



BOARD OF HEALTH REPORT 12-005

AS AMENDED BY COUNCIL ON JUNE 27, 2012

1:30 p.m.

Monday, June 18, 2012

Council Chambers

Hamilton City Hall

Present: Mayor B. Bratina, Chair
Councillors C. Collins, S. Duvall, J. Farr, L. Ferguson, T. Jackson,
B. Johnson, B. McHattie, S. Merulla, B. Morelli, J. Partridge,
R. Pasuta, M. Pearson, R. Powers, T. Whitehead

**Absent with
regrets:** Councillor B. Clark – Personal Business

Also Present: Dr. E. Richardson, Medical Officer of Health
Dr. C. Mackie, Associate Medical Officer of Health
Dr. N. Tran, Associate Medical Officer of Health
D. Barr-Elliott, Director; S. Brown, Healthy Living Division
R. Hall, Director; E. Mathews, Health Protection Branch
G. McArthur, Director; Clinical and Preventative Services
E. Pezzetta, Director, Health Living
T. Bendo, Director; Planning and Business Improvement
C. Newman, Legislative Coordinator

THE BOARD OF HEALTH PRESENTS REPORT 12-005 AND RESPECTFULLY RECOMMENDS:

1. Smoke-Free Ontario Strategy Evaluation (BOH12012) (City Wide) (Item 5.1)

That Report BOH12012, respecting Smoke-Free Ontario Strategy Evaluation, be received.

**2. Chief Medical Officer of Health 2010 Annual Report (BOH12011) (City Wide)
(Item 5.2)**

That Report BOH12011, respecting the Chief Medical Officer of Health 2010 Annual Report, be received.

Council – June 27, 2012

3. 2011 Annual Report to the Community and 2011 Research & Evaluation Report (BOH12010) (City Wide) (Item 5.3)

- (a) That the 2011 Report to the Community attached as Appendix “A” to Board of Health Report 12-005, be endorsed;
- (b) That the 2011 Research & Evaluation Report attached Appendix “B” to Board of Health Report 12-005, be endorsed.

4. Environmental Lead Awareness Interventions - BOH11030(a) (City Wide) (Item 5.4)

That Report BOH11030(a), respecting Environmental Lead Awareness Interventions, be received.

5. Public Health Services 2012 Strategic Business Plan BOH11016(b) (City Wide) (Item 7.1)

- (a) That report BOH11016(b), Public Health Services 2012 Strategic Business Plan be received.
- (b) That Appendix “C” to Board of Health Report 12-005, “Public Health Services 2012 Strategic Business Plan” be approved.

6. Universal Influenza Immunization Program (UIIP) (BOH12009) (City Wide) (Item 8.1)

- (a) That the number of influenza immunization clinics be decreased to at least one for each geographic area of the City;
- (b) That Public Health Services partner with pharmacies and other community providers to promote all of the influenza clinic locations throughout the City.

7. Vaccine Preventable Disease School Program Review (BOH12014) (City Wide) (Item 8.2)

That Report BOH12014, respecting Vaccine Preventable Disease School Program Review, be received.

8. Accountability Agreement - HPV Vaccine Wastage (BOH12013) (City Wide) (Item 8.3)

That Report BOH12013, respecting Accountability Agreement - HPV Vaccine Wastage, be received.

9. Supporting Neighbourhoods in Managing Community Consequences of Addictions (BOH12008) (City Wide) (Item 8.4)

That Report BOH12013, respecting Supporting Neighbourhoods in Managing Community Consequences of Addictions, be received.

10. Correspondence (Item 11.1)

- (a) Correspondence from the Ministry of Health and Long-Term Care respecting one-time funding for the 2012-2013 funding year to support the extraordinary expenses incurred supporting the emergency evacuations due to the forest fires of the summer of 2011

Recommendation: Be received

- (b) Correspondence from the Perth District Health Unit respecting the cutbacks to health benefits provided to refugee claimants under the Interim Federal Health Program

Recommendation: Be received and a copy of the motion approved by Hamilton City Council respecting cutbacks to health benefits provided to refugee claimants under the Interim Federal Health Program be forwarded on to the Perth District Health Unit

- (c) Correspondence from the Ministry of Health and Long-Term Care respecting Healthy Kids Panel to Help Reduce Childhood Obesity

Recommendation: Be received

- (d) Correspondence from the Perth District Health Unit respecting Re: Ontario 2012 Budget and Social Assistance Freeze

Recommendation: Be received

- (e) Correspondence from the Peterborough County-City Health Unit respecting Re: Bill 74 – An Act to help prevent skin cancer

Recommendation: Be endorsed

- (f) Correspondence from the Perth District Health Unit respecting Re: All-Terrain Vehicle Safety

Recommendation: Be endorsed and referred to Public Health Staff for further investigation

- (g) Correspondence from Halton Region respecting Re: MO-16-12 – Universal Influenza Immunization Program, 2011-2012

Recommendation: Be endorsed

11. Retirement Homes Act, 2010 Implications (BOH11008(a))

- (a) That all Residential Care Facilities continue to be licensed under the Licensing By-Law, and retirement homes regulated under the *Retirement Homes Act, 2010* be exempted from the provisions of Schedule 20 that are now covered in the Act;
- (b) That the draft amendment to the Licensing By-law respecting Residential Care Facilities attached as Appendix A to Report BOH11008(a), which is in a form satisfactory to the City Solicitor, be passed;
- (c) That the per bed health fees associated with a Residential Care Facility licence be applied only to Residential Care Facilities not licensed or required to be licensed by the Retirement Homes Regulatory Authority and that the User Fees and Charges by-law be amended accordingly;
- (d) That the current service level with respect to Residential Care Facility nurse inspections be maintained;
- (e) That the staff within the Residential Care Facility Inspection program be reduced by 1 FTE Registered Nurse, effective August, 2012;
- (f) That, for 2012, any shortfall within the Residential Care Facility budget be funded firstly from any Public Health Services and/or corporate surplus, and secondly from the Tax Stabilization Reserve;
- (g) That the annualized impact of approximately \$36,000 be included in the

2013 Public Health Services operating budget;

- (h) That City of Hamilton request that the Ontario Senior's Secretariat expand the current scope of the *Retirement Homes Act, 2010* to include environmental design requirements;
- (i) That Public Health Services and City departments collaborate on an ongoing basis with all Residential Care Facilities containing domiciliary hostel beds, within homes defined as retirement homes in the Act, to ensure no conflicts between Retirement Homes Act requirements and City bylaw requirements;
- (j) That staff bring forward in 1 years' time, a report which addresses any implications and ongoing challenges including changes to environmental design standards to allow for any possible amendments to the by-law, if required.

FOR THE INFORMATION OF COUNCIL:**(a) CHANGES TO THE AGENDA (Item 1)****1. ADDED GENERAL INFORMATION/OTHER BUSINESS****11.2 Outstanding Business List****(b) Proposed New Due Dates:**

- (ii) Item D - Public Notification respecting the removal of Food Safety Program green card from an eating establishment, due to infractions noted during a food premise inspection
Current Due Date: June 11, 2012
Proposed New Due Date: August 15, 2012

The June 18, 2012 Board of Health agenda was approved, as amended.

(b) DECLARATIONS OF INTEREST

None

(c) MINUTES (Item 3)

(i) May 7, 2012 (Item 3.1)

The minutes from the May 7, 2012 Board of Health meeting, were approved.

(d) CONSENT ITEMS (Item 5)

(i) Community Food Security Stakeholder Advisory Committee Minutes – Wednesday, April 4, 2012 (Item 5.5)

The Community Food Security Stakeholder Advisory Committee Minutes of Wednesday, April 4, 2012, were received.

(ii) Community Food Security Stakeholder Advisory Committee Minutes – Wednesday, May 2, 2012 (Item 5.6)

The Community Food Security Stakeholder Advisory Committee Minutes of Wednesday, May 2, 2012, were received.

(e) PRESENTATIONS (Item 7)

(i) Public Health Services 2012 Strategic Business Plan BOH11016(b) (City Wide) (Item 7.1)

Dr. Richardson, Medical Officer of Health, gave a presentation to the Board with the assistance of PowerPoint presentation. A copy of the presentation was obtained for the official record.

Dr. Richardson gave an overview of the 2011 Public Health Services (PHS) Strategic Business Plan, and highlighted some of the achievements of the previous year. She then outlined the key features of the 2012 Strategic Business Plan.

Board members inquired if the work being done by our PHS was similar to what other municipalities are doing. As well as, what PHS was doing to assist those with mental health and addiction issues in the community.

Please refer to item 5 for disposition on this matter.

(ii) Retirement Homes Act, 2010 Implications BOH11008(a) (City Wide)

(Item 7.2)

Michelle Baird, Program Manager Health Protection, gave a presentation to the Board with the assistance of PowerPoint presentation. A copy of the presentation was obtained for the official record.

Ms. Baird gave an overview of the changes that will be taking place with the enactment of the *Retirement Homes Act*, and how the changes will affect PHS and our current Licensing By-Law.

Board members asked questions respecting the changes in inspections and fees associate with Residential Care Facilities. Members of the Board indicated a need to have further consultation with residential care providers and working groups prior to approving the report.

Report BOH11008(a) respecting Retirement Homes Act, 2010 Implications, was TABLED to allow for consultation with residential care facility operators and the domiciliary hostel working group.

As amended by Council on June 27, 2012*(Duvall/Merulla)**

That Item (e)(ii) respecting the *Retirement Homes Act*, 2010 Implications BOH11008(a), be lifted from the Information Section. **CARRIED**

(f) DISCUSSION ITEMS (Item 8)**(i) Universal Influenza Immunization Program (UIIP) (BOH12009) (City Wide) (Item 8.1)**

The Board discussed the need for more information with respect to where vaccination clinics would be taking place, and the amount of individuals each clinic has traditionally serviced.

Please refer to item 6 for disposition on this matter

(ii) Supporting Neighbourhoods in Managing Community Consequences of Addictions (BOH12008) (City Wide) (Item 8.4)

The Board discussed the report, specifically with assisting those with addiction and mental health issues. The Board also discussed the importance of the needle exchange program, and what further education is being done with respect to needle disposal.

