (Item 3)

(i) Board of Health minutes, dated February 28, 2011. (Item 3.1)

On a motion the minutes from the February 28, 2011, Board of Health Meeting, were approved.

(d) DELEGATION REQUEST (Item 4)

(i) Chris Hacon, respecting the removal of fluoride from City water. (Item 4.1)

On a motion staff were requested to provide the Board of Health with an Information Report, respecting fluoride in the City of Hamilton water supply.

On a motion Chris Hacon was approved to speak to the Board of Health when the Information Report respecting fluoride in City of Hamilton's water supply is presented.

(e) ADJOURNMENT (Item 13)

On a motion the Board of Health, was adjourned at 9:56 a.m.

Respectfully submitted,

Mayor B. Bratina, Chair
Board of Health

Christopher Newman
Legislative Assistant
Board of Health
March 29, 2011

Organization Name:	Hamilton Public Health Services		
Funded Program:	Anonymous HIV Testing		
Contact:	Linda Blake-Evans, Program Manager	**Date Completed:**	**February 17, 2011**

Past Year – 2010-11:

1. Provide a brief overview of the activities of your organization/program that took place in 2010-11 Please use the following headings:
   - Education, Outreach, Community Awareness
   - Support Services, Community Development
   - Staff, Board and Volunteer Activities
   - Other (e g , Community-based Research)

Education, Outreach & Community Awareness:

Anonymous HIV testing is available at 4 clinic sites in Hamilton through Public Health Services on a walk in basis.

Hamilton General Hospital (HGH) STD Clinic
East End Sexual Health Clinic
Street Health Centre
Dundas Sexual Health Clinic

In an effort to reach high risk clients, anonymous HIV testing services were enhanced in 2010 from current resources through new outreach clinics provided in collaboration with community agencies serving clients at high risk of STIs/HIV. Weekly clinics offering STI and anonymous/POC HIV testing were initiated at 4 new sites:

Good Shepherd Notre Dame Youth Shelter
Hamilton Urban Core Community Health Centre
Central Spa for Men bathhouse
Elizabeth Fry Society STARS program (Sex Trade Alternatives Resources)

POC testing has increased the number of persons testing anonymously for HIV which is reflected in the chart below. 7 new HIV infections were detected through anonymous testing in 2010

# of Anonymous HIV Tests Completed Per Site

Clinic Site	2006	2007	2008	2009	2010
HGH	232	130	114	60	29
East End	76	84	67	27	24
Street Health & Outreach*	113	139	168	233	494
Dundas	n/a	n/a	n/a	224	136
Total	**421**	**353**	**349**	**544**	**683**

*Includes Wesley Centre, Notre Dame Youth Shelter, Hamilton Urban Core Community Health Centre, Spa for Men clinic, STARS sites—all tests conducted by a public health nurse

# of Positive Anonymous HIV Tests Per Site

Clinic Site	2009	2010
HGH	0	0
East End	0	0
Street Health	0	6
Dundas	6	1
STARS	n/a	0
Total	**6**	**7**

Anonymous HIV testing services were promoted through clinic cards, public health's website, yellow pages and advertising on city buses. Advertisements promoting testing services were purchased in the local View Magazine newspaper which has a youth audience In November 2010, an HIV testing awareness campaign using the message "HIV--Be Sure, Get Tested" was launched as part of AIDS Awareness Week including a street banner, bookmarks offered at all public library sites, mall advertising boards and a workplace newsletter.

Public Health nurses conducted 95 community education sessions in 2010 which included STI, HIV and anonymous testing information. A half day workshop on HIV/STI for health care professionals was delivered in April 2010.

1783 calls were received by the Sexual Health Information Line primarily enquiring about STI & HIV testing clinics. Clients hear about our phone line through the internet (37%) and the phone book (22%). Callers were primarily female (62%) aged 20 – 34

Educational condom covers were distributed to Sexual Health clinics and community agencies, including bars Feedback included, "eye catching, picked up more often by youth, clear instructions, easy to take away" New condom covers were reprinted in 2010, incorporating the national flags of Caribbean and African countries to enhance HIV outreach activities to Hamilton's African and Caribbean communities

The Sexual Health Program continues to work closely with community partners such as Hamilton AIDS Network and Special Immunology Services (SIS) Clinic who are direct service providers to HIV positive individuals Clients are referred to these agencies for HIV treatment, support and counselling

Staff, Board and Volunteer Activities

All public health nurses who work at clinic each site are trained to offer Anonymous HIV testing and comprehensive pre and post test counselling Staff attended the Anonymous HIV Tester's Conference last year and brought back information to the program.

Support Services, Community Development:

Referrals are made with client consent to various support agencies in the city including Hamilton AIDS Network and Special Immunology Services clinic at Hamilton Health Sciences Hospital.

Other—Community Based Research:

In the fall of 2010, McMaster nursing students were assigned a project with public health nurses to determine interest in HIV education and distribution of condoms/promotional items at barber shops frequented by African and Caribbean community members. A survey was developed and conducted with a sample of barber shop

owners and data collated Students researched local immigration statistics to help inform flag choices to print on condom covers to better reflect local African and Caribbean population

A short survey to determine condom preferences in men who have sex with men was conducted at Hamilton's Pride event and with clients at the AIDS Network Findings were applied to condom purchases and distribution to men who visit local bathhouses and gay bars to promote condom use and HIV prevention.

2 In 2010-11, did you...
- notice any emerging trends?
- establish or end programs/services?
- develop or end partnerships?

