



City of Hamilton
BOARD OF HEALTH REVISED

Meeting #: 18-002
Date: February 22, 2018
Time: 1:30 p.m.
Location: Council Chambers, Hamilton City Hall
71 Main Street West

Loren Kolar, Legislative Coordinator (905) 546-2424 ext. 2604

	Pages
1. APPROVAL OF AGENDA	
(Added Items, if applicable, will be noted with *)	
2. DECLARATIONS OF INTEREST	
3. APPROVAL OF MINUTES OF PREVIOUS MEETING	
3.1 January 15, 2018	5
4. DELEGATION REQUESTS	
4.1 Sandi Stride, Mohawk College, respecting Item 5.2, Climate Change Partnership (BOH18009), and to provide an update on the Centre for Climate Change Management, and the March 7/8th Climate Change Summit (for today's meeting)	10
*4.2 Don McLean, Hamilton 350 Committee, respecting Item 5.2, Climate Change Partnership (BOH18009)	20
5. CONSENT ITEMS	
5.1 Board of Health Financial Controls Checklist (BOH18008) (City Wide)	28
5.2 Bay Area Climate Change Partnership (BOH18009) (City Wide)	36

6. PUBLIC HEARINGS / DELEGATIONS

- 6.1 Lynn Gates, Food Advisory Committee, respecting the Food Strategy Implementation Plan.

7. STAFF PRESENTATIONS

- 7.1 Ontario Public Health Services (OPHS) Modernization - Annual Service Plan & Budget BOH17010(e) (City Wide) 40

Note: Due to bulk, Appendix "A" is not available in the print version of the agenda but is available for viewing in the City Clerk's Office and online at www.hamilton.ca.

8. DISCUSSION ITEMS

- 8.1 Food Strategy Implementation Plan (BOH13001(f)) (City Wide) (Tabled at the January 15, 2018 meeting) 191
- 8.2 Food Strategy Implementation Plan (BOH13001(g)) (City Wide) (Tabled at the January 15, 2018 meeting) 223

9. MOTIONS

- 9.1 Amendment to the City of Hamilton's Food Strategy (Tabled at the January 15, 2018 meeting)
- *9.1.a Replacement Motion respecting Amendment to the City of Hamilton's Food Strategy 228

10. NOTICES OF MOTION

11. GENERAL INFORMATION / OTHER BUSINESS

- 11.1 Correspondence from the Minister of Health and Long-Term Care respecting a Base Funding Increase to Support the Delivery of the Needle Exchange Program Initiative for the City of Hamilton. 231

Recommendation: That the Board of Health authorize and direct the Medical Officer of Health to receive, utilize, and report on the increased funding from the Ministry of Health and Long-Term Care to support the delivery of the Needle Exchange/Syringe Program and services.

*11.2 Amendments to the Outstanding Business List

*11.2.a Items to be marked as completed and removed:

Item M - Food Strategy Priority Actions 4 &5 (August 11, 2016, Item 7.1)

Addressed in Item 8.1

Item N - Food Strategy Priority Actions Implementation Plan (August 11, 2016, Item 7.1)

Addressed in Item 8.2

Item S - Review of the City of Hamilton Public Health Services School Program

(January 16, 2017, Item 9.1)

Item AA - Review of Heart &Stroke Position Statement on Sugar, Heart Disease and Stroke (BOH17022)

(June 19, 2017)

Item JJ - Correspondence from the Association of Local Public Health Agencies (alPHa) dated July 18, 2017, respecting the Council of Medical Officers of Health Recommendations for the Immunization of School Pupils Act (ISPA) and the Child Care and Early Years Act (CCEYA)

(November 13, 2017, Item 11.2)

Mailed February 9, 2018

*11.2.b Items with revised due dates:

Item A - Staff to report on Food Waste Management (Motion from Clr Merulla)

(January 12, 2015, Item 10)

Due Date: December 4, 2017

Revised Date: March 19, 2018

Item G - Review of the City of Hamilton's Pest Control By-law

(November 16, 2015, Item 9.1)

Due Date: March 19, 2018

Revised Date: ON HOLD – with Legal Services

Item I - Pilot-Project to Eliminate Sales of Products with Peanuts or Tree Nuts in four City of Hamilton Facilities

(June 13, 2016, Item 8.2)

Due Date: Q1 2018

Revised Date: March 19, 2018

Item P - Contaminated Sites Management Plan

(December 5, 2016, Item 5.1)

Due Date: --

Revised Due Date: Q4 2018

Item CC - Millgrove Public School respecting a Food Recovery Program from Stores and Farmers for the Benefit of the Food Bank (June 19, 2017, Added Item 6.3)

Due Date: --

Revised Due Date: March 19, 2018

Item DD - Stock Epinephrine Auto Injector Expansion in Restaurants (BOH13040(c))

(June 19, 2017, Item 7.1)

Due Date: --

March 19, 2018

Item EE - Reduction of Airborne Particulate in Hamilton

(July 13, 2017, Added Item 9.1)

Due Date: Q1 2018

Revised Due Date: April 16, 2018

12. PRIVATE AND CONFIDENTIAL

13. ADJOURNMENT



BOARD OF HEALTH MINUTES 18-001

1:30 p.m.

Monday, January 15, 2018

Council Chambers

Hamilton City Hall

Present: Councillor A. Johnson (Deputy Mayor)
Councillors J. Farr, M. Green, S. Merulla, C. Collins, T. Jackson, D. Skelly, T. Whitehead, D. Conley, M. Pearson, B. Johnson and J. Partridge

Absent with regrets: Mayor F. Eisenberger – Personal, Councillors L. Ferguson, A. VanderBeek and R. Pasuta – City Business

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

1. **Public Health Services 2017 Department Operational Work Plan (BOH17002(b)) (City Wide) (Item 5.1)**

(Merulla/Jackson)

That Report BOH17002(b), respecting a Public Health Services 2017 Department Operational Work Plan, be received.

CARRIED

2. **Ontario Public Health Standards Modernization - Organizational Requirements Compliance Assessment (BOH17010(c)) (City Wide) (Item 5.2)**

(Conley/Pearson)

That Report BOH17010(c), respecting the Ontario Public Health Standards Modernization - Organizational Requirements Compliance Assessment, be received.

CARRIED

3. **Ontario Public Health Standards Modernization - Annual Service Plan & Budget Template (BOH17010(d)) (City Wide) (Item 5.3)**

(Jackson/Conley)

That Report BOH17010(d) respecting the Ontario Public Health Standards Modernization - Annual Service Plan & Budget Template, be received.

CARRIED

4. One-time Funding for Alcohol, Drug & Gambling Services, Community Partnership Initiatives (BOH17046) (City Wide) (Item 8.1)

(Pearson/B. Johnson)

- (a) That the Board of Health authorize and direct the Medical Officer of Health to receive, use and report on one-time funding from the Hamilton Niagara Haldimand Brant Local Health Integration Network, of \$14,158 for a 0.5 full time equivalent social work position in the Alcohol, Drug & Gambling Services program, for a 3 month pilot project from January 1, 2018 to March 31, 2018 providing on-site support at Towards Recovery and the Ontario Addiction Treatment Centre Clinics;
- (b) That the Board of Health authorize and direct the Medical Officer of Health to increase the complement in Alcohol, Drug & Gambling Services program by 0.5 full time equivalent for the term of the above pilot;
- (c) That the Board of Health authorize and direct the Medical Officer of Health to receive, utilize and report on one-time funding from the Hamilton Niagara Haldimand Brant Local Health Integration Network, of \$14,158 for a 0.5 full time equivalent social work position in the Alcohol, Drug & Gambling Services program, for a 3 month pilot project from January 1, 2018 to March 31, 2018 to work with Hamilton Health Sciences to improve care for persons with repeat Emergency Department visits related to substance abuse; and,
- (d) That the Board of Health authorize and direct the Medical Officer of Health to increase the complement in Alcohol, Drug & Gambling Services program by 0.5 full time equivalent, for the term of the above pilot.

CARRIED

5. Alcohol, Drug & Gambling Services - Community Mental Health Promotion Program Budget 2018-2019 (BOH18003) (Item 8.2)

(Farr/Partridge)

- (a) That the Board of Health approve the 2018-2019 Alcohol, Drug & Gambling Services Hamilton Niagara Haldimand Brant, Local Health Integration Network budget; 100% funded by the Hamilton Niagara Haldimand Brant, Local Health Integration Network;
- (b) That the Board of Health approve the 2018-2019 Community Mental Health Promotion Program Hamilton Niagara Haldimand Brant, Local Health Integration Network budget; 100% funded by the Hamilton Niagara Haldimand Brant, Local Health Integration Network; and,
- (c) That the Medical Officer of Health or delegate be authorized and directed to receive, utilize and report on the use of these funds.

CARRIED

6. **Correspondence from the Renfrew County and District Health Unit respecting a Resolution regarding revised Ontario Public Health Standards and commensurate increases in Ministry of Health and Long Term Care funding (Item 11.1)**

(Pearson/Conley)

That the Correspondence from the Renfrew County and District Health Unit respecting a Resolution regarding revised Ontario Public Health Standards and commensurate increases in Ministry of Health and Long Term Care funding, be endorsed by the Board of Health.

CARRIED

FOR INFORMATION:

- (a) **CHANGES TO THE AGENDA (Item 1)**

The Clerk advised the Board of the following changes:

1. **ADDED DELEGATION REQUEST (Item 4)**

4.1 Lynn Gates, Food Advisory Committee, respecting Item 8.3, Food Strategy Implementation Plan (BOH13001(f)), and Item 8.4, Food Strategy Implementation Plan (BOH13001(g)).

(Partridge/Conley)

That the agenda for the January 15, 2018 Board of Health be approved, as amended.

CARRIED

- (b) **DECLARATIONS OF INTEREST (Item 2)**

None.

- (c) **APPROVAL OF MINUTES OF PREVIOUS MEETING (Item 3)**

- (i) **December 4, 2017 (Item 3.1)**

(B. Johnson/Pearson)

That the Minutes of the December 4, 2017 meeting of the Board of Health be received, as presented.

CARRIED

- (d) **DELEGATION REQUEST (Item 4)**

- (i) **Lynn Gates, Food Advisory Committee, respecting Item 8.3, Food Strategy Implementation Plan (BOH13001(f)), and Item 8.4, Food Strategy Implementation Plan (BOH13001(g)) (Added Item 4.1)**

(Pearson/Green)

That the delegation request from Lynn Gates, Food Advisory Committee, respecting Item 8.3, Food Strategy Implementation Plan (BOH13001(f)), and

Item 8.4, Food Strategy Implementation Plan (BOH13001(g)), be approved, for a future meeting.

CARRIED

(e) DELEGATIONS (Item 6)

(i) Susan Creer, respecting Secondhand Smoke in CityHousing Hamilton Buildings (approved at the October 16, 2017 meeting) (Item 6.1)

Susan Creer addressed the Board of Health respecting Secondhand Smoke in CityHousing Hamilton Buildings, with the aid of speaking notes. A copy of the speaking notes have been included in the official record.

(Farr/A. Johnson)

That the delegation from Susan Creer, respecting Secondhand Smoke in CityHousing Hamilton Buildings, be received.

CARRIED

A copy of the speaking notes are available at www.hamilton.ca

(f) DISCUSSION ITEMS (Item 8)

(i) Food Strategy Implementation Plan (BOH13001(f)) (City Wide) (Referred from the December 8, 2017 Council meeting) (Item 8.3)

(Collins/Skelly)

That Report BOH13001(f), respecting the Food Strategy Implementation Plan, be TABLED to the February 22, 2018 Board of Health meeting.

CARRIED

(ii) Food Strategy Implementation Plan (BOH13001(g)) (City Wide) (Referred from the December 8, 2017 Council meeting) (Item 8.4)

(Collins/Skelly)

That Report BOH13001(g), respecting the Food Strategy Implementation Plan, be TABLED to the February 22, 2018 Board of Health meeting.

CARRIED

(g) MOTION (Item 9)

(i) Amendment to the City of Hamilton's Food Strategy (Item 9.1)

(Collins/Skelly)

That the motion respecting an Amendment to the City of Hamilton's Food Strategy, be TABLED to the February 22, 2018 Board of Health meeting, to allow the Councillor time for a fullsome discussion with representatives of the Emergency Food Providers' Network.

CARRIED

(h) **ADJOURNMENT (Item 13)**

(Skelly/Green)

That, there being no further business, the Board of Health be adjourned at 2:01 p.m.

CARRIED

Respectfully submitted,

Deputy Mayor A. Johnson
Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk

4.1

Form: Request to Speak to Committee of Council

Submitted on Wednesday, February 7, 2018 - 5:40 pm

==Committee Requested==

Committee: Board of Health

==Requestor Information==

Name of Individual: Sandi Stride

Name of Organization: Mohawk College

Contact Number: 905-575-1212 x4323

Email Address: sandi.stride@mohawkcollege.ca

Mailing Address:

135 Fennell Ave W.

Hamilton, ON

L9C 0E5

Reason(s) for delegation request:

To provide an update on the Centre for Climate Change Management (the climate change partnership with Mohawk College and City of Burlington) and the March 7/8th Climate Change Summit.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? Yes

CENTRE FOR CLIMATE CHANGE MANAGEMENT at Mohawk College

Presentation to Board of Health
City of Hamilton
Feb 22nd, 2018





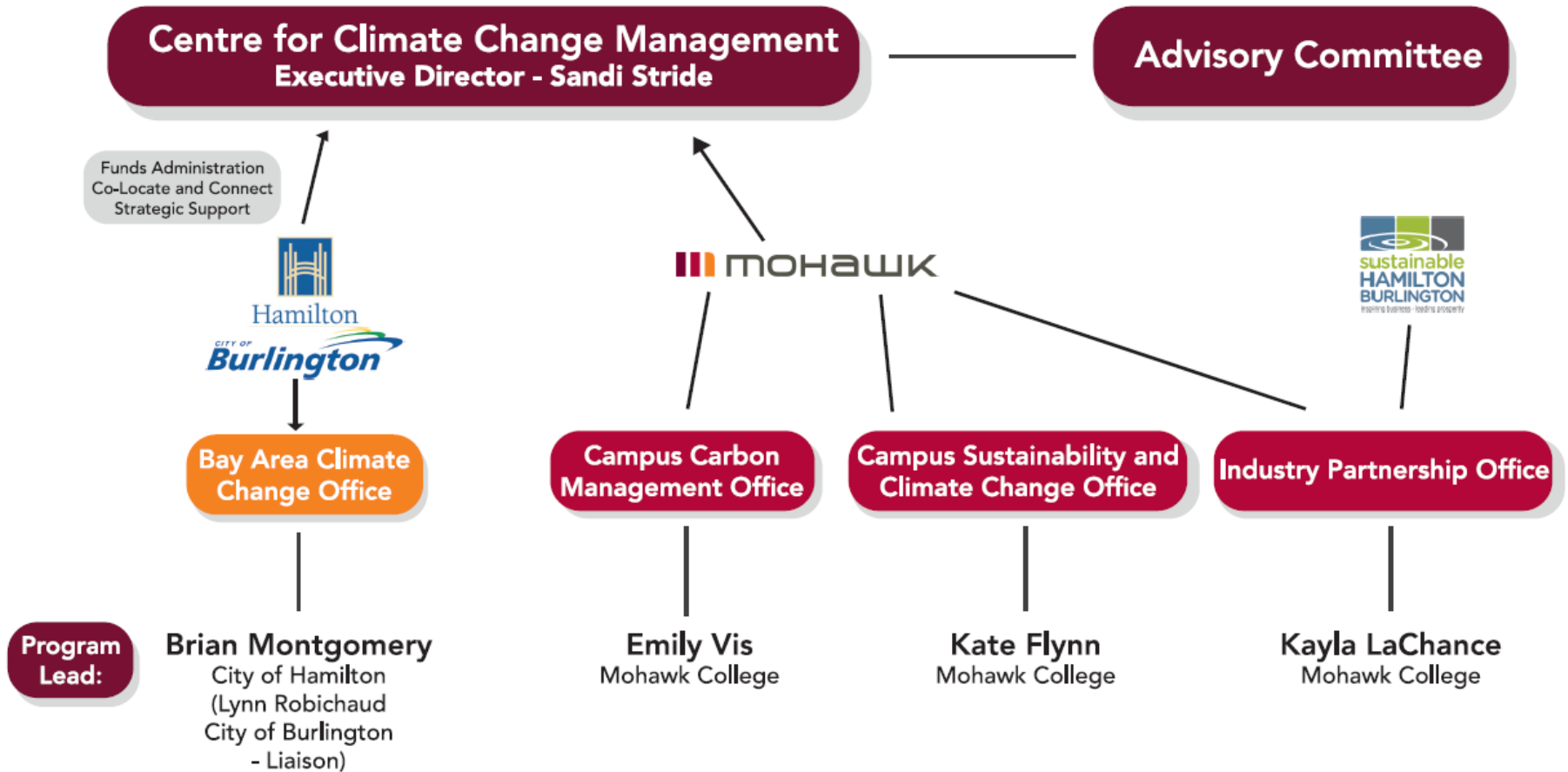
CENTRE FOR CLIMATE CHANGE MANAGEMENT LAUNCH UPDATE



Dec 15th Launch



Centre for Climate Change Management Today



Launching the Stakeholder Engagement Program:

Bay Area Climate Change Summit

Taking action together, today, for a better tomorrow

Hosted by
**The Centre for Climate Change Management
at Mohawk College**
Royal Botanical Gardens Auditorium • March 7 and 8

Climate Change Forum: March 7/8

- **Goals:**

- **Raise awareness** of the urgent need for local action on climate change
- **Launch the CCCM and Bay Area Climate Change Coordinating Office**
- **Re-engage** the community on climate change/solicit input
- **Secure buy-in** from key stakeholders and invite participation in **Bay Area Climate Change Coordinating Committee and Implementation Team**

- **Format:**

- Free, public event **March 7** evening with high-profile keynote
- **Full day conference on March 8:** morning focus on community & collaboration for climate change action, afternoon focused on economic risks/opportunities
 - Combination of keynote panel discussions and break-out work sessions
 - Pricing structure to allow half day to full conference attendance

Community & Collaboration

Morning presentations by:

- **Chris McLaughlin** | Executive Director, Bay Area Restoration Council
- **Lynn Robichaud** | Senior Sustainability Coordinator, City of Burlington
- **Brian Montgomery** | Senior Project Manager, Air Quality & Climate Change, City of Hamilton

Morning panelists include:









- **Brent Gilmour** | Executive Director for Quality Urban Energy Systems of Tomorrow (QUEST)
- **Natalia Moudra** | Director, Intact Centre on Climate Adaptation
- **Lynda Lukasik** | Executive Director, Environment Hamilton
- **Amy Schnurr** | Executive Director, Burlington Green
- **Jamie Skimming** | Manager Air Quality, City of London

Local Economy & Business

Afternoon panelists include:

- **Andrew Bowerbank** | Global Director, Sustainability, EllisDon
- **Frances Edmonds** | Head of Sustainability, HP Canada
- **Rubaid Khan** | Research Coordinator, Energy and Power Innovation Centre, Mohawk College
- **Melissa Mirowski** | Sustainability, Ikea Canada
- **Martin Vroegh** | Senior Director, Greenhouse Gas Reduction Technologies, Ontario Centres of Excellence

Bay Area Climate Change Action Plan Development

Milestone	4 th Q 2017	1 st Q 2018	2 nd Q 2018	3 rd Q 2018	4 th Q 2018	1 ST Q 2019
1 st Climate Change Forum						
Outreach and Consultation						
Bay Area Climate Change Council and Implementation Team Formed						
Work Plan Developed						
Implementation						
2 nd Climate Change Forum						
Bay Area GHG Inventory & Forecast: Interim Report Final Report						

Thank you!