Please refer to item 9 for disposition on this matter

(g) GENERAL INFORMATION/OTHER BUSINESS (Item 11)**(i) Outstanding Business List (Item 11.2)**

The following items were removed from the Outstanding Business List, as they have been completed:

- (i) Item "B" – Staff to assess the feasibility of implementing a model program for nutritious food and report back to the BOH.
Current Due Date: May 9, 2012
Status: Item was completed at the May 9, 2012 meeting

The following Outstanding Business List items, due dates were amended as follows:

- (i) Item "A" – Community Garden Co-Coordinator
Current Due Date: June 18, 2012
Proposed New Due Date: July 11, 2012
- (ii) Item D - Public Notification respecting the removal of Food Safety Program green card from an eating establishment, due to infractions noted during a food premise inspection
Current Due Date: June 11, 2012
Proposed New Due Date: August 15, 2012

(h) ADJOURNMENT (Item 13)

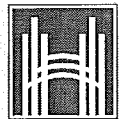
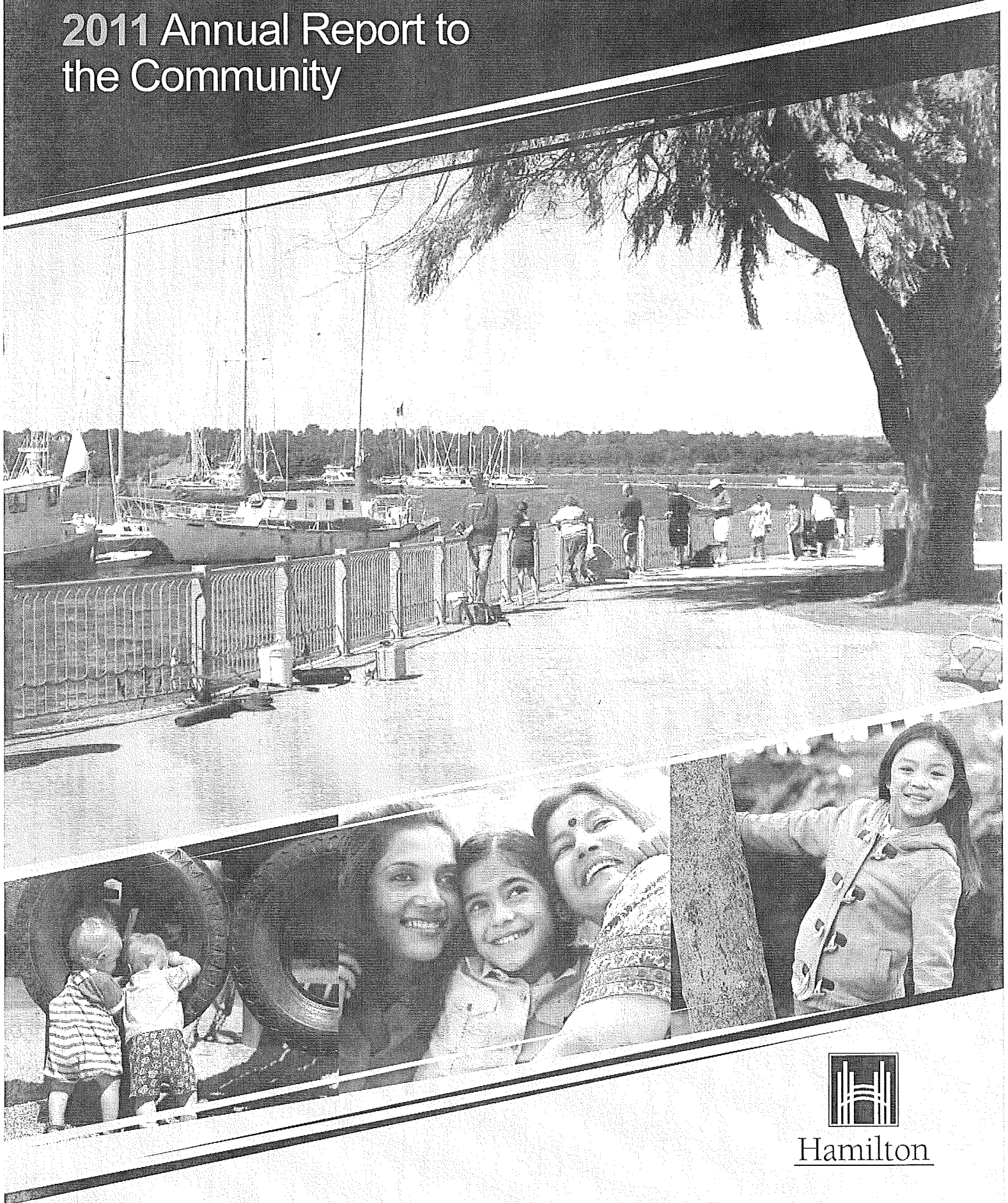
The Board of Health adjourned at 3:45 p.m.

Respectfully submitted,

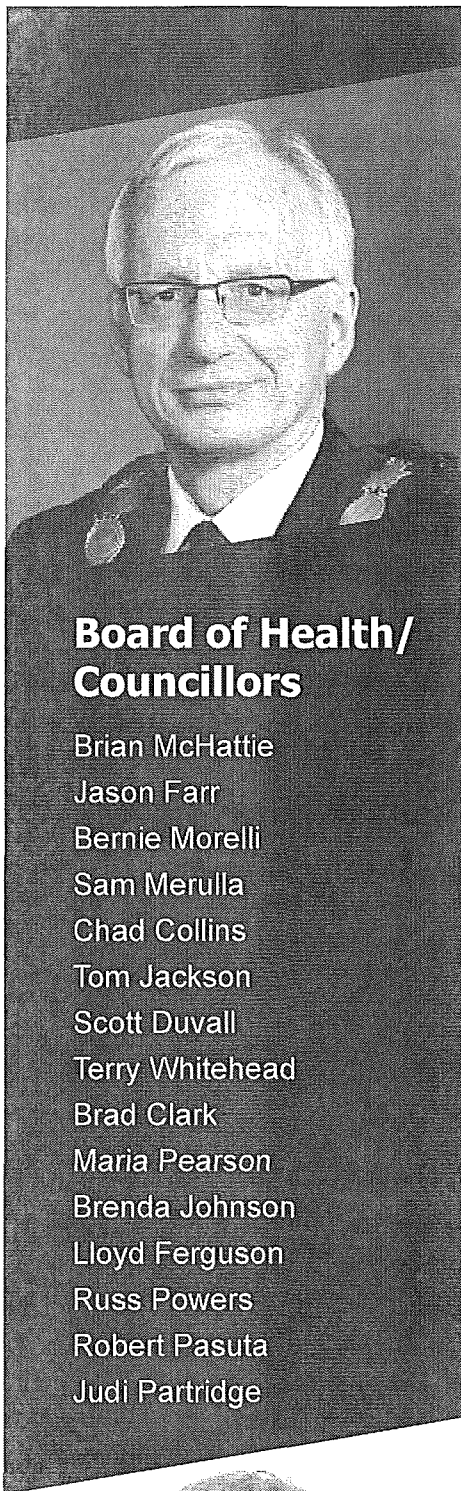
Mayor R. Bratina
Chair, Board of Health

Christopher Newman
Legislative Coordinator
June 18, 2012

Public Health Services 2011 Annual Report to the Community



Hamilton



Board of Health/ Councillors

Brian McHattie
Jason Farr
Bernie Morelli
Sam Merulla
Chad Collins
Tom Jackson
Scott Duvall
Terry Whitehead
Brad Clark
Maria Pearson
Brenda Johnson
Lloyd Ferguson
Russ Powers
Robert Pasuta
Judi Partridge



Message from the Chair of the Board of Health

On behalf of the City of Hamilton, it is a tremendous honour to present the remarkable accomplishments and stories of service provision from Hamilton's Public Health Services.

Public Health Services is an essential keystone in the City of Hamilton. Through effective, innovative, and efficient programs, Public Health Services continues to improve the well-being of Hamilton citizens.

Public Health Services is comprised of an outstanding team of professionals and community

Appendix "A" to Board of Health Report 12-005

partners; and I thank them for their tireless and essential efforts. I want to congratulate Public Health Services for all of their hard work in 2011, as they work towards the promotion of innovation, engaging citizens, and providing diverse economic opportunities.

Hamilton is a community for all people and I am proud that the Public Health Services continues to hold the priorities of our citizens in the utmost regard.

Sincerely,

Robert Bratina
Mayor, City of Hamilton
Chair, Board of Health

Message from the Medical Officer of Health

The past year has seen many accomplishments for Public Health Services. We are working to decrease obesity in childhood, have developed a by-law to decrease exposures to smoking in parks and recreation areas, and implemented a new way to report the health effects of day-to-day air quality.

We're also excited about greater collaboration with the healthcare sector by beginning plans to move staff into the McMaster Downtown Health Campus.

I would like to thank the Board of Health members for their governance and support throughout 2011. I would also like to thank our dedicated staff, community partners, and volunteers who help us deliver our various programs and services to the community. With our combined efforts, we will make Hamilton the healthiest community possible.

Sincerely,

Dr. Elizabeth Richardson
Medical Officer of Health,
City of Hamilton
Public Health Services

Calendar helps children learn and grow

It's a big step for a child to head off to Kindergarten and how is a parent to know if their little one is ready for learning? The Let's Go! calendar is a multi-agency collaboration that provides parents who register children in Kindergarten with tips on everything from nutrition to literacy.

Under the umbrella of Hamilton Best Start, the calendar subcommittee, led in 2011 by Public Health Services staff from

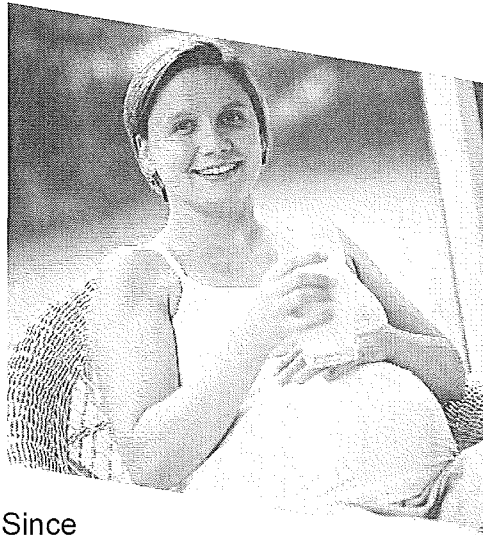
Family Health, brought together community partners to produce the calendar. Six thousand calendars were provided to parents at both school boards in Hamilton as they registered their children for Kindergarten.

The calendars provide monthly tips on helping children get ready for school. Hamilton Public Health Services provides such diverse information as getting to school safely, healthy eating and menu planning, physical activity, immunizations, healthy teeth, and childhood development.

Learn about pregnancy and birth from the comfort of home

In the Fall, a new on-line Prenatal Program was launched. It's an exciting alternative for parents who prefer on-line learning or cannot attend conventional childbirth classes due to bed-rest, scheduling conflicts or time constraints.

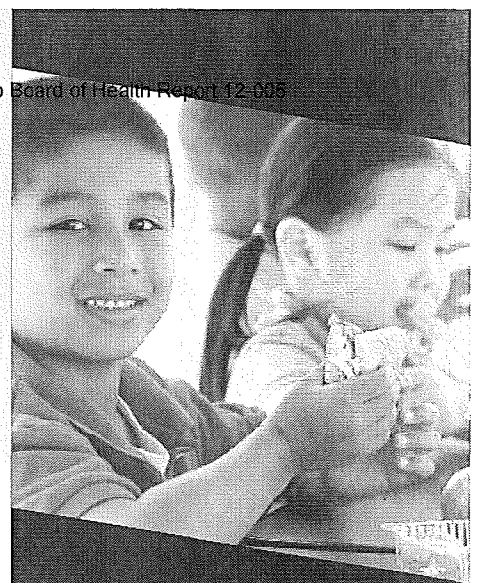
This interactive, web-based program includes animated illustrations, videos, voice-overs and games. Parents-to-be can access the online prenatal education from the comfort of their own home at times that are convenient for them. The program also provides optional sessions for participants to meet with a Public Health Nurse to practice hands on skills and get additional support.



