



The Regional Municipality of Durham

Health & Social Services Committee Agenda

Council Chambers
Regional Headquarters Building
605 Rossland Road East, Whitby

Thursday, December 5, 2019

9:30 AM

1. Declarations of Interest

2. Adoption of Minutes

- A) Health & Social Services Committee meeting
–[November 7, 2019](#)

Pages 3 - 7

3. Statutory Public Meetings

There are no statutory public meetings

4. Delegations

- 4.1 Jill Promoli, Mississauga resident, re: “For Jude, For Everyone”
campaign and raising awareness about flu vaccinations and other
tools for illness prevention

5. Presentations

There are no presentations

6. Health

6.1 Correspondence

- A) [Information Report #2019-INFO-87: Addressing Vaccine
Hesitancy in Durham Region](#)

8 - 13

**Pulled from November 22, 2019 Council Information
Package by Councillor Dies**

Recommendation: Receive for Information

6.2 Reports

- A) A By-law to Appoint an Acting Medical Officer of Health ([2019-MOH-11](#)) 14 - 18
- B) Appointment of an Associate Medical Officer of Health ([2019-MOH-12](#)) 19 - 20

7. Social Services

7.1 Correspondence

- A) [Information Report #2019-INFO-83: The Region of Durham joins the Built for Zero Canada campaign](#) 21 - 22

Pulled from November 8, 2019 Council Information

Package by Councillor Carter

Recommendation: Receive for Information

7.2 Reports

There are no Social Services Reports to consider

8. Advisory Committee Resolutions

There are no advisory committee resolutions to be considered

9. Confidential Matters

There are no confidential matters to be considered

10. Other Business

11. Date of Next Meeting

Thursday, January 9, 2020 at 9:30 AM

12. Adjournment

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The Regional Municipality of Durham

MINUTES

HEALTH & SOCIAL SERVICES COMMITTEE

Thursday, November 7, 2019

A regular meeting of the Health & Social Services Committee was held on Thursday, November 7, 2019 in Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby, Ontario at 9:32 AM

Present: Councillor Chapman, Chair
Councillor Pickles, Vice-Chair
Councillor Anderson
Councillor Carter
Councillor Dies
Councillor Roy
Councillor Wotten
Regional Chair Henry

Staff

Present: A. Andrews, Manager, Strategic Partnerships
E. Baxter-Trahair, Chief Administrative Officer
C. Boyd, Solicitor, Corporate Services – Legal Services
Z. Butt, Manager, Health Policy and Equity
S. Danos-Papaconstantinou, Commissioner of Social Services
J. Finlayson, Manager, Corporate Communications
D. Holmes, Director, Business Affairs and Financial Management
R. Inacio, Systems Support Specialist, Corporate Services – IT
J. Jenkins, Manager, Healthy Families
R.J. Kyle, Commissioner and Medical Officer of Health
N. Prasad, Committee Clerk, Corporate Services – Legislative Services

1. **Declarations of Interest**

There were no declarations of interest.

2. **Adoption of Minutes**

Moved by Councillor Roy, Seconded by Councillor Wotten,
(55) That the minutes of the regular Health & Social Services Committee meeting held on Thursday, October 3, 2019, be adopted.

CARRIED

3. **Statutory Public Meetings**

There were no statutory public meetings.

4. Delegations

There were no delegations to be heard.

5. Presentations

There were no presentations.

6. Health

6.1 Correspondence

There were no communications to consider.

6.2 Reports

A) Extension of Agreement with Intrahealth Canada Ltd. for Continued Use of Public Health Electronic Client Records and Registry Software (2019-MOH-9)

Report #2019-MOH-9 from R.J. Kyle, Commissioner and Medical Officer of Health, was received.

Moved by Councillor Pickles, Seconded by Councillor Carter,
(56) That we recommend to Council:

- A) That authorization be granted to extend the existing agreement with Intrahealth Canada Ltd. for support and maintenance services for Durham Region Health Department's electronic health record software for a period of three (3) years from March 1, 2020 to February 28, 2023 at an estimated total cost of \$317,000 (inclusive of estimated annual Consumer Price Index (CPI) increases); and
- B) That the Commissioner of Finance be authorized to execute the negotiated Extension Agreement and all related Amendment Agreements with Intrahealth Canada Ltd.

