



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

PHSSC 2-2020

Tuesday, February 11, 2020

1:00 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>Early Development Instrument 2018 Results for Niagara Region</u> Amy Romagnoli, Data Analyst, Children's Services and Shailee Tanna, Epidemiologist, Public Health and Emergency Services	3 - 19
4. <u>DELEGATIONS</u>	
5. <u>ITEMS FOR CONSIDERATION</u>	
5.1 <u>PHD 2-2020</u> Public Health 2020 Annual Service Plan and Budget Submission A presentation will precede the consideration of this item.	20 - 46
6. <u>CONSENT ITEMS FOR INFORMATION</u>	
6.1 <u>COM 2-2020</u> Niagara Prosperity Initiative Update	47 - 71

Activities related to Niagara's 10-Year Housing and Homelessness
Action Plan for January 2020

7. OTHER BUSINESS

8. CLOSED SESSION

There are no closed session items.

9. NEXT MEETING

The next meeting will be held on Tuesday, March 10, 2020 at 1:00 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 Advisor at 905-980-6000 ext. 3252 (office), 289-929-8376 (cellphone) or accessibility@niagararegion.ca (email).



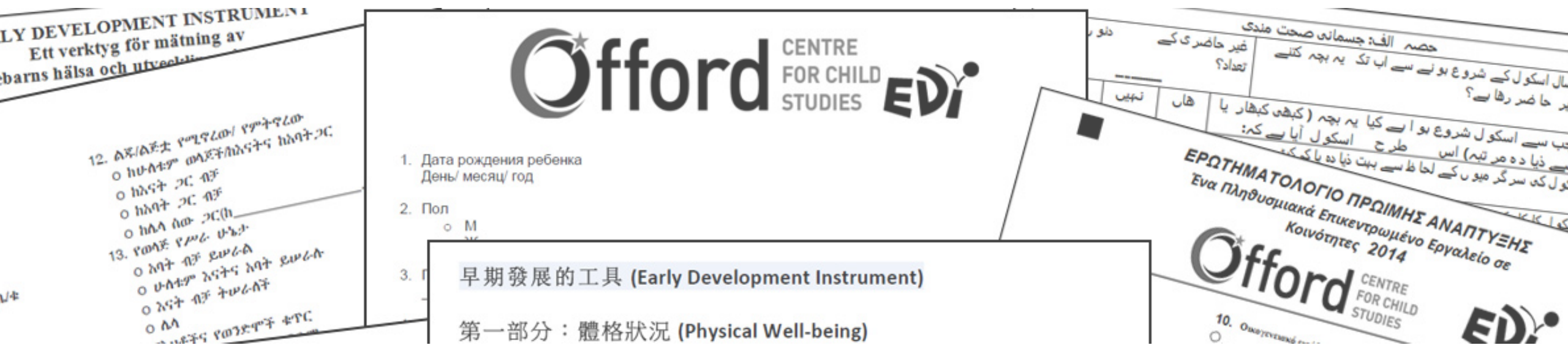
Early Development Instrument 2018 Results for Niagara Region

Amy Romagnoli, Data Analyst, Children's Services

Shailee Tanna, Epidemiologist, Public Health and Emergency Services

What is the Early Development Instrument (EDI)?

- Validated tool that measures developmental health and wellbeing of children in year 2 of kindergarten
- Mandated and funded by Ministry of Education
- 103 questions/child



What is the Early Development Instrument (EDI)?

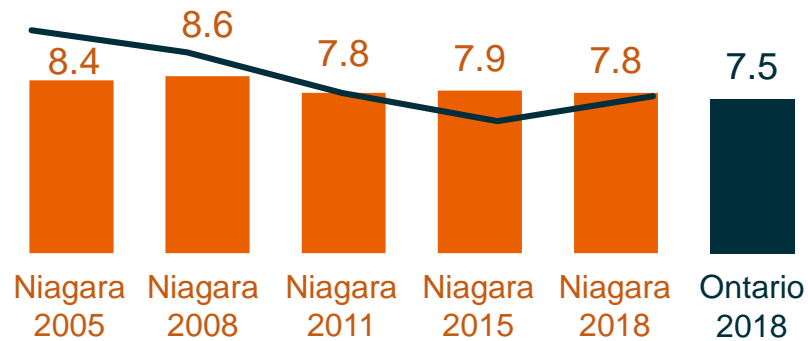
5 domains of child development:

- Physical Health and Wellbeing
- Social Competence
- Emotional Maturity
- Language and Cognitive Development
- Communication and General Knowledge

Niagara's Results

Language and Cognitive Development

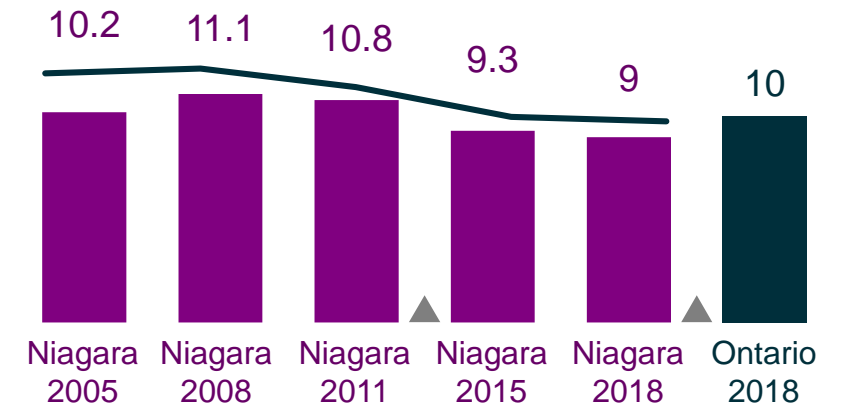
% vulnerable



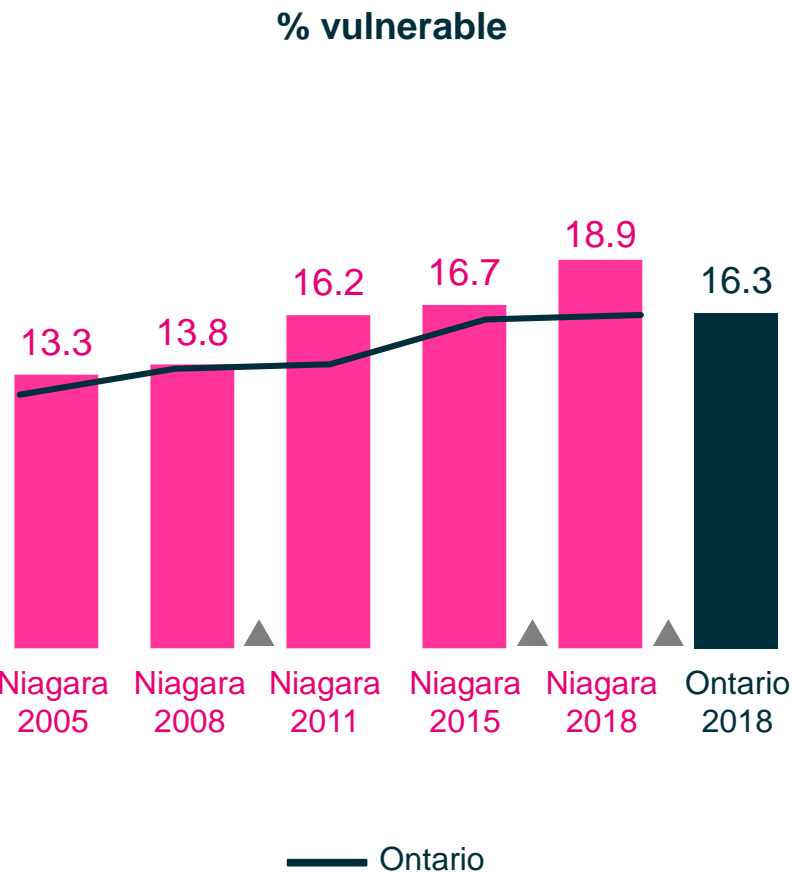
— Ontario

Communication and General Knowledge

% vulnerable

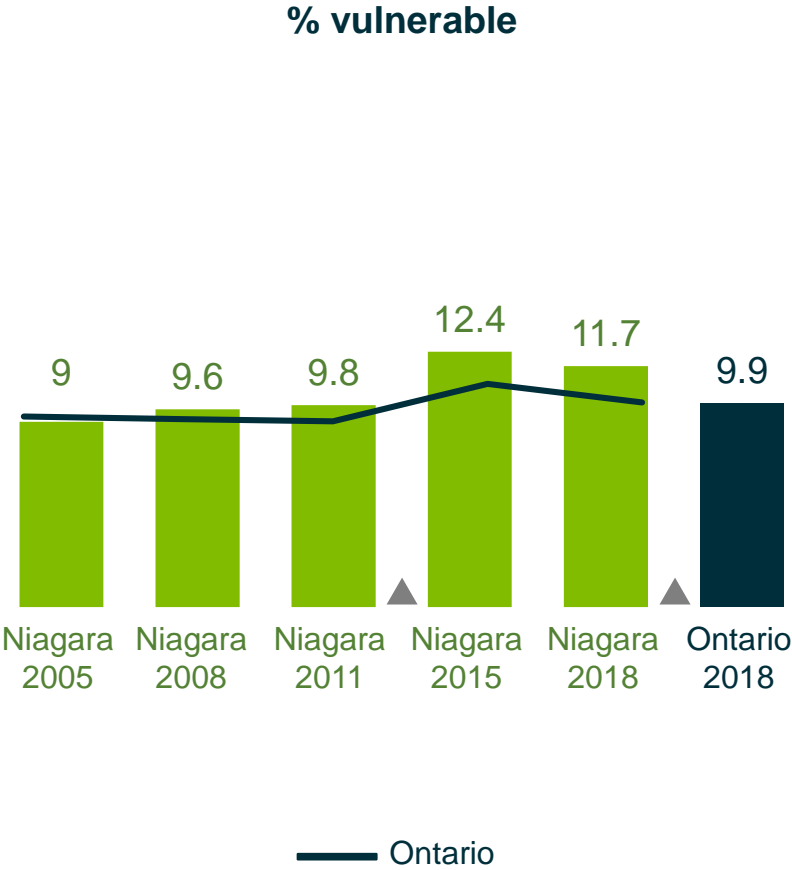


Physical Health and Wellbeing



Subdomains	Change between 2015 and 2018	Difference between provincial average
Physical readiness for the school day		
Physical independence	None	
Gross and fine motor skills	None	None

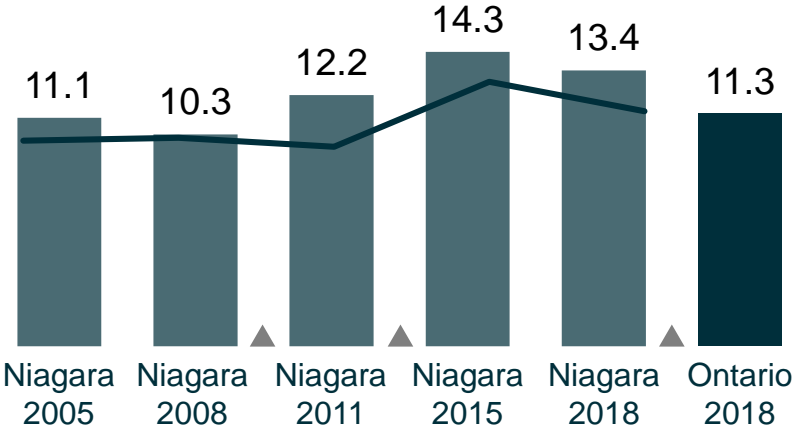
Social Competence



Subdomains	Change between 2015 and 2018	Difference between provincial average
Overall social competence with peers	None	
Responsibility and respect	None	
Approaches to learning	None	None
Readiness to explore new things	None	None

