THE BOARD OF HEALTH PRESENTS REPORT 14-008 AND RESPECTFULLY RECOMMENDS:

1. Healthy Babies Healthy Children Protocol (BOH13010(a)) (City Wide)

That Report BOH13010(a) respecting Healthy Babies Healthy Children Protocol be received.

2. Communicable Disease and Health Hazard Investigations Semi-Annual Report, January 1, 2014-June 30, 2014 (BOH14029) (City Wide)

3. **Choices and Changes and Other Funding Grants Budget 2014-2015 (BOH14030) (City Wide)**

(a) That the 2014-2015 Alcohol, Drug and Gambling Services Choices and Changes Program budget as outlined in BOH14030, funded by the Ministry of Children and Youth Services be approved;

(b) That the 2014-2015 Community Funding/Grants, Back on Track, Remedial Measures cost recovery budget as outlined in BOH14030 be approved;

(c) That the 0.5 FTE reduction in Community Funding/Grant, Back on Track, Remedial Measures cost recovery budget as outlined in BOH14030 be approved;

(d) That the Medical Officer of Health be authorized and directed to execute all 2014/2015 Provincial Service Agreements and any ancillary agreements and contracts required to give effect to the Choices and Changes and Back on Track programs, as provided for in the budget outlined in report BOH14030. This includes the authority to authorize the submission of budgets and quarterly/year-end reporting the Service Agreement and any other agreement required for the Choices and Changes Program between the City and the Ministry of Children and Youth Services, and the Children’s Aid Societies in a form satisfactory to the City Solicitor;

(e) That the Medical Officer of Health be authorized and directed to submit reports as required by the Ministry of Children and Youth Services, and the Centre for Addiction and Mental Health to meet accountability agreements.

4. **Good 2 Go Food Box Pilot Project Evaluation – (BOH13039(a)) (City Wide) (Outstanding Business List Item) (Item 7.4)**

(a) That the Good 2 Go Food Box Pilot Project be terminated;

(b) That the remaining funds for the Good 2 Go Food Box pilot project be reallocated to monthly purchasing of fresh vegetables and fruit by Hamilton Food Share for distribution to food banks until March 2015;

(c) That a one-time 15-month extension to July 2016, under the title Healthy Food Supplement Pilot Program in the amount of $83,000 ($5,000/month for food x 15 months + $8,000 for administration) for the provision of fresh vegetables and fruit to food banks via Hamilton Food Share, be referred to the 2015 budget process;

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(d) That any future requests for funding of food assistance projects be referred to the Interdepartmental Food Strategy Steering Team for review and recommendations to ensure alignment with Hamilton’s Food Strategy. The Strategy is targeted for completion by March 2016;

(e) That the Waterdown Food Bank and Flamborough Food Bank be included in the new pilot program.

(f) That Public Health Services work with Food Share and CESD to develop a community strategy to single Ontario Works recipients to ensure they are aware of when and where the fresh vegetables and fruit will be distributed monthly. The distribution schedule will target the times that single Ontario Works recipients most often utilize food banks.

5. Vaccine Program Update (BOH14025(a)) (City Wide) (Item 8.1)

That Public Health Services discontinue large community-based seasonal influenza vaccine clinics with the exception of the Ward 15 location.

6. Neonicotinoid Pesticides and Honey Bee Populations (BOH14031) (City Wide) (Outstanding Business List Item) (Item 8.2)

That Report BOH14031 respecting Neonicotinoid Pesticides and Honey Bee Populations be received.

7. Appointment of Associate Medical Officer of Health – BOH14033 (City Wide)

(a) That Dr. Jessica Hopkins be appointed as Associate Medical Officer of Health, and the necessary documentation forwarded to the Minister of Health & Long-Term Care for approval;

(b) That Dr. Jessica Hopkins be appointed as an Acting Medical Officer of Health until such time as the Minister of Health & Long-Term Care approves her appointment as Associate Medical Officer of Health.