CARRIED

B) Region of Durham Paramedic Services (RDPS) – Standardization and Sole Source of Teleflex Medical Canada Inc.'s EZ-IO Intraosseous Vascular Access Equipment and Supplies (2019-MOH-10)

Report #2019-MOH-10 from R.J. Kyle, Commissioner and Medical Officer of Health, was received.

Moved by Councillor Pickles, Seconded by Councillor Carter,
(57) That we recommend to Council:

- A) That Teleflex Medical Canada Inc.'s EZ-IO intraosseous vascular access equipment be adopted as the standard for the Region of Durham Paramedic Services (RDPS) for a period of five (5) years;
- B) That authorization be granted to award a five (5) – year sole source contract to Teleflex Medical Canada Inc. in the total estimated amount of \$425,000 for EZ-IO intraosseous vascular access equipment and supplies, to enable paramedics to initiate intraosseous access in critically ill and injured patients, when intravenous (IV) access is not a viable option; and
- C) That authorization be granted to negotiate and execute the agreement for the purchase of cyclical replacements for 36 IO drivers and the EZ-IO equipment supplies, through a sole source agreement with Teleflex Medical Canada Inc. in the amount of \$14,365, to be financed from the annual operating budgets.

CARRIED

7. Social Services

7.1 Correspondence

- A) Information Report #2019-INFO-73: An Update on the Financial Empowerment Framework/Poverty Reduction efforts underway within the Social Services Department
-

Discussion ensued with regards to the various poverty reduction efforts in Durham that are led by the Social Services Department.

Staff responded to questions with regards to additional steps local municipalities can take to focus on poverty; with regards to the 60,000 Durham residents living with low income, whether there is a breakdown of that number by municipality; the possibility of establishing a poverty reduction working group to look at decisions made and how those decisions impact poverty; the importance of creating jobs; and the importance of getting the message out that these services exist.

Staff responded to further questions with regards to how the locations are determined for the Education Savings Week sign up events and the possibility of hosting an event in Bowmanville; whether there are opportunities to work with the Community Safety and Well-Being Plan; and ways to incorporate more into the public libraries so that they can serve as hub communities.

Councillor Wotten requested that staff look into opportunities to partner with Telus on their two initiatives regarding poverty and phones for kids exiting foster care.

Discussion also ensued with regards to the possibility of looking into a pilot for a guaranteed income project, similar to that implemented in California. Councillor Carter requested that staff provide a brief overview on whether there is an opportunity to run a similar small-scale pilot.

Moved by Councillor Carter, Seconded by Councillor Anderson,
(58) That we recommend to Council:

That Report #2019-INFO-73 of the Commissioner of Social Services regarding An Update on the Financial Empowerment Framework/Poverty Reduction efforts underway within the Social Services Department be received for information.

CARRIED

7.2 Reports

A) On Point Pilot Project (2019-SS-18)

Report #2019-SS-18 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received. Staff was requested to look at the need to augment funding from the Region to fill any gaps as opposed to the City of Oshawa.

Moved by Councillor Carter, Seconded by Councillor Pickles,
(59) That we recommend to Council:

That one-time unbudgeted funding in the amount of \$36,400 from the City of Oshawa be received as supplementary to the 2019 Regional Business Plans and Budgets for the Community Homelessness Prevention Initiative (CHPI) program to expand the On Point Pilot program budget to \$98,400.

CARRIED

8. **Advisory Committee Resolutions**

There were no advisory committee resolutions to be considered.

9. **Confidential Matters**

There were no confidential matters to be considered.

10. **Other Business**

10.1 Durham Region Strategic Plan

Moved by Councillor Carter, Seconded by Councillor Anderson,
(60) That the Rules of Procedure be suspended in order to introduce a motion regarding the Durham Region Strategic Plan.

CARRIED on a 2/3rds vote

Moved by Councillor Carter, Seconded by Councillor Pickles,
(61) That staff in the office of the Chief Administrative Officer look into adding to the new Durham Region Strategic Plan, a priority to address poverty reduction.