4.2

Form: Request to Speak to Committee of Council

Submitted on Tuesday, February 20, 2018 - 5:21 pm

==Committee Requested==

Committee: Board of Health

==Requestor Information==

Name of Individual: Don McLean

Name of Organization: Hamilton 350 Committee

Contact Number: [REDACTED]

Email Address: [REDACTED]

Mailing Address:

[REDACTED]

Reason(s) for delegation request:

To address item 5.2 of the February 22 agenda : Bay Area
Climate Change Partnership (BOH18009)

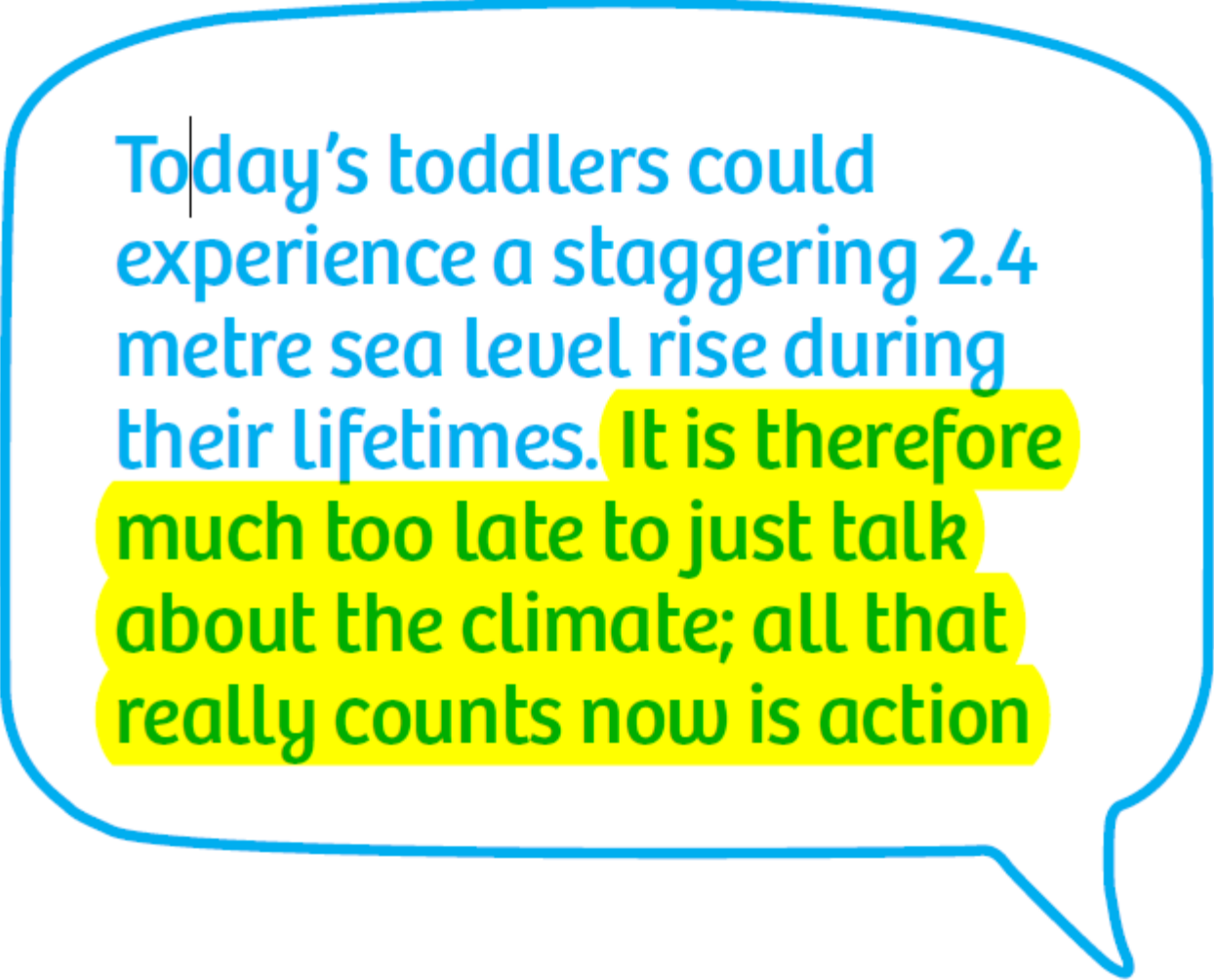
Will you be requesting funds from the City? No

Will you be submitting a formal presentation? No

Board of Health

February 22, 2018

Don McLean
Hamilton 350 Committee



Today's toddlers could experience a staggering 2.4 metre sea level rise during their lifetimes. It is therefore much too late to just talk about the climate; all that really counts now is action

-- *Environmental Commissioner of Ontario*
“Ontario’s Climate Plan from Plan to Progress” January 2018

Commissioner's introduction

- Current research forecasts we are on track for an average of 1.5 metres of sea level rise this century, i.e., within the lifetime of today's toddlers.
- Without protective measures, this amount of sea level rise would submerge land currently home to 153 million people. And it is now plausible that today's toddlers could experience a staggering 2.4 metre sea level rise during their lifetimes.
- This, plus the storm surges that already put millions of people at risk of catastrophic floods, would inundate coastal cities, ports and nuclear plants around the globe.

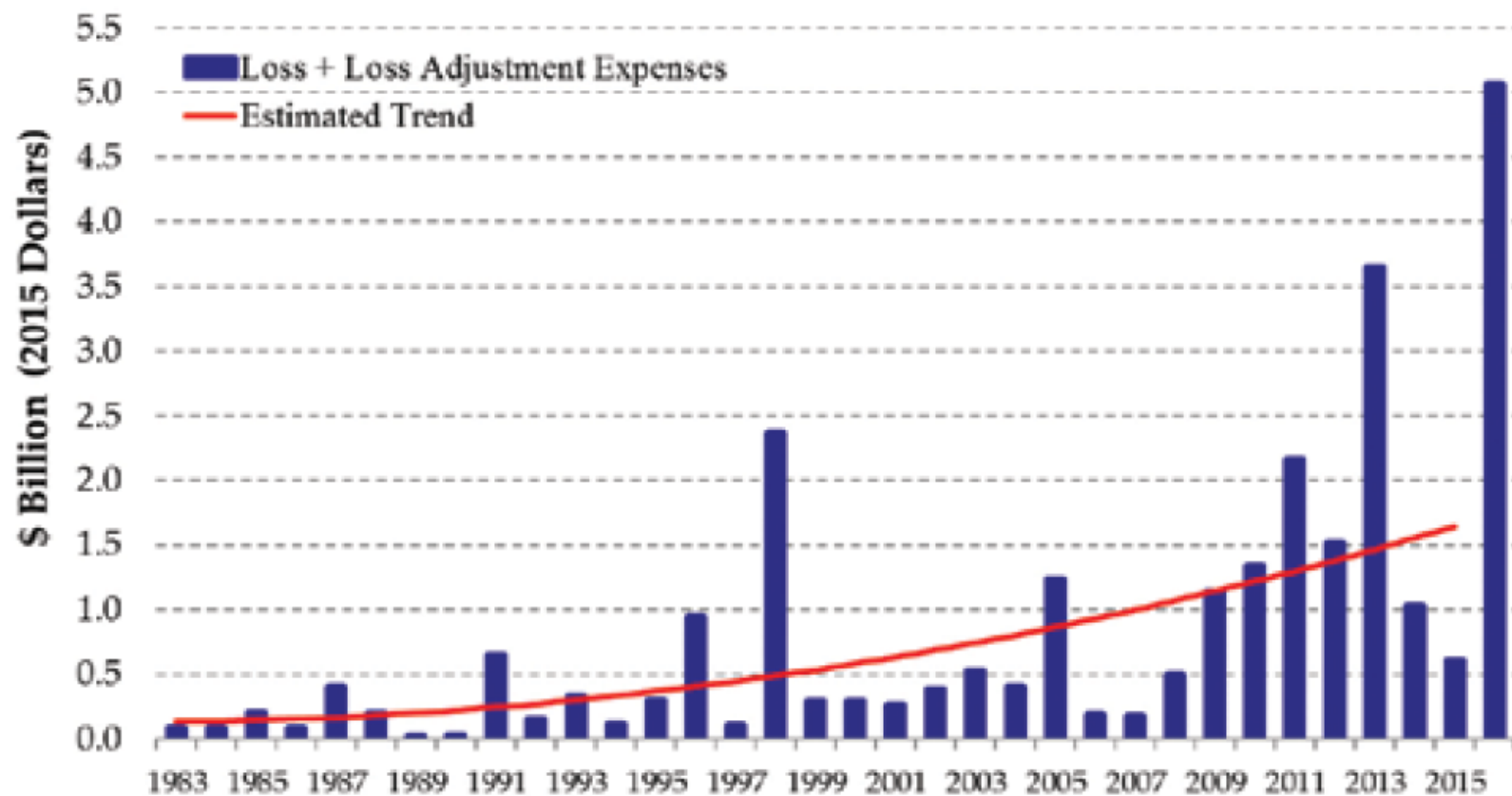


Figure 10.8. Catastrophic insured losses in Canada.

Source: Insurance Bureau of Canada, Lapo Calamai (2016).

Some obvious steps

- “Since the government released its *Climate Change Action Plan* in June 2016, it has introduced dozens of additional policies and programs to reduce emissions from buildings, waste, transportation, land use, etc.” – *Environmental Commissioner*
- Start by reviewing all these policies and evaluating how they could apply here

More obvious steps

- Ensure that every staff report includes a section on climate change implications
- Insist on knowing the GHG footprint of everything the city buys and give that significant weight in procurement decisions
- Join the province in prioritizing transit
- Join the province in stopping more sprawl

More Commissioner Advice

- Ontario has given municipalities “the power to adopt by-laws dealing with climate change”
- Cities “manage most of Ontario’s infrastructure including roads, transit, water, wastewater and waste.”
- Climate change must be “a central part of all government decision-making, spending and regulating.”



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	February 22, 2018
SUBJECT/REPORT NO:	Financial Controls Checklist BOH18008 (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Elaine Gee 905-546-2424, Ext. 3544
SUBMITTED BY:	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department
SIGNATURE:	

Council Direction:

Not Applicable.

Information:

Summary

Under the Public Health Funding and Accountability Agreement (PHFAA), the Ministry of Health and Long-Term Care requires boards of health to complete and submit a Financial Controls Checklist. The objective of this checklist is to provide boards of health and public health units with a tool for evaluating their internal controls while also promoting effective and efficient business practices. This tool is not meant to be exhaustive in nature, but instead informative, to guide the review and assessment of key internal controls. The Board of Health financial control objectives are consistent with those of the City of Hamilton.

The Financial Controls Checklist for the Hamilton Board of Health was reviewed by the Manager of Finance & Administration and relevant areas within Financial Services. In staff opinion, adequate financial controls are in place consistent with requirements in the checklist as they are examples of potential controls to support these objectives but are not limited to only those listed. As a result, no deficiencies or action plans were included in the checklist.

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

SUBJECT: Financial Controls Checklist BOH18008 (City Wide) Page 2 of 2

Background

The PHFAA acts as the legal framework under which boards of health receive provincial funding for public health programs and services. The PHFAA also outlines financial, program, and performance reporting requirements of a board of health to ensure compliance with this agreement.

As per Schedule E-1 of the PHFAA, boards of health are required to have financial controls in place to ensure:

- Financial information is accurately and completely collected, recorded, and reported.
- Revenue receipts are collected and recorded on a timely basis.
- Goods and services procurement, payroll and employee expenses are processed correctly and in accordance with applicable policies and directives.
- Errors, omissions or fraud within the fund disbursement process are prevented and detected.

The use of financial controls is established through organizational finance policies and guidelines. Public Health Services also follows all City of Hamilton financial policies and ongoing testing of financial controls is performed by Audit Services throughout the year and monitored through the Audit, Finance and Administration Committee.

The Board of Health is responsible for:

- Review and assessment of the completed Financial Controls Checklist.
- Ongoing monitoring of financial controls testing results.
- Approval of key financial controls and related policies.

The Financial Controls Checklist is completed annually. Each year, Public Health Services completes the checklist and brings forward to the Board of Health for review. This is the second annual submission of the Financial Controls Checklist which was completed for the period of January 1, 2017 – December 31, 2017 (Appendix A). In staff opinion, adequate financial controls are in place consistent with requirements in the checklist. As a result, no deficiencies or action plans were included in the checklist.

Appendices:

Appendix A to Report BOH18008 - Board of Health Financial Controls Checklist

Financial Controls Checklist

Board of Health:	Board of Health for the City of Hamilton, Public Health Services	Period ended:	Dec. 31/17
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Objective:

- The objective of the Financial Controls Checklist is to provide the Board of Health and the Public Health Unit with a tool for evaluating financial controls while also promoting effective and efficient business practices.

Responsibilities:

- This checklist is for the management of the public health unit to document that controls have been implemented. The controls listed in the checklist are not meant to be exhaustive. Management of the public health unit should outline other key controls in place for achieving the control objectives. One must note that no effective financial control is achieved by signing the checklist. The control is achieved through carrying out the key controls themselves.
- The following table outlines the responsibilities for completing and using this Financial Controls Checklist.

Description of Responsibilities	Board of Health	Management of the Public Health Unit
• Completion of Financial Controls Checklist		✓
• Review and assessment of the completed Financial Controls Checklist	✓	✓
• Ongoing design of financial controls		✓
• Ongoing preparation of policies related to financial controls		✓
• Ongoing testing of financial controls		✓
• Ongoing monitoring of financial controls testing results	✓	✓
• Approval of key financial controls and related policies	✓	✓
• Implementation of financial controls		✓

Financial controls support the integrity of the Board of Health's financial statements, support the safeguarding of assets, and assist with the prevention and/or detection of significant errors including fraud. Effective financial controls provide reasonable assurance that financial transactions will include the following attributes:

- **Completeness** – all financial records are captured and included in the board of health's financial reports;
- **Accuracy** – the correct amounts are posted in the correct accounts;
- **Authorization** – the correct levels of authority (i.e. delegation of authority) are in place to approve payments and corrections including data entry and computer access;
- **Validity** – invoices received and paid are for work performed or products received and the transactions properly recorded;
- **Existence** – assets and liabilities and adequate documentation exists to support the item;
- **Error Handling** – errors are identified and corrected by appropriate individuals;
- **Segregation of Duties** – certain functions are kept separate to support the integrity of transactions and the financial statements; and,
- **Presentation and Disclosure** – timely preparation of financial reports in line with the approved accounting method (e.g., Generally Accepted Accounting Principles (GAAP)).

Control Objective	Controls / Description	Control Deficiency (If Any) And Potential Impact
<p>1. Controls are in place to ensure that financial information is accurately and completely collected, recorded and reported.</p>	<p>Please select (☒) any following controls that are relevant to your board of health:</p> <ul style="list-style-type: none"> ☒ Documented policies and procedures to provide a sense of the organization’s direction and address its objectives. ☒ Define approval limits to authorize appropriate individuals to perform appropriate activities. ☒ Segregation of duties (e.g., ensure the same person is not responsible for ordering, recording and paying for purchases). ☒ An authorized chart of accounts. ☒ All accounts reconciled on a regular and timely basis. ☒ Access to accounts is appropriately restricted. ☒ Regular comparison of budgeted versus actual dollar spending and variance analysis. ☒ Exception reports and the timeliness to clear transactions. ☒ Electronic system controls, such as access authorization, valid date range test, dollar value limits and batch totals, are in place to ensure data integrity. ☒ Use of a capital asset ledger. ☒ Delegate appropriate staff with authority to approve journal entries and credits. ☐ Trial balances including all asset accounts that are prepared and reviewed by supervisors on a monthly basis. ☐ Other – <i>(Please specify)</i> 	<p><i>List control deficiencies and their potential impact.</i></p> <p><i>What is the action plan to correct the identified control deficiencies? Who is responsible to action the items? When will they be actioned?</i></p>

Control Objective	Controls / Description	Control Deficiency (If Any) And Potential Impact
<p>2. Controls are in place to ensure that revenue receipts are collected and recorded on a timely basis.</p>	<p>Please select (☒) any following controls that are relevant to your board of health:</p> <ul style="list-style-type: none"> ☒ Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances. ☒ Separate accounts receivable function from the cash receipts function. ☒ Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis. ☒ Original source documents are maintained and secured to support all receipts and expenditures. ☒ Other – <i>(Please specify)</i> City of Hamilton City Wide Cash Handling Policy 	<p><i>List control deficiencies and their potential impact.</i></p> <p><i>What is the action plan to correct the identified control deficiencies? Who is responsible to action the items? When will they be actioned?</i></p>

Control Objective	Controls / Description	Control Deficiency (If Any) And Potential Impact
<p>3. Controls are in place to ensure that goods and services procurement, payroll and employee expenses are processed correctly and in accordance with applicable policies and directives.</p>	<p>Please select (☒) any following controls that are relevant to your board of health:</p> <ul style="list-style-type: none"> ☒ Policies are implemented to govern procurement of goods and services and expense reimbursement for employees and board members. ☒ Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives. ☒ Segregation of duties is used to apply the three way matching process (i.e. matching 1) purchase orders, with 2) packing slips, and with 3) invoices). ☒ Separate roles for setting up a vendor, approving payment and receiving goods. ☒ Separate roles for approving purchases and approving payment for purchases. ☒ Processes in place to take advantage of offered discounts. ☒ Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits. ☒ Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis. ☒ Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts. ☒ Original source documents are maintained and secured to support all receipts and expenditures. ☒ Regular monitoring to ensure compliance with applicable directives. ☒ Establish controls to prevent and detect duplicate payments. ☒ Policies are in place to govern the issue and use of credit cards, such as corporate, purchasing or travel cards, to employees and board members. . ☒ All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner.. ☒ Separate payroll preparation, disbursement and distribution functions. <input type="checkbox"/> Other – <i>(Please specify)</i> 	<p><i>List control deficiencies and their potential impact.</i></p> <p><i>What is the action plan to correct the identified control deficiencies? Who is responsible to action the items? When will they be actioned?</i></p>

Control Objective	Controls / Description	Control Deficiency (If Any) And Potential Impact
<p>4. Controls are place in the fund disbursement process to prevent and detect errors, omissions or fraud.</p>	<p>Please select (☒) any following controls that are relevant to your board of health:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Policy in place to define dollar limit for paying cash versus cheque. <input checked="" type="checkbox"/> Cheques are sequentially numbered and access is restricted to those with authorization to issue payments. <input checked="" type="checkbox"/> All cancelled or void cheques are accounted for along with explanation for cancellation. <input checked="" type="checkbox"/> Process is in place for accruing liabilities. <input checked="" type="checkbox"/> Stale-dated cheques are followed up on and cleared on a timely basis. <input checked="" type="checkbox"/> Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments. <input checked="" type="checkbox"/> Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques. <input type="checkbox"/> Other – <i>(Please specify)</i> 	<p><i>List control deficiencies and their potential impact.</i></p> <p><i>What is the action plan to correct the identified control deficiencies? Who is responsible to action the items? When will they be actioned?</i></p>

Prepared by :
Position Title

Date:

Approved by :
*Medical Officer of Health/
Chief Executive Officer*

Date:

Received by the Board of Health at the board meeting held on:

Date:



INFORMATION REPORT

TO:	Mayor and Members Board Of Health
COMMITTEE DATE:	February 22, 2018
SUBJECT/REPORT NO:	Bay Area Climate Change Partnership (BOH18009) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Brian Montgomery (905) 546-2424, Ext. 1275
SUBMITTED BY & SIGNATURE:	Kevin McDonald (A) Director, Healthy Environments Division Public Health Services Department

Council Direction:

Council at its meeting of June 22, 2016 approved the following:

- (a) That staff be directed to develop a governance model similar to the Bay Area Restoration Council and the Bay Area Implementation Team, in collaboration with staff from the Federal and Provincial offices of the Ministries of Environment and Climate Change, and report back to the Board of Health.
- (b) That upon the formation of the governance structure for the Community Climate Change Action Plan Implementation Team, the City of Hamilton seek a partnership with the City of Burlington to coordinate efforts, with respect to the implementation of the Plan.
- (c) That staff be directed to report to the Board of Health annually, respecting the progress of the Community Climate Change Action Plan.

