



THE REGIONAL MUNICIPALITY OF NIAGARA
PUBLIC HEALTH & SOCIAL SERVICES COMMITTEE
FINAL AGENDA

PHSSC 05-2019

Tuesday, May 7, 2019

2:00 p.m.

Council Chamber

Niagara Region Headquarters, Campbell West

1815 Sir Isaac Brock Way, Thorold, ON

	Pages
1. <u>CALL TO ORDER</u>	
2. <u>DISCLOSURES OF PECUNIARY INTEREST</u>	
3. <u>PRESENTATIONS</u>	
3.1 <u>What Causes Ill Health in Niagara?</u> Dr. Mustafa Hirji, Acting Medical Officer of Health/Acting Commissioner, Public Health and Emergency Services and Sinéad McElhone, Manager, Public Health Surveillance and Evaluation, Public Health and Emergency Services	3 - 36
4. <u>DELEGATIONS</u>	
5. <u>ITEMS FOR CONSIDERATION</u>	
6. <u>CONSENT ITEMS FOR INFORMATION</u>	
6.1 <u>COM 20-2019</u> Ontario Works Caseload A presentation will precede the discussion of this item.	37 - 58
6.2 <u>COM 14-2019</u> Canadian Coalition of Municipalities Against Racism and Discrimination (CCMARD)	59 - 62

- 6.3 COM 21-2019 63 - 66
Ontario Health Teams
- 6.4 COM-C 2-2019 67 - 68
Seniors Services Long-Term Care Homes - Summer Celebration Events
- 6.5 CWCD 173-2019 69 - 71
Letter dated April 29, 2019, from David C. Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care, respecting Public Health Modernization

7. OTHER BUSINESS

8. CLOSED SESSION

- 8.1 Confidential NRH 6-2019
A Matter of Financial Information, Supplied in Confidence to the Municipality, Which if Disclosed, Could Reasonably be Expected to Interfere Significantly With the Contractual or Other Negotiations of a Person, Group of Persons, or Organization - New Housing Allowance/Rent Supplement Initiative

This item has been removed from the agenda and will be brought forth to a future meeting.

9. NEXT MEETING

The next meeting will be held on Tuesday, June 11, 2019, at 2:00 p.m. in the Council Chamber, Regional Headquarters.

10. ADJOURNMENT

If you require any accommodations for a disability in order to attend or participate in meetings or events, please contact the Accessibility Advisory Coordinator at 905-980-6000 (office), 289-929-8376 (cellphone) or accessibility@niagararegion.ca (email).

What Causes Ill Health in Niagara?

Public Health & Social Services Committee
May 7, 2019

M. Mustafa Hirji
Medical Officer of Health & Commissioner (Acting)

Sinéad McElhone
Manager (Surveillance & Evaluation)

Outline

- Top Illnesses & Risk Behaviours
- The Life Course
- Putting Them Together #1
 - Top Illnesses Across the Life Course
 - Top Risk Factors Across the Life Course
- Social Determinants of Health
- Putting Them Together #2
 - Top Illnesses Across Social Determinants of Health Gradients

Top Illnesses & Risk Behaviours

The Data

Indicators	Where did it come from?	Type of analysis	Years available
Self-reported behaviours	Canadian Community Health Survey	Percent with the reported condition	2011-2014
Self-reported conditions	Canadian Community Health Survey	Percent engaging in the behaviour	2011-2014
Infectious disease incidence	iPHIS	Incidence rate per 100,000	2011-2013
EMS transports	EMS Edge	Frequency of occurrence	2013-2015
Injuries that report to EDs	National Ambulatory Care Reporting System	Diagnoses per 100,000	2011-2013
ED visit diagnoses	National Ambulatory Care Reporting System	Diagnoses per 100,000	2011-2013
Hospital discharge diagnoses	Discharge Abstract Database	Hospital admissions per 100,000	2011-2013
Mortality	Vital Statistics	Causes of death per 100,000	2009-2011

Top Health Issues in Niagara

- Cancer
- Circulatory system infections and diseases
- Diabetes
- Digestive system infections and diseases
- Injuries
- Maternal/reproduction
- Mental health (including dementia)
- Poisoning
- Respiratory infections and diseases
- Sexually transmitted infections

The Life Course

The Past Shaping the Future

1

LATENT EFFECTS

Experiences, particularly during sensitive periods, that influence health later in life.

2

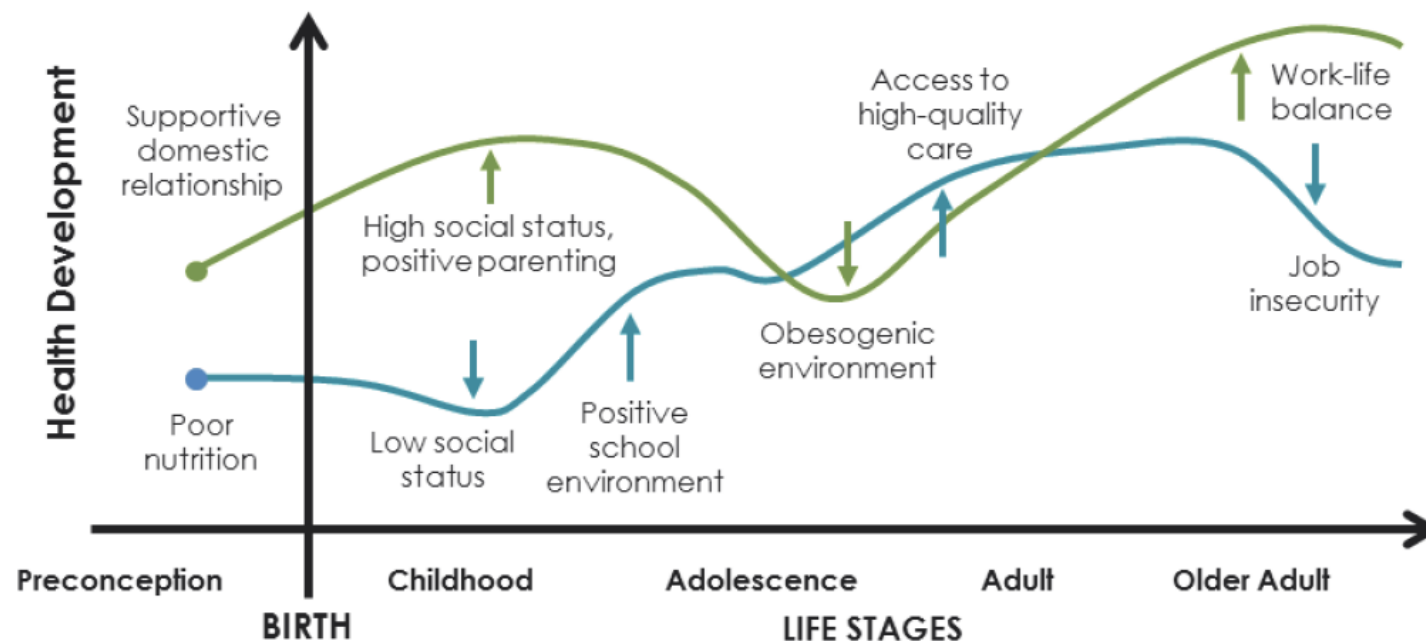
PATHWAY EFFECTS

Experiences that set people on certain health development trajectories.

3

CUMULATIVE EFFECTS

Experiences that accumulate over time and manifests in health. A combination of latent and pathway effects.

**PHASES OF HEALTH DEVELOPMENT**

Generativity

Acquisition

Maintenance

Decline

*Reproduced
with permission from
Halfon, Larson, Lu, et al
(2014)*

Putting It Together #1

Top Illnesses & Risk Behaviours Across the Life Course

Emergency Department Visits

Niagara	1	2	3	4	5
0<1 years	Acute Upper Respiratory Infections	General Signs & Symptoms	Other Acute Lower Respiratory Infections	Middle Ear & Mastoid Diseases	Head Injuries
1-4 years	Acute Upper Respiratory Infections	Middle Ear & Mastoid Diseases	Head Injuries	General Signs & Symptoms	Intestinal Infectious Diseases
5-9 years	Acute Upper Respiratory Infections	Head Injuries	Middle Ear & Mastoid Diseases	Digestive/Abdominal Signs & Symptoms	Wrist & Hand Injuries
10-14 years	Wrist & Hand Injuries	Acute Upper Respiratory Infections	Ankle & Foot Injuries	Head Injuries	Elbow & Forearm Injuries
15-19 years	Wrist & Hand Injuries	Digestive/Abdominal Signs & Symptoms	Acute Upper Respiratory Infections	Head Injuries	Ankle & Foot Injuries
20-24 years	Digestive/Abdominal Signs & Symptoms	Wrist & Hand Injuries	Acute Upper Respiratory Infections	Head Injuries	Ankle & Foot Injuries
25-44 years	Digestive/Abdominal Signs & Symptoms	Wrist & Hand Injuries	Circulatory/Respiratory Signs & Symptoms	Acute Upper Respiratory Infections	Ankle & Foot Injuries
45-64 years	Exam/ Investigation	Circulatory/Respiratory Signs & Symptoms	Digestive/Abdominal Signs & Symptoms	Wrist & Hand Injuries	General Signs & Symptoms
65-74 years	Exam/ Investigation	Lens Disorders	Circulatory/Respiratory Signs & Symptoms	Digestive/Abdominal Signs & Symptoms	Benign Neoplasms
75-84 years	Lens Disorders	Circulatory/Respiratory Signs & Symptoms	Exam/ Investigation	General Signs & Symptoms	Digestive/Abdominal Signs & Symptoms
85+ years	Circulatory/Respiratory Signs & Symptoms	Other Forms of Heart Disease	General Signs & Symptoms	Other Urinary System Diseases	Lens Disorders

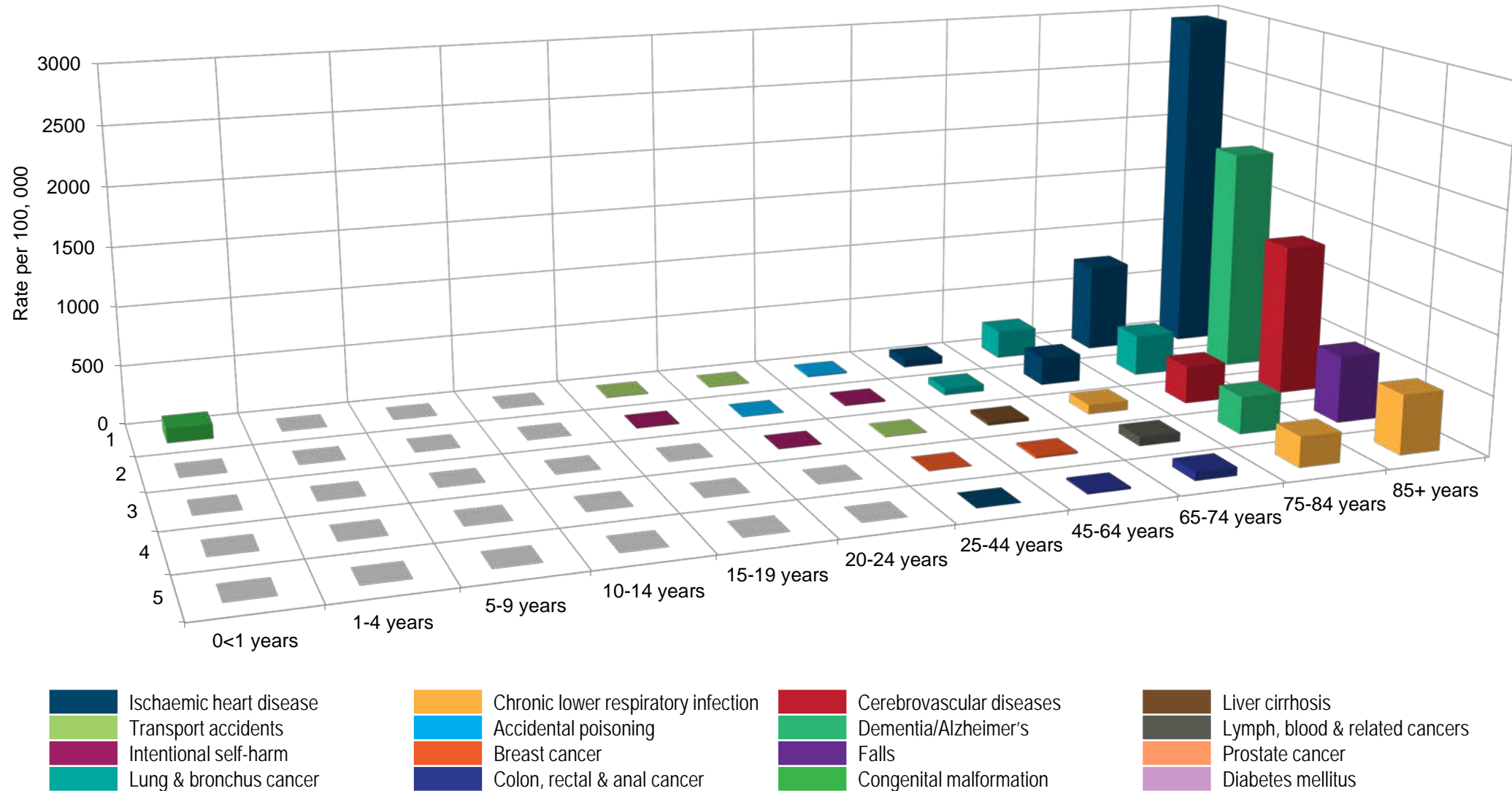
Hospital Discharge Diagnoses

Niagara	1	2	3	4	5
0<1 years	Length of Gestation/Fetal Growth Problems	Perinatal Respiratory/ Cardiovascular Disorder	H & H Disorders of Fetus & Newborn	General Signs & Symptoms	Intestinal Infectious Diseases
1-4 years	Intestinal Infectious Diseases	Influenza & Pneumonia	Chronic Lower Respiratory Diseases	General Signs & Symptoms	Other Urinary System Diseases
5-9 years	Intestinal Infectious Diseases	Influenza & Pneumonia	Chronic Lower Respiratory Diseases	Diseases of Appendix	Digestive/Abdominal Signs & Symptoms
10-14 years	Mood (Affective) Disorders	Diseases of Appendix	Digestive/Abdominal Signs & Symptoms	Intestinal Infectious Diseases	Diabetes Mellitus
15-19 years	Labour & Delivery Complications	Mood (Affective) Disorders	Diseases of Appendix	Fetus & Delivery Problems	Diabetes Mellitus
20-24 years	Labour & Delivery Complications	Fetus & Delivery Problems	Diseases of Appendix	Knee & Lower Leg Injuries	Gall, Biliary Tract & Pancreatic Disorders
25-44 years	Labour & Delivery Complications	Fetus & Delivery Problems	Non-inflammatory Female Genital Tract Disorder	Gall, Biliary Tract & Pancreatic Disorders	Diseases of Appendix
45-64 years	Ischaemic Heart Diseases	Arthrosis	Other Forms of Heart Disease	Comp. of Surg. & Med. Care NEC	Other Intestinal Diseases
65-74 years	Arthrosis	Ischaemic Heart Diseases	Other Forms of Heart Disease	Chronic Lower Respiratory Diseases	Comp. of Surg. & Med. Care NEC
75-84 years	Other Forms of Heart Disease	Ischaemic Heart Diseases	Arthrosis	Chronic Lower Respiratory Diseases	Other Intestinal Diseases
85+ years	Other Forms of Heart Disease	Ischaemic Heart Diseases	Hip & Thigh Injuries	Chronic Lower Respiratory Diseases	Influenza & Pneumonia