CARRIED

10.2 Toronto Star Article regarding Lead in the Water

Councillor Carter raised concerns with regards to whether there are issues of lead in the water in Durham Region. The committee was advised that the Commissioner of Works will be putting together a brief of detailed information to provide to Council members with an update of the current programs in place to address lead in pipes.

11. Date of Next Meeting

The next regularly scheduled Health & Social Services Committee meeting will be held on Thursday, December 5, 2019 at 9:30 AM in Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby.

12. Adjournment

Moved by Councillor Roy, Seconded by Councillor Wotten,
(62) That the meeting be adjourned.

CARRIED

The meeting adjourned at 10:09 AM

Respectfully submitted,

B. Chapman, Chair

N. Prasad, Committee Clerk

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 3111



The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: [#2019-INFO-87](#)
Date: November 22, 2019

Subject:

Addressing Vaccine Hesitancy in Durham Region

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 To provide an update on the recommendations of the Toronto Board of Health regarding a strategy to address vaccine hesitancy, developed by Toronto Public Health.
- 1.2 To provide a summary of vaccine statistics in Durham Region.
- 1.3 To provide an update on Durham Region Health Department's (DRHD's) activities to address vaccine hesitancy in Durham Region.

2. Background

- 2.1 Boards of health are required to enforce the [Immunization of School Pupils Act](#) (ISPA) which requires that children and adolescents attending elementary or secondary school be appropriately immunized against nine designated diseases (diphtheria, tetanus, polio, measles, mumps, rubella, pertussis, meningococcal disease, and for children born in 2010 or later, varicella) unless they have a valid exemption.
- 2.2 In accordance with the [Child Care and Early Years Act, 2014](#) (CCEYA), child care centres are required to ensure that all children are immunized, as directed by the local medical officer of health.

- 2.3 The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability require that boards of health assess, maintain records and report on the immunization status of children enrolled in licensed child care centres and schools, as defined in the CCEYA and in accordance with ISPA.
- 2.4 Public Health Ontario prepares an annual Immunization Coverage Report for School Pupils in Ontario. The [most recent report](#) for the 2017-2018 school year was released in May 2019.
- 2.5 Valid exemptions include medical reasons or nonmedical reasons due to conscience or religious belief. To obtain a medical exemption a written statement from a physician or a nurse practitioner outlining medical reason(s) why the child should not be immunized must be provided to DRHD.
- 2.6 To obtain a conscience or religious exemption the parent/guardian must attend an in-person immunization education session at DRHD and complete a statement of conscience or religious belief affidavit form.

3. Durham Region Statistics

- 3.1 Immunization rates for diseases identified in ISPA are assessed at ages 7 to 8 (Grade 2) and ages 16 to 17 (Grade 11).
- 3.2 For the 2018-19 school year, the immunization rate for ISPA diseases was 93.2 per cent in children ages 7 to 8. For youth aged 16 to 17, the immunization rate was 90.3 per cent. All neighbourhoods had immunization rates similar to Durham Region.
- 3.3 For school-based vaccines, the immunization rates for the 2018-19 school year in Grade 7 students were: 70.0 per cent for human papillomavirus (HPV); 77.1 per cent for hepatitis B; and 91.6 per cent for meningococcal disease. All neighbourhoods had immunization rates similar to Durham Region. Of the school-based vaccines, immunization against meningococcal disease is required in accordance with ISPA.
- 3.4 Immunization rates for all ISPA diseases and school-based vaccines have improved since the 2017-2018 school year, with the greatest improvement being an increase of 2.2 percentage points in ISPA immunization rates at ages 7 to 8.
- 3.5 Of the 113,531 elementary and secondary school students enrolled in Durham Region, 0.1 per cent had a valid medical exemption and 2.5 per cent had an active conscience or religious exemption in the 2018-19 school year.
- 3.6 National immunization coverage goals have been identified as part of the [National Immunization Strategy Objectives for 2016-2021](#), where available. National immunization coverage goals to be achieved by 2025 are 95% for all childhood vaccines and 90% for all adolescent vaccines.