Emotional Maturity

% vulnerable



— Ontario

Subdomains

Change between 2015 and 2018

Difference between provincial average

Prosocial and helping behaviour



None

Anxious and fearful behaviour

None



Aggressive behaviour

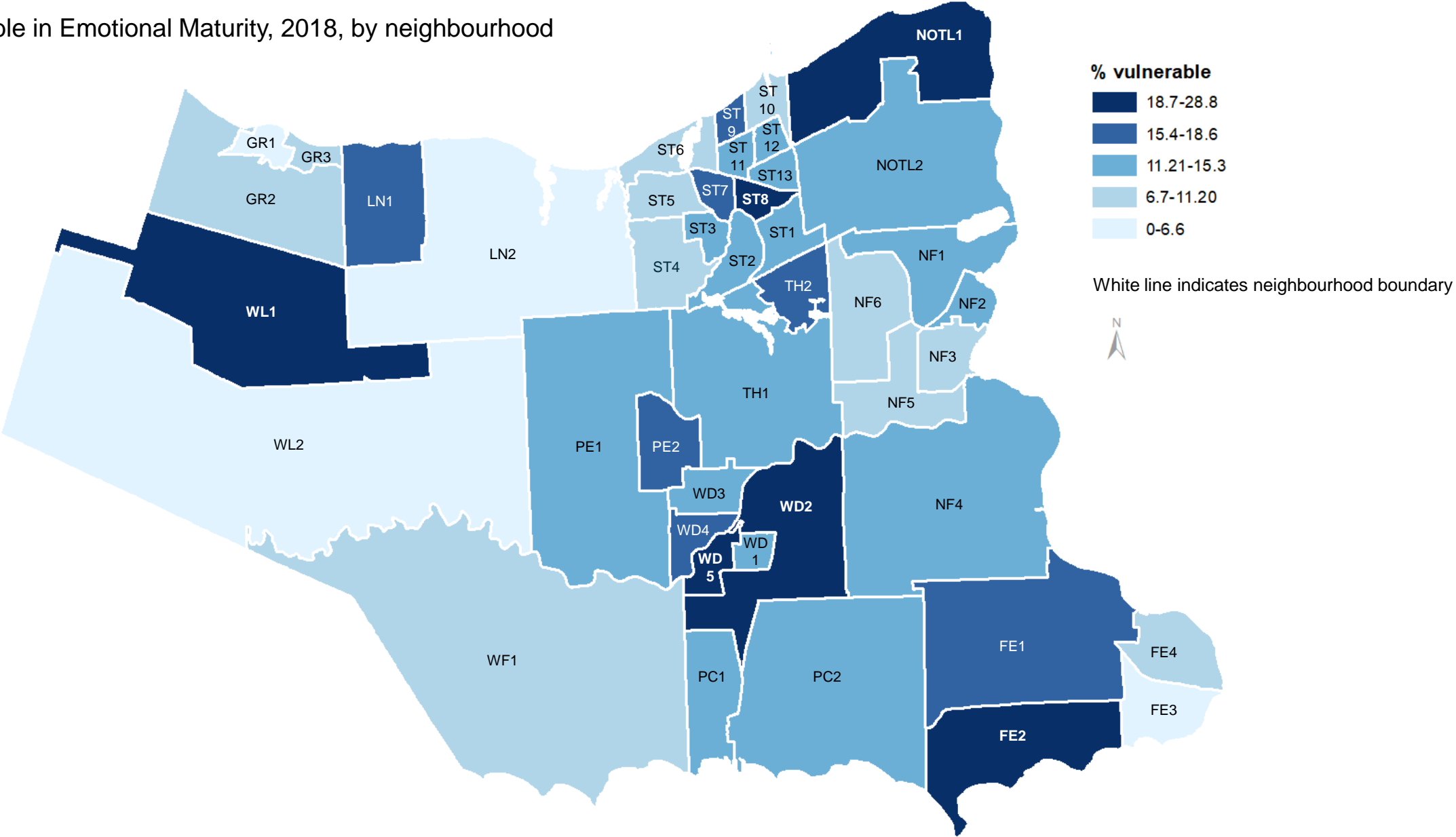
None



Hyperactive and inattentive behaviour



% vulnerable in Emotional Maturity, 2018, by neighbourhood



Qualitative Data Collection

- EDI cannot be used to determine causation
- Pilot: Teachers provided additional relevant information in the comment section
- Themes can provide context, to allow our discussions about “why?” to be data-driven

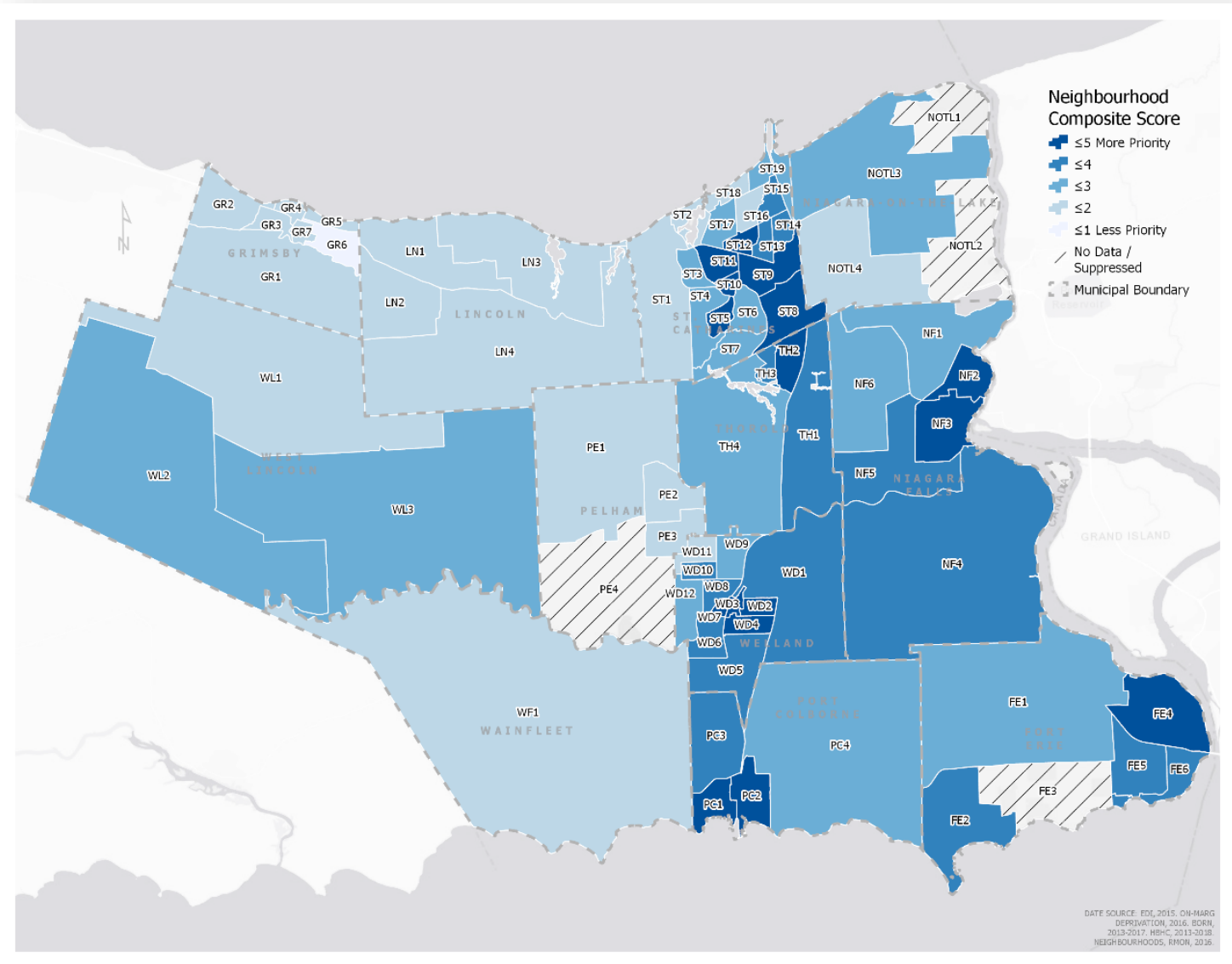
Community Impact: Who Uses the Data and How

Community impact: Who uses the data and how?

Public Health

- Objective of Parenting Strategy (Family Health Division): To identify and understand the needs of priority populations
- A geographical approach was taken, at a neighborhood level
- 4 population-level data sources were used:
 - Percentage of Children scoring as vulnerable on two or more domains (EDI, 2015)
 - Percentage of mothers exclusively breast feeding (BORN, 2013-2017)
 - Percentage of Healthy Babies Healthy Children screens classified as medium to high risk (HBHC, 2013-2018)
 - Derived neighbourhood material deprivation, (ON-MARG, Census 2016)

$(EDI * w1) + (BORN * w2) + (HBHC * w3) + (ONMARG-DEP * w4) =$
Neighbourhood Score



Public Health: Parenting Strategy

Priority Areas & Population Identification



Community impact: Who uses the data and how?

- Niagara Children's Planning Council (40+ agencies)
- Publicly funded School Boards
- Niagara Region
 - Innovation and Business Excellence: Council Strategic Dashboard
 - Children's Services
 - Public Health



Many community partners

EDI Data: Next Steps

- Deeper analysis of qualitative data to identify themes
- Analysis by EarlyON Child and Family Centre service delivery zone
- Collection of Middle Years Development Instrument data (grades 4 & 7)

Thank you

Amy.Romagnoli@niagararegion.ca

Public Health Annual Service Plan and Budget Submission 2020

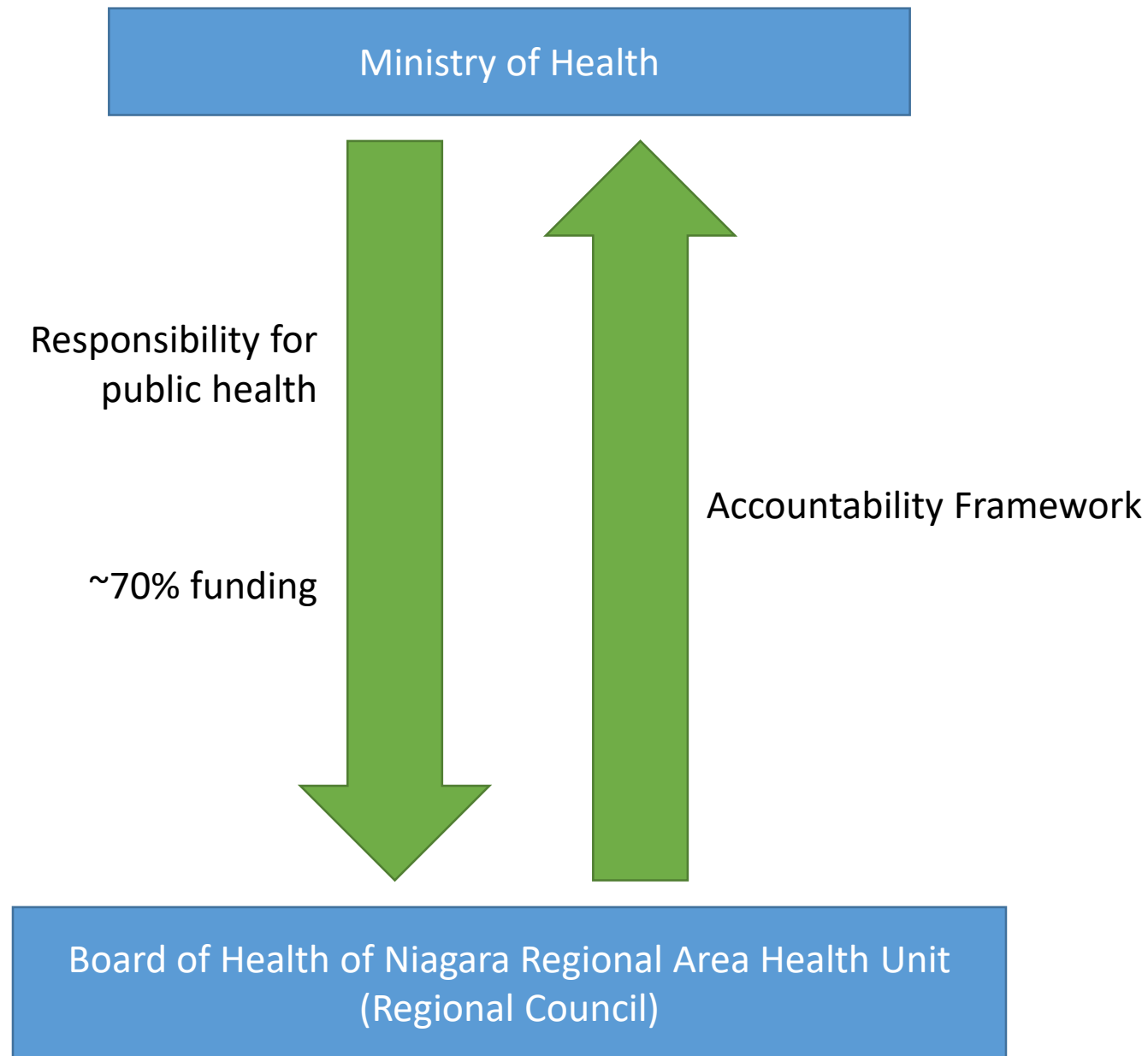
February 11, 2020

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

Diane Vanecko
Director, Organizational & Foundational Standards

Contents

- Public Health Accountability Framework
- Annual Service Plan (ASP)
- Development of ASP
- Highlights of Proposed ASP Submission
- 2020 Budget Request