Information:

In December 2017, the Province announced funding of the Mohawk Centre for Climate Change Management (CCCM) and the Bay Area Climate Change Partnership. The Bay Area Climate Change Partnership (BACCP) is an outcome of the June 22, 2016 Council motion and the 2017 Hamilton Economic Summit. Since that time, Hamilton Public

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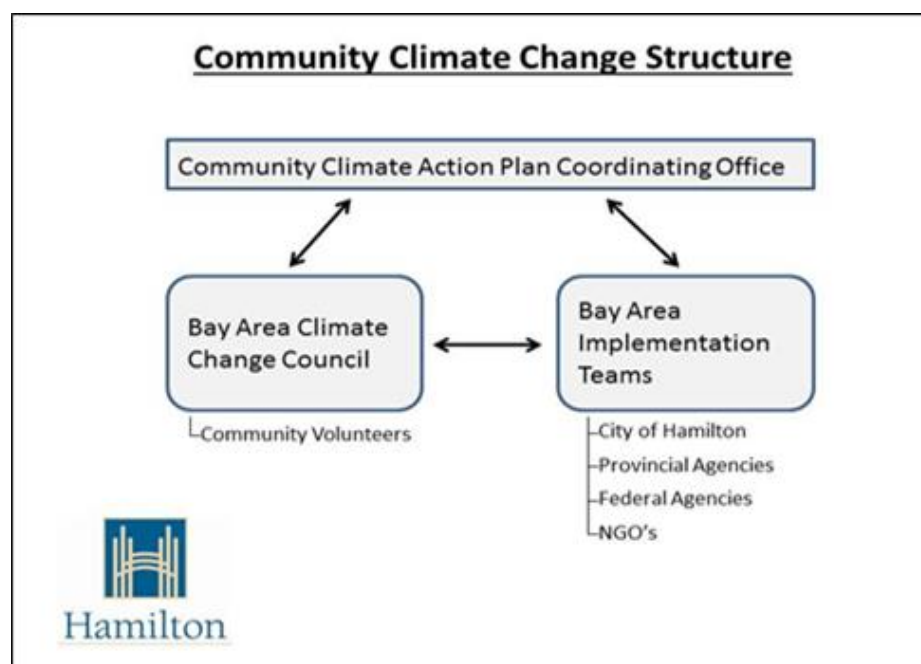
OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

SUBJECT: Bay Area Climate Change Partnership (BOH18009) (City Wide)**Page 2 of 4**

Health Services staff have been working with staff from the City of Burlington and Mohawk College to develop plans and negotiate a funding agreement that will be used to further goals and objectives of the BACCP. Funding for the CCCM and the BACCP are coming from Ontario's Cap and Trade program.

The CCCM supports the Bay Area Climate Change Partnership (BACCP) framework which will replicate the existing structure for the Bay Area Restoration Council (BARC) and Bay Area Implementation Team (BAIT), which were set up to support the Hamilton Harbour Remedial Action Plan. A Coordinating Office with staff for the BACCP will reside at Mohawk College.

BACCP Framework and Objectives:

The framework for the Bay Area Climate Change Partnership will consist of:

i) **The Bay Area Climate Change Council (BACCC)**

Objectives: To act as a voluntary community reporting group that will provide governance and oversight of climate actions across Hamilton and Burlington. It will provide annual reports to the community and policy direction to the implementation teams (BACCIT). BACCC will be made up of community representation from Hamilton and Burlington.

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SUBJECT: Bay Area Climate Change Partnership (BOH18009) (City Wide)**Page 3 of 4****ii) The Bay Area Climate Change Implementation Team (BACCIT)**

Objectives: To implement climate change actions across Hamilton and Burlington as outlined in Hamilton's Community Climate Action Plan and Burlington's Community Energy Plan. Implementation team members will be subject matter experts in the designated areas of action and may form working groups to take on specifications.

iii) The Bay Area Climate Change Coordinating Office (BACCO)

Objectives: The Coordinating Office will consist of three to four staff is located at Mohawk College. This office will provide secretariat functions to both the council and the implementation teams, as well as help to coordinate climate actions, funding sources and annual events.

The BACCP brings together leading stakeholders such as academia, utilities, Indigenous populations, non-government organizations and industry to work collaboratively on climate change to ensure Hamilton and Burlington remain prosperous in a low carbon economy. The Council and Implementation Team membership will be made up of equal representation and subject experts from Hamilton and Burlington including but not limited to stakeholders identified here:

Bay Area Climate Change Council

- Non-profits
- Academia
- Business/Industrial Representation
- Utility Companies
- Indigenous Population/First Nations
- Conservation Authorities
- Agriculture
- Public Health
- Citizens

Bay Area Climate Change Implementation Team

- Municipal staff
- Provincial staff
- Federal staff
- Academia
- Business/Industrial representation
- Utility companies
- Conservation Authorities
- Public Health
- Indigenous Population/First Nations
- Agriculture

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SUBJECT: Bay Area Climate Change Partnership (BOH18009) (City Wide)**Page 4 of 4**

The BACCP will work to implement climate change mitigation and adaptation initiatives that make sense on a regional basis across both communities.

First Bay Area Climate Change Forum:

On March 8, 2018, the first Bay Area Climate Change Forum “Taking Action Together Today, for a Better Tomorrow” will be held at the Royal Botanical Gardens from 8:30 a.m. to 4:00 p.m. to launch the BACCP initiative, highlighting local, regional and national action on climate change and providing participants and stakeholders with opportunities to provide input into the BACCP climate action planning and actions.

On the evening of March 7, 2018, there will be a free public talk between 7:00 p.m. to 9:30 p.m. at the Royal Botanical Gardens to help kick off the Climate Change Forum.

The development and establishment of the Bay Area Climate Change Partnership fulfils the priority action identified by the Hamilton Community Climate Change Action Plan to “Establish an ongoing oversight and coordination body to guide implementation of the Hamilton Climate Change Action Plan and report back on community progress and success.”

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Ministry of Health and Long-Term Care

2018 Annual Service Plan and Budget Submission

To be completed by
Board of Health for the City of Hamilton, Public Health Services

Table of Contents

Part 1 - Introduction and Instructions

- 1.1 Introduction
- 1.2 Instructions
- 1.3 Glossary

Part 2 - Community Assessment

Part 3 - Program Plans

- 3.0 List of Programs

Foundational Standards

- 3.1 Population Health Assessment
- 3.2 Health Equity
- 3.3 Effective Public Health Practice
- 3.4 Emergency Management

Program Standards

- 3.5 Chronic Disease Prevention and Well-Being
- 3.6 Food Safety
- 3.7 Healthy Environments
- 3.8 Healthy Growth and Development
- 3.9 Immunization
- 3.10 Infectious and Communicable Diseases Prevention and Control
- 3.11 Safe Water
- 3.12 School Health
 - 3.12.1 *Oral Health*
 - 3.12.2 *Vision*
 - 3.12.3 *Immunization*
 - 3.12.4 *Other*
- 3.13 Substance Use and Injury Prevention
 - 3.13.1 *Substance Use*
 - 3.13.2 *Injury Prevention*

Part 4 - Budget Allocation and Summaries

- 4.1 Staff Allocation to Standards
- 4.2 Staff Allocation to Programs
- 4.3 Allocation of Expenditures (per Program)
- 4.4 Overall Budget Summary (by Funding Source)

Part 5 - Additional Base and One-Time Funding Requests

- 5.1 Base Funding Requests
- 5.2 One-Time Funding Requests
- 5.3 Base and One-Time Funding Requests Summary

Part 6 - Board of Health Membership

Part 7 - Key Contacts and Certification by Board of Health

[Go to Table of Contents](#)

Part 1 - Introduction and Instructions

1.1 Introduction

The Annual Service Plan and Budget Submission (the "Annual Service Plan") is prepared by boards of health to communicate their program plans and budgeted expenditures for a given year. Information provided in the Annual Service Plan will describe the programs and services boards of health are planning to deliver in accordance with the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (the "Standards"), based on local needs and budgets at the program level. It is expected that the Annual Service Plan include board of health generated objectives and measures for monitoring achievements. The Annual Service Plan must reflect the requirements in the Standards.

As part of the Annual Service Plan, boards of health will describe the needs of the population they serve using the most recent available data. There is an opportunity for boards of health to provide high-level indices of the population they serve along with more specific data for unique sub-populations with common indicators of risk. This information is critical to prioritizing programs and services for the community as a whole and ensuring identified populations receive tailored support as required. The knowledge gained from implementation of the Foundational Standards will inform the preparation, implementation, and monitoring of the Annual Service Plan.

The Standards allow for greater flexibility in program delivery in several program standards including, but not limited to, Chronic Disease Prevention and Well-Being; Healthy Growth and Development; School Health; and, Substance Use and Injury Prevention. In the Annual Service Plan, boards of health will identify local priorities within each individual program area, and provide a summary of the data used to support their assessment of community need and their program delivery decisions, while also meeting all requirements under the Standards.

Please note that boards of health are required to include budget information and program plans on Ministry of Health and Long-Term Care (the ministry) funded programs only (both cost-shared and 100% funded programs), and must include 100% of budgeted expenditures (municipal and provincial portions) for these programs. Additionally, details provided in the Annual Service Plan should be based on the board of health's existing funding/budget and assume no change to the provincial base allocation (see Schedule A of your board of health's most recent Accountability Agreement). Any funding required over the existing provincial allocation must be requested in the Base and/or One-Time Requests worksheets provided in the Annual Service Plan.

The deadline to submit the 2018 Annual Service Plan and Budget Submission is March 1, 2018.

In order to assist boards of health in completing the Annual Service Plan, instructions and a glossary of terms have been provided in this worksheet.

1.2 Instructions

The Annual Service Plan is organized according to the order of the Foundational and Program Standards in the Standards. Boards of health are required to provide details on all programs and services planned under each Standard. Beginning in 2018, the Annual Service Plan template replaces the Program-Based Grants Budget Submission template, and now require that boards of health provide both narrative program plan details and budgeted financial data. For a list of admissible expenditures that can be included in the budget, refer to the current Public Health Funding and Accountability Agreement.

The Annual Service Plan includes multiple worksheets that have been colour-coded. In each worksheet, cells that require input have been colour-coded blue. Cells that are pre-populated with data previously inputted are colour-coded white.

The Annual Service Plan worksheets are organized as follows:

Table of Contents - The Table of Contents is organized according to the order of the Standards, followed by budget worksheets, base and one-time request worksheets, board of health membership, and key contacts and certification by the board of health. Each heading has been linked to the appropriate worksheet.

Part 1 - Introduction and Instructions - Provides an overview of the intent of the Annual Service Plan, instructions on how to complete the worksheets, a glossary to ensure consistency in the definition of specific terms, and sample examples of programs and public health interventions.

Part 2 - Community Assessment - Boards of health are required to provide a high-level description/overview of the community(ies) within their public health unit. Length of inputted content has been limited to the space provided (up to 4,000 characters).

Part 1 - Introduction and Instructions

Part 3 - Program Plans - This group of worksheets requires boards of health to provide a narrative and a summary budget for each program the board of health plans to deliver under each Standard.

The Program Plan worksheets are organized as follows:

3.0 - List of Programs - Boards of health are required to list all programs planned under each Program Standard before completing the Program Plan worksheets. The program names inputted on this form will pre-populate onto each Program Plan worksheet and applicable Budget worksheets. Boards of health can list up to ten (10) programs under each Program Standard, with the exception of Chronic Disease Prevention and Well-Being, which has space for twenty (20) programs. The number column to the left of the program name has been linked to the section of the program plan applicable to that program.

The List of Programs must also include any ministry funded "related" public health programs and services that support a specific Standard(s), with the exception of the MOH / AMOH Compensation Initiative. Related programs include, but are not limited to: the Chief Nursing Officer Initiative, *Electronic Cigarettes Act: Protection and Enforcement*, Enhanced Food Safety and Enhanced Safe Water Initiatives, Harm Reduction Program Enhancement, Healthy Smiles Ontario Program, Infection Prevention and Control Nurses, Infectious Diseases Control Initiative, Needle Exchange Program Initiative, Small Drinking Water Systems, Smoke-Free Ontario Strategy: Prosecution, Smoke-Free Ontario Strategy: Protection and Enforcement, Smoke-Free Ontario

Some public health programs, including related programs, may support all or multiple Standards. Boards of health are required to allocate these programs across all of the applicable Standards. If there is duplication of narrative details in the program plans, boards of health may avoid duplication in the narrative details by indicating the location in the Annual Service Plan where the information has already been provided.

If a related program is budgeted entirely as a funding source under Foundational Standards (e.g., Social Determinants of Health Nurses) in the Allocation of Expenditures worksheet, boards of health are required to provide a narrative description of their activities for that related program in the applicable Foundational Standards worksheets.

3.1 to 3.13 Program Plans - There is a worksheet for each Standard and sub-Section of a Standard, where appropriate. In each Program Plan worksheet, boards of health are required to provide summary narrative details on community needs/priorities, key partners/stakeholders, and programs/services that boards of health plan to deliver in 2018, including a list and descriptions of all public health interventions within each program (space for up to 10 public health interventions has been provided).

Each program includes a summary budget and sources of funding. Boards of health are not required to input data in these summaries as this data will pre-populate from budget data inputted by the board of health in the Budget worksheets. As noted above, boards of health must identify any ministry funded "related" program as a Program under the appropriate Program Standard and include a list and descriptions of all public health interventions within that "related" program.

Part 4 - Budget Allocation and Summaries - Includes a set of worksheets to allocate staffing and other expenditures for each Standard and program identified in the program plans, including "related" programs. Boards of health are required to identify sources of funding in the allocation of expenditures worksheet. This includes mandatory programs (cost-shared) as well as provincially funded "related" programs. Please see the Budget Summary worksheet for a list of provincially funded programs that are required to be reflected as programs and funding sources (or Schedule A of your most recent Accountability Agreement).

The Budget worksheets are organized as follows:

4.1 Staff Allocation to Standards - Boards of health are required to input the total number of full-time equivalents (FTEs) and total budget for each position in the blue coloured cells. Boards of health will then be required to allocate these FTEs to the applicable Standard until all unallocated FTEs have been allocated and there is no validation error in the Unallocated FTEs column. Cells across a position row will remain yellow until the total FTE amount for that position has been allocated correctly. Boards of health are also required to input the total FTEs and total budget for the medical officer of health position and each administrative position in this worksheet. Note that boards of health are not required to allocate the medical officer of health position and administrative positions across the Standards.

4.2 Staff Allocation to Programs - Total FTEs per position will pre-populate from worksheet 4.1 for each Standard. Boards of health are required to input the total FTEs for each program in that Standard.

4.3 Allocation of Expenditures - No data input is required for salaries/wages as this data will pre-populate from worksheet 4.2. Boards of health are required to enter a total percentage (%) of benefits for the entire organization (entered once under Foundational Standards). This % amount will calculate a portion of benefits for each program under each Standard automatically. All other expenditure categories require the input of data to allocate expenditures across each program as appropriate. Costs associated with the office of the medical officer of health, administration and other overhead/organizational costs are to be input into a table at the end of this worksheet as an indirect cost and are not to be allocated across the Standards or Programs. Formula cells related to benefits have been left unlocked should boards of health need to adjust the proportion of benefits per program to be more reflective of the actual costs.

4.4 Budget Summary - This worksheet summarizes budget data at 100% (municipal and provincial portions) and the provincial share. The budget summary is not a budget request for additional funding. Any requests for additional base or one-time funding must be included in the Base and/or One-Time Requests worksheets.

Part 1 - Introduction and Instructions

Part 5 - Base and One-Time Funding Requests - Any requests for additional base and/or one-time funding must be identified in the base and one-time funding requests worksheets in this Workbook. Each worksheet includes a limit of 10 requests each for base and one-time. A Summary worksheet automatically populates total base and one-time funding requested.

Funding requests for the MOH/AMOH Compensation Initiative and one-time funding requests for capital and infrastructure improvement projects should **not** be included in the Annual Service Plan.

Part 6 - Board of Health Membership - Details on board of health membership.

Part 7 - Key Contacts and Certification by the Board of Health - Details on key contacts and signatures required for the Annual Service Plan and Budget Submission template.

1.3 Glossary

Standard - The categories used in the Standards to describe the full range of public health programs and services that are required to be delivered by boards of health in Ontario.

Section - A sub-section of a Standard. Used only for those Standards where appropriate.

Program - A logical grouping of public health interventions related to a specific program. May be disease specific, topic specific, or population/age specific, or other.

Public Health Intervention - An organized set of public health actions to deliver a program or service. May be delivered in single or multiple locations.

