

Haldimand-Norfolk
Health and Social Services Advisory Committee

May 29, 2023

9:30 a.m.

Council Chambers

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11.	Closed Session	
12.	Next Meeting	
12.1	Monday June 26, 2023	
13.	Adjournment	

Haldimand-Norfolk
Health and Social Services Advisory Committee

April 24, 2023
9:30 a.m.
Council Chambers

Present: Chris Van Paassen, Linda Vandendriessche, Alan Duthie, Shelley Ann Bentley, John Metcalfe

Also Present: Christina Lounsbury, Syed Shah, Stephanie Rice, Medical Officer of Health Dr. Joyce Lock, Katherine Donovan, Chris Parker, Chris Gilbert, Alexis Atkinson, Marcia Annamunthodo, Kike Ogunsulire

-
- 1. Disclosure of Pecuniary Interest**
 - 2. Additions to Agenda**
 - 3. Presentations/Deputations**
 - 4. Adoption/Correction of Advisory Committee Meeting Minutes**
 - 4.1 Health and Social Services Advisory Committee -March 27, 2023**

The Minutes of the Health and Social Services Advisory Committee meeting dated March 27, 2023, having been distributed to all Committee Members and there being no errors reported, they were there upon declared adopted and sign by Chair Bentley.

Moved By: Chris Van Paassen

Seconded By: John Metcalfe

Carried.

5. Update on Reports

Syed Shah, Acting General Manager of Health and Social Services advised that there was no updates from March 27, 2023 Health and Social Services Advisory Committee meeting.

6. Consent Items

7. Staff Reports

7.1 General Manager

7.2 Public Health

7.2.1 Acting Medical Officer of Health Dr. Joyce Lock's update

Dr Joyce Lock presented her report and answers questions the committee had.

Moved By: Linda Vandendriessche

Seconded By: Chris Van Paassen

Carried.

7.2.2 Environmental Health Emerging Trends 2023, HSS-23-015

Moved By: Alan Duthie

Seconded By: Linda Vandendriessche

THAT Staff Report HSS 23-015, Environmental Health Emerging Trends 2023, be received as information.

Carried.

7.2.3 Community Needs Assessment 2022 - HSS-23-020

Moved By: Alan Duthie

Seconded By: John Metcalfe

THAT the Information Memo regarding the Community Needs Assessment 2022 – HSS-23-020 be received as information.

Carried.

7.3 Social Services and Housing

7.3.1 Ontario Works Service Plan 2023, HSS-23-014

Moved By: John Metcalfe

Seconded By: Linda Vandendriessche

THAT staff report HSS 22-014, Ontario Works Business Plan 2023, be received as information;

AND THAT Council direct staff to submit the Ontario Works Service Plan for 2023 to the Ministry of Community and Social Services for their approval.

Carried.

8. Sub-Committee Reports

9. Communications

10. Other Business

Committee Member John Metcalfe asked staff about an assessment center for Haldimand and Norfolk farmers can access during the Avian Influenza outbreak in Norfolk County.

Acting General Manager of Health and Social services Syed Shah confirms that an assessment center has been arranged and will be located at the Simcoe Health Unit -12 Gilbertson Drive Simcoe on Tuesday's and Thursdays from 7am-12pm and Sundays from 5pm-8pm starting April 23, 2023 and going until July 23, 2023.

11. Closed Session

Health and Social Service Advisory Committee enter closed session to discuss Municipal Act, 2001 Section 239(2)(h) A position, plan, procedure, criteria and instruction to be applied to any negotiations carried on by or on behalf of municipality or local board.

Moved By: John Metcalfe

Seconded By: Linda Vandendriessche

Carried.

11.1 HSS-23-027 - Ontario Seniors Dental Care Program Overview and Service Implementation Request

Pursuant to the Municipal Act, 2001 Section 239(2)(k) A position, plan, procedure, criteria or instruction to be applied to any negotiations carried on by or on behalf of the municipality or local board.

Moved By: Linda Vandendriessche
Seconded By: Alan Duthie

Carried.

Moved By: John Metcalfe
Seconded By: Chris Van Paassen

The committee reconvene in open session.

Carried.

12. Next Meeting

12.1 Monday May 22, 2023 - Victoria Day Holiday. Postponing meeting till Monday May 29, 2023 @9:30am

13. Adjournment

11:27 a.m.

Moved By: John Metcalfe
Seconded By: Chris Van Paassen

Carried.

To: Members of Health and Social Services Advisory Committee

From: Dr. Joyce Lock, Acting Medical Officer of Health

Date: May 29, 2023

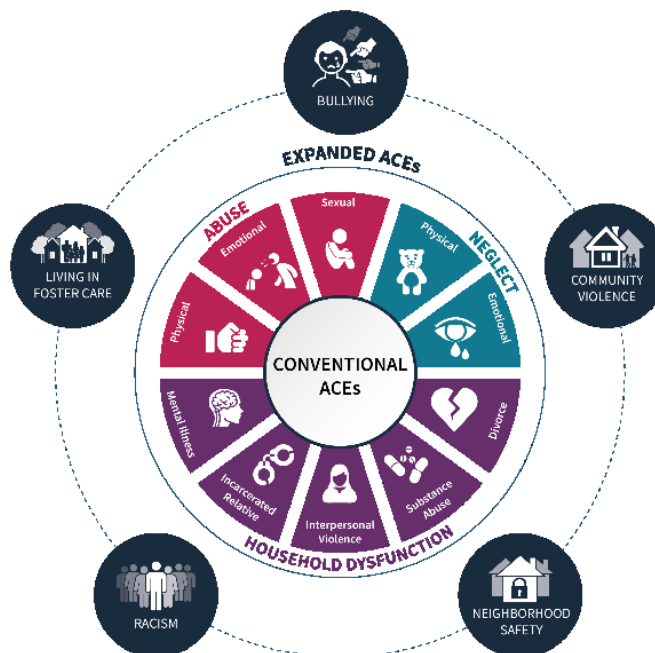
Re: Acting Medical Officer of Health Update

Why a Healthy Babies Healthy Children Program?

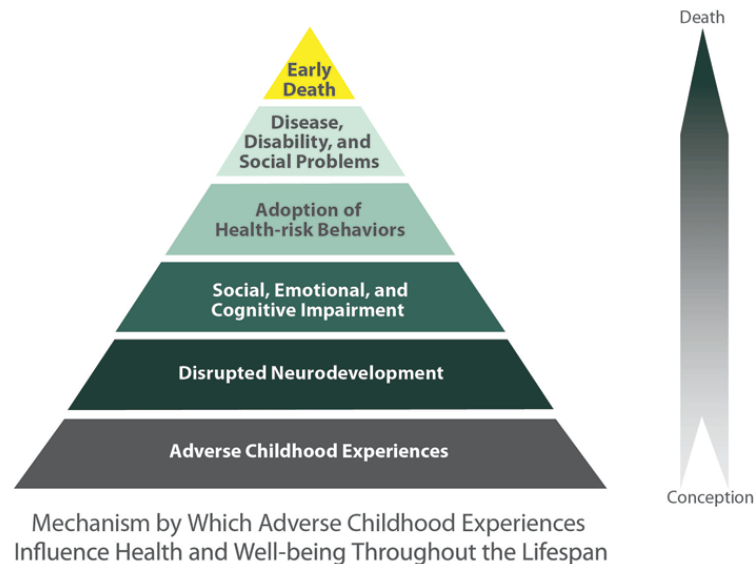
The Healthy Babies Healthy Children program is designed to help children in Ontario to have a healthy start to life and provide them the opportunity to reach their potential.

Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood from 0-17 years of age. A [Canadian longitudinal study](#) of individuals 45-85 years found that exposure to physical abuse, intimate partner violence, and emotional abuse were the most prevalent types of ACEs. People with no secondary education or education below a bachelor's degree, or with annual household income less than \$20,000, women and those of non-heterosexual orientation reported greater exposure to ACEs. A study from [Wellington Dufferin Guelph](#) Public Health reported that 81% of adults had at least one ACE, while 31% had four or more. A [retrospective study](#) indicated that 32% of Canadian adults have experienced childhood abuse.

The [pictogram](#) shows the 10 domains of Adverse Childhood Experience



[Research](#) shows that childhood adversity affects stress response functions, leading to long term changes in the brain and body. [Studies](#) have found links between exposure to abuse or household dysfunction during early childhood to major health risk factors in the adult years. ACEs are associated with increased rates of heart disease, stroke, cancer, chronic obstructive lung disease (COPD), diabetes, Alzheimer's and suicide. ACEs have lasting, negative health effects, well-being, and life opportunities such as education and job potential. [Studies](#) also show increased rates of alcoholism, drug use, and depression. The [economic impact](#) of ACEs is also substantive.



The Centre for Disease Control after its [evidence review](#), recommended the following strategies to prevent ACEs:

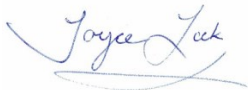
- Strengthen economic supports for families
- Promote social norms that protect against violence and adversity
- Teach skills – social emotional learning, healthy personal and family relationships, parenting skills
- Connect youth to caring adults and activities
- Intervene to lessen immediate and long-term harms
- Ensure a strong start for children
 - Early childhood home visitation
 - High- quality childcare
 - Preschool enrichment and family engagement

Public Health Ontario (PHO) reviewed evidence to identify [public health approaches](#) implemented in Canada to prevent or mitigate the impact of ACEs. Most programs targeted only one the ACEs and required strong partnership with additional community agencies involved in children's services. PHO also scanned [Ontario Public Health Units](#) to identify activities conducted to mitigate ACEs across the lifespan. These activities addressed physical, emotional, and sexual abuse, emotional and physical neglect, and the mental health in the household. Activities were mostly delivered the health unit and occasionally via an external agency such as EarlyON centres, schools, and community agencies. Forty-five percent of health units reported they had modified the Healthy Babies Healthy Children (HBHC) program to address ACEs. These modifications were to improve triaging HBHC clients based on the ACE-like factors collected during the universal postpartum screen, to develop partnerships with community agencies using common ACEs language, and to ensure training on ACEs for HBHC staff.

The [Nurse Family Partnership](#) is a specific home visiting program. It is based on extensive research in the USA where the programs have been systematically evaluated since the inception of the program 40 years ago. The program improves the health, well-being, and self-sufficiency of first-time parents and their children. [McMaster](#) is evaluating the program within the Canadian context. With the program, specially trained nurses regularly visit young moms-to-be, starting in early pregnancy, continuing to the second birthday. Because of the intensive nature of the intervention, only a few health units have been able to implement the program and only on those families deemed to be of highest risk.

In conclusion, awareness of the long-term harms of ACEs is an essential step in breaking the cycle of adversity. Nurturing supportive relationships within families and with others is critical to developing healthy, resilient adults. The Healthy Baby Healthy Children Program is a key intervention to achieve this goal.

Respectfully submitted,



Dr. Joyce Lock, M.D. , MSc



Board of Health Meeting – June 06, 2023

Advisory Committee Meeting – May 29, 2023

Subject: 2023- Annual Service Plan and Budget Submission
Report Number: HSS-23-025
Division: Health and Social Services
Department: Public Health
Purpose: For Decision

Recommendation(s):

THAT report HSS-23-025 be received as information;

AND THAT the Board of Health endorse the submission of the 2023 Annual Service Plan and Budget Submission to the Ministry of Health.

Executive Summary:

This report is to advise the Board of Health on the submission of the Annual Service Plan and Budget Submission (ASP) to the Ministry of Health and request that the Board endorse the submission.

Discussion:

The Ministry of Health (MOH) requires submission of an ASP to accompany the request for funding for mandatory, related and one-time programs. The purpose of the ASP is to describe the programs and services Boards of Health (BOH) are planning to deliver in accordance with the Ontario Public Health Standards (OPHS) based on local needs and communicate budgeted expenditures for a given year.

The Annual Service Plan and Budget Submission describes existing services planned and reflects programs that are cost-shared and 100% funded by the MOH.

Additional requests for one-time funding are included within the submission, describing the resources required to ensure that the Health Unit is compliant with the modernized standards.

This submission was limited to eight specific one-time requests, including the COVID-19 General and Vaccine Programs. Health Unit staff included one-time requests based on local need, strategic priorities and reducing the municipal levy contribution.

A summary of the Annual Service Plan and Budget Submission includes:

- 1) Base Funding: Total budget submission of \$9,638,500 for the Mandatory (\$9,005,200) and Ontario Seniors Dental Care (\$633,300) programs
- 2) One-Time COVID-19 Funding Requests: Total budget submission of \$2,200,100 for the General Program (\$1,035,100) and the Vaccine Program (\$1,165,000)
- 3) Additional One-Time Funding Requests: Total budget submission of \$370,500 for specific requests; Extraordinary Costs (non-COVID-19), New Purpose-Built Vaccine Refrigerators, Public Health Inspector Practicum Program and Capital

Note that the ASP does not include programs funded by the Ministry of Children, Community and Social Services, or third parties.

Financial Services Comments:

Norfolk County

The 2023 Annual Service Plan and Budget Submission’s base and one-time COVID-19 funding requests were developed as per the Approved 2023 Haldimand-Norfolk Health Unit operating budget. The additional one-time requests have been put forward based on select Ministry criteria, and are in line with the Health Unit’s current strategic plan. Table 1 summarizes the budget submission requests.

Table 1 – Budget Submission Summary

Request	MOH Funding (\$)	Levy Funding (\$)	Total (\$)
Mandatory Programs	5,486,300	3,518,900	9,005,200
Ontario Seniors Dental Care Program	633,300	0	633,300
COVID-19 General Program	1,035,100	0	1,035,100
COVID-19 Vaccine Program	1,165,000	0	1,165,000
Additional One-Time Programs	370,500	0	370,500
Total	8,690,200	3,518,900	12,209,100

Levy funded costs are budgeted per the arbitration agreement, and are updated and reconciled annually.

A follow up budget amendment report will be provided to the Board once approvals have been determined and communicated to the Health Unit.

Haldimand County

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services. Future costs over and above the Approved 2023 Board of Health Budget, would be cost shared based on the applicable cost sharing agreement, if not fully funded, and should be ranked and evaluated during the appropriate budget process.

Interdepartmental Implications:

Norfolk County

Haldimand County

Staff have no additional comments.

Consultation(s):

N/A

Strategic Plan Linkage:

This report aligns with the Council strategic priority to Ensure the health, safety and well-being of the community.

Explanation: The Annual Service Plan and Budget Submission adheres to council strategic priorities and meet the requirements of ministry of health to secure funds to achieve the Ontario Public Health Standards with a focus on local need.

Conclusion:

This report is to update the Board of Health of the 2023 Annual Service Plan and Budget Submission and requests that the Board endorse the submission.

Attachment(s):

- Attachment #1 – 2023 Budget Summary
- Attachment #2 – 2023 One-Time Funding Requests
- Attachment #3 – 2023 Key Contacts and Certification

Approval:

Approved By:
Al Meneses
CAO, Norfolk County

Reviewed By:
Michael Vansickle
Norfolk County
Senior Financial Analyst

Prepared By:
Syed Shah
Health and Social Services
Director, Public Health

2023 Annual Service Plan and Budget Submission

Board of Health for the Haldimand-Norfolk Health Unit

Budget Summary

Base Funding								
Source of Funding	Budget (at 100%) A	Provincial Share B= A*Prov.Share	Approved Allocation C	Variance Surplus / (Municipal Contribution Over 30%) D = C - B	COVID-19 Program Costs to be Managed within Mandatory Programs (provincial and municipal portions) E	Budget (at 100%) minus Covid-19 F = A - E	Approved Allocation (at 100%) G = C / 70%	Surplus Available to Offset Covid-19 H = G - F
Mandatory Programs (Cost-Shared)	9,005,200	6,303,640	5,486,300	(817,340)	-	9,005,200	7,837,571	(1,167,629)
Ontario Seniors Dental Care Program (100%)	633,300	633,300	633,300	-				
Total	9,638,500	6,936,940	6,119,600	(817,340)				

Summary of Expenditures by Standard

Standards	Total Board of Health	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures
Direct Costs									
Population Health Assessment	226,700	143,100	40,100	1,700	6,900	24,400	4,200	-	6,300
Health Equity	230,900	145,500	44,300	1,600	6,500	23,000	4,000	-	6,000
Effective Public Health Practice	427,700	275,000	73,000	3,200	12,700	44,600	7,600	-	11,600
Emergency Management	55,700	35,400	10,400	400	1,600	5,500	1,000	-	1,400
Chronic Disease Prevention and Well-Being	974,500	228,000	69,700	3,300	12,900	44,700	604,400	-	11,500
Food Safety	446,600	337,500	89,500	4,000	15,900	55,600	9,500	(79,800)	14,400
Healthy Environments	431,800	270,200	71,400	3,600	14,400	50,500	8,600	-	13,100
Healthy Growth and Development	592,900	372,500	111,800	4,600	18,200	63,600	10,900	(5,100)	16,400
Immunization	571,500	370,300	116,600	4,400	17,400	61,000	10,400	(24,300)	15,700
Infectious and Communicable Diseases Prevention and Control	1,488,000	944,600	278,200	10,600	42,500	148,500	25,300	-	38,300
Safe Water	422,800	267,100	75,900	3,200	12,800	44,600	7,600	-	11,600
School Health	1,883,400	1,151,700	356,300	15,100	60,000	210,200	35,900	-	54,200
Substance Use and Injury Prevention	898,600	554,300	160,300	7,400	29,400	103,000	17,600	-	26,600
Total Direct Costs	8,651,100	5,095,200	1,497,500	63,100	251,200	879,200	747,000	(109,200)	227,100
Indirect Costs									
Indirect Costs	987,400	728,500	186,900	6,300	25,100	87,900	15,000	(85,000)	22,700
Total Expenditures	9,638,500	5,823,700	1,684,400	69,400	276,300	967,100	762,000	(194,200)	249,800

2023 Annual Service Plan and Budget Submission

Board of Health for the Haldimand-Norfolk Health Unit

One-Time Funding Requests

One-Time Funding Requests Summary	Amount
Strategic Plan - Process Facilitator	30,000
Secure Card Swipe Access	15,300
PHI Inspector Program	28,700
Website Modernization	122,800
Vaccine Refridgerator Upgrade	48,700
Electronic Medical Record System – in preparation for future emergency response	125,000
COVID-19 General Program Extraordinary Costs	1,035,100
COVID-19 Vaccine Program Extraordinary Costs	1,165,000
Total One-Time Funding Requested	2,570,599

2023 Annual Service Plan and Budget Submission

Board of Health for the Haldimand-Norfolk Health Unit

Key Contacts and Certification

Do not include personal contact information. Contact information (e.g., emails, phone numbers and mailing addresses) should be those of the board of health or a public health unit office.