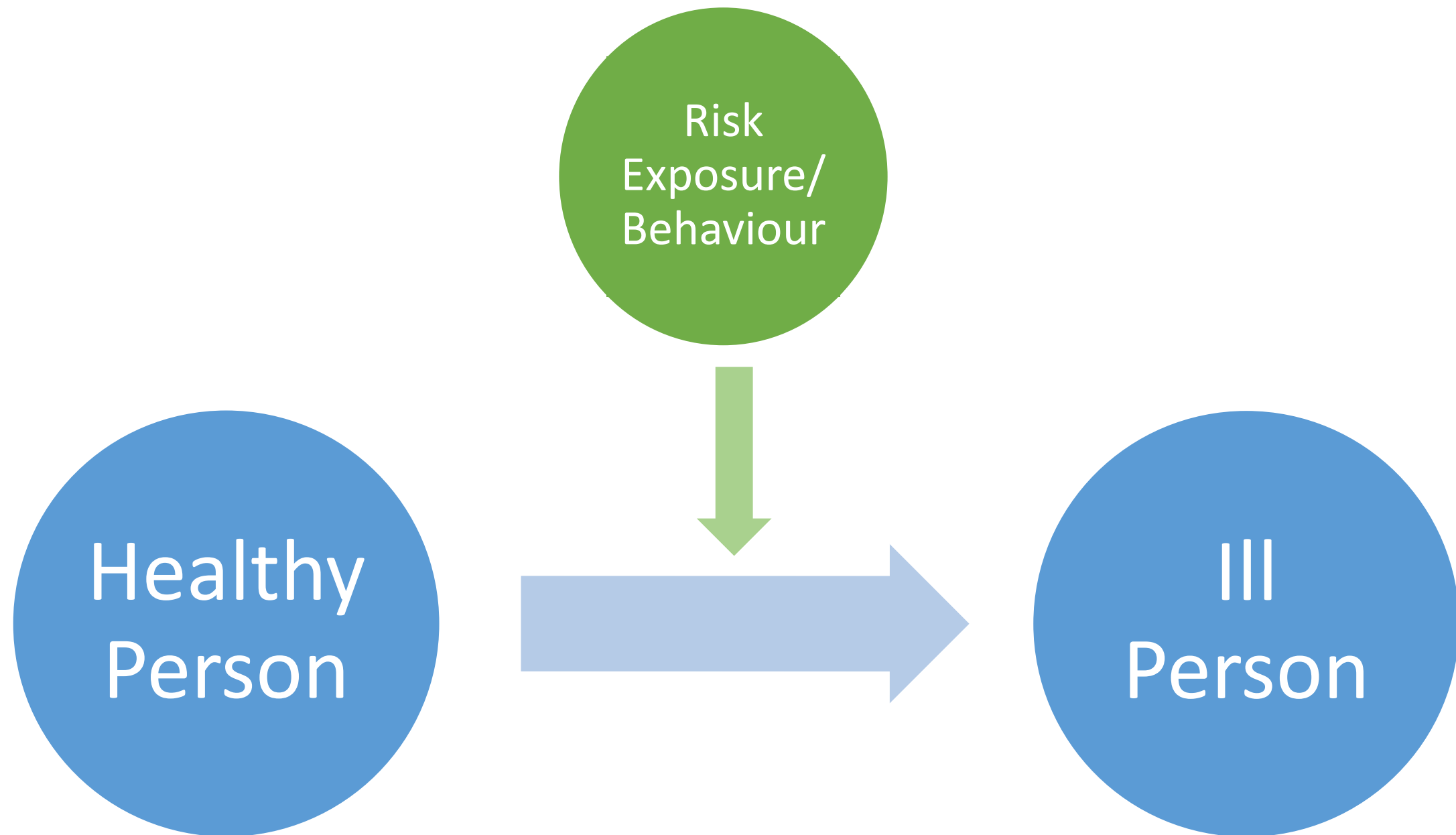
Mortality

Niagara	1	2	3	4	5
0<1 years	Congenital Malformation	Not Reportable**	Not Reportable**	Not Reportable**	Not Reportable**
1-4 years	Not Reportable**	Not Reportable**	Not Reportable**	Not Reportable**	Not Reportable**
5-9 years	Not Reportable**	Not Reportable**	Not Reportable**	Not Reportable**	Not Reportable**
10-14 years	Not Reportable**	Not Reportable**	Not Reportable**	Not Reportable**	Not Reportable**
15-19 years	Transport Accidents	Intentional Self-Harm	Not Reportable**	Not Reportable**	Not Reportable**
20-24 years	Transport Accidents	Accidental Poisoning	Intentional Self-Harm	Not Reportable**	Not Reportable**
25-44 years	Accidental Poisoning	Intentional Self-Harm	Transport Accidents	Breast Cancer	Ischaemic Heart Disease
45-64 years	Ischaemic Heart Disease	Lung & Bronchus Cancer	Liver Cirrhosis	Breast Cancer	Colon, Rectal & Anal Cancer
65-74 years	Lung & Bronchus Cancer	Ischaemic Heart Disease	Chronic Lower Respiratory Infection	Lymph, Blood & Related Cancer	Colon, Rectal & Anal Cancer
75-84 years	Ischaemic Heart Disease	Lung & Bronchus Cancer	Cerebrovascular Diseases	Dementia/Alzheimer's	Chronic Lower Respiratory Infection
85+ years	Ischaemic Heart Disease	Dementia/Alzheimer's	Cerebrovascular Diseases	Falls	Chronic Lower Respiratory Infection

Mortality Rates









Self-reported Behaviours

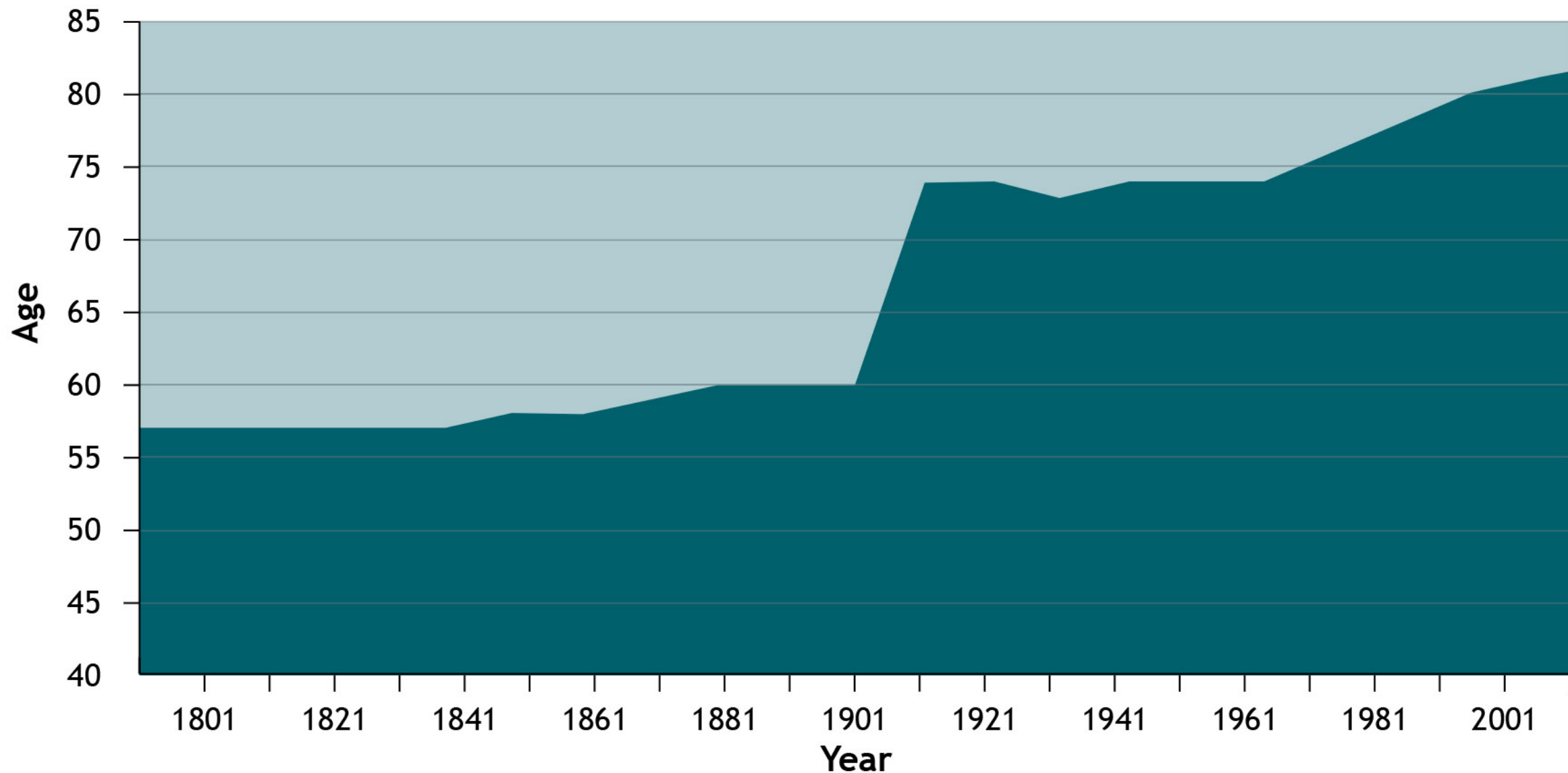
Niagara	1	2	3	4	5
12-19 years	4 or less fruits and vegetables	Inactive during leisure time	Underage drinking	Illicit drug use	Cannabis use
19-44 years	Exceeds LRADG	4 or less fruits and vegetables	Inactive during leisure time	Current smokers	Illicit drug use
45-64 years	4 or less fruits and vegetables	Exceeds LRADG	Inactive during leisure time	Current smokers	Illicit drug use
65+ years	Inactive during leisure time	4 or less fruits and vegetables	Exceeds LRADG	Current smokers	<i>Not Reportable**</i>

Social Determinants of Health

Determine 50% of Health Outcomes



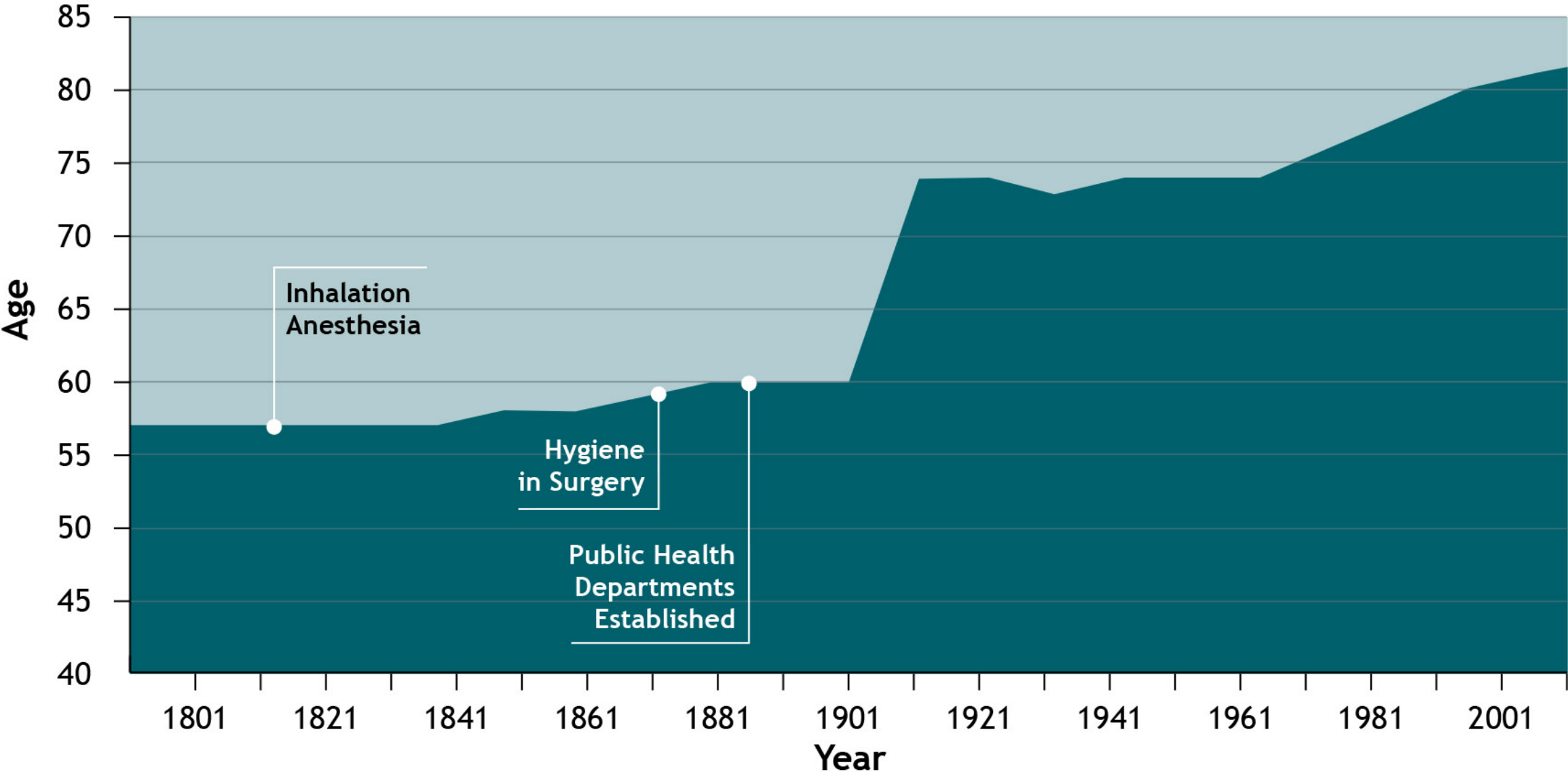
Average Expected Age at Death in Ontario for a 50 Year Old



LifeInsuranceCanada.com Inc. <https://www.lifeinsurancecanada.com/life-expectancy-calculator/>