Trends:

In 2010, there was an increase in Anonymous HIV testing numbers overall related to increased uptake of testing using POC as well as the expansion of anonymous HIV testing through outreach to high risk clients at various sites in the city We note that anonymous tests completed through the East End sexual health and STD clinics continue to decrease due to clients consenting to nominal HIV testing as part of a full screen for sexually transmitted infections

The 6 new positive HIV tests detected in 2010 were all through Anonymous POC testing at the Street Health Clinic which is stable from 2009 (n=6). Street Health Clinic clients often present with risk factors related to substance use, homelessness and mental health issues

Reported numbers of HIV cases in Hamilton remain stable, with 24 new cases reported total from community physicians/hospitals/public health clinics in 2010

10 AIDS cases were reported. Of concern is the trend that all AIDS cases were diagnosed within 3 months of their HIV diagnosis indicating a delay in HIV testing until symptomatic or near death

Were there any initiatives that were detailed in the 2010-11 program plan but were not performed? Please explain.

No

Current Year – 2011-12:

3 Provide an overview of the initiatives your organization/program plans to offer in 2011-12 Please use the following headings:
- Education, Outreach, Community Awareness
- Support Services, Community Development
- Staff, Board and Volunteer Activities
- Other (e g Community-based Research)

Education, Outreach, Community Awareness:
Public Health staff will continue to provide Anonymous HIV testing and STI/HIV educational sessions to the community and clinical services at clinics and outreach sites Advertising of clinic sites will continue through local media, service cards, yellow pages, public health website Posters will be distributed to key medical clinics in Hamilton promoting HIV testing
A new collaboration is under development in 2011 with the local detention centre in Hamilton involving HIV/STI education sessions for female inmates as well as linking women to support services upon release

Support Services, Community Development:
Will continue to liaise with local AIDS Network and Special Immunology Service clinic staff to provide referrals for support for newly diagnosed HIV clients.

Staff, Board and Volunteer Activities:
The staff member funded from the Anonymous HIV budget will be offered training and conference activities in 2011.

Community Based Research:

Public Health Nurses are continuing to work with McMaster nursing students in January 2011 to develop an HIV education package for barbers and hairdressers in the African and Caribbean community. Promotional items preferred by barbers from the 2010 survey (lip balm, hair picks) will be purchased and printed with program information contact information for distribution with flag condom covers in 2011

4 Describe the process used to develop this year's programming Please comment on whose input was obtained, and with which community partners this plan was formulated

The program manager regularly consults with the medical officer of health, program staff and the local ASO to stay aware of current issues in our community. Operational planning meetings were held in December 2010 with program staff, director and Associate Medical officer of Health to inform program activities for 2011 Surveillance data of STIs and HIV also informed this year's program plan. Finance staff calculations also informed the planning of the budget.

5. In what ways are your current plans influenced by the organization's strategic plan?

The City of Hamilton's 2011 strategic plan is under development and will inform Public Health Services' future strategic plan The 2007 – 2010 strategic plan states "Public Health Services will be an effective, innovative and efficient organization that is recognized as essential to the health and well-being of people of Hamilton"

The staff of Hamilton PHS work locally with individuals, families, community and partner agencies to promote and protect health and to prevent diseases and injuries Our programs and services are geared toward people of all ages and those for whom barriers exist in a variety of settings such as homes, workplaces, schools, food premises, day cares, health care settings and in the community

Anonymous HIV testing program is a key part in the early detection of HIV infection which helps diagnosed

persons to access prompt medical care and take steps to prevent the spread of infection.

ó Identify the constituencies that make up the population in your organization's region. How do you ensure that your organization is representative of these groups?

Hamilton, with a population of 504,559 (2006 Census), is the fourth largest of all Ontario cities, preceded by Toronto (2,481,494), Ottawa (774,072) and Mississauga (612,925). Hamilton has the tenth largest population of all Canadian cities Hamilton is a multilingual city with a larger proportion of residents with Italian or Polish as their mother tongue than the provincial average Of the non-official languages (those other than English and French), the language with the majority of speakers in Hamilton (regardless of their mother tongue) is Italian, followed by Polish, German and Portuguese The city of Hamilton has an inclusive hiring policy and conducts anti-racism training with all staff

7 Please explain how PHAs (people living with HIV/AIDS) are involved in the development and implementation of programs and/or organization governance

Public Health Services are responsible to the local Board of Health and to Ontario Public Health Standards. PHAs are consulted as needed to inform program development

Partnerships:

8. Describe the link between your program and your region's Community Planning initiative and/or **ongoing regional planning.**

Not actively linked at this time A public health nurse participates in the planning of the annual Central West)pening Doors conference.

9. How is your programming connected to your local Public Health Unit (for responding Health Units, substitute 'AIDS Service Organization')?

Clients who are at risk or test positive for HIV are offered a referral to the Hamilton AIDS Network for support services Public Health Services contracts a part time harm reduction worker from the AIDS Network for our mobile van needle exchange program (Public Health budget). A Public Health Nurse consults with the African Caribbean Outreach Worker at the AIDS Network to develop local outreach strategies for HIV prevention

10. How is your programming connected to an HIV/AIDS Clinic?

Clients who test positive for HIV at one of public health's testing sites are offered a referral to the local HIV Clinic (Special Immunology Services, McMaster) for follow up. Public Health staff consult regularly with HIV Clinic staff for surveillance data collection on HIV and STI reportable infections Staff also participate in professional development activities sponsored by the SIS clinic.

Addressing the Community's Needs:

11 How does your programming take into consideration, and/or address the recommendations of, the following.

- Strategy to Address Issues Related to HIV Faced by **People in Ontario From Countries Where HIV is Endemic**
  (http //www accho.ca/pdf/ACCHO_strategy_ENGLISH_Dec2003.pdf)

HIV testing services are accessible to clients from all communities Public health nurses are working to determine strategies and programs to increase HIV awareness in persons from endemic countries i e African-

Caribbean community outreach through education, flag condom covers, promotional items

- **Gay Men's Sexual Health Alliance**
  (http //www hivstigma com)

A weekly STI/HIV testing clinic was initiated in a local bathhouse and has been well received by clients. The testing program at the bath house has been discontinued as of February 2011 due to health and safety issues for the staff member An alternate bath house test site is being considered in 2011 pending review of services provided to date.