Key Contacts							
Position	First Name	Last Name	Phone + Extension	Email	Board of Health / PHU Office Mailing Address	City/Town	Postal Code
Chair, Board of Health	Amy	Martin	519-426-5870 ex. 1224	amy.martin@norfolkcounty.ca	50 Colborne St. S	Simcoe	N3Y 4H2
Medical Officer of Health	Dr. Joyce	Lock	519-426-6170 ex. 3260	joyce.lock@hnhss.ca	12 Gilbertson Dr.	Simcoe	N3Y 4N5
Chief Executive Officer (if applicable)	Syed	Shah	519-426-6170 ex. 3749	syed.shah@hnhss.ca	12 Gilbertson Dr.	Simcoe	N3Y 4N5
Business Administrator	Amy	Fanning	519-426-5870 ex. 1231	amy.fanning@norfolkcounty.ca	50 Colborne St. S	Simcoe	N3Y 4H2

Certification	
Position	Date Approved
Board of Health Chair	
Medical Officer of Health / Chief Executive Officer	Friday, March 31, 2023
Business Administrator (Verifies that the budget data provided in the Annual Service Plan and Budget Submission is accurate)	Monday, April 3, 2023



Board of Health Meeting – June 06, 2023

Advisory Committee Meeting – May 29, 2023

Subject: Healthy Babies Healthy Children Program Update
Report Number: HSS-23-017
Division: Health and Social Services
Department: Public Health
Purpose: For Information

Recommendation(s):

THAT report HSS-23-017, Healthy Babies Healthy Children Program Update, be received for information.

Executive Summary:

The Healthy Babies Healthy Children (HBHC) is a free and voluntary program for pregnant women and families with young children up to the child's transition to school. The Haldimand Norfolk Healthy Babies Healthy Children team continues to support families in our community through our home-visiting program and indirectly through our community partners and programs.

Discussion:

A child's experiences and support in the early years, from before birth to age six, provide the foundation to lifelong health and development. HBHC Program was introduced in 1998 and is delivered by Public Health Units across Ontario as mandated by the Ontario Public Health Standards (2008 and 2018). The purpose of this best practice program is to help children get a healthy start in life by:

- Screening families before birth, at birth and during early childhood to identify families who might need and benefit from more support. Screening involves gathering information from parents, hospital records and/or service providers, with the family's consent, to identify children potentially at risk for poor child development;
- Providing home visits by Public Health Nurses and Family Home Visitors to expectant mothers and new parents who need and want more support and can benefit from home visiting by learning about:

- Having a healthy pregnancy and birth
- Connecting with their baby
- How children grow and develop as well as what parents can do to help
- Being a parent
- Breastfeeding, food, and healthy nutrition
- Taking care of themselves and their family
- Other services available to parents and their child in the community

Public Health Units plan and implement the Healthy Babies Healthy Children Program locally, in collaboration with community partners (e.g. hospitals, child protection agencies, children’s services, family support programs). The local Healthy Babies Healthy Children Program offers a face-to-face contact with those families identified as potentially “with risk” on the Healthy Babies Healthy Children Screen, in keeping with the new Healthy Babies Healthy Children Guidance Document (2018). All families, regardless of risk rating on the Screen, receive information about healthy child development and local services and support for families.

Note: “with risk” clients are defined as those caregivers who have been identified to have two or more indicators on the HBHC screening tool, or if any concern is identified by the health care provider

2022 Healthy Babies Healthy Children Service Delivery

In 2022:

- 1,045 children were born to families living in Haldimand & Norfolk Counties;
- 899 Healthy Babies Healthy Children Screens were completed;
- 586 new families were identified as “with risk” on the Screen;
- 70 families received an In-Depth Assessment through a home visit completed by a Public Health Nurse;
- 62 families were confirmed “with risk” and 93 families consented to receiving ongoing home visiting by a Public Health Nurse and Family Home Visitor;
- 1121 home visits were completed with 115 families through the home visiting component of the program.

Note: Due to COVID-19 response, HBHC did not return to home visits until June and did not have a full staffing complement until October 2022.

It is expected that service delivery statistics will significantly improve in 2023 to what was achieved in 2022 as there will be full-service delivery for the entire year, and quality improvement projects will be focused on improving our numbers to align with the benchmarks as laid out by the Ministry of Children, Community and Social Services.

What Some Families Wanted to Share

Please see the stories attached from three families in our HBHC program.

Continuous Quality Improvement Achievements in 2022 and Plan for 2023

The Ministry of Children and Youth Services introduced a Continuous Quality Improvement (CQI) component in 2015 to strengthen delivery of the Healthy Babies Healthy Children Program in Ontario. Although, following COVID-19, the Ministry has not restarted this component. The HBHC team will continue using an incremental approach toward reaching the ministry benchmarks.

In 2022, the following achievements were made:

- Following a halt, due to COVID-19 emergency response, the HBHC team returned to in-person family home visiting using risk assessments prior to visits and use of PPE to protect families and team members. Despite only being able to complete in-person family visiting for six months, the team was still able to reach 115 families, using various methods of communication (virtual, text, etc.). In comparison, pre-COVID, the HBHC team on average visited with 225 families per year.
- One problem presenting to many HBHC teams across the province and especially here in Haldimand and Norfolk was frequent cancellations or refusal for in-person home visiting. Through an informal Quality improvement approach, the HBHC team was able to increase their in-person home visits approximately 50%.
- For the first time in the Haldimand Norfolk Health unit, we initiated the training of one of our own Public Health Nurses to become a Nursing Child Assessment Satellite Training-Parent Child Interaction (NCAST-PCI) Scale Master Trainer. Child Interaction scales (Feeding & Teaching) are an evidence based tools that through assessment and interventions, improve the relationship between caregiver and child. Use of these scales are a provincial requirement, and one that we relied on other health units in previous years for support and certification/re-certification of staff. In this role our master trainer works with a provincial working group and further our Healthy Growth & Development team to ensure best practice in the delivery of our HBHC program.

Our CQI targets for 2023 are to:

- Improve our prenatal program so that we reach the priority populations.
- Increase completed prenatal HBHC screens from 4% to 10% to align with the ministry benchmarks and initiate contact with families sooner. There is growing

evidence that shows starting early with families experiencing multiple risks has future benefits.

- Increase the number of Early Childhood HBHC screens from 1% to 5% to align with the ministry benchmarks. Early detection of childhood vulnerabilities prior to the child attending school has been shown to improve long-term outcomes and decrease adverse childhood experiences.
- Increase the number of families that have a Family Service Plan initiated as part of their home visiting services (from 37.5% to 45%). A Family Service Plan is created between the HBHC team and the families they support. Through this plan supports, access and referral/recommendations to community programs are arranged and resources that address key issues in the early years are provided.
- Re-engage with community partners and working groups to better support our HBHC client population and ensure consistent services and resources across our community.

Provincial Review of HBHC Program during the COVID-19 Pandemic

In the fall of 2021, the Ministry of Children Community and Social Services, requested that Public Health Ontario (PHO) conduct an evaluation of public health units' restoration of the Healthy Babies Healthy Children Program. This data collection was completed from September 2021 to April 2022. Through this review, it was found that not surprisingly, the COVID-19 pandemic had a significant impact on the delivery of the HBHC program and thus impacted the ability of PHU's to support clients' increased needs. Other important findings include the additional steps that are required for the return to full-service delivery.

- Reinstatement of adequate human resources – as of March 2023, we are at full pre-COVID staffing capacity. However, since the pandemic and the increase in the health needs of the clients we support (especially maternal mental health, well-being, and an increase in negative child behaviors), our team workload has surpassed capacity limits.
- Prioritization of employee wellness – as a whole, the health unit has prioritized employee's wellness, through education, positive workplace culture initiatives and more frequent and consistent one-on-one time between staff and operational leaders.
- Allocation of technology to enable virtual supports – all team members have been provided with laptops and cell phones. Staff have also received training on Microsoft teams so that they may meet virtually with clients. Policies and procedures have been updated to support virtual delivery of the HBHC program.
- Renewed orientation and training of staff on various HBHC program components – since returning to full-service delivery, HBHC staff have received training on

Breastfeeding, Cognitive Behavioral Therapy, Positive Discipline in Everyday Parenting, NCAST, and Parent-Child-Interaction scales. More education is anticipated in the future as gaps in knowledge are identified by team.

HBHC Funding

The Ministry of Children and Youth Services has allocated \$892,061 for implementation of the Healthy Babies Healthy Children Program in Haldimand & Norfolk Counties for 2023. This has not increased since 2015, resulting in attrition in capacity to reach with-risk families due to increases in other factors such as collective agreement commitments, travel cost, operational cost, and administrative cost increases.

The negative impact of the COVID-19 pandemic on the HBHC client population has increased the demand for the program. Increased needs both observed and anticipated include increased mental health behaviors, increased substance use, increased negative child behaviors, increased adverse child experiences, increased intimate partner violence and a decline in the ability to learn and apply positive parenting strategies.

With the impact of the aforementioned issues for with-risk families in our community who face many inequities and the increased cost of providing services there is a need for additional funding for the HBHC program to ensure sustainability and quality in the services we provide.

Financial Services Comments:

Norfolk County

There are no direct financial implications within this report as presented. As indicated, the HBHC program is administered by the public health team and has been budgeted in accordance with the MCCSS's program guidelines and requirements.

The Approved 2023 Haldimand-Norfolk Health Unit Operating Budget includes \$967,200 to deliver the HBHC program, with funding of \$892,100 provided by the MCCSS and the remaining \$75,100 funded by Haldimand and Norfolk shared levies based on the most recent cost share information.

Haldimand County

Haldimand Finance staff have reviewed this report and agree with the information as identified by Norfolk Finance staff.

Interdepartmental Implications:

Norfolk County

Haldimand County

As noted in this report, there is a growing need for the services provided under the Healthy Babies Healthy Children Program and the provincial funding has not increased since 2015. As Haldimand Council members attend various events which provide opportunities to bring forward concerns to different provincial ministries, an opportunity may present itself to bring forward the funding concerns of this program.

Consultation(s):

N/A

Strategic Plan Linkage:

This report aligns with the 2022-2026 Council Strategic Priorities “Service Norfolk.”

Explanation: The Healthy Babies Healthy Children Team will focus on public health services to address emerging trends in the Healthy Babies Healthy Children Program and its client population. The key is awareness, education of the public, the development of innovative ideas to address providing services, and consultation with the Board of Health to address challenges while providing excellent service to our communities.

Conclusion:

The Haldimand Norfolk Healthy Babies Healthy Children team, despite the negative impact of the COVID-19 pandemic and inadequate funding, continues to support families in our community. This is done directly through our home-visiting program and indirectly through our community partners and programs. We look forward to continuous improvements and positively impacting the overall health of our ever-growing and changing community.

Attachment(s):

- Families Experience and Feedback

Approval:

Reviewed and Approved By:
Syed Shah
Director, Public Health

Prepared By:
Nicky Los
Program Manager, Healthy Growth & Development

From: [REDACTED]
Sent: Monday, April 24, 2023 7:41 AM
To: [REDACTED]
Subject: [REDACTED]

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To whom it may concern,

I have been a part of Healthy Babies Healthy Children since my daughter was born on August 10th 2021.

Both Allison and Tina have been instrumental in this roller coaster ride of motherhood. Both have provided insight not only on my child but also for myself. I remember coming home from the hospital and feeling so sick and not sure what was wrong- Allison and Tina helped me realize it was Mastitis and gave me some home remedies to help with the pain until I could get to my doctor. Being a new mom I had no idea what was going on and am so thankful they were able to help me.

Tina and Allison have provided so much for me since the birth of my daughter and I do not know what I would have done without them!

I hope to continue to have them in our lives for the foreseeable future as well as any other future children we may have!

Thank you!

[REDACTED]

Tina Giesbrecht
Family Home Visitor (Norfolk Haldimand)

Support that goes without saying makes a massive impact in mother's lives. Tina and I were introduced over the phone during my second pregnancy around 33 weeks. I had just been diagnosed with Prenatal Depression and was in an extremely low mental and emotional state. I had been referred by my midwives to Alison the Public health nurse who was such a great help and asset in connecting me with Tina. Due to Covid we were limited to telephone calls but it was unbelievably helpful having the opportunity to discuss my true emotions with an unconnected person, someone who isn't a part of my everyday life. Someone whose sole purpose in my situation was to listen, give advice and sympathize with my situation.

Tina from the beginning was easy to relate to, because of her history and parenting methods. She provided me with many different ideas to help ease the pain/discomfort of my pregnancy. Tina was very aware of how to show me that she understood and ensured me that these feelings/emotions will pass even when I was having a rather deep episode. I knew I could reach out or rely on her call to check on me and give me her undivided attention to what I needed in order to push forward and progress mentally and emotionally. A prime example was her reminders to connect with my husband to ensure that he knew what state I was in and to be assertive in what I needed. This helped in ways that no one has been able to help in the past. She understood what I was in need of and guided me to the outcome needed to keep my baby and myself in a safer headspace.

Once the covid restrictions began to lift Tina was able to come for a home visit. I had a 2.5 year old and my baby was 2 months when she began to visit our home. She would have a scheduled time that suited our family. Upon arrival she would offer to take the baby so that I could do things that being home with two young ones I could not do. Shower, prep dinner, play with my toddler, sit down and enjoy a cup of tea, tidy the house and in some cases just rest alone in my space. Tina would be so eager to do anything she could. Her priority was my well being, she'd ask where she's needed and what would benefit us the most. Most of the time it would be for her to hold my youngest. My baby was slightly colic and had reflux. Tina was aware of these two things and helped tremendously by offering tips, burping her and holding her for over an hour most times so that she could sleep comfortably without interruption. As a mom who's home 24hrs a day with your children this type of dedication, devotion and care is like no other. It's one of the most helpful things that truly reduced my postpartum depression immensely.

As my baby has grown and we've had the joy of allowing Tina in our home regularly, the girls now know who she is and look forward to her visits as do I. She's here to support me in any way possible. In most cases both girls want Tina's attention by playing with her in turn allowing me to have some time that I otherwise wouldn't have. In the past this created a vicious cycle of overwork and limited personal care for myself. Tina's visit to play/hold/care for our family created a much healthier environment for all of us, by allowing me to take better care of myself because I was truly supported from a non-connected person who was devoted to caring for me. The

mental and emotional care given by Tina made a massive difference in my parenting ability in comparison to my first daughter. The wealth of knowledge she was able to share and the unbiased suggestions opened my eyes but also showed me I'm not alone in this journey. Her guidance and care for my daughters and myself truly changed so much in my ability to give more to them because I was given attention.

Tina's support in our home via telephone or in person changed my entire postpartum experience for the better. I've been able to function at a much better capacity, knowing I have someone to support me through a massive life transition. Her attention, care and compassion towards our family truly helped me avoid a massive mental and emotional breakdown. Family home visitors should be a part of postpartum across the board. This service was life changing for not just myself but for my daughters and all of our futures. We don't have enough thank yous for Tina and Alison and all the time they've spent with our family. Both have been so essential in our family growth story and will forever be grateful for them.

Thank you so much Tina and Alison,

[REDACTED]

From: [REDACTED]

Sent: Tuesday, March 7, 2023 2:49 PM

To: [REDACTED]

Subject: Public Health Nurse – reference

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I can't thank the HNHU enough for supporting me through my journey of becoming a mother. After having complications in trying to conceive, as well as carrying to term, I was provided a public health nurse (Alison) who was so caring and understanding of my situation.

We would have weekly calls, where we would discuss my mental and emotional health, my anxiety around having a successful pregnancy after loss and so much more. After giving birth to my daughter (January 2022), I started working weekly with Tina and it has been wonderful to connect with another women who has been through similar situations. She has also connected me with the many great resources and supports that we have in our community.

I feel like we've created a bond that I needed and still very much appreciate.

This program has really made a difference in not only my pregnancy and postpartum but my life overall.

Thank you ladies for being so supportive and exactly what I need/needed.

[REDACTED]

Advisory Committee Meeting – May 29, 2023
Board of Health Meeting – June 06, 2023

Subject: Infectious Disease Program
Report Number: HSS-23-021
Division: Health and Social Services
Department: Public Health
Purpose: For Information

Recommendation(s):

THAT the Information Memo regarding the Infectious Disease Program be received as information.

Executive Summary:

This information memo provides an overview of the Infectious Disease Program at Haldimand Norfolk Health Unit (HNHU). The key areas of case, contact and outbreak management, surveillance and trend identification, communication and health promotion, infection prevention and control (IPAC), IPAC complaint and lapse investigations and the mandatory blood-testing act (MBTA) are discussed. This memo highlights some of the challenges and trends within infectious diseases and the public health interventions required to address them.

Discussion:

The Infectious Disease Team (ID Team) works in alignment with the Ontario Public Health Infectious and Communicable Disease Standard and associated protocols (OPHS, 2021)¹. The standard and protocols align with the Health Promotion and Protection Act (1990, amended 2021)² part IV Communicable Diseases which decrees that all Health Care professionals, Hospital and Institutional Administrators, School principals and Laboratory operators are legally obliged to report a Disease of Public Health Significance (DoPHS) to their local Medical Officer of Health.

At present there are sixty-eight communicable diseases designated as a DoPHS under the Health Protection and Promotion Act (Attachment A), twenty-five of which have an associated immunizing agent (Ontario Regulation 135/18 s3). The ID Team made up of 4.8 FTE are responsible for providing case, contact, and outbreak management for DoPHS as per the Infectious Disease Protocol (2022)³. Pathogenic microorganisms such as bacteria, parasites, viruses or fungi can cause infectious diseases. These diseases can spread from one environment or from one person to another resulting in

illness in our community. The Health Unit depends upon reports of DoPHS to monitor the health of the community and to provide the basis for preventive action.