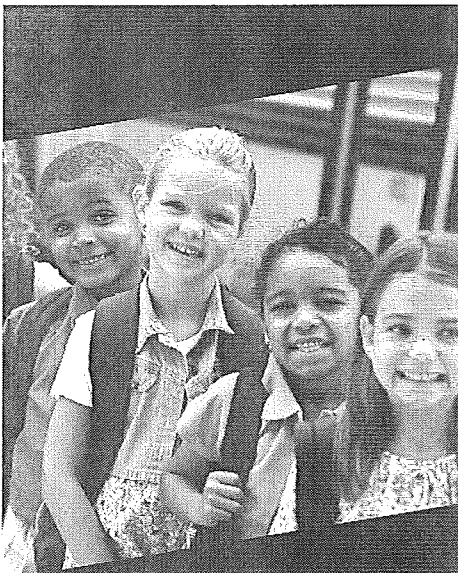
Since its launch, about 100 people have begun their classes at their convenience.

What parents like about the program:

We liked how easy it was to navigate. Also, we enjoyed the videos. And, we appreciated the broad topics introduced. **I liked working at it from home at my own pace.** We didn't have to spend a bunch of Saturdays sitting in a class room. **The information provided was highly useful.** We could complete it at our own pace.



- A total of more than 525 participants registered in the Hamilton Prenatal Nutrition Project.
- 4,812 participant visits to the HPNP groups.
- 598 couples attended prenatal classes, 58 couples initiated on-line prenatal classes
- 279 car seats checked at car seat clinics and in partnership with Hamilton Police
- 1,144 parents provided 1:1 education and information about car seats
- 4,540 postpartum telephone contacts and 976 postpartum home visits to new mothers through the Healthy Babies, Healthy Children Program
- Approximately 6,000 calls to Health Connections



- 4,700 clinical sessions provided to children and youth at Child and Adolescent Services.
- 1,594 individuals served for concerns about alcohol, drugs, or gambling
- 22 presentations in the community regarding issues of alcohol, drugs, and gambling
- 1,638 Chlamydia cases were reported and investigated in 2011. This is an increase of 96 cases from 2010.
- 3,951 claims for Dental Treatment were provided for children 0-18 under the Children in Need of Treatment program (CINOT) and Healthy Smiles Ontario (HSO).
- 11.5% of all JK, SK, and Grade 2 students screened through the School Dental program had urgent dental needs.
- 5,796 doses of HPV vaccine, 8,586 doses of Hepatitis B vaccine, and 5,081 doses of Meningococcal vaccine administered in school and community-based clinics.
- 750 appointments at the smoking cessation clinic and 120 new clients visited the clinics.
- 3,066 inspections conducted under the Smoke-Free Ontario Act resulting in 4 prohibitions, 40 warnings and a total of 181 charges.

Coming together for healthier schools

When school staff, students, parents and the community engage in what's needed to support student learning it makes a difference for students. Elements of a Health Promoting School include:

- High-quality instruction and programs
- A healthy physical environment
- A supportive social environment
- Community partnerships

Public Health Services together with school boards have designated 48 elementary schools and all Public and Catholic high schools as Health Promoting Schools.

One example is at Saltfleet District High School where students became upset about a website that allows anonymous posting that they felt was cyberbullying. Students, staff, parents, the Public Health Nurse, and members of the community, came together as the Health Action Team to make bullying less acceptable. The <3notH8 (love not hate) campaign was born. This is a

comprehensive strategy that saw students develop a number of initiatives bringing their theme of love not hate to other students. A flash mob organized in the atrium brought home the message in an innovative way. Positive messages were written on the sidewalk in chalk and even a trivia contest was organized. The Health Action Team partnered with student parliament and Positive Space groups to participate in the Day of Pink. A photo booth was set up and students, staff, public health, the police and community leaders were photographed wearing rings embedded with the <3notH8 message. The engagement of students and staff has led to a healthier learning environment for students.

What are the benefits of Health Promoting Schools?

- enhanced student voice and leadership development
- increased concentration and ability to learn
- reduced use of drugs, alcohol and tobacco
- improved fitness
- reduced dropout rate

School Immunization Program

With the provincial government seeking to have more students immunized through school-based immunization programs, Hamilton Public Health Services explored factors that influence parents providing consent. The

immunizations are voluntary and offer protection against Meningococcal disease, Hepatitis B, and Human Papillomavirus (HPV).

In the Summer of 2011, a review of available literature was conducted and found that parents want information provided in plain, easy to understand language with infographics to explain difficult

concepts. They also prefer different levels of information such as basic information including references and where to look for more details. People want to know both the risks of diseases and the potential risks associated with the vaccines. Parents' diverse information needs can be met through the use of a variety of media such as print, social media, email, professional advice, and internet.

The literature said that this is what parents wanted but Hamilton

Public Health wanted to be sure that this was also what parents in this community wanted. In the Fall, Public Health surveyed 376 parents across Hamilton to confirm the findings of the literature review. Based on the results, Hamilton Public Health Services will be developing new resources to provide parents with the information that they want and need about the immunizations available through the schools.

Air Quality Health Index helping Hamilton breathe easier

The average person takes about 20,000 breaths a day. That's an amazing 10,000 litres of air that pass through your lungs every day and now you can find out how all that air affects your health and when it's best to be active. The Air Quality Health Index is a new tool that measures air quality in terms of your health.

The Air Quality Health Index is simple. It measures air quality in relation to your health on a scale from 1 to 10. A reading of 1 represents a low risk to your health and 7 or greater represents a high risk. (On rare occasions, the Air Quality Health Index may be 10+, which means a very high risk.)

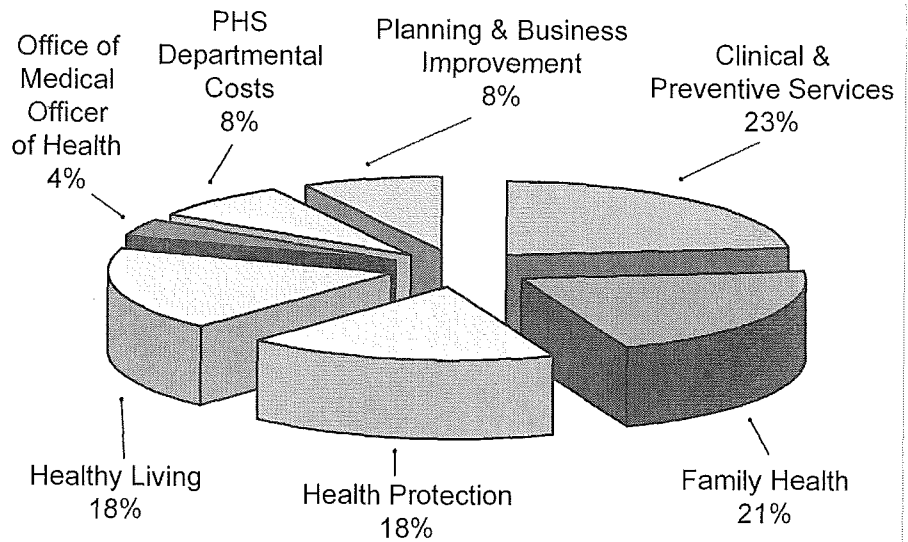
The Air Quality Health Index is



more than just a number – it's a tool that helps you plan a healthy day. Since strenuous activities increase the amount of air you breathe, the Air Quality Health Index can help you decide when to enjoy the benefits of physical activity and when to reduce or reschedule your activity.

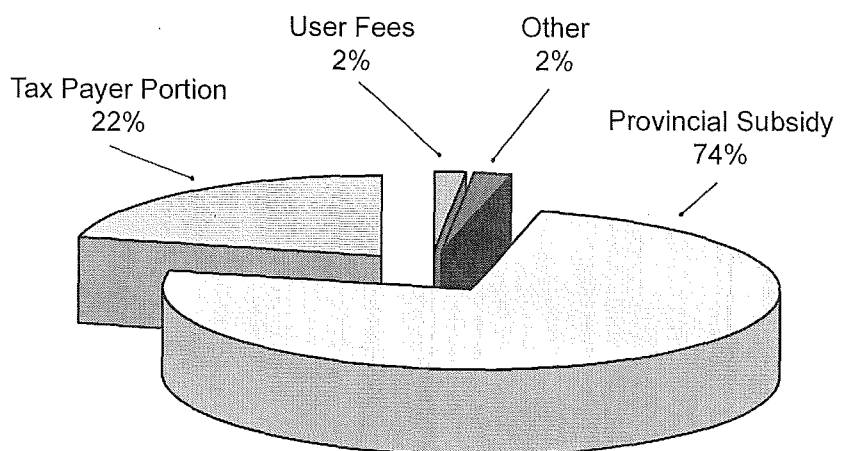
You can also get more information about the Index at www.hamilton.ca/aqi and our local reading at www.airhealth.ca. Information is updated hourly and a forecast is also provided for the next day.

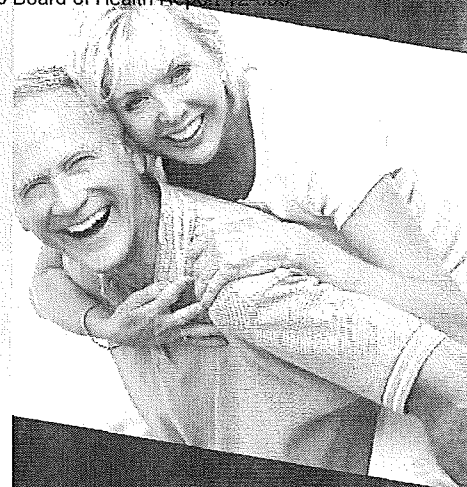
- 1,298 human exposure investigations conducted through Rabies Control
- 56 people received rabies post exposure vaccine to prevent human rabies
- 50 reports of adverse public drinking water events investigated through the Safe Water Program
- 82 Risk Assessments conducted on regulated Small Drinking Water Systems
- 397 calls to the Safe Water Information Line
- 100% inspection completion rate for recreational water facilities
- 1,539 Health Hazard complaint investigations conducted
- 406 Food Safety complaint investigations conducted
- 1,127 Reportable Disease investigations conducted (Non Sexually Transmitted Infections)
- 131 Institutional outbreaks investigated
- 2,221 routine inspections conducted on Personal Service Settings, Daycares and Residential Care Facilities
- 5,461 routine food premises inspections
- 2,552 food handlers trained and certified through the Food Safety program
- 38 ticks submitted and identified
- 127 West Nile Virus Standing Water Complaints Investigated
- 42 adult mosquito traps set weekly June to October with 31 positive results for West Nile virus in 18 of the traps
- 183,261 catch basins treated over four rounds to control developing mosquitoes
- 193 treatments to 73 water sites to control developing mosquitoes in surface waters on City lands



Division	Gross Budget	
Clinical & Preventive Services	10,943,740	23%
Family Health	9,851,312	21%
Health Protection	8,504,530	18%
Healthy Living	8,677,260	18%
Office of Medical Officer of Health	1,859,370	4%
PHS Departmental Costs	3,709,850	8%
Planning & Business Improvement	3,868,270	8%
Total	47,414,332	100%

R E V E N U E





PUBLIC HEALTH SERVICES

OUR Vision

To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.