Accountability Requirements

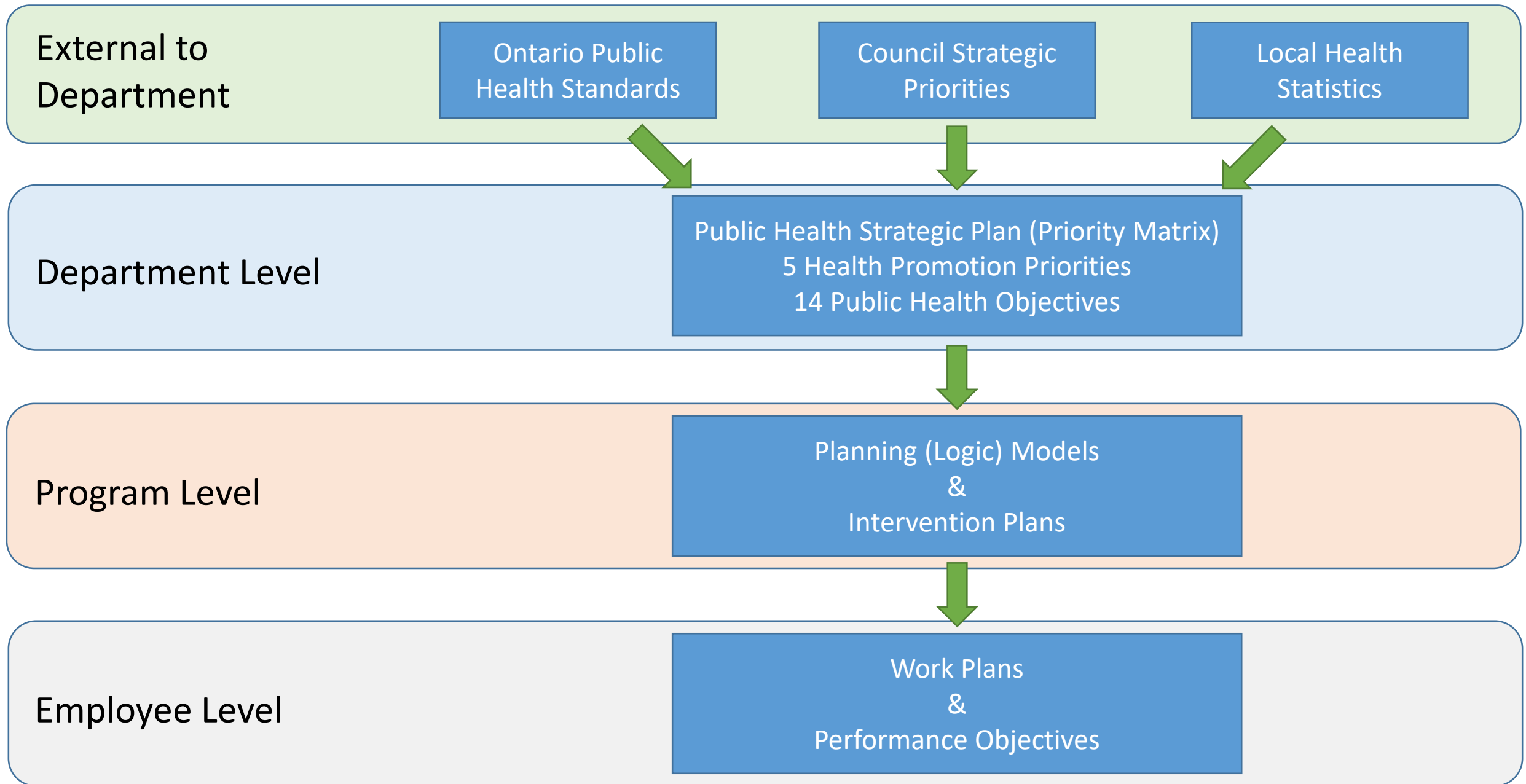
- Organizational Requirements
- Accountability Agreement

Plans to Fulfill

- Strategic Plan
- Annual Service Plan & Budget

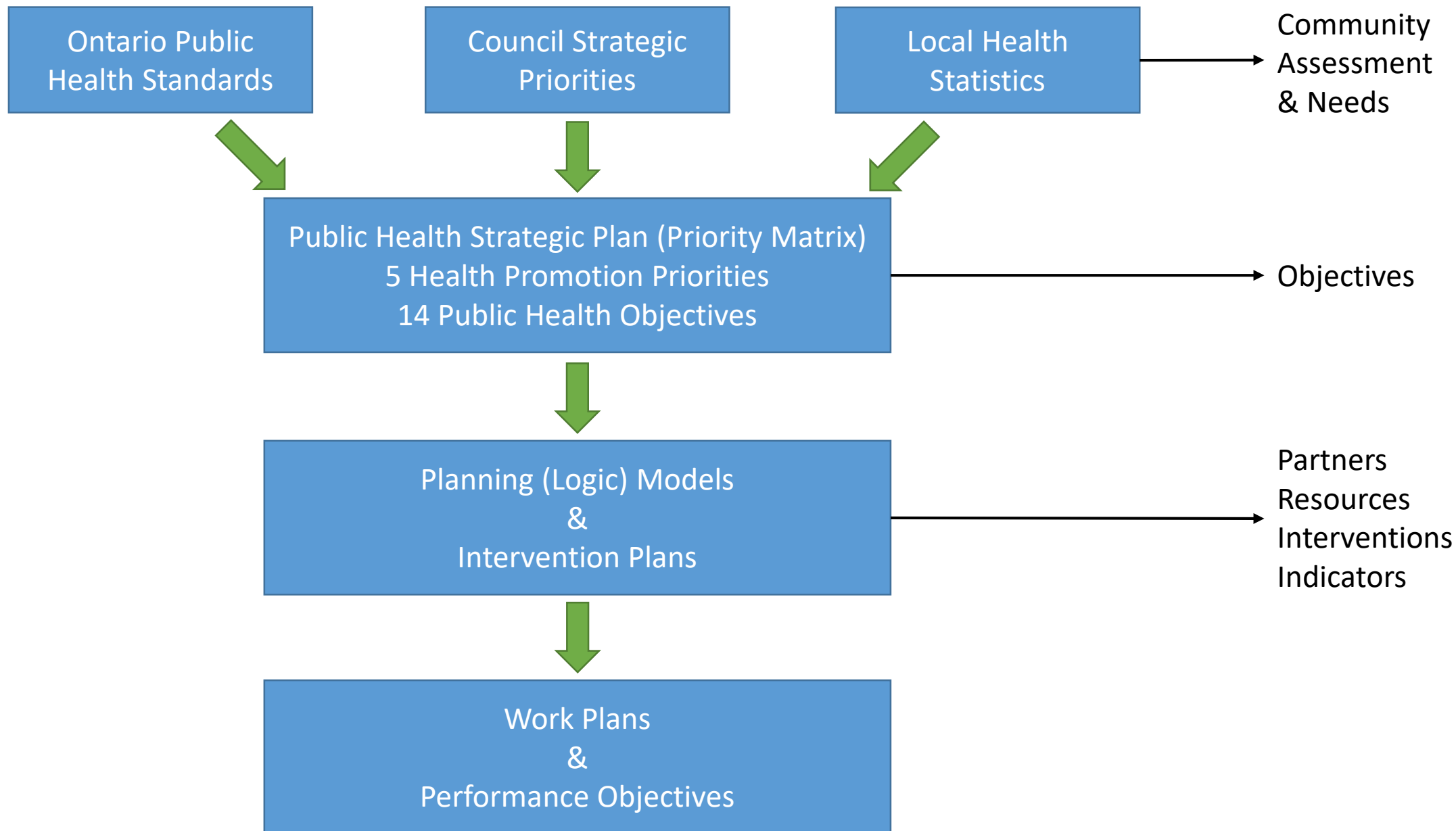
Performance & Funding Reports

- Quarterly Reports
- Annual Report



Annual Service Plan Template

- Community assessment
- Program plans, including
 - Community needs and priorities
 - Key partners and stakeholders
 - Program description
 - Program objectives
 - Intervention descriptions
- Budget allocations and summaries for each Standard and program
- One-time funding requests
- BOH membership



Annual Service Plan Template

- Community assessment ✓
- Program plans, including
 - Community needs and priorities ✓
 - Key partners and stakeholders ✓
 - Program description ✓
 - Program objectives ✓
 - Intervention descriptions ✓
- Budget allocations and summaries for each Standard and program
- One-time funding requests
- BOH membership

Public Health Objectives

1. Reduce the risk of **preventable cancers** among Niagara Region residents
2. Reduce the number of **intentional and accidental injuries** and deaths
3. Decrease the misuse and abuse of prevalent **substances**
4. Increase the number of children who meet their **developmental milestones** from conception to school age
5. Increase the number of **school age children** who maintain positive **physical and mental health**
6. Increase the number of **parents/caregivers** who maintain positive **physical and mental health**
7. Increase the proportion of **parents** that **trust NRPH** for parenting programs and information
8. Reduce the reported instances of infection caused by **microbial contamination**
9. Reduce the reported instances of **enteric pathogen** related disease
10. Reduce the reported instances of **vector borne disease**
11. Decrease the rate of **chlamydia** in males 15-29 years of age
12. Decrease **respiratory infection hospitalizations** among children aged 6 months to 13 years
13. Improve our **Quality Improvement maturity** from Progressing to Achieving
14. All internal and external health related **data is of good quality** and easily accessible to inform decision making

Example: Infectious and Communicable Diseases Prevention and Control

Infectious and Communicable Diseases Prevention and Control

A. Community Needs and Priorities

Please provide a short summary of the following:

a) The key data and information which demonstrates your communities' needs for public health interventions to address infectious and communicable diseases.

Under the Health Protection and Promotion Act, Ontario Regulation 559/91, NRPD provides critical and time sensitive follow up and surveillance of 60 plus reportable diseases to the Medical Officer of Health in order to prevent further spread of communicable disease.

In 2018, the top five reportable diseases in Niagara included chlamydia, influenza, gonorrhea, hepatitis C, and campylobacter enteritis. All of these diseases other than Hepatitis C saw increases in the number of cases compared to 2017.

In 2019, the following reportable diseases increased or continued to demonstrate increased prevalence:

1. Preventable diseases by recommended vaccination:

- Invasive Streptococcus Pneumonia (increase of cases from 29 in 2017 to 52 in 2019)

2. Diseases transmitted by direct contact and respiratory routes:

- Invasive Haemophilus Influenza [all types] (increase in cases from 10 in 2018 to 15 in 2019)
- Influenza A (increase in cases from 404 in 2017 to 697 in 2019)
- Influenza B (decrease in cases from 114 in 2017 to 66 cases in 2019)
- Invasive Group A Streptococcus (increase in cases from 34 in 2017 to 54 in 2019)

3. Enteric, foodborne, and waterborne diseases:

- Campylobacter Enteritis (increase in cases from 95 in 2017 to 125 in 2019)
- Cryptosporidiosis (increase in cases from 7 in 2017 to 32 in 2019)
- Cyclosporiasis (increase in cases from 4 in 2017 to 19 in 2019)
- Salmonellosis (decrease in cases from 91 in 2017 to 66 in 2019)
- Verotoxin-producing E. coli (including HUS) (increase in cases from 2 in 2017 to 15 in 2019)
- Yersiniosis (increase in cases from 8 in 2017 to 11 in 2019)

4. Sexually transmitted and blood borne infections:

- Chlamydia (increase in cases from 1551 in 2017 to 1713 in 2019)

b) Your board of health's determination of the local priorities for a program of public health interventions that addresses infectious and communicable diseases.