In addition to case, contact and outbreak management of DoPHS the ID team is also responsible for:

- Surveillance and Trend Identification
- Communication and Health Promotion
- Infection Prevention and Control (IPAC)
- IPAC complaint and lapse investigation
- Mandatory Blood Testing Act (MBTA)

The ID Team also develops and maintains partnerships with long-term care homes (LTCHs), retirement homes (RHs), hospitals, congregate living settings (CLS), physicians, pharmacists, schools and other community agencies and facilities. These relationships are essential to ensuring that health services are accessible and helpful to the community (HQO, 2019)⁴. While such relationships that take time to nurture, they enable collaborative work and an ability to more systematically work towards health promotion and community development⁵.

Case and Contact Management

The Public Health Nurses (PHNs) on the ID team investigate all DoPHS reported to the Haldimand Norfolk Health Unit (HNHU) in a timely fashion. Reporting and investigation periods differ by disease and generally fall into two categories for response (Attachment A). Same-day response is required for High-risk DoPHS, Outbreaks, Mandatory Blood Testing Act and Infection Prevention and Control lapses. In order to provide a 24/7 response, the HNHU implements an on-call system whereby Public Health Inspectors (PHIs) from the Environmental Health Team (EH Team) would begin investigations for same-day response items. All other DoPHS fall into the second category of next-business day reporting with a five-day window period for commencement of investigation.

In 2022 the ID Team investigated 664 DoPHS, which can be broken down into six major categories; respiratory, enteric, sexually transmitted and blood borne infections (STBBIs), tuberculosis (TB), vaccine preventable diseases (VPD) and others, and vector borne diseases (VBD). Investigations into confirmed cases of DoPHS generally follow a similar pattern and include case management, health teaching, treatment recommendations, follow-up testing and contact tracing. The goal of these activities is to decrease the rates of DoPHS by reducing the spread of transmission.

When COVID-19 is added to the annual count of DoPHS, investigations increase significantly to 6,858 cases for the same year (Attachment B). Diseases caused by a novel coronavirus including COVID-19 became a DoPHS on January 22, 2020. Since that time, the HNHU has managed 11,398 COVID-19 cases through a coordinated effort by all HNHU teams. Overtime the response to the COVID-19 pandemic has transformed, and so it should be noted that the numbers provided in this report are an underestimate of the true number of cases of COVID-19 in Haldimand Norfolk's

Jurisdiction. As of June 2022 the ID, COVID Response, and Provincial Workforce (PWF) deployment teams made up of 15.8 FTE have solely managed COVID-19 cases. The three teams work collaboratively, with the ID (4.8 FTE) and COVID response (5.2 FTE) teams focusing on DoPHS and COVID-19 outbreaks in highest risk settings (LTCH/RH/Hospital/CLS) and the PWF deployment (6.0) team focusing on COVID-19 surveillance and data management.

Outbreak Management

A large focus of outbreak management for the past three years has been COVID-19 with outbreak management conducted in schools, workplaces, farms, LTCHs, RHs and other CLSs. To date there have been 346 confirmed outbreaks of COVID-19 in the Haldimand Norfolk Jurisdiction. In 2022, the emphasis of outbreak management evolved to focus on highest risk settings including acute care settings such as hospitals, congregate living settings including LTCHs, RHs, other CLSs and employer-provided living settings for international agricultural workers (Ministry of Health, 2023)⁶. Each of these High-risk settings has been identified as being at increased risk of COVID-19 transmission and adverse outcomes as they provide residential services to individuals who are medically and/or socially vulnerable (Ministry of Health, 2023)⁶.

The HNHU managed 187 COVID-19 outbreaks in 2022, 126 of which were confirmed (Table 1) and 61 that were managed as suspect outbreaks and eventually downgraded to does not meet. The year twenty twenty-two also saw 12 non-COVID respiratory outbreaks, all of which occurred in LTCH/RH/Hospital settings. There were many other non-respiratory outbreaks occurring such as enteric diseases with these tending to appear at the latter part of 2022, as COVID-related public health measures were increasingly relaxed.

Table 1: Setting Specific Breakdown of Outbreaks

Setting Type	Number of Confirmed Outbreaks managed by Haldimand Norfolk Health Unit in 2022
LTCH	27
RH	24
Hospital	21
Congregate Setting	29
Farm	25
Total	126

Outbreak management includes collaborating with facility staff to define and investigate cases and contacts in the outbreak area. Infection, prevention and control guidance is provided and recommendations on testing and surveillance strategies are discussed. The ID team is also involved in IPAC planning and are an integral part of the facilities prevention, and control meetings assisting with infection prevention and control, outbreak planning and preparedness. Many outbreak types were also no longer managed in 2022, including schools and workplaces. Therefore, while the overall case

count was substantially higher in 2022, the number of confirmed outbreaks was lower because of this change (see Table 2). You will also notice that while there were fewer outbreaks overall in 2022, the number of outbreaks in LTCH/RH/Hospitals almost quadrupled.

Table 2: HNHU Confirmed Respiratory Outbreaks

	2019	2020	2021	2022
Setting Type				
LTCH/RH/Hospitals	31	35	22	82
Child Care Settings	0	1	3	0
Congregate Setting	2	7	61	56
Other Settings	0	0	95	0
Total	33	43	181	138

Surveillance and Trend Identification

With the goal of preventing the spread of disease and the promotion and protection of the health of the people of Haldimand Norfolk in mind, surveillance and monitoring efforts are undertaken. Surveillance of the DoPHS occurs at the provincial as well as the local level in order to identify trends and new, emerging or increasing DoPHS. An emerging DoPHS identified in 2022 at the provincial level was Monkey Pox (Mpx) with three cases identified within HNHUs jurisdiction. With provincial level of identification of this disease, interventions such as health education, health care provider communication and local vaccine clinics were instigated with HNHU providing 41 Mpx vaccinations to date.

Looking to local level surveillance, one of the top five DoPHS for HNHU was identified as Lyme disease with case rates being 21.8 per 100,000 population (Attachment C), above the provincial average of 9.2 per 100,000 population. As a Lyme disease endemic area, it is imperative that interventions be implemented to reduce the risk of disease spread. New interventions already implemented for Lyme disease include a modified two-tier Laboratory test and updated clinical guidance that recommend management of patients based on clinical context. The community needs assessment for the HNHSS division (2023)⁵ also noted that the proportion of participants who reported doing a tick check after outdoor activity has decreased since 2019. At this time the local case rate for Lyme disease was 10.9 per 100,000 which would have been the last time prior to the pandemic that health promotion activities related to VBDs including information on tick checks was implemented. While the approach to confirming a case of Lyme disease has changed since 2019, it could be suggested that health promotion campaigns on this topic were successful. This year the ID team and the EH team will be once again be collaborating on a VBD health promotion campaign with the aim of decreasing rates of all VBDs within our jurisdiction.

Communication and Health Promotion

As well as collaborating on health promotion campaigns like the one just described above, the ID team also utilizes numerous communication platforms. By harnessing the power of technology to disseminate information via the HNHU website and social media platforms, information on infectious diseases and infection prevention and control is available to the public 24/7. The community needs assessment (2023)⁷ also showed that 6.8% of those surveyed would like more VBD information with survey participants advising that they get most of their health information from Doctor/Health Care Provider (62.6%), websites (37.9%) and family or friends (27%). The qualitative data for the CNA also highlighted the role that HNHSS should play in communicating health risks/behaviour, and health promotion for topics like chronic disease or vector-borne diseases. With this in mind, the ID Team also provides information to the communities Health Care Providers via memos and disseminates useful tools to aid with health teaching and clinical guidance related to infectious diseases. Public facing Lyme Disease information is available on the HNHU website including a map of Lyme disease endemic and risk areas in Haldimand Norfolk and other relevant resources such as tick removal and identification and clinical guidance for health care providers.

Infection, Prevention and Control

The Infection Control Practitioner (ICP) for the HNHU is situated within the ID Team and undertakes all of the duties of a PHN as well as leading our IPAC Program. IPAC is an increasing and expanding area of focus and ICPs perform their activities in a variety of different health care settings with varying organizational focuses. “ICPs base their actions, recommendations and problem solving on an understanding of microbiology, on the principles of routine practices and additional precautions and evidence” (IPAC, 2022 pg.4)⁸. Within HNHU the IPAC program has a focus on health education, research utilization, surveillance and epidemiology, microbiology, outbreaks and infectious disease threats.

One of the Key items that our ICP will be focusing on this year is a needs assessment for the Haldimand Norfolk Infection Control Officer Network. This group is a community of practice led by HNHU with partners from all LTCHs/RHs in the jurisdiction. Prior to COVID-19 this active group met several times a year to disseminate information and evidence based research on IPAC. Learning, collaborating and networking with each other to strengthen the IPAC programs within our facilities and protect the health of a vulnerable population. As the health unit focuses on building back better as we successfully exit the pandemic phase of COVID-19 and begin to normalize this virus into the routine operations of the ID Team it is imperative that we re-establish strong relationships. One such relationship is with our IPAC hub with whom we collaborate to coordinate and support the provision of IPAC knowledge, training and expertise (Infection, Prevention, and control Hubs, 2020)⁹. An example of this is the IPAC drop-in sessions that the IPAC hub coordinates for the congregate living settings (CLS) within HNHUs jurisdiction. The HNHU ICP participates in these drop-in sessions providing practical advice on a number of IPAC topics with a public health focus. The sessions

also provide a venue for relationship building with our CLS groups who also support vulnerable populations within our community.

IPAC Complaint, Lapse Investigation and the MBTA

The final areas of responsibility for the ID Team have more of a legislative focus with IPAC Lapse investigations including public disclosure as well as potential section 22 orders for enforcement. The Mandatory Blood Testing Act also involves a formal and sometimes legal process for obtaining samples post blood borne exposures. Even with these legislative aspects, the first goal of public health in these areas is to collaborate with the persons involved to resolve any concerns. To bring these types of events to a successful resolution the ID and EH Teams utilize public health approaches including health teaching, annual inspections and information/knowledge tool dissemination to work together to protect the health of the communities of Haldimand Norfolk.

Financial Services Comments:

Norfolk County

There are no direct financial implications within the memo as presented.

The Approved 2023 Haldimand-Norfolk Health Unit Operating Budget includes \$1,582,800 for the Infectious Disease Program, funded through the Ministry of Health's Mandatory Programs. This does not include the COVID-19 General programs, which require a budget of \$1,035,100, funded through the Ministry's one-time COVID-19 allocation.

Haldimand County

Haldimand Finance staff have reviewed this report and agree with the information as identified by Norfolk Finance staff.

Interdepartmental Implications:

Norfolk County

Haldimand County

Staff recognize the importance of communication to the public for health promotion – much of this is done through social media. The staff of the HNHU are encouraged to reach out to the Communication staff at Haldimand County with their press releases or other information to ensure that this information can also be disseminated to Haldimand's residents and visitors through the communication tools available.

Consultation(s):

N/A

Strategic Plan Linkage:

This report aligns with the 2022-2026 Norfolk Counties Strategic Priorities “Serving Norfolk”

Explanation: The Infectious Disease Team will focus on public health services to address the needs of the Infectious Disease Program. The Key areas of focus are awareness through surveillance and trend identification, education of the public through communication and health promotion, providing services through Case, Contact and Outbreak Management and infection prevention and control initiatives.

Conclusion:

The focus of the ID team is to monitor the health of the Haldimand Norfolk community from an infectious disease perspective to provide the basis for preventive action. Preventive action includes case, contact and outbreak management to decrease the rates of DoPHS by reducing the spread of transmission. This along with the various other programs within the ID team remit, surveillance and trend Identification, communication and health promotion, IPAC, IPAC complaint and lapse investigation and the MBTA all support the goal of Health protection within the Haldimand and Norfolk Jurisdiction.

Attachment(s):

- Attachment A: Diseases of Public Health Significance
- Attachment B: COVID-19 Data
- Attachment C: DoPHS Data

Approval:

Reviewed and Approved By:
Syed Shah
Health and Social Services
Director – Public Health

Prepared By:
Sarah Titmus
Health and Social Services
Program Manager – COVID Response

References:

1. Ontario. Ministry of Health. Ontario public health standards. Available from: [Ontario Public Health Standards - Programs and Services - Health Care Professionals - MOHLTC \(gov.on.ca\)](#)
2. Ontario. Health Protection and Promotion Act, RSO 1990, c H.7. Available from: http://www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm
3. Ontario. Ministry of Health. Infectious Disease Protocol. Available from: [Infectious Diseases Protocol, 2020 \(gov.on.ca\)](#)
4. Health Quality Ontario. Community Partnerships Resource Guide, 2019. Available from: <http://www.hqontario.ca/portals/0/Documents/qi/qi-rq-community-partnerships-1012-en.pdf>
5. Estacio, Oliver, Downing, Kurth, and Protheroe (2017), Effective Partnership in Community Based Health Promotion: Lessons from the Health Literacy Partnership. International Journal of Environmental Research and Public Health 14 (12): 1550. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5750968/>
6. Ontario. Ministry of Health. Management of Cases and Contacts of COVID-19 in Ontario. Available from: [PH Guidance on Cases and Contacts - English \(gov.on.ca\)](#)
7. Health and Social Services. Community Needs Assessment Report 2022.
8. IPAC Canada. Core Competencies for Infection Prevention and Control Professionals. Available from: [IPAC CoreCompetencies ICPs 2022 revised.pdf \(ipac-canada.org\)](#)
9. Ontario. Ministry of Health. Infection, Prevention, and Control Hubs, 2020. Available from: [IPAC Hub Program Description \(gov.on.ca\)](#)

DISEASES OF PUBLIC HEALTH SIGNIFICANCE

Health Protection and Promotion Act ONTARIO REGULATION 135/18

Timely reporting of communicable diseases is essential for their control.

If you suspect or have confirmation of the following specified “Diseases of Public Health Significance”, or their “etiologic agents”, as per Ontario Regulation 135/18 under the Health Protection and Promotion Act, please report them to the local Medical Officer of Health.

TO REPORT:

- Phone: 519-426-6170 or fax: 519-426-4767 (Monday to Friday 8:30 AM - 4:30 PM only)
- For after hours and holidays, phone: 1-877-298-5888 Public Health Inspector on-call

REPORT IMMEDIATELY (24/7)	REPORT BY THE NEXT WORKING DAY
Anthrax Botulism Brucellosis Creutzfeldt-Jakob Disease, all types Diphtheria Gastroenteritis outbreaks in institutions and public hospitals Group A Streptococcal disease, invasive Haemophilus influenzae disease, all types, invasive Hantavirus Pulmonary Syndrome Hemorrhagic fevers, including: <ul style="list-style-type: none"> • Ebola virus disease • Marburg virus disease • Lassa Fever • Other viral causes Hepatitis, viral <ul style="list-style-type: none"> • Hepatitis A Measles Meningococcal disease, invasive Plague Poliomyelitis, acute Q Fever Rabies Respiratory infection outbreaks in institutions and public hospitals Diseases caused by a novel coronavirus, including Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS) and coronavirus disease (COVID-19) Smallpox and other orthopoxviruses, including monkeypox	Acquired Immunodeficiency Syndrome (AIDS) Acute flaccid paralysis (AFP) Amebiasis Blastomycosis Campylobacter enteritis Carbapenemase-producing Enterobacteriaceae (CPE), infection or colonization Chancroid Chickenpox (Varicella) Chlamydia trachomatis infections Cholera Clostridium difficile Infection (CDI) outbreaks in public hospitals Cryptosporidiosis Cyclosporiasis Echinococcus Multilocularis infection Encephalitis, including: <ul style="list-style-type: none"> • Post-infectious • Vaccine-related • Subacute sclerosing panencephalitis • Unspecified • Primary, viral Food poisoning, all causes Giardiasis, except asymptomatic cases Gonorrhoea Group B Streptococcal disease, neonatal Hepatitis, viral <ul style="list-style-type: none"> • Hepatitis B • Hepatitis C Influenza Legionellosis Leprosy Listeriosis Lyme Disease Meningitis, acute <ul style="list-style-type: none"> • viral • other • bacterial Mumps Ophthalmia neonatorum Paralytic shellfish poisoning (PSP) Paratyphoid Fever Pertussis (Whooping Cough) Pneumococcal disease, invasive Psittacosis/Ornithosis Rubella Rubella, congenital syndrome Salmonellosis Shigellosis Syphilis Tetanus Trichinosis Tuberculosis Tularemia Typhoid Fever Verotoxin-producing E. coli infection including: Haemolytic Uraemic Syndrome (HUS) West Nile Virus Illness Yersiniosis

Updated January 2023



www.hnhss.ca

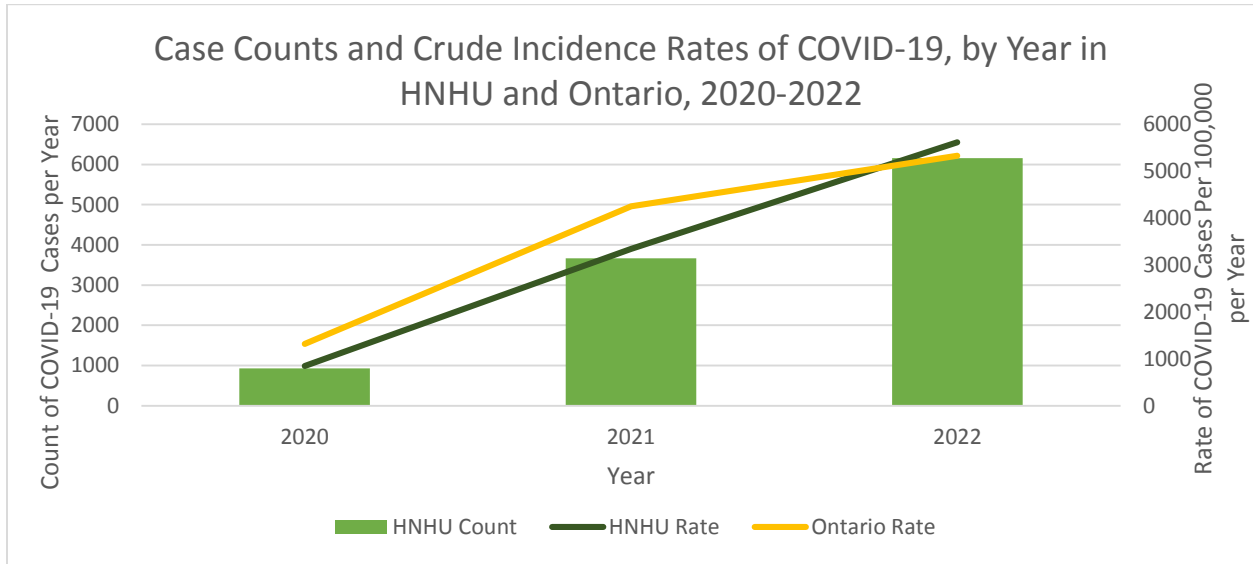
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519-426-6170 • 905-318-6623 • 519-582-3579

Health and Social Services
Haldimand and Norfolk

Attachment A: COVID-19 Data

Graph 1: COVID-19, Haldimand Norfolk and Ontario, Case Counts and Crude Rates, 2020-2022



Data Notes:

1. Orientation of case counts by geography is based on the diagnosing health unit (DHU) in iPHIS and Permanent Health Unit (DHU) in CCM.