8. Response to Aboriginal Health Issues in the City of Hamilton (Item 9.2)

WHEREAS, Aboriginal people living in Hamilton experience higher rates of poverty and disproportionate rates of chronic disease and associated risk factors than the general population. Poverty rates are associated with the challenges linked to the determinates of health including access to health care, housing and food security (Social Planning and Research Council (SPRC), Our Health Counts, 2011); and
WHEREAS, Public Health Services (PHS) is mandated to reduce the burden of preventable chronic diseases; and

WHEREAS, PHS has worked with our Aboriginal communities regarding cancer prevention and screening since 2007; and

WHEREAS, PHS has recently had a successful partnership with over ten Aboriginal service providers/agencies to engage Aboriginal communities, promote cancer screening, and help mentor the CASTLE Project Community Health Educator/Navigator (CHEN) to address low cancer screening rates from April 2013-April 2014; and

WHEREAS, PHS Chronic Disease Prevention Program staff are planning to reconvene with the CASTLE Aboriginal Partners in the fall of 2014 to plan how to continue to address health disparities regarding cancer rates and health access; and

WHEREAS, the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) is mandated to work with Aboriginal communities for improved health and wellness:

“Local Health Integration Networks are mandated to work with Aboriginal communities for improved health and wellness. The HNHB LHIN has a responsibility to learn about and respect Aboriginal communities’ approach to health and wellness and how this approach guides the identification of health needs and solutions”

Therefore be it resolved:

(a) That staff from PHS engage with urban Aboriginal leaders to explore opportunities to address relevant health issues through culturally sensitive solutions; and

(b) That the Mayor, on behalf of the Board of Health and Council, request support from the LHIN to continue/renew funding for an Aboriginal Community Health Educator/Navigator focused on Chronic Disease Prevention.

9. Regulation of Drug Paraphernalia (Item 9.3)

That Public Health Services (Healthy Living) and the Planning Department (Licensing, Municipal Law Enforcement) be directed to report to the Board of Health on the following:
(a) regulating, under the Food Premises Schedule of the Business Licensing By-law, convenience store sales of devices such as bongs which facilitate the smoking of drugs by:

(i) restricting the display of the devices

(ii) prohibiting the sale of the devices to persons under 18 years of age; and

(b) opportunities for educating young people and their parents about the dangers of illicit drug use.

10. **Provincially Supported Universal Drug Programs (Item 9.4)**

WHEREAS, the Canadian Medical Association (CMA) identified and stated in their 2013 Health Care Reform, Change that Works document that, “Crucial to improved care is (A) universal access to comprehensive prescription drug coverage” (page 15);;

AND WHEREAS, there are segments of the population that report barriers to acquire financial support for drugs that are deemed required by an authorized health care professional and it is difficult to ensure access is obtained, Therefore be it resolved:

That the Mayor write to the Ontario Provincial Minister of Health and Federal Minister of Health on behalf of City Council requesting that this matter be brought forward to the appropriate provincial and federal government officials to establish an action plan that would be considered consistent with the following CMA recommendations on page 15 of their report:

“Governments, in consultation with the life and health insurance industry and the public, should establish a program of comprehensive prescription drug coverage to be administered through reimbursement of provincial/territorial and private prescription drug plans to ensure that all Canadians have access to medically necessary drug therapies.