NRPD completed a life course analysis to determine the most common diseases by age and sex resulting in emergency department visits, hospitalizations, and deaths. This analysis also looked at the most common reportable diseases by age and sex. Two main priorities were identified related to infectious diseases.

First, it was identified that the number one reason children 9 years of age and under go to the emergency department is respiratory infections. In addition, one of the top reasons that children under 9 years of age are hospitalized is related to influenza and pneumonia. As a result, one of the priorities is to reduce hospitalizations related to respiratory infections in children. In 2018, 38.7% of all acute upper respiratory infection emergency department visits occurred in children under 10 (4,639 visits) and 19.3% of influenza and pneumonia emergency department visits occurred in children under 10 (797 visits). Emergency department data is only available from January to June for 2019; however, it shows that similar patterns are still occurring. In 2019, 34.6% of all acute upper respiratory infection emergency department visits occurred in children under 10 (1,907 visits) and 20.6% of influenza and pneumonia emergency department visits occurred in children under 10 (498 cases). In addition, 66.7% of all hospitalizations due to acute upper respiratory infections occurred in children under 10 (132 visits) and 15.7% of influenza and pneumonia hospitalizations occurred in children under 10 (186 visits). In the first half of 2019, children under 10 were responsible for 57.1% of acute upper respiratory infection hospitalizations (68 visits) as well as 20.3% of influenza and pneumonia hospitalizations (129 visits). In 2020, NRPD will continue to address this priority through health promotion and protection initiatives, as well as by collaborating with community stakeholders.

Second, it was identified that chlamydia infection rates continue to rise, specifically in those aged 15 to 29 years. As a result, the second priority is to reduce chlamydia infection and re-infection rates in Niagara. Overall, chlamydia rates have increased in Niagara from 253.3 per 100,000 population in 2013 to 354.1 per 100,000 population in 2018. In 2018, over 80% of cases occurred in those aged 15 to 29. This trend continues to be seen in 2019. In addition, ON-Marg-stratified analyses have shown where inequities exist in Niagara related to chlamydia infection rates. In 2020, NRPD will continue to address this priority through health promotion initiatives, as well as through health protection initiatives (e.g., clinics).

B. Key Partners/Stakeholders

Please provide a high level summary of the specific key internal and external partners you will collaborate with to deliver on this Standard. Include a description of the contribution/role of these partners in program and service delivery, the mechanism for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), and frequency of engagement. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard.

Internal partners: Infectious Disease Program, Sexual Health and Environmental Health work collaboratively to support many cross divisional activities and in partnership with other internal divisions and/or disciplines such as the Medical Division, Organizational and Foundational Standards Division, Emergency Medical Services, Family Health (Dental Program), Corporate and Public Health Communications/Web Communications, Information Technology (IT) and Public Works. Internal collaboration and communication occurs on a regular basis via internal committee/working groups, such as: IPAC committee, Outbreak Management, Vector Borne and our Respiratory Reduction committee. Membership may include representation from other divisions such as epidemiologist, data coordinator, legal, communications and other disciplines across the department when applicable.

External partners: NRPH&ES works closely with acute care centres, long-term care homes and retirement homes by attending monthly IPAC meetings and outbreak management meetings when required. In addition, an annual in-service is provided to support these institutions regarding IPAC best practices.

Inspections where applicable, presentations, and PH consultation are available to support community partners such as schools, child care, health professionals or other social service agencies as requested.

OMAFRA, Ministry of Natural Resources and Forestry, SPCA, CFIA, MOECC, PHO, Ministry of Education, Canadian Wildlife Health Centre, Municipalities, PHOL, Municipal Fire Services, Niagara Regional Police, Other Public Health Units (PHUs); Ministry of Health and Long-Term Care (MOHLTC); Regulated Colleges in Ontario including the College of Physician and Surgeons of Ontario (CPSO) and Royal College of Dental Surgeons of Ontario (RCDSO); Niagara's Municipalities (e.g. By-Law and Licensing); FARMS; Employment and Social Development Canada (ESDC); Service Canada are consulted as needed as a result of investigations, inspections or the need for consultation.

Outreach nurses work with many community partners/organizations on a weekly basis to support marginalized clients who access social service agencies. Examples include Start Me Up Niagara, Southridge, CASTLE, Sex Trade on My Terms, Niagara Detention Centre.

P 1) Vector-Borne Diseases Program

Program Description:

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

The vector-borne program serves to protect residents and visitors from vector-borne diseases and rabies throughout Niagara, working with key stakeholders and community partners to address the following components:

- Vector-borne monitoring and surveillance
- Vector-borne promotion, prevention, and education
- Rabies control activities

Program Objective:

Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

- Reduce the rate of illness related to vector-borne disease

Intervention Descriptions:

Briefly describe the following public health intervention(s).

i 1) Surveillance

Surveillance of vector-borne disease presence through several means. For mosquito borne infections such as West Nile and Eastern Equine Encephalitis, NRPH sets up traps in all municipalities to determine the number, species and level of mosquito infectivity. All positive pools are followed up with more in-depth investigation of mitigation options including enhanced standing water monitoring. Other sources of information will include vector borne disease reports from other susceptible animal populations such as birds and horses.

For tick-borne surveillance, NRPH invites the public and health professionals to provide tick specimens for identification by our staff. If a black legged tick is identified, this is followed-up with the client in order to assess for risk of transmission, health teaching on prevention strategies and referral to their health care provider when appropriate. Active tick drags are also carried out to enhance

i 2) Disease and health event investigation

The rabies control program involves the commencement of the investigation of all reported animal biting reports within a 24 hour period. The program also involves the surveillance of rabies activity in the animal populations utilizing data from Ministry of Natural Resources and Forestry and the Canadian Food Inspection Agency to determine possible future interventions. The health unit also enforces the mandatory rabies vaccination of dogs, cats, ferrets and certain classes of wildlife. In situations where the individual is unable to afford the cost of rabies vaccination, the health unit will issue a voucher to reduce the cost of the vaccination to the pet owner. The individual, to be eligible, must self-identify financial hardship to the investigating officer why their finances are in a difficult state (persons on a fixed income, persons of racial/ethnicity, students or full-time caregivers).

i 3) Health Teaching

Niagara has consistently been identified as a risk area for black legged ticks and there has been much confusion related to Lyme disease at various interaction points with Niagara physicians. As a result, NRPH is planning a continuing medical education event "Embedding Knowledge of Lyme Disease" for Primary Care in 2020. Dr. Eva Piessens, Division of Infectious Diseases, HHS Juravinski Hospital and Dr. Samir Patel, Clinical Microbiologist, Deputy Chief, have been secured to provide their clinical infectious disease expertise at an upcoming CME event in May of 2020.

P 2) Communicable Disease

Program Description:

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

The communicable diseases program serves to reduce or eliminate the burden of communicable diseases related to infection prevention and control practices in a variety of settings. This is achieved by working with key stakeholders and community partners to address the following components:

- Outbreak control in institutions and the community
- Promotion/prevention
- Routine personal service setting inspections
- Case management of diseases of public health significance and surveillance to monitor local disease trends

Program Objective:

Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

- Decrease respiratory infection hospitalizations by 5% among children aged 6 month to 13 years by 2020
- Prevent further transmission of diseases of public health significance through infection prevention and control measures and disease surveillance
- By 2023, reduce the number of reported potential infections caused by microbial contamination by 2%
- Reduce the rate of microbial contamination in facilities providing client/residents services

Intervention Descriptions:

Briefly describe the following public health intervention(s).

i 1) Policy Enforcement

The focus of this intervention is to assist institutional facilities in managing and controlling declared outbreaks. Early recognition of cases signalling outbreaks and swift actions are essential for effective outbreak management. Timely specimen collection, communication and the appropriate infection prevention and control measures have the potential to make a significant impact in the course of an outbreak. In 2019, NRPH provided outbreak management support to 58 respiratory and 34 enteric outbreaks. The outbreak performance dashboard now includes LTCF and retirement homes. This data is analyzed annually and informs our practice. Public disclosure of outbreaks includes LTCF and retirement homes and has been well received by the stakeholders.

In addition, NRPH intends on maintaining its 100% inspection completion rate connected to its 815 personal service setting (PSS) premises in 2020, with a continued focus on educating owners/operators on all applicable IPAC best practices. With the Ministry standard set as a minimum of one routine compliance inspection per annum, Niagara will continue to risk assess each premise on an on-going basis, adjusting when necessary, the need to perform additional routine inspections in excess of the minimum requirement. These routine inspections will also be supplemented by the need to perform follow-up inspections, complaint-triggered inspections and site visits prompted by owners and operators, all with the intention to achieve and maintain continued compliance with Ontario Regulation 136/18.

All IPAC complaints (or concerns identified through referral/surveillance) connected to PSSs, regulated healthcare providers, or non-regulated facilities will be risk assessed and investigated for IPAC best practice compliance. The same approach applies to complaints received during 24/7 on-call period, with a risk assessment used to determine appropriate follow-up action and timelines. NRPH follows up with each type of facility implicated in an IPAC complaint until full IPAC compliance is achieved. Furthermore, for investigations involving regulated healthcare providers and PSS, subsequent visits are completed at predetermined timelines in order to verify continued IPAC best practice adherence. Each investigative response will be initiated within 24 hours to minimize the potential risk of exposure to both clients and staff. Notification of the investigation will be made to all relevant stakeholders, both internal and external to the organization. Investigative findings will be disclosed to the public in an effort to promote informed decision-making prior to visiting one of these facilities for a client service. In 2019, 53 PSS, 14 regulated healthcare provider, and 19 IPAC investigations involving non-regulated facilities were initiated. Working in partnership with local municipalities, NRPH is committed to build on past successes centred on the early detection, assessment, and inspection of all previously uninspected PSS facilities (including those that are home-based) in an effort to mitigate and/or eliminate potential IPAC deficiencies. This collaborative approach is also of benefit when dealing with chronically non-compliant owners/operators in the community, particularly in municipalities that require business licensing.

In 2020, NRPH will be launching a new medi-spa initiative that will aim to determine services and the necessity to routinely inspect these previously uninspected settings for IPAC best practice compliance tied to their provision of medical aesthetics. Additionally, upon request, NRPH will continue to provide regulated healthcare professionals with the opportunity for onsite IPAC education.

i 2) Surveillance

In 2019, NRPH&ES released a business intelligence disease reporting dashboard to allow for near real time reporting of diseases of public health significance. Such timely surveillance will support the detection of increasing disease trends at a local level. In addition, all DOPHS will be entered into our electronic medical record database, which allows for granular risk factor data collection and reporting. This additional data collection method will enhance reporting functionality and complement our existing provincial IPHIS database.

As a result of surveillance and risk factor analysis, NRPH&ES is conducting research on the prevalence of group A streptococcus in the persons who use drugs and underhoused population. Surveys will be completed on approximately 300 participants and swabs collected on throat and wound. Emm typing and whole genome sequencing will be completed by NML.

i 3) Consultation

NRPH acts as an IPAC consultative resource to owners/operators, both informally and formally. Informally, through in-person consultations provided during the course of routine PSS inspections and IPAC investigations, and more formally through the development or adaptation of available resources/tools to which are distributed to targeted audiences. Additionally, through the provision of training sessions, NRPH educates attendees on current IPAC best practice documents and all applicable legislated requirements. NRPH utilizes strategic opportunities available through health promotion campaigns and initiatives to continue to create further public awareness (e.g. use of social media, billboard(s), and primary care screens in physician waiting rooms). Public disclosure allows for transparency and public awareness regarding routine inspections, complaints, investigations, and potential legal action tied to improper IPAC practices. NRPH will risk assess all identified lapses in IPAC, and attempt to influence operational/behavioural changes towards compliance through education, with the potential for enforcement when educative approaches fail to yield expected results. The appropriateness of legal action through use of health protection and promotion orders, or Part I or III provincial offences will be balanced and representative of the IPAC issues identified.