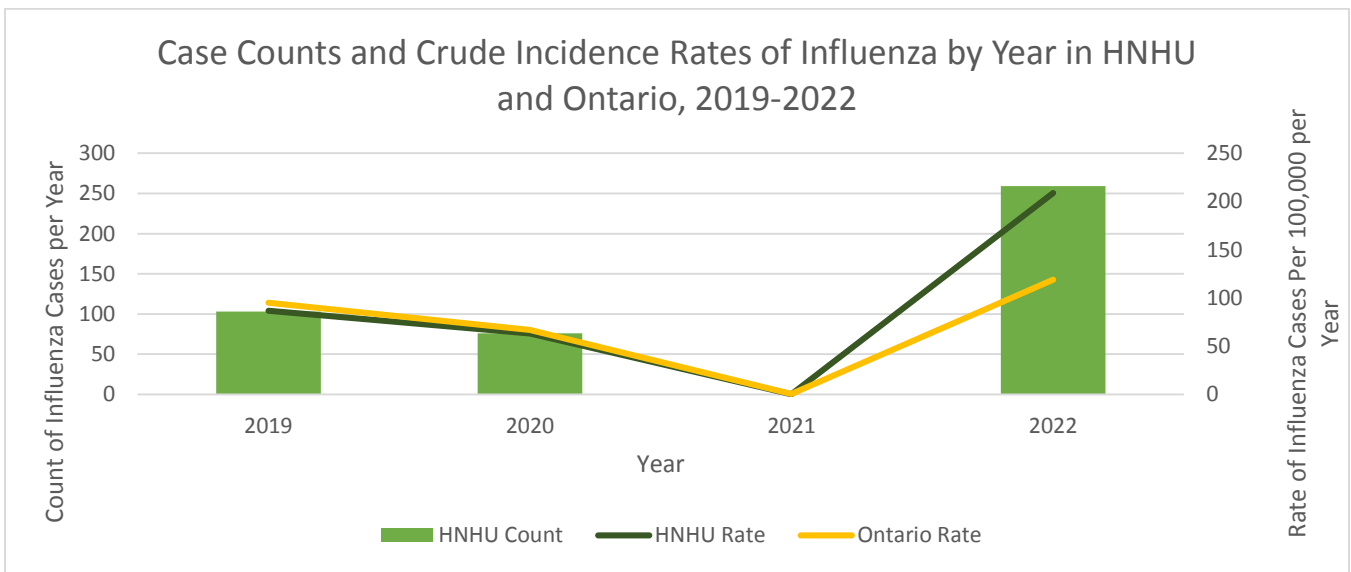
Infectious Disease Data

Top Five Infectious Diseases in Haldimand Norfolk for 2022

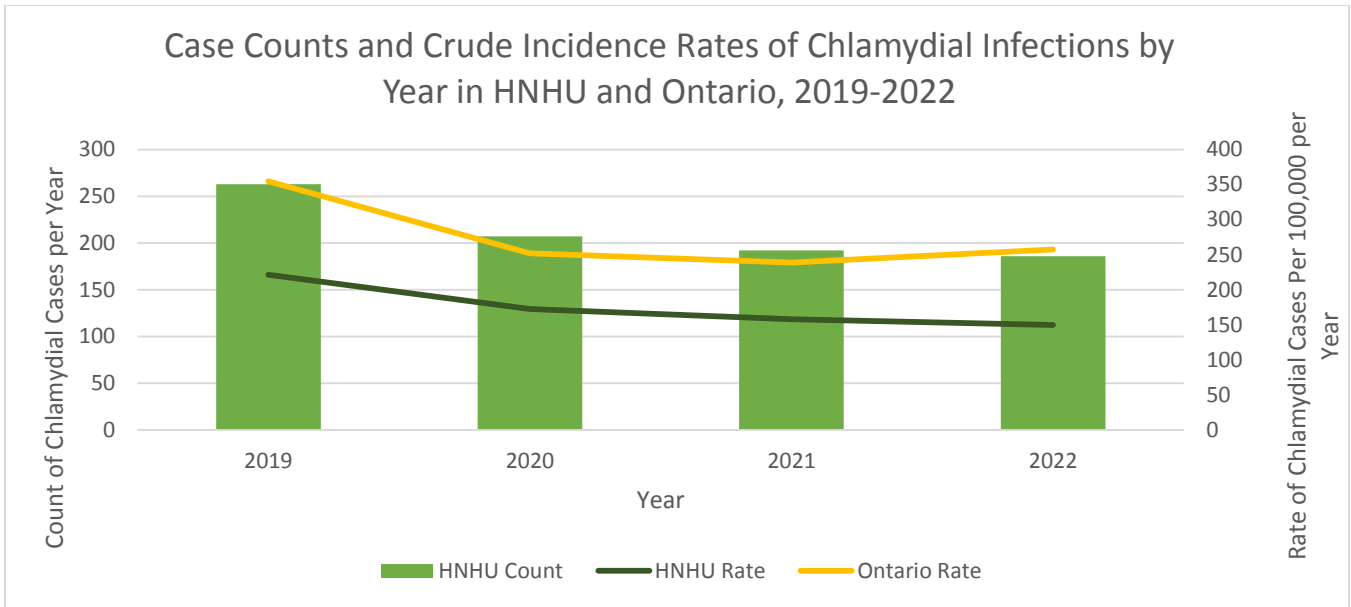
Haldimand Norfolk, Disease Counts

Disease	2022 Counts
Influenza	258
Chlamydial Infections	186
Lyme Disease	27
Gonorrhoea (All Types)	26
Pertussis (Whooping Cough)	23

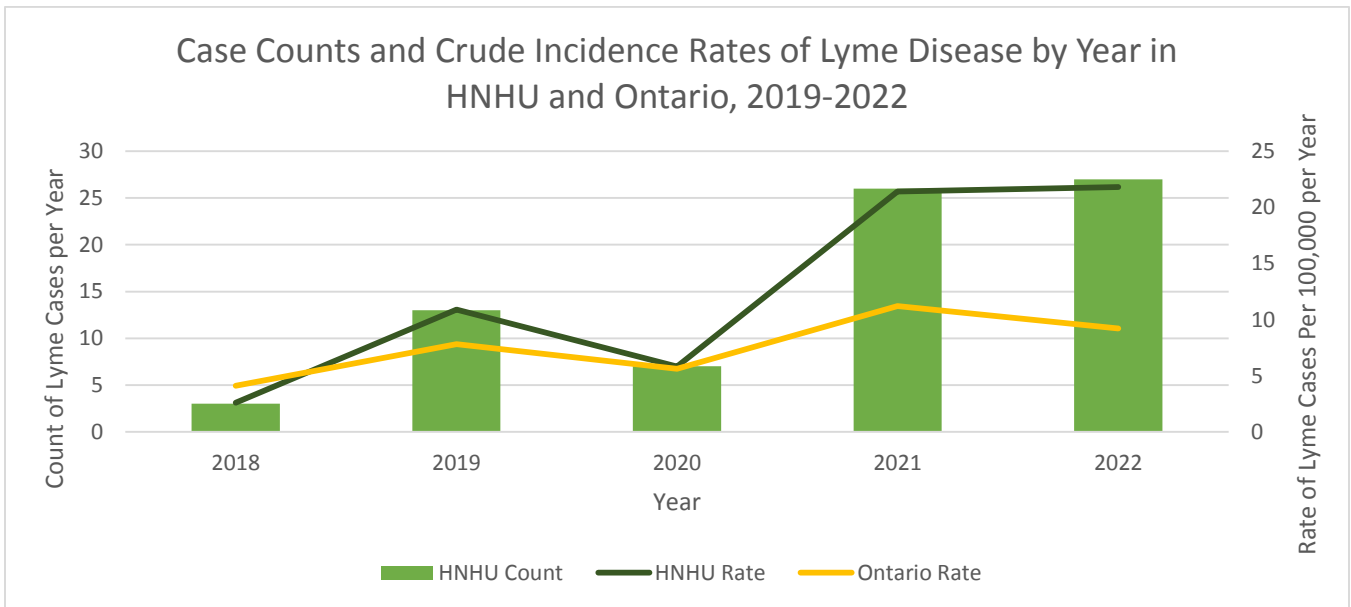
Influenza, Haldimand Norfolk and Ontario, Case Counts and Crude Rates, 2019-2022



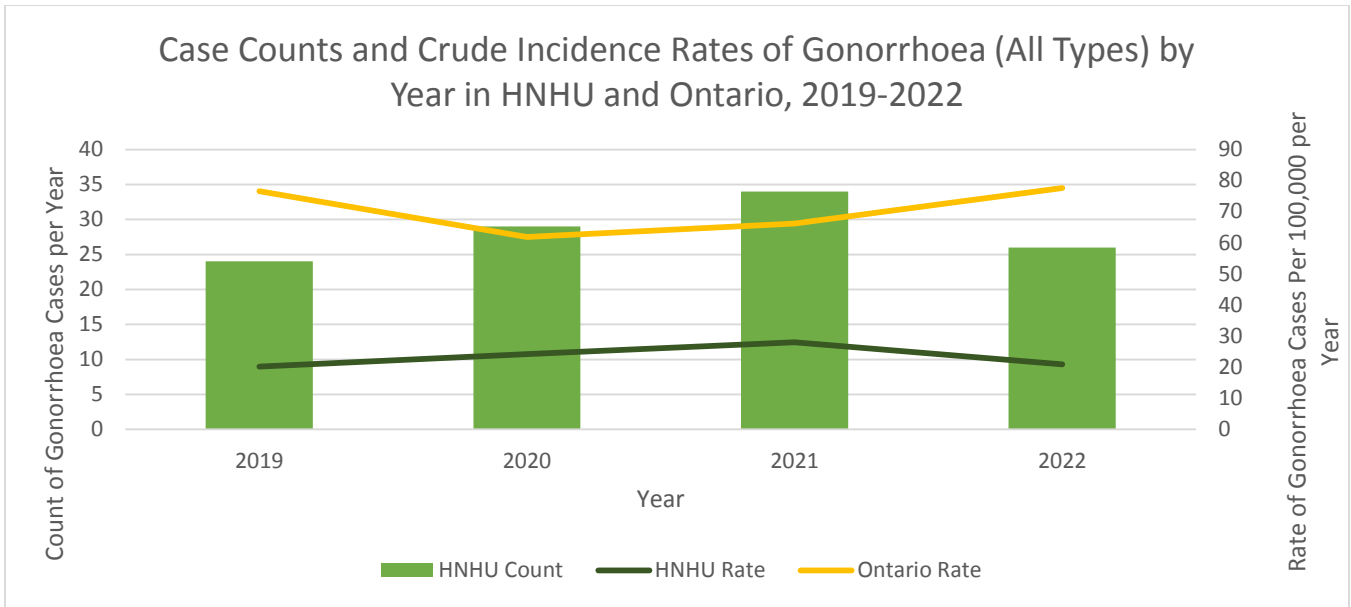
Chlamydial Infections, Haldimand Norfolk and Ontario, Case Counts and Crude Rates, 2019-2023



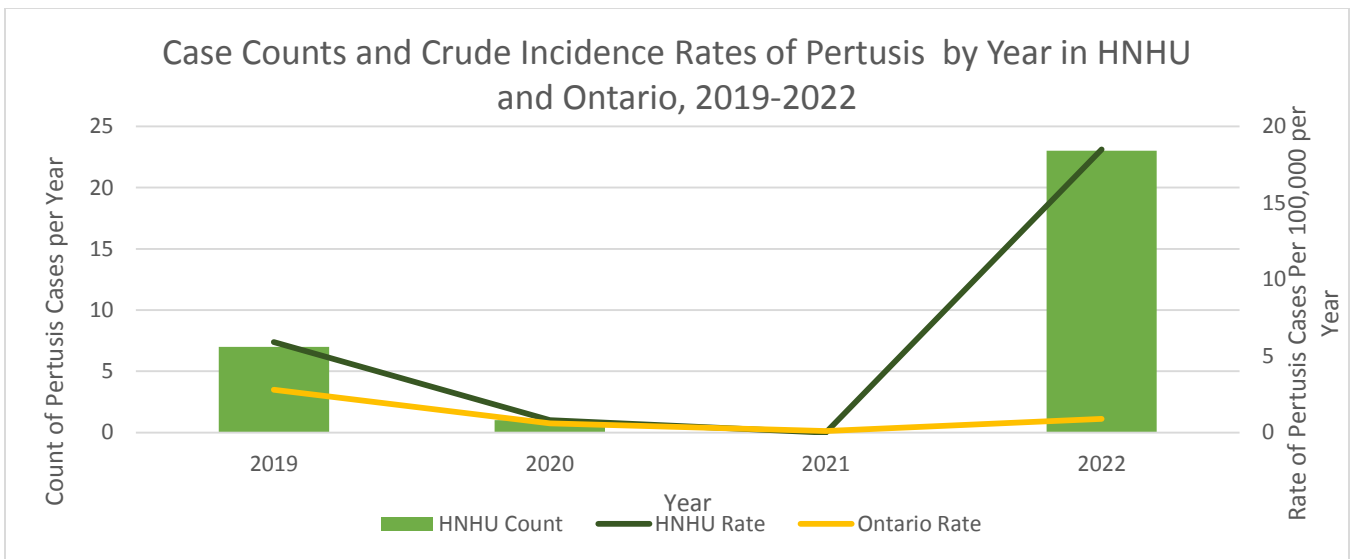
Lyme Disease, Haldimand Norfolk and Ontario, Case Counts and Crude Rates, 2019-2023



Gonorrhoea (All Types), Haldimand Norfolk and Ontario, Case Counts and Crude Rates, 2019-2023

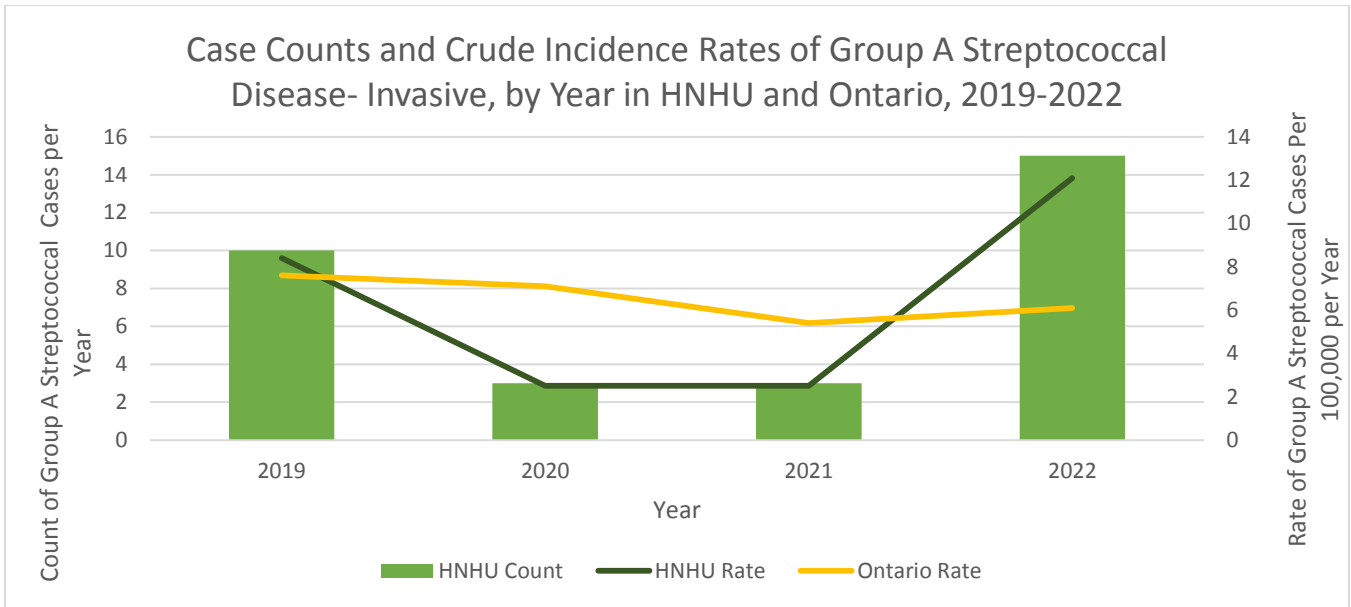


Pertussis (Whooping Cough), Haldimand Norfolk and Ontario, Case Counts and Crude Rates, 2019-2023