Examples of a possible intervention per Program and per Standard are provided as follows:

Standard - Health Equity
 Section - N/A
 Program - Social Determinants of Health Nurses
 Public Health Intervention - Modifying programs to address health equity

Standard - Chronic Disease Prevention and Well-Being
 Section - N/A
 Program - Healthy Living
 Public Health Intervention - Healthy living workshops and education

Standard - Food Safety
 Section - N/A
 Program - Food Handler Certification
 Public Health Intervention - Food-handler training courses

Standard - Healthy Environments
 Section - N/A
 Program - Health Hazards
 Public Health Intervention - Engagement and advocacy

Standard - Healthy Growth and Development
 Section - N/A
 Program - Healthy families
 Public Health Intervention - Prenatal education

Standard - Immunization
 Section - N/A
 Program - HPV Immunization
 Public Health Intervention - Vaccine distribution

Standard - Infectious and Communicable Diseases Prevention and Control
 Section - N/A
 Program - Communicable Diseases
 Public Health Intervention - Follow up on all reportable communicable diseases

Standard - Safe Water
 Section - N/A
 Program - Enhanced Safe Water
 Public Health Intervention - Surveillance of recreational water facilities

Standard - School Health
 Section - Oral Health
 Program - Healthy Smiles Ontario
 Public Health Intervention - Oral health screening

Standard - Substance Use and Injury Prevention
 Section - Substance Use
 Program - Alcohol and Substance Misuse
 Public Health Intervention - Health promotion, communication and education

Board of Health for the City of Hamilton, Public Health Services

Part 2 - Community Assessment

Please use this section to provide a high-level description of the community(ies) within your public health unit. This information should provide sufficient detail to enable the ministry to understand program and service delivery decisions and appreciate unique priorities, opportunities, and challenges. This will provide the broad context in which all programs and services are delivered. Program specific contextual factors including priority population considerations may be provided here and/or within the individual program sections. This section may include information regarding local population health issues, priority populations (including Indigenous populations), community assets and needs, political climate, and public engagement.

Also, please include discussion of any unique challenges, issues or risks faced by your community(ies) which are influencing the work of your board of health.

Maximum 4,000 characters

Length = 3491

Hamilton is an urban-rural area of 536,000 people. Hamilton is ethnically and socially diverse, but challenged by a high concentration of urban poverty and extreme health inequities. The following **local priorities** have been identified through population health assessment: **Mental health and addictions: Suicide** is the leading cause of death for those under 45; self-harming behaviours among young Hamiltonians are high and increasing. **Opioid overdoses** are increasing and half of Hepatitis C cases report injection drug use. Working-age males and low income households share the bulk of these issues. **Youth sexual health:** While teen pregnancy is declining in Hamilton it is still higher than Ontario. STBBI cases are increasing in Hamilton. Chlamydia is high in younger females while HIV and syphilis are higher in MSM. **Health Equity:** Hamilton has high concentrations of people with low income, seniors living alone, and lone parent families. Many of these populations have poorer health outcomes and are concentrated in the lower city. **Indigenous Health:** The census counted 17,665 Indigenous people in Hamilton, of whom 78% live in poverty and 69% receive OW. They face higher rates of infectious and chronic diseases, 68% smoke daily, 19% use opioids, and 11% are heavy ER users. **Oral Health:** 185,000 Hamiltonians lack dental insurance. This leads to stark health inequities with low income seniors having the worst access to dental care. **Obesity:** 2 in 3 adults are overweight or obese. Men, middle-aged adults, and low income households report more sedentary behaviour and poorer nutrition. These health behaviours reflect the significant burden of chronic diseases in all local morbidity and mortality data. **Environmental Health:** Air pollution, radon, UV radiation, and extreme weather are top environmental hazards impacting the health of Hamiltonians. Radon and UV alone are linked to 77 local deaths per year. **Community Assets and Engagement:** PHS assets include: central physical location; structure as a municipal department; organizational adoption of Results Based Accountability; and strong local commitment to health and social equity. PHS is developing a community-wide population health approach alongside core health sector and community leaders through the HBHB LHIN Hamilton Sub-region Anchor Table. PHS leads, convenes, and contributes to collaborative community-wide initiatives, for example : Urban Indigenous Strategy, Drug Strategy, Poverty Reduction Strategy, Food Strategy, Youth Sexual Health Strategy, Population Health Assessment and Surveillance Strategy; and maternal-child health service integration initiatives.

Political Climate: Hamilton’s elected city council is the region’s Board of Health. City Council and City of Hamilton Strategic Plan 2016-2025 set out priorities that align with Public Health goals, including community engagement, healthy communities, cultural diversity and built environment. City budget pressures that result from heavy reliance on the residential tax base require difficult decisions to manage significant infrastructure and community needs. Provincial and municipal elections in 2018 could influence priorities and resource allocation. In 2018, Hamilton Public Health Services will merge with Community and Emergency Services to form an integrated department within the City of Hamilton’s organizational structure that will focus on creating a Healthy and Safe Community and developing administrative efficiencies.

Board of Health for the City of Hamilton, Public Health Services

Part 3 - Program Plans			
3.0 - List of Programs			
Chronic Disease Prevention and Well-Being			
#	Program Name	#	Program Name
1	Tobacco Control, Prevention and Cessation	11	Smoke Free Ontario - Tobacco Control Area Network - Prevention
2	Cancer Prevention	12	Smoke Free Ontario - Tobacco Control Coordination
3	Built Environment	13	Smoke Free Ontario - Youth Tobacco Use Prevention
4	Healthy Food Systems	14	
5	Mental Health Promotion	15	
6	Substance Use Prevention	16	
7	Harm Reduction	17	
8	Smoke Free Ontario - Prosecution	18	
9	Smoke Free Ontario - Protection and Enforcement	19	
10	Smoke Free Ontario - Tobacco Control Area Network - Coordination	20	
Food Safety		Healthy Environments	
#	Program Name	#	Program Name
1	Food Safety	1	Health Hazards
2	Enhanced Food Safety Initiative	2	Air Quality and Climate Change
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
Healthy Growth and Development		Immunization	
#	Program Name	#	Program Name
1	Child Health	1	Vaccine Inventory Management
2	Reproductive Health	2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
Infectious and Communicable Diseases Prevention and Control		Safe Water	
#	Program Name	#	Program Name
1	Vector Borne Diseases	1	Safe Water
2	Infectious Disease Program	2	Enhanced Safe Water Initiative
3	Mental Health Promotion	3	Small Drinking Water Systems
4	Substance Use Prevention	4	
5	Harm Reduction	5	
6	Sexual Health	6	
7	Infection Prevention and Control Nurses Initiative	7	
8	Infectious Diseases Control Initiative	8	
9		9	
10		10	
School Health			
School Health - Oral Health		School Health - Vision	
#	Program Name	#	Program Name
1	Oral Health Assessment	1	Child Visual Health and Vision Screening
2	Healthy Smiles Ontario	2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
School Health - Immunization		School Health - Other	
#	Program Name	#	Program Name
1	Immunization of School Pupils	1	School Health
2		2	Tobacco Control, Prevention and Cessation
3		3	Injury Prevention
4		4	Chronic Disease Prevention
5		5	Mental Health Promotion
6		6	Substance Use Prevention
7		7	Harm Reduction
8		8	Sexual Health
9		9	
10		10	
Substance Use and Injury Prevention			
Substance Use		Injury Prevention	
#	Program Name	#	Program Name
1	Tobacco Control, Prevention and Cessation	1	Injury Prevention
2	Harm Reduction	2	
3	Substance Use Prevention	3	
4	Electronic Cigarettes Act - Protection and Enforcement	4	
5	Harm Reduction Program Enhancement	5	
6	Needle Exchange Program Initiative	6	
7		7	
8		8	
9		9	
10		10	

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries
Foundational Standards
3.1 Population Health Assessment

A. Description

Length = 1721

Please describe how the board of health plans to implement this Standard. This should include descriptions of the activities the board of health will undertake to access, develop and interpret data, prepare reports, work with internal and external stakeholders, and what the board of health expects to achieve through these activities (maximum characters of 1,800).

The Epidemiology & Evaluation (E&E) Program supports and delivers Population Health Assessment (PHA) and Surveillance services to all Program Areas within Hamilton PHS. The E&E Program has developed a PHA and Surveillance (PHAS) Strategy. The PHAS Strategy has 4 Priorities: 1. Understand the health of Hamiltonians: Use data to measure, monitor and report on the status of our population's health, including determinants of health and health inequities, by developing PHA products, including presentations, reports, PHA Indicator Inventory, Story Maps, Community Health Profiles, Village of 100 and Life Course Model. Design/maintain surveillance systems. Produce surveillance products to communicate information on risks. Implement a process for identifying public health priorities, including priority populations. Collaborate with PHS programs and key partners/stakeholders to understand their data needs and to access additional data that will advance our understanding of population health. 2. Share intelligence with our partners: Share PHAS products with PHS programs, key partners/stakeholders and the public in order to take appropriate action. 3. Focused Investment: Engage PHS programs and key partners/stakeholders so that they use PHAS intelligence to inform action, ensuring resources are allocated to reflect public health priorities. Examples include change management planning, identifying synergies and opportunities to collaborate, conducting information sessions and promoting PHAS information products for evidence-informed decision making. 4. Strengthen our Community: Develop Results-Based Accountability frameworks that measure the impact our services have on health outcomes in the community

B. Objectives

Length = 413

Please describe the objectives and what the board of health expects to achieve through the delivery of this Standard. Only describe those objectives that will not also be reflected in other program plans in this template (maximum characters of 1,800).

Compliance with the Population Health Assessment Standard, including all required protocols
 Population Health Assessment & Surveillance (PHAS) information used to understand the health of Hamiltonians
 Information shared with PHS programs and key partners/stakeholders to guide the planning and delivery of programs and services.
 Implementation of the 4 Priorities in the PHAS Strategy (described in Section A.)

C. Key Partners/Stakeholders

Length = 774

Provide information on the internal (e.g., board of health program areas) and external partners (e.g. LHINs, municipalities, etc.) the board of health will collaborate with to carry out programs/services under this Standard (maximum characters of 1,800).

The E&E Program collaborates with multiple internal and external partners. The purpose of these networks includes: 1. Create awareness of what PHA information is, why it is important and how it can be used to inform action; 2. Better understand our partner's PHA data needs and how they use PHA data to inform action; 3. Share PHA data sources in order to generate comprehensive information products; 4. Share PHA information products so that partners can 'see it and use it' to inform action; 5. Provide leadership and guidance so that partners understand how to use PHA information to inform action. E&E's network includes: Internal Partners (PHS Programs; City of Hamilton Departments); External Partners (LHIN; Health Systems Partners; School Boards; Community Partners)

D. Indicators of Success

Length = 172

List the indicators or data elements that the board of health will be using to monitor activities related to delivering on this Standard (maximum characters of 1,800).

% of projects where Population Health Assessment information was provided by the Epidemiology & Evaluation team and was used to inform program planning and decision-making

E. Description of Related Programs

Length = 14

If a related program(s) is budgeted entirely as a funding source under Foundational Standards please describe the program(s) below including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Not applicable

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries
 Foundational Standards
 3.2 Health Equity

A. Description Length = 1567

Please describe how the board of health plans to implement this Standard related to addressing health inequities (maximum characters of 1,800).

The Health Strategy and Equity Program aims to support all public health programs in achieving the Health Equity Standard through: **The Population Health Assessment and Surveillance Strategy**, focusing on analysis and dissemination of local determinants of health and health inequities; **Training and mentoring** all staff on a standardized department-wide process for identifying priority populations and interventions to target root causes of inequities based on explicit analysis and interpretation of population health data, determinants of health, and social inequities; **Building common understanding**, among staff and partners, of effective local strategies and methods to address health and social inequities; **Engaging stakeholders** to strengthen and evaluate strategic approaches to addressing root causes of health and social inequities, including a review of current stakeholders engaged in health equity work and alignment with public health strategic priorities; Determining stakeholder partners and networks to engage or deepen collaboration to address identified equity priorities; **Engaging priority populations** using engagement best practices; **Using program evaluation and performance measurement** (where applicable) to determine whether current and planned health equity interventions are effective in meeting specific objectives and whether inequities and their causes are impacted; **Developing relationships and fostering partnerships** with local Indigenous organizations and communities, including contribution to City of Hamilton Urban Indigenous Strategy.

B. Objectives Length = 821

Please describe the objectives and what the board of health expects to achieve through delivery of this Standard. Only describe those objectives that will not also be reflected in other program plans in this template (maximum characters of 1,800).

Improved reporting and dissemination of health equity information within health unit and broader community to deepen shared understanding of inequities and effective strategies to address them.
 Increased department-wide capacity to identify systemic health and social inequities and priority populations through population health assessment and strategic community engagement.
 Increased capacity for developing and evaluating effectiveness of evidence-based collaborative strategies to address root causes of inequity by applying Effective Public Health Practice and best practices for engaging stakeholders and priority populations.
 Increased multi-sectoral collaboration, system integration, and engagement of priority populations to ensure strategies and interventions address local needs, strengths, and priorities.

C. Key Partners/Stakeholders Length = 1769

Provide information on the internal (e.g., board of health program areas) and external partners (e.g., LHINs, municipalities, etc.) the board of health will collaborate with to carry out programs/services under this Standard (maximum characters of 1,800).

Internal staff will be engaged to build capacity for identifying and developing effective collaborative interventions through effective public health practice and stakeholder engagement.
 The **Hamilton Community Health Work Group**, made up of leaders from core health and community organizations, is aimed at building a population health approach to health and social equity in Hamilton.
 The **LHIN Sub-Region Anchor Table**, made up of health system leaders, will be engaged to build an integrated system of health and social supports while supporting cross-sectoral planning and priority-setting.
Hamilton Executive Directors Aboriginal Coalition (HEDAC) and the Hamilton Urban Indigenous Strategy leaders are engaged to identify opportunities for partnership and collaboration to advance goals of Truth and Reconciliation and Indigenous health equity.
Hamilton Roundtable for Poverty Reduction is a cross-sector collaborative of community leaders and people with lived experience of poverty. The Roundtable is a core partner in developing and implementing strategies to target systemic and structural causes of poverty and related health inequities.
Partners from all sectors (including healthcare, community organizations, education, and residents) are engaged for a range of strategic priorities and equity initiatives with specific priority populations, including: Hamilton Immigration Partnership Council facilitates community partnerships to coordinate and enhance delivery of services to newcomers; Hamilton Trans Health Coalition is composed of family physicians, other health care and service providers, and trans Hamiltonians collaborating to increase capacity of Hamilton's primary healthcare system to deliver high-quality healthcare to trans Hamiltonians.

D. Indicators of Success Length = 396

List the indicators or data elements that the board of health will be using to monitor activities related to delivering on this Standard (maximum characters of 1,800).

% of staff who complete required training
 % of end-users (pop health data) who reported increased understanding and knowledge about health trends
 % of projects where information provided by E&E was used to inform program planning and decision-making
 Additional Results-Based Accountability (RBA) indicators/measures are currently in development and will be included in the ASP&B 2019 submission

E. Description of Related Programs Length = 408

If a related program(s) is budgeted entirely as a funding source under Foundational Standards please describe the program(s) below including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Social Determinants of Public Health Nurse Initiative: Two Public Health Nurses (PHNs) are funded by the MOHLTC to act on social determinants of health and advance health equity. These two PHNs support Hamilton PHS in addressing the Health Equity Standard, including strategies with and for identified priority populations as determined by Departmental population health assessment and community engagement.

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries
 Foundational Standards
 3.3 Effective Public Health Practice

A. Description

Length = 1788

Please describe how the board of health plans to implement this Standard related to the following under Effective Public Health Practice (maximum characters of 1,800):

- a) Program Planning, Evaluation, and Evidence-Informed Decision-Making;
- b) Research, Knowledge Exchange, and Communication; and,
- c) Quality and Transparency

a) The Health Strategy and Equity program supports the achievement of the Effective Public Health Practice Standard through: **a)** Engaging staff in continuous learning to enhance foundational knowledge and practice: EIDM, PHA, change management, equity assessment, and systems planning through application of the Health Impact Pyramid and Results Based Accountability; Implementing systematic planning & reporting across all program areas; ensuring consistent application of performance measures, EIDM tools, PHA; developing an evaluation strategy to prioritize program evaluations relative to CQI and performance measurement. **b)** Continuing to foster diverse multi-sectoral partnerships to advance public health knowledge and research into practice; ensuring measureable collective impact via implementation of Stakeholder Engagement Plan; enhancing awareness of public health's role, expertise, and achievements through: BOH presentations, evaluation and surveillance reports, and collaboration; strengthening emphasis on evidence in BOH orientation and self-evaluation; conducting evidence review on effective knowledge mobilization with policy-makers; developing outcome and impact indicators to measure quality and effectiveness of knowledge exchange activities. **c)** Complying with all monitoring and reporting requirements, including: AA indicators, MOHLTC Funding Guidelines, reports to BOH and public on program activities and outcomes; ensuring public reporting of all inspections on website; implementing Population Health Assessment and Surveillance Strategy, including review of best practices on data analysis, interpretation, and reporting; expanding innovative use of multiple communication methods to ensure timely, relevant, and easily understandable information products.

B. Objectives

Length = 841

Please describe the objectives and what the board of health expects to achieve through the delivery of this Standard. Only describe those objectives that will not also be reflected in other program plans in this template (maximum characters of 1,800).

A standardized process is developed to use all forms of evidence to inform program and strategic planning and decision making. CQI is implemented consistently across all programs. Program evaluations are considered and conducted in a consistent and systematic manner. Improved capacity to impact determinants of health and health inequities through PHS and collaborative partnerships. Improved awareness of the importance of evidence and understanding of population health approach among policy makers and stakeholders. Enhanced impact of PHS knowledge exchange activities. Community and stakeholder experience is measured and considered in decision making and program planning. All inspection results are publicly disclosed and easily accessible. Improved public access and understanding of population health and surveillance information.

C. Key Partners/Stakeholders

Length = 818

Provide information on the internal (e.g., board of health program areas) and external partners (e.g., LHINs) the board of health will collaborate with to carry out programs/services under this Standard (maximum characters of 1,800).

PHS continues to forge diverse multi-sectoral partnerships toward advancing public health, with partnerships ranging from academic institutions, healthcare providers, community organizations, school boards, municipal partners, and the private sector. National Collaborating Centre for Methods and Tools is a core partner in building staff capacity and McMaster University offers many opportunities for research collaboration and knowledge mobilization. PHS engages in knowledge exchange activities with a variety of stakeholders regarding factors that determine the health of the population. This is accomplished through a number of initiatives including (but not limited to): Tobacco control training for HCPs, Rabies interagency meetings, BOH – reports, presentations, Hamilton sub-region anchor table of the LHIN

D. Indicators of Success

Length = 396

List the indicators or data elements that the board of health will be using to monitor activities related to delivering on this Standard (maximum characters of 1,800).

% of staff who complete required training
 % of end-users (pop health data) who reported increased understanding and knowledge about health trends
 % of projects where information provided by E&E was used to inform program planning and decision-making
 Additional Results-Based Accountability (RBA) indicators/measures are currently in development and will be included in the ASP&B 2019 submission

E. Description of Related Programs

Length = 651

If a related program(s) is budgeted entirely as a funding source under Foundational Standards please describe the program(s) below including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Chief Nursing Officer Initiative: This initiative provides funding for the Nursing Practice Advisor (NPA) position that supports the health unit's senior nursing leader appointed as the Chief Nursing Officer (CNO). The CNO is responsible for ensuring a high quality of nursing practice throughout the organization. The CNO and NPA positions support the 150 nursing staff who provide direct and indirect services to the population. Activities include supporting the organization and individual programs in the areas of workforce planning, quality assurance, continuous quality improvement, evaluation, practice innovation, professional development.

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries
Foundational Standards
3.4 Emergency Management

A. Description

Length = 661

Please describe how the board of health plans to implement this Standard related to emergency management (maximum characters of 1,800).