NRPH&ES will continue to provide expertise and support to educate primary care, long term care homes, child care and other community partners related infection prevention and control best practices, disease transmission, outbreak control measures and exclusion to prevent further transmission of disease.

i 4) Case Management

Public Health Nurses follow up and provide case and contact management as per Appendix A: Disease Specific Chapters and Appendix B Provincial Case Definitions.

i 5) Collaboration

Building on 2019 interventions where Public Health provided physician detailing to over 100 health care providers and protected 563 children 13 and under with the flu vaccine (2018/2019 flu season), our efforts in 2020 will focus on:

- Continuing to improve access and increase coverage in children and their families through the strategic placement and targeted advertising of Public Health influenza vaccination clinics (as of Jan. 7/2020 Public Health has protected 654 children)
- Calling on local immunizers to give a strong recommendation for children to get the influenza vaccine in order to prevent disease transmission
- Providing on-going support to primary care offices with patient resources for influenza (e.g. digital files for screens in waiting rooms, parent infographic, office signage, practice reminders)
- Liaising with external partners to explore opportunities to infiltrate flu messaging and infection prevent and control best practices into their daily programming (e.g. child care providers, school boards, pharmacies)

i 6) Health Teaching

With limited resources in Niagara and an increase in LTBI and medical surveillance cases, NRPH&ES will continue to explore the provision and operationalization of a TB clinic to alleviate unnecessary respirologists referrals and decrease local LTBI and MS pressures. Academic detailing to primary care will also be a strategy to support the knowledge gap in family practices/walk-in-clinics in order to address unnecessary referrals to respirologists for LTBI treatment and MS completion.

Related to other infectious diseases, NRPH supports 121 long-term care facilities and 192 childcare facilities. Examples of interventions planned in 2020 are educational in-services to LTCF, child care and home care on best practice infection prevention and control in order to prevent occurrence of outbreaks in such institutions.

In 2020, NRPH will continue to leverage previously established relationships with local post-secondary institutions to promote IPAC best practise through educational sessions with dental hygienists, dental assistants and dental office admin students. Furthermore, NRPH will continue to engage health care professionals by promoting IPAC best practices through quarterly dental newsletter submissions and monthly physician newsletter contributions. For 2020, presentations/meetings will occur within acute care settings, with additional attention focused on IPAC practices performed by OBGYN's as this was identified as a need in 2019.

i 7) Social Marketing

Annually, NRPH utilizes various social media streams to increase awareness of infection prevention and control best practices such as hand hygiene, cough etiquette and staying home if ill. Messaging is targeted to the time of year such as outbreak season or audience based on the circulating pathogen and awareness/education required.

In 2020, our ongoing respiratory reduction strategy will build upon prior year activities including ongoing physician engagement. Promotional materials, social media and resources for parents and kids will increase awareness/knowledge on respiratory etiquette and importance of vaccination

P 3) Sexual Health

Program Description:

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

As per Requirement # 8 of the OPHS, the Sexual Health Program serves to reduce or eliminate the burden of sexually transmitted and blood borne infections (STI/BBIs) to Niagara residents. 52% of all chlamydia cases and 54% of all gonorrhea cases were diagnosed at the NRPH's Sexual Health Clinics. (SHC). SHC and Outreach Nurses provide STI/BBIs testing, STI treatment, venipuncture, point of care testing, immunizations, dispensing and administration of medication (oral and injection), low cost contraception, and pregnancy tests.

Sexual Health Program provides every client equal opportunity to reach optimal health and potential regardless of their social position or other socially determined circumstances. Sexual Health Clinics provide non-judgemental and free STI testing and treatment for clients diagnosed with a sexually transmitted infection or have been named as a contact of an infection. No health card is required for testing and treatment.

The outreach nurses provide a suitable alternate to clients that may be socially isolated, have mental health or addictions issues, are homeless, have limited transportation, or lack an Ontario Health card. Outreach reduce barriers to accessing service by bringing service to them. Outreach nurses work with many community partners/organizations, assisting clients with STI testing, treatment,

Program Objective:

Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

- Decrease the rate of chlamydia infections and repeat infections in youth and young adults 15-29 years of age by 10% by 2023
- Increase the access to copper IUDs for emergency contraception through insertion at our SHC, to young females < 25 years of age or outreach clients up to the age of 40 in order to decrease the rate of unplanned pregnancies in Niagara by 2023
- Increase the access to IUD/IUSs through insertion at our SHC, to young females < 25 years of age or outreach clients up to the age of 40 in order to decrease the rate of unplanned pregnancies in Niagara by 2023

Intervention Descriptions:

Briefly describe the following public health intervention(s).

i 1) Outreach

Three outreach nurses work within the Sexual Health Program. One of the outreach nurses is designated as a Social Determinant of Health nurse working primarily with the IV drug use population and sex

i 2) Delegated Functions

SHC is nursing led clinic, functioning with use of Medical Directives under the AMOH/MOH. The AMOH/MOH are able to delegate controlled acts to the PHNs at the clinic in order to provide STI/BBIs testing, dispensing of medications including STI treatment, emergency contraception, contraception and referrals to other health care providers.

i 3) Health Teaching

One on one counselling/health teaching regarding sexual health, birth control and STI/BBIs is provided to clients accessing services provided at the SHC. Also, outreach nurses and health promoter provide educational presentations regarding sexual health, birth control, and STIs/BBIs to community agencies and groups.

i 4) Social Marketing

Social media and targeted health promotion campaigns have been identified as strategies to increase screening and testing in order to prevent further spread of disease. Some of the recent social media campaigns used include:

- o Create on-going tweets to advertise the Sexual Health Centre
- o Share campaign message through social media (Twitter, Facebook, Instagram, YouTube) and dating sites/apps
- o Promote all opportunistic testing events on Twitter and Facebook
- o HIV awareness week and AIDS day posts for Twitter
- o Currently working with REACT to promote STI testing on their Instagram
- o Currently working on posting "Niagara Fall SHC New Location" promotion on Facebook/Twitter in the next few weeks

Summary: Infectious and Communicable Diseases Prevention and Control

- Community Needs & Priorities

- Follow up and surveillance of 60+ reportable diseases in order to prevent further spread of communicable disease
- Top reason children nine years or age or younger are hospitalized is for respiratory infections (influenza and pneumonia)
- Chlamydia infection rates continue to rise in 15 to 29 year olds
- Increase in enteric, foodborne, and waterborne diseases since 2017

- Key Partners/Stakeholders

- Acute care centres
- Long term care & retirement homes
- Ministries (Natural Resources and Forestry, Education, Health)
- Public Health Ontario
- Primary care
- Local Area Municipalities
- Niagara Regional Police
- Employment and Social Development Canada
- Start Me Up Niagara
- Detention centres
- School boards
- Child care

Program and Interventions

- Vector-Borne Diseases
 - Surveillance
 - Disease and health event investigation
 - Health teaching
- Sexual Health
 - Outreach
 - Delegated Functions
 - Health teaching
 - Social marketing

- Communicable Disease
 - Policy enforcement
 - Surveillance
 - Consultation
 - Case management
 - Collaboration
 - Health teaching
 - Social marketing

Budget Request

Cost shared program-based funding (70%/30%)	\$33,589,821
Program-based funding (100% funded)	\$ 2,477,000

One-Time Funding Requests

Project Title	Base Funding Request
Capital: Mobile Dental Clinic	\$575,455
Capital: Time and Attendance Software Upgrade to “Software as a Service”	\$310,000
Capital: Smoke-Free Fleet Replacement	\$139,710
Capital: Energy Efficient Lighting Upgrade (200 Division Street, Welland)	\$120,000
Public Health Inspector Practicum Program	\$ 20,000
Total One-Time Funding Request	\$1,165,165

Recommendation

- That the Board of Health (BOH)/Regional Council **APPROVE** the 2020 Annual Service Plan (ASP) and Budget Submission to the Ministry of Health.

Subject: Public Health 2020 Annual Service Plan and Budget Submission**Report to:** Public Health and Social Services Committee**Report date:** Tuesday, February 11, 2020

Recommendations

That the Board of Health (BOH)/Regional Council **APPROVE** the Public Health 2020 Annual Service Plan (ASP) and Budget Submission to the Ministry of Health.

Key Facts

- BOH/Regional Council is responsible for implementing the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (the Standards). The Standards communicate the Ministry's requirements for local public health and establish an accountability relationship between BOH and the Ministry.
- The ASP and budget submission is a Ministry requirement for BOHs to communicate the program plans and budgeted expenditures for a given year in fulfillment of the Standards.
- Public Health has a comprehensive planning process which includes developing SMART objectives (Specific, Measureable, Attainable, Realistic, Time-limited), defined indicators, and interventions in a logic model format, and using this to align resources and to determine which operations will improve the public's health. These objectives, indicators, and resource allocations are documented as part of the ASP.
- The 2020 ASP and budget submission must be submitted electronically on or before March 2, 2020. If this deadline is not met, the Ministry may not approve Niagara Region's grant request for 70% of the approved levy base operating budget of Public Health.
- The ASP includes the opportunity to apply for additional one-time funding grants from the province; these requests, if granted, would enable enhanced service and action on public health priorities and support capital improvements.

Financial Considerations

The Ministry provides cost shared funding to BOHs, and has instituted the ASP and budget submission process as a major accountability mechanism towards provisioning of funding for mandatory and related public health programs and services. The budget figures included in the ASP are the formal request to the Ministry for provincial funding accounted for within the Regional Municipality of Niagara 2020 Levy Operating Budget that was approved by the BOH/Regional Council on December 5, 2019.

This year, the Ministry is not permitting any base funding requests. This precludes application for any new, ongoing initiatives nor to establish sustainability to ongoing work. The Public Health portion of the 2020 Levy Operating Budget was based on an assumption of no new provincial funding (a reduction in “real funding” when accounting for inflation). This assumption appears to be validated by the Ministry disallowing requests for base funding increases.

There is an opportunity to submit up to five one-time budget requests as part of the ASP. The requests have significant restrictions and must fit in one of the following four categories: capital, extraordinary costs, new purpose built-in vaccine fridges, or Public Health Inspector practicum. These requests were not included in the 2020 BOH/Regional Council Levy Operating Budget as it is unknown which of any might be granted by the Province.

The Public Health base budget is mostly cost shared between the Ministry (70%) and the Regional Municipality of Niagara (30%). A couple of the programs are 100% funded by the Ministry. The Public Health 2020 annual funding request to the Ministry is for \$27,155,040 and is based on gross budget expenditures of \$37,231,986, which includes the following:

- \$33,589,821 Council-approved cost shared program-based funding (70%/30%);
- \$ 2,477,000 program-based funding (100% Ministry funded);
- \$ 1,165,165 in one-time funding for five separate requests.

One-Time Funding Requests:

Project Title	One-Time Funding Request
Capital: Mobile Dental Clinic	\$575,455
Capital: Time and Attendance Software Upgrade to “Software as a Service”	\$310,000
Capital: Smoke-Free Fleet Replacement	\$139,710
Capital: Energy Efficient Lighting Upgrade (200 Division Street, Welland)	\$120,000
Public Health Inspector Practicum Program	\$ 20,000
Total One-Time Funding Request	\$1,165,165

Analysis

The Ministry Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Jan. 1, 2018) is created under section 7 of the Health Protection and Promotion Act to specify mandatory public health programs and services provided by the BOH. The Public Health Accountability Framework articulates the requirements upon the BOH to be accountable and transparent for the implementation of the Standards. Accountability across the domains is supported by three measures:

1. Accountability documents that define accountability requirements. This includes the Ministry-BOH accountability agreement;
2. Planning documents which outline what a BOH will deliver under the Standards. These documents include the BOH strategic plan and BOH annual service plan and budget submission; and
3. Reporting documents on performance against the Standards and plans. These include quarterly performance reports and an annual report defining delivery and compliance with various legislative requirements.

This report outlines the second of two requirements for the Planning documents, the ASP and budget submission which operationalizes the strategic directions and priorities in the strategic plan in accordance with the Standards. The strategic plan was approved by the BOH/Regional Council on Feb. 8, 2018 (MOH-01-2018).

The ASP and budget submission describes the programs and services delivered by BOHs within the context of the Standards, demonstrates alignment with the priorities in Niagara as identified in the population health assessment, and demonstrates accountability for planning and use of funding per program and service to meet all the requirements. The ASP includes the following:

- Community assessment – high-level description of the health and risks of communities within the public health unit; these are expected to inform program and service delivery decisions
- Program plans – description of the programs and services that will be delivered under each standard
- Budget allocations and summaries to allocate staffing and other expenditures for each standard
- One-time funding requests; and
- BOH membership.