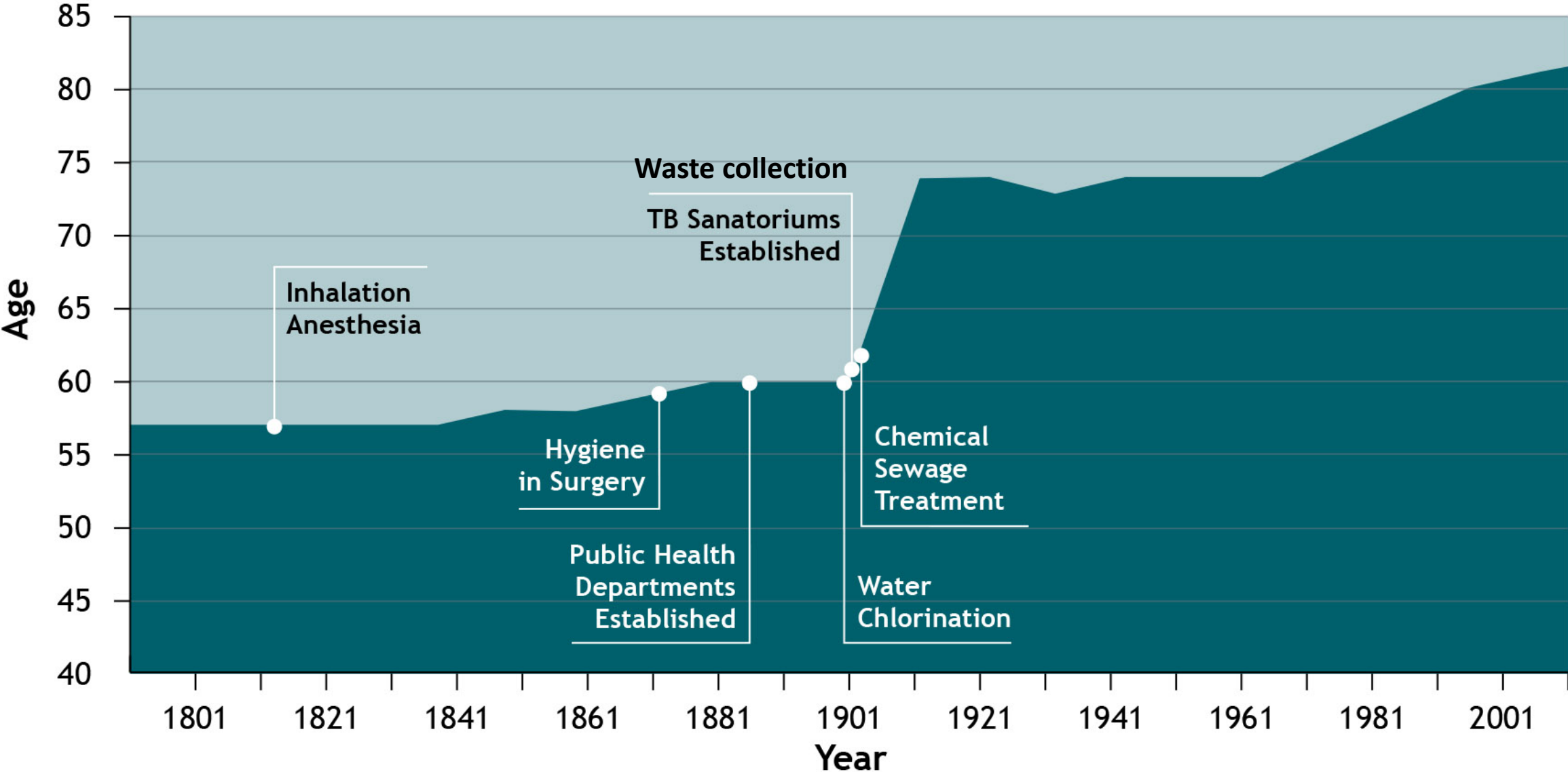


Average Expected Age at Death in Ontario for a 50 Year Old



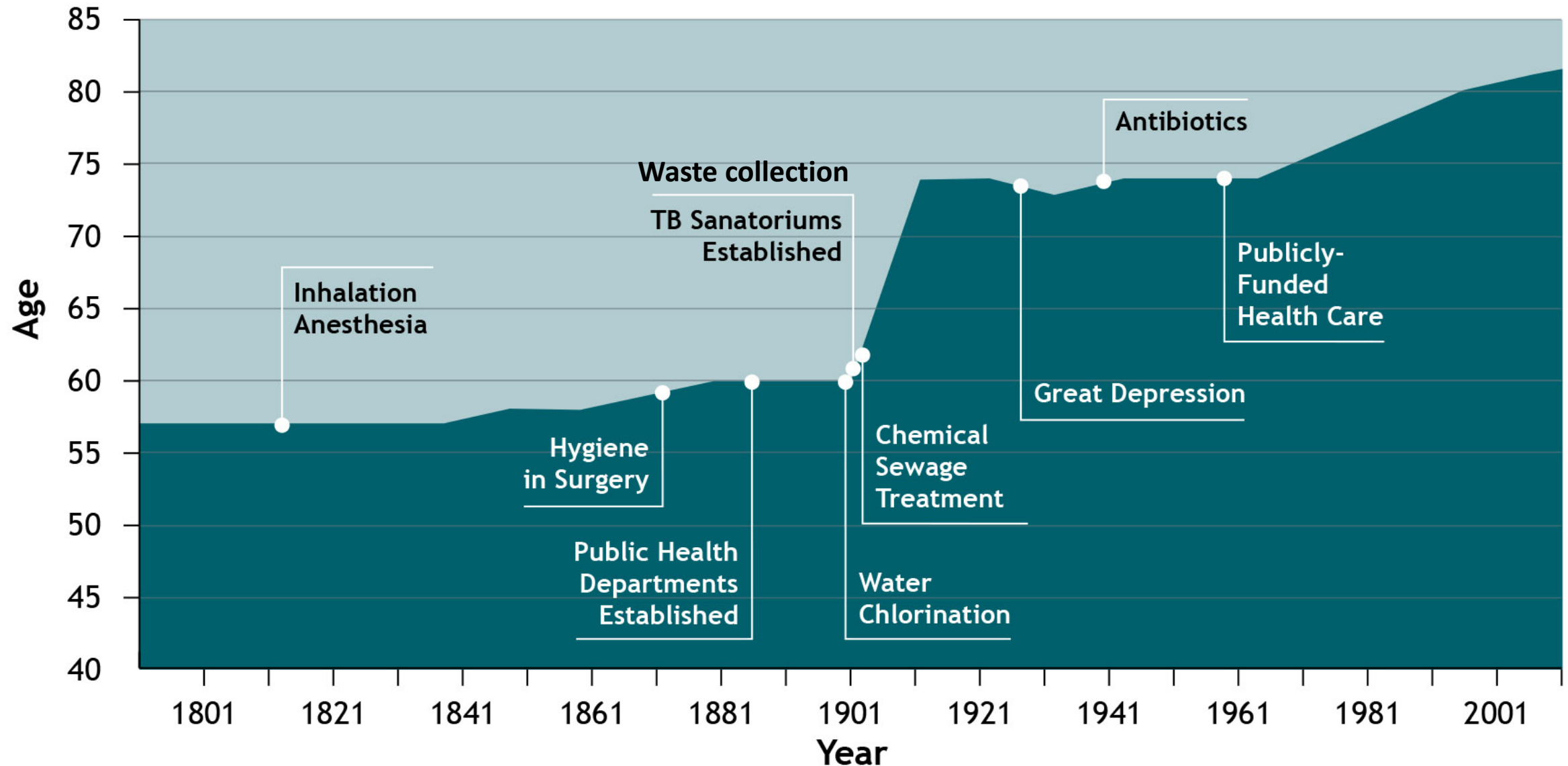


Average Expected Age at Death in Ontario for a 50 Year Old



LifeInsuranceCanada.com Inc. <https://www.lifeinsurancecanada.com/life-expectancy-calculator/>

Average Expected Age at Death in Ontario for a 50 Year Old



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Public health - Wikipedia Sanitation rated the greatest medic... Achievements in Public Health, 1...

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Sanitation rated the greatest medical advance in 150 years






21

Sarah Boseley, health editor

Friday 19 January 2007 09:19 GMT

Sanitation is the greatest medical milestone of the last century and a half, according to a poll carried out by the British Medical Journal.

Sanitation was the clear winner among 15 milestones shortlisted by readers of the journal, including the development of vaccines, which has safeguarded many children's lives, and the invention of the contraceptive pill, which was a contributory factor to significant social change.

The winner was chosen by more than 11,000 members of the public around the world, who were invited to read articles championing each of the 15 contenders by prominent scientists, either in the journal or on the BMJ website. The competition was to mark the relaunch of the BMJ and all the innovations had to have taken place since it was first published in 1840.



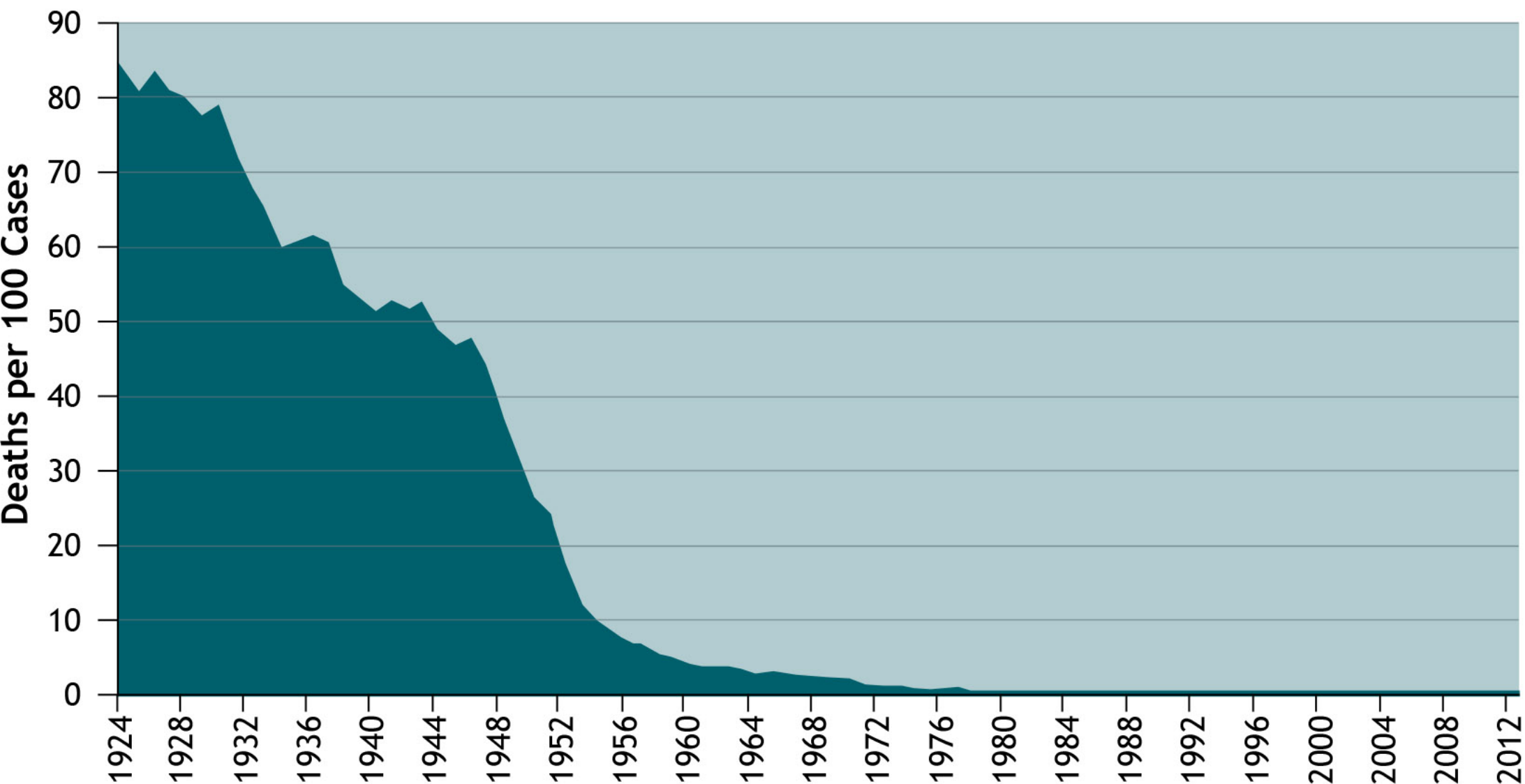
Sanitation was the undisputed winner, with 1,795 votes, over antibiotics in second place with 1,642 votes, and anaesthesia which took third place with 1,574.

Johan Mackenbach of Erasmus University Medical Centre in Rotterdam, who championed sanitation, said: "It is delighted that sanitation is recognised."