Such a program should include the following elements:

- a mandate for all Canadians to have either private or public coverage for prescription drugs

- uniform income-based ceiling (between public and private plans and across provinces/territories) on out-of-pocket expenditures on drug plan premiums and/or prescription drugs (e.g., 5% of after-tax income)
• federal/provincial/territorial cost-sharing of prescription drug expenditures above a household income ceiling, subject to capping the total federal and/or provincial/territorial contributions either by adjusting the federal/provincial/territorial sharing of reimbursement or by scaling the household income ceiling or both

• group insurance plans and administrators of employee benefit plans to pool risk above a threshold linked to group size

• a continued strong role for private supplementary insurance plans and public drug plans on a level playing field (i.e., premiums and co-payments to cover plan costs)

Furthermore the federal government should:

• establish a program for access to expensive drugs for rare diseases where those drugs have been demonstrated to be effective

• assess the options for risk pooling to cover the inclusion of expensive drugs in public and private drug plan formularies

• provide adequate financial compensation to the provincial and territorial governments that have developed, implemented and funded their own public prescription drug insurance plans

• provide comprehensive coverage of prescription drugs and immunization for all children in Canada

• mandate the Canadian Institute for Health Information (CIHI) and Statistics Canada to conduct a detailed study of the socio-economic profile of Canadians who have out-of-pocket prescription drug expenses, in order to assess barriers to access and to design strategies that could be built into a comprehensive prescription drug coverage program.

FOR THE INFORMATION OF COUNCIL:

(a) CHANGES TO THE AGENDA (Item 1)

The Committee Clerk advised of the following changes:

ADDED DELEGATION REQUESTS (ITEM 4)
4.3 Myrtle Greve, Canadian Federation of University Women, respecting the Good 2 Go Food Box Pilot Project (request to speak today)

4.4 John Mills, Community Members of OW-ODSP Operations Committee, respecting the Good 2 Go Food Box Pilot Project (request to speak today)

4.5 Katrina Gervais respecting the Good 2 Go Food Box Pilot Project (request to speak today)

4.6 Dave Cherkewski respecting the Good 2 Go Food Box Pilot Project (request to speak today)

4.7 Deirdre Pike, Social Planning and Research Council of Hamilton, respecting the Good 2 Go Food Box Pilot Project (request to speak today)

4.8 Peter Hutton respecting the Good 2 Go Food Box Pilot Project (request to speak today)

WITHDRAWN DELEGATION (Item 6)

6.3 Jim McLean respecting the Good to Go Food Box Program (Approved on August 14, 2014) (no copy)

ADDED DISCUSSION ITEM (Item 8)

8.3 Appointment of Associate Medical Officer of Health (BOH14033) (City Wide)

The agenda of the September 18, 2014 Board of Health was approved, as amended.

(b) DECLARATIONS OF INTEREST (Item 2)

There were no declarations of interest.

(c) APPROVAL OF MINUTES OF PREVIOUS MEETING (Item 3)

(i) August 14, 2014 (Item 3.1)

The Minutes of the August 14, 2014 meeting of the Board of Health were approved, as presented.
(d) DELEGATION REQUESTS (Item 4)

(i) Tom Cooper, Hamilton Roundtable for Poverty Reduction, respecting the Good to Go Food Box Evaluation (request to speak today) (Item 4.1)

(a) The delegation request of Tom Cooper, Hamilton Roundtable for Poverty Reduction, respecting the Good to Go Food Box Evaluation, was approved; and

(b) The Rules of Order were waived to allow the delegate to speak at today’s meeting.

(ii) Susan Muma, Hamilton Organizing for Poverty Elimination, respecting the Good to Go Food Box Pilot Project (request to speak today) (Item 4.2)

(a) The delegation request of Susan Muma, Hamilton Organizing for Poverty Elimination, respecting the Good to Go Food Box Pilot Project, was approved; and

(b) The Rules of Order were waived to allow the delegate to speak at today’s meeting.

(iii) Myrtle Greve, Canadian Federation of University Women, respecting the Good 2 Go Food Box Pilot Project (request to speak today) (Item 4.3)

(a) The delegation request of Myrtle Greve, Canadian Federation of University Women, respecting the Good 2 Go Food Box Pilot Project, was approved; and

(b) That the Rules of Order were waived to allow the delegate to speak at today’s meeting.