OUR Mission

WE provide quality public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Values

ACCOUNTABILITY
COST CONSCIOUSNESS
EQUITY
EXCELLENCE
HONESTY
INNOVATION
LEADERSHIP
RESPECT
TEAMWORK

- Finalize plans for Downtown McMaster Health Campus and consolidation of Public Health Services
- Reduce health inequities through Neighbourhood Strategy & reorienting programs to impact Social Determinants of Health
- Develop mental health and addictions services coordination strategy with community partners
- Develop strategy to decrease low birth weight by targeting smoking, nutrition, and access to primary care
- Improve access to children and family services in collaboration with community partners through the development and implementation of a single access point initiative
- Develop a plan to prevent childhood obesity
- Protect, promote, and support breastfeeding for healthy mothers and babies by achieving Baby Friendly Community Accreditation status by 2014
- Implement Smoke-Free Outdoor Recreational Areas by-law
- Reduce health risks related to environmental issues
- Develop and deliver an environmental lead awareness program to reduce exposure to environmental lead for high-risk groups
- Improve analysis and use of data in evidence-based decision making and management
- Continue to implement electronic systems for client scheduling and registration, documentation, and clinic management
- Ensure critical demand services are provided in a timely manner

- Planning for proposed consolidation of services and staff in downtown Hamilton
- Incorporating the social determinants of health approach into practice
- Success of health goals is dependent upon multi-sector collaboration
- Provincial Accountability Agreement continues to evolve
- Continuing evolution of the provincial public health system
- Skill development for staff in core Public Health competencies and management
- Service delivery review & performance measurement
- Upgrading technology to meet client needs, professional standards, and mobile workforce
- Staff recruitment, especially for technical positions

GENERAL CONTACT INFORMATION

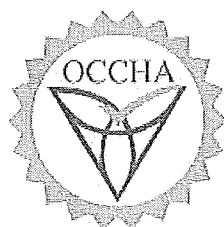
Alcohol, Drug and Gambling Services	905-546-3606
Child and Adolescent Services	905-570-8888
Community Mental Health Program	905-528-0683
Dental Clinic	905-546-2424, ext. 3789
Environmental Health Inspection Duty Line	905-546-3570
Health Connections	905-546-3550
Nutrition and Physical Activity Promotion	905-546-3630
Reportable Diseases Line	905-546-2063
Safe Water Program	905-546-2189
STD and Sexual Health Hotline	905-528-5894
Tobacco Hotline	905-540-5566
Tuberculosis (TB) Information and Reporting	905-546-2424, ext. 6636
Vaccine Information Line	905-540-5250
West Nile Virus Information	905-546-3575
Workplace Health	905-546-2424, ext. 3065

For clinic locations and information, and for all other inquiries please visit our website: www.hamilton.ca/publichealth

Or e-mail us at
publichealth@hamilton.ca

City of Hamilton Information Line:
(905) 546-CITY

Mailing Address:
**Office of the Medical Officer of Health
1 Hughson Street North, 4th Floor
Hamilton, Ontario L8R 3L5**



**Ontario Council
on Community
Health Accreditation**

Acknowledgements

This report was prepared by the Applied Research & Evaluation Team, Planning & Business Improvement Division at the City Of Hamilton, Public Health Services. Project leads provided the summaries for the individual research and evaluation projects.

The report is available on the City Of Hamilton website.
The report is available in French. Ce rapport est disponible en français.

For more information or for a copy of the report in French please contact:

Colleen Van Berkel
Manager, Applied Research & Evaluation
Planning & Business Improvement
Public Health Services, City of Hamilton
1 James St. South, 8th Floor
Hamilton, Ontario
L8P 4R5
905-546-2424 ext 5916
Colleen.VanBerkel@hamilton.ca

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Preface

I am pleased to share with you the 2011 Public Health Services Research and Evaluation Project Report. This report highlights research and evaluation initiatives undertaken at Hamilton Public Health Services. Research and evaluation are core aspects of the services we provide to both our local community and to the greater public health field

Many of our research and evaluation projects are undertaken with collaborative partners. By working with our partners, both within the City of Hamilton and across the province, we are able to achieve a much greater impact in our public health initiatives.

We hope you find this report interesting and informative. If you would like additional information about any of the projects summarized within the report please do not hesitate to contact the designated health unit contact for that study.

Colleen Van Berkel
Manager, Applied Research & Evaluation
Planning & Business Improvement
Public Health Services, City of Hamilton

Research Partnerships

The research and evaluation projects highlighted in this report would not be possible without supportive, collaborative relationships with our many partners. We would like to take the opportunity to thank and acknowledge our valuable research and evaluation partners.

Catholic Children's Aid Society of Hamilton
Children's Aid Society of Hamilton
Public Health Research Education Development Program
Community Child Abuse Council
Hamilton Best Start
Hamilton Community Foundation
Health Canada Matthew Lawson
McMaster Child Health Research Institute
Ministry of Children and Youth Services
Nursing Secretariat
Ontario Ministry of Health and Long-Term Care
Ontario Ministry of the Environment Matthew Lawson
Provincial Centre of Excellence for Children and Youth Mental Health at CHEO
Randolph Group

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FOUNDATIONS

Project Title: Management Learning Needs Assessment

Investigators: Kelty Hillier, Carolyn Hureau, Luanne Jamieson, Angie Bennett, Colleen Van Berkel & Work Group 6 Members: Franci Carr, Marie Verbickas, Michelle Baird & Debbie Sheehan

Health Unit Contact Person: Kelty Hillier

Background: Public Health Services (PHS) does not currently have a formal training and development program for managers, but the need for such a program has been identified by both PHS staff and the Organizational Structural Review conducted by the Randolph Group in 2010. Work Group 6 (WG6) and the Applied Research & Evaluation team were asked to conduct a Needs Assessment to determine the learning and professional development requirements for PHS managers.

Research Objectives: **1)** To determine the current competency development requirements of PHS managers in the City of Hamilton; and **2)** To align PHS managers' priority learning and development needs with identified priorities from Public Health Services Management Team (PHSMT), corporate Human Resources/Senior Management Team, and the current research evidence.

Methods: A mixed methods design was employed that included a literature review, an online survey available to all PHS managers and PHSMT members; and a focus group involving a small group of managers across all five PHS divisions.

Results: Managers identified four important competency areas for training and development: Financial Management, Developing Others, Conflict Management, and Communication. PHS managers also noted that the ideal format for the program would incorporate several different learning modalities and consider both the individual's preferred learning style and the suitability of the medium to the message (i.e. content).

Conclusions: PHSMT and WG6 are working to develop a Management Development Program based on the recommendations from the Needs Assessment.

Project Timeline: November 2010 – August 2011

Project Funding Source and Amount: Internal funding

CHRONIC DISEASE & INJURIES

Project Title: Falls Prevention in Older Adults Situational Assessment

Investigators: Linda Strobl, Corinne Filer, Erin Fuller

Health Unit Contact Person: Sue Connell

Background: Falls have been identified as a major Public Health issue for Hamilton. The area of falls prevention in older adults has been recognized as requiring increased resources from Public Health Services. A situational assessment was deemed to be required to assist Hamilton Public Health Services to determine next steps in programming to address falls prevention in older adults.

Research Question: What strategies are recommended for Hamilton Public Health Services to address falls prevention in older adults in Hamilton?

Methods: Data was gathered primarily through a literature review and quantitative surveys of internal and external stakeholders.

Results: The literature review revealed that there is much research at the individual level and some research available at the community and policy levels; however, minimal literature exists related to falls prevention with community-dwelling older adults at the interpersonal and organizational levels. Results from the surveys of internal and external stakeholders showed that there is a variety of work occurring in Hamilton related to falls prevention, but it is rarely coordinated and is not always identified as falls prevention work.

Conclusions: The situational assessment exposed many gaps in best practice falls prevention activities in Hamilton and a lack of community collaboration and engagement on the issue; these gaps present a wide variety of opportunities for PHS. Overall, the gaps are most profound at the interpersonal, organizational, and community/policy levels of the ecological model. Given the interactions between the individual and their environments, it is critical that falls prevention activities include both individual and environmental level interventions in order to achieve the greatest changes in health behaviour.

Project Timeline: March to August 2011

Project Funding Source and Amount: PHS Staff Time

CHRONIC DISEASE & INJURIES

Project Title: Workplace Health Situational Assessment

Investigators: Angie Bennett, Eunice Chong, Kelty Hillier, Lisa Beaudoin, and Stephanie Sciberras

Health Unit Contact Person: Lisa Beaudoin

Background: This project was undertaken to inform the development of supportive environments and implement related policies for workplace health in accordance with the 2008 Ontario Public Health Standards Population Health Assessment & Surveillance Protocol requirements.

Research Questions: 1) What are Hamilton workplaces currently doing in terms of workplace health? 2) What is the most effective role for public health in creating supportive environments and related policies in workplaces? 3) What supports would Hamilton workplaces need to create supportive environments in relation to chronic disease risk factors to enhance workplace health in their workplaces?

Methods: Internal and external stakeholder feedback was gathered using: 1) semi-structured interviews with staff currently or previously involved in the Healthy Workplace Team; and 2) survey data from participants at a workplace health event. Additional information came from a literature review and from Hamilton-specific population health data.

Results: Most Hamilton workplaces focus on program-level interventions and identify health and safety as their main workplace health priority. Workplaces identified lack of leadership from senior management as the main barrier to implementing workplace health initiatives, followed by poor employee engagement and lack of on-site trained staff. Workplaces need assistance to create supportive cultures, resource support and incentives. The project identified that the role of public health should be in supporting and collaborating with workplaces, providing resources and networking opportunities, and advocating for policy change at both the local and provincial levels. Mental health was also identified as an area that requires more attention in workplaces.

Conclusions: The workplace health promotion team should: 1) Explore ways to enhance interest from senior management and employees' engagement on workplace health and wellness initiatives; 2) Continue to emphasize the roles of public health in advocacy and resource support in comprehensive workplace health promotion; 3) Include workplace mental health and work stress as one of the components in a comprehensive workplace health promotion strategy; and, 4) Understand the differences in needs from businesses of different sizes and sectors to more effectively promote and support workplace health and wellness initiatives.

Project Timeline: May 2010 – February 2011

Project Funding Source and Amount: PHS staff time

CHRONIC DISEASE & INJURIES

Project Title: Comparison of a Provincial Fixed Date/Hospital Admission vs. Regional Respiratory Syncytial Virus (RSV) Activity in Determining Seasonal RSV Prophylaxis

Investigators: Bosco Paes, Andrew Latchman, Carole Craig, Wendy Pigott, & Nancy Greaves

Health Unit Contact Person: Nancy Greaves

Background: The start of the RSV season is defined by a fixed date that is set provincially. The end is defined by RSV admission activity to local hospitals. This is influenced by both the populations serviced and by the admission patterns of individual physicians. The defined prophylaxis period may result in inadequate or excessive doses. Recently, lab testing results have become more timely and literature suggests that percent positivity can predict the RSV season at the regional level.

Research Objective: To evaluate the use of laboratory isolate data on a regional basis (Hamilton) and scientific guidelines to better predict the RSV season so prophylaxis can be provided more logistically, adequately, and cost-effectively.

Methods: Local virology lab data was used to determine regional RSV percent positivity. The definition of the RSV season was modified and evaluated by comparing the proportion of RSV positive & negative isolates that fall in and outside of the defined RSV season and then applied to regional historical data as the standard. The RSV seasons were described by: start and finish dates, duration, and number of prophylactic doses required for high risk infants. As well, the current provincial approach of setting the dates for the RSV season was compared with using a fixed date to annually set the season based on five years of previous data.