Guardian Today: the



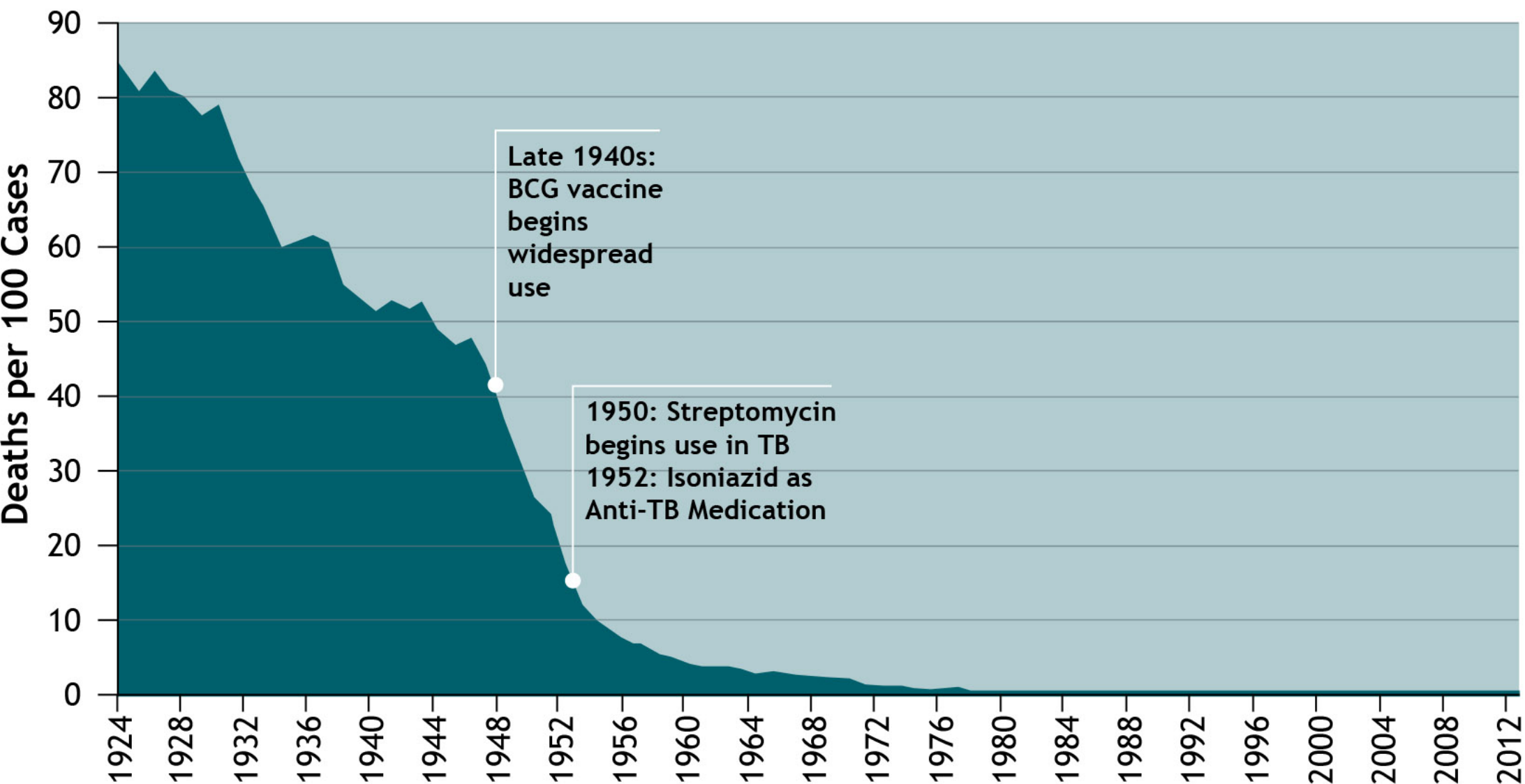
Fatality Rate from TB



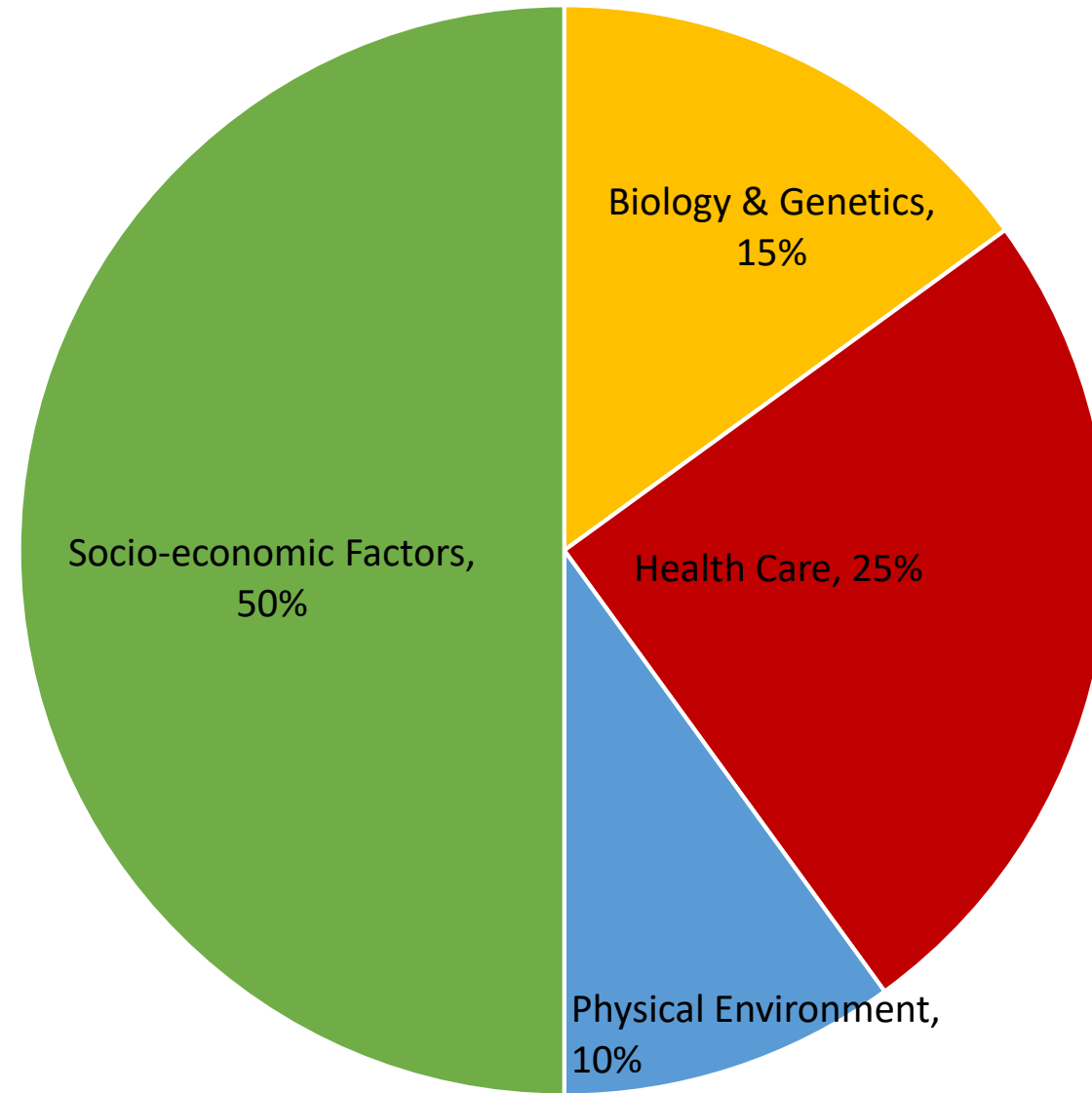
CCDR: Volume 40-6, March 20, 2014 <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/14vol40/dr-rm40-06/assets/longdesc/dr-rm40-06-ld-eng.php#fig1>



Fatality Rate from TB

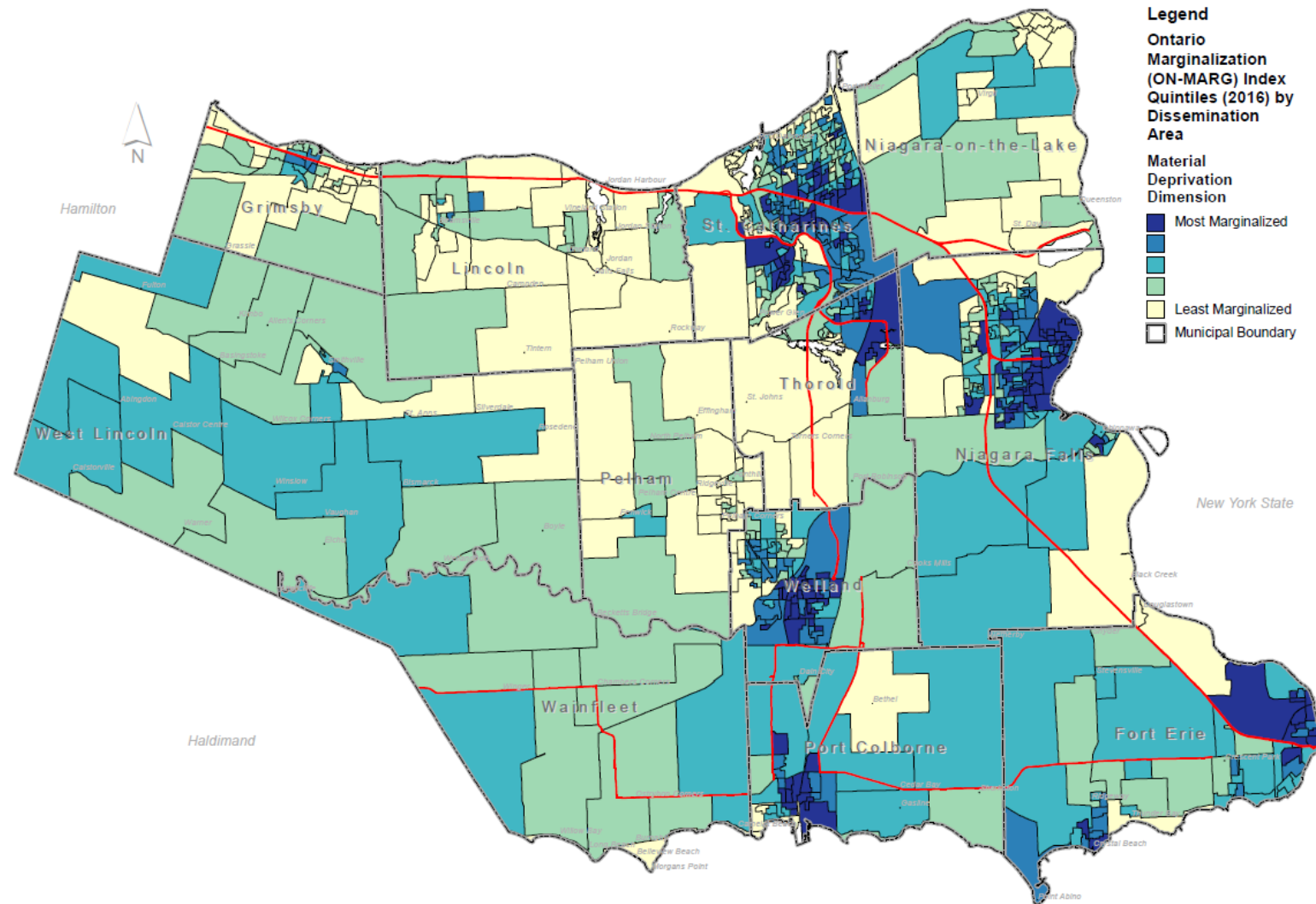


CCDR: Volume 40-6, March 20, 2014 <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/14vol40/dr-rm40-06/assets/longdesc/dr-rm40-06-ld-eng.php#fig1>



Keon & Pepin. A Healthy, Productive Canada: A Determinant of Health Approach.
The Standing Senate Committee on Social Affairs, Science and Technology Final Report of Senate Subcommittee on Population Health. June 2009.

2016 ON-Marg Material Deprivation



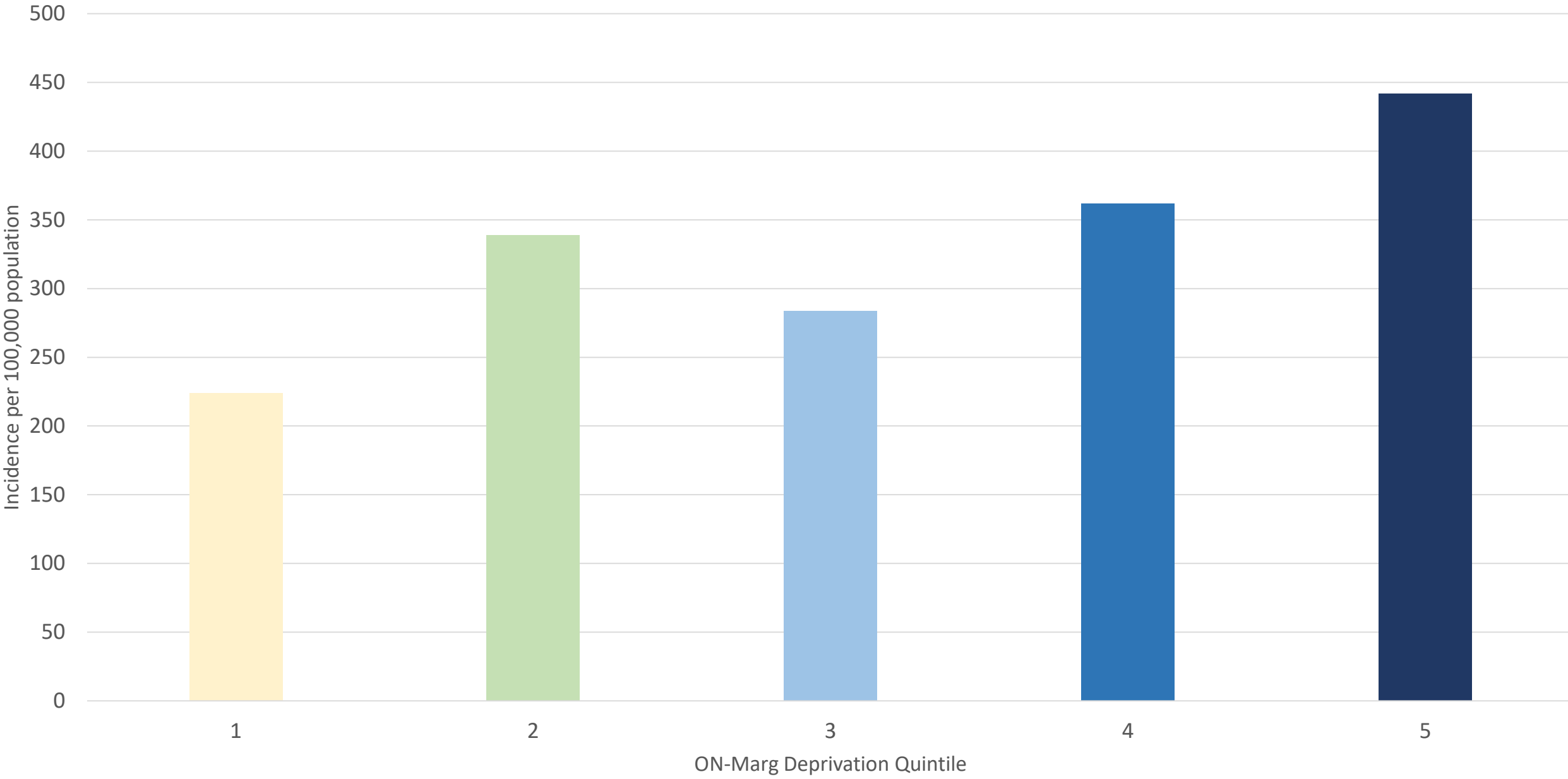
Data Source: Matheson, F.; Ontario Agency for Health Protection and Promotion (Public Health Ontario).
2016 Ontario marginalization index: user guide Toronto, ON: Providence St. Joseph's
and St. Michael's Healthcare; 2016. Joint publication with Public Health Ontario.