4. Vaccine Hesitancy

- 4.1 Vaccine hesitancy is the reluctance or refusal to vaccinate despite the availability of vaccines. As it relates to childhood immunizations, some parents avoid vaccination altogether while others agree to some vaccines but not all.
- 4.2 In Ontario, as well as across Canada and the United States, nonmedical exemptions continue to steadily increase. However, the percentage of Ontario students with any exemption classification (medical or nonmedical) remained low at less than 2.5 per cent (as of 2013).
- 4.3 In Ontario there is ongoing surveillance of adverse events following immunization (AEFIs) to monitor vaccine safety and maintain confidence in immunization programs. The [Annual Report on Vaccine Safety in Ontario, 2018](#), recently released by Public Health Ontario, reported there were no unexpected safety issues identified for the 8.6 million doses of publicly funded vaccine provided in Ontario in 2018.
- 4.4 The most commonly reported AEFIs were mild (e.g., injection site reactions). Serious AEFIs were very rare and the majority of individuals had recovered at the time of reporting.
- 4.5 As vaccine hesitancy can lead to a resurgence of vaccine-preventable diseases, there are ongoing attempts to counter vaccine hesitancy. In September 2019, the Toronto Board of Health adopted the report [Moving to Acceptance: Toronto Public Health's Strategy to Address Vaccine Hesitancy](#) which is a comprehensive strategy that involves health care providers, parents, students, educators, and government agencies at the provincial and national levels to address vaccine hesitancy.
- 4.6 The Council of Ontario Medical Officers of Health Immunization of School Pupils Act Working Group is currently studying nonmedical exemptions across Ontario, with a plan to report on these findings when complete.
- 4.7 On October 15, 2015, a Whitby resident presented correspondence to the Health & Social Services Committee (HSSC) to advocate that parents who wish to enroll children up to one year of age in publicly funded programs should be required to produce an up-to-date immunization card, which will be recorded by a registrar. Failure to comply should result in the inability of such children to be enrolled in and to participate in any of these programs.
- 4.8 At that time, given the high compliance rates in the region, it was the recommendation of the Commissioner & Medical Officer of Health that it would be unfair and unjust to bar un/under-immunized children from enrolling and participating in publicly funded programs. HSSC accepted this advice and no further action was taken.

4.9 Recently, an Ajax resident has contacted the Mayor of Ajax to request that immunization records be collected and analyzed for children and youth registered in recreation programs. The resident has requested that Ajax Council support Toronto Public Health's recommendation for the Province to consider banning conscientious or religious exemptions.

5. Improving Immunization Rates

5.1 DRHD uses various strategies to improve immunization rates throughout the region. Strategies are used to improve immunization rates of children in child care centres and in schools by making vaccines more accessible for hard to reach populations and addressing vaccine hesitancy.

5.2 In accordance with CCEYA and ISPA, vaccination records are maintained in child care centres and schools through DRHD's annual assessment of children's immunization status. Vaccination records are used to calculate compliance rates across the region.

5.3 In child care centres, DRHD staff conducts annual meetings with operators to review immunization recommendations and to provide relevant strategies and resources. Each child care centre has an assigned public health nurse (PHN) to support immunization assessment and maintenance throughout the year.

5.4 Immunization notices are generated and sent to families for children missing immunizations, which improves immunization rates significantly. Notices explain ISPA requirements and parents' responsibilities to comply with the Act.

5.5 In 2018, of the 1,363 children sent an immunization notice in licensed child care centres, only 11 remained overdue for at least one vaccination in June 2018.

5.6 PHNs continue to follow up with child care centre operators and parents of children that are missing required vaccines to resolve compliance issues.

5.7 Data have shown that a greater number of notices are sent to parents/guardians of children in licensed child care centres in priority neighbourhoods than in other licensed child care centres in the region.

5.8 While PHNs continue to follow up with child care centre operators and parents as required, they are working on targeted strategies to support improved immunization rates in priority neighborhoods. Some of these strategies include greater direct follow up with parents/guardians and additional in-person visits with child care centre staff to provide support.