Results: The Hamilton RSV pattern closely reflects provincial seasonality. The common RSV season definition excluded a substantial number of positive tests when applied to all isolates but not when applied to isolates from children 0-18 years. The prophylactic period definitions were similar; however both provided a longer coverage window than was required for the observed RSV season.

Conclusions: The prophylactic period defined by percent positivity performed equally well compared to the prophylactic period defined by fixed date/admissions. Since the former is easier to apply in a practical setting, it could be used as an alternative method, particularly in regions that may substantially differ from the provincial RSV season pattern. Improvements can be made by reducing the number of excess doses administered to high-risk infants which suggests there is value in exploring prospective surveillance of laboratory isolates for setting prophylactic period dates.

Project Timeline: 2011- 2012

Project Funding Source and Amount: PHS Staff Time

FAMILY HEALTH

Project Title: Feasibility & Acceptability of the Nurse-Family Partnership Home Visitation Program in Ontario

Investigators: Dr. Susan Jack, Dr. Harriet MacMillan, Debbie Sheehan, Dr. Michael Boyle, Dianne Busser, Dr. Jean Clinton, Dr. Christine Kurtz-Landy, Dr. Christopher Mackie, Dr. Alison Niccols, Ruth Schofield and Dr. Olive Wahoush.

Health Unit Contact Person: Dianne Busser

Background: The Nurse-Family Partnership (NFP) is an intensive nurse home visitation program delivered from early pregnancy until the child is two years old. The NFP model of home visitation has been identified to improve maternal-child health and prevent child abuse and neglect. While the NFP has been extensively evaluated and implemented in the US, its effectiveness in Canada is still unknown.

Research Questions: 1) Can the NFP intervention be implemented in Canada?
2) What adaptations are required to increase the acceptability of the intervention to health service providers and to meet the needs of Canadian families?

Methods: Pilot study recruitment occurred between June 2008 and Sept 2009. A total of 424 prenatal referrals were assessed for NFP eligibility criteria: 21 years of age or less, low-income, referred before the end of the 28th week of pregnancy and first time birth. Of these referrals 135 were eligible and 108 women consented to participate.

Results: To date 54 of the 108 participants have graduated from the program. In-depth interviews were conducted with 38 NFP clients, 14 family members and 24 community professionals. Processes to adapt and implement the NFP were explored across seven focus groups with public health nurses and managers. Eighty documents were reviewed to identify implementation challenges.

Conclusions: The NFP is acceptable to mothers, public health nurses, and community partners. Participants value the relationship developed with the PHN, expert knowledge, continuity of care provider, and accessibility of this form of health services. Nurses feel intervention helps in meeting the needs of hard-to-engage clients and their families, allows them to work to the full scope of practice, and report an increased sense of professionalism. Community partners feel that it meets the needs of an under serviced population, provides a unique focus on prevention, is an innovative evidence-based program, and value the expert nurse knowledge, diversity of skills, and autonomy to collaborate. The NFP model requires minor adaptations to increase the acceptability of the intervention to Canadian stakeholders.

Project Timeline: 2008 - 2012

Project Funding Source and Amount: \$284,149 from multiple funders: Children's Aid Society of Hamilton, Catholic Children's Aid Society of Hamilton, Community Child Abuse Council, Hamilton Community Foundation, City of Hamilton PHRED, McMaster Child Health Research Institute, Ministry of Children & Youth Services, Nursing Secretariat - Ontario Ministry of Health and Long-Term Care and the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO

FAMILY HEALTH

Project Title: Evaluation of Public Health Nurse Secondment Role with Hamilton Family Health Team

Investigators: Loretta M. Hillier, Tracy Hussey, Dr. Carrie McAiney, Jaclyn Busser-Grodecki and Dr. Jean Clinton

Health Unit Contact Person: Jaclyn Busser-Grodecki, Public Health Nurse

Background: Hamilton Public Health Services (PHS) partnered with the Hamilton Family Health Team (HFHT) to facilitate the use of the Enhanced Well Baby Visit (WBV) in HFHT practices. This visit includes the use of the Rourke Baby Record (RBR) and the Nipissing District Developmental Screen, (NDDS). This project involved the secondment of a Public Health Nurse (PHN) to act as a mentor for the staff and to develop educational tools and materials to support successful incorporation of the expanded visit into everyday practice.

Research Objectives: **1)** To describe the HFHT sites, population and PHN interventions; **2)** To describe the 18 month Well Baby (18WBV) Visit process and content prior to this initiative; **3)** To determine whether short-term outcomes/objectives were achieved; and, **4)** To describe the process of developing and implementing this initiative

Methods: Initiative, referral, service and education tracking data were collected by the PHN from Sept 15, 2009 to Dec 15, 2010. Site checklists, chart audits, parent satisfaction surveys, health professional surveys and key stakeholder interviews were also conducted.

Results: Results from this project showed an increased use of: RBR and NDDS screening tools; health professional knowledge regarding child development and PHS; and increased use and referral to early childhood services and resources. Further, all of the parents reported that they were satisfied with the visit. Some of the facilitating factors identified include: a physician champion to advocate for this project, reimbursement for extended 18WBV, and interest in RNs working toward full scope of practice. Some of the challenges identified surrounding practices include: remaining updated on guidelines that change regularly, availability of resources for parents in different languages, and the time consuming nature of the 18WBV. Some initiative challenges include: different charting systems across FHTs, and maintaining good communication with sites.

Conclusions: The initiative was well-received by HFHT practices. They were satisfied with the support received from the PHN and the resulting changes to their practice. The objectives of this partnership were met, with the exception of establishing a registry of at risk children. Given the positive outcomes for this project, the PHN part time secondment will continue with the HFHT for 2012.

Project Timeline: The evaluation took place from Sept 15, 2009 to Dec 31, 2010. PHN secondment to the FHT started in September 2009 and continues to date.

Project Funding Source and Amount: PHRED funding 2009

FAMILY HEALTH

Project Title: Perinatal Mood Disorder Resource Package: Impact on Primary Care Providers' Attitudes and Practices

Investigators: Wendy Sword; Melissa Simoes; Dianne Busser, Laurie Doma and Holly Bowler

Health Unit Contact Person: Dianne Busser

Background: A 2006 study conducted by Hamilton Public Health Services, titled "Evaluation of Screening for Postpartum Depression Project", revealed that being screened for Postpartum Mood Disorders (PPMD) was acceptable and assisted women to become better informed about PPMD. A 2007 study, "Care Seeking among Women Following Public Health Referral for Probable Postpartum Depression", suggested the need for strategies to improve awareness of PPMD and care coordination among primary care providers. The current study assesses the impact of a PPMD resource package on influencing primary care providers' attitudes and practices.

Research Objectives: **1)** To identify change in skills, general approach and attitudes regarding PPMD among primary care providers who use the Perinatal Mood Disorder Resource package; and **2)** To identify if the resource package a useful tool.

Methods: Participants of the initial phase included Family Physicians, Pediatricians and Obstetricians and Gynecologists currently practicing in the Hamilton area. Upon request from the Perinatal Mental Health Coalition, the study was replicated with a convenience sample of Midwives. The study used a pre-test post-test survey design. Participants received a mailed pre-test questionnaire (regarding skills, general approach and attitudes towards prenatal and postnatal depression) prior to distribution of the PPMD Resource Package. To maximize response rates participants received five mailings before and after the Resource Package was sent, including: 1) an advance notification letter; 2) the questionnaire; 3) a thank you note/reminder; 4) a replacement questionnaire package; and, 5) final contact. The mailed post-test questionnaire was sent approximately three months after distribution of the resource package.

Results: Preliminary analysis is complete for the Primary Care Provider data and is currently underway on the Midwife sample. Primary Care providers found the resource package to be a useful tool. A high percentage familiarized themselves with the materials, found it useful, and are using the Perinatal Mood Disorder Desk Reference. There was no statistical change in the perception of how primary care providers managed maternal depression or in attitudes regarding maternal depression.

Conclusions: Pending

Project Timeline: January 6, 2010 to February 28, 2011 - initial study with Physicians
January 1, 2011 to September 15, 2011 - secondary study with Midwives.

Project Funding Source and Amount: PHRED \$15,000 (2010) and Hamilton Best Start \$10,000 (2010)

Conference Poster/Presentation/Journal Article: Conference Presentation: 5th National Community Health Nurses Conference, May 16-18, 2011 Halifax Nova Scotia

INFECTIOUS DISEASE

Project Title: Vaccine Preventable Disease (VPD) School Program Situational Assessment

Investigators: Kelty Hillier, Carolyn Hureau, Colleen Van Berkel, Fiona Newton-Brown, Kim Dias

Health Unit Contact Person: Kelty Hillier

Background: The VPD School Program has been experiencing declining vaccine coverage rates over the last decade, but have not been able to explain this decrease. The program would like to improve coverage rates and has asked AR&E for their aid in determining why coverage rates have declined and how best to improve them. This project has been divided into two phases. Phase 1 was completed in 2011 and Phase 2 began in early 2012.

Research Questions: 1) What inadequacies in communication, information dissemination and student recruitment exist in the current program delivery model? 2) What are the perceptions of the program by: school boards & staff, students, parents and the VPD staff who administer the program and are there ways to better collaborate? 3) How can coverage rates of Hepatitis B, Meningococcal & HPV be increased in the school-based immunization program?

Methods:

Phase 1 (2011) – A comprehensive literature review with recommendations and the development of a survey tool.

Phase 2 (2012) – Data collection and analysis, implementation of recommendations and revisions to the VPD School Program (as appropriate).

Results: The comprehensive literature review identified several challenges to vaccine-preventable disease programs in general, and to school-based vaccine programs specifically. The literature review informed the development of the survey tool for Phase 2 and provided several recommendations to improve the existing program.

Conclusions: Phase 2 began in January 2012 and is ongoing.

Project Timeline: **Phase 1:** January 2011-December 2011. **Phase 2:** January 2012-June 2012.

Project Funding Source and Amount: Internal funding

INFECTIOUS DISEASE

Project Title: West Nile Virus Communication Survey

Investigators: Public Health Services: Carolyn Bannon, Natasha Mihas, Ioana Lupascu, Sam McGee; McMaster Institute of Environment and Health: Marie McKeary

Health Unit Contact Person: Susan Harding-Cruz

Background: The West Nile virus programs include an annual communication campaign. It is important to gauge how the public wants to receive the messages surrounding West Nile virus.

Research Objective: To determine the publics' opinion of their preferred media outlet to receive West Nile virus related health information and more specifically their preferred local radio station.

Methods: This evaluative tool was implemented at Binbrook Fair toward the end of the West Nile season. PHS staff surveyed 212 individuals over this three day event in September.

Results: Of the 212 respondents, 183 (86%) believed that radio was an effective method to communicate health information. The top five preferred radio stations included:

- 102.9 K-Lite FM,
- FM 94.7 CHKX,
- Y108,
- AM 900 CHML and
- AM 1150 CKOC.

In 2011, Hamilton PHS placed WNV radio advertisements in four of the top five preferred stations. The fifth station targets younger listeners and therefore did not fall within the targeted audience for WNV communication (risk of severe WNV infection is to the older adult).

Conclusions: Hamilton Public Health Services will continue to use radio in WNV communication.