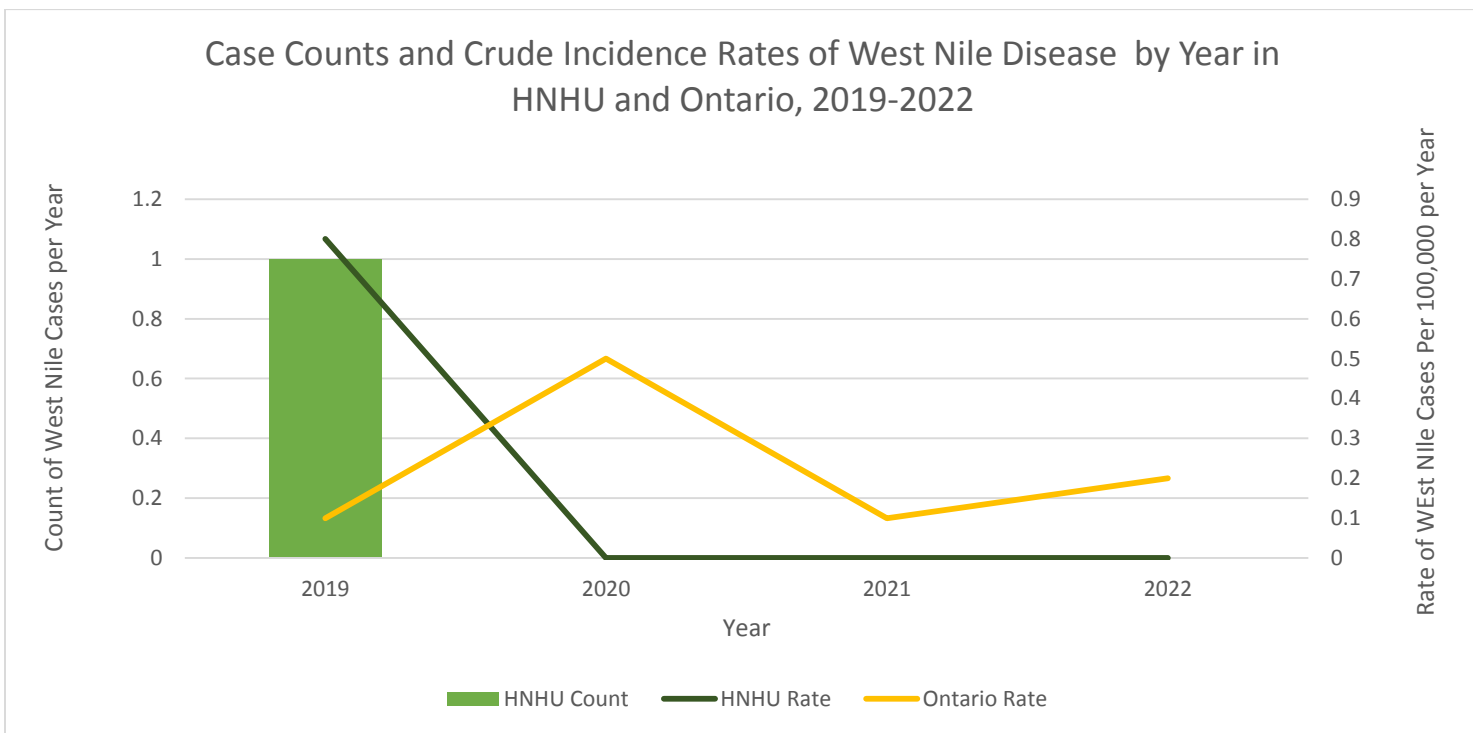


Highlights for Haldimand Norfolk

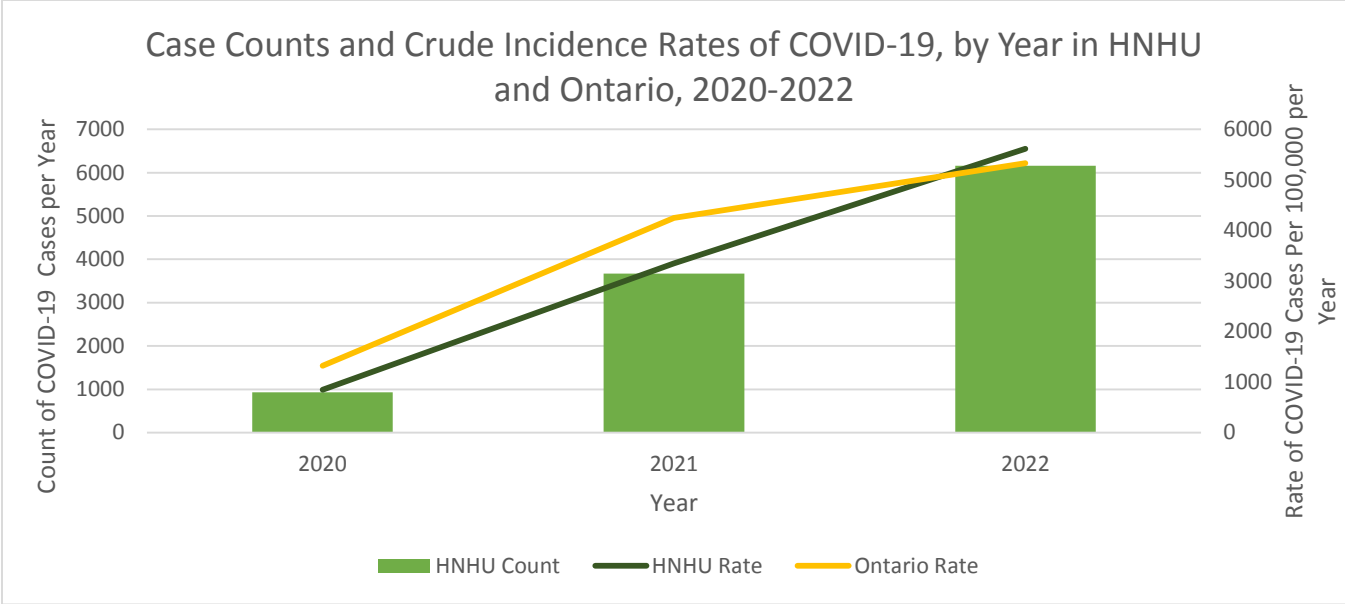
Group A Streptococcal Disease-Invasive



West Nile



COVID-19



Lyme (above)

Pertussis (above)

Data Notes:

1. Data sources: iPHIS/CCM, Date extracted: March 29, 2023.
2. Orientation of case counts by geography is based on the diagnosing health unit (DHU) in iPHIS and Permanent Health Unit (DHU) in CCM.



Council-In-Committee Meeting – June 13, 2023

Advisory Committee Meeting – May 29, 2023

Subject: Homeless Prevention Program (HPP) Update and Funding 2023-24
Report Number: HSS-23-026
Division: Health and Social Services
Department: Social Services and Housing
Purpose: For Decision

Recommendation(s):

THAT Council receive report HSS-23-026 as information;

AND THAT Council accept the Homeless Prevention Program (HPP) funding from the Ministry of Municipal Affairs and Housing, in the amount of \$3,610,300;

AND THAT Council approve the per program area allocations as outlined in the report and authorize staff to communicate this to the Ministry of Municipal Affairs and Housing through the Investment Plan;

AND THAT Council authorize a single source supply as outlined in Norfolk County Purchasing Policy CS-02, section 4.8.4 for Emergency Solutions and Transitional Housing services in Haldimand County;

AND THAT Council approve the addition of the following permanent full time (PFT) FTE's within the Homeless Prevention Team, to be fully funded by the HPP funding:

- 1.0 Intake / Diversion Worker
- 1.0 Housing Support Worker
- 1.0 Housing Resource Coordinator
- 1.0 Housing Program Support Assistant
- 1.0 Homeless Prevention Services Program Supervisor;

AND FURTHER THAT the Approved 2023 Levy Supported Operating Budget be amended as outlined within the report.

Executive Summary:

On March 24, 2023, Haldimand-Norfolk received notification of \$3,610,300 in HPP funding, which is almost double the original Ministry of Municipal Affairs and Housing (MMAH) planned allocation previously communicated early in 2023. The significant

funding increase for Haldimand & Norfolk is directly linked to the work of staff in effectively utilizing program funding and the demonstration of the need for expanded services and supports in our communities. Staff are presenting Council with allocations for each program area of the HPP and once approved, will communicate these to the MMAH through the investment plan process. A budget amendment is also required to accept this funding due to the increase in funding being made available to Haldimand and Norfolk Counties that was not known at the time of the 2023 budget process.

The updated funding announcement included confirmed funding allocations for 2023-24 as well as the planned for funding allotment for the next three years.

In addition to the existing responsibilities within the housing and homeless prevention programs, effective April 2023, Service Managers are required to implement the By-Name list (BNL). The BNL is a real-time list of people experiencing homelessness across the Service Manager area that can connect people to services and supports they need and can create a foundation for better service coordination. All Service Managers now have a BNL in place to better understand homelessness, track changes in service needs, and coordinate and prioritize service delivery in their communities. The BNL identifies priority populations and allows Service Managers an enhanced opportunity to provide case management support to those experiencing homelessness. This additional requirement implemented by MMAH is positive for our communities but requires staffing resources and the management of a technology database (HIFIS) to track and report to data to MMAH. By having a BNL, the intention is that people are prioritized for service based on level of need and not necessary in chronological order.

Among the planned allocations are an increase in emergency housing options and eviction prevention funding, as well as a request to hire five additional FTEs to provide additional frontline services to people experiencing and at risk of homelessness. The planned allocations ensure the entire funding envelope is appropriately and effectively allocated to provide housing and homeless prevention supports and services to the most vulnerable members of Haldimand & Norfolk.

Discussion:

The following is a list of the program areas of the HPP and staff recommendations for funding allocations in each area. Below each category is an investment plan summary of the additional supports and services staff are recommending as a result of the funding increase for HPP.

Operating Service Categories:

Supportive Housing: Refers to a combination of housing assistance with individualized, flexible, and ongoing support services. For the purposes of HPP, this category includes transitional housing and residential services homes (i.e., former domiciliary hostels).

Investment Plan: Supportive housing agreement with Indwell for transitional housing and supports at Hambleton Hall will continue. Transitional housing was started in 2023 and funded through the Social Services Relief Funding (SSRF). SSRF funding has now ended so staff recommend utilizing funds from our HPP budget to continue this much-needed service. Staff will also investigate similar/appropriate options for Haldimand County.

Community Outreach and Support Services: Refers to services and supports, such as community outreach and food security programs, as well as case management and referrals for people on By-Name Lists. Also includes ongoing supports and services for people not receiving long-term housing assistance.

Investment Plan:

Since 2018 when the Homeless Prevention Services (HPS) team was developed, the volume, intensity, and complexity of the work has increased. The existing staff complement is 1 Program Manager, 1 Intake/Diversion Worker and 3 Housing Support Workers. This team covers the two County area. With only one Intake / Diversion Worker, the team is not always able to guarantee a “live answer” on the homeless prevention intake line due to breaks, sick and vacation time, and the worker assisting other community members who are seeking service. In response to the increased complexity and safety risks associated with homeless prevention work, staff are more often required to work in pairs to increase their workplace health and safety. The Program Manager plays a dual role of program administration, establishing and maintaining community partnerships, program monitoring and evaluation and providing direct supervision and support to frontline staff.

With some of the additional provincial HPP funding, there is an opportunity to better resource the HPS team in order to provide increased service, address health and safety risks, and ensure that the frontline team members have the physical and emotional support and supervision they need while also strengthening the overall response to homelessness in Haldimand and Norfolk.

Staff recommend that the following additional five (5) permanent full-time FTE’s be added to the HPS team:

- 1.0 Intake/Diversion Worker to oversee and support the work associated with the By-name list, improve the level of “live answer” on the homeless prevention services intake line and provide walk-in and community based intake. Staff are projecting increased intakes in 2023. Since June 2022, staff have fielded 874 calls and expect this volume to increase as those seeking social assistance and housing pressures continue to increase;
- Housing Support Worker (HSW) dedicated to the direct support work needed to effectively implement the By-name list and supporting individuals in accessing transitional and permanent housing. This position will also increase our opportunity to have staff work in pairs in the community when supporting the most vulnerable individuals. The current caseload of each HSW is 25 for the community based HSW and 14 for the Emergency Housing based HSW. These

caseloads are significantly higher than the best practice of a 5:1 ratio of clients to staff. The addition of one HSW will not fully address the staffing shortage, but it will certainly help;

- 1.0 Housing Resource Coordinator dedicated to the Housing Stability Bank, supporting people to complete and process applications and payments. For example, with plans to double the HSB, staff can support twice as many individuals and families with eviction prevention and other housing stability supports. Last year we supported 158 individuals, this year we could support over 300 applications. The increased threshold of the Home Ownership program will see a significant increase in demand for these funds and this position will allow more individuals the option of affordable home ownership. The Canada Ontario Housing Benefit (COHB) is another affordability measure in place, providing housing allowances to those needing assistance in paying high rental costs. The budget for 2023 is \$292,000, and with this additional staff we could process approximately 100 applications as well further housing allowances from the Ontario Priorities Housing Initiative(OPHI) budget, making rent more affordable for more individuals and families;
- 1.0 Housing Program Support Assistant to oversee the data management and extraction and reporting required for the By Name list, as well as data management of the HPS as a whole. The data work and various Ministry reporting requirements associated with the By-Name List (BNL) overseen by this role will ensure our team is working to support the most vulnerable toward stable, secure housing. As the BNL provides an accurate and timely picture of who is experiencing homelessness in order of need, our team can work more responsively. This role also supports the data management of the EHP and manages website updates, and various other administrative duties;
- 1.0 Homeless Prevention Services Program Supervisor who will oversee the front line staff; act as an onsite support at the EHP location, conduct site visits of various services delivered by or on behalf of the Service Manager, sit on community action tables, act as point person for the OPP and other community partners in the support of the hardest to serve individuals. As the work our team does continues to become more complex, it is important we have appropriate levels of support to assist them and to ensure safety remains our number one priority. As many of our team members work independently in the community supporting highly vulnerable individuals, this “boots on the ground” level of supervisory support will assist our team in safely and effectively supporting the most complex, higher risk cases.

Housing Assistance: Refers to short-term/emergency assistance, non-financial housing assistance, and long-term housing assistance (such as rent supplements and housing allowances) for people not receiving ongoing support services. Includes rent supplements under the former Strong Communities Rent Support Program.

Investment Plan: Double the Housing Stability Bank (HSB) funding. These funds support last months’ rent, utility arrears, etc. Additional Housing allowances to support those exiting emergency housing. These funds are directly tied to housing stability and

eviction prevention. These are important factors in an effective housing and homelessness service delivery plan. This program will be delivered by the dedicated Housing Resource Coordinator noted above.

Emergency Shelter Service: Refers to expenses directly related to operating and staffing emergency shelters.

Investment Plan: Continuation of 24/7 security at the Emergency Housing Program (EHP) location in Jarvis; all costs associated with operating EHP; RFP to secure a daily hot meal service for participants- this would be for one hot meal delivery service each day for our residents at the Emergency Housing location; \$200,000 allocated to work with Haldimand County, including community partners to secure partnerships to support additional housing solutions that meet the needs of residents; allocated budget to continue funding existing warming centre in Norfolk that started in 2022-23.

Staff are requesting a single source approval in order to move forward in pursuing contracts in Haldimand County for Emergency Solutions and Transitional Housing options for Haldimand given that there were no bids for Haldimand County from the Expression of Interest or the RFP last year.

Administration:

Costs not directly related to delivering services and supports, such as back-office administration, professional services, and office expenses.

Investment Plan: Conduct a review of the emergency shelter program. Staff recommend conducting a review via the procurement process/RFP. A thorough review of the services was last completed in 2016. Staff need to re-evaluate the emergency housing needs of Haldimand-Norfolk. Funding to conduct Homelessness Enumeration 2023 should it be required by MMAH. The RFP would be to obtain a consulting service to do a review of emergency housing options in Haldimand-Norfolk.

Service Managers are required to submit an annual HPP Investment Plan for Ministry approval outlining how the Service Manager plans to allocate funding among the different service categories of the HPP

While planning for the implementation of the HPP, Service Managers are encouraged to consider how investments support a shift away from emergency responses towards prevention and permanent housing and contribute to a reduction in chronic homelessness, and support priority populations who may be at a greater risk of homelessness (for example, youth, Indigenous Peoples, and people transitioning from provincial institutions.).

Financial Services Comments:

Norfolk County

The Approved 2023 Levy Supported Operating Budget includes \$1,718,500 for the Homelessness Prevention Program, funded by the MMAH. The budget was developed based on planning allocations received in 2022. Note that with the Ministry operating on a fiscal year the 2023 budget was developed by splitting January to March into fiscal 2022-23 and April to December into fiscal 2023-24. The 2022-23 allocation remains unchanged.

If approved, the 2023 operating budget for the HPP will be amended as outlined in Table 1.

Table 1 – HPP Operating Amendment

Program Area	Amended Budget (\$)	Approved Budget (\$) ¹	Budget Amendment (\$)
Supportive Housing	635,400	235,200	400,200
Community Outreach and Support Services	1,017,800	408,700	609,100
Housing Assistance	509,600	247,100	262,500
Emergency Shelter Service	1,267,000	690,700	576,300
Administration	180,500	136,800	43,700
Total	3,610,300	1,718,500	1,891,800
FTEs	10.0	5.0	5.0

¹Program area names have changed with the new funding allocations; the approved 2022-23 budget names have been adjusted to match with the new 2023-24 names.

Housing Services is requesting, as part of the approval, that an additional 5.0 FTE be included in the Community Outreach and Support Services program area; this equates to an annualized cost of \$429,200. The increase in funding allocated to this area of \$609,100 is sufficient to support these positions, along with one-time and ongoing operating costs, for both staff and program requirements. For the program to remain 100% funded, it is expected that (without an increase in funding) there will be a shift in the investment plan allocations to support year-over-year salary and benefit increases.

If approved, this amendment will be included in the Proposed 2024 Levy Supported Operating Budget as a Council Approved Initiative.

Haldimand County

Haldimand Finance staff have reviewed this report and are satisfied with the information provided by Norfolk Financial Services. There is no net levy impact as a result of this budget amendment, as the funding envelope is 100%. Future costs over and above the

100% funding envelope would be cost shared based on the applicable cost sharing agreement, and should be ranked and evaluated during the appropriate budget process.