5.9 Other strategies to increase vaccination rates include improving accessibility to immunization services for priority populations such as providing clinics in Welcome Centres and providing publicly funded immunizations through DRHD community clinics to residents without OHIP coverage or access to a healthcare provider.

- 5.10 DRHD clinics are held throughout the year by appointment, typically at Regional Headquarters. Additional clinics are added throughout the school year to align with immunization-related school suspensions, which are enforced in compliance with ISPA, and to provide students who missed vaccines offered through the school-based immunization program in Grades 7 and 8. Catch-up clinics are also provided in schools to improve immunization rates for school-based vaccines provided in Grades 7 and 8.
- 5.11 In 2018, DRHD held 113 immunization clinics varying from large catch-up clinics, one-to-one clinics and ad hoc clinics at Regional Headquarters. A total of 842 clients were seen, and 1,503 doses of publicly funded vaccines were administered.
- 5.12 DRHD staff is reviewing client data to identify which clients are accessing catch-up clinics at Regional Headquarters to determine if additional targeted strategies are required to increase accessibility to priority populations.
- 5.13 DRHD is also exploring opportunities to leverage partnerships with stakeholders within the community.
- 5.14 DRHD staff offered off-site, “Suspension Prevention Support Day” clinics in high schools identified as requiring additional support to decrease the number of high school students that would be suspended.
- 5.15 Additional strategies to improve immunization rates in certain neighbourhood schools include: collaborating with existing healthcare providers to ensure vaccine availability; forming new partnerships with other healthcare providers such as walk-in clinics to offer ISPA vaccines; connecting families to healthcare providers in their neighborhood; collaborating with school staff to provide additional support to families experiencing barriers to receiving vaccines; and providing immunization in schools for those unable to access healthcare providers.
- 5.16 Education and communication are also key strategies to improve immunization rates in the region. The importance of immunization in children is promoted routinely through social media posts and through durham.ca.
- 5.17 PHNs provide health teaching to prepare students for school-based clinics and dispel common misconceptions about vaccines, provide privacy at school clinics, and invite parents to school clinics to support students. When clinically relevant, students can be offered a one to one immunization appointment at DRHD sites.
- 5.18 PHNs address concerns with parents/guardians on an individual basis and work to explore their understanding of vaccine safety. PHNs use motivational interviewing to assess parents’ knowledge and to provide them with information in a caring and non-threatening manner. Evidence-based key educational messages during client interactions include vaccine safety, vaccine ingredients and debunking myths of the relationship between vaccines and autism.

6. Conclusion

6.1 In conclusion, DRHD monitors local immunization rates and trends to identify community needs and inform program planning.

6.2 PHNs employ a number of strategies to improve immunization rates and address vaccine hesitancy.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health



The Regional Municipality of Durham Report

To: Health & Social Services Committee
From: Commissioner & Medical Officer of Health
Report: [#2019-MOH-11](#)
Date: December 5, 2019

Subject:

A By-Law to Appoint an Acting Medical Officer of Health

Recommendations:

That the Health & Social Services Committee recommends to Regional Council:

That it approves and passes the by-law to appoint an Acting Medical Officer of Health for The Regional Municipality of Durham in the form attached.

Report:

1. Purpose

1.1 To seek approval of the attached by-law, being a by-law to appoint an Acting Medical Officer of Health (MOH).

2. Background

2.1 [By-Law 33-2015](#) was passed on June 24, 2015.

2.2 Section 69 of the [Health Protection and Promotion Act](#) (HPPA) articulates that “where (a) the office of medical officer of health of a board of health is vacant or the medical officer of health is absent or unable to act; and (b) there is no associate medical officer of health of the board or the associate medical officer of health of the board is also absent or unable to act, the board of health shall appoint forthwith a physician as acting medical officer of health.”

2.3 By-Law 33-2015 lists the positions that may be appointed as Acting MOH when the MOH for the Regional Municipality of Durham is absent.

2.4 In accordance with the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS), the board of health shall ensure 24/7 availability to respond to emergencies with public health impacts and reports of

infectious and communicable diseases. A MOH must be available to give direction, medical directives and oversee response to fulfill her/his duties as articulated in the HPPA.