- **Other populations** – women, prisoners, people who use injection drugs, Aboriginal (First Nations, Inuit, Metis) etc.

A new collaboration is under development in 2011 with the local detention centre in Hamilton involving HIV/STI education sessions for female inmates as well as linking women to support services upon release. Existing harm reduction programs within Hamilton Public Health Services i e needle exchange, IDU outreach worker support persons who use injection drugs.
A weekly STI/HIV testing clinic has been initiated in a sex worker drop in program (Elizabeth Fry STARS program) and has been well received Plans are being made in 2011 to offer anonymous HIV and STI testing for criminalized women not involved in sex work who attend Elizabeth Fry programs.

Staff, Board and Volunteer Resources:

12 Describe any human resource issues that your organization is currently experiencing or you anticipate in the coming year. How do you plan to address these issues?

The Ontario Nurses Association contract expired in December 2010 and will be under negotiation in 2011

13. Do you plan on accessing any of the following resources in 2011-12?
    - ☐ Ontario Organizational Development Program (OODP) [www oodp ca]
    - ☐ AIDS Bereavement Project of Ontario (ABPO) [www abpo org]
    - ☐ Ontario AIDS Network (OAN) – Skills Development Workshops (for OAN member agencies) [www ontarioaidsnetwork on ca]
    - ☐ Ontario Provincial Resource for ASOs in HR (OPRAH) [http://www ontarioaidsnetwork.on ca/oprah.htm]

No

2011-12 Budget:

14. Describe how your budget for this fiscal year was developed What was the process and who was involved?

City Of Hamilton Finance and Administration staff projected the wage and benefits required to staff the Anonymous HIV Program with a 0 5 FTE public health nurse (PHN) Program manager reviewed the budget with Director of Clinical & Preventive Services Division and signed off by Medical Officer of Health

15. Does the 2011-12 budget differ significantly from the 2010-11 budget? If so, please explain why.

No significant change.

Strategic Plans / Issues:

16 What years does your strategic plan cover? If your strategic plan is currently being developed, when do you expect that it will be completed?

Strategic plan currently under development with expected completion date of summer 2011

17 What do you think are key issues facing your organization in the near future? Please list both opportunities and challenges What plans are in place to address these issues? What assistance might you require?

Key issues include increasing rates Chlamydia which indicate a high level of unprotected sexual activity and risk of HIV. Local surveillance data reveal that a significant number of AIDS diagnoses are reported within 1 – 6 months of the initial HIV diagnosis. The Sexual Health Program will continue to promote early testing for HIV through advertising and education

Public Health Services are collaborating with other city of Hamilton departments and a director of Neighbourhood Development to develop plans to develop a response and programming for local determinant of health issues and clients who are homeless or have addictions. Some of these clients are at high risk for HIV and will be considered in program plans around harm reduction.

ACKNOWLEDGEMENT

On behalf of the Board of Directors for

Hamilton Public Health Services, Anonymous HIV Testing Program

_____
(organization and program names)

I certify that:

- to the best of my knowledge, the information provided is accurate and complete;
- **the organization/program I represent will provide the required activity reports, settlement forms, audited financial statements and any supplementary reports required by the AIDS Bureau;**
- the Board of Directors is aware of its responsibilities as dictated by all applicable current provincial and federal legislation. The Board of Directors agrees to operate in accordance with guidelines and policies of the AIDS Bureau, Ministry of Health and Long-Term Care; and
- **all** components of the program plan, as checked off below, are included in this submission:

  ☒ Schedule A: 2011-12 Program Plan
  ☒ Schedule B: 2011-12 Budget
  ☐ Attachments as indicated in Schedules A and B (if applicable)

The 2011-12 Program Plan has been reviewed and submitted to the AIDS Bureau on (*date*):
_____ 2011:

This acknowledgement sign-off **must be signed by the Board Chair/President** (or organizational equivalent)

The signature of the Executive Director is not acceptable, and constitutes failure to submit this program plan.

Name: Dr. Elizabeth Richardson *(Please print)* Title: Medical Officer Of Health *(Please print)*

Signature: _____ Dated: _____

DUE DATE FOR PROGRAM PLAN IS APRIL 8, 2011

AIDS Bureau Bureau de lutte contre le SIDA

SCHEDULE A: 2011-12 PROGRAM PLAN TEMPLATE

Organization Name:	Mental Health and Street Outreach Service-Clinical and Preventive Services-Public Health Services-City of Hamilton		
Funded Program:	IDU Street Outreach Program		
Contact:	Valine Vaillancourt	**Date Completed:**	**Feb 2011**

Past Year – 2010-11:

1. Provide a brief overview of the activities of your organization/program that took place in 2010-11. Please use the following headings.
   - Education, Outreach, Community Awareness

   The Injection Drug Use Street Outreach Program (IDU program) continued to connect with injection drug using communities and promote harm reduction practices to prevent the spread of HIV/AIDS.
   The IDU worker held education sessions for clients on various topics, including mental health, addictions, housing, nutrition, HIV/AIDS, and Hepatitis C, looking especially at how these topics relate to substance use. Presentations were delivered to Correctional Officers in the Hamilton Wentworth Detention Centre (HWDC) in preparation for the return of female inmates. Presentations were also delivered to pharmacy staff at one of our needle exchange locations and to STARS peer program trainees.
   The IDU worker oriented medical residents and nursing students to the Van Needle Exchange Program through observation shifts. In educating medical service providers on harm reduction, drug use, addictions and homelessness, the program hopes to reduce the stigma that clients in this population often face when seeking health care.