Putting It Together #2

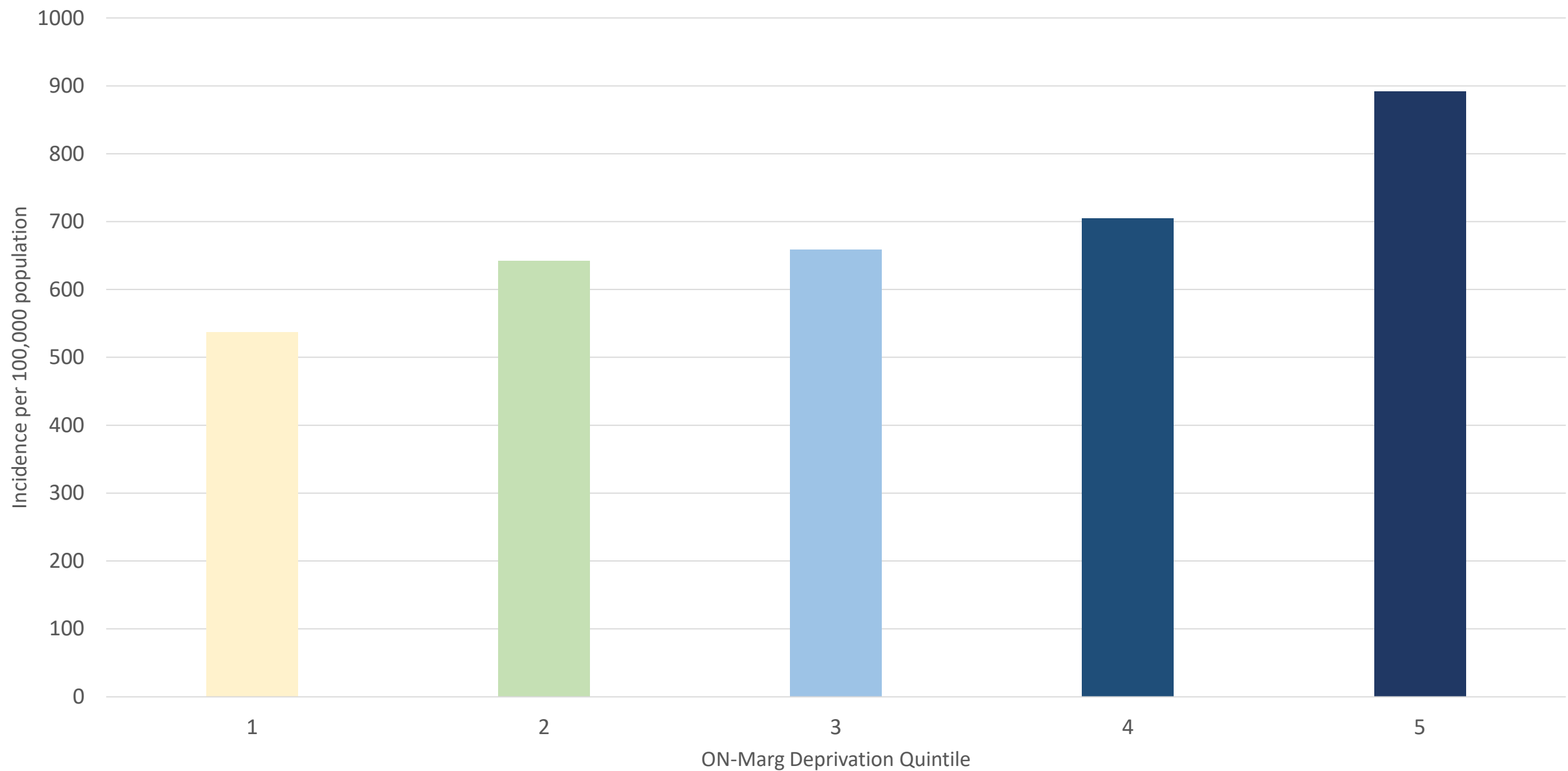
Top Health Issues Across the Social Determinant of Health Gradient



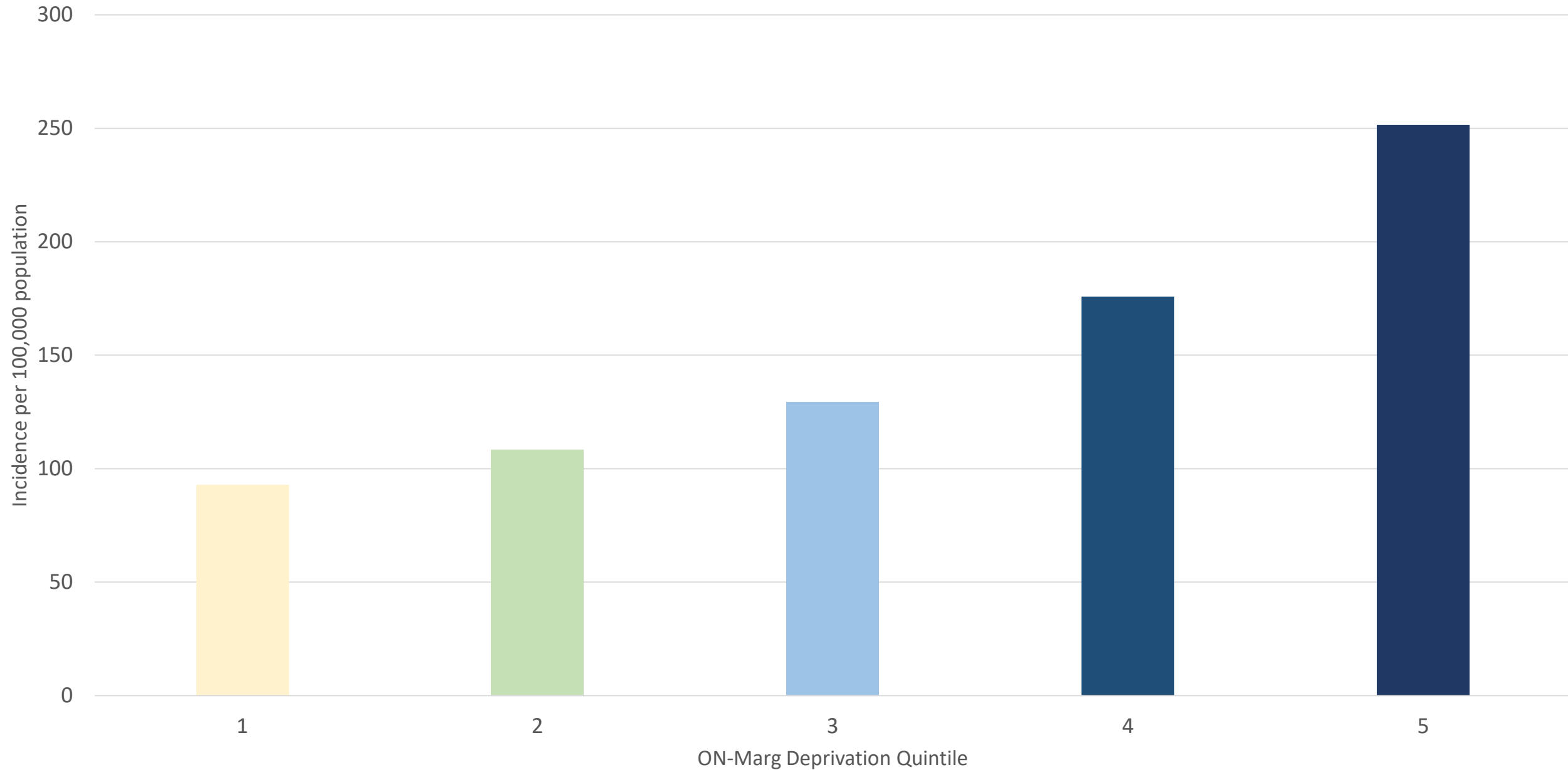
Chlamydia Infections in Niagara by Material Deprivation in 2017



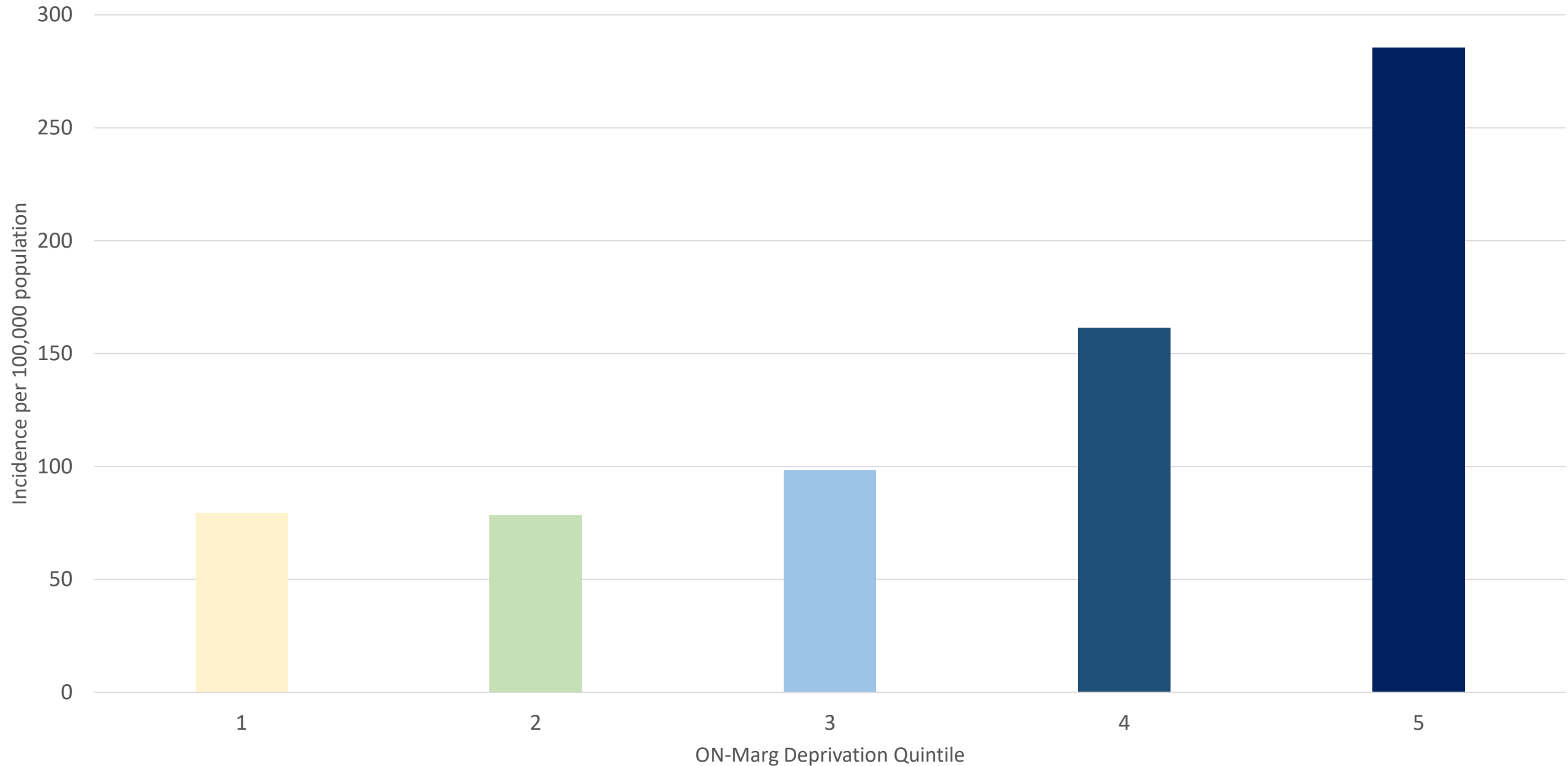
Motor Vehicle Collision ED Visits in Niagara by Material Deprivation in 2017



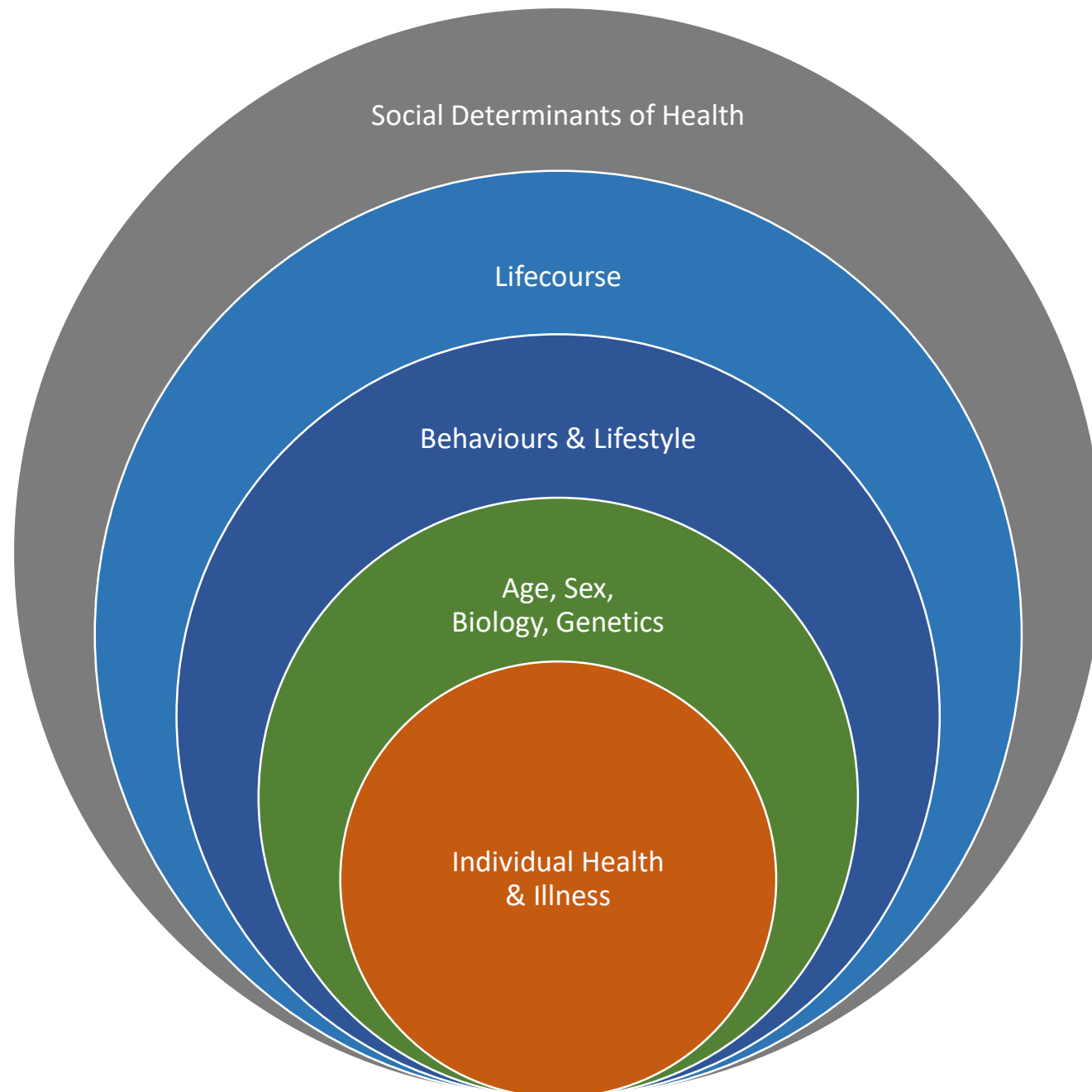
Self-Harm ED Visits in Niagara by Material Deprivation in 2017