Interdepartmental Implications:

Norfolk County

Purchasing Services

Norfolk County Policy CS-02 Section 4.8.4 requires all single source procurements to be authorized prior to the purchase through resolution of Council. Single source supply is defined where there is more than one vendor able to supply the goods or service but for reasons of function or service, one supplier is recommended for consideration and the purchase will be made without a competitive bidding process.

Purchasing staff have reviewed the report and advises that in July 2022 an Expression of Interest (EOI) process was completed seeking information on Emergency Shelter and Long Term Housing Solutions. A subsequent Request for Proposal (RFP) was developed and issued to the marketplace for award. As a result, contracts were executed with two providers for services within the geographical location of Norfolk County. There were no interested providers for services located within the geographical location of Haldimand County.

The issuing Department has identified within this report that they will be seeking providers for a meal service for Emergency Housing Program (EHP) residents and for a full review of emergency housing needs in Haldimand and Norfolk and staff will work together with the issuing department lead to develop and issue competitive bidding opportunities to the marketplace in accordance with CS-02 Purchasing Policy.

Haldimand County

Staff reached out to the Director of Social Services and Housing (the Director) to seek clarification for a few items as noted below:

- Many provincial funded programs have restrictions or limitations as to what the funding will cover or not cover, including program services and administration costs. The Director has confirmed that all program allocation and proposed staff costs / administration requirements are permitted – there is no impact to the tax levy.
- Under the *Operating Services Category – Investment Plan* section of this report, it was identified that there are supportive housing agreements in place for Norfolk County. Within this same section it states that staff will “investigate similar/appropriate options for Haldimand County”. The Director has confirmed that pending approval of this report, staff will connect with Haldimand to help source community partners/agencies to find appropriate supportive housing solutions.

- Each year staff develop budgets on the assumption that provincial funding will remain status quo. Staff are aware from time to time, funding does get rolled back, enhanced or modifications to how the program funding is to be applied. From time to time, this can have positive or negative impact on the tax levy. As noted in the report, the funding is committed for the next three years. The Director has committed that if there is a reduction in funding in the next three years or beyond, staff would work to find ways to reduce spending and would bring a report forward to Council accordingly.

Haldimand staff have reviewed this report and are satisfied with the information and clarification provided by the Director.

Consultation(s):

Staff consulted with Finance and worked collaboratively on the investment plan for the funding.

Strategic Plan Linkage:

This report aligns with:

Building Norfolk and Serving Norfolk.

- Building Norfolk: Ensure the health, safety and well-being of the community facilitating the necessary supports to ensure affordable, accessible and equitable service options.
- Serving: Norfolk: Improving how Norfolk delivers services to the community.

Conclusion:

The HPP is intended to be flexible and streamlined, so that Service Managers can target funding where community need is greatest and can make the most impact on reducing and preventing homelessness.

Through this initiative, Haldimand & Norfolk have been allocated a total of \$3,610,300; an additional \$1,718,600 than the original planned allocation. The acceptance of the funds will require a budget amendment.

Staff are recommending Council approval of the Investment plan outlined in the report to ensure we maximize the funds to support and serve the most vulnerable populations of Haldimand & Norfolk.

Attachment(s):

Homeless Prevention Plan (HPP) Allocation Letter

Approval:

Approved By:
Heidy VanDyk
General Manager, Corporate Services

Reviewed By:
Heidy VanDyk
General Manager, Corporate Services

Prepared By:
Stephanie Rice
Director, Social Services and Housing

**Ministry of
Municipal Affairs
and Housing**

Office of the Minister
777 Bay Street, 17th Floor
Toronto ON M7A 2J3
Tel.: 416 585-7000

**Ministère des
Affaires municipales
et du Logement**

Bureau du ministre
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Tél. : 416 585-7000



March 24, 2023

Amy Martin
Mayor
County of Norfolk
50 Colborne Street South
Simcoe, ON N3Y 4H3

Dear Amy Martin:

**Re: Funding Allocation Updates for the Homelessness Prevention Program –
2023-24 to 2025-26**

I am pleased and excited to be writing to you today with important details regarding your funding allocations for the Homelessness Prevention Program (HPP) for the next three years. I hope that the multi-year planning allocations will help you plan services and delivery approaches over the longer-term.

Please note that we are providing these details for planning purposes at this point and **the Ministry requires that all information set out in this letter regarding the Homelessness Prevention Program be held confidential until publicly announced by the province in the coming weeks.** The province will have sole responsibility for the initial public communication regarding the HPP funding described in this letter.

Our government is investing an additional **\$202 million** annually under the HPP and Indigenous Supportive Housing Program (ISHP) beginning in 2023-24. This ongoing investment in supportive housing and homelessness prevention services will help vulnerable Ontarians and demonstrates our commitment to serving the needs of diverse communities across Ontario. With this significant commitment, my ministry will be investing a total of over \$695 million per year to provide housing services to those most in need.

This new funding builds on the government's investment of nearly \$4.4 billion over the past three years to grow and enhance community and supportive housing, respond to COVID-19 and help address the needs of vulnerable people. We expect that this additional funding will help get shovels in the ground on new supportive housing, which is widely considered a key element in preventing and addressing homelessness. This

funding will also help you address increasing pressures in the emergency shelter sector including the complex needs of those experiencing homelessness and shelter capacity issues.

Meanwhile, we continue to advocate with the federal government to receive our fair share of federal homelessness funding. Currently, Ontario is underfunded by about \$90 million for homelessness over the term of the National Housing Strategy compared to its share of households in core housing need nationally, which is the highest in the country.

HPP Funding Allocations – County of Norfolk

Program Fiscal Year	Allocation Amounts
2022-23 (for reference)	\$1,891,700
2023-24 (confirmed)	\$3,610,300*
2024-25 (planned)	\$3,610,300
2025-26 (planned)	\$3,610,300

Note: *The funding allocation amount for 2023-24 replaces the previous HPP allocation communicated through the Minister’s letter dated February 3, 2023.

These allocations are based on a new funding allocation model that responds to the recommendations from the Office of the Auditor General of Ontario (OAGO) Value For Money Audit of Homelessness (2021) and feedback from consultations with Service Managers (SMs) and sector partners.

The allocation model has been refreshed to use indicators that better reflect the current need for homelessness services and supportive housing in each community compared to the previous model. The outdated historical spending indicator has been replaced with measures of homelessness and supportive housing and all indicators have been updated to use the latest available data.

As you are aware, SMs have the flexibility to choose how to best use the provincial funding for programs and services that address and prevent homelessness in your communities including rent supplements, homeless shelters and supportive housing.

To receive your HPP funding, you are required to complete and submit an Investment Plan (IP) to demonstrate how your funding allocation would be used to achieve the objectives of the program and to project program outcomes. You can access the IP template and upload the completed IP in TPON. Further instructions on this will be provided by the Ministry’s Housing Service Desk.

Please submit your IP in TPON by May 1, 2023. The Ministry has extended this timeline from the April 15 deadline found in the HPP Program Guidelines to allow for sufficient time to plan program related activities for 2023-24.

The HPP requires all SMs to maintain a By-Name List that meets provincial standards. By-Name Lists help SMs understand the needs of people experiencing homelessness in their communities, track changes in service needs over time, and prioritize and coordinate housing services and supports. **The By-Name List 2022 requirements under the HPP which were announced in April 2022 and are to be implemented by April 1, 2023**, build on earlier requirements, and support the goals of addressing and reducing homelessness. These new requirements include a more extensive set of data points and broader coverage and comprehensiveness that will help SMs connect more people to the services and supports they need.

To help support risk management, preparedness, and service capacity planning by the Ministry, **beginning in fiscal 2023-24, SMs will be required to update/verify, on a semi-annual basis, facility-level information about emergency shelters and congregate living supportive housing facilities, which are either wholly or in-part funded by MMAH.**

This information request is based on information previously collected from SMs as part of the COVID-19 risk management survey reporting and includes information such as facility name, address, and capacity. SMs must review and verify the facility-level information twice in each fiscal year, in July and January, to help account for seasonal changes in capacity and to align with regular Q1 and Q3 reporting deadlines (July 15th and January 15th) under HPP. Prior to the first reporting deadline, the ministry will share with each SM an Excel file containing pre-populated information and further instructions. Once reviewed and updated by SMs, the Excel file can be submitted to the ministry as an attachment using the Transfer Payment Ontario (TPON) system.

As always, we sincerely appreciate your efforts to assist vulnerable people in your communities and I look forward to continuing our work together as we move forward with delivery of this important program.

Sincerely,

A handwritten signature in blue ink that reads "Steve Clark". The signature is written in a cursive, flowing style.

The Honourable Steve Clark
Minister of Municipal Affairs and Housing

- c. Al Meneses, Chief Administrative Officer
- Stephanie Rice, Acting Director, Social Services & Housing
- Cynthia Cabral, Team Lead, Municipal Services Office



Council-In-Committee Meeting – June 13, 2023

Advisory Committee Meeting – May 29, 2023

Subject: 10 Year Housing and Homelessness Plan – Year 8: 2022
Report Number: HSS-23-029
Division: Health and Social Services
Department: Social Services & Housing
Purpose: For Decision

Recommendation(s):

THAT Staff Report HSS-23-029 10-Year Housing and Homelessness Plan Year 8, be received as information;

AND THAT staff be directed to forward the 10-Year Housing and Homelessness Plan – Year 8 Report to the Ministry of Municipal Affairs and Housing in accordance with the *Housing Services Act, 2011*;

AND FURTHER THAT staff be directed to post the 10-Year Housing and Homelessness Plan – Year 8 Report on the appropriate link of the Health and Social Services Division website.

Executive Summary:

In accordance with the *Housing Service Act, 2011*, Consolidated Municipal Service Managers are required to have a 10-Year Housing and Homelessness Plan, and are further required to provide annual updates to the Ministry of Municipal Affairs and Housing (MMAH). The purpose of this report is to present the Year 8 plan update and to request that council provide direction to staff to submit this update to MMAH.

Discussion:

The Housing Services Act, 2011 (Act) is provincial legislation that governs the provision of community based planning and delivery of housing and homelessness services. The legislation identifies that it is a matter of provincial interest that there be a system of housing and homelessness services that works within the framework of 12 identified functions. The *Act* also identifies that each Service Manager shall have a plan to address housing and homelessness.

Housing Vision: Communities in Haldimand and Norfolk Counties are complete, inclusive and interconnected communities which have safe, adequate and appropriate housing and support services for all residents to live with dignity.

Housing Goals:

1. To encourage a broad range of dwelling types and tenures which meet the needs of current and future residents of Haldimand and Norfolk Counties.
2. To ensure there is an adequate and appropriate supply of rental housing for households with low incomes and priority populations groups.
3. To ensure there are sufficient options for housing to live with dignity and as independently as possible.
4. Ensure a person-centered housing, homelessness and support system is in place where all housing and homelessness service providers are working in collaboration so that everyone who needs help is able to access it in a timely manner and functional zero end to homelessness is achieved.

Each goal has corresponding actions. Staff have moved forward with actions wherever possible or where Ministry or program changes are required. Staff are working with several housing providers and community partners on new and ongoing projects in both Haldimand and Norfolk to increase affordable housing, and maintain our rent geared to income housing in our communities.

Financial Services Comments:

Norfolk County

There are no direct financial implications within the report as presented. The 10-Year Housing and Homelessness Plan update was developed internally and in line with the approved Housing Services budget.

A number of Housing initiatives have been brought forward by the Federal and Provincial governments recently within their respective budgets. As staff develop investment plans to utilize funding, the discussed goals and objectives in the 10-year plan are key factors in decision-making. While developing investment plans, Housing staff try to be as equitable as possible to utilize funding equally between the two counties. As initiatives are developed into plans for Council’s consideration, financial implications will be included to outline the costs and sources of funding.

Haldimand County

Haldimand Finance staff have reviewed this report and agree with the information as identified by Norfolk Finance staff. Although there are no direct levy implications outlined within the report, Any future Operating or Capital initiatives should be ranked and evaluated during the appropriate budget process, and would be cost shared based on the applicable cost sharing agreement, if applicable.

Interdepartmental Implications:

Norfolk County

Haldimand County

Haldimand staff reached out to Social Services and Housing (Norfolk) staff regarding Goal 2 and Goal 3 as outlined in the Attachment. In regards to Goal 2, staff confirmed that the waitlist for subsidized housing slightly decreased from 457 people to 447 from the previous reporting year.

Unfortunately, for Goal 3, although there were 110 successful interventions in eviction prevention, this number is significantly less than the past due to provincial funding limitations.

A priority for this term of Council is the development of an Affordable Housing Strategy, which is linked to this 10 Year Housing and Homelessness Plan. By having more affordable housing, a positive impact could be a reduction in the number of Haldimand residents requiring housing services provided under the Housing and Homelessness program.

Consultation(s):

The Program Manager of Housing Services consulted with Building departments in Haldimand and Norfolk Counties for the information found in the table included in the plan.

Strategic Plan Linkage:

This report aligns with the 2022-2026 Council Strategic Priorities “Building Norfolk”.

Explanation:

In accordance with the Housing Service Act, 2011, Consolidated Municipal Service Managers are required to have a 10-Year Housing and Homelessness Plan, and are further required to provide annual updates to the ministry of Municipal Affairs and Housing.

The goals and actions outlined in the plan are meant to provide a framework for staff to use in decision making in addressing housing needs in our communities.

Conclusion:

The information outlined in this report will assist with the work that is done locally in Housing Services and Homeless Prevention under Ministry guidelines.

Attachment(s):

- Housing and Homelessness Plan Reporting on Progress – Year 8: 2022

Approval:

Approved By:
Stephanie Rice
Director, Social Services and Housing

Reviewed By:
Stephanie Rice
Director, Social Services and Housing

Prepared By:
Jessica Horton
Program Manager, Housing Services



HALDIMAND AND NORFOLK 10-YEAR HOUSING AND HOMELESSNESS PLAN

**Year 8 Report
2022**

Health and Social Services Division Social Services and Housing Department
12 Gilbertson Drive PO Box 570
Simcoe ON N3Y 4N5

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Providing Services to Haldimand and Norfolk Counties

Reporting on Progress

Measuring and reporting on progress is important to ensure the Plan remains relevant and efforts are focused on the greatest need in Haldimand and Norfolk. The following reporting template for progress on the updated Housing and Homelessness Plan includes targets for each of the key directions and indicators to measure progress.

Housing Goals	Outcomes and Targets	Measures	Annual Progress																																											
<p>Goal 1: To encourage a broad range of dwelling types and tenures which meet the needs of current and future residents of Haldimand and Norfolk Counties.</p>	<ul style="list-style-type: none"> • Increase of 15% in new dwellings which are appropriate for smaller households • Rental vacancy rate of 3% in both Haldimand and Norfolk Counties • Increase in secondary suites • Decrease of 10% in the proportion of homes requiring major repairs • Increase in housing developments which meet Passive House, LEED, or other environmental sustainability standards 	<ul style="list-style-type: none"> • Residential building permits by dwelling type • Residential building permits by tenure (i.e. ownership and rental) • Purpose-built rental housing vacancy rates • Building permits for secondary suites • Proportion of dwellings requiring major repairs updated every five years based on Statistics Canada Census data • Residential building permits for dwellings with environmental sustainability features which go beyond the requirements of the Ontario Building Code 	<table border="1"> <thead> <tr> <th data-bbox="1932 555 2118 654">2022 Building Type</th> <th data-bbox="2118 555 2303 654">Norfolk County</th> <th data-bbox="2303 555 2478 654">Haldimand County</th> </tr> </thead> <tbody> <tr> <td data-bbox="1932 654 2118 688">SFD</td> <td data-bbox="2118 654 2303 688">193</td> <td data-bbox="2303 654 2478 688">339</td> </tr> <tr> <td data-bbox="1932 688 2118 722">SFD ACC</td> <td data-bbox="2118 688 2303 722">11</td> <td data-bbox="2303 688 2478 722">105</td> </tr> <tr> <td data-bbox="1932 722 2118 756">SFD ADD</td> <td data-bbox="2118 722 2303 756">2</td> <td data-bbox="2303 722 2478 756">57</td> </tr> <tr> <td data-bbox="1932 756 2118 790">SFD ALT</td> <td data-bbox="2118 756 2303 790">1</td> <td data-bbox="2303 756 2478 790">57</td> </tr> <tr> <td data-bbox="1932 790 2118 824">VCHNEW</td> <td data-bbox="2118 790 2303 824">8</td> <td data-bbox="2303 790 2478 824">8</td> </tr> <tr> <td data-bbox="1932 824 2118 859">VCHALT</td> <td data-bbox="2118 824 2303 859">0</td> <td data-bbox="2303 824 2478 859">7</td> </tr> <tr> <td data-bbox="1932 859 2118 893">MRES</td> <td data-bbox="2118 859 2303 893">60</td> <td data-bbox="2303 859 2478 893">38</td> </tr> <tr> <td data-bbox="1932 893 2118 927">MRES ACC</td> <td data-bbox="2118 893 2303 927">0</td> <td data-bbox="2303 893 2478 927">0</td> </tr> <tr> <td data-bbox="1932 927 2118 961">MRES ALT</td> <td data-bbox="2118 927 2303 961">2</td> <td data-bbox="2303 927 2478 961">0</td> </tr> <tr> <td data-bbox="1932 961 2118 995">COM ALT</td> <td data-bbox="2118 961 2303 995">0</td> <td data-bbox="2303 961 2478 995">2</td> </tr> <tr> <td data-bbox="1932 995 2118 1029">Secondary Dwelling Unit</td> <td data-bbox="2118 995 2303 1029">Captured throughout other stats</td> <td data-bbox="2303 995 2478 1029">17</td> </tr> <tr> <td data-bbox="1932 1029 2118 1063">Total</td> <td data-bbox="2118 1029 2303 1063">277</td> <td data-bbox="2303 1029 2478 1063">630</td> </tr> <tr> <td colspan="3" data-bbox="1932 1063 2478 1235"> <p>Note: See acronym definitions at end of document</p> </td> </tr> </tbody> </table>	2022 Building Type	Norfolk County	Haldimand County	SFD	193	339	SFD ACC	11	105	SFD ADD	2	57	SFD ALT	1	57	VCHNEW	8	8	VCHALT	0	7	MRES	60	38	MRES ACC	0	0	MRES ALT	2	0	COM ALT	0	2	Secondary Dwelling Unit	Captured throughout other stats	17	Total	277	630	<p>Note: See acronym definitions at end of document</p>			
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VCHALT	0	7																																												
MRES	60	38																																												
MRES ACC	0	0																																												
MRES ALT	2	0																																												
COM ALT	0	2																																												
Secondary Dwelling Unit	Captured throughout other stats	17																																												
Total	277	630																																												
<p>Note: See acronym definitions at end of document</p>																																														