The Emergency Management program supports the achievement of the Emergency Management Standard. In the absence of the forthcoming policy for a Ready and Resilient Health System, implementation of the Standard will occur through ongoing emergency preparedness work consistent with the requirements in the old standard and protocol. This includes training, planning, hazard identification and risk assessment, and business continuity initiatives.
 In addition to preparedness work, response and recovery operations consistent with the Incident Management System (IMS) will be implemented when any emergency situation arises with a potential public health impact.

B. Objectives

Length = 340

Please describe the objectives and what the board of health expects to achieve through the delivery of this Standard. Only describe those objectives that will not also be reflected in other program plans in this template (maximum characters of 1,800).

Compliance with the Emergency Management Standard, including all required protocols
 The board of health is ready to respond to and recover from new and emergency events or emergencies with public health impacts.
 Reduced negative health impacts to Hamilton residents
 Decreased operational impacts on service delivery during surge events.

C. Key Partners/Stakeholders

Length = 954

Provide information on the internal (e.g., board of health program areas) and external partners (e.g., LHINs) the board of health will collaborate with to carry out programs/services under this Standard (maximum characters of 1,800).

Internal: Collaboration may occur within all PHS programs for continuity planning and response to emerging threats. Examples include:
 Infectious Disease Program: ID outbreak response, IPAC lapses, influenza planning
 Health Hazards: Chemical spill planning, heat/cold response
 Nursing Practice Development Committee: PHN role during emergencies (hotlines, reception centres, immunization clinics)
External
 Emergency Management Advisory Committee (EMAC)- City planning with all community partners on the EMAC (City Emergency Management Coordinators, Police, Fire, EMS, Hospitals, Public Works, Community and Emergency Services, etc.).
 Health Sector Emergency Management Committee (Hospitals, CHCs, Family Health Teams, LHIN, etc.)- Health system planning and emergency response collaborations.
 Ontario Public Health Emergency Managers Network- Resource sharing amongst health units to aid in the continued advancement of emergency management programs.

D. Indicators of Success

Length = 289

List the indicators or data elements that your board of health will be using to monitor your activities related to delivering on this Standard (maximum characters of 1,800).

Indicators to be developed upon the release of the Ready and Resilient Health System Policy. The forthcoming Policy will provide detailed outcomes for compliance with the Standard.
 Program indicators have been developed previously but most were related to previous Standard requirements.

E. Description of Related Programs

Length = 14

If a related program(s) is budgeted entirely as a funding source under Foundational Standards please describe the program(s) below including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Not applicable

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	100,060
Benefits	25,450
Travel	730
Professional Services	4,280
Expenditure Recoveries & Offset Revenues	(6,590)
Other Program Expenditures	28,620
Total	\$152,550

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	152,550
Total	\$152,550

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

2018 Public Health Program Plans and Budget Summaries
 3.5 Chronic Disease Prevention and Well-Being

A. Community Need and Priorities

Length = 1729

Please provide a short summary of the following (maximum characters of 1,800):
 a) The key data and information which demonstrates your communities' needs for public health interventions to address risk and protective factors for chronic disease prevention and well-being; and
 b) Your board of health's determination of the local priorities for programs of public health interventions that addresses risk and protective factors for chronic disease prevention and well-being with consideration to the required list of topics identified in the Standards.

Chronic Diseases: Top five reasons for emergency department visits are related to chronic conditions including circulatory and other forms of heart diseases for ages 25 years plus. Ischemic heart disease as a cause of death, in the top five as early as the 25-34 age group and progresses to the number one cause of death for the 45-54 age group through to the 85+ age group. **Obesity:** 67.8% of Hamilton adults 18+ self-reporting overweight or obese. Males are more overweight or obese than females in Hamilton. 27.0% of youth age 12-17 self-reporting overweight or obese. Only 26.4% of residents (12+), 47.6% (12-19) of adolescents reported that they were active during their leisure time. **Nutrition:** 37.4% of people 12+ years of age and 38.8% of adolescents 12-19 years of age consume vegetables or fruit five or more times per day. **Tobacco:** 78% of Hamiltonians smoked their first whole cigarette between the age of 12 to 19; About 10% of Hamilton moms reported smoking at time of newborn's birth. Of those that have ever smoked a whole cigarette, 78% smoked their first cigarette between the age of 12 to 19. The adult current smoking rate (aged 20 and over) for Hamilton is 21%. **(b) Tobacco:** prevention; promote quitting among young people and adults; eliminate exposure to environmental tobacco smoke; Healthy Kids Community Challenge focused on reducing screen time and sedentary behaviour in children. Hamilton Food Strategy to ensure availability of healthy, sustainable, and just food for all. Healthy Development Assessment in Hamilton which measures the health-promoting potential of a planning or development proposal. Moving Hamilton Initiative: Provide physical literacy training to stakeholders in Hamilton.

B. Key Partners/Stakeholders

Length = 1557

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Food: Food Advisory Committee: to support and advise the implementation of the Hamilton Food strategy and other food-related City initiatives; Interdepartmental Food Strategy Steering Committee – representatives from City of Hamilton Departments to develop, implement and support Food Strategy;
Physical Activity: Hamilton Burlington Trails Council: To promote the health benefits of recreational trail use to residents and visitors while conserving our valuable natural ecosystems; Smart Commute Hamilton Advisory Committee: To work with local organizations to provide programs and initiatives that encourage the use of active and sustainable transportation; Healthy Kids Community Challenge Workgroup and Steering Committee: To develop plans to address healthy eating and physical activity in children ages 0-12 years. Built Environment: Transportation Master Plan Technical Advisory Committee: Internal cross-departmental committee providing input to the TMP review. **Cancer Prevention:** Ontario Sun Safety Working Group: To reduce the impact of solar and artificial ultraviolet (UV) radiation (including indoor tanning equipment) on human health, such as skin cancer and eye diseases; **Tobacco:** The Hamilton Family Health Team; McMaster Family Practice; Smokers' Helpline; St. Joseph's Health Care Hamilton; Hamilton Health Sciences; Juravinski Cancer Centre ; De dwa da dehs nyees Aboriginal Centre; Centre de Sante ; Good Shepherd; Hamilton District Pharmacy Association ; North Hamilton Community Health Centre; McMaster University; School Boards;

C. Programs and Services

Program: **Tobacco Control, Prevention and Cessation**

Description

Length = 1538

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

This program aims to prevent the initiation of tobacco; promoting quitting among young people and adults; eliminating exposure to environmental tobacco smoke; and identifying and eliminating disparities related to tobacco use and its societal outcomes among different populations groups. The current smoking, age 12+ (past 30 days), in Hamilton is 18.8% (89,200) which is similar to Ontario. Over the years, there was no observed change overtime in the adult smoking rate for both Hamilton and Ontario. In Ontario 30% of youth (Gr 7-12) are susceptible to smoking. Over the 3 reporting cycles (2009/10-13/14), 7% of Hamiltonians aged 12-19 are current cigarette smokers. In Hamilton 87.1% youth (age 12-18) have "never smoked a cigarette". In Hamilton, 10% of non-smokers aged 12 years and over are regularly exposed to tobacco smoke in their home. Approximately 1/3 of Hamilton residents live in rental units; over 80 per cent of residents are non-smokers (18.8% are daily and occasional smokers), yet there are smoke free city housing options. In Hamilton, 14.3% (781/5447) women reported smoking at time of newborn's birth which is significantly higher when compared to Ontario 10.7%. City of Hamilton By-law #11-080 came into effect in May 31, 2012 to prohibit smoking in all City of Hamilton Parks and recreation properties. City of Hamilton enacted a retail licensing and ECA vendor licence schedule to ensure greater compliance with the SFOA. In addition to local description, please see CW TCAN 3.5.10 and 3.5.11 description.

Objective

Length = 395

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Increased access to cessation services for priority populations to stimulate and support quit attempts.
 Increased support for current smokers 12+ years who make one or more quit attempts annually.
 Brief interventions promoted to clients that aim to protect non-smokers, especially children and pregnant women.
 In addition to local objectives, please see CW TCAN 3.5.10 and 3.5.11 objectives.

Indicators of Success

Length = 382

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program (maximum of 1,800 characters).

% of tobacco vendors in compliance with youth access legislation at the time of last inspection
 % of tobacco retailers in compliance with display, handling and promotion sections of the SFOA at time of last inspection
 Cessation rate at 3 and 6 months (PHS Tobacco Cessation Clinic)
 In addition to local indicators, please see below intervention CW TCAN objectives 3.5.10 – 3.5.12.

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	505,840
Benefits	133,800
Travel	2,340
Professional Services	8,350
Expenditure Recoveries & Offset Revenues	(90,910)
Other Program Expenditures	133,640
Total	\$693,060

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	693,060
Total	\$693,060

Funding sources are populated with budget data provided in the budget worksheets

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.5 Chronic Disease Prevention and Well-Being

Public Health Intervention	Description
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Input a title for each public health intervention under this Program (maximum of 100 characters)

Briefly describe the public health intervention (maximum of 1,800 characters)

<p style="text-align: right;"><i>Length = 86</i></p> <p>Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)</p> <p style="text-align: right;"><i>Length = 54</i></p>	<p style="text-align: right;"><i>Length = 678</i></p> <p>Contribute to the CW Tobacco Control Area Network (TCAN) Regional 2018 Work plan. Please reference the City of Hamilton Annual Service Plan section SFO – TCAN program plans. Tobacco Licence reform: Work with licencing for capping or zoning of tobacco retailers Multi-Unit Housing Smoke-Free Policies: Work with housing sector to provide smoke free options in social housing in Hamilton Revise as per new legislative requirements re. prohibition of smoking within all City of Hamilton parks and recreation properties as per City of Hamilton By-law #11-080 Develop smoke-free policies in CHH MUDs. Reform licencing to decrease the amount of tobacco licences available</p> <p style="text-align: right;"><i>Length = 702</i></p>
<p>Promotion, Awareness, Education, Knowledge Translation</p> <p style="text-align: right;"><i>Length = 49</i></p>	<p>Hamilton Quits Smoking: Cessation Care Pathway: Provide training to increase Health Care Providers (HCP) and community capacity to systematize best practices in tobacco use. Monitor and evaluate success through portal to track cessation outcomes and HCP capacity and performance; deliver community wide campaign to support and promote the care pathway as a strategy to engage and help navigate the system. Minimal Contact Intervention Policies: Support all staff to continue to implement policy and to evaluate implementation rate. Communicate new legislation and deliver signage to local officials, community leaders, CoH employees and businesses to increase compliance with the new legislation.</p> <p style="text-align: right;"><i>Length = 207</i></p>
<p>Screening/Assessment/Intervention/Case Management</p>	<p>Intensive Cessation Intervention (clinics and workshops): Offer 1-2 workshops/month for up to 50 participants/workshop; 1 .5 days/week- intensive one-on-one counselling and weekly group (includes Newcomers)</p>

Program:

Description *Length = 324*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

This program aims to reduce incidence, morbidity, and mortality from cancers of the breast, cervix, colon/rectum and skin. The program addresses risk factors for other diseases of Public Health importance such as cardiovascular disease and Type 2 Diabetes. The priority populations are low income and immigrant populations.

Objective *Length = 677*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Increased capacity of community members to identify and address health needs and healthy living behaviours.
 Increased awareness of cancer screening and risk factors for chronic disease among priority populations.
 Increased capacity and collaboration with community partners to provide cancer prevention services that are appropriate and accessible taking into consideration local demographics.
 Increased proportion of shade in built environment.
 100% of complaints response under the Skin Cancer Prevention Act (Tanning Beds) 2013.
 Increased operator compliance with the Skin Cancer Prevention Act.
 Reduced exposure to Ultraviolet Radiation (UVR) in target populations.

Indicators of Success *Length = 134*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Results-Based Accountability (RBA) indicators/measures are currently in development and will be included in the ASP&B 2019 submission

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	590,080
Benefits	147,090
Travel	260
Professional Services	4,350
Expenditure Recoveries & Offset Revenues	(70)
Other Program Expenditures	159,100
Total	\$900,810

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	900,810
Total	\$900,810

Funding sources are populated with budget data provided in the budget worksheets

Program: Cancer Prevention

Public Health Intervention	Description
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Input a title for each public health intervention under this Program (maximum of 100 characters)

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 87 *Length = 661*

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries	
3.5 Chronic Disease Prevention and Well-Being	
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	<p>Advocate for Health in All Policies through regular input into development, zoning, planning applications, secondary and master plans (eg. application of Healthy Development Assessment to greenfield development).</p> <p>Collaborate with partners and school boards to implement the tenets of the Active and Sustainable School Transportation Charter.</p> <p>Pilot a standing classroom within the HWCDSB.</p> <p>Partner with internal departments (eg. Public Works, Planning and Economic Development) and external partner organizations (eg. Sport-Hamilton, New Hope, CivicPlan, school boards) to advocate for activity friendly communities such that the active choice is the easy choice.</p> <p>Strengthen partnerships and networks to promote, advocate for and implement physical activity strategies and initiatives that will reduce the risk for chronic diseases (eg. Healthy Kids Community Challenge, Theme 4: Power off and Play; Hamilton Moves, Sedentary Behaviour Phase 2, outdoor space (eg parks) design, School Travel Planning).</p>
Length = 55	Length = 322
Promotion, Awareness, Education, Knowledge Translation	<p>Build capacity of community and partners for long lasting health behaviours by raising awareness of healthy behaviours (eg. Move More Sit Less messaging; Take The Stairs: Use Active Transportation).</p> <p>In addition to population health approaches, education and awareness messaging is provided in targeted way to newcomers.</p>
Length = 0	Length = 0
Length = 0	Length = 0

Program: **Healthy Food Systems**

Description Length = 652

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

This program aims to move the City of Hamilton toward community food security in which all residents obtain a safe, culturally appropriate, nutritious diet through an economically and environmentally sustainable food system that maximizes healthy choices, community self-reliance, and social justice. Specifically, the program supports food friendly neighbourhoods to improve access to healthy food for all residents; increase food literacy to promote healthy eating and empower all residents; support local food and help grow the agri-food sector; advocate for a healthy, sustainable and just food system with partners and at all levels of government

Objective Length = 492

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Increased amount of healthy, local food in publicly owned facilities to make the healthy choice the easy choice.
 Increased physical access to healthy, local food in all neighbourhoods.
 Increased children and youth skills and knowledge pertaining to the food system
 Increased quantity and quality City-Farm relationships to enhance the growth and development of local food
 Increased opportunities for people to grow food in urban landscapes and participate in urban agriculture activities.

Indicators of Success Length = 134

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Results-Based Accountability (RBA) indicators/measures are currently in development and will be included in the ASP&B 2019 submission

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	795,330
Benefits	207,400
Travel	380
Professional Services	4,320
Expenditure Recoveries & Offset Revenues	(90)
Other Program Expenditures	201,760
Total	\$1,209,100

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	1,209,100
Total	\$1,209,100

Funding sources are populated with budget data provided in the budget worksheets

Program: **Healthy Food Systems**

Public Health Intervention	Description
<p>Input a title for each public health intervention under this Program (maximum of 100 characters)</p> <p style="text-align: right;">Length = 87</p>	<p>Briefly describe the public health intervention (maximum of 1,800 characters)</p> <p style="text-align: right;">Length = 839</p>
<p>Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)</p> <p style="text-align: right;">Length = 56</p>	<p>Participate with Implementation of the Food Strategy—10 year plan— 5 priority actions 2017-2018.</p> <ul style="list-style-type: none"> – Funding criteria, – Food Literacy: – Local food Promotion – Infrastructure support gardens/kitchens/markets; . – Food skills & employability. <p>Promote public awareness of community food security and healthy food systems</p> <p>Participate in the Food Literacy Network; Healthy Corner Stores Initiative</p> <p>Promote Corporate Healthy Food and Beverage Policy; School Food and Beverage Policy</p> <p>Scan availability of kitchens and recommend infrastructure development in new builds – i.e. schools and recreation</p> <p>Support Community gardens and urban agriculture; Edible Education and Community Garden network;</p> <p>Advocate for basic income, living wage, social assistance reform to improve individual and household food security (Nutritious Food Basket (NFB))</p> <p style="text-align: right;">Length = 713</p>

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries	
3.5 Chronic Disease Prevention and Well-Being	
Promotion, Awareness, Education, Knowledge Translation	Promote supportive environments for physical access to healthy food and beverages, including built environment Provide Community Food Advisor (CFA) Program Food skills in priority populations in Hamilton Provide Food-bearing Landscaping toolkit in collaboration with Planning & Economic Development; gardening toolkits, school garden, community garden Train the trainer, curriculum development for food programs, recreation, community partners, food literacy network members; Local Farm Map (online/story map) Integrate food literacy and food systems training and education where residents live, learn, work, and play. Promote a culture that values healthy, local food to reduce food waste through food literacy
Length =	Length =
0	0

Program:

Description Length = 311
 Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).
 Please refer to Program Plan 3.12.4.5 Mental Health Promotion for focus on school health; This program supports a comprehensive health promotion approach to create or enhance supportive environments to address mental well-being. The program focused on workplace settings under the previous OPHS Standards.

Objective Length = 122
 Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).
 Local needs and priorities identified for mental health promotion in the Chronic Disease Prevention and Wellbeing Standard

Indicators of Success Length = 134
 List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).
 Results-Based Accountability (RBA) indicators/measures are currently in development and will be included in the ASP&B 2019 submission

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	108,850
Benefits	28,360
Travel	40
Professional Services	50
Expenditure Recoveries & Offset Revenues	(10)
Other Program Expenditures	26,310
Total	\$163,600

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	163,600
Total	\$163,600

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Mental Health Promotion

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 94

Strategy Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)

Length = 54

Promotion, Awareness, Education, Knowledge Translation

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 377

Use a comprehensive health promotion approach that addresses mental health and well-being in Hamilton; including creating healthy eating environments, physical activity, tobacco and substance use
 Use a collaborative approach to improving mental health and well-being of the community by incorporating health considerations into decision-making across sectors and policy areas

Length = 233

Provide resources that support Healthy Eating, Physical Activity, Tobacco Use Cessation to community
 Provide consultation and support for workplaces implementing National Standard for Psychological Health & Safety in the Workplace.

Program:

Description Length = 62
 Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).
 Please refer to Program Plan 3.13.1.3 Substance Use Prevention

Objective Length = 1
 Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Indicators of Success Length = 0
 List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries
 3.5 Chronic Disease Prevention and Well-Being

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	49,810
Benefits	14,440
Travel	10
Professional Services	70
Expenditure Recoveries & Offset Revenue	(10)
Other Program Expenditures	22,810
Total	\$87,130

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	87,130
Total	\$87,130

Funding sources are populated with budget data provided in the budget worksheets

Program: Substance Use Prevention

Public Health Intervention	Description
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Input a title for each public health intervention under this Program (maximum of 100 characters)

Briefly describe the public health intervention (maximum of 1,800 characters)

Program:

Description

Length = 52

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Please refer to Program Plan 3.13.1.2 Harm Reduction

Objective

Length = 0

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Indicators of Success

Length = 0

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	32,130
Benefits	8,720
Travel	10
Professional Services	20
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	13,700
Total	\$54,580

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	54,580
Total	\$54,580

Funding sources are populated with budget data provided in the budget worksheets

Program: Harm Reduction

Public Health Intervention	Description
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Input a title for each public health intervention under this Program (maximum of 100 characters)

Briefly describe the public health intervention (maximum of 1,800 characters)

Program:

Description

Length = 437

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

This program aims to meet the requirements of the Smoke Free Ontario – Prosecution. In 2017, there were over 1251 SFOA inspections and 424 ECA inspections. In 2017, 107 resulted in charges and 39 convictions. A progressive enforcement approach is applied. If charges result in prosecution, the program will publicly disclose all inspection data including compliant inspections, warnings, charges, convictions, HPPA orders and/or APs.