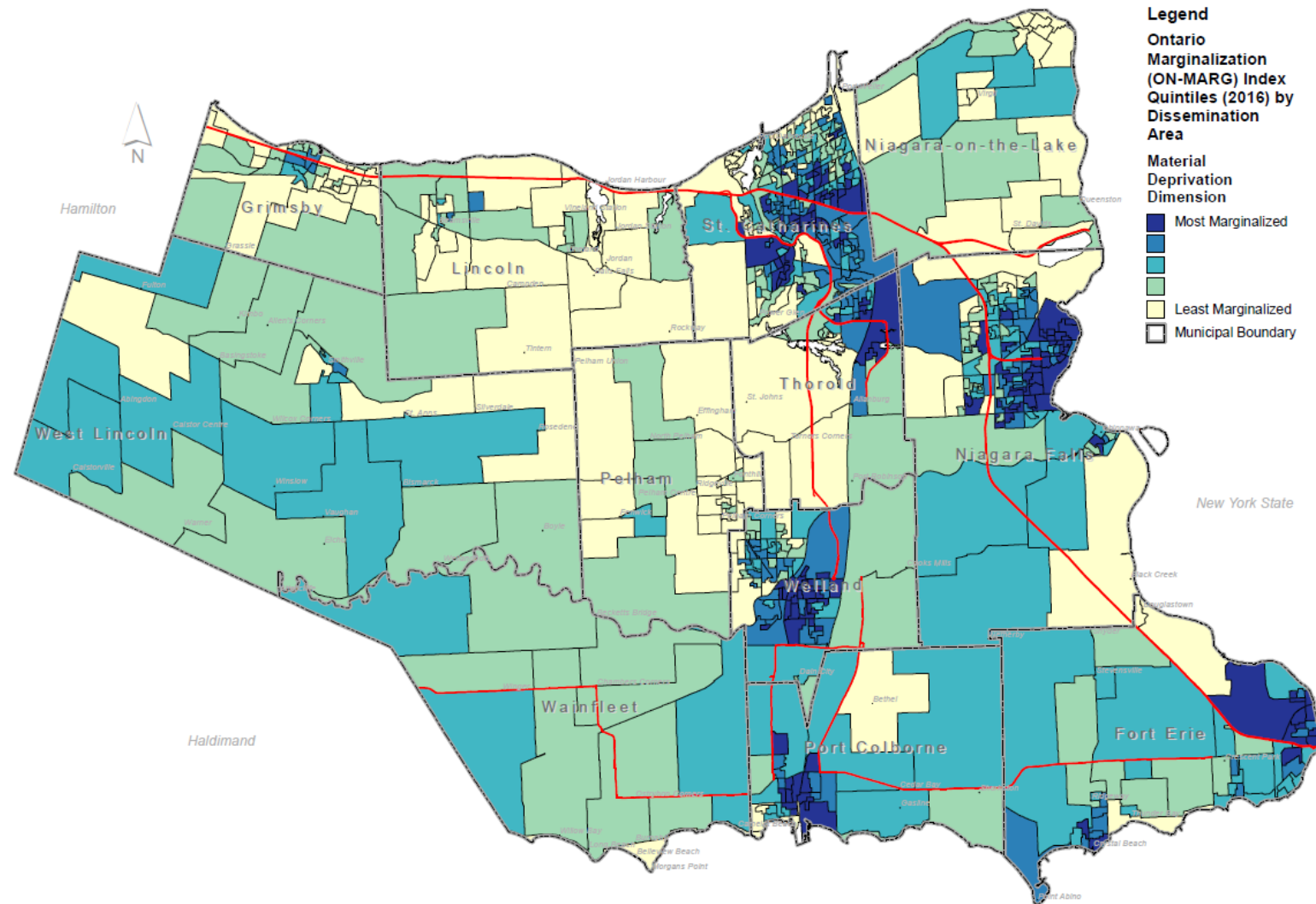
Diabetes Hospitalizations in Niagara by Material Deprivation in 2017







2016 ON-Marg Material Deprivation



Data Source: Matheson, F.; Ontario Agency for Health Protection and Promotion (Public Health Ontario). 2016 Ontario marginalization index: user guide Toronto, ON: Providence St. Joseph's and St. Michael's Healthcare; 2016. Joint publication with Public Health Ontario.

Questions?

Social Assistance & Employment Opportunities

Ontario Works Program

Topics

- Financial Assistance
- Caseload Size & Profile
- Employment Assistance
- Performance Outcomes
- Innovation
- Provincial Changes
- Client Testimonials

Monthly Social Assistance Rates

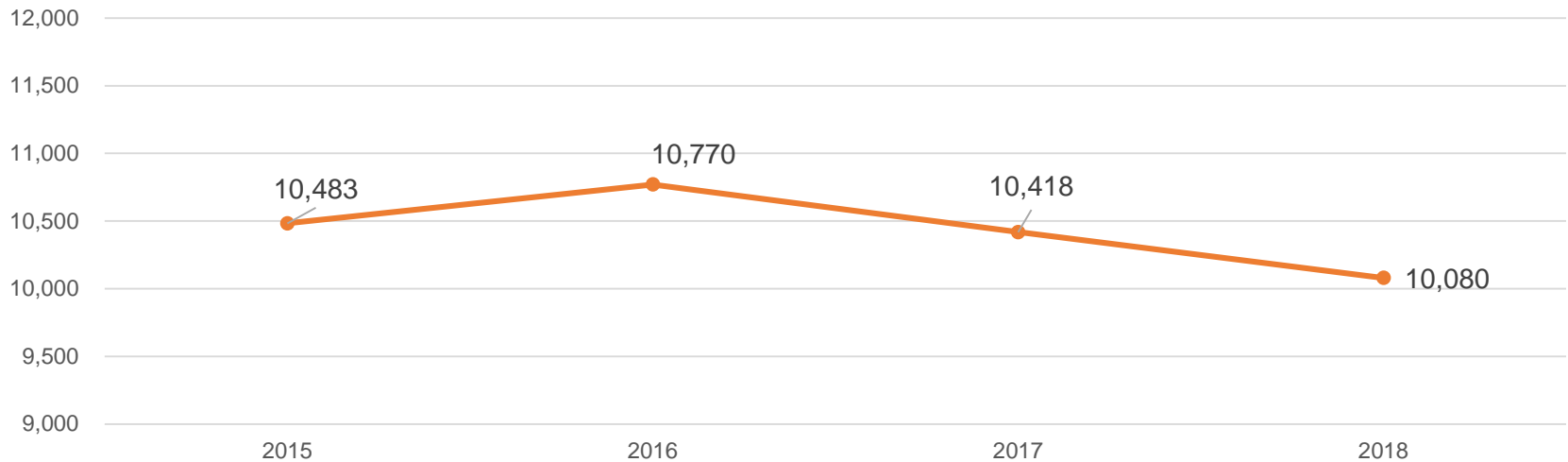
(Food & Shelter)

Single	Single Parent (one child)	Couple	Couple (two children)
\$733 /month	\$1,002 /month	\$1,136 /month	\$1,408 /month

Average rent for an available
one bedroom apartment is \$1,250

OW Caseload

Over 7,400 individuals contact
SAEO per year

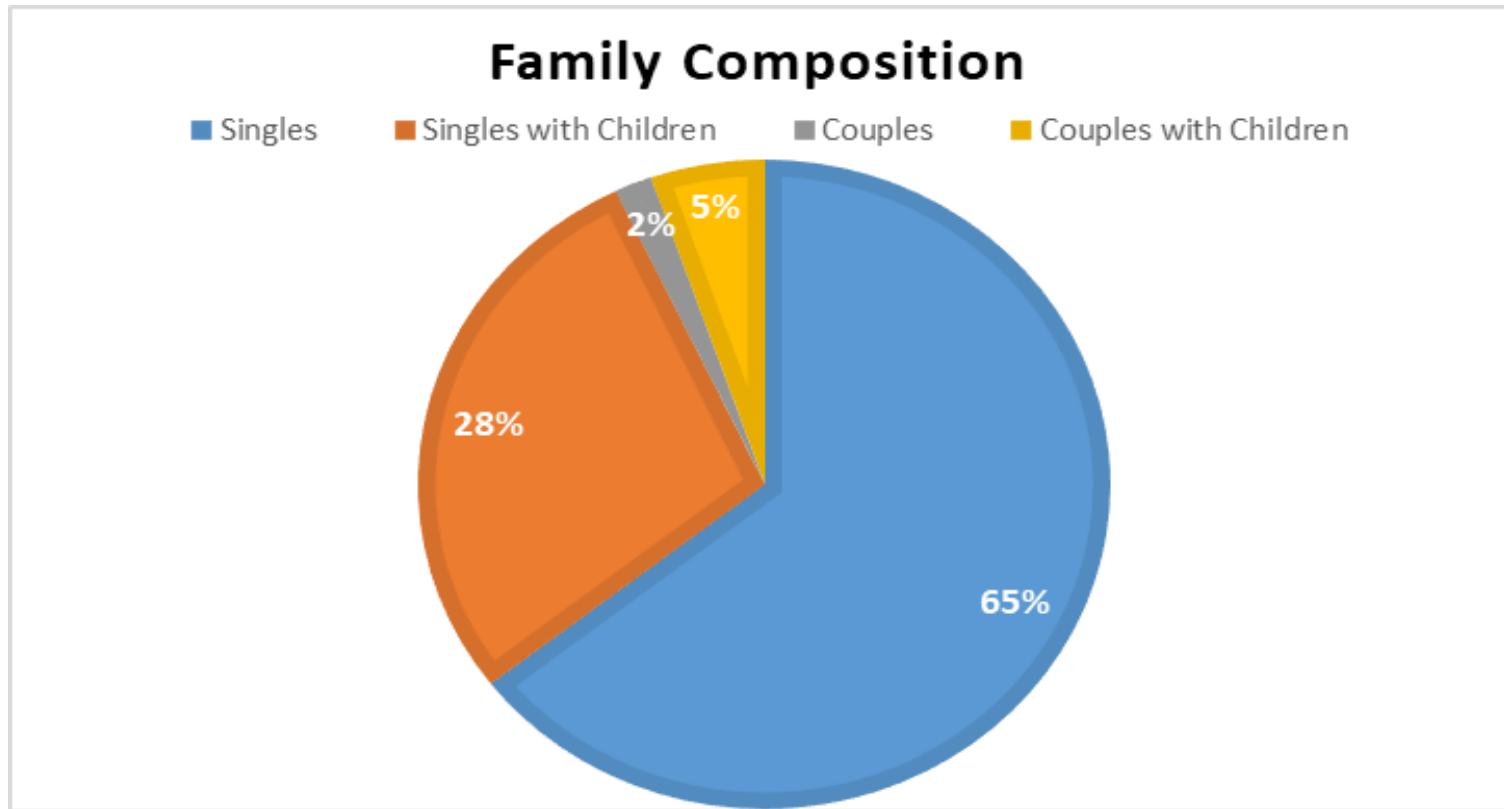


17,000 people
3.8% of Niagara's population

Caseload Distribution

	St. Catharines	Niagara Falls	Welland	Fort Erie	Port Colborne	Satellite Offices
OW Caseload	45%	24%	16%	7%	5%	3%

Caseload Composition



Consistent with provincial and municipal comparators

Case Types

Case Type	Description	% of caseload
Youth / Learning, Earning & Parenting	Youth under 18 unable to reside in parental home and young parents under 25	6%
Newcomers	Individuals and families that immigrated to Canada within the last three years	4%
Temporary Care	Children living with an adult (not parent)	5%
General	Balance of OW caseload	85%

Caseload Profile

- 46% are between the ages of 20-34 years
- Male to female ratio is 46:54
- 32% do not have a grade 12 education
- 21% have a drivers license and own a vehicle
- Average length of time on OW is 33 months, provincial average is 35.7

Employment Assistance

Building Employment Networks Niagara

Designed to assess employment readiness
and match clients to training & jobs



Over 12,500 assessments completed

Employment Activities

Employment Readiness Categories	Activities	% Caseload
Life Stabilization	Housing search, mental health, addiction services	20%
Preparing for Employment	Training programs, volunteer placements, high school, ESL, life skills workshops	53%
Finding & Retaining Employment	Resume preparation, interview workshops, job searching	27%

Job Matches

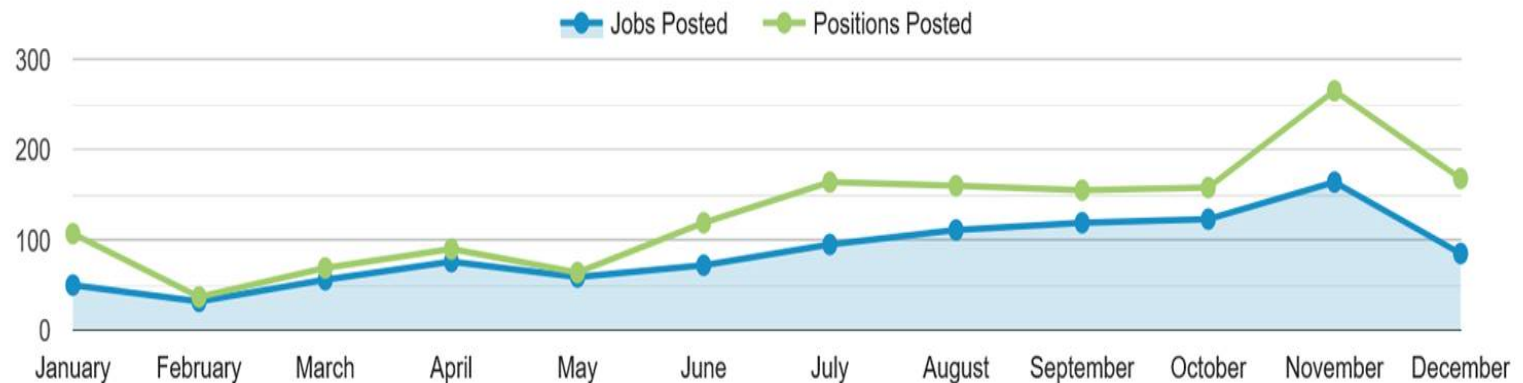
1,869 clients started a new job
↑ 22% from 2017

 TOTALS

[View Job List](#)

1042 Jobs Posted

1556 Positions Added



MCCSS Performance Outcomes

MCCSS Targets	Niagara	Province	Hamilton	Waterloo
% of caseload with earnings	16.3%	13.0%	14.0%	13.6%
Avg. monthly earnings per case	\$798	\$868	\$873	\$860
% terminations exiting to employment	17.2%	18.0%	16.5%	16.5%

SAEO earned the full maximum employment subsidy of \$8.2M

Innovation



Ontario Municipal Social Services Association
Local Champion Award



Awarded one-time funding for
Social Assistance Modernization Initiative

Provincial Initiatives

- Social Assistance Reform
- Social Assistance Modernization
- Transformation of Employment Services
- Human Services Integration

SAEO will continue to provide excellent service to the individuals we serve, using best practices and ensuring responsible use of funding.