Housing Goals	Outcomes and Targets	Measures	Annual Progress
<p>Goal 2:</p> <p>To ensure there is an adequate and appropriate supply of rental housing for households with low incomes and priority population groups.</p>	<ul style="list-style-type: none"> • Increase in the supply of rental housing which is affordable to households with low incomes • Decrease of 50% in the number of applicants on the waiting list for subsidized housing¹⁶ • Decrease of 20% in the number and proportion of households with low incomes spending 50% or more of their income on housing costs 	<ul style="list-style-type: none"> • Number of affordable housing units built based on planning applications and funding applications • Number of applicants on the waiting list for subsidized housing • Number and proportion of households with low incomes spending 50% or more of their income on housing costs (to be updated every five years based on the Statistics Canada Census) • Number of rent supplement units 	<p>51 units of supportive housing added in Norfolk. 51 units currently occupied.</p> <p>5 Transitional housing beds for Norfolk</p> <p>9 units of supportive housing added in Haldimand, 9 units currently open for occupancy</p> <p>447</p> <p>7,235 people in Haldimand Norfolk spending more than 30% of their income on shelter costs (50% stat is not readily available through Stats Canada)</p> <p>51</p>

Housing Goals	Outcome and Targets	Measures	Annual Progress
<p>Goal 3:</p> <p>To ensure there are sufficient options for housing with supports to facilitate aging in place and for people who require supports to live with dignity and as independently as possible.</p>	<ul style="list-style-type: none"> • Increase in the supply of housing with supports, particularly for people with mental health issues and/or substance abuse issues and developmental disabilities • Increase of 20% in the supply of accessible units for frail seniors and persons with physical disabilities • Increase of 50% in the number of households who were at risk of homelessness who achieved housing stability 	<ul style="list-style-type: none"> • Number of supportive housing units built based on planning applications and funding applications • Number of accessible built based on residential building permits • Number of successful interventions in eviction prevention (Based on HPS/Coordinated Access data) • Number of households receiving housing allowances 	<p>9 units in Haldimand 5 units in Norfolk (transitional beds with Indwell)</p> <p>0</p> <p>110</p> <p>66 households receiving Housing Allowances 41 new Canadian Ontario Housing Benefit (COHB) recipients</p>
<p>Goal 4:</p> <p>Ensure a person-centred housing, homelessness and support system is in place where all housing and homelessness service providers are working in collaboration so that everyone who needs help is able to access it in a timely manner and functional zero end to homelessness is achieved.</p>	<ul style="list-style-type: none"> • Coordinated access system with participation of all housing and homelessness service providers • Quality prioritization list • Comprehensive inventory of housing and homelessness services • No one is discharged into homelessness from an institutional setting, such as a hospital or correctional facility 	<ul style="list-style-type: none"> • Number of housing and support service providers participating in the coordinated access system • Prioritization list which is updated monthly (at a minimum) and includes data on housing and support needs 	<p>2 Community Partners</p> <p>The BNL is up and running</p>

Housing Goals	Outcome and Targets	Measures	Annual Progress
	<ul style="list-style-type: none"> • Increase of 50% in the number of people/households who move from homelessness to permanent/long-term housing • Decrease of 50% in the number of households who return to homelessness from permanent housing 	<ul style="list-style-type: none"> • Number of people/households who are chronically homeless who move to permanent/long-term housing 	86 People were moved into permanent/long term housing
Identify Goals for 2023	<ul style="list-style-type: none"> • Centralized Intake / HHP Branding • Corporate training/lunch and learn 		Have not been actioned to date Have not been actioned to date: plans to do so in Fall 2023

GOAL 1 ACRONYM DEFINITIONS

- SFD – Single Family Dwelling
- SFD ACC – Single Family Dwelling Accessory Building
- SFD ADD – Single Family Dwelling Addition
- AFD ALT – Single Family Dwelling Alteration
- VCHNEW – Vacation Home New
- VCHALT – Vacation Home Alteration
- MRES – Multi-Residential
- MRES ACC – Multi Residential Accessory Building
- MRES ALT – Multi-Residential Alteration
- COM ALT – Commercial Alteration
- BNL – By Name List

PLEASE ROUTE TO:
All Board of Health Members
All Members of Regional Health & Social Service Committees
All Senior Public Health Managers

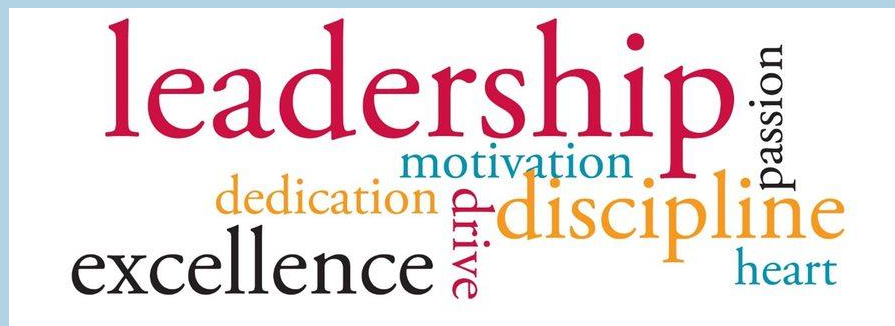
May 19, 2023



May 2023 InfoBreak

This update is a tool to keep alpha's members apprised of the latest news in public health including provincial announcements, legislation, alpha activities, correspondence, and events. Visit us at alphaweb.org.

Leader to Leader - A Message from the alpha President - May 2023



READY! SET! GO! What a great way to start the month of May, with the launch of alpha's [Workplace Health and Wellness Month](#). It has been delightful to see alpha members taking part in this event by sharing their engagement in activities

that promote physical and mental health and sharing healthy recipes on Twitter - tagging @PHAgencies and using the hashtags #PublicHealthLeaders and #alPHa2023. Many of these posts will be profiled at the alPHa Conference on June 13, 2023. Let's get moving and rise to the alPHa challenge!

In April, the Northwestern Ontario Municipal Association (NOMA) AGM and Conference in Thunder Bay, Ontario provided me with the opportunity to moderate as alPHa's Executive Director Loretta Ryan co-presented with Dan Nicholson, Planner for the City of Toronto. They delivered an interesting and informative keynote called *The Public Realm: Planning and Public Health*. It proved to be a tremendous opportunity to effectively network with municipal and provincial leadership and to meet Board of Health members from across the region.

I am pleased to tell you Loretta Ryan, alPHa's Executive Director, was part of the Ontario Chronic Disease Prevention Alliance (OCDPA) representatives who met with MPP Robin Martin, the Parliamentary Assistant to the Minister of Health, on Wednesday May 3 to discuss the importance of chronic disease prevention.

Now, a couple of things to bring to your attention about the [Ontario Not for Profit Corporations Act](#) (ONCA). Firstly, alPHa is on track and will meet the deadline of October 24, 2024, for ONCA's legislated compliance. Secondly, Ontario's Boards of Health are created under, and regulated by, Part VI of the Ontario Health and Promotion Act and thus the Not-for-Profit Corporations Act does not apply to Boards of Health.

alPHa continues to address to provincial decision-makers and influencers our members' concerns for public health funding and its uncertainty in regard to several areas including: annual base funding, Infection Prevention and Control (IPAC) Hub funding for 2023-2024, mitigation funding for 2024 and beyond, school focused nurses initiatives funding which is due to end June 30, 2023, and other one-time funding.

alPHa's effective one voice represents its 34-member health agencies, which includes the Boards of Health Section, the Council of Ontario Medical Officers of Health Section, and the senior public health Affiliate leadership. alPHa's unified voice has great strength for public health in our advocacy to the decision-makers and influencers. After all, alPHa has significant merit, as the province's only truly representative public health association with all of Ontario's thirty-four local public health units/boards of health, as members.

The 2022-2023 [alPHa Board](#) will be holding its final meeting of its term by video conference on June 9, 2023. The permanent move to video provides maximum opportunity to ensure alPHa's provincially representative Board members are all

able to take part. Not only does it save members time travelling to and from meetings, it keeps more funds in their local public health units. On June 9, alPHA Board discussions will focus on final reports and preparations for the Annual General Meeting being held on June 13, 2023, as well as key public health issues, government relations, strategic planning, compliance with Ontario's Not for Profit Corporations Act and wrapping up business for this board. The new 2023-2024 Board will meet on June 14, 2023, immediately after the Section meetings.

There is much optimism for the rest of 2023 and what is in store for further engagement opportunities for alPHA members. Anticipation is building for alPHA's first in-person event since 2019. The 2023 alPHA AGM, Conference and Section meetings are being held on June 13 and June 14. This is an opportunity to continue the important conversation on the role of local public health in the province's public health system, consider alPHA members' proposed resolutions, hold plenary sessions with guest speakers, and the presentation of the 2023 Distinguished Service Awards for leadership in Ontario's public health system. The alPHA member-only events will kick-off on Monday, June 12th with a walking tour of Toronto's historic Kensington Market, followed with an opening reception and a keynote address, at the Dalla Lana School of Public Health. This alPHA event is another key opportunity for member engagement. It will include your participation, as an alPHA member representative, in the development of a Strategic Plan to lead the association into 2024 and beyond. Thank you to alPHA's Executive Director, Loretta Ryan, and her staff for their work. The event is planned and hosted by alPHA and co-hosted by Toronto Public Health. alPHA appreciates Toronto Public Health and the University of Toronto's Dalla Lana School of Public Health and Temerty Faculty of Medicine for their generous support.

alPHA highly values you - its members across Ontario's 34 local public health agencies. alPHA endeavours to engage you proactively, and meaningfully through regular updates via email and opportunities in the monthly publication *Information Break*, on Twitter, at member-driven symposiums and events and with time-sensitive updates. alPHA's website www.alphaweb.org is a public portal of public health resources, while *Information Break* is a public health portal exclusive to alPHA members.

Looking forward to seeing you in-person in Toronto at alPHA's 2023 AGM and Conference on June 12, 13 and 14, 2023!

Trudy Sachowski
President

'Strategy is not a lengthy action plan. It is the evolution of a central idea through continually changing circumstances.'

Annual General Meeting and Conference Important Updates and Information



We are less than a month away from this year's Conference and AGM! As you know, this event will continue the important conversation on the role of Local Public Health in the province's Public Health System. On Monday, June 12, we will get things underway with a walking tour in the afternoon and an opening evening reception. The speaker for the opening reception is Toronto Public Health's Medical Officer of Health, Dr. Eileen de Villa. The AGM, consideration of Resolutions, Plenary Sessions, and presentation of the 2023 Distinguished Service Awards will take place on Tuesday, June 13. The half-day Section meetings will be held on the morning of Wednesday, June 14. alPha is looking forward to hosting these in-person events and encourages all members to participate. You can register [here](#).

The Conference is being co-hosted by Toronto Public Health, with generous support from the University of Toronto's Dalla Lana School of Public Health and the Temerty Faculty of Medicine. We would also like to thank Mosey & Mosey for their generous support of the alPha Distinguished Service Awards.

IMPORTANT: Attendees are encouraged to book accommodations as soon as possible. alPha does not have a room block. There are a number of nearby hotels including the [Chelsea Hotel Toronto](#), the [Holiday Inn](#), and [DoubleTree by Hilton Hotel Toronto Downtown](#).

Documents, such as the Preliminary Program, can be found [here](#). The Conference Poster is available through [this link](#), and Sponsorship information can

be found [here](#). Please check the website often for updates. The [June 2023 alPHa AGM Notice and Package](#) are also available.

We hope to see you at these in-person events. If you have any questions, please do not hesitate to reach out to Loretta Ryan at loretta@alphaweb.org.



Dalla Lana

School of Public Health

Temerty
Medicine

ThinkDox 

The ThinkDox logo consists of a cluster of small green and yellow squares arranged in a roughly circular pattern to the right of the text.



alPHA Workplace Health and Wellness Month is now underway!

2023 alPHA Workplace Health & Wellness Month

alPHA
Association of Local
PUBLIC HEALTH
Agencies



alPHA members are encouraged to engage in physical activity (e.g. walking, hiking, swimming, wheeling, and paddling) or activities that promote mental health (e.g. meditation, yoga, relaxation exercises, and) for at least 30 minutes per day during the month of May.

Good health involves good eating habits. Do you have a recipe that contributes to health and wellness? We'd love to hear about these too!

Participate and share on Twitter. Don't forget to include in your tweet: a picture, [@PHAgenies](#) and the hashtags [#PublicHealthLeaders](#), [#alpha2023](#). We'll profile your Fitness Challenge activities at the alPHA Conference that is taking place June 13, 2023.



HERE'S HOW TO PARTICIPATE

Activities are to be completed at any time during the month of May. Any physical or mental health activities of a 30-minute duration are encouraged.

Post your healthy recipes too.
Be creative and have fun!

Post your tweets with pictures and include
[@PHAgenies](#), [#PublicHealthLeaders](#)
[#alpha2023](#)

Easy Activity Tips!

At Home - Work in the garden or mow the grass. Using a riding mower doesn't count! Rake leaves, prune, and dig. Go out for a short walk before breakfast, after dinner or both! Why not start the day off with meditation? Start with 5-10 minutes and work up to 30 minutes.

At Work - Many of us have sedentary jobs. If you can, use active transportation to get to and from your workplace. Go for a walk at lunchtime. Incorporate these activities into your work day. Start with short walks and work up to longer trips. Practice mindfulness. Engage in fun team building exercises.

At Play - Play and recreation are important for good health. Look for opportunities to be active and have fun at the same time: Plan activities that include physical activity (hiking, backpacking, swimming, etc.). Do your favorite physical activities and regularly go walking, jogging, bicycling or wheeling. Start with achievable goals and work your way up to regular exercise routines.

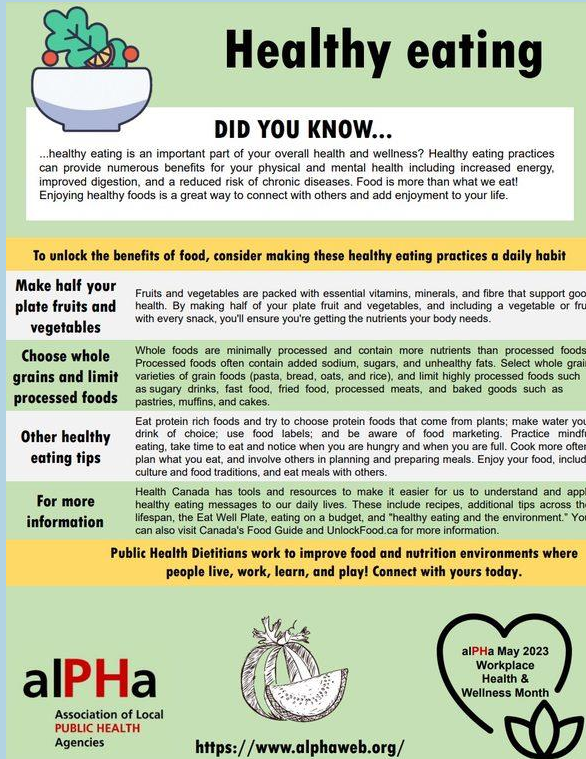
At any time - Prepare a healthy snack or meal, take a picture, and share it with the recipe.

Ready! Set! GO!

Do you want to improve your physical fitness or address your mental well-being? [alPHA Workplace Health and Wellness Month](#) can help! There are various resources available, including infographics and healthy recipes, to provide you with all the necessary information to help you take care of yourself.

We also want to feature your physical and mental activities. We encourage all members to partake in an activity for at least 30-minutes, tag [@PHAgenies](#) on Twitter, and use the [#PublicHealthLeaders](#) and [#alPHA2023](#) hashtags. We'll be

sure to retweet it! Additionally, your successes will be highlighted at this year's Conference and AGM.



Healthy eating

DID YOU KNOW...

...healthy eating is an important part of your overall health and wellness? Healthy eating practices can provide numerous benefits for your physical and mental health including increased energy, improved digestion, and a reduced risk of chronic diseases. Food is more than what we eat! Enjoying healthy foods is a great way to connect with others and add enjoyment to your life.

To unlock the benefits of food, consider making these healthy eating practices a daily habit




Make half your plate fruits and vegetables Fruits and vegetables are packed with essential vitamins, minerals, and fibre that support good health. By making half of your plate fruit and vegetables, and including a vegetable or fruit with every snack, you'll ensure you're getting the nutrients your body needs.

Choose whole grains and limit processed foods Whole foods are minimally processed and contain more nutrients than processed foods. Processed foods often contain added sodium, sugars, and unhealthy fats. Select whole grain varieties of grain foods (pasta, bread, oats, and rice), and limit highly processed foods such as sugary drinks, fast food, fried food, processed meats, and baked goods such as pastries, muffins, and cakes.

Other healthy eating tips Eat protein rich foods and try to choose protein foods that come from plants; make water your drink of choice; use food labels; and be aware of food marketing. Practice mindful eating, take time to eat and notice when you are hungry and when you are full. Cook more often, plan what you eat, and involve others in planning and preparing meals. Enjoy your food, include culture and food traditions, and eat meals with others.

For more information Health Canada has tools and resources to make it easier for us to understand and apply healthy eating messages to our daily lives. These include recipes, additional tips across the lifespan, the Eat Well Plate, eating on a budget, and "healthy eating and the environment." You can also visit Canada's Food Guide and UnlockFood.ca for more information.

Public Health Dietitians work to improve food and nutrition environments where people live, work, learn, and play! Connect with yours today.

<https://www.alphaweb.org/>

Workplace Ergonomics

Did you know...

...incorporating ergonomic considerations into the workplace can reduce the potential for discomfort, pain, development of musculoskeletal disorders, and even long-term injuries?