   - Support Services, Community Development

   As a member of the Mental Health and Street Outreach Service, the IDU worker provided outreach services at the YWCA and various community drop-in centres. The IDU worker collaborated with members of the Sexual Health Team to successfully connect Hep C positive clients to the Shelter Health Network's Hep C Nurse, who assisted clients in receiving treatment.

   - Staff, Board and Volunteer Activities

   In the past year, a new Peer Worker was recruited to sit on the Consumer Chaired Advisory Committee of the Mental Health and Street Outreach Service. This individual's presence on the committee provided a unique perspective to discussions and program planning related to addiction issues. Two Peer Volunteers were given the opportunity to attend the Voices of Experience Program through the Mental Health Rights Coalition, which prepares peer volunteers to participate on community committees and Boards.

SCHEDULE A: 2011-12 PROGRAM PLAN TEMPLATE

- Other (e.g., Community-based Research)

Through the VAN Needle Exchange Program, the IDU worker assisted in distributing and collecting client satisfaction surveys. The worker also helped to collect data to map the locations of women involved in sex work in an effort to ensure that the Van program was accessing them

2. In 2010-11, did you. .
   - notice any emerging trends?

The Wesley Centre overnight emergency shelter program ended in August 2010. As a result, there have been fewer clients in and around the Wesley Centre. Finding shelter for clients who are active in their substance use posed an additional challenge, as the Wesley Centre was the shelter most frequently used by people who were intoxicated or actively using Finding shelter for women is also more challenging now that the Wesley's overnight program has closed. The recent opening of Mary's Place has helped with the issue of finding shelter for women. The IDU worker has joined a Woman Abuse Council in order to connect with women's shelters to problem solve around barriers and identify educational opportunities for shelter staff related to mental health and addiction issues. The Woman Abuse Council includes participation from Women's Detox and all other women's emergency shelters.

The Wesley Centre stopped its overnight needle exchange program due to changes in staffing that came with the end of the overnight program. As a result, clients could no longer access the needle exchange after midnight or in the early morning when other needle exchanges are closed. The IDU and Van Needle Exchange programs distributed print materials alerting clients of the change, and provided a map of other needle exchange locations and their hours of operation.

Another trend seen in the past year was the increased presence of heroin. Clients of the Van report that heroin is both more available and more potent than it has been in past years. This is likely to compete with the synthetic opiates that are more widely used in Hamilton. We will continue to monitor the impact of this change and the impact it has on the IDU community.

- establish or end programs/services?

The IDU worker continues to partner with other members of the Mental Health and Street Outreach Team to co-facilitate a Harm Reduction Group. Through adding new facilitators, clients have greater access to a variety of skill sets and the expertise of the team's members. Staff with mental health, addiction and housing skills bring their unique knowledge to the group.

- develop or end partnerships?

A partnership was created between the IDU program and Women's unit at HWDC. The

SCHEDULE A: 2011-12 PROGRAM PLAN TEMPLATE

IDU worker facilitates groups for incarcerated women at the detention centre, and has been able to connect with women in the community upon their release.

The IDU program, as part of the Mental Health and Street Outreach Service, is now part of the Clinical and Preventive Services Division of Public Health Services.

3. Were there any initiatives that were detailed in the 2010-11 program plan but were not performed? Please explain.

   Initiatives detailed in 2010-11 were carried out as planned

Current Year – 2011-12:

4. Provide an overview of the initiatives your organization/program plans to offer in 2011-12 Please use the following headings:

   - Education, Outreach, Community Awareness

   The IDU worker has started working with Sexual Health and Hepatitis C Nurses in Public Health to discuss and plan programming for women in the Hamilton-Wentworth Detention Centre. The goal of these meetings is to ensure that programming for incarcerated women is providing consistent messaging and information.
   Education regarding harm reduction, HIV/AIDS and Hep C remain a priority for the upcoming year. The IDU worker spends several hours each week visiting a variety of agencies that serve people living with HIV/AIDs (PHA's), homeless or under housed, sex trade workers, other drug users, and incarcerated men and women.
   The IDU worker will continue to provide educational materials, referrals, practical items, and harm reduction supplies, dependant upon client needs.

   As a member of the Mental Health and Street Outreach Team, street outreach remains an integral part of the IDU worker's role. During street outreach, the IDU worker engages people who are staying on the streets to ensure that they are aware of available community services. As part of the Mental Health and Street Outreach Service, the IDU Worker participates with other outreach staff during Cold Alerts and extreme heat warnings to ensure that people staying on the street are aware of resources available to them and the risks of exposure. The Van Needle Exchange Program is another avenue through which the IDU worker connects with and engages clients.

   - Support Services, Community Development

   The IDU worker is now part of a Woman Abuse Council comprised of community agencies serving women. The goal of this group is to identify the types of training needed to provide the best services and meet the needs of women who are facing mental health, addiction, violence and trauma issues In joining this council, the IDU

SCHEDULE A: 2011-12 PROGRAM PLAN TEMPLATE

Worker hopes to network with agencies serving women, in order to work more collaboratively and effectively with female clients.

- Staff, Board and Volunteer Activities

Greater involvement of peers is a priority for the coming years. Peers will be invited to research, plan and co-facilitate groups on harm reduction topics of their choice. The goal is for peers to gain group facilitation/leadership skills and share their experiences and expertise to prevent the spread of HIV/AIDS and to assist IDUs in moving along the harm reduction continuum. As in past years, the IDU program plans to provide CPR/First Aid and overdose prevention training.

- Other (e.g. Community-based Research)

Have not participated in community based research activities this past year.

5. Describe the process used to develop this year's programming. Please comment on whose input was obtained, and with which community partners this plan was formulated.

The program plan was developed using input from the Mental Health and Street Outreach Service and community partners, such as the Wesley Centre, the YWCA, the Hamilton AIDS Network, Alcohol Drugs and Gambling Services and the VAN Needle Exchange Program. Peer input was obtained through informal groups and surveys to determine program activities. The Harm Reduction Group changed its meeting time to accommodate changes to the lunch program at the Wesley Centre.