(iv) John Mills respecting the Good 2 Go Food Box Pilot Project (request to speak today) (Item 4.4)

(a) The delegation request of John Mills, Community Members of OW-ODSP Operations Committee, respecting the Good 2 Go Food Box Pilot Project, was approved; and

(b) The Rules of Order were waived to allow the delegate to speak at today’s meeting.
(v) Katrina Gervais respecting the Good 2 Go Food Box Pilot Project (request to speak today) (Item 4.5)

(a) The delegation request of Katrina Gervais respecting the Good 2 Go Food Box Pilot Project, was approved; and

(b) The Rules of Order were waived to allow the delegate to speak at today’s meeting.

(vi) Dave Cherkewski respecting the Good 2 Go Food Box Pilot Project (request to speak today) (Item 4.6)

(a) The delegation request of Dave Cherkewski respecting the Good 2 Go Food Box Pilot Project, was approved; and

(b) The Rules of Order were waived to allow the delegate to speak at today’s meeting.

(vii) Deirdre Pike, Social Planning and Research Council of Hamilton, respecting the Good 2 Go Food Box Pilot Project (request to speak today) (Item 4.7)

(a) The delegation request of Deirdre Pike, Social Planning and Research Council of Hamilton, respecting the Good 2 Go Food Box Pilot Project, was approved; and

(b) The Rules of Order were waived to allow the delegate to speak at today’s meeting.

(viii) Peter Hutton respecting the Good 2 Go Food Box Pilot Project (request to speak today) (Item 4.8)

Peter Hutton sent his regrets as he was unable to attend the Board of Health Meeting.

(e) DELEGATIONS (Item 6)

(i) Sally Palmer, Social Action Committee, respecting the Good to Go Food Box Pilot Project (Item 6.1)

Sally Palmer, Social Action Committee, presented support for the Good 2 Go Food Box Pilot Project (G2GFB) with the aid of a handout. A copy of
the handout has been included in the public record. The presentation included, but was not limited to, the following:

**Food Supplement for Single People Received Ontario Works**

- History and Results of the G2GFB
- Fresh Produce Supplement
- Participants’ views of the G2GFB Program
- Nutritious Food
- Recommendations for funds

The presentation respecting support for the Good 2 Go Food Box Pilot Project was received.

(ii) **Elizabeth McGuire, Campaign for Adequate Welfare & Disability Benefits, respecting the Good to Go Food Box Program (Item 6.2)**

Elizabeth McGuire allotted her delegation time to other delegates.

(iii) **Jim McLean respecting the Good to Go Food Box Program (Item 6.3)**

The delegation of Jim McLean was withdrawn.

(iv) **Tom Cooper, Hamilton Roundtable for Poverty Reduction, respecting the Good to Go Food Box Evaluation (Item 6.4)**

Laura Cattari, Hamilton Roundtable for Poverty Reduction, spoke on behalf of Tom Cooper expressing support of the Good 2 Go Food Box Pilot Project.

The presentation respecting support for the Good 2 Go Food Box Pilot Project was received.

(v) **Susan Muma, Hamilton Organizing for Poverty Elimination, respecting the Good to Go Food Box Pilot Project (Item 6.5)**

Susan Muma, Hamilton Organizing for Poverty Elimination (HOPE), presented support for the Good 2 Go Food Box Pilot Project with the aid of a handout. A copy of the handout has been included in the public record. The presentation included, but was not limited to, the following:

- Hamilton Organizing for Poverty Elimination (HOPE)
• Participation in the Good 2 Go Food Box Pilot Project
• Low Incomes and Healthy Foods

The presentation respecting support for the Good 2 Go Food Box Pilot Project was received.