Niagara Region Public Health (NRPH) uses a comprehensive process to plan its business, and the elements above to be reported in the ASP come naturally from this process. To maximize impact on local community health, NRPH grounds its business on Niagara's greatest health needs and challenges. "What Causes Ill Health in Niagara" (PHSSC Presentation May 7, 2019) outlines the main reasons in Niagara for EMS

transport, admission to emergency departments, admission to hospitals, and death as well as health-related behaviours underlying most health problems; all analyzed by age cohort and sex. This data informs where public health efforts should be targeted, as well as which programs and services should be offered to what age groups in order to maximize impact on health outcomes across the lifespan. These analyses have been updated (Q3 2019) and new indicators linked to the biggest health issues are being finalized to measure and track progress in improving health on these health issues over time.

Incorporating these priority health issues, NRPH has also prioritized operational capabilities, enablers, and resources in a Priority Matrix (MOH 01-2018 Strategic Plan). The Priority Matrix provides overall strategic direction for the department and brings a common understanding of our mission of making an impact on health and health equity.

In late 2019, NRPH also used the Mobilizing for Action through Planning and Partnership (MAPP) framework to further prioritize health promotion efforts (proactive efforts to enable people to make healthier choices). MAPP is a strategic planning process that is community driven and applies strategic thinking to prioritize public health issues. There are four key MAPP assessments: community health status assessment, forces of change assessment, community themes and strengths assessment, and local public health system assessment that helps develop priorities from the analysis of the four assessments.

As a result, five health promotion priorities were identified:

- Healthy Eating/Physical Activity
- Substance use and Addictions
- Mental Health Promotion
- Healthy Child Development
- Sexually Transmitted Infections.

In early 2020, NRPH will be identifying key performance indicators for each health promotion priority and developing plans to address each issue. In addition to reporting annually to the Ministry on a number of indicators, NRPH has previously developed a number of SMART objectives which frame both our health promotion, but also our health protection (elimination/mitigation of health threats) work and overarching organizational improvement efforts. These objectives are

- Reduce the risk of preventable cancers among Niagara Region residents
- Reduce the number of intentional and accidental injuries and deaths
- Decrease the misuse and abuse of prevalent substances
- Increase the number of children who meet their developmental milestones from conception to school age
- Increase the number of school age children who maintain positive physical and mental health

- Increase the number of parents/caregivers who maintain positive physical and mental health
- Increase the proportion of parents that trust NRPH for parenting programs and information
- Reduce the reported instances of infection caused by microbial contamination
- Reduce the reported instances of enteric pathogen related disease
- Reduce the reported instances of vector borne disease
- Decrease the rate of chlamydia in males 15-29 years of age
- Decrease respiratory infection hospitalizations among children aged 6 months to 13 years
- Improve our Quality Improvement maturity from Progressing to Achieving
- All internal and external health related data is of good quality and easily accessible to inform decision making

Throughout 2020, NRPH will review and refine these objectives with the data contained within the MAPP framework, the top ten health issues, and the Priority Matrix.

The ASP has not been included as an appendix with this report, as it is a very lengthy document (over 100 pages) and not printer friendly. Regional councillors may review the document in full by contacting the Office of the Medical Officer of Health to make an appointment.

Alternatives Reviewed

Submitting the ASP and budget submission is a requirement to receive Ministry funding as outlined in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. The alternative to not submitting the ASP would be loss of provincial funding which would impose an untenable burden onto the Regional levy.

The service plans outlined within the ASP are based on data regarding ill health in Niagara, research and practice evidence around impact to health, priorities that have been endorsed by the BOH, and assessments that incorporate the input of community partners. The alternative of using other inputs to service planning would be contrary to best practice and exclude critical inputs. Public Health refines service plans annually to incrementally improve Public Health's impact in spite of declining resources.

NRPH is not required to submit additional one-time funding requests. A total of five one-time funding requests totalling \$1,165,165 have been identified to be included in the ASP and budget submission after consultation with colleagues across Niagara Region to identify options that would be most beneficial to Niagara residents and improve their health. These requests are not mandatory, nor guaranteed, however, NRPH aims to maximize revenue to Niagara Region in order to bring a greater benefit to Niagara residents.

Relationship to Council Strategic Priorities

The ASP is based on NRPH's operational planning that aligns with Council's strategic priority #2 Healthy and Vibrant Community which aims to foster a high quality of life through safe, inclusive neighbourhoods and delivery of quality, affordable and accessible human services.

Other Pertinent Reports

- PHD 05-2019 2019 Public Health Annual Service Plan and Budget Submission, Feb. 19, 2019
- MOH 02-2018 Public Health Annual Service Plan & Budget Submission, Feb. 20, 2018
- MOH 01-2018 Strategic Plan, Jan. 20, 2018
- MOH 03-2017 Program Budgeting and Marginal Analysis in Public Health, Oct. 17, 2017
- PHD 01-2017 Key Health Issues in Niagara, Jan. 31, 2017
- PHD 06-2016 MOH 2016 Program Based Grants Budget Submission, Feb. 16, 2016
- PH 04-2015 Levy Operating Budget, Jan. 29, 2015

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Recommended by:

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Medical Office of Health &
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Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Noah Bruce, Program Financial Specialist, Enterprise Resource Management Services and Beth Brens, Manager, Program Financial Support, Enterprise Resource Management Services.

Subject: Niagara Prosperity Initiative Update
Report to: Public Health and Social Services Committee
Report date: Tuesday, February 11, 2020

Recommendations

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

Key Facts

- This report provides information on the evaluation of 2017 Niagara Prosperity Initiatives (NPI) funded projects, the dates for the 2020 NPI Request for Proposals (RFP), an update on Brock University's research study on NPI and the Ontario Poverty Reduction survey.
- Funded by Niagara Region since 2008, NPI focuses on neighbourhood-based interventions to help build capacity and improve the quality of life for residents living in poverty.

Financial Considerations

Between 2008 and 2019, Niagara Region has provided \$1.5 million in annual funding to the Niagara Prosperity Initiative. Of this amount, \$150,000 is allocated each year to the Convener (Niagara Community Foundation) and Secretariat (United Way Niagara) functions to support administration and stakeholder engagement associated with this initiative. For 2020, responding to a number of critical budget pressures, Council approved a one-year \$250,000 reduction of the funding for NPI, with \$1.25 million allocated for 2020 NPI projects.

Analysis

Evaluation of the 2017 NPI Funded Projects

NPI focuses on neighbourhood-based interventions and development to increase prosperity for Niagara residents living in poverty. In 2017, 21 projects were funded at a total of \$1,459,105. Funded projects are required to submit quarterly and final reports that include:

- Number of children, youth, adults and/or seniors served
- Outcomes achieved and measured
- Lessons learned and recommendations for future initiatives
- Specific examples of impact to neighbourhood/community
- Testimonials from project participants.

The NPI Secretariat completed site visits/program reviews throughout the funding period to ensure contractual obligations were being met. All the 2017 funded projects stayed within their approved budgets, provided reports and passed their site visits/program reviews. Individual project review details are provided in Appendix A.

Project testimonials are required from agencies and 542 testimonials were provided. The following are some examples:

- **Mental Health and Addictions Coaching program** – *“I feel more empowered in a very positive way. I have really grown and flourished as a human being in the short time we have been working together.”*
- **Manufacturing Supply Chain Project** – *“I am currently involved with handling projects in the warehouse, helping deliver to clients and picking up donations. I became more active and have more enjoyment in my life because of having more money and stability in my life. I haven't been involved in employment for some time and this was the perfect opportunity to start back up. I have been hired on by the furniture bank.”*
- **Housing Stability Program** – *“Prevented my utilities from being shut-off and provided my family with food. I had somewhere to turn to for help when I was in desperate need, especially with food and medical assistance. People of low income need programs that help when they are in desperate need.”*
- **Urban Indigenous Homeward Bound** – *“My whole lifestyle has changed being involved in something, getting a schedule. Because it changed my life for the better. Getting a home, being stable and starting a career path.”*

2020 NPI Request for Proposals (RFP)

The 2020 RFP was issued by United Way Niagara on February 3rd and will close on February 28th. NPI projects can be funded for one or two years. Consistent with past practice, an independent review committee will be formed to review proposals, and decisions on funding for 2020 will be announced at the beginning of April.

Research Study of NPI

In 2018, Niagara Region was awarded funding of \$476,763 from the province's Local Poverty Reduction Fund (LPRF) for a three-year research project, to examine the state of poverty in Niagara using data from the 2016 census, provide analysis on the impacts, outcomes, and efficacy of NPI, and offer recommendations on best practices moving forward. The final product will be an assessment of poverty reduction strategies with recommendations that will be beneficial for Niagara and for the province's poverty reduction strategy.

Brock University is on track to complete the project on time, within scope and on budget. Activities to date include literature reviews, interviews with over 50 NPI funded

project leads and analysis of NPI service users' testimonials. Brock has completed interviews with administrators of other Canadian regional poverty reduction programs. In addition, the team has developed and administered a life satisfaction survey to previous NPI project participants and low-income Niagara residents. A Community Advisory Committee has been formed, along with a [Brock website](#) developed to solicit feedback. The next two phases of the review include:

Impact Evaluation:

- Quantitative and qualitative comparison of expected and actual project outputs
- Quasi-experimental subjective well-being study
- Qualitative evaluation of literacy programs
- Reporting Evaluation
- RFP and Funding Process Evaluation

Needs Assessment:

- Review and assess existing poverty reduction strategies
- Evaluation of Niagara Region poverty reduction strategy

Brock University will be hosting focus groups and feedback sessions with various groups including the Niagara Poverty Reduction Network, NPI funded agencies and people with lived / living experience in poverty to validate preliminary findings and develop further recommendations.

The final report will outline the state and the cost of poverty in Niagara, provide analysis on the impacts, outcomes, and efficacy of NPI, and offer recommendations moving forward on best practices to address the issues of poverty in Niagara. The report will be completed in December 2020 and presentations will be available in January 2021.

Preliminary research findings suggest there are immediate opportunities to improve reporting practices. As a result, 2020 NPI reporting practices will be augmented to better demonstrate project outcomes and make reporting less onerous for service providers. These changes will provide better insight into poverty reduction efforts across Niagara and will inform the ongoing systematic optimization of NPI.

Ontario's Poverty Reduction Strategy

The Ontario government is in the process of developing their new five-year strategy in accordance with the Poverty Reduction Act, 2009. In December 2019, they launched province-wide consultation "to help drive actions to reduce poverty by setting a specific and realistic target, as well as prioritizing actions and initiatives across sectors and at all government levels to help lift Ontarians out of poverty."¹ An online survey is to be

¹ <https://news.ontario.ca/mcys/en/2019/12/ontario-looking-for-innovative-ideas-on-how-to-help-reduce-poverty.html>

posted on [Ontario.ca](https://www.ontario.ca) in January 2020 and will be open for 60 days. Anticipating that Regional Council may wish to make a written submission, staff are preparing a written report for committee consideration for the March PHSSC meeting.

Alternatives Reviewed

Not applicable.

Relationship to Council Strategic Priorities

Healthy and Vibrant Community. Foster a high quality of life through safe, inclusive neighbourhoods and delivery of quality, affordable and accessible human services

Other Pertinent Reports

COM 04-2008	A Legacy of Poverty? Addressing Cycles of Poverty and the Impact on Child Health in Niagara Region
COM 44-2011	Niagara Prosperity Initiative Update (<i>Building a New Legacy: Building Prosperity by Improving the Quality of Neighbourhood Life</i>)
COM C 6-2017	Local Poverty Reduction Fund Application
COM 04-2019	Niagara Prosperity Initiative Update and Request for Review Committee Members

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Commissioner
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Submitted by:
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Acting Chief Administrative Officer

This report was prepared in consultation with Marc Todd, Manager Community Services.