Objective

Length = 139

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Prevention of the sale of tobacco products to youth under 19 years
 Successful prosecution of 100% of SFO charges issues by the health unit

Indicators of Success

Length = 77

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.5 Chronic Disease Prevention and Well-Being

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

See 3.5.1 Chronic Disease Prevention - Tobacco Use, Prevention and Cessation

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	-
Benefits	-
Travel	-
Professional Services	10,000
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	-
Total	\$10,000

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Smoke-Free Ontario Strategy: Prosecution (100%)	10,000
Total	\$10,000

Funding sources are populated with budget data provided in the budget worksheets

Program: Smoke Free Ontario - Prosecution

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters) Length = 31 Provision of Evidence to Courts Length = 0	Briefly describe the public health intervention (maximum of 1,800 characters) Length = 173 Provide court documents and evidence to the courts Prepare court packages and provide to courts before trial Tobacco enforcement officers and test shoppers testify in court Length = 0

Program: **Smoke Free Ontario - Protection and Enforcement**

Description Length = 488
 Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).
 This program uses a compliance strategy that combines a balance of inspection, education and progressive enforcement. Enforcement activities include inspections and re-inspections, education visits, and inquiries into complaints. Enforcement of the SFOA occurs at all places regulated under the SFOA, including, but not limited to: tobacco vendors, schools, residential care facilities, hospitals, bars and restaurants, places of entertainment, tobacconists, and other prescribed places.

Objective Length = 320
 Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).
 Decreased exposure to second hand smoke in overall general population
 Decreased youth access to tobacco products at point of retail
 90% compliance or greater to youth access compliance at point of last inspection
 100% compliance with mandated ministry inspection targets
 100% response to all SFOA complaints received

Indicators of Success Length = 258
 List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).
 % of tobacco vendors in compliance with youth access legislation at the time of last inspection
 % of tobacco retailers in compliance with display, handling and promotion sections of the SFOA at time of last inspection
 Please refer to SFO - CW TCAN indicators

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	289,660
Benefits	77,090
Travel	-
Professional Services	590
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	35,730
Total	\$403,070

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)	403,070
Total	\$403,070

Funding sources are populated with budget data provided in the budget worksheets

Program: Smoke Free Ontario - Protection and Enforcement

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters) Length = 86	Briefly describe the public health intervention (maximum of 1,800 characters) Length = 62

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries	
3.5 Chronic Disease Prevention and Well-Being	
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy) <i>Length = 12</i>	CW Tobacco Control Area Network (TCAN) Regional 2018 Work plan <i>Length = 660</i>
Enforcement <i>Length = 11</i>	Enforce the SFOA at all places regulated under the SFOA to ensure 100% compliance with all Ministry directives. Conduct one annual inspection per year for each secondary school; hospital; RCF & LTC facilities; hookah/shisha lounges. Conduct second (of two) inspections of controlled smoking areas where applicable Conduct complaint-based inspections for hospitals Apply Progressive Enforcement Activities: Include inspections and re-inspections, education visits, and inquiries into complaints to ensure 100% compliance with all Ministry directives. Distribute vendor resources to increase compliance with legislation regulation, including SFOA-training.com <i>Length = 283</i>
Inspection <i>Length = 27</i>	Conduct two annual inspections per retailer for compliance with SFOA regulation re: youth access Conduct one annual inspection per retailer for compliance with re: display and promotion Provide the Youth Test Shoppers program Inspect signage provisions for compliance under the SFOA <i>Length = 781</i>
Investigation and Response	Act on all tobacco and e cigarette-related complaints to determine the appropriate enforcement activity Respond to 100% of complaints re. smoking occurring in restaurants & bars, hospitals, and workplaces & public places Conduct two annual inspections per retailer for compliance with SFOA regulation re: youth access Conduct one annual inspection per retailer for compliance with re: display and promotion Inspect all premises subject to legislation and regulation as required for SFOA signage requirements and promotion prohibitions Inform the Minister of Health and Long-Term Care when a Notice of Prohibition is required. Serve and enforce the Notice of Prohibition; ensure retail vendor is informed of responsibilities for posting the signs by the date the AP is in effect.

Program: Smoke Free Ontario - Tobacco Control Area Network - Coordination

Description

Length = 723

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

TCANs major functions include:
Maintaining ongoing communication among public health departments and other local tobacco control stakeholders within the region.
Identifying and helping address local and regional needs, including training/capacity building needs;
Ensuring two way communication between the local and provincial levels; and
Coordinating and implementing tobacco control action in their regions.
Central West Regions (CW) population is 2,337,200 of which 1,141,700 males and 1,195,500 females. 492,100 tobacco users age 12+ living in the CW (22% prevalence rate) of which the majority (61%) are male. 298,600 are males age 12+ (27.5% prevalence rate) and 193,600 are females age 12+ (17.3% prevalence rate)

Objective

Length = 452

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

By Dec 31 2018 increase by 19,515 (9%) current smokers 12+ in CW who make one or more quit attempts annually. Note: Baseline CCHS 2013 = 204,900 (47%) current smokers 12+ in CW made one of more quit attempts.)
By Dec 31 2018, advance the goals of the SFO strategy by providing support to local officials, community leaders and businesses to increase by 45 new MUHS smoke-free policies beyond the SFOA to further protect the health of people across CW.

Indicators of Success

Length = 40

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Please refer to SFO - CW TCAN indicators

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	191,310
Benefits	49,680
Travel	3,380
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	64,200
Total	\$308,570

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%)	308,570
Total	\$308,570

Funding sources are populated with budget data provided in the budget worksheets

Program: Smoke Free Ontario - Tobacco Control Area Network - Coordination

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters) <i>Length = 88</i>	Briefly describe the public health intervention (maximum of 1,800 characters) <i>Length = 1132</i>

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries	
3.5 Chronic Disease Prevention and Well-Being	
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	<p>Collaborate with the "You Can Make It Happen" provincial committee to use common materials and website to support health care providers (HCPs) systematically provide one of more of the 5As (Ask, Advise, Assess, Assist, Arrange) through "Ask Here" promotional and clinical support materials distribution, consultations and trainings;</p> <p>Support HCP cessation champions through seven local Communities of Practice; Explore cannabis and vaping and tobacco cessation implications as well as equity focused interventions;</p> <p>Collaborate with the Smoke Free Housing Ontario Coalition to use common materials and website to support housing providers to make their properties smoke free;</p> <p>Document new policies across CW as well as the number of inquiries made to CW Public Health Units about SF-MUH;</p> <p>Partner with local fire departments to promote the smoke free housing message;</p> <p>Conduct outreach to housing providers & tenants through material distribution, consultations and local/regional/provincial events;</p> <p>Explore partnerships with Service Area Managers to collaborate in 2019; develop a targeted education campaign to launch in 2019.</p>

Program: Smoke Free Ontario - Tobacco Control Area Network - Prevention

Description Length = 649

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

This program coordinates Tobacco activities across Central West region (CW). Please refer to SFO – TCAN 3.5.10
 Please refer to SFO – TCAN 3.5.10
 30% of Ontario youth (Gr 7-12) are susceptible to smoking (YSS 2010/11). Currently, lifetime abstinence decreases by grade 9 (89%) to grade 11 (69%) with past year smoking increasing in grade 9 (8%) to grade 11 (21%).
 In 2013, 309 teens (n=117 in CW) were surveyed in 2013 across the CW & SW TCANs of which teens influenced by the alternative (n=82) or hip hop (N=28) peer crowd were 2.3 times more likely to use of tobacco products than teens who were not influenced by these peer crowds. (RSCG 2013)

Objective Length = 490

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Each PHU with CW will increase by 2 percentile points or sustain 100% sales to minor compliance to reduce youth access to tobacco products by Dec 31 2018.
 5-10% increase in the number of alternative youth aged 13-18 years surveyed in SW/CW ON who intend to remain smoke-free by Dec 31 2019.
 All newly released youth-rated movies in Ontario are smoke-free by Dec 31, 2019.
 Reduced past 30 day smoking among Central West young adults (18-29) by 3% (513 of 17,100 people in CW by Dec 31 2021)

Indicators of Success Length = 40

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Please refer to SFO - CW TCAN indicators

Program Budget Summary		Funding Sources Summary	
Object of Expenditure	Amount	Funding Source	Amount
Salaries and Wages	-	Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%)	278,910
Benefits	-		
Travel	6,660		
Professional Services	4,270		
Expenditure Recoveries & Offset Revenues	-		
Other Program Expenditures	267,980		
Total	\$278,910	Total	\$278,910

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Smoke Free Ontario - Tobacco Control Area Network - Prevention

Public Health Intervention	Description
<p>Input a title for each public health intervention under this Program (maximum of 100 characters)</p> <p style="text-align: right;">Length = 87</p> <p>Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)</p> <p style="text-align: right;">Length = 54</p>	<p>Briefly describe the public health intervention (maximum of 1,800 characters)</p> <p style="text-align: right;">Length = 854</p> <p>Collaborate with the Ontario Coalition for Smoke Free Movies through contributing and using common materials and activities that promotes www.smokefreemovies.ca; continue to increase public awareness and/or support for smoke free youth rated movies including the Hey Parent Campaign and engaging youth and the community local events.</p> <p>Collaborate with the Provincial Youth Adult Prevention Advisory Group on next steps and feasibility for addressing strategic components within best practice comprehensive approach to young adult prevention; contribute to the development, implementation and/or enforcement of progressive tobacco control policies at post-secondary campuses (college & universities); Support Unfiltered Facts McMaster & Mohawk chapters in Hamilton; promote LTPB "Party without the Smoke" campaign to prevent escalation to daily smoking;</p> <p style="text-align: right;">Length = 559</p>
<p>Promotion, Awareness, Education, Knowledge Translation</p> <p style="text-align: right;">Length = 54</p>	<p>Implement Uprise, a social branding strategy with alternative youth across Ontario through culturally relevant anti-tobacco messages, event and social influencers; disseminate the 2017 Uprise impact evaluation results; plan 2019 Uprise impact evaluation.</p> <p>Encourage young adult males 25-34 to make quit attempts through monthly First Week Challenge and LTPB Would U Rather contest and Make Quit Memorable NRT supports.</p> <p>Educate vendors through distributing age stickers, factsheets, business cards that promote the website SFO-Training.com and ECA-Training.com</p>

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries
 3.5 Chronic Disease Prevention and Well-Being

Length = 0

Length = 0

Program: **Smoke Free Ontario - Tobacco Control Coordination**

Description

Length = ###

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

This program functions as coordinator to achieve the objectives of the programs:
 Tobacco Control, Prevention and Cessation
 Smoke Free Ontario - Prosecution
 Smoke Free Ontario - Protection and Enforcement
 Smoke Free Ontario - Tobacco Control Area Network - Coordination
 Smoke Free Ontario - Tobacco Control Area Network - Prevention
 Smoke Free Ontario - Tobacco Control Coordination
 Smoke Free Ontario - Youth Tobacco Use Prevention

Objective

Length = 879

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Dedicated administration of the tobacco program and the following Smoke Free Ontario work:
 • Smoke Free Ontario - Prosecution
 • Smoke Free Ontario - Protection and Enforcement
 • Smoke Free Ontario - Tobacco Control Area Network - Coordination
 • Smoke Free Ontario - Tobacco Control Area Network - Prevention
 • Smoke Free Ontario - Tobacco Control Coordination
 • Smoke Free Ontario - Youth Tobacco Use Prevention

Indicators of Success

Length = 71

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Refer to CW Tobacco Control Area Network (TCAN) Regional 2018 Work plan

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	80,310
Benefits	19,690
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	-
Total	\$100,000

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	100,000
Total	\$100,000

Funding sources are populated with budget data provided in the budget worksheets

Program: **Smoke Free Ontario - Tobacco Control Coordination**

Public Health Intervention	Description
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Input a title for each public health intervention under this Program (maximum of 100 characters)

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 87

Length = 700

Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)

Contribute to the CW Tobacco Control Area Network (TCAN) Regional 2018 Work plan
 Tobacco Control, Prevention and Cessation
 Smoke Free Ontario - Prosecution
 Smoke Free Ontario - Protection and Enforcement
 Smoke Free Ontario - Tobacco Control Area Network - Coordination
 Smoke Free Ontario - Tobacco Control Area Network - Prevention
 Smoke Free Ontario - Tobacco Control Coordination
 Smoke Free Ontario - Youth Tobacco Use Prevention

Length = 0

Length = 0

Program: **Smoke Free Ontario - Youth Tobacco Use Prevention**

Description

Length = 293

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

This program focuses on Youth. In Ontario 30% of youth (Gr 7-12) are susceptible to smoking (YSS 2010/11) Over the 3 reporting cycles (2009/10-13/14), 7% of Hamiltonians aged 12-19 are current cigarette smokers. In Hamilton 87.1% youth (age 12-18) have "never smoked a cigarette" (CCHS 2013).

Objective

Length = 67

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Decreased tobacco use in youth.
 Prevention of tobacco use in youth

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries
 3.5 Chronic Disease Prevention and Well-Being

Indicators of Success

Length = 40

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Please refer to SFO - CW TCAN indicators

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	-
Benefits	-
Travel	9,520
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	71,780
Total	\$81,300

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	81,300
Total	\$81,300

Funding sources are populated with budget data provided in the budget worksheets

Program: Smoke Free Ontario - Youth Tobacco Use Prevention

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters) Length = 87 Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	Briefly describe the public health intervention (maximum of 1,800 characters) Length = 471 Youth led community engagement that build capacity for a community development; Increase knowledge among community advocates about tobacco control issues; Retrospective study of Tobacco Use Program impacts; engage in projects that target young people most at risk for tobacco use; improve tobacco control policies affecting youth Contribute to the development, implementation and/or enforcement of progressive tobacco control policies on local post-secondary campuses
Length = 54 Promotion, Awareness, Education, Knowledge Translation	Length = 109 Increase knowledge among community advocates about tobacco control issues Maintain UFF social media channels

2018 Public Health Program Plans and Budget Summaries

3.6 Food Safety

Length = 1026

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):

- a) The key data and information which demonstrates your communities' needs for public health interventions to address food safety; and,
- b) Your board of health's determination of the local priorities for a program of public health interventions that addresses food safety.

(a) Hamilton residents were more likely to report that they thought food-borne illness was more likely to occur in restaurants (33.3% ±3.2), followed by special events (26.9% ±3.0), food vending carts (17.6% ±2.6), and a private home (12.8%±2.3). An estimated 100,000 cases of foodborne illnesses occur each year in Ontario (PHO, 2014). Among those, 42% of reported foodborne illnesses were contracted in a private home setting. Only 13% (12.8%±2.3) of Hamilton residents reported that they thought food-borne illness was more likely to occur in a private home (12.8%±2.3). Increasing variation in food service models in the community including sharing economy (i.e. food sales/service from private homes) and business out of a box (i.e. temporary/transient seasonal food premises).

(b) Local priorities include reducing foodborne illness in food-handling at home, especially among higher-risk populations: Families – children are more likely to be diagnosed with foodborne illness and Newcomers to Canada

Length = 103

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Other public health units – to consult and collaborate on challenging food safety issues e.g. Dog Cafes

C. Programs and Services

Program: Food Safety

Description

Length = 571

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The Food Safety program inspects food premises, manages and responds to food-borne illness and outbreaks 24/7, increases food handler and public awareness of safe food handling practices, responds to food recalls, consumer complaints and other food related issues, reports food safety data to the Province and provides information to the public on food premise compliance

There are 3000 fixed food premises: # of food premises by risk-level: Unassessed = 88; Low = 1122; Moderate = 1110; High = 680
 285 special events
 40 transient food premises and 12 farmers markets

Objective

Length = 233

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

100% compliance with Public disclosure of Food Safety Program data elements in accordance with the Food Safety Protocol, 2016 (or as current).
 Completed evaluation of the food safety and food handling certification by December 2018

Indicators of Success

Length = 190

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

of cases of foodborne illness (MOHLTC indicator)
 % of reported cases of foodborne illness attributed to exposure settings (i.e., food premises, daycares, homes, etc.) (MOHLTC indicator)

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries
 3.6 Food Safety

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	1,363,490
Benefits	352,600
Travel	29,000
Professional Services	12,770
Expenditure Recoveries & Offset Revenues	(353,150)
Other Program Expenditures	419,790
Total	\$1,824,500

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	1,824,500
Total	\$1,824,500

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Food Safety

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 85

Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)

Length = 55

Promotion, Awareness, Education, Knowledge Translation

Length = 27

Monitoring and Surveillance

Length = 28

Investigation and Response

Length = 10

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 105

Plan a pre-test and post-test evaluation of the Food Safety & Food Handling Certification program in 2018

Length = 451

Food Safety & Food Handling Certification
 - 33 self-study exams offered annually
 - 11 courses offered annually
 - Courses and self-study exams outside of those regularly offered are available to organizations upon request
 Provide on-site education and consultations on food handling practices
 Determine the top 3 food handling issues in Hamilton annually to focus health promotion messages that increase awareness about safe food handling

Length = 538

Collect reportable disease case data via iPHIS (suspected and confirmed foodborne illnesses) as well as food premise inspection data via Hedgehog. PHS has access to other multiple sources of data provided by the MOHLTC (e.g. IntelliHealth, CCHS) and partnerships (e.g., Canadian Food Inspection Agency) to support this program area.
 Monitor, analyze and interpret food premise inspection data to inform public health action.
 Continue to ensure the systematic monitoring of trends over time, emerging trends, and priority populations.

Length = 469

Receive and respond to reports on a 24/7 basis using the on-call system
 Respond and act on food related complaints within 24 hours of notification
 Respond to public inquiries through Customer Contact Centre via direct phone extensions, emails, and walk-ins at PHS reception
 Support MOHLTC food-recalls
 Respond to and provide case management of reportable diseases associated with foodborne illness
 Respond and act on reported suspect or confirmed foodborne outbreaks

Length = 564

2018 Public Health Program Plans and Budget Summaries

3.6 Food Safety

<p>Inspection</p>	<p>Maintain an inventory of food premises Conduct routine inspections of all fixed food premises Conduct inspections of: special events; transient / temporary food premises; farmers markets Conduct pre-opening and liquor licence inspections Conduct re-inspections as required Conduct risk assessments of: food premises; farmers markets; special events Assist owners/operators of new food premises in becoming compliant with food safety legislation Conduct inspections, re-inspections (as required) and risk assessments of special events within the City of Hamilton.</p>
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Length = 26

Length = 553

<p>Investigation and Response</p>	<p>Receive and respond to reports on a 24/7 basis using the on-call system Respond and act on food related complaints within 24 hours of notification Respond to public inquiries through Customer Contact Centre via direct phone extensions, emails, and walk-ins at PHS reception Support MOHLTC food-recalls Respond to and provide case management of reportable diseases associated with foodborne illness Respond and act on reported suspect or confirmed foodborne outbreaks Continue to ensure 24/7 availability to receive reports of and respond to complaints</p>
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Program: Enhanced Food Safety Initiative

Description Length = 590

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The Enhanced Food Safety – Haines Initiative was established to augment the Board of Health’s capacity to deliver the Food Safety Program as a result of the provincial government’s response to Justice Haines’ recommendations in his report “Farm to Fork: A Strategy for Meat Safety in Ontario”. Local issues include: increasing variation in food service models including sharing economy (i.e. food sales/service from private homes) and business out of a box (i.e. temporary/transient seasonal food premises); increased frequency for requests for food handler training in various languages.