To unlock the benefits of your workplace, consider making these ergonomic practices a daily habit.

Good posture Poor body position or posture can hinder blood circulation, affect the nervous system, and contribute to injuries and illnesses. It's important to keep feet flat on the floor, back straight, and shoulders relaxed. By clicking [here](#), you'll find more related information.

Monitor placement Set up your monitor so the top line of the screen is at or below eye level. This should align your eyes with the top of the viewing area of the screen. You should not need to tilt or bend your neck forward to properly see it. Set up your monitor directly in front of you, at least 20 inches away.

Taking breaks Breaks lead to higher productivity, greater job satisfaction, and more balanced emotional health. It is important to take the time to [stretch](#) and move around, especially if you spend long hours sitting at a desk.




For more information related to ergonomics, go to the [Canadian Centre for Occupational Health and Safety \(CCOHS\)](#).

<https://www.alphaweb.org/>

In conjunction with alPHA's new Workplace Health & Wellness Month, we have some tips to help you live a healthier life. We are also releasing two new infographics on [healthy eating](#) and the importance of [ergonomics in the workplace](#). To view previous infographics, head over to alPHA's Workplace Health & Wellness Month webpage.

Affiliates Update

Affiliates

Association of Local Public Health Agencies

Save The Date - Health Promotion Ontario 2023 Webinar Series

Calling all health promotion professionals!

Once again, Health Promotion Ontario is hosting its free annual webinar series. This year the theme is Health Promotion in a New Era: Skills we need for a changing world.

If the past three years have taught us anything, it's that we constantly need to innovate, adapt and overcome. In the years ahead, we will continue to face complex problems that require new approaches and upstream thinking. That's why we're focusing this series on key skills you'll need now and into the future, to tackle the big issues ahead.

This year, we're doing things a little differently. Each session will still feature panelist presentations and discussions, but our panelists will reflect both traditional and non-traditional "health promoters". We want everyone to see themselves as health promoters and to reflect on the ways in which they can contribute to advancing health and wellness.

You can still register for the final webinar in this series.

- May 25, 2023, 11:30 a.m.-1:00 p.m. - When Passion Becomes Policy (Advocacy)

Reach out to us: healthpromotionontario@gmail.com with any questions.

CIHI's Mental Health and Substance Use Survey



In support of the federal, provincial and territorial governments' commitment to the [Shared Health Priorities](#), the Canadian Institute for Health Information (CIHI) is asking Canadians to share their experiences with accessing mental health and substance use services. Participation is voluntary and responses will remain anonymous. The survey is available until May 21, 2023.

The Canadian Institute for Health Information @CIHI_ICIS is working to understand the experiences of Canadians accessing mental health and substance use services. Complete this short, anonymous survey to help improve these services across the country! https://bit.ly/CIHI_SurveyForCanadians

Over time, indicators derived from the survey results will tell a clearer story about access to care across the country, identify where there are gaps in services and help to make meaningful changes to improve the experiences of Canadian patients and their families. Learn about these important indicators here:

- [Navigation of Mental Health and Substance Use Services](#)
- [Early Intervention for Mental Health and Substance Use Among Children and Youth](#).

2021 Census data sorted by health region now available

Public Health Units - Demographic Information

Links to Ontario Health Unit Demographic Info (Source: 2021 Census)

On March 29, 2023, Statistics Canada published the demographic information gathered via the 2021 Census, sorted by health region, which includes detailed profiles for each Ontario public health unit. aPHa has provided direct links to each on [this page](#). Please note the list is sorted by the legal names of the PHUs as they appear in Ontario Regulation 553.

Promoting Resilience: A Science-Informed Approach to Decision-Making

The purpose of this module is to raise awareness about the role of early development in long-term health, the science of adversity, and the importance of resilience and its relationship to wellbeing. The modules describes actions boards of directors, community leaders, and other decision makers can take to prevent and reduce the effects of adversity and build community resilience. WGD Public Health is a partner and aPHa members are encouraged to register. [Register here.](#)

Boards of Health: Shared Resources



A resource [page](#) is available on aPHa's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org and for posting in the appropriate library.

Resources available on the aPHa website include:

- [Orientation Manual for Boards of Health \(Revised Feb. 2023\)](#)
- [Review of Board of Health Liability, 2018, \(PowerPoint presentation, Feb. 24, 2023\)](#)
- [Legal Matters: Updates for Boards of Health \(Video, June 8, 2021\)](#)
- [Obligations of a Board of Health under the Municipal Act, 2001 \(Revised 2021\)](#)
- [Governance Toolkit \(Revised 2022\)](#)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview \(for Provincial Appointees to BOH\)](#)
- [Ontario Boards of Health by Region](#)
- [List of Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)
- [Map: Boards of Health Types](#)
- [NCCHPP Report: Profile of Ontario's Public Health System \(2021\)](#)
- [The Municipal Role of Public Health\(2022 U of T Report\)](#)
- [Boards of Health and Ontario Not-for-Profit Corporations Act](#)

Public Health Ontario



COVID-19 Epidemiological Surveillance Report

- [SARS-CoV-2 Genomic Surveillance in Ontario](#)
- [COVID-19 Wastewater Surveillance in Ontario](#)
- [Respiratory Virus Overview in Ontario](#)

Additional Resources – New

- [Injuries among Children using the Canadian Health Survey of Children and Youth](#)
- [Surveillance Report: Shigella Antimicrobial Resistance](#)

- [Focus On: Per-and Poly-Fluoroalkyl Substances \(PFAS\)](#)
- [Mpox in Ontario](#)
- [Surveillance reports on: Chlamydia in Ontario, Gonorrhoea in Ontario, and Infectious Syphilis in Ontario](#)
- [Household Food Insecurity Snapshot](#)

Upcoming PHO Events

- Tuesday May 23 – [PHO Rounds: The 2023 Ontario HIV Testing Guidelines](#) –12:00 p.m. to 1:00 p.m.
- Tuesday May 30 – [PHO Rounds: Harm Reduction Snapshots in Ontario and the Impact of COVID-19](#) – 12:00 p.m. to 1 p.m.

Interested in our upcoming events? Checkout our [Events](#) page to stay up-to-date with all PHO events.

Missed an event? Check out our [Presentations](#) page for full recordings our events.

Upcoming DLSPH Events and Webinars

Dalla Lana

School of Public Health

- [Climate Change and Infectious Diseases Speaker Series: Climate Change, Pandemic Risk and Population Health with Amy Greer, University of Guelph](#) (May 25)
- [CANUE Webinar: Food Outlets, Urban Environments and Population Health](#) (May 30)
- [Real-world insights on COVID-19 vaccine effectiveness and infection risk factors from CanPath's SUPPORT-Canada study](#) (May 30)
- [Big Ideas: Exploring Critical Pedagogy as a Pathway to Addressing Challenges in Healthcare](#) (Jun. 7)

RRFSS and Climate Change



RRFSS data can answer questions related to local health behaviours and issues when other data does not exist and can also be a key source of local data for factors related to the social environment, natural & built environment, and socio-political aspects of environmental change.

For example, RRFSS has many modules on Climate Change:

- Attitudes Towards Action
- Dwelling Adaptation Practices & Barriers
- Experience and Impact on Health
- Perceptions of Health Impacts of Climate Change
- Perceptions of Health Impacts of Climate Exposures
- Personal Adaptation Barriers
- Personal Adaptation Practices
- Responsibility for Action
- SASSY Segmentation

To collect 2023 RRFSS data and create a survey package and customizable budget contact: Lynne Russell, RRFSS Coordinator: lynnerussell@rrfss.ca

COVID-19 Update

The Ministry of Health COVID-19 resource pages:

<https://www.ontario.ca/page/covid-19-coronavirus> (English)
[Ministry of Health - guidance for the health sector](#)
[Public Health Ontario's COVID-19 landing page](#)
[Public Health Agency of Canada's COVID-19 landing page](#)
[alPHA's recent COVID-19 related submissions can be found here.](#)

As part of the ongoing response to COVID-19, alPHA continues to represent the public health system and work with key stakeholders.

alPHA Correspondence



Through policy analysis, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Below are submissions that have been sent in since the last newsletter. A complete online library is available [here](#).

[alPHA](#) [Letter](#) - [OPNL](#) [Recommendations](#)

May 5, 2023 letter from the President of the Association of Local Public Health Agencies, on behalf of the Council of Ontario Medical Officers of Health, Boards of Health Section, and Affiliate Organizations to the Minister of Health, Hon. Sylvia Jones. The letter communicates support for the Ontario Association of Public Health Nursing Leaders' recent *Recommendation Information Sheet* stating they, along with other public health professionals, are essential to addressing service delivery backlogs and implementing programs to promote health, prevent disease, and support the province's identified priorities.

News Releases

The most up to date news releases from the Government of Ontario can be accessed [here](#).



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Our mailing address is:

/480 University Ave. Suite 300 Toronto, Ont. M5G 1V2/

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OFFICE OF THE MAYOR
CITY OF HAMILTON

April 3, 2023

VIA: Mail and Email

ATTN: Hon. Sylvia Jones
Minister of Health
Ministry of Health
5th Floor
777 Bay Street
Toronto, ON M7A 2J3
Sylvia.Jones@pc.ola.org

RE: 2023 PHS Annual Service Plan & Budget Submission; Support for Sufficient, Stable and Sustained Funding for Local Public Health Agencies

Dear Hon. Sylvia Jones,

The Board of Health (BOH) for the City of Hamilton Public Health Services is committed to achieving our mandate of keeping Hamiltonians healthy, preventing disease, and reducing health inequities as articulated in the Ontario Public Health Standards (OPHS). However, we have concerns about our ability to meet the growing needs of our community with current provincial funding. At its meeting on March 20, 2023, the BOH endorsed the following recommendations included in Board of Health Report BOH23011:

- That the Board of Health reiterate their call to the Ministry of Health to fully fund the provincial portion, at least 70%, of the total costs of the mandatory public health programs and services provided under the Ontario Public Health Standards;

- That the Board of Health reiterate their call to the Ministry of Health to continue the current mitigation funding until such time as the cost-shared arrangement is restored to 75%/25% for all cost-shared programs and that the Province once again assumes 100% funding for those programs identified as such in the public health budget for 2018-2019; and,
- That the Board of Health call on the Ministry of Health to include expectations for on-going COVID-19 response in the Ontario Public Health Standards and provide permanent funding to sustain these requirements.

As with other health units across the province, the deployment of significant Hamilton Public Health Services (HPHS) staff to the COVID-19 emergency response for over 2.5 years meant less ability to focus on other important public health issues. This impacted service delivery in many program areas and resulted in service backlogs and deficits of care in our community. Now that we have emerged from the crisis phase of the COVID-19 response, HPHS has been working to resume OPHS-mandated programs and services and address the deficits of care, while also continuing to respond to COVID-19. In addition, many long-standing health issues have been worsened by the COVID-19 pandemic and require focus and attention in planning and resourcing in order to achieve significant gains. HPHS has identified priority action areas to address Hamilton's priority population health needs of child and youth healthy growth and development, climate change, health equity, and mental health and substance use.

In October 2021, Hamilton's previous BOH wrote to the previous Health Minister endorsing letters from Peterborough Public Health and the Haliburton, Kawartha, Pine Ridge District Health Unit identifying the need for additional ongoing support as Ontario's public health units continued to respond to the COVID-19 pandemic. Specifically, support was requested to relieve the following financial pressures:

- Increased wage, benefit and operational costs due to inflation;
- New and expanded programs that were added to the OPHS;
- Resources required to address deficits of care;
- Increased demand for public health services to support community pandemic recovery; and,
- Continued support for COVID-19 response.

In 2022, the Association of Local Public Health Agencies (ALPHA) submitted a report to the provincial government to further demonstrate the need for additional investments in public health required to clear the service backlog, resume routine programs and services, and maintain an effective pandemic response. Recently, as part of their 2023 pre-budget submission, ALPHA re-iterated their call to the Province to immediately revert to the 75%/25% provincial-municipal public health cost-sharing formula, along with a pledge to continue 100% funding for programs that have been traditionally underwritten by the Province. Furthermore, in his 2022 Annual Report entitled "Being Ready, Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics" the Chief Medical Officer of Health calls for sustained investments in strengthening the

public health sector to ensure preparedness. Hamilton's BOH endorses these calls for sufficient and sustained funding for public health and agrees that it is more efficient and effective to invest in preparedness than to pay the much higher and heavier costs of being unprepared.

Through HPHS' 2023 ASPB submission it has been assessed that even with the provincial mitigation funding, the anticipated provincial subsidy will only be approximately 70% of the total costs of mandatory programs in 2023, a shortfall of \$2.3M. With the mitigation funding expected to end in 2023, HPHS will have substantial cost pressures in 2024 and beyond. For HPHS to fully address Hamilton's priority population health needs, restoration of the mixed 75%/25% Provincial/Municipal and 100% Provincial funding model is required.

Additionally, COVID-19 requires dedicated resources to sustain the on-going response, including case and contact management, outbreak management, infection prevention and control, immunization, surveillance, communication, pandemic preparedness and enforcement activities. The Hamilton BOH agrees with aPHa that language in the public health mandate (i.e., OPHS) and permanent funding is required to sustain these efforts.

Realizing these substantial cost pressures in 2023 and beyond, the Hamilton BOH urges the provincial government to:

- Fully fund the provincial portion, at least 70%, of the total costs of the mandatory public health programs and services provided under the OPHS;
- Continue the current mitigation funding until such time as the cost-shared arrangement is restored to the mixed 100% and 75%/25% model as it was in the public health budget for 2018-2019; and,
- Include expectations for on-going COVID-19 response in the OPHS and provide permanent funding to sustain these requirements.

The work of public health, done in collaboration with local partners and within the broader public health system, results in a healthier population that contributes to a stronger economy while preserving costly and scarce health care resources. For the health of our population, it is critical that public health be adequately resourced. A clear commitment by the Province to developing a process that ensures timely, predictable and sufficient funding is needed. While mitigation funding from the Province has been helpful, clearer and more timely assurances of funding for both routine and extraordinary public health activities will be required to inform budgets over multiple years.

Our Medical Officer of Health, Dr. Elizabeth Richardson, would be happy to meet with your staff to discuss this further as well.

Sincerely,



Andrea Horwath

Mayor

City of Hamilton

CC:

Hon. Neil Lumsden, MPP, Hamilton East – Stoney Creek

Monique Taylor, MPP, Hamilton Mountain

Sarah Jama, MPP, Hamilton Centre

Sandy Shaw, MPP, Hamilton West-Ancaster-Dundas

Donna Skelly, MPP, Flamborough-Glanbrook

Council of Ontario Medical Officers of Health

Association of Local Public Health Agencies (ALPHA)

Ontario Boards of Health



OFFICE OF THE MAYOR
CITY OF HAMILTON

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May 11, 2023

Subject: Declarations of Emergency in the Areas of Homelessness, Mental Health and Opioid Overdoses/Poisoning

Dear Minister Jones and Minister Tibollo,

At the April 12, 2023 Hamilton City Council meeting, a motion was passed declaring an emergency of Homelessness, Mental Health, and Opioid Overdoses/Poisoning. In adherence with this motion, I am writing to you today to request that the Provincial Government act on the eight measures proposed by the Association of Local Public Health Agencies". These specific measures include:

1. Creation of a multi-sectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination;
2. Expanding access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer supply options

3. Revision of the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods;
4. Expanding access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments, Rapid Access to Addiction Medicine Clinics), and a variety of medication options;
5. Providing a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders;
6. Addressing the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels;
7. Increasing investments in evidence-informed substance use prevention and mental health promotion initiatives that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood; and
8. Funding additional and dedicated positions for public health to support the critical coordination and leadership of local opioid and substance abuse strategies.”

As with other municipalities throughout Ontario, the impact of the drug toxicity crisis continues to have a significant impact on our community. Between January 2023 and April 2023, Hamilton Paramedic Services responded to 336 incidents related to suspect opioid overdoses, with three out of the four months surpassing previous monthly totals. Furthermore, 52 suspect drug-related deaths have occurred this year as of April 12, not only representing lives cut short but also untold grief for the loved ones of these individuals and the broader community.

Hamilton continues to coordinate a local response with health and social service providers to address this public health crisis by leveraging local expertise and resources. While these local efforts continue, further response and collaboration is needed at all levels of government. The eight measures recommended by the Association of Local Public Health Agencies would provide a range of interventions to best support individuals based on their needs, and reflect the ongoing serious harms present in our community related to the toxic drug supply. For example, investing in the necessary support and prevention initiatives for our children and youth would promote mental health and work to prevent substance use. Increasing the number of CTS sites would help save lives by increasing

the number of places to safely consume substances in our community, while facilitating access to treatment options. As this complex issue transcends municipal boundaries, the Province is best situated to act decisively in order meet these goals through their capacity, resources, and leadership.

We firmly believe that one of the necessary responses to the ongoing drug toxicity crisis is to action the above eight items. However, Hamilton cannot accomplish this undertaking alone and Provincial leadership is needed to ensure success. The Hamilton Public Health Services team is more than agreeable to meet with your staff to tackle this task head-on and thereby continue to ensure that Ontario is a place where all its residents can be healthy, prosperous and reach their fullest potential throughout life.

Yours Sincerely,



Andrea Horwath

Mayor

City of Hamilton

CC:

Hon. Doug Ford, Premier and Minister of Intergovernmental Affairs

Hon. Peter Bethlenfalvy, Minister of Finance

Hon. Steve Clark, Minister of Municipal Affairs and Housing

Hon. Doug Downey, Attorney General

Hon. Michael Parsa, Minister of Children, Community and Social Services

Dr. Kieran Moore, Chief Medical Officer of Health

Hon. Neil Lumsden, MPP Hamilton East – Stoney Creek

Donna Skelly, MPP Flamborough – Glanbrook

Monique Taylor, MPP Hamilton Mountain

Sandy Shaw, MPP Hamilton West – Ancaster – Dundas

Sarah Jama, MPP Hamilton Centre

Association of Local Public Health Agencies

Council of Ontario Medical Officers of Health

Ontario Boards of Health

Ontario Health

Ontario Public Health Association