6 In what ways are your current plans influenced by the organization's strategic plan?

The organization's strategic plan states that "Public Health Services will be an effective, innovative and efficient organization that is recognized as essential to the health and well-being of people in Hamilton " The Mental Health and Street Outreach Service, which includes the IDU program, is recognized provincially and nationally as a unique and innovative program for its use of a capacity building structure The team's diverse mix of staff knowledge, skill sets and organizational cultures ensures an efficient and comprehensive approach to service delivery, enhancing the well being of the people we serve Consistent with a harm reduction philosophy, the IDU program continues to evaluate and evolve to meet clients "where they're at."

7. Identify the constituencies that make up the population in your organization's region. How do you ensure that your organization is representative of these groups?

The Mental Health and Street Outreach Service is representative of a number of diverse groups, including the LGBTQ and aboriginal communities. The IDU Program

SCHEDULE A: 2011-12 PROGRAM PLAN TEMPLATE

works in partnership with many community agencies that work with marginalized populations. As a result, the IDU worker has access to colleagues from a broad range of disciplines and agencies.

8. Please explain how PHAs (people living with HIV/AIDS) are involved in the development and implementation of programs and/or organization governance.

The IDU worker works closely with the Hamilton AIDS network, which has an extensive peer program that outlines the value of PHA's in peer roles and in the agency The peer manual for the IDU program was modelled after the AIDS Network's and its emphasis on the importance of Peer Work People who use injection drugs,and are at increased risk for contracting HIV continue to participate in the Harm Reduction Group.

Partnerships:

9. Describe the link between your program and your region's Community Planning initiative and/or ongoing regional planning.

The IDU program and the Mental Health and Street Outreach Service work collaboratively with community agencies to assist individuals who are marginalized because of mental health, addiction or homelessness issues. The focus of service is to connect individuals with health, housing and social services. These goals are consistent with the City Of Hamilton's Community Planning Initiative (Vision 2020) Vision 2020 identifies goals for Personal Health and Well Being as "providing adequate and appropriate health care to all citizens...to promote health and prevent disease and injury," and "to develop the social and physical environments to create a barrier-free community." These goals are consistent with the work done by the IDU Worker in focusing on the personal health and well being of individuals using injection drugs

Various members of the Mental Health and Street Outreach Service participate on external committees and information collected is shared at staff meetings. Examples of these committees include: Human Services and Justice Committee, Shelter Health Network Committee; Hamilton Addiction and Mental Health Committee; Blueprint for Change to the Emergency Shelter Committee; Roomers and Boarders Committee; Woman Abuse Council, and the Hospitals-Shelters Working Group.

10 How is your programming connected to your local Public Health Unit (for responding Health Units, substitute 'AIDS Service Organization')?

The IDU program, as part of the Mental Health and Street Outreach Service, is situated within Public Health Services in the Clinical and Preventive Services Division. The program is connected to the local ASO, the Hamilton AIDS Network, through the VAN Needle Exchange program, which is managed by Public Health Service's Sexual Health Team. The IDU worker regularly connects with the AIDS Network's Outreach worker with monthly meetings to discuss client concerns and changes in activity on the streets. The IDU worker provides in-service harm reduction presentations to various

SCHEDULE A: 2011-12 PROGRAM PLAN TEMPLATE

groups at the AIDS Network, and takes advantage of education sessions that other ASO's put on at the AIDS Network. The AIDS Network's Community Outreach worker also partners with the IDU worker for community presentations.

11. How is your programming connected to an HIV/AIDS Clinic?

The IDU program works closely with the Van Needle Exchange Program at its fixed site, located at The Street Health Centre. The Street Health Centre offers free Point of Care HIV testing, STI testing, education and counselling The IDU worker spends time at the Street Health Centre on a weekly basis as a means of interacting with people using the services. Many of these clients also attend the Harm Reduction group and other needle exchange services. The IDU worker refers clients to HIV/ Hepatitis C testing sites and accompanies them for testing when requested.
Over the past few years Hamilton has established a Shelter Health Network (SHN) where primary care services are offered within local emergency shelters.
(http://www shelterhealthnetwork ca) The Mental Health and Street Outreach Service is an active participant in the activities of the SHN and as a result, the IDU worker often accompanies clients to see these doctors for general health issues.

Addressing the Community's Needs:

12. How does your programming take into consideration, and/or address the recommendations of, the following:
    - Strategy to Address Issues Related to HIV Faced by **People in Ontario From Countries Where HIV is Endemic**
      (http://www.accho.ca/pdf/ACCHO_strategy_ENGLISH_Dec2003.pdf)
        - The IDU program continues to focus on developing relationships with Ontarians from countries where HIV is endemic. The program is in contact with the Hamilton AIDS Network, whose programming specifically targets these populations. The IDU worker is available to be contacted by the Network for presentations, or to work individually with clients The Van Needle Exchange program, which the IDU staff work with, deliver condoms and sexual health information to various locations that such populations may access

    - **Gay Men's Sexual Health Alliance**
      (http://www hivstigma.com)

      Recently the Sexual Health Program at Public Health has set up a fixed site clinic at local men's bathhouses. The Public Health Nurses and the IDU Worker have a connection through their work on the Van Needle Exchange mobile unit.

    - **Other populations** – women, prisoners, people who use injection drugs, Aboriginal (First Nations, Inuit, Metis) etc

SCHEDULE A: 2011-12 PROGRAM PLAN TEMPLATE

- The IDU program has close working relationships with various programs serving the populations mentioned above. The IDU program focuses on connecting with people who use injection drugs through outreach sessions at shelters, working on the Van, and weekly harm reduction groups. Groups are run in the Detention Centre in order to provide education on HIV/AIDS, Hep C & B, and harm reduction practices to incarcerated clients.