Objective Length = 436

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

100% compliance with food safety programs and mandated inspection frequency targets for food premises inspections, re-inspections and special events (Food Safety Protocol Section 1 (b)(c)(d)(e)(f)(g)(h)) with completion of additional:

- 250 inspections of fixed premises, food truck and farmers markets;
- 180 high and moderate and low risk fixed premises inspections; and
- 150 food premises inspections and re-inspections planned

Indicators of Success Length = 440

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

- # of cases of foodborne illness (MOHLTC indicator)
- % of reported cases of foodborne illness attributed to exposure settings (i.e., food premises, daycares, homes, etc.)
- completed additional 250 inspections of fixed premises, food truck and farmers markets in 2018
- completed additional 180 high and moderate and low risk fixed premises inspections in 2018
- completed additional 150 food premises inspections and re-inspections in 2018

2018 Public Health Program Plans and Budget Summaries

3.6 Food Safety

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	-
Benefits	-
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	78,550
Total	\$78,550

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Enhanced Food Safety - Haines Initiative (100%)	78,550
Total	\$78,550

Funding sources are populated with budget data provided in the budget worksheets

Program: Enhanced Food Safety Initiative

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 10

Inspection

Length = 0

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 386

Complete risk assessments, consultations and inspections of fixed premises, food trucks, farmers markets and re-inspections as necessary.
 Provide additional inspections and necessary re-inspections of high risk food premises (long-term care facilities; day nurseries; hospitals)
 Provide afterhours high, moderate and low risk fixed premises inspections and re-inspections as necessary.

Length = 0

2018 Public Health Program Plans and Budget Summaries

3.7 Healthy Environments

Length = 1765

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):

- a) The key data and information which demonstrates your communities' needs for public health interventions to address healthy environments; and,
- b) Your board of health's determination of the local priorities for a program of public health interventions that addresses healthy environments with consideration of the required list of topics identified in the Standards.

(a) Five reasons for hospital admittance and mortality are influenced by chronic lower respiratory diseases across the life span. Chronic lower respiratory diseases, which includes bronchitis, emphysema, chronic obstructive pulmonary disease (COPD), and asthma are in the top five across the younger & older age groupings. Mortality data also shows the impact of chronic lower respiratory diseases along with cancers of the lung and bronchus amongst the top five for age groups 45 years and older. **Radiation exposure:** Surveillance shows 13.6% of lung cancer deaths in Ontario can be attributed to radon. Mortality rates due to lung or bronchus cancer in Hamilton are significantly higher compared to Ontario. **Air Quality:** Studies of the City of Hamilton's outdoor air quality has shown a higher 98th percentile 24 hour fine particulate matter concentration, a higher 50th percentile 24 hour fine particulate matter concentration, a higher maximum 8 hour ozone concentration, and a higher 50th percentile 8 hour ozone concentration compared to the City of Toronto. **Climate change and Extreme weather:** In Ontario, a crude rate of 17.7 visits per 100,000 population in 2012 was seen for ED visits related to extreme weather (heat or cold). Males, those living in more deprived neighbourhoods, and those living in neighbourhoods with the most dependency (i.e., neighbourhoods with more children and seniors) experienced the highest rates of extreme weather-related ED visits. (b) **Local priorities:** Climate Change and Population Health demands - increasing capacity to respond to rising demands posed by climate change. Action to address air pollution including health outcome modelling, risk communication and enforcement of by-law(s) to reduce pollutants

Length = 1316

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Hamilton Community Heat/Cold Response Committee: City and community partners who inform/educate about hazards with extreme temperatures (heat and cold). Take Action on Radon (TAOR)- The Lung Association and Scout Environmental with support from Health Canada. City of Hamilton Building Department- building code enforcement. Terrapure SCRF Environmental Assessment Group – City of Hamilton, MOECC staff, Terrapure staff and consultants (GHD) are reviewing plans assoc. with the Stoney Creek Regional Facility landfill. Clean Air Hamilton: advise on improving local air quality. Includes academics, citizens, industry, non-profits, consultants, federal, provincial and municipal gov't. Bay Area Climate Change Partnership – will begin in 2018 with academia, utilities, Indigenous populations, non-government organizations and industry to work on climate change and the economy. Environmental NGOs (e.g., Environment Hamilton, Green Venture, Sustainable Hamilton-Burlington) – address local air quality or climate change actions. TRAPs Working Group - The Traffic Related Air Pollutants working group consists of PH professionals from GTHA Health Units focused on assessing better quality evidence, health impacts and identifying solutions with respect to on-road sources of air emission related to human health.

C. Programs and Services

Program:

Description

Length = 899

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The program is aimed at promoting healthy environments through decreasing radiation exposure, decreasing air pollutant exposure and addressing climate change and extreme weather amongst, males, those living in more deprived neighbourhoods, and those living in neighbourhoods with the most dependency (children and seniors). Air pollutants and radiation exposure are both in the top two for magnitude of need and impact on health outcome among residents of the City of Hamilton. This program uses a 24/7 health hazard management system to identify, assess and manage health hazards in the environment in collaboration with the lead government agencies with primary responsibility for the environmental issue and/or other relevant agencies or experts. Health hazards include: asbestos, pest control, Diogenes, environmental lead, mould pesticides, needles, chemical contaminants, sewage and others.

Objective

Length = 103

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Identification of health hazard risk priorities at a local scale to implement intervention strategies

Indicators of Success

Length = 134

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Results-Based Accountability (RBA) indicators/measures are currently in development and will be included in the ASP&B 2019 submission

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries
 3.7 Healthy Environments

Program Budget Summary		Funding Sources Summary	
Object of Expenditure	Amount	Funding Source	Amount
Salaries and Wages	798,630	Mandatory Programs (Cost-Shared)	1,264,550
Benefits	210,180		
Travel	15,810		
Professional Services	24,640		
Expenditure Recoveries & Offset Revenues	(4,910)		
Other Program Expenditures	220,200		
Total	\$1,264,550	Total	\$1,264,550

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Health Hazards

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters) Length = 29 Monitoring and Surveillance	Briefly describe the public health intervention (maximum of 1,800 characters) Length = 337 Collect reportable disease case data via iPHIS (suspected and confirmed illnesses), as well as inspection data via Hedgehog. PHS has access to other multiple sources of data provided by the MOHLTC (e.g. IntelliHealth, CCHS) and partnerships to support this program area. The program uses surveillance data to inform public health action
Length = 12 Inspection	Length = 64 Inspect arenas for compliance with indoor air quality guidelines
Length = 28 Investigation and Response	Length = 292 Respond to Complaints/ Inquiry about – Indoor air quality, Mould, Odours, Asbestos, Radon, Sewage, Pesticides, Housing, and Diogenes. 7 Major Investigations related to EMF, Outdoor Air Quality, Blood Lead, Fugitive Dust, Brownfields and chemical exposure assessment, cancer cluster reports;

Program: Air Quality and Climate Change

Description Length = 780

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The program is aimed at promoting healthy environments through decreasing air pollutant exposure and addressing climate change and extreme weather amongst, males, those living in more deprived neighbourhoods, and those living in neighbourhoods with the most dependency (children and seniors). Air pollutants and radiation exposure are both in the top two for magnitude of need and impact on health outcome among residents of the City of Hamilton. The program promotes a coordinated effort in governance to address climate change and take action to address air pollution through health outcome modelling, risk communication and enforcement of by-laws to reduce pollutants. Experiencing need to increase public health capacity to respond to rising demands posed by climate change.

Objective Length = 242

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Identification and execution of projects that mitigate impacts of climate change through the Bay Area Climate Change Partnership within the City of Hamilton's Climate Adaptation Plan
 Estimation of health outcomes based on airshed modelling

2018 Public Health Program Plans and Budget Summaries

3.7 Healthy Environments

Indicators of Success Length = 135

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Results-Based Accountability (RBA) indicators/measures are currently in development and will be included in the ASP&B 2019 submission

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	78,130
Benefits	19,640
Travel	510
Professional Services	3,290
Expenditure Recoveries & Offset Revenues	(10)
Other Program Expenditures	16,700
Total	\$118,260

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	118,260
Total	\$118,260

Funding sources are populated with budget data provided in the budget worksheets

Program: Air Quality and Climate Change

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 87

Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 1678

Implement strategic community actions to address climate change in the Hamilton community using the Community Climate Change Action Plan Provide consultation regarding corporate climate change actions and coordinates policy responses and programs amongst departments of the City of Hamilton to respond to climate change.
 Coordinate and manage the biannual Upwind Downwind Conference for Clean Air Hamilton and the City to educate, inform policy, develop partnerships and collaborations regarding air quality, public health, climate change, and planning using the latest science and policy
 Provide input into local municipal planning documents regarding air quality (reducing exposure) and climate change (reducing emissions, preparing for climate impacts) in Secondary Plans, Site Plans, Transportation Master Plan, Stormwater Master Plan, and individual Site Plan Applications for development including schools, big box stores, and sports parks.
 Provide input around dust management and requested inclusion of dust management plans in construction and demolition site permits to reduce outdoor PM2.5 and PM10 exposure to local residents.
 Lead collaborative action on climate change through the Bay Area Climate Change Partnership to identify and execute projects that mitigate impacts of climate change and the Building Adaptive and Resilient Cities initiative to identify the likelihood and impact of extreme weather events to inform a City of Hamilton Climate Adaptation Plan.
 Collaborate with Public Health Ontario and other public health units in the Greater Toronto-Hamilton Area to develop best practices for estimating health outcomes based on local airshed model data

2018 Public Health Program Plans and Budget Summaries

3.7 Healthy Environments

<p style="text-align: right;"><i>Length = 56</i></p>	<p style="text-align: right;"><i>Length = 1575</i></p>
<p>Promotion, Awareness, Education, Knowledge Translation</p>	<p>Support and coordinate the work of Clean Air Hamilton- a multi-stakeholder advisory group of the community of Hamilton on improving local air quality. Representation includes academics, citizens, industry, non-profits, consultants, federal, provincial and municipal gov't. Coordinate, support and maintain the Climate Change Hamilton website - http://www.climatechangehamilton.ca/ that provides community information regarding climate change information and action in Hamilton including programs, events, reports and the Community Climate Change Action Plan. Promote information and raise awareness regarding the City's Idling By-law for vehicles through installed signage in public facilities including parks, recreation centres and parking lots. Lead the community and corporate work on climate change risk management and adaptation planning. PHS has led workshops on climate change risk with corporate and community members to inform them of projected climate changes and discuss risk associated with local impacts. Report annually on the progress of the community in addressing climate change, the GHG emissions reductions and the risks of climate impacts and adaptation actions. Support the Business Energy and Emissions Profile (BEEP) developed in 2017 that examines and provides the related energy usage and GHG emissions from small and medium sized business sectors in the community of Hamilton to inform the business community of their related emissions. https://sustainablehamiltonburlington.ca/city-hamilton-business-energy-emissions-profile-beep-dashboard/</p>
<p style="text-align: right;"><i>Length = 26</i></p>	<p style="text-align: right;"><i>Length = 176</i></p>
<p>Investigation and Response</p>	<p>Respond to community enquiries and complaints regarding air emissions or climate change concerns that were forwarded by City Call line, Council office or direct calls to staff.</p>

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

Length = 1774

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):

- a) The key data and information which demonstrates your communities' needs for public health interventions to address healthy growth and development; and,
- b) Your board of health's determination of the local priorities for a program of public health interventions that addresses healthy growth and development with consideration of the required list of topics identified in the Standards.

(a) Almost one-quarter of children < 6 live in low income households. 30.7% of children start school with a developmental vulnerability; children in the lowest income quartile show double the vulnerability of children in the highest. The Early Development Instrument shows decreasing resilience in social competency and emotional maturity. Steady decline in exclusive breastfeeding rates from intention to 6 months postpartum. Although overall teen pregnancy rates are declining, rates remain higher than provincial norm. 45.8% of pregnant women in Hamilton gained weight above the recommended amount; 18.4% gained below recommended amount. 20% of women identified at least one mental health concern during pregnancy. Hamilton has significantly higher rates of prenatal smoking and drug consumption compared to Ontario. Both provincial and local data show increased prenatal alcohol consumption. 25% of 5 year olds consume the recommended daily servings of fruits and vegetables; Sleep related deaths are the leading cause for Canadian children 0-6. Alcohol, tobacco and substance misuse, and unsafe sexual practices are linked to mental wellness and resilience in the early years and can be risk factor for preconception health, which is critical for healthy birth and growth and development outcomes. (b) **Local Priorities:** For magnitude of need, based on a prevalence assessment: Breastfeeding; Preconception; Physical activity; Childhood nutrition; Parenting ; Oral health; Healthy Pregnancies; Early childhood development and mental well-being. Given the impact of early childhood experiences on lifelong mental health wellbeing, this is an opportune time for us to focus for the specific needs of infants and young children ages 0-6 as well as their families.

Length = 1375

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Collaborate with broad range of community and health sector partners to advance healthy growth and development by building on existing resources and engaging families and caregivers, service professionals working with infants and young children and whole communities in decision-making about systemic, programmatic and policy initiatives. The aim is to create a more integrated system of programs and services that provides an opportunity for all partners to work together to achieve collective impact for the benefit of children and families. This process includes collaborative planning and strategy development and consists of the development of key products, projects and recommendations for the system. Key internal stakeholders include: Ontario Works, Housing, Recreation, Child Care and the Early Years System, Children's Mental Health Services, School Program, Tobacco Control Program, Dental Program, Epidemiology and Evaluation Program; as well as external partners including local hospitals, primary care, midwives, Boards of Education, Children's Aid Societies, McMaster University, Hamilton Police Services, Hamilton Health Sciences Ron Joyce Centre, Aboriginal Services and Supports, Newcomer Services, Addiction and Violence Prevention Services, Mental Health Services, Youth and Young Parent Services, Hamilton Community Foundation and relevant Ministries.

C. Programs and Services

Program:

Description

Length = 1087

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

This program is designed to enable all maternal, newborn, child, youth, and families to attain and sustain optimal lifelong health and developmental potential. Programming is aimed at effectively managing the different life stages and their transitions for families with children aged 0-6 years. This is achieved through public health interventions that reflect diverse work at both the individual and population levels with a focus on prevention, upstream interventions and societal factors that influence health. For 2018, we will continue to provide services to support the following priorities: breastfeeding, preconception, physical activity, childhood nutrition, parenting, healthy pregnancies, early childhood development and mental well-being. We will continue to utilize local population health assessment data to prioritize targeted populations with greater social and systemic barriers (for example: lower SES, lone parent households, young parents, newcomers, Indigenous, LGBTQ+) and evidence informed decision making in program development, implementation and evaluation.

Objective

Length = 1360

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Achieve compliance with the Healthy Growth and Development Standard, including all required protocols.
 Children* at risk of poor health and developmental outcomes are supported and referred to services prior to school entry.
 Priority populations are linked to child/family health information, programs and services as early as possible.
 Breastfeeding initiation rates are maintained at 75% or above.
 Increased rate of exclusive breastfeeding at hospital discharge and at 6 months above 2016 baseline.
 Breastfeeding women have improved knowledge and skills.
 Increased community partner knowledge about resources and effective programs for the promotion of healthy growth and development.
 Families are aware of community resources and tools available to assess children's health and development.
 Increased collaboration among network of health and social service providers and families in the planning, development, implementation and evaluation of comprehensive public health programs, services and policies which positively impact healthy families and communities.
 Individuals and families have increased knowledge, skills and access to local resources related to healthy growth and development to effectively manage the different life stages and their transitions.
 *The use of the term "children" in the objectives refers to children aged 0-6 years of age.

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

Indicators of Success

Length = 300

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Results-Based Accountability (RBA) indicators/measures are currently in development and will be included in the ASP&B 2019 submission
 % of women screened (HBHC) during pregnancy above 2017 baseline
 % of first time pregnant youth (< 21 years of age) who access the Nurse Family Partnership Program

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	2,305,320
Benefits	619,790
Travel	14,500
Professional Services	900
Expenditure Recoveries & Offset Revenues	(990)
Other Program Expenditures	556,790
Total	\$3,496,310

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	3,496,310
Total	\$3,496,310

Funding sources are populated with budget data provided in the budget worksheets

Program: Child Health

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 87

Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)

Length = 56

Promotion, Awareness, Education, Knowledge Translation

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 1564

Build capacity across the community to enhance system planning and integration through development of shared tools/policies, screening, assessment and cross-sector education. Continuous quality improvement activities are developed and prioritized in response to local need, client feedback, partner engagement, and opportunities for enhanced efficiency and effectiveness.
Our 2018 priorities include leading:
Safe Transitions an intersectoral collaborative working to develop and implement a strategy to enhance services offered to new parents and newborns that are integrated, high quality and comprehensive aimed at building parental confidence and access to resources to achieve optimal maternal and newborn health. Some of the products that will be developed through these collaboratives include: shared key messages, care path development with streamlined criteria, universal prenatal screening and a reduction in the duplication of services across the health and social services system.
The Families First program will be developed and piloted in 2018 and involves collaboration to offer lone parent families 0-6 year of age integrated supports between home visiting, child care, Ontario Works, employment and recreation in order to improve timely access to service. Participate in: key Committee and networks aimed at bringing diverse early years system champions (providers and contributors) together, share knowledge and perspectives to mobilize change within individual organizations and the broader system, and inform system planning and evaluation.

Length = 1465

Promotion, awareness, education and knowledge translation strategies are implemented via various platforms to ensure a broad reach tailored to meet specific audiences.
 For 2018 we will continue to provide services via our Healthy Families Hamilton Facebook page, Health Connections phone line and the City of Hamilton website. On these platforms staff provide key messages and opportunities for clients to connect with peers; respond to questions about pregnancy, breastfeeding, parenting, child safety, growth and development, healthy eating, and self-care.
 Increase community partner knowledge about resources and effective programs for the promotion of healthy growth and development through education sessions for internal and external professionals. In 2018, we will provide education for Family Health Team staff, EarlyON CFC's staff, CAS/CAS staff and foster parents, child care supervisors and other relevant health and social service providers.
 Attend 2 community expos and weekly attendance at EarlyON CFC's to: educate about child health, nutrition, and development; distribute resources; promote PHS services and identify community needs.
 Collaborate with local hospitals to create shared educational videos and print resources for expectant and new parents in response to local needs. As a result of strategic and system initiatives, other promotion, awareness, education and knowledge translation interventions will be developed and implemented.