The Chair directed the Clerk to provide any correspondence from the following delegates respecting the Good 2 Go Food Box Pilot Project, who did not speak at the Board of Health meeting on September 18, 2014, to Council members before September 24, 2014:

(aa) Myrtle Greve, Canadian Federation of University Women, respecting the Good 2 Go Food Box Pilot Project (Item 6.6)

(bb) John Mills respecting the Good 2 Go Food Box Pilot Project (Item 6.7)

(cc) Katrina Gervais respecting the Good 2 Go Food Box Pilot Project (Item 6.8)

(dd) Dave Cherkewski respecting the Good 2 Go Food Box Pilot Project (Item 6.9)

(ee) Deirdre Pike, Social Planning and Research Council of Hamilton, respecting the Good 2 Go Food Box Pilot Project (Item 6.10)

(ff) Peter Hutton respecting the Good 2 Go Food Box Pilot Project (Item 6.11)

(f) PRESENTATIONS (Item 7)

(i) Hamilton Health Links (Item 7.1)

Brenda Flaherty, Executive Vice President of Operations, Hamilton Health Sciences, Dr. David Higgins, President, St. Joseph’s Health Care Hamilton and Jim Williams, Lead Physician, Hamilton Family Health Team presented Hamilton Health Links with the aid of a PowerPoint presentation. A copy of the presentation has been included in the public record. The presentation included, but was not limited to, the following:

Hamilton Health Links

• Hamilton Health Links in Hamilton
• Improve the Quality and Experience
• Factors that Shape Out Health

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• Guiding Principles
• Organizations Across the City
• A Prosperous and Health Community

The presentation respecting Hamilton Health Links was received.

(ii) Public Health Services/Board of Health Celebration (Item 7.2)

Dr. Richardson, Medical Officer of Health, presented Hamilton Board of Health Sensation with the aid of a PowerPoint presentation. A copy of the presentation has been included in the public record. The presentation included, but was not limited to, the following:

**Hamilton Board of Health Sensation**

• Accomplishments 2010-2014
• Healthy Community
• 2010-2014 Awards
• Foundation for Future State
• 2015 – Major Initiatives

The presentation respecting Hamilton Board of Health Sensation was received.

(iii) Pan Am Public Health Implications (Item 7.3)

Brent Browett, Director, Planning, Public Health Services and Ellen Pezzetta, Director, Public Health Nurse, presented Pan Am 2015 with the aid of a PowerPoint presentation. A copy of the presentation has been included in the public record. The presentation included, but was not limited to, the following:

**Pan Am 2015**

• Event Information
• Emergency Planning
• Pan Am Risk Assessment – Local & Provincial
• Consequence Management Planning
• Pan Am Working Groups
• Pan Am Tobacco Control

The presentation respecting the Pan Am Public Health Implications was received.
(iv) Good 2 Go Food Box Pilot Project Evaluation – (BOH13039(a)) (City Wide) (Outstanding Business List Item) (Item 7.4)

The presentation respecting the Good 2 Go Food Box Pilot Project Evaluation Report BOH13039(a) was waived.

The Good 2 Go Food Box Pilot Project Evaluation Pilot Project Evaluation (BOH13039(a)) was amended by adding the following:

(f) That the Waterdown Food Bank and Flamborough Food Bank be included in the new pilot program.

The Motion as amended CARRIED on the following vote:


Total: 9

Nays: 0


Total: 7

Item “B” respecting the Good 2 Go Food Box Program (formerly known as the Easy Food Box Program) was removed from the PHS Outstanding Business List.

For disposition of this matter, refer to Item 4.

(g) MOTIONS (Item 9)

(i) Gasification Process Operation in Hamilton (Item 9.1) (TABLED on May 22, 2014)

The motion respecting the Gasification Process Operation in Hamilton was tabled to the 2014-2018 term of Council.

The following motions were tabled to the Council of September 24, 2014 for consideration:
(h) ADJOURNMENT (Item 13)

There being no further business, the Board of Health adjourned at 3:42 p.m.

Respectfully submitted,

Mayor R. Bratina
Chair, Board of Health

Jasmine Branton
Legislative Coordinator
Office of the City Clerk