- The worker provides ongoing case management services for five to ten people on an ongoing basis, since many people who use injecting drugs need longer term support as they face barriers to accessing housing, health care and other community resources due to stigma.

- The IDU worker works collaboratively with the Elizabeth Fry STARS Program, a weekly drop-in for women involved in the sex trade. Here, the IDU worker is able to connect with women (many of whom inject drugs) and offer harm reduction information and supplies The STARS program serves as a means to work with clients who are incarcerated; on many occasions the E. Fry workers have served as a liaison between the IDU Worker and incarcerated female clients.

- The program takes Aboriginal clients into consideration by partnering with Aboriginal agencies and workers. The Aboriginal Health Centre has attended the Harm Reduction program group to deliver culturally specific presentations The Mental Health and Street Outreach Service have a staff person that is of Aboriginal descent on the team, so if it is necessary for a connection to be made by an Aboriginal person, that resource is available.

Staff, Board and Volunteer Resources:

13. Describe any human resource issues that your organization is currently experiencing or you anticipate in the coming year. How do you plan to address these issues?

The IDU Worker is a staff member of Wesley Urban Ministries The Wesley Urban Ministries has a contract for the IDU Worker with the Mental Health and Street Outreach Service of Public Health Services of the City of Hamilton The IDU Program is managed by the Manager of the Mental Health and Street Outreach Service and the IDU worker meets regularly with the Manager to discuss client issues and program plans There have not been any issues with this arrangement This service agreement is consistent with the structure of the Mental Health and Street Outreach Service and the philosophy of Public Health Services regarding collaboration with partner agencies through community capacity building

14. Do you plan on accessing any of the following resources in 2011-12?
☐ Ontario Organizational Development Program (OODP) [www.oodp.ca]

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☐ AIDS Bereavement Project of Ontario (ABPO) [www.abpo.org]
X☐ Ontario AIDS Network (OAN) – Skills Development Workshops (for OAN member agencies) [www.ontarioaidsnetwork.on.ca]
☐ Ontario Provincial Resource for ASOs in HR (OPRAH) [http://www.ontarioaidsnetwork.on ca/oprah.htm]

2011-12 Budget:

15. Describe how your budget for this fiscal year was developed What was the process and who was involved?

Budget development is based on the needs for programs and education of clients as reflected in the previous year The Manager of the Mental Health and Street Outreach Service and the IDU Worker discuss all aspects of the budget The Outreach Worker is given a copy of the budget and its status on a regular basis

16. Does the 2011-12 budget differ significantly from the 2010-11 budget? If so, please explain why.
No

Strategic Plans / Issues:

17. What years does your strategic plan cover? If your strategic plan is currently being developed, when do you expect that it will be completed?

Plan covers 2010-2011. Strategic Plan for Clinical and Preventive Services in Public Health will be completed in 2011-2012.

18. What do you think are key issues facing your organization in the near future? Please list both opportunities and challenges. What plans are in place to address these issues? What assistance might you require?

Connecting with populations who have difficulty receiving services, or who do not normally access services, continues to be a key opportunity for the program. Feedback from clients on Peer Support Program activities will prove invaluable in development of education/services that meet service recipient's needs. Due to the complex and challenging nature of working with individuals using injection drugs and having addiction issues, the IDU Worker requires a significant amount of support To provide support to the IDU Worker we have built into the program connections with an experienced addiction counsellor The clients we work with often have complex needs, and the connection of the IDU Worker with the Mental Health and Street Outreach Service provides IDU clients with a team that is multidisciplinary, multiagency and

SCHEDULE A: 2011-12 PROGRAM PLAN TEMPLATE

cross Ministry funded. This structure brings together staff with a variety of skills. The IDU staff participate in and have access to all the activities of the Mental Health and Street Outreach Service, including consultation with a psychiatrist around client issues. Continuing to provide quality and consistent programming will enable the IDU worker and the program as a whole to build a trusting relationship with clients to further the goal of promoting health and preventing the spread of HIV/AIDS.

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SCHEDULE A: 2011-12 PROGRAM PLAN TEMPLATE

ACKNOWLEDGEMENT

On behalf of the Board of Directors for

_____

_____,
(organization and program names)

I certify that:

- to the best of my knowledge, the information provided is accurate and complete;
- **the organization/program I represent will provide the required activity reports, settlement forms, audited financial statements and any supplementary reports required by the AIDS Bureau;**
- the Board of Directors is aware of its responsibilities as dictated by all applicable current provincial and federal legislation. The Board of Directors agrees to operate in accordance with guidelines and policies of the AIDS Bureau, Ministry of Health and Long-Term Care; and
- **all** components of the program plan, as checked off below, are included in this submission:

  ☐ Schedule A: 2011-12 Program Plan
  ☐ Schedule B. 2011-12 Budget
  ☐ Attachments as indicated in Schedules A and B (if applicable)

The 2011-12 Program Plan has been reviewed and submitted to the AIDS Bureau on (*date*). _____ 2011.

This acknowledgement sign-off **must be signed by the Board Chair/President** (or organizational equivalent).

The signature of the Executive Director is not acceptable, and constitutes failure to submit this program plan.