Project Timeline: September 16th, 17th, and 18th, 2011

Project Funding Source and Amount: PHS Staff Time

INFECTIOUS DISEASE

Project Title: Tick and Lyme Disease Knowledge and Awareness Evaluation

Investigators: Carolyn Bannon, Tim Jaynes, Ioana Lupascu, Sam McGee, Natasha Mihas, Jessica Morris, Carmen Priescu, Edward Smith

Health Unit Contact Person: Susan Harding-Cruz

Background: Lyme Disease is an emerging vector borne disease in Ontario, with concern that the black legged tick responsible for transmission of Lyme Disease to humans will become established in more areas across southern Ontario through climate change.

Research Objective: To determine the level of awareness that people living in or visiting Hamilton have of Lyme Disease, if they know ticks transmit the disease, whether they know how to identify any tick, and whether they have seen any ticks in Hamilton (and where). The evaluation tool was used to gather data about knowledge and awareness in order to inform future communication strategies.

Methods: The four question survey was administered by public health inspectors, the vector borne disease specialist, the environmental health promoter, or by West Nile virus field and lab technicians at the Vector Borne Disease booth (West Nile virus, Lyme Disease, and rabies information) at four festivals in the summer of 2011: Buskerfest in June, It's Your Festival in July, The Winona Peach Festival in August, and Binbrook Fair in September.

Results: Of those polled, 79% have heard of Lyme disease; 61% stated Lyme disease is caused by ticks; 57% stated they know what a tick looks like; and 82% said they have not seen ticks in Hamilton. Of those who saw a tick in the City of Hamilton in 2011, Glanbrook (including Binbrook) and Stoney Creek (including Winona) followed by Dundas were the three areas where most ticks were noticed.

Conclusions: While the majority of respondents are aware of Lyme Disease and know that ticks transmit the disease most people responding to the survey have not seen any ticks in Hamilton. This may mean ticks of any species may be in low numbers or are not yet well established in Hamilton. The 2012 Communication Plan could include a campaign to increase the public's knowledge of how to identify ticks. The three identified areas where ticks have been seen may also be places to further investigate to determine if black legged ticks (they transmit Lyme Disease) are present.

Project Timeline: June 2011 to October 2011

Project Funding Source and Amount: PHS Staff Time

ENVIRONMENTAL HEALTH

Project Title: North Hamilton Child Blood Lead Study

Investigators: Dr. Elizabeth Richardson (principal); Wendy Pigott, Carole Craig, Nancy Greaves, Matthew Lawson, Dr. Lesbia Smith (co-investigators).

Health Unit Contact Person: Matthew Lawson

Background: This prevalence study is intended to provide quantitative information on children's exposure to lead from environmental sources in the City of Hamilton. It will help to provide support of existing or newly proposed guidelines and public health programming by using data from the most susceptible group in the population, children 6 years of age and under.

Research Objectives: To "determine if Hamilton has a lead problem" by: **1)** providing estimated prevalence of blood lead levels (BLL) $\geq 0.48 \mu\text{mol/L}$ and $> 0.19 \mu\text{mol/L}$ among children 6 years of age or under residing within a geographic area judged to be at increased risk of environmental lead exposure; and **2)** exploring the influence of risk factors and environmental lead levels on children's blood lead levels.

Methods: The study consisted of the following components: survey of children's blood lead levels (n=643); interviews with parents/guardians to determine family and household characteristics; environmental testing for lead levels in tap water and dust from a sub-sample of the households; lead levels in soil around a sub-sample of the dwellings; air lead sampling data for the study area; and data for water samples taken from fire hydrants and to respond to requests from the public.

Results: The geometric mean BLL was $0.107 \mu\text{mol/L}$; 0.9% of observations were above the national guidance value. Significant predictors of BLLs included housing construction date pre-1920, lower household income, male sex, recent home renovations and a proxy measure for industrial lead emissions. This proxy demonstrated a strong association with BLL at or above the study follow-up threshold and may reflect long-established, urban neighbourhoods that are also adjacent to long-established lead-emitting industry with unmeasured risks from multiple sources. The distribution of environmental lead sources across the study area is uneven; some neighbourhoods have relatively higher risks of multiple lead sources and are of lower socio-economic status with fewer resources to counteract lead exposure.

Conclusions: Several risk and mitigation factors for lead exposure are tightly interwoven with various determinants of health. This suggests the need for a multi-pronged collaborative approach involving an assortment of disciplines/programs within public health, local physicians serving identified populations at risk, and community stakeholders involved in neighborhood development strategies.

Project Timeline: Fall 2008 to Summer 2011

Project Funding Source and Amount: PHRED (\$350,000 for 2008 & 2009), PHS program budgets and the Ontario Ministry of the Environment.

Conference Poster/Presentation/Journal Article: The Ontario Public Health Convention (TOPHC) 2012. *North Hamilton Child Blood Lead Study* - poster presentation by Carole Craig, Wendy Pigott, Matthew Lawson on April 3, 2012.

ENVIRONMENTAL HEALTH

Project Title: City of Hamilton Air Quality Health Index (AQHI) Special Events Outreach Evaluation Report 2011

Investigators: Sally Radisic

Health Unit Contact Person: Matthew Lawson

Background: Federal, provincial and municipal governments collaborated in order to develop the AQHI as a numeric tool that could be used by health professionals and the public to determine what associated health risks are related to a quantity of air pollution at a given time. Promotion of the AQHI in the City of Hamilton is instrumental to raising awareness about this risk communication tool. Special events (i.e. community fairs) in the City of Hamilton, are open to the public and have been used to promote other public health programs. Therefore, outdoor special events were selected as a promotional channel to raise AQHI awareness in the City of Hamilton.

Research Questions: 1) How effective are the current promotional media channels in raising AQHI awareness among the population in the City of Hamilton? 2) How effective are special events/fairs as a promotional channel in raising AQHI awareness among the population in the City of Hamilton?

Methods: AQHI promotion at special events was done in conjunction with existing public health program promotion such as Vector Borne Diseases, Rabies Awareness, and the Safe Water Program. The AQHI was promoted at six special events from June 2011 to October 2011 for a four hour time period within the hours of 11 am to 5 pm. Both quantitative and qualitative data were collected at the special events.

Results: AQHI outreach was provided to a total of 944 people. AQHI awareness increases over time with the highest number of people being aware of the AQHI at the end of the special events season at 28%. A total of 8 different promotional media channels were identified as being the source of AQHI awareness. The number of AQHI promotional media channels identified, at a special event, increases from 2 in August 2011 to 6 in September 2011. Individuals placed the importance of AQHI awareness on aspects of health and environment.

Conclusions: Increase in AQHI awareness can be attributed to effective AQHI promotional media channels used in the City of Hamilton. Special events are an effective promotional channel in raising AQHI awareness and present an opportunity to gather feedback regarding present and previous AQHI promotional efforts.

Project Timeline: June 2011 to November 2011

Project Funding Source and Amount: Health Canada \$12, 600

Conference Poster/Presentation/Journal Article: Environics Analytics November 2011 Presentation, MARCOM Professional Development May 2012 Presentation

PUBLIC HEALTH SERVICES 2012 STRATEGIC BUSINESS PLAN

*Working to be the best place in Canada to raise a child,
promote innovation, engage citizens and provide diverse economic opportunities*

*Delivering quality public services
that contribute to a healthy, safe and prosperous community, in a sustainable manner*

Living Our Values:

** Accountability * Cost Consciousness * Equity * Excellence * Honesty * Innovation * Leadership * Respect * Teamwork **

Status Legend	
★	Completed
✓	On Schedule
←	Behind Schedule
Objective Legend	
CSP	City Strategic Plan Project
BOH	Board of Health Project
PD	Provincial Directive and/or required under Ontario Public Health Standards or Ontario Public Health Organizational Standards
N	New Department Project

Corporate Priority #1 – A Prosperous & Healthy Community

WE enhance our image, economy and well-being by demonstrating that Hamilton is a great place to live, work, play and learn.

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
CSP 1.3 Promote economic opportunities with a focus on Hamilton's downtown core, all downtown areas and waterfronts.	Finalize plans for the creation of the Downtown McMaster Health Campus including the consolidation of Public Health Services	T. Bendo All Divisions CMO FCS PED - Real Estate PW - Facilities	Present accommodations options for second downtown office to GIC	★	Approval with conditions received at May 16th GIC
			Finalize Functional Program for offices	★	Functional program finalized for McMaster Health Campus and one of three alternate sites under consideration for second downtown office.
			Determine best utilization of shared space	★	Functional program for shared space completed.
			Procure furniture and fixtures	✓	Furniture and fixtures to be procured once physical plans for office sites finalized
			Finalize leases	✓	Leases to be finalized - in discussion with McMaster and Yale Properties
			Undertake Administrative Review	✓	Administrative review to start in June 2012 Opportunities depend on option chosen.
CSP 1.4 Improve the City's transportation system to support multi-modal mobility and encourage inter-regional connections.	Develop an integrated, multi-modal, public transportation program, including implementation of rapid transit, conventional transit, active transportation (e.g. pedestrian, cycling) and the associated transportation demand management plan	E. Pezzetta HL HP	Provide consultation regarding health implications (risks, benefits, strategies) of transportation planning	✓	HP responding as related issues are identified.

Appendix "C" to Board of
Health Report 12-005

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
CSP 1.5 Support development and implementation of neighbourhood and City wide strategies that will improve the health and well-being of residents.	Complete the development of neighbourhood plans in selected priority neighbourhoods and complete a funding strategy to guide how the City of Hamilton will support the implementation of neighbourhood plans	N. Tran G. McArthur All Divisions	Establish links with corporate approaches	✓	Manager seconded to Neighbourhood Office. Quarterly meetings held between PHS and Neighbourhood Development Strategy
			Identify PHS linkages with corporate Neighbourhood Development Strategy, including membership on corporate workgroups by end of 2011	☆	SDOH PHN participating in neighbourhood planning workgroups
	Develop a mental health and addiction services coordination strategy between City of Hamilton and community partners to rationalize existing services and improve access to care (e.g. CREMS, social navigator)	G. McArthur E. Richardson CPS FH HL HP	Establish internal steering committee	✓	Initial meetings held with CSD, HES, PHS to agree on broad goals
			Establish community leadership committee	✓	Initial meetings held with police, hospitals, City staff, LHIN> Larger community steering committee to be developed
			Maintain linkages with pilots: Police Social Navigator Pilot, Hospital ER Pilot	✓	Social navigator pilot second phase to commence in June
			Determine priorities for first year	✓	First year priorities: Monitor pilots & evaluations Develop community steering committee, solicit champions, hire project support Map existing programs Develop common understanding and approach
			Develop 3 year workplan	✓	TBD in 2013
	Develop and implement a maternal health strategy to decrease low birth weight by targeting smoking, nutrition and access to	D. Barr-Elliott FH	Work with a community coalition to develop and implement a maternal health strategy to decrease low birth weight by targeting smoking, nutrition and access to primary care	✓	An inventory of related services in a specific neighbourhood is being completed to inform the development of a pilot project by community partners.