Client Testimonials

Subject: Ontario Works Caseload

Report to: Public Health and Social Services Committee

Report date: Tuesday, May 7, 2019

Recommendations

That this report **BE RECEIVED** for information.

Key Facts

- The 2018 year-end average monthly Ontario Works (OW) caseload was 10,080, a decrease of 3% from 2017.
- More than 1,850 clients started a new job, representing a 22% increase from 2017.
- Niagara earned the full maximum provincial subsidy of \$8.2M for achieving employment targets.
- The Social Assistance and Employment Opportunities (SAEO) team received the Ontario Municipal Social Services Association (OMSSA) Local Champion award for *Building Employment Networks Niagara (BENN)*, an online system designed to match clients to jobs and training.
- There are a number of anticipated provincial initiatives and policy changes in the coming months that may influence changes to funding, service delivery and caseload size.

Financial Considerations

There are no financial implications associated with this report. SAEO has an approved 2019 operating budget of \$133M (\$15M net tax levy). This operating budget is inclusive of program operating costs and income benefits paid to recipients.

Analysis

The purpose of this report is to provide an overview of the provincially mandated OW program delivered by SAEO.

The primary intent of the OW program is to help people in temporary financial need find sustainable employment. OW provides basic financial assistance and employment assistance.

Financial assistance provides individuals and families with a monthly amount for basic needs and shelter. Benefit rates are established by the province and determined by family size and shelter cost.

Current monthly OW income benefits are as follows:

Single	Single Parent (one child)	Couple	Couple (two children)
\$733 /month	\$1,002 /month	\$1,136 /month	\$1,408 /month

A single person receives a maximum of \$390 for shelter and \$343 for food/basic needs per month. In 2018, the average market rent for all one-bedroom apartments in Niagara was \$871¹. However, average rent for available one-bedroom apartments was \$1,250². The 2016 Low Income Measure - LIM³ (after tax) for a single person is \$22,133. A single person on OW receives \$8,796 per year, 60% below LIM.

Caseload Size

In 2018, SAEO received over 7,485 telephone and online applications from individuals seeking information about social assistance, down from 8,000 in 2017. As per ministry requirements, financial eligibility must be determined within four business days. On average, Niagara Region grants financial assistance within three business days.

The 2018 year-end average monthly caseload was 10,080 cases representing approximately 17,000 individuals or 3.8% of Niagara's population. Children aged 0 to 17 represent approximately 40% of the total individuals within this caseload.

As noted below, the caseload has decreased over the last two years, consistent with the decrease in the unemployment rate in Niagara.



SAEO also provides employment supports to 600 Ontario Disability Support Program (ODSP) non-caregiving spouses and non-disabled dependant adults.

¹ (2019, April 16). Canadian M Housing Corporation Housing Market Information Portal

² (2019, April 16). Rent Trends for Apartments in St. Catharines retrieved from <https://www.padmapper.com/apartments/st-catharines-on>

³ The LIM concept is that all persons in a household have low income if their adjusted household income falls below half of the median adjusted income. Statistics Canada, 2016 Census of Population. Retrieved from: http://www12.statcan.gc.ca/census-recensement/2016/ref/dict/tab/t4_2-eng.cfm

In addition, SAEO assisted over 9,000 individuals or families receiving OW or ODSP to access discretionary benefits. Discretionary benefits include items such as dental care and dentures, funerals, beds, and housing stability benefits (e.g. preventing homelessness through provision of first or last month's rent, rent arrears, moving costs).

SAEO's staff to case ratio of 1:47 remains within the recommended range of 1:35-1:51 (caseload ratios were examined in an externally led staffing review in 2015, identifying Niagara's ratios to be at the high end of the range, relative to municipal comparators).

Distribution

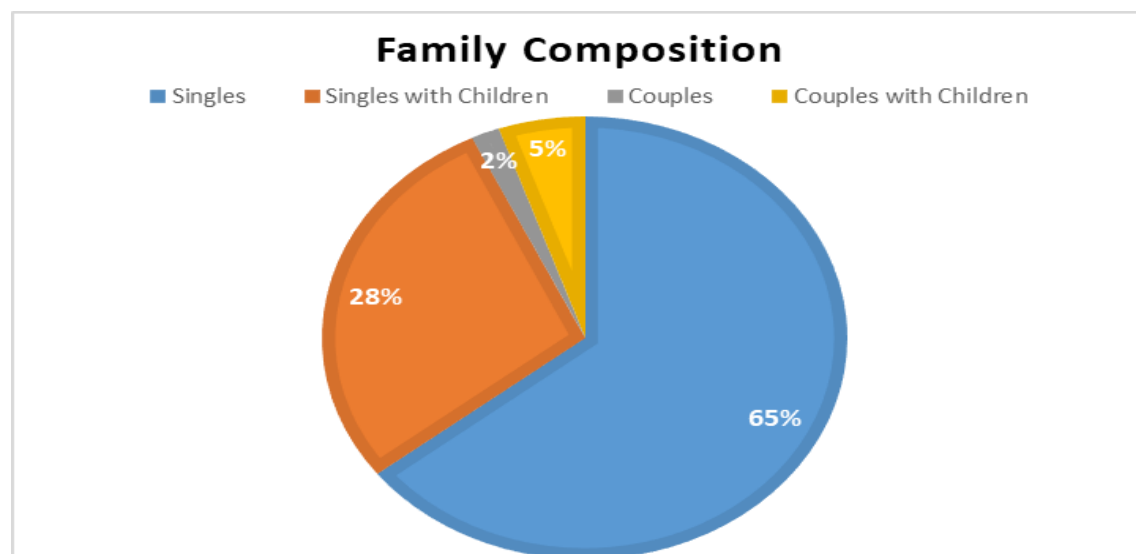
SAEO has five permanent offices: St. Catharines, Niagara Falls, Welland, Port Colborne, Fort Erie; and three satellite offices: Beamsville, Smithville and Grimsby. The percentage of OW clients per office is as follows:

	St Catharines	Niagara Falls	Welland	Fort Erie	Port Colborne	Satellite Offices
OW Caseload	45%	24%	16%	7%	5%	3%

Family Composition

The caseload consists of various family compositions including singles, singles with children, couples and couples with children.

As outlined below, 65% of OW clients are single, consistent with provincial and municipal comparators.



Case Type

There are four case types:

Case Type	Description	% of caseload
Youth / Learning, Earning & Parenting (LEAP)	Youth under the age of 18 who are unable to reside in their parental home and LEAP - young parents under 25	6%
Newcomers	Individuals and families that immigrated to Canada within the last three years	4%
Temporary Care	Children living with an adult (not parent)	5%
General	Balance of OW caseload	85%

Age

Of the adult OW population, 46% fall between the ages of 20 to 34 years.

Gender

The male to female ratio of OW clients is 46:54 respectively, which is consistent with Niagara population statistics.

Education

Of the OW adult population, 32% do not have a grade 12 education, compared to 11.5% of Niagara residents.

Transportation

In Niagara, 21% of adults on OW have a driver's license and own a vehicle. Therefore it can be assumed that 79% rely on public transportation, walk, bike, etc. in order to job search, attend appointments and interviews and to get to and from work.

Average length of time on assistance

Niagara's average length of time on assistance is 33 months, which is less than the provincial average of 35.7 months.

Employment Assistance

OW clients are required to participate in employment assistance activities that support progress towards sustainable employment. As per the OW directives, staff meet with clients at a minimum every three months to review progress and provide ongoing employment coaching and supports.

In November 2017, SAEO launched *Building Employment Networks Niagara (BENN)*, an online system designed to assess employment readiness and assist staff with aligning employment activities with a client's experience, skills and circumstances. To date, staff have completed over 12,500 employment readiness assessments.

The chart below breaks the caseload into four employment readiness categories:

Employment Readiness Categories	Activities	% Caseload
Life Stabilization	Housing search, referral to or engaged with mental health, addiction services	20%
Preparing for Employment	Training programs, volunteer placements, high school, ESL, life skills workshops	53%
Finding & Retaining Employment	Resume preparation, interview workshops, job searching	27%

The amount of time a client needs to engage in activities designed to help him or her increase employability and obtain sustainable employment varies. Staff issue funding to clients to assist with the cost of purchasing items such as a bus pass, work boots and clothing for interviews to support employment related activities.

Employment Matches

BENN is designed to match clients to potential job opportunities. SAEO Job Developers work with local employers to identify jobs for clients. These jobs are posted in BENN, which generates potential matches for clients based on their skills, experience and interests. Staff contact clients to confirm readiness and provide employment coaching and supports to obtain the position.

In 2018, 1,869 clients started a new job, an increase of 22% from 2017. As noted below, 1,556 of these positions were posted in BENN.

 TOTALS

[View Job List](#)



SAEO Job Developers marketed 130 job fairs to OW clients for employers such as White Oaks, Niagara Parks, Canadian Tire Financial and Tim Hortons. Job Developers offer a full range of customized recruitment and retention supports to employers.

Training Matches

BENN also matches clients to training programs. SAEO supports over 20 training programs, delivered by non-profit and for profit agencies, designed to meet the needs of local employers and clients. Programs range from pre-employment workshops to job specific skills training such as the Home Renovation program. For example, of the ten OW clients who completed the six-week Home Renovation program;

- six people secured employment in the field
- one person is pursuing pre-apprenticeship
- three people are actively job searching.

MCCSS Employment Performance Measures

The Ministry of Children, Community and Social Services (MCCSS) provides Employment Assistance funding to the Region linked to achieving outcome targets. SAEO earned the full maximum employment subsidy of \$8.2M in 2018.

As noted below, the percentage of caseload with earnings in Niagara is higher than both the provincial average and comparators of municipalities of similar size. However, the average monthly earnings in Niagara is lower, reflective of the local preponderance of seasonal, part time work. The percentage of terminations due to employment in Niagara is lower than the provincial average, yet higher than municipal comparators.

MCCSS Targets	Niagara	Province	Hamilton	Waterloo
% of caseload with earnings	16.3%	13.0%	14.0%	13.6%
Avg. monthly earnings per case	\$798	\$868	\$873	\$860
% terminations exiting to employment	17.2%	18.0%	16.5%	16.5%

SAEO is working with Niagara Region's Economic Development division and local economic development offices to explore strategies to increase partnership opportunities that respond to local labour market needs.

Innovation

In 2018, SAEO received the Ontario Municipal Social Services Association (OMSSA) Local Champion award for the BENN system. More than ten Ontario Works offices have contacted SAEO to explore the use of BENN to support the delivery of social assistance and help people get back to work.

SAEO was one of two successful Ontario Works offices in the province awarded one-time funding to research, develop and test a training program for staff to support Social

Assistance Service Modernization and shift organizational culture from enforcement to a risk-based paradigm. The training will be showcased at the OMSSA Leadership Conference in May 2019.

Provincial Announcements

There are a number of government initiatives that may influence policy, directives, service delivery and caseload size including social assistance reform, social assistance modernization, human services integration and the transformation of employment services. SAEO anticipates receiving more information in the coming months as MCCSS provides program specific funding and policy directives. Changes that may affect funding, client benefits, caseload size, or performance requirements will be shared with council as they become known. SAEO will continue to provide excellent service to our clients, using best practices and ensuring responsible use of the funding we receive.

Alternatives Reviewed

N/A

Relationship to Council Strategic Priorities

N/A – Pending the development of Council's new Strategic Priorities.

Other Pertinent Reports

N/A

Prepared by:

Lori Watson
Director
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared by Lori Watson, Director, Social Assistance & Employment Opportunities.

Subject: Canadian Coalition of Municipalities Against Racism and Discrimination (CCMARD)

Report to: Public Health and Social Services Committee

Report date: Tuesday, May 7, 2019

Recommendations

That this report **BE RECEIVED** for information.

Key Facts

- Staff created this report further to a request for information from Councillor Ip
- The Canadian Coalition of Municipalities Against Racism and Discrimination (CCMARD), launched in March 2004 by UNESCO, consists of a network of cities interested in sharing their experiences to improve their policies against racism, discrimination, exclusion and intolerance.
- Membership benefits include access to a network of municipalities from different areas in Canada and around the world, the opportunity to share experiences and access to resources to help eliminate racism and other forms of discrimination.
- Municipalities participating in CCMARD are guided by 10 Common Commitments and agree to undertake work in these areas.
- The Common Commitments and the municipality's unique plan of action will be an integral part of the municipality's vision, strategies and policies.
- Municipalities involved in the Coalition report publicly on an annual basis on actions undertaken toward the realization of these Common Commitments.

Financial Considerations

There is no fee to join the Canadian Coalition of Municipalities Against Racism and Discrimination (CCMARD), however there would be costs (e.g. dedicated staffing and community engagement costs), associated with participating should a municipality agree to join.

Analysis

The Canadian Coalition of Municipalities Against Racism and Discrimination (CCMARD), launched in March 2004 by UNESCO. In Canada, 75 cities are members of CCMARD.

CCMARD is based on a common desire among municipalities to achieve two key goals:

- share experiences and lessons learned and;

- strengthen policies to counter all forms of discrimination to achieve greater social inclusion.

Membership benefits include access to a network of municipalities from different areas in Canada and around the world, the opportunity to share experiences and access to resources to help eliminate racism and other forms of discrimination.

Municipalities participating in CCMARD are guided by 10 Common Commitments and agree to undertake work in these areas. The Common Commitments and the municipality's unique plan of action will be an integral part of the municipality's vision, strategies and policies.

The 10 Common Commitments are grouped under three broad umbrellas of municipal responsibility:

The municipality as a guardian of public interest

- Providing increased vigilance against systemic and individual racism and discrimination
- Monitoring racism and discrimination in the community broadly and taking action to address them
- Informing and supporting people who experience racism and discrimination
- Supporting police efforts to combat racism and discrimination

The municipality as an organization in the fulfillment of human rights

- Providing equal opportunities as a municipal employer, service provider and contractor
- Supporting measures to promote equity in the labour market
- Supporting measures to challenge racism and discrimination and promote diversity and equal opportunity in housing

The municipality as a community that shares responsibility for respecting and promoting human rights and diversity

- Involving citizens by giving them a voice in anti-racism initiatives and decision-making.
- Supporting measures to challenge racism and discrimination and promoting diversity and equal opportunity in the education sector and in other forms of learning.
- Promoting respect, understanding and appreciation of cultural diversity, and including Aboriginal and racialized communities into the cultural fabric of the municipality.