- 2.5 As per section 69 of the HPPA, an Acting MOH shall perform the duties and has authority to exercise the powers of the MOH.

3. Current Status

- 3.1 As per section 62 of the HPPA, every board of health may appoint one or more Associate MOHs. And as per section 64, the Minister of Health must approve the proposed appointment.
- 3.2 The Associate MOH position for the Regional Municipality of Durham is currently vacant.
- 3.3 As the Ministry of Health communicated that Associate MOH appointments will be reviewed on a case by case basis and will only be approved based on board of health needs, the Durham Region Health Department (DRHD) hired an Assistant MOH, effective October 28, 2019, to meet immediate resource demands.
- 3.4 The Assistant MOH has all the qualifications for an Associate MOH in accordance with [O.Reg 566 Qualifications of Board of Health Staff](#).
- 3.5 Until such time that the necessary documentation can be completed and required approvals are received for appointment as an Associate MOH, the Assistant MOH is required in an Acting MOH capacity when the MOH is absent.
- 3.6 By-Law 33-2015 currently lists the MOHs and Associate MOHs for the Simcoe Muskoka District Health Unit, the Regional Municipality of Peel and the Peterborough County-City Health Unit that may be appointed as Acting MOH for the Regional Municipality of Durham.
- 3.7 The proposed by-law, drafted with Corporate Services – Legal Division staff, includes the Assistant MOH as part of the list of positions that may be appointed as Acting MOH for the Regional Municipality of Durham.

4. Conclusion

- 4.1 In conclusion, it is recommended that Council approves and passes the proposed by-law, being a by-law to appoint an Acting Medical Officer of Health for the Regional Municipality of Durham, in the form attached.

5. Attachments

Attachment #1: Draft By-Law

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer

By-law Number *-2019**
of The Regional Municipality of Durham

Being a by-law to appoint an Acting Medical Officer of Health for The Regional Municipality of Durham.

WHEREAS the *Health Protection and Promotion Act* R.S.O. 1990 c.H.7 provides that where the Medical Officer of Health and Associate Medical Officer of Health of a board of health are absent or unable to act, a physician shall be appointed as Acting Medical Officer of Health to perform the duties and exercise the powers of the medical officer of health of the board.

NOW THEREFORE, BE IT ENACTED AND IT IS HEREBY ENACTED as a by-law of The Regional Municipality of Durham that:

1. In the event that both the Medical Officer of Health and Associate Medical Officer of Health for The Regional Municipality of Durham are absent or unable to act, one of the following shall be appointed as Acting Medical Officer of Health for The Regional Municipality of Durham.
 - (a) A physician appointed from time to time to occupy any of the following positions;
 - i. An Assistant Medical Officer of Health for The Regional Municipality of Durham;
 - ii. The Medical Officer of Health of the Board of Health for the Simcoe Muskoka District Health Unit;
 - iii. An Associate Medical Officer of Health of the Board of Health for the Simcoe Muskoka District Health Unit;
 - iv. The Medical Officer of Health for The Regional Municipality of Peel;
 - v. An Associate Medical Officer of Health for The Regional Municipality of Peel; or
 - vi. The Medical Officer of Health of the Board of Health for the Peterborough County-City Health Unit.
2. By-law Number 33-2015 is hereby repealed.

3. This by-law shall come into force and take effect on the day that it is passed.

THIS BY-LAW READ AND PASSED on the 18th day of December 2019.

J. Henry, Regional Chair and CEO

R. Walton, Regional Clerk



The Regional Municipality of Durham Report

To: Health & Social Services Committee
From: Commissioner & Medical Officer of Health
Report: [#2019-MOH-12](#)
Date: December 5, 2019

Subject:

Appointment of an Associate Medical Officer of Health

Recommendations:

That the Health & Social Services Committee recommends to Regional Council:

- A) That the appointment of Dr. Elspeth McTavish as Associate Medical Officer of Health for the Regional Municipality of Durham is confirmed;
 - B) That the Commissioner & Medical Officer of Health is authorized to seek approval of this appointment by the Minister of Health, in accordance with section 64 of the *Health Protection and Promotion Act*.
-

Report:

1. Purpose

- 1.1 To seek approval to appoint Dr. Elspeth McTavish as Associate Medical Officer of Health (AMOH) for the Regional Municipality of Durham.