Appendices

Appendix A 2017 Individual NPI Project Evaluations

Appendix A – 2017 Individual NPI Project Evaluations

Project		Description			
Mental Health & Addictions Coach		Full-time Mental Health & Addiction Coaches hired to support the YWCA Niagara region shelters. They worked with individuals who are experiencing mental health and addiction issues to help them find and maintain housing and employment, and develop connections in their community.			
Agency					
CMHA Niagara					
Municipality					
All Niagara					
Contract Requirements		Number Served			Result - Coaches provided warm linkages and advocacy to access supports such as primary care providers, Community Health Centres, outpatient supports and supportive groups. Coaches referred guests to housing help programs, and helped guests identify and address previous barriers to safe and stable housing options to help maintain housing. Coaches provided support in filling out ODSP and CPP disability applications to increase income. They provided linkages to medical and legal supports if any applications were denied.
Contract Amount	\$171,703.44	Expected		Actual	
Amount Spent	\$165,823.60	Children			
Contract Length	2 years	0-12	0	0	
Jobs Expected	24	Youth 13-18	3	2	
Jobs Created	15	Adult 19-64	108	277	
Revenue Expected	\$0.00	Seniors 65+	9	11	
Revenue Generated	\$0.00	TOTAL	120	290	

Project		Description		
A Clean Start Laundry Program		Individuals were able to access vouchers from the Housing Help Centre to use at a partnering laundromat to do a load(s) of laundry. The laundromat provided change to the client upon arrival to do their load. Community Care also provided a bus ticket and laundry soap if required.		
Agency				
Community Care St. Catharines & Thorold				
Municipality				
St. Catharines				
Contract Requirements		Number Served		Result - Outcomes were positive with individuals stating that monies allowed other needs to be met throughout the entire month versus half a month. For example, ample food to stretch throughout the month or healthier food options, additional funds for utilities. Clients expressed an increase in dignity and self worth due to having accessibility to clean laundry. Clients stated sleeping better in part due to having clean sheets. Clients with the opportunity to have clean clothes felt empowered to take steps towards applying for employment and/or attend interviews, and a higher level of motivation and engagement to succeed.
Contract Amount	\$12,288.21	Expected	Actual	
Amount Spent	\$12,160.37	Children		
Contract Length	2 years	0-12	45	
Jobs Expected	0	Youth 13-18		
Jobs Created	0		10	
Revenue	\$0.00	Adult 19-64		
Expected			235	
Revenue	\$0.00	Seniors		
Generated		65+		
			5	0
		TOTAL	295	555

Project		Description			
Niagara Region ID Clinic		ID clinics were available throughout the Niagara region. Staff facilitated the acquisition of ID for individuals and made referrals to shelters, food resources, health care, legal services, case management and crisis support. A secure safe was available for people needing a secure place to store their ID.			
Agency					
Community Care St. Catharines & Thorold					
Municipality					
All Niagara					
Contract Requirements		Number Served			Result - Consistent positive feedback from individuals who received assistance from this project expressing that they were able to open bank accounts, get their children enrolled in school, apply for student loans, obtain a drivers license, and apply for social assistance if needed. Individuals were able to obtain their SIN card and other pieces of ID, have their citizenship cards replaced, obtain a Provincial health card, apply for social housing, and get a YMCA membership.
Contract Amount	\$71,739.80	Expected		Actual	
Amount Spent	\$71,739.80	Children			
Contract Length	1 year	0-12	67	157	
Jobs Expected	0	Youth			
Jobs Created	0	13-18	60	62	
Revenue	\$0.00	Adult 19-64			
Expected			650	829	
Revenue	\$0.00	Seniors			
Generated		65 +	22	9	
		TOTAL	799	1,057	

Project		Description			
Moving on Up		We needed a wheelchair mobility van to get developmentally disabled people to their job programs and support services. There is no transportation infrastructure in West Niagara. The van could not be a modified van but needed to be a commercially licensed van, as individualized wheelchairs do not fit into regular wheelchair vans. The van needed to have a rear load, which protects our drivers from injury. People who will use the van are in receipt of monthly disability support payments and are more than \$6,000 below the poverty level.			
Agency					
Community Living Grimsby, Lincoln & West Lincoln					
Municipality					
Grimsby, Lincoln, West Lincoln					
Contract Requirements		Number Served			Result - The van allowed us to continue to offer our programs and services and because of its size, it freed up other vans to transport people to and from jobs (increasing their income and addressing the unemployment and underemployment of this sector of the population). The van has created opportunities for social inclusion in the community, and has provided transportation to training opportunities at our main location.
Contract Amount	\$76,868.57	Expected		Actual	
Amount Spent	\$76,868.57	Children			
Contract Length	1 year	0-12	0	0	
Jobs Expected	31	Youth			
Jobs Created	29	13-18	0	11	
Revenue	\$0.00	Adult 19-64	150	420	
Expected		Seniors			
Revenue	\$0.00	65 +	0	4	
Generated		TOTAL	150	435	

Project		Description		
Niagara West Hire Attire		The Hire Attire program provided gently used appropriate work clothing and accessories to individuals identified as possessing an income level which falls at or below the low-income cut-offs for their community. This project was a collaborative effort with partnering organizations, donations by citizens and the delivery of workshop sessions. This service was provided within the three Employment Help Centre locations.		
Agency				
Employment Help Centre				
Municipality				
Grimsby, Lincoln, West Lincoln				
Contract Requirements		Number Served		Result - This project assisted clients by reducing, if not eliminating the cost associated with the purchase of work appropriate outfits required to present themselves professionally to employers. Over 60 clients who accessed this service and/or participated in the First Impressions Workshop overcame barriers and secured employment. Clients also had access to a clothing rack on site from which to select additional items to supplement their wardrobe as the seasons changed.
Contract Amount	\$44,299.65	Expected	Actual	
Amount Spent	\$44,013.67	Children		
Contract Length	1 year	0-12	0	
Jobs Expected	48	Youth 13-18	4	
Jobs Created	63	Adult 19-64	78	
Revenue Expected	\$1,200.00	Seniors 65+	3	
Revenue Generated	\$1,203.76	TOTAL	85	
				92

Project		Description		
Gateway of Niagara Outreach Worker		This project allowed the hiring of a Street Outreach Worker to provide mobile services and supports to our communities' most vulnerable and disadvantaged citizens. The Outreach Worker role was to establish a presence and a rapport with persons who are at urgent risk of becoming homeless and those who are chronically or persistently homeless. The needs of the consumers were assessed and they were assisted in acquiring housing and addressing secondary concerns where required.		
Agency				
Gateway				
Municipality				
Fort Erie, Niagara Falls, Port Colborne, Welland				
Contract Requirements		Number Served		Result - There is a need for affordable housing in Niagara. The number of people served is higher than expected because the outreach worker worked directly with people to find housing after buildings closed. The outreach worker connected people with the services they needed to move forward in their lives.
Contract Amount	\$129,434.15	Expected	Actual	
Amount Spent	\$129,434.15	Children		
Contract Length	2 years	0-12	0	
Jobs Expected	0	Youth 13-18		
Jobs Created	1		0	
Revenue	\$0.00	Adult 19-64		
Expected			82	
Revenue	\$0.00	Seniors		
Generated		65 +	5	
		TOTAL	35	87

Project		Description		
Rental Assistance Service		The Rental Assistance Service provided eligible, low-income households with assistance to help with their monthly rent payments in the private market. The program is currently funded by the Grimsby Benevolent Fund. This program was established in 2016 as the client households being serviced through the Food Bank indicated a significant need for additional low-cost housing opportunities. The program reimbursed part of the difference between 30% of the individual's total income and their rent.		
Agency				
Grimsby Benevolent Fund				
Municipality				
Grimsby				
Contract Requirements		Number Served		Result - We saw a reduction in requests for utility supplements for those who were enrolled in the program. We also saw less eviction notices. There was a significant change in the wellbeing of individuals, who seemed less stressed. Individuals were able to focus on job searching due to being less stressed about their housing costs. Because of the interest from our community to provide this type of service, our Board of Directors increased our budget for 2018 in housing support to help more households.
Contract Amount	\$50,000.00	Expected	Actual	
Amount Spent	\$50,000.00	Children		
Contract Length	2 years	0-12	6	
Jobs Expected	0	Youth 13-18	8	
Jobs Created	0	Adult 19-64	18	
Revenue	\$0.00	Seniors 65+	2	
Expected Revenue	\$0.00			
Generated		TOTAL	34	49

Project		Description		
Home Made		Home Made was a 21-week life skills program facilitated by Hannah House staff and collaborative community agencies twice a year, taught to ten young, pregnant, and parenting women under the age of 24 experiencing homelessness or at risk of homelessness. Home Made addressed the skills necessary to reduce the risks associated with homelessness and associated levels of poverty, such as education, employability, health, income and shelter.		
Agency				
Hannah House Maternity Home				
Municipality				
Niagara Falls				
Contract Requirements		Number Served		Result - Hannah House transitioned in December 2017 and could not complete the two-year commitment. One cohort of the Home Made project was completed. All residents who competed the program have been successfully housed independently in the community. One of the participants who completed the Ready to Rent portion of the training was able to address a landlord/tenant issue she faced after moving out. Many participants stated that they gained confidence in their parenting, boosted their self-esteem, ability to trust others, and learned to navigate what is a healthy boundary in a relationship.
Contract Amount	\$11,483.91	Expected	Actual	
Amount Spent	\$2,870.13	Children		
Contract Length	Originally 2 but changed to 1 year	0-12	20	
		Youth 13-18	10	
Jobs Expected	0	Adult 19-64	10	
Jobs Created	0	Seniors 65+	0	
Revenue		TOTAL	40	
Expected Revenue	\$0.00		12	
Revenue Generated	\$0.00			

Project		Description			
Inclusive Adventure Camps		Children living in poverty with identified disabilities were to participate in a free week of summer, winter or March Break camp activities. The camp experience expanded the campers' social views, enhanced skills, both physical and learning, increased self-esteem and provided them with hope.			
Agency					
Heartland Forest Nature Experience					
Municipality					
Niagara Falls					
Contract Requirements		Number Served		Result - The children learned new recreational, social and behavioural skills; trust was gained and friendships were built. Parents shared that the adversities many of the children faced at home in addition to poverty, included broken homes, disabilities, mental health struggles, as well as stories of abuse in the recent past and the trauma it left behind. This project helped make lifelong memories for these children, and gave them a real summer vacation they would not otherwise have been able to experience.	
Contract Amount	\$44,055.00	Expected			Actual
Amount Spent	\$43,872.11	Children			
Contract Length	1 year	0-12	100		95
Jobs Expected	1	Youth			
Jobs Created	1	13-18	0		0
Revenue	\$0.00	Adult 19-64	0		0
Expected		Seniors			
Revenue	\$0.00	65 +	0	0	
Generated		TOTAL	100	95	

Project		Description		
Work Experience Program for Adults with Disabilities		This project was a structured and goal-oriented work experience program for adults with intellectual and developmental disabilities. This initiative removed barriers and increased equitable access to participation in community life and workplace opportunities through the development of knowledge and skills.		
Agency				
Heartland Forest Nature Experience				
Municipality				
All Niagara				
Contract Requirements		Number Served		Result - The Work Experience Program provided participants with customized training individualized to meet their specific needs and provided inclusion and self-awareness. Individuals were able to practice and build on their skills and confidence in a safe learning environment, were able to demonstrate a variety of tasks, and ultimately having hands on work experience on their resume, some were able to secure employment.
Contract Amount	\$49,494.50	Expected	Actual	
Amount Spent	\$49,479.20	Children		
Contract Length	1 year	0-12	0	
Jobs Expected	7	Youth 13-18	0	
Jobs Created	9	Adult 19-64	32	
Revenue Expected	\$0.00	Seniors 65+	44	
Revenue Generated	\$0.00	TOTAL	65	

Project		Description			
Strengthening Families for the Future		A family-focused program for the prevention of multiple developmental problems including mental health issues and early age substance misuse among high-risk children of all ages.			
Agency					
John Howard Society of Niagara					
Municipality					
Fort Erie, Niagara Falls, Pelham, Welland St. Catharines					
Contract Requirements		Number Served		Result - Participants who have been in the program have begun to use the strategies and the tools that they learned in the sessions. This is evident in the change in how individuals speak, act, and react to their children and spouses from the beginning of the program to the end of the program. We can measure the impact of the program by the positive comments that we receive. We also have people who either want to come back and do the program again or refer the program to friends and family members.	
Contract Amount	\$77,391.11	Expected			Actual
Amount Spent	\$77,391.11	Children			
Contract Length	1 year	0-12	70		66
Jobs Expected	2	Youth 13-18	13		10
Jobs Created	0	Adult 19-64	40		
Revenue Expected	\$0.00	Seniors 65+	5		128
Revenue Generated	\$0.00	TOTAL	128	54	
				258	