There is no fee to join CCMARD, however there would be costs (e.g. dedicated staff time, community engagement costs) associated with participating in CCMARD. Participating municipalities agree to:

- Allocate resources according to its unique circumstances, and within its means and jurisdiction
- Develop a Plan of Action outlining priorities, actions and timelines to respond to the 10 Common Commitments
- The Plan of Action will be an integral part of the municipality's vision, strategies and policies.
- Report publicly on an annual basis on actions undertaken toward the realization of these Common Commitments.
- Exchange expertise and share best practices with other municipalities involved in the Coalition.

Alternatives Reviewed

Community Services provides leadership to the Niagara Local Immigration Partnership Council (LIP), with two dedicated FTE's funded by the Ministry of Immigration, Refugees and Citizenship Canada (IRCC). LIPs are municipal or regional coalitions funded by IRCC designed to strengthen local capacity to attract newcomers and improve integration.

LIP is steered by a Partnership Council comprised of key community members representing important local organizations. The Partnership Council is tasked with stewardship over initiatives such as community needs assessments and asset mapping; its main goal is to oversee a targeted action plan to produce a more welcoming and inclusive community for newcomers.

In December 2018, the LIP Partnership Council approved the creation of an anti-stigma campaign that is also aligned with the goals and objectives of CCMARD, as one deliverable within the approved LIP 2019 work plan designed to attract and improve integration of newcomers to Niagara. LIP's work plan also includes activities that support health and safety, economic growth and prosperity, education and development of agencies serving newcomers as well as local level research to inform community-based planning. Niagara LIP continues to support the attraction and retention of newcomers in ways that are both within scope and that give consideration to the finite resources available to advance their work.

The campaign will build on the success of an anti-stigma campaign created by the Kingston LIP. The Kingston LIP has shared the research done to learn about best practices from a variety of anti-racism / anti-discrimination campaigns carried out by different municipalities across Canada and abroad. Research also included the United Nations – Let's Fight Racism campaign and UNESCO's Canadian Municipalities Coalition against Racism and Discrimination.

Niagara LIP will collaborate with local agencies including both settlement and non-settlement organizations, employers, school board, health centres and networks, boards

of trade, levels of government, professional associations, ethno-cultural organizations, faith-based organizations, the community and the social services sector to implement an anti-stigma campaign with a completion date in early 2020.

Relationship to Council Strategic Priorities

N/A – Pending the development of Council's new Strategic Priorities

Other Pertinent Reports

N/A

Prepared by:

Lori Watson
Director
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

Subject: Ontario Health Teams

Report to: Public Health and Social Services Committee

Report date: Tuesday, May 7, 2019

Recommendations

That this report **BE RECEIVED** for information.

Key Facts

- Ontario Health Teams are defined by the Ministry of Health and Long-Term Care as groups of providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population.
- The Ministry of Health and Long-Term Care has issued an open invitation to providers across the full continuum of care to come together and demonstrate their readiness to become Ontario Health Teams.
- The health restructuring goal is for all health service providers to eventually join or become Ontario Health Teams.

Financial Considerations

Ministry of Health and Long-Term Care (MOHLTC) health care restructuring includes the introduction of Ontario Health Teams. Niagara Region services currently funded through the Local Health Integration Network including community programs, mental health, community paramedicine and long-term care will continue to be funded as per established Multi-Sector Accountability Agreements (MSAA's) and Long-Term Care Accountability Agreements (LSAA's) until Ontario Health Teams are approved and have moved through a number of developmental stages to maturity. It is proposed that at maturity all providers that are part of an Ontario Health Team will be funded through an integrated funding envelope issued by Ontario Health (the Super Agency) to Ontario Health Teams.

Analysis

Ontario Health Teams, as defined by the MOHLTC, are groups of providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population – working together to deliver a full continuum of care even if they are not in the same organization or physical location.

Quadruple Aim

Each Ontario Health Team team will work toward four common goals:

- improved patient and population health outcomes
- better patient and caregiver experience
- better provider experience and
- better value and efficiency

Eight Components of the Ontario Health Team Model

There are eight components to the Ontario Health Team model and the MOHLTC has expectations of Ontario Health Teams relative to these components as they move from submitting a readiness assessment to achieving maturity as a designated Ontario Health Team. At a high level these components are:

1. Patient/Resident Care and Experience
2. Patient/Resident Partnership and Community Engagement
3. Defined Patient Population
4. In-Scope Services
5. Leadership, Accountability, and Governance
6. Performance Measurement, Quality Improvement, and Continuous Learning
7. Funding and Incentive Structure
8. Digital Health

The Four Steps to Becoming a Designated Ontario Health Team

The MOHLTC has clarified that the establishment of Ontario Health Teams is not a pilot project. Eventually it is expected that all providers will be part of an Ontario Health Team. Providers are required to complete four steps in their bid to become a designated Ontario Health Team.

Step 1 - Self-Assessing Readiness

Interested groups of providers and organizations must assess their readiness and begin working to meet key readiness criteria for implementation

Step 2 – Validating Provider Readiness

Based on self-assessments, groups of providers are identified by the MOHLTC as being ‘in discovery’ or ‘in development’ stages of readiness

Step 3 - Becoming an Ontario Health Team ‘Candidate’

Groups of providers that demonstrate, through a full application, (which may only be submitted on invitation) that they meet key readiness criteria are selected to begin implementation of the Ontario Health Team Model

Step 4 - Becoming a Designated Ontario Health Team

Ontario Health Team candidates that are ready to receive an integrated funding envelope and enter into an Ontario Health Team accountability agreement with the funder can be designated as an Ontario Health Team.

Ontario Health Teams: Scope

Services that fall within the scope of Ontario Health Teams include:

- primary care (including inter-professional primary care and physicians);
- secondary care (e.g., in-patient and ambulatory medical and surgical services (includes specialist services));
- home care;
- community support services;
- mental health and addictions;
- health promotion and disease prevention;
- rehabilitation and complex care;
- palliative care (e.g., hospice);
- residential care and short-term transitional care (e.g. supportive housing, long-term care homes, retirement homes);
- long-term care home placement;
- emergency health services;
- laboratory and diagnostic services;
- midwifery services; and
- other social and community services and other services, as needed by the population.

Next Steps:

Providers across Niagara have started to explore the feasibility of submitting a readiness assessment.

The following timelines have been provided by the MOHLTC:

May 15, 2019	Deadline to submit self-assessments
June 3, 2019	Selected groups will be invited to submit a full application
July 12, 2019	Deadline to submit full applications
Fall 2019	Announce Ontario Health Teams

After the first wave of announcements the MOHLTC will continue to accept, assess and evaluate groups interested in becoming an Ontario Health Team. Regional staff will provide further updates further to local implications as information becomes available.

Alternatives Reviewed

N/A

Relationship to Council Strategic Priorities

N/A – Pending the development of Council's new Strategic Priorities.

Other Pertinent Reports

COM C 1—2019 Ministry of Health and Long-Term Care Announcement: 'New Plan for Health Care Reform'

Prepared by:

Henri Koning
Director
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared by Henri Koning, Director, Community Services and Kevin Smith, Chief, Niagara Emergency Medical Services, Public Health and Emergency Services, based on information provided by the MOHLTC and reviewed by Jordan Gamble, Program Financial Specialist, Enterprise Resource Management Services.

MEMORANDUM

COM-C 2-2019

Subject: Seniors Services Long-Term Care Homes – Summer Celebration Events
Date: May 7, 2019
To: Public Health and Social Services Committee
From: Adrienne Jugley, Commissioner, Community Services

Each of the Seniors Services Long-Term Care Homes will be hosting a family day picnic this summer.

The family day picnics are an opportunity for residents, staff and family members to come together and socialize.

You are cordially invited to join us. Please refer to the attached schedule of events occurring between June and September. We hope you can attend these picnics as your schedule permits. RSVP information is provided on the schedule.

Thank you for your consideration.

Respectfully submitted and signed by,

Adrienne Jugley, MSW, RSW, CHE
Commissioner, Community Services

SENIORS SERVICES HOMES: 2019 FAMILY DAY PICNICS

HOME	DATE	TIME	RSVP CONTACT
Gilmore Lodge 50 Gilmore Road Fort Erie, ON	Sunday, June 2, 2019	2:00-4:00 pm Greetings at 2:00 pm	Antionietta Todd 905-871-6160 ext. 4660 antionietta.todd@niagararegion.ca
Deer Park Villa 150 Central Avenue Grimsby, ON	Saturday, June 8, 2019	1:00-3:30 pm Greetings at 1:30 pm	Charlene Ferns 905-945-4164 ext. 4802 charlene.fern@niagararegion.ca
The Meadows of Dorchester 6623 Kalar Road Niagara Falls, ON	Sunday, June 9, 2019	12:00-2:30 pm Greetings at 12:30 pm	Aimie Taylor 905-357-1911 ext. 4360 aimie.taylor@niagararegion.ca
Northland Pointe 2 Fielden Avenue Port Colborne, ON	Sunday, June 9, 2019	12:00-3:00 pm Greetings at 12:00 pm	Tammy Wright 905-835-9335 ext. 4760 tammy.wright@niagararegion.ca
Woodlands of Sunset 920 Pelham Street Welland, ON	Sunday June 9, 2019	10:00-2:00 pm Greetings at 12:00 pm	Richard VanHuizen 905-892-3845 ext. 4560 richard.vanhuizen@niagararegion.ca
Rapelje Lodge 277 Plymouth Road Welland, ON	Sunday, August 11, 2019	12:00-2:00 pm Greetings at 1:00 pm	Dave Stortz 905- 714-7428 ext. 4260 dave.stortz@niagararegion.ca
Linhaven 403 Ontario Street St. Catharines, ON	Sunday, September 8, 2019	12:00-3:00 pm Greetings at 1:30 pm	Kristin Mechelse 905-934-3364 ext. 4160 kristin.mechelse@niagararegion.ca
Upper Canada Lodge 272 Wellington St NOTL, ON	Sunday, September 15, 2019	12:00-2:00 pm Greetings at 12:30 pm	Bryan Neumann 905-468-4208 ext. 4402 Bryan.neumann@niagararegion.ca

**Ministry of Health
and Long-Term Care**

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Public Health
393 University Avenue, 21st Floor
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et des Soins de longue durée**

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April 29, 2019

TO: Chairpersons, Boards of Health
Medical Officers of Health, Public Health Units
Chief Executive Officers, Public Health Units

RE: Public Health Modernization

As you are aware, the Ontario government released its Budget on April 11, 2019. The government is taking a comprehensive approach to modernize Ontario's health care system which includes a coordinated public health sector that is nimble, resilient, efficient, and responsible to the province's evolving health needs and priorities.

While the broader health care system undergoes transformation, a clear opportunity has emerged for us to transform and strengthen the role of public health and its connectedness to communities. Modernizing and streamlining the role of public health units across the province will better coordinate access to health promotion and disease prevention programs at the local level, ensuring that Ontario's families stay safe and healthy.

As you know well, public health is a uniquely placed sector that must evolve to better meet ever-changing community needs. To that end, the Ministry of Health and Long-Term Care (the "ministry") has been working to define what a more resilient, modernized public health sector will look like, and also how it can contribute to the patient experience and better align to the new Ontario Health Agency, local Ontario Health teams, and the health system at large.

Notably, with respect to the public health sector, the ministry is proposing the following:

- Changing the cost-sharing arrangement with municipalities that would reflect an increased role for municipalities within a modernized public health system beginning 2019-20. The ministry will graduate the cost-sharing changes slowly over the next 3 years and will vary the final ratios by population size of the new Regional Public Health Entities. This is being done to recognize the variation across the province (i.e., geography, disbursement of populations, etc.). The cost-sharing changes, which will also apply to all 100% provincial programs funded by MOHLTC (except for the unorganized territories grant provided to northern public health units, and the new seniors dental program) are planned as follows:

- **2019-20 (April 1, 2019):** 60% (provincial) / 40% (municipal) for Toronto; and, 70% (provincial) / 30% (municipal) for all other public health units.
 - **2020-21 (April 1, 2020):** 60% (provincial) / 40% (municipal) for the Toronto Regional Public Health Entity; and, 70% (provincial) / 30% (municipal) for all other Regional Public Health Entities.
 - **End State 2021-22 (April 1, 2021):** 50% (provincial) / 50% (municipal) for the Toronto Regional Public Health Entity; 60% (provincial) / 40% (municipal) for 6 larger Regional Public Health Entities with populations over 1 million; and, 70% (provincial) / 30% (municipal) for 3 smaller Regional Public Health Entities with populations under 1 million.
- Creating 10 Regional Public Health Entities, governed by autonomous boards of health, with strong municipal and provincial representation. Realigning the public health sector at a regional level provides for enhanced system capacity, consistent service delivery and greater coordination to support health system planning. The role of municipalities are core aspects of public health that the ministry wants to preserve in this new model and will do so by maintaining a local public health presence in communities.
 - Modernizing Public Health Ontario to reflect changes in the health and public health landscape.
 - Introducing a comprehensive, publicly-funded dental care program for low-income seniors. The program aims to prevent chronic disease, reduce infections, and improve quality of life, while reducing burden on the health care system.

It is important to note that the \$200 million annual provincial savings target identified in the 2019 Ontario budget (by 2021-22) incorporates provincial savings related to the cost-sharing change, as well as savings from the proposed creation of 10 Regional Public Health Entities.

As mitigation, and to support boards of health experiencing challenges during transition, the Ministry of Health and Long-Term Care will consider providing one-time funding to help mitigate financial impacts on municipalities and consider exceptions or “waivers” for some aspects of the Ontario Public Health Standards on a board by board basis. Implementation of these exceptions will ensure that critical public health (health protection and health promotion) programs and services are maintained for the protection for the public’s health.

The proposed changes in both structure and cost-sharing are premised on the fact that essential public health program and service levels would be maintained and will remain local. The Ministry of Health and Long-Term Care will work with boards of health and public health units to manage any potential reductions in budgets, including encouraging public health units to look for administrative efficiencies rather than reductions to direct service delivery.

As a first step, we will be arranging calls with each of the Health Units over the next week to discuss the Annual Business Plan and Budget Submissions you have submitted, discuss the planned changes for this year and related mitigation opportunities, and ensure this next phase of planning supports your local needs and priorities.

Further details on the 2019 Ontario Budget can be found on the government's website at: <http://budget.ontario.ca/2019/contents.html>.

As previously noted, there is a significant role for public health to play within the larger health care system and it will continue to be a valued partner. I look forward to your input and collaboration as we work to modernize the public health sector.

Thank you for your ongoing support as the ministry continues to build a modern, sustainable and integrated health care system that meets the needs of Ontarians.

Sincerely,

Original signed by

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

c: Business Administrators, Public Health Units
Executive Director, Association of Municipalities of Ontario
City Manager, City of Toronto
Executive Director, Association of Local Public Health Agencies