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
	primary care		Protect, promote and support breastfeeding by working towards Baby Friendly Community accreditation status	✓	Developing corporate policy and staff training strategy, collecting local data through Infant Feeding Study, developing BFI community coalition
			Support the implementation of the Nurse-Family Partnership program at both local and provincial level	✓	The Hamilton Nurse-Family Partnership team is providing consultation to BC sites, and exploring local expansion
			Ensure that all relevant PHS programs and services are provided in manner that is congruent with the Hamilton Parent Charter of Rights	✓	In 2012 the focus is on increasing awareness among PHS staff and the community. In 2013 the focus will be on supporting implementation of toolkit.
			Plan for and implement changes to Healthy Babies Healthy Children protocol	✓	Anticipated notice fall of 2012 for implementation January 2013
			Develop with community partners an integrated seamless system of support for all postpartum women consistent with change in HBHC policy direction	✓	Waiting for policy direction from Ministry of Children and Youth Services.
	Improve access to children and family services in collaboration with community partners through the implementation of a single access point initiative	D. Barr-Elliott N. Tran FH	Work with Best Start to determine how best to provide a single point of access to services and information for children and families	✓	Contributing to Best Start deliberations

Appendix "C" to Board of
Health Report 12-005

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
	Support HRPR action plan and develop a program to improve access to healthy food for those in greatest need	N. Tran E. Pezzetta HL HP	Develop pilot food voucher program for BOH consideration	★	Options presented to May BOH. Decision made not to pursue further.
			Participate in development of school nutrition programs	✓	Awaiting further direction from CMO.
	Develop a plan to prevent childhood obesity (with cost impacts)	D. Barr-Elliott E. Pezzetta FH HL	Complete situation assessments for activity friendly communities and healthy food system and define priority areas for action	✓	Situational assessments completed; priority areas definition underway
			Identify two topics with potential of policy development and complete position papers for endorsement by BOH	✓	Position papers for Active Friendly Communities and Healthy Food Systems have been developed. Planned presentation of position papers to BOH for endorsement by end of 2012.
			Review results of Peel Health Units literature review to determine effective interventions to prevent childhood obesity in children 0-6 years	★	Peel Health Unit literature review has been reviewed
			Develop a plan based on effective interventions that focuses on preventing childhood obesity in children 0-6 years	✓	Overall plan under development: Raising the Bar and Nutristep have been implemented in child care centres for completion by end of 2012.
			Develop linkages to provincial childhood obesity strategy	✓	Provincial "Healthy Kids Panel" developed with provincial PH representation to reduce childhood obesity. Awaiting further actions from Healthy Kids Panel

Appendix "C" to Board of
Health Report 12-005

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
	Protect, promote and support breast feeding for healthy mothers and babies by achieving Baby Friendly Community Accreditation Status by 2014	D. Barr-Elliott		✓	
	Development of a Comprehensive Rental Housing Licensing Program	TBD	Further specific objectives to be developed in 2013 SBP	✓	Part of 2013 SBP
	Implement 10 year Housing and Homelessness Action Plan	TBD	Provide individualized supports to facilitate housing retention and ownership	✓	Further specific objectives to be developed in 2013 SBP
			Support development of quality, safe and suitable housing options	✓	Further specific objectives to be developed in 2013 SBP
BOH	Take action on the Social Determinants of Health	N. Tran G. McArthur All Divisions	Establish PHS SDOH Committee	☆	Committee Established
			Each division apply an equity lens to one program	✓	Equity lens from PHO has been adopted as tool each division to use in at least one program area. Equity lens tool currently piloted by one program in each division
			75% of PHS managers and 50% of front-line staff will attend SDOH workshop	☆	At least 75% of PHS managers and 50% of front-line staff attended SDOH workshop
			Identify one health advocacy initiative and begin preparation for BOH	✓	Initiatives selected: Activity friendly communities and healthy food systems
			Complete development of resource for schools on SDOH	✓	Draft teaching resource document on poverty developed collaboratively with school boards. Planned piloting in select high schools for Fall 2012.

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Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
			Develop PHS-wide definition of priority populations	★	Completed
BOH	Reduce public health risks related to environmental health issues	R. Hall C. Mackie HP	Develop and deliver Rural Water Quality Report to rural residents	★	Completed
		R. Hall M. Lawson	Implement public reporting of the Air Quality Health Index (AQHI)	★	Completed
		R. Hall HP SU	That, staff bring forward the Terms of Reference, and Action Plan to the Board of Health, and a funding request be submitted to the Ministry of the Environment to assist with the costs of a pollution study;	✓	On schedule to report back to the Board of Health in late Q3 or early Q4, 2012
		R. Hall HP SU	That staff be directed to establish an Air Quality Task Force, which is to include key stakeholders to determine whether pollution in neighbourhoods near Hamilton's industrial core is impacting human health, and report back to the Board of Health	✓	On schedule to report back to the Board of Health in late Q3 or early Q4 2012 on the progress of the development of the Task Force and its objectives.
		R. Hall HP	Investigate and inspect known and reported contaminated lands in the City that may present a health hazard to the public	Ongoing	Ongoing
		R. Hall HP	Develop framework to better define and identify types of environmental health hazards	✓	Undertaking external scan of other jurisdictions target for Q4, 2012

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Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
		R. Hall HP	Develop and deliver an environmental lead awareness program that will attempt to reduce exposure to environmental lead for high-risk groups (children <7yrs, pregnant women and women who may become pregnant)	✓	Initial report to BOH Q3 2011. Campaign under development. Scheduled for June 2012 BOH meeting.
		R. Hall HP	Meet with environmental groups from across Hamilton to clarify mandate and hear their perspective on environmental priorities	⊛	Completed – information has been incorporated into SDOH/ Neighbourhood Strategy
BOH	Reduce Exposure to Second Hand Smoke – Implementation of the Smoke-Free Outdoor Recreational Areas By-Law	N. Tran E. Pezzetta HL PBI	Develop and deliver a public education strategy	✓	Public education continues throughout 2012, including paid newspapers, radio, Facebook advertisements, posters, Tobacco Hotline and City of Hamilton website. Receive complaints via Hotline and website.
			Develop and implement strategically targeted visible, attractive promotions and signage for recreational and park areas	✓	Promotions and signage for recreational centres and parks are underway. Expected completion in 2012.
			Enforce By-law on a complaint basis using existing Tobacco Enforcement Officers applying a risk management model.	✓	Initial phase of enforcement beginning in May 2012 will primarily consist of education, and then move towards warnings and/or charges as appropriate.
			Develop and implement a City of Hamilton staff education and awareness program concerning compliance with the By-law.	✓	A variety of corporate communications channels and forums such as eNet, JHSCs, Bulletins, Orientation Manuals, and staff training have been developed and initiated across relevant departments/divisions.

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Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
			Develop and implement an evaluation of implementation process and outcomes after the first year of enforcement activities.	✓	Planned for 2013, after first year of enforcement activities to allow for assessment of a season of full enforcement. Can inform any adjustments necessary in preparation for 2015 Pan Am events. Preliminary plans for evaluation include measuring prevalence of exposure to smoking in parks, frequency of complaints and number of tickets issued, cigarette butt litter audits
BOH	Healthy Smiles Ontario (Low Income Dental Program Implementation)	G. McArthur CPS	Increase capacity at 1447 Upper Ottawa clinic	★	Clinic renovations completed
			Fee for service budget to refer to private dental services	★	Clients referred to private dentists
			Enhanced screening services for children 0-4 years and youth 14-17 years	★	Dental screening capacity has been increased using community locations including Ontario Early Years Centres, Arrell Youth Centre., Notre Dame House, Living Rock and City of Hamilton Libraries.
			Mobile Preventive Services	★	East End Public Health Clinic; Beasley Community Centre; Good Shepherd Centre
			Promotion to increase uptake	★	Promotion activities included bus, mall, newspaper, radio, tv ads, and events with Women Health Educators to reach diverse cultural groups
CSP 1.6 Enhancing Overall Sustainability	Development of a Community-based Climate Change Action Plan	R. Hall HP	Further specific objectives to be developed as part of 2013 SBP	✓	Further specific objectives to be developed as part of 2013 SBP

Corporate Priority #2 – Valued & Sustainable Services

WE deliver high quality services that meet citizen needs and expectations, in a cost effective and responsible manner.

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
CSP 2.1 Implement processes to improve services, leverage technology and validate cost effectiveness and efficiencies across the Corporation.	Complete a Service Delivery Review, establishing performance measures and identification of recommended service levels	T. Bendo J. Kohut All	Participate in City Service Delivery Review	✓	Completing service profiles for May 11th. Exploring how to further link SDR process with program performance measurement and monitoring, as well as operational planning
	Develop and implement a redeveloped website and associated management plan to provide more on-line transactions	T. Bendo J. Kohut All	Participate in redevelopment of City website	✓	Awaiting next steps from Strategy Team
	Implement the call handling review recommendations	T. Bendo All	Participate as required and as plan is developed	✓	Awaiting steps from the Strategy Team
	Develop an Information Services governance model and identify areas for improvement, consolidation and savings	T. Bendo J. Kohut All	Participate in development of new governance model and service rationalization	✓	Awaiting next steps from Strategy Team
	Review the feasibility regarding the implementation of an Employee Suggestion Program for the City of Hamilton.	R. Hall All	Participate on Employee Suggestion Committee	✓	Awaiting next steps from City Manager's Office
	Develop and implement a Financial Sustainability Plan	E. Richardson	Participate in development of financial sustainability plan	✓	Awaiting next steps from CMO/Corporate Services
	Implement a Value for Money performance audit program	E. Richardson	Provide advice to internal audit on appropriate areas for VFM Audits	✓	Awaiting next steps from Internal Audit

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Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
			Participate in audits and develop Management Action Plans as required	✓	Awaiting next steps from Internal Audit
	Develop a Corporate template for the Departmental business plans, aligning to the 2012 – 2015 Strategic Plan and future budgets	E. Richardson	Participate in development of template, and implement once approved	✓	Being finalized by CMO.
BOH	Respond to critical demand work in priority (incl. outbreaks, infectious diseases, adverse water results, health hazards)	R. Hall J. Emili All	Develop policy and framework for critical response activities, including prioritized list of critical demand activities in each division with identified timelines for response	⊛	Framework developed and consultation occurred with councillors. Approved at BOH in May 2012.
			Develop monitoring and reporting system for critical demand driven activities in each division	✓	Work in progress
			Report annually to BOH on performance on response within identified timelines	✓	Developing Reporting framework
			Provide community with information and a Public Health response for critical health issues in a timely manner.	Ongoing	Ongoing
			Review and improve Food Safety Zone website accessibility	✓	Evaluation of stakeholder input gathered. Report to go BOH in Q 3 2012.

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Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
BOH, PD	Managing Program Performance	T. Bendo E. Richardson All	Develop performance indicators and targets for all programs	✓	Indicators and targets to be developed for all programs, and initial report on baseline to be completed by Q4 2012. Initial indicators developed as part of Accountability Agreement
			Develop system to monitor compliance	✓	Service Performance and Accountability Committee established, mandate includes development of monitoring system
			Review Organizational Standard and make recommendations for compliance	✓	Initial review of Organizational Standards complete and reviewed with BOH. Plans to address gaps incorporated into departmental plans
			Work with province to develop Accountability Agreement for BOH consideration	★	Completed. Baseline measures and 2012 performance targets successfully negotiated
			Work with province on Developmental Indicators	✓	Awaiting next steps from province
BOH	Program Operational Plans	E. Richardson All	Complete operational plans for all programs.	Ongoing	Operational plans completed for 2011 and 2012 for all programs.
BOH	Financial Accountability - improve financial monitoring, reporting and performance	E. Richardson All	Achieve 100% compliance with corporate and provincial policies	Ongoing	Ongoing - Implemented new procurement procedures as per new policy. Major revision in HR policies to be rolled out Q3/4 2012.