2. Background

- 2.1 Section 62 of the [Health Protection and Promotion Act](#) (HPPA) articulates that “every board of health may appoint one or more associate medical officers of health”.
- 2.2 As per section 64 of the HPPA, the Minister of Health must approve the proposed appointment.
- 2.3 Section 68 of the HPPA states that “the associate medical officer of health of a board of health, under the direction of the medical officer of health of the board, shall assist in the performance of the duties of the medical officer of health and, for the purpose, has all the powers of the medical officer of health”.

3. Current Status

- 3.1 The Associate MOH position for the Regional Municipality of Durham has been vacant since 2015.
- 3.2 Dr. Elspeth McTavish was hired as an Assistant Medical Officer of Health for the Regional Municipality of Durham as of October 28, 2019.
- 3.3 An AMOH must have the qualifications articulated in [O.Reg 566 Qualifications of Board of Health Staff](#).
- 3.4 Dr. McTavish has a Master of Public Health degree, completed her Family Medicine and Public Health & Preventive Medicine residency programs at the University of Toronto, and her fellowship in Public Health and Preventive Medicine from the Royal College of Physicians and Surgeons of Canada is pending. As such, she has the required qualifications as per O.Reg 566.
- 3.5 To approve the appointment, the Minister of Health requires a resolution from the Board of Health for the Durham Region Health Department (Regional Council) confirming its proposed appointment.

4. Conclusion

- 4.1 In conclusion, it is recommended that Council approves the appointment of Dr. Elspeth McTavish as AMOH for the Regional Municipality of Durham.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2463



The Regional Municipality of Durham Information Report

From: Commissioner of Social Services
Report: #2019-INFO-83
Date: November 8, 2019

Subject:

The Region of Durham joins the Built for Zero Canada campaign

Recommendation:

Receive for information

Report:

1. Purpose

1.1 The purpose of this report is to provide information on the Region of Durham's participation in the Built for Zero Canada campaign.

2. Background

2.1 Built for Zero Canada (BFZ-C) is led by the Canadian Alliance to End Homelessness (CAEH). It is a Canada wide change effort that helps a core group of leading communities work towards ending chronic homelessness.

2.2 The methodology uses a structured, supportive and data-driven approach to optimize community homelessness systems. By using real-time data and rapid cycle prototyping, existing resources can be deployed more effectively and allow for continuous improvement planning.

3. Region of Durham's participation in the BFZ-C campaign

3.1 The Region of Durham was invited to join the Built for Zero Canada campaign in July 2019. The Region was one of the nine communities selected from a pool of 16 candidates.

a. CAEH provides training and support to Durham Region to facilitate the adoption of evidenced-based Built for Zero methodology.

- Through the Collective Impact framework of BFZ-C, the Region will work collaboratively with other communities to build partnerships, share information and enhance complex-problem solving skills.
 - BFZ-C supports the Region in identifying goals, creating action plans, assessing outcomes and determining next steps for our identified action items.
- b. Through this initiative, the Region will develop a robust Coordinated Access System (CAS) that meets CAEH quality standards. Once the CAS is operationalized, the Region will be able to measure month-over-month reductions in the number of people experiencing chronic homelessness in our community.
- Coordinated Access is a process that helps people experiencing homelessness get help in a coordinated, standardized way. In a Coordinated Access System, service providers use a shared information system and work together to triage, assess and prioritize people consistently to get supports.
- c. The Region will report monthly aggregate, community wide-data to CAEH to receive ongoing coaching to ensure data quality.
- This information includes non-identifying data such as the number of people who have entered the homelessness system, the number of people who have exited the homelessness system and the total number of active homeless people in the homelessness system.

4. Conclusion

- 4.1 By participating in the Built for Zero Canada campaign, led by the Canadian Alliance to End Homelessness, the Region joins a core group of leading communities in their shared goal of ending chronic homelessness in our community and at the national level.

Respectfully submitted,

Original signed by:

Stella Danos-Papaconstantinou
Commissioner of Social Services