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

<p style="text-align: right; color: red;">Length = 51</p> <p>Screening/Assessment/Intervention/Case Management</p>	<p style="text-align: right; color: red;">Length = 1044</p> <p>Screening and assessment includes tailored education to meet individual and group needs for families with children 0-6. Services offered by the child health program include: the Nurse-Family Partnership Enhancement, an intensive homevisiting program for at risk parents 21 and under; breastfeeding home visits and telephone support; Health Connections phone line (screening and assessment; information, education, and referrals to community resources); secondment of PHN to Hamilton Family Health Team; Parenting groups and discussion topics; car seat clinics; 36 Check It Out interprofessional Drop-In sessions for parents offers access to PHNs, speech and language pathologists, mental health workers, resource teachers, E.C.E.'s, dental hygienists, to screen, assess and refer children at risk for poor growth and developmental outcomes. PHNs weekly attendance at Early ON CFCs to increase access to PHN screening, assessment and referral. 9 weekly Canada Prenatal Nutrition Program and Prenatal Education Early ON Child and Family Centres</p>
<p style="text-align: right; color: red;">Length = 27</p> <p>Monitoring and Surveillance</p>	<p style="text-align: right; color: red;">Length = 225</p> <p>Population Health Assessment data is provided through the support of the Epi and Evaluation team. Program indicator, surveillance and monitoring will continue to be refined through a results based accountability lens in 2018.</p>

Program: **Reproductive Health**

Description Length = 685

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The Reproductive Health Program contributes to optimal health outcomes for pregnant women and their newborn children through system planning and service delivery. Current universal and targeted interventions prioritize: reducing teen pregnancies; promoting exclusive breastfeeding; supporting the transition to parenting; supporting healthy preconception, sexuality, pregnancies, and birth outcomes. Priority populations are informed by population health assessment data and reflect those who face the greatest social and modifiable risk factors which impact pregnancy and birth outcomes (for example: lower SES, lone parent households, young parents, newcomers, Indigenous, LGBTQ+).

Objective Length = 1217

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Achieve compliance with the Healthy Growth and Development Standard, including all required protocols.
 Pregnant individuals and families at risk of poor preconception and pregnancy outcomes are supported and referred to services.
 Priority populations are linked to reproductive health information, programs and services.
 Increased awareness among youth and emerging adults about contraception and healthy pregnancies.
 Expectant parents are aware of the benefits and mechanics of breastfeeding as well as where to access breastfeeding supports.
 Increased community partner knowledge about resources and effective programs for the promotion of preconception and healthy pregnancies.
 Families are aware of community resources and tools available to assess reproductive health.
 Increased collaboration among network of health and social service providers and families in the planning, development, implementation and evaluation of comprehensive public health programs, services and policies which positively impact healthy families and communities.
 Individuals and families have increased knowledge, skills and access to local resources related to preconception, healthy pregnancies, birth and transition to parenting.

Indicators of Success Length = 514

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Results-Based Accountability (RBA) indicators/measures are currently in development and will be included in the ASP&B 2019 submission
 % of pregnant women who reported being more confident in their ability to breastfeed after attending PHS prenatal class
 % of pregnant women in Hamilton (from birth cohort) who registered for PHS prenatal classes
 % of women screened (HBHC) during pregnancy above 2017 baseline
 % of first time pregnant youth (< 21 years of age) who access the Nurse Family Partnership Program.

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	865,250
Benefits	233,910
Travel	4,850
Professional Services	1,310
Expenditure Recoveries & Offset Revenues	(12,290)
Other Program Expenditures	237,350
Total	\$1,330,380

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	1,330,380
Total	\$1,330,380

Funding sources are populated with budget data provided in the budget worksheets

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

Program: Reproductive Health

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 87

Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)

Length = 56

Promotion, Awareness, Education, Knowledge Translation

Length = 51

Screening/Assessment/Intervention/Case Management

Length = 27

Monitoring and Surveillance

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 1699

Build capacity across the community to enhance system planning and integration through development of shared tools/policies, screening, assessment and cross-sector education. Continuous quality improvement activities are developed and prioritized in response to local need, client feedback, partner engagement, and opportunities for enhanced efficiency and effectiveness. Our 2018 priorities include leading: Safe Transitions an intersectoral collaborative working to develop and implement a strategy to enhance services offered to new parents and newborns that are integrated, high quality and comprehensive aimed at building parental confidence and access to resources to achieve optimal maternal and newborn health. Some of the products that will be developed through these collaboratives include: shared key messages, care path development with streamlined criteria, universal prenatal screening and a reduction in the duplication of services across the health and social services system. As part of the Healthy Birthweight Strategy evaluation and sustainability plan: evaluate and revise the Youth Pregnancy Care Pathway and Young Parent Resource Tool and continue to develop a comprehensive Youth Sexual Health Collaborative. Initiate planning for a preconception health promotion approach, collaborating with internal and external partners (locally and provincially) to identify best and promising practices. Participate in: key Committee and networks aimed at bringing diverse s system champions (providers and contributors) together, share knowledge and perspectives to mobilize change within individual organizations and the broader system, and inform system planning and evaluation.

Length = 1274

Promotion, awareness, education and knowledge translation strategies are implemented via various platforms to ensure a broad reach tailored to meet specific audiences. For 2018 we will continue to provide services via our Healthy Families Hamilton Facebook page, Health Connections and the City of Hamilton website. On these platforms staff provide key messages and opportunities for clients to connect with peers; respond to questions about pregnancy, breastfeeding, parenting, child safety, growth and development, healthy eating, and self-care. Increase community partner knowledge about resources and effective programs for the promotion of healthy pregnancies education sessions for internal and external professionals. In 2018, we will provide education for Family Health Team staff, Young Parent Centres and other relevant health and social service providers. Collaborate with local hospitals to create shared educational videos and print resources for expectant and new parents in response to local needs. Continue to distribute prenatal books to primary care, obstetricians and midwives in Hamilton. As a result of strategic and system initiatives, other promotion, awareness, education and knowledge translation interventions will be developed and implemented.

Length = 938

Screening and assessment include tailored education to meet individual and group needs for expectant parents. Services offered by the reproductive and child health programs include: the Nurse-Family Partnership Enhancement, an intensive home visiting program for at risk parents 21 years and under; Health Connections phone line (screening and assessment; information, education, and referrals to community resources); secondment of PHN to Hamilton Family Health Team; universal prenatal in-person and online classes and targeted programs at Young Parent Centres. PHNs attend weekly sessions at Early ON Child and Family Centres to increase access to prenatal information, screening, assessment and referral. Continue to provide 9 weekly Canada Prenatal Nutrition Program groups. Continue with Minimal Contact Intervention policy and referral to Prenatal Smoking Cessation Incentive Program (in partnership with Tobacco Control Program).

Length = 224

Population Health Assessment data is provide through the support of the Epi and Evaluation team. Program indicator, surveillance and monitoring will continue to be refined through a results based accountability lens in 2018.

2018 Public Health Program Plans and Budget Summaries

3.9 Immunization

Length = 1752

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):

- a) The key data and information which demonstrates your communities' needs for public health interventions to address immunization; and,
- b) Your board of health's determination of the local priorities for a program of public health interventions that addresses immunization with consideration of the required list of topics identified in the Standards.

(a) Refrigerator Inspection: 430 pharmacist & physician sites provide BOH funded vaccines. In 2016, 447 refrigerators were in operation and inspected Vaccine Inventory: In 2016, PHS distributed 312,681 publicly funded vaccines throughout Hamilton. **Record Assessment:** PHS monitors immunization status of enrollees at 78 childcare sites in Hamilton. Annually, more than 54,000 people have their immunization records assessed through childcare centres and schools. There is currently a 3 year backlog in vaccine reporting, in response, the program has prioritized addressing the backlog with children entering school. **Clinics:** 496 clinics held in 2016-17 school year, resulting in 27,221 immunizations (excluding those at sexual health and harm reduction clinics). **Adverse Events:** From 2012-2016, the annual number of confirmed adverse events following immunization fluctuated from a low of 20 in 2015 to a high of 31 in 2012, with an annual average of 26.8 **Outbreak Response Plan:** The outbreak Response Plan has been implemented 4 times from 2015-2017. Nursing staff have been redeployed related to measles twice (to either (a) staff hotline, or (b), assist in contact tracing). **Incidence Rates for Vaccine Preventable Diseases:** From 2012-2016 Hamilton had higher rates per 100,000 population than Ontario (0.7, 76.0, 8.0 respectively) for Hepatitis B (1.6), Influenza (117.4), and Streptococcus pneumoniae Invasive (10.5) **(b) Local Priorities:** Populations with low vaccine uptake and/or reporting rates as determined through local surveillance and Vaccine Program Review. Research literature suggests vaccine hesitancy in middle to upper class populations and lower reporting among populations with language barriers and lower socio-economic status

Length = 726

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Health care providers (individuals) – collaborating with providers who administer vaccine to ensure compliance with legislation and best practice
 Healthcare sites housing and administering vaccines –provide vaccines, cold chain storage, and protocol
 School Boards and School Principals; Daycare Providers –liaison to ensure effective records management and education around immunization policy; promotion of suspension clinics
 Parents –education of parents seeking non-medical exemption; opportunities for parents to contact staff for reporting and information purposes
 Medical Advisories –released to partners and public as required to update on changes to legislation and/or provide education on risk and protective factors

C. Programs and Services

Program: Vaccine Inventory Management

Description

Length = 455

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Achieve compliance with the Immunization Standard, including all required protocols.
 Review relevant Guidelines to determine approach for meeting requirements
 Vaccine Inventory Management aims to prevent and control the spread of communicable disease in Hamilton, enacting and enforcing provincial legislation related to vaccination. The program provides immunizations, health education, case management, clinical services, and inspection services.

Objective

Length = 924

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Assessment, maintenance and reports completed on all records, a) Child Care Centre children immunization and b) immunizations administered at BOH clinics on an annual basis.
 Epidemiological analysis of vaccine preventable diseases, vaccine coverage, and adverse events following immunization
 Education provided to HCPs that store publicly funded vaccine to promote optimal vaccine inventory management resulting in decreased vaccine wastage.
 Proper ordering, storage and distribution of publicly funded vaccines to all HCPs to ensure compliance with Storage and Handling guidelines thus reducing excess vaccine in community and resulting wastage.
 Reporting, monitoring, investigation, and documentation of all adverse events following immunization in accordance with the Health Protection and Promotion Act
 Provision and management of orders of exclusion for an outbreak or risk of an outbreak of a designated disease

Indicators of Success

Length = 460

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

% of doses wasted of publicly funded vaccine annually – MOHLTC indicator
 % of immunization providers of publicly funded vaccines indicating they have adequate information to support optimal immunization practices – MOHLTC indicator
 % of inspected vaccine storage locations that meet storage and handling requirements – MOHLTC indicator
 % of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection

2018 Public Health Program Plans and Budget Summaries

3.9 Immunization

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	555,260
Benefits	158,880
Travel	4,240
Professional Services	560
Expenditure Recoveries & Offset Revenues	(1,990)
Other Program Expenditures	215,740
Total	\$932,690

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	932,690
Total	\$932,690

Funding sources are populated with budget data provided in the budget worksheets

Program: Vaccine Inventory Management

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 56

Promotion, Awareness, Education, Knowledge Translation

Length = 51

Screening/Assessment/Intervention/Case Management

Length = 20

Inventory Management

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 535

Provide annual recommendations to operators of child care centres with respect to immunizations required for client enrollment and attendance, including: information on accessing immunization services, the immunization schedule, and resources to follow-up for further information.
 Provide parents and guardians with information letters for all new enrollments, clarifying: why BOH collects immunization information; and PHS role ensuring access to publicly funded vaccines through community healthcare providers or community clinics.

Length = 403

Receive, screen, and manage vaccination records for all children under 18, through child care centres and schools (in line with ISPA), and enter into Panorama.
 Notify parents when children are overdue; maintain admission and withdrawals of each facility; enter affidavits and exemptions for clients.
 Run and administer publicly funded vaccine clinics as need identified through community surveillance.

Length = 450

Panorama is used for vaccine inventory management on an ongoing basis, including reports to inform decisions.
 Enhance inventory monitoring for vaccines internal and external to the board of health, including: physical inventory counts; rotation, distribution, filling orders; and removing vaccines based on expiration dates.
 Review of historical orders from Physicians and Pharmacies to address challenges in maintaining a two month vaccine supply.

2018 Public Health Program Plans and Budget Summaries

3.10 Infectious and Communicable Diseases Prevention and Control

A. Community Need and Priorities

Length = 1716

Please provide a short summary of the following (maximum characters of 1,800):

- a) The key data and information which demonstrates your communities' needs for public health interventions to address infectious and communicable diseases; and,
- b) Your board of health's determination of the local priorities for a program of public health interventions that addresses infectious and communicable diseases.

(a) Infection Control: approx 200 daycare and 750 Personal Service Setting (PSS) sites, with routine annual inspections required, additional inspections as required for complaint response or non-compliance. **Diseases of Public Health Significance:** Close to 3500 confirmed cases of reportable diseases and 85 outbreaks (79 institutional; 6 community) reported in Hamilton in 2016. Top 6 disease burdens include: Chlamydia, influenza, gonorrhoea, Hep B, Hep C, and Campylobacter. List of priority diseases identified based on the disease burden and importance: TB (~20 TB cases/yr), Hep B, STI (~2,000 cases/yr). Chlamydia is the most common type of STI diagnosed in teens 15-19. Syphilis is the most frequently reported STI in Ontario, with the highest rates seen among 20-24 and greater among females than males. **Rabies and Lyme Disease:** Rabies investigations continue to rise, reaching ~1400/year in 2017. Local black legged ticks are increasing as are human Lyme Disease cases. **West Nile Cases:** 23 mosquito pools and less than 5 cases in 2016; 32 mosquito pools and 6 human cases in 2017. **Teen Pregnancy:** Hamilton's teen pregnancy rate of 22.7 per 1000 females aged 15-19 is decreasing yet still higher than Ontario-wide. **(b) Local Priorities:** Rabies: the outbreak in Hamilton and Ontario is expected to continue for 3 or more years. Chlamydia is the highest of all reportable infectious diseases in Hamilton. Infectious syphilis is also high (3rd highest health unit in Ontario), as is Gonorrhoea –which is becoming resistant to antibiotics. Rat, bed bug, and cockroach complaints are increasing. Hamilton is an identified estimated risk area for Lyme disease and more human cases of Lyme Disease are expected.

B. Key Partners/Stakeholders

Length = 1787

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Regional Infection Prevention and Control Committee: promote a regional approach for effective prevention and control of infections across hospital community health care partners. **Hamilton Region Long-Term Care Homes and Community Sector Infection Prevention and Control Committee:** collaborate on infection prevention and control issues associated with LTCHs and their community partners; **Wilson Medical Centre:** ensure appropriate follow-up of clients placed under immigration medical surveillance; **Youth Sexual Health Strategy:** internal and external partners address youth mental, physical, and social well-being; **AIDS Network:** provide harm reduction services on the Mobile Needle Exchange VAN; promote anonymous point of care testing of Hep C and HIV. **Special Immunology Services Clinic:** provide services and use pre-exposure prophylaxis with MSM population. **Elizabeth Fry:** connects with street workers, supports the VAN, and distributes condoms; **Rabies: City of Hamilton Animal Services:** collect bats involved in human exposures for testing; collect dead or sick wildlife to support raccoon rabies surveillance; confine cats and dogs. **Ontario Association of Veterinary Technicians:** coordinate and prepare animals involved in human exposures for submission to CFIA. **Ontario Ministry of Natural Resources and Forestry:** conduct provincial raccoon rabies surveillance and control measures. **Canadian Food Inspection Agency:** conduct rabies testing. **Canadian Wildlife Health Centre:** conduct preliminary non-animal, non-human exposure animal testing. **Ontario Ministry of Health and Long-Term Care:** consult with veterinarians re: human exposures and related animal confinement, release, testing. **Ontario Ministry of Agriculture, Food, and Rural Affairs:** coordinate animal to animal exposures.

C. Programs and Services

Program:

Description

Length = 1335

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

This program provides vector-borne disease surveillance and management, including: West Nile virus monitoring and control activities; 24/7 rabies investigations; tick surveillance for Lyme disease, and other VBDs as they emerge. Priorities established through local surveillance include:
Rabies: About 1400 animal bite investigations per year with increasing rabies PEP follow-up. There is currently a rabies outbreak with >260 rabid animals reported within Hamilton since 2015. Raccoon rabies outbreak in Hamilton and Ontario is expected to continue for another three or more years. A local Rabies Contingency Plan has been enacted and an evaluation framework developed.
One Health: Developing approach (in line with global trend) for public health to work more closely with the medical community and veterinary/animal health.
Lyme Disease: Active tick surveillance in 2017 determined Hamilton is an estimated risk area for black legged ticks with expectation of increased occurrence of human cases. Other tick borne diseases may increase in Ontario, including Powassan and Rocky Mountain Spotted fever.
Mosquito Borne Disease Monitoring: In 2017, 32 positive mosquito pools and 6 human cases of WNV were reported in Hamilton; PHS continues to monitor West Nile and potential development of other emerging mosquito borne diseases.

Objective

Length = 451

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Compliance with the Infectious and Communicable Diseases Prevention and Control Standard, including all required protocols.
 Reduced risk of vector borne disease (VBD) transmission to Hamiltonians, including:
 Identification, monitoring, and mitigation of Lyme disease risk areas in Hamilton
 Identification, control, and reduced mosquito breeding sites in Hamilton
 Surveillance, investigation, and public education about rabies to prevent human death

Indicators of Success

Length = 372

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

of potential rabies exposures investigated by PHS annually – MOHLTC indicator
 # of animals investigated that are current on their rabies vaccinations – MOHLTC indicator
 # of persons given rabies post-exposure prophylaxis (PEP) – MOHLTC indicator
 % of suspected rabies exposures reported with investigation initiated within one day of public health unit notification

2018 Public Health Program Plans and Budget Summaries
 3.10 Infectious and Communicable Diseases Prevention and Control

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	637,230
Benefits	159,480
Travel	27,300
Professional Services	82,530
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	110,940
Total	\$1,017,480

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Vector-Borne Diseases Program (Cost-Shared)	1,017,480
Total	\$1,017,480

Funding sources are populated with budget data provided in the budget worksheets

Program: Vector Borne Diseases

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)
 Length = 86

Monitoring and Surveillance
 Length = 28

Investigation and Response
 Length = 27

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy) A local Rabies Contingency Plan has been enacted and a framework developed to evaluate the raccoon rabies program, 2017 through March, 2018. MOHLTC has approved a request to fund this evaluation. City of Hamilton Tick and Lyme Disease Strategy underway and expected to launch in spring of 2018.
 Length = 383

Implement a WNV monitoring plan informed by an evaluation and internal audit. This plan includes: a weekly risk assessment from May to October; a semi-annual update on tick surveillance to Board of Health; two annual reports to MOHLTC outlining actions and outcomes of West Nile Virus and Lyme Disease management and related program cost breakdown. Surveillance of rabies locally, regionally, and provincially to anticipate and