Name: _____ Title: _____
(Please print) *(Please print)*

Signature: _____ Dated: _____

DUE DATE FOR PROGRAM PLAN IS APRIL 8, 2011

Ministry of Health and Long-Term Care | Ministère de la Santé et des Soins de longue durée

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SCHEDULE B: 2011-12 Budget Submission

INSTRUCTIONS

1. **Column A - Approved 2010-11** Using your most recent "Approved 2010-11 Schedule B" state the line amount for each funded program
2. **Column B - Proposed 2011-12** Propose a Schedule B for 2011-12 for each funded program
3. **Column C - Ministry Use** Leave blank
4. **Approval (Signature)** This document must be signed by your organization's Board Chair (or equivalent) This signature is mandatory
5. **Submission & Due Date:** Mail this signed document along with all the other Program Plan documents to the AIDS Bureau, attention Joanne Lush, Senior Program Consultant
   This document is due at the AIDS Bureau on or before April 8, 2011

Organization Name: The City of Hamilton

Category & Line Item	HIV/IDU Outreach Project				Anonymous HIV Testing Program				Program 3 (enter name here)				Consolidated Budget				
SALARIES, WAGES, FTE	Column A - Approved 2010-11		Column B - Proposed 2011-12		Column A - Approved 2010-11		Column B - Proposed 2011-12		Column A - Approved 2010-11		Column B - Proposed 2011-12		Column A - Approved 2010-11		Column B - Proposed 2011-12		Column C - Ministry Use
	Amount	*FTE*	*Amount*	*FTE*	*Amount*	*FTE*	*Amount*	*FTE*	*Amount*	*FTE*	*Amount*	*FTE*	*Amount*	*FTE*	*Amount*	*FTE*	
1 HIV/IDU Outreach Worker	$ 46,293	1	$ 47,219	1									$ 46,293	1	$ 47,219	1	
2 Public Health Nurse					50,181	0 5	51,200	0 5					$ 50,181	0 5	$ 51,200	0 5	
3													$ 0	0	$ 0	0	
4													$ 0	0	$ 0	0	
5													$ 0	0	$ 0	0	
6													$ 0	0	$ 0	0	
7													$ 0	0	$ 0	0	
8													$ 0	0	$ 0	0	
9													$ 0	0	$ 0	0	
10													$ 0	0	$ 0	0	
11													$ 0	0	$ 0	0	
12													$ 0	0	$ 0	0	
13													$ 0	0	$ 0	0	
14													$ 0	0	$ 0	0	
15													$ 0	0	$ 0	0	
16													$ 0	0	$ 0	0	
17													$ 0	0	$ 0	0	
18													$ 0	0	$ 0	0	
19 **Total Salaries/FTE.**	$ 46,293	$ 1	$ 47,219	$ 1	$ 50,181	$ 1	$ 51,200	$ 1	$ 0	$ 0	$ 0	$ 0	$ 96,474	1 50	$ 98,419	1 50	
20 **Total Benefits** (% of Salary & Wages)		%		%		%		%		%		%	$ 0	%	$ 0	%	

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SCHEDULE B: 2011-12 Budget Submission

Organization Name The City of Hamilton

Category & Line Item	HIV/IDU Outreach Project		Anonymous HIV Testing Program		Program 3 (enter name here)		Consolidated Budget		
RENT & UTILITIES	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column C - Ministry Use
21 Rent	1,670	2,060	0	0			1,670	2,060	
22 Utilities/Maintenance/etc							0	0	
23 **Total Rent & Utilities**	**$ 1,670**	**$ 2,060**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 1,670**	**$ 2,060**	

SUPPLIES & OTHER EXPENSES	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column C - Ministry Use
24 Supplies & Other Expenses	$ 38,968	$ 37,652	$ 9,114	$ 8,095			48,082	45,747	
25 **Sub-total Supplies & Other Expenses**	**$ 38,968**	**$ 37,652**	**$ 9,114**	**$ 8,095**	**$ 0**	**$ 0**	48,082	45,747	
PROTECTED ALLOCATIONS									
25 Staff Education	1,600	1,600	250	250			1,850	1,850	
26 Ontario AIDS Network							0	0	
27 Volunteer Support							0	0	
28 **Sub-total Protected Allocations**	**$ 1,600**	**$ 1,600**	**$ 250**	**$ 250**	**$ 0**	**$ 0**	1,850	1,850	
29 **Total Supplies & Other Expenses**	**$ 40,568**	**$ 39,252**	**$ 9,364**	**$ 8,345**	**$ 0**	**$ 0**	**$ 49,932**	**$ 47,597**	

OTHER/SPECIAL ITEMS	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column C - Ministry Use
30 Other (state description)							0	0	
31 Other (state description)							0	0	
32 Other (state description)							0	0	
33 Other (state description)							0	0	
34 **Total Other/Special Line Items**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	

Ministry of Health and Long-Term Care / Ministère de la Santé et des Soins de longue durée

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Ontario

SCHEDULE B: 2011-12 Budget Submission

Organization Name The City of Hamilton

Category & Line Item	HIV/IDU Outreach Project		Anonymous HIV Testing Program		Program 3 (enter name here)		Consolidated Budget		
SUMMARY	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column C - Ministry Use
19 Salaries, Wages, Remuneration, FTE	$ 46,293 1 00	$ 47,219 1 00	$ 50,181 0 50	$ 51,200 0 50	$ 0 0 00	$ 0 0 00	$ 96,474 1 50	$ 98,419 1 50	
20 Benefits	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	
23 Rent/Utilities	1,670	2,060	0	0	0	0	1,670	2,060	
25 Supplies & Other Expenses	38,968	37,652	9,114	8,095	0	0	48,082	45,747	
28 Protected Allocations	1,600	1,600	250	250	0	0	1,850	1,850	
34 Other/Special Items	0	0	0	0	0	0	0	0	
TOTAL BUDGET	**$ 88,531**	**$ 88,531**	**$ 59,545**	**$ 59,545**	**$ 0**	**$ 0**	**$ 148,076**	**$ 148,076**	

APPROVAL - Board Chair's or President's signature (or organizational equivalent) This signature is mandatory

I have reviewed and hereby approve the proposed changes to the Schedule B as stated in column(s) "B - Proposed 2011-12"

Signature | Name and Title (Print) | Date (month, day, year)