Project		Description			
Summer Family Literacy Program		A research based summer literacy program for families in low-income households with children who were identified as at-risk for developing foundational literacy skills. Families were selected from 10 different schools from both school boards in the Welland area.			
Agency					
Niagara Children's Centre					
Municipality					
Welland					
Contract Requirements		Number Served		Result - Over the course of the program, clinicians observed increased confidence in the parents'/grandparents'/caregivers' responses and positive interactions with their children. Parents reported feeling more knowledgeable, aware, capable and happier over all with how their children responded to the strategies and were thrilled with the progress in their children's literacy development. These outcomes will have a direct impact on the life long literacy skills for the children, their siblings and parents/caregivers themselves.	
Contract Amount	\$9,134.22	Expected			Actual
Amount Spent	\$9,134.22	Children			
Contract Length	1 year	0-12	25		41
Jobs Expected	0	Youth 13-18	0		0
Jobs Created	0	Adult 19-64	18		30
Revenue Expected	\$0.00	Seniors 65 +	0		2
Revenue Generated	\$0.00	TOTAL	43		73

Project		Description		
Urban Indigenous Homeward Bound		This program is an integrated, innovative wrap-around model of support to help inadequately housed or homeless Indigenous mother-led families earn college diplomas, start careers and achieve economic self-sufficiency.		
Agency				
Niagara Regional Native Centre				
Municipality				
Niagara Falls, St. Catharines				
Contract Requirements		Number Served		Result - The following are primary outcomes that have taken place. Housing did not just become four walls for our families; it brought families that had been separated back together under one roof. Educational achievements have helped build self-esteem. Workshops provided through this project focused on cultural teachings and have been a huge success in bringing back cultural roots and breaking the colonization cycle. Families are on their way to maintaining permanent housing and economic independence.
Contract Amount	\$104,610.00	Expected	Actual	
Amount Spent	\$97,861.03	Children		
Contract Length	2 years	0-12	816	
Jobs Expected	0	Youth 13-18	42	
Jobs Created	1	Adult 19-64	59	
Revenue Expected	\$0.00	Seniors 65 +	00	
Revenue Generated	\$0.00	TOTAL	1727	

Project		Description			
Housing Stability and Life-Skills Coach		This initiative provided intensive case management services to newly housed participants in order to increase housing stability and prevent eviction. A Life Skills & Housing Coach helped clients access support programs such as employment, addiction and mental health services, etc.			
Agency					
Port Cares					
Municipality					
Port Colborne, Wainfleet					
Contract Requirements		Number Served			Result - Success was demonstrated through the increased awareness and access to resources such as food and utilities supports. The one-on-one supports provided to individuals residing in the Housing Support Program units had some individuals take steps to upgrade their literacy or computer skills; while others revisited interests or needs they otherwise believed to be unachievable. Outcomes included increased attendances/connections and access to various agencies/ services.
Contract Amount	\$68,643.30	Expected		Actual	
Amount Spent	\$56,486.25	Children			
Contract Length	1 year	0-12	0	1	
Jobs Expected	0	Youth 13-18	10	16	
Jobs Created	0	Adult 19-64	10	154	
Revenue Expected	\$0.00	64	0		
Revenue Generated	\$0.00	Seniors 65+	10	13	
		TOTAL	120	184	

Project		Description			
Housing Stability Program		This project has allowed Project SHARE to provide new and expanded services including; annual dental cleanings, laundromat services, emergency prescriptions for those with no coverage, transportation assistance, boots or shoes to people in need and feminine hygiene products. These services collectively helped to maintain and stabilize housing, as well as improving the general health of those living in poverty.			
Agency					
Project SHARE of Niagara Falls Inc.					
Municipality					
Niagara Falls					
Contract Requirements		Number Served			Result - Assisted clients with 503 dental cleanings (some more than once); provided 347 laundry vouchers and detergent; more than 70 individuals with a prescription; 200 boot/shoe vouchers and hundreds of clients with housing help, transportation assistance, and feminine hygiene products. People in deep poverty receiving these additional services helps them to put their limited income towards rent, thus stabilizing their housing.
Contract Amount	\$117,612.00	Expected		Actual	
Amount Spent	\$109,249.05	Children			
Contract Length	2 years	0-12	40	46	
Jobs Expected	0	Youth 13-18	30	34	
Jobs Created	0	Adult 19-64	30		
Revenue	\$0.00		0	344	
Expected Revenue	\$0.00	Seniors 65+	25	57	
Generated		TOTAL	395	481	

Project		Description			
Water – A Basic Need		Homeless prevention workers provided financial assistance for individuals living in poverty with late and unpaid water bills which has resulted in disconnection of service. To ensure bills continue to be paid a negotiation process occurred, empowering people to pay a portion of the outstanding bill with budgeting and financial literacy support provided.			
Agency					
Project SHARE of Niagara Falls Inc.					
Municipality					
Niagara Falls					
Contract Requirements		Number Served		Result - The number of clients served, including youth and children, was higher than anticipated. More and more families on low incomes are struggling to pay rent, utilities, food, clothing and other expenses due to the rising costs of everything including housing. Very few rentals are all inclusive leaving clients to pay rent plus utilities making it more difficult to keep up with their expenses. This project made a difference for many of our clients and their families. Without this type of assistance, many more people would be dealing with homelessness.	
Contract Amount	\$43,999.00	Expected	Actual		
Amount Spent	\$37,793.28	Children			
Contract Length	2 years	0-12	35		125
Jobs Expected	0	Youth 13-18	40		66
Jobs Created	0	Adult 19-64	120		252
Revenue	\$0.00	Seniors 65+	20		27
Expected Revenue	\$0.00				
Generated		TOTAL	215	470	

Project		Description			
Art Me Up		Art Me Up provided opportunities to marginalized people in visual arts, drama, poetry, music, film production and storytelling. Led by an artist-facilitator, Art Me Up participants were provided an outlet to use creativity to tell stories about their lived reality.			
Agency					
Start Me Up Niagara					
Municipality					
St. Catharines					
Contract Requirements		Number Served			Result - This project has exceeded our expectations in the number of participants and in the revenue generated. Mediums have included visual and performing arts. The relationships with neighbours at the Art Garage are changing into partnerships. This program has had a positive impact to our participants' mental well-being, sense of inclusion and community. We are proud to have had their work featured throughout the community, and at City Hall in the 'Songs of the City', and in various galleries and local cafes.
Contract Amount	\$34,386.00	Expected		Actual	
Amount Spent	\$34,386.00	Children			
Contract Length	1 year	0-12	0	0	
Jobs Expected	1	Youth 13-18	0	0	
Jobs Created	1	Adult 19-64	45	77	
Revenue	\$2,000.00	Seniors 65+	15	5	
Expected Revenue	\$2,824.00	TOTAL	60	82	

Project		Description		
Home at Last, Home to Stay		This project provided support and outreach to newly housed or precariously housed individuals by assisting them in retaining housing and maintaining a home. A coach worked on issues that negatively affected their ability to remain housed. The work included in-home supports, coaching, and individual counseling and life skills training.		
Agency				
Start Me Up Niagara				
Municipality				
St. Catharines				
Contract Requirements		Number Served		Result - Beyond finding housing and providing in house support, breaking the loneliness and isolation of many of our clients was very important. Results include supporting clients to reconnect with family, encouraging them to attend meetings, encouraging them to volunteer, signing them up to the YMCA, connecting them to the CMHA case manager who works at the SMUN drop in centre, and helping them find appropriate medical care.
Contract Amount	\$89,030.00	Expected	Actual	
Amount Spent	\$89,030.00	Children		
Contract Length	2 years	0-12	0	
Jobs Expected	1	Youth 13-18	0	
Jobs Created	1	Adult 19-64	35	
Revenue	\$0.00	Seniors 65+	10	
Expected Revenue	\$0.00			
Generated		TOTAL	45	95

Project		Description		
Manufacturing Supply Chain Services Training Program		Start Me Up Niagara collaborated with WP Warehousing on this project to provide clients with a variety of training options in the manufacturing supply chain sector. This included logistics, warehousing, inventory control, shipping, exporting, building / truck maintenance, bottle washing and involvement in circular economy projects.		
Agency				
Start Me Up Niagara				
Municipality				
St. Catharines				
Contract Requirements		Number Served		Result - The project provided 37 paid employment opportunities for 35 people living on Ontario Works and the Ontario Disability Support Program (two people received two jobs). Participants received training, employment opportunities, work experience, and improved confidence and aspirations. Income from employment was the biggest example of change: between July 2017 and March 2018, over \$65,000 has been paid to SMUN participants in the program, leading to better health outcomes for many participants.
Contract Amount	\$126,477.12	Expected	Actual	
Amount Spent	\$126,477.12	Children		
Contract Length	2 years	0-12	0	
Jobs Expected	32	Youth 13-18	4	
Jobs Created	37	Adult 19-64	40	
Revenue	\$0.00	Seniors 65+	4	
Expected Revenue Generated	\$0.00	TOTAL	48	
			35	

Project		Description		
Laundry Services		This program provided laundering classes, transportation, and childcare. Laundry facilities have an industrial thermal disinfection system that guarantees to kill bedbugs and lice, which is not offered in regular laundromats.		
Agency				
Westview Christian Fellowship				
Municipality				
St. Catharines				
Contract Requirements		Number Served		Result - Women are doing their laundry at the centre and are saving money, which can be spent on food etc. This project is a service that is not offered anywhere else in the area and is much needed. The cost of laundry and the cost of dealing with bedbugs, and fleas is so expensive that often people just live with it or move and just spread the problem. This funding helped create a permanent solution with children going to school cleaner and with fewer issues.
Contract Amount	\$22,603.53	Expected	Actual	
Amount Spent	\$22,528.10	Children		
Contract Length	1 year	0-12	70	
Jobs Expected	2	Youth		
Jobs Created	5	13-18	35	
Revenue	\$0.00	Adult 19-64	150	
Expected Revenue	\$0.00	Seniors 65+	50	
Generated		TOTAL	305	328

Project		Description		
Westview Centre4Women		This project provided workshops and supplies to women living in poverty to create a better quality of life. Access to meals, pantry services, daycare, literacy, transportation, education, employment and housing assistance was made available through this funding.		
Agency				
Westview Christian Fellowship				
Municipality				
St. Catharines				
Contract Requirements		Number Served		Result - We watched women grow in a way that is not possible without the tools required. Women have gained full time work; some have gone back to school. We worked with public health to provide the most nutritious meals we can for breakfast and lunches as well as teaching workshops around this issue. We feel like every time we have an event the women take ownership of that event and we are building leaders in our community
Contract Amount	\$103,851.00	Expected	Actual	
Amount Spent	\$103,851.00	Children		In addition to achieving the expected number of people served, many other people experienced benefits from this program as part of developing the support system of individual participants.
Contract Length	2 years	0-12	200	
Jobs Expected	175	Youth		
Jobs Created	108	13-18	75	
Revenue	\$0.00	Adult		
Expected		19-64	2,000	
Revenue	\$0.00	Seniors		
Generated		65+	200	
		TOTAL	2,475	

MEMORANDUM

COM-C 3-2020

Subject: Activities related to Niagara's 10-Year Housing and Homelessness Action Plan for January 2020

Date: February 11, 2020

To: Public Health and Social Services Committee

From: Jeff Sinclair, Homelessness Action Plan Advisor and Adrienne Jugley, Commissioner, Community Services

Further to council direction in October (COM 40-2019), staff will provide regular updates about activities, local targets, outcomes and challenges related to Niagara's 10-Year Housing and Homelessness Action Plan (HHAP), as new information is available.

The following highlights activities related to the HHAP in January 2020:

- The Steering Committee for the 2020 homelessness enumeration (Point in Time Count) launched. The enumeration will occur in March 2020 and build on the successful 2016 and 2018 enumerations.
- Niagara Regional Housing (NRH) continues to grow in its 'in-situ' Rent Supplement Program, which engaged 12 new landlords in Q4 2019. The program offers applicants on the Centralized Waiting List an opportunity to receive rent-geared-to-income assistance where they currently live, assisting with housing affordability. Other outcomes include removing the need for moving related expenses and broadening the network of landlords in business with NRH.
- An NRH project manager has engaged non-profit housing providers that have received seed funding through the Canadian Mortgage and Housing Corporation (CMHC) to provide guidance on leveraging the seed funds with land, capital or other resources to develop new affordable housing.
- The new Stamford Kiwanis rental apartment build in Niagara Falls was occupied in January. This includes 30 net new rental units of housing, including 17 'below market' priced units provided with NRH funding.

Respectfully submitted and signed by:

Jeffrey Sinclair, BBA
Homelessness Action Plan Advisor

Adrienne Jugley, MSW, RSW, CHE
Commissioner