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Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
			Accurately forecast monthly position	✓	Completed Business Process Review on BERs. Implemented recommendations. Improved tools developed for forecasting. Moved forecasting to 6 times per year. Will incorporate analysis of historical trends into BER tool.
			Proactively manage budget based on forecasts	✓	Identified strategies to target systemic issues creating budget variances
BOH	E-Health Solutions Multi-year plan	T. Bendo E. Richardson All	Develop plan to implement electronic methods for client scheduling and registration, nursing documentation and clinic management	★	Plan presented to BOH October 2011
			Develop business case and capital budget requests for plan	★	Business case included in October BOH report. Capital request approved in 2012 budget. One time funding request submitted to the Province in 2012 budget submission. Awaiting response
			Implement OSCAR: - Mental Health Q2 2012 - Sexual Health Q4 2012 - Family Health Q1 2013	✓	OSCAR implemented for Mental Health ahead of schedule. Currently implementing within Sexual Health
BOH	Evidence-based practice and decision-making	T. Bendo All	Develop data architecture for PHS which will support key performance indicator reporting and surveillance PHS wide	✓	Consultant has provided recommendations for data architecture for PHS. PHSMT to determine feasibility of recommendations for development of capital plan for 2013 and beyond- was expected in Q1 but will happen early Q3

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Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
		J. Emili T. Bendo	Align research activities with the Strategic Plan/Strategic Business Plan	✓	Consultations within PHS complete. Key partners to be identified and MOUs developed
		T. Bendo J. Emili	Develop staff competencies to support evidence-based decision-making	✓	Review roles of program staff and specialized staff, and develop staff competency development plan.
		T. Bendo J. Emili	Review model for health status monitoring and surveillance activities	✓	Plan to be developed in Q4 2012
		T. Bendo All	Produce 5 new health status reports - Cancer incidence and mortality - Alcohol, gambling and drugs - Oral health - Emergency Preparedness - Food Safety	✓	<p><i>Completed:</i></p> <ul style="list-style-type: none"> - Healthy Eating, Healthy Weights & Physical Activity in Hamilton - Emergency Preparedness - Cancer incidence & Mortality <p><i>Completion for Q2:</i></p> <ul style="list-style-type: none"> - Alcohol, gambling & drugs - Oral health <p><i>Completion for Q3:</i></p> <ul style="list-style-type: none"> - Child Health <p><i>Completion for Q4:</i></p> <ul style="list-style-type: none"> - Food safety - Healthy Eating Healthy Weights & Physical Activity in Hamilton: SES differences

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
BOH	Continually improve programs and services	T. Bendo All	Undertake program evaluations/situational assessments within 7 programs: - Media Evaluation; - Non-Management Learning Needs; - Vector-Borne Disease Logic Model Development & Evaluation Framework; - Waterdown Sexual Health Clinic Service Evaluation; - VPD School Program Evaluation; - Prenatal Evaluation;	✓	3 completed: - Media Evaluation; - Non-management Learning Needs - Vaccine Preventable Diseases School Program Evaluation 1 scheduled for completion Q3: - Vector-Borne Disease Logic Model Development & Evaluation Framework 2 scheduled for completion Q4: - Waterdown Sexual Health Clinic Service Evaluation; 1 awaiting ethics review: - Prenatal Evaluation,
	Monitoring and Evaluation	All	Document monitoring and evaluation activities in operational plans and ensure used to inform/change subsequent year's program planning.	Ongoing	Program monitoring & evaluation activities are being integrated into operational plans. Documentation of changes to subsequent year's program planning is incorporated into operational plans.
BOH	Rationalization of Schedule 20 of the Licensing By-Law subsequent to Ontario Retirement Homes Act	R. Hall HP	Review new Ontario Retirement Homes Act and its regulations, and make recommendations to Board of Health for modifications to Schedule 20 to reduce duplication while ensuring health and safety of residents of Schedule 20 facilities remain protected.	✓	Analysis of draft regulations completed and recommendations submitted to Province Information Update provided to Council in April, 2012 Report to GIC planned for Q2 2012

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Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
BOH	Coordinate Emergency Planning Response across the Hamilton Health Sector	E.Richardson J. Emili	Develop and implement an MOU for the Hamilton Health Sector that governs the coordination, interoperability, cooperation and communication between parties to plan, respond and recover from health emergencies	★	Completed Q3 2011

Corporate Priority #3 – Leadership & Governance

We work together to ensure we are a government that is respectful toward each other and that the community has confidence and trust in

Objective	Strategic Action	PHS Lead & Divisions	Activities	Status	Comments
CSP 3.1 Engage in a range of inter-governmental relations (IGR) work that will advance partnerships and projects that benefit the City of Hamilton.	Develop and maintain a list of priority and "shovel-ready" projects, across all Departments, in order to more efficiently present opportunities for collaboration with other levels of government	E. Richardson	Develop a list of PHS priority initiatives	Ongoing	Priority initiatives developed yearly as part of the planning process.
CSP 3.2 Build organizational capacity to ensure the City has a skilled workforce that is capable and enabled to deliver its business objectives	Implement a workforce management strategy	E. Richardson	Develop profile of current workforce, including early retirements	✓	Initial steps to be accomplished as part of succession planning for leadership and critical need positions (see below)
			Forecast workforce supply and skill demands	✓	Awaiting next steps from HR
			Participate in development of and implement a succession planning program for leadership and critical need positions	✓	Contributed to development as member of SMT. Awaiting next steps to implement from HR. Plan to have profile and succession plans for leadership positions by Q4 2012
			Develop and implement a leadership and management development plan	✓	Leadership development plan developed and implemented in 2010/11 in coordination with HR. Manager needs assessment completed in 2011. Management development program developed based on needs assessment in coordination with HR, for implementation over 2012/13

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Objective	Strategic Action	PHS Lead & Divisions	Activities	Status	Comments
			Developing an attraction and retention strategy that fosters a diverse and inclusive workforce	✓	Awaiting next steps from HR
			Develop the role of the Nursing Practice Advisor	✓	Developing logic model and workplan for the Nursing Practice Advisor
	Revise the existing performance management system and implement across organization	E. Richardson	Participate in HR process using information gained from PHS Core Competency Pilot	✓	Phase 2 pilot implementation completed end of 2011. Phase 3 evaluation completed early 2012 completing the pilot. Introduction of tool across PHS not feasible. Core competencies to be incorporated into PHS customization of new Corporate Performance Management tool. Awaiting launch of tool from HR by end of 2012.
BOH	Manage performance to improve workforce effectiveness	E. Richardson	Achieve 90% completion of performance appraisals	✓	Monitoring system developed and implemented. Increased completion rate from 58% to 81% in 2011
	Develop core competencies of staff	T. Bendo E. Richardson	Determine staff competency development priorities	✓	Survey of staff professional development needs completed. Plans will be developed to address priority needs in 2013.
CSP 3.3 Improve employee engagement	Develop and implement an internal communication strategy	T. Hall	Participate in corporate process	✓	Awaiting next steps from CMO
	Development of new Corporate Employee Recognition Program	E. Richardson	Participate in corporate process	✓	Awaiting next steps from CMO
	Implement the Healthy Workplace Strategy	L. Beaudoin K. Leung	Participate in corporate process	✓	Awaiting Healthy Workplace Advisory Committee to present Strategy to SMT.

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Objective	Strategic Action	PHS Lead & Divisions	Activities	Status	Comments
BOH	Orientation to PHS	T. Bendo	Develop formal orientation process to ensure that all employees are provided a comprehensive orientation to the city, PHS and their specific program/service areas.	★	Orientation to PHS Project completed and launched in April 2011 in the form of a PHS Orientation E-manual on the PHS intranet. This E-Manual and accompanying process complements the City New Employee Orientation and orientation conducted at the specific program level.
N	Develop an organizational effectiveness strategy and implementation plan to support the successful achievement of PHS strategic goals.	G. McArthur E. Richardson	Development of a change management process about organizational effectiveness and demonstrating the values in PHS	✓	Create opportunities for modeling corporate values through communication and employee engagement strategies
			Consolidation plans are aligned with organizational effectiveness and values	✓	Provide advice and strategies to PHS Consolidation Project Team
			Track progress through Employee Engagement Survey beginning in 2013 and every 2-3 years ongoing.	✓	Currently reviewing employee engagement survey tools to determine best fit for PHS
CSP 3.4 Enhance opportunities for administrative and operational efficiencies	Leverage technology to streamline workflow processes, enable better workforce management, and assist in management decision making	E. Richardson	Implement Position Management	✓	Verification completed for second time in Q1 2012
		E. Richardson	Participate in Automated Workflow & Approvals & Employee & Manager Self-Service	✓	Awaiting next steps from HR
	Implement the Employee Attendance Management Action Plan to decrease absenteeism	E. Richardson	Participate in implementation	✓	Awaiting next steps from HR

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Objective	Strategic Action	PHS Lead & Divisions	Activities	Status	Comments
BOH	Human Resources Policies and Procedures	G. McArthur All Corporate HR	Complete review of all human resource policies and procedures and establish more formal mechanisms for regular review.	✓	Corporate HR are updating policies and procedures with a plan to complete by late 2012. Related Departmental policies and procedures are continuing to be updated. PHS will bring all departmental human resources policies up to date once HR review is complete, targeting late Q2 2013 and continue to review every one to three years with those that address issues with a higher degree of risk/liability to the organization, or related to medical issues requiring annual review.
			Develop policies for volunteers.	←	PHS draft volunteer policies and procedures have been shared with Human Resources. HR policy to be completed by late 2012, and departmental policy to be completed subsequently.
BOH	Position Descriptions	E. Richardson All Corporate HR	Collaborate with Human Resources to develop position descriptions for all staff.	←	Director and AMOH job descriptions completed in 2010. Manager and non-union job descriptions completed as posted during 2011. Any remaining job descriptions to be done will be completed in 2013 (as applicable).
Previous CSP Foster positive relationships between staff and Board of Health	Ensure requests from individual BOH members are addressed in the most appropriate manner		Consult with individual Board of Health members to identify the range of requests that they would bring to staff	★	Completed 2011
			Recommend approaches for the consideration of the Board of Health on how to appropriately address such requests	★	Completed 2012

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Objective	Strategic Action	PHS Lead & Divisions	Activities	Status	Comments
BOH Support effectiveness of Board of Health members	Continuing education of BOH members	E. Richardson	OCCHA encouraged Board of Health members to Participate in continuing education opportunities to facilitate their knowledge skills, and understanding relative to their roles and responsibilities.	←	Notifications for educational opportunities continue to be sent to BOH. Developing plan for BOH Workshops to begin in 2012
			Conduct monthly workplace inspections in a manner consistent with agency policy & legislation.	Ongoing	Workplace inspections are being conducted on a monthly basis.
BOH	Health & Safety	T. Bendo	Provide WHMIS training to all new staff and assess training needs annually.	✓	On-line WHMIS training developed and incorporated into Orientation to PHS Project. To date approximately 90% of staff have completed training. New employees complete training as part of their orientation.