This document is due at the AIDS Bureau on or before April 8, 2011

Mail & email this signed document along with all the other Program Plan documents to

Joanne Lush, Senior Program Consultant
AIDS Bureau, Provincial Programs Branch
Ministry of Health and Long-Term Care
5700 Yonge Street, 5th Floor, Toronto ON M2M 4K5
email joanne.lush@ontario.ca
tel 416 327 7231 / 1 800 268 6066

MINISTRY APPROVAL

This signature provides approval for the Schedule B 2011-12 Budget as submitted | Date Approved

Frank McGee, Manager, AIDS & Hep C Programs

Ministry of Health and Long-Term Care | Ministère de la Santé et des Soins de longue durée

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SCHEDULE B: 2011-12 Budget Submission

Organization Name The City of Hamilton

MINISTRY REVIEW NOTES

Budget Compared with Last Fiscal Yes No N/A	**Are there significant changes** Yes No N/A	**Satisfactory Explanation Provided** Yes No N/A
Comments		

Schedule B Reviewed by

Senior Program Consultant

Comments Regarding Proposed Initial Regulation made under the Retirement Homes Act, 2010

The Ontario Seniors' Secretariat is to be commended for introducing legislation aimed at protecting seniors living in retirement homes. The City of Hamilton has had a by-law in place for a number of years aiming to protect seniors and other adults living in residential care facilities, including retirement homes, within the City of Hamilton. As a result, Hamilton is in a unique position to offer comment to the province of Ontario and the Seniors' Secretariat with respect to the proposed initial regulation. It is our hope that the following feedback will be considered during finalization of the regulation made under the Ontario Retirement Homes Act, 2010.

We are concerned that the Act and regulation made under the Act will apply only to facilities housing a majority of residents who are 65 or older. There are numerous facilities housing adults that will not fall under this legislation or any other provincial legislation. For example, in Hamilton, approximately 65 residential care facilities will not be covered by the Act. These homes house adults who require some assistance with daily care and could include adults with mental illness or addictions This will result in preventing other adults, including those residing in domiciliary hostels, from realizing the protections offered to seniors under this Act. Although this is not an issue in the City of Hamilton, as care homes in Hamilton are regulated by a local by-law, it is a concern elsewhere in the province.

Overall the proposed regulation is welcomed and offers significant protection to seniors residing in retirement homes in the province. In most respects the proposed regulation is substantially similar to the current by-law. In some areas the protections offered by the proposed regulation exceed the requirements in our current bylaw. Specifically, we feel the following areas of the proposed regulation exceed current standards in Hamilton and these are a positive addition to retirement home legislation:

- Section 15: Policy of zero tolerance of violence and abuse including emotional abuse
- Section 20: Food preparation-requirement of all facilities to have a certified food handler
- Section 28: Requirement for an infection prevention and control program
- Section 30: Standards for administration of drugs and other substances
- Section 57. Trust for resident's money

Despite the majority of content within the proposed regulation (and Act) being in line with the current by-law there are some noticeable gaps. These gaps are not just gaps in comparison to our local bylaw but these are gaps we realize based on our lengthy experience working with care home locally including the following:

- Facilities where the majority of residents are not over the age of 65 and no other provincial legislation applies are not subject to the Act, potentially leaving vulnerable individuals without the protection afforded to seniors 65 years of age or older.

- Domiciliary hostels are not covered by the Act.

- The definition of a retirement home under the Act includes a residence housing 6 or more tenants. This could create a gap where a facility houses less than 6 tenants. Locally our bylaw covers any home with 4 or more residents while the Nursing Home Act, in comparison covers a facility with 2 or more residents.

- The proposed regulation gives no consideration to structural components of the home such as room size, floor space per bed, storage space for residents, lighting requirements and other environmental factors.

- The proposed regulation does not stipulate a maximum number of tenants per room. In fact, the regulation fails to make any mention of the number of tenants per room or the allotted room space per tenant.

- The regulation does not state that facilities are required to operate in compliance with other Acts or regulations as appropriate. For example, although section 20 speaks to the requirements with respect to food preparation there is no mention of compliance with the Food Premises Regulation 562 under the Health Protection and Promotion Act.

- The proposed regulation fails to stipulate requirements for maximum water temperature in order to prevent scalds from occurring

- Residents residing in retirement homes should feel a sense of security within their home. The proposed regulation does not include requirements for lockable doors on resident rooms or access to secure personal storage space for tenants. In addition, there is no requirement for private access to telephones for residents in the event a phone is not available in each resident room.

The proposed regulation covers some areas that have been traditionally overseen and enforceable by Pubic Health Inspectors under the Authority of the Health Protection and Promotion Act. These areas include pest control, food safety and infection prevention and control The introduction of

inspectors under the Authority delegated by this Act to monitor such areas could result in duplication of activities by the Authority and the local Board of Health.

In order to allow local medical officers of health the opportunity to implement inspection protocols and programs within retirement homes in their respective municipalities it is recommended that there be a requirement within the Act or regulation requiring retirement homes to notify the local medical officer of health of the intent to be registered with the Authority in order to operate as a retirement home. An option could be to require the Authority to report to the medical officers of health on all retirement homes per health unit in the province. It is essential that a communication process be included in the regulation in order to avoid any gaps between local authorities and the provincial Retirement Home Authority. The application of local public health unit programs in retirement homes will provide further protection to residents residing in retirement home in the areas of pest control, sanitation, food safety and infection prevention and control.

Overall the proposed initial regulation under the Retirement Homes Act, 2010 is comprehensive and will provide protection for those under the Act. We are hopeful that consideration will be given to further broadening the applicability of the Act to other facilities – those with a majority of residents who are under 65 in age and domiciliary hostels - providing the same services. We are also optimistic that consideration will be given to enhancing the proposed regulation in order to address the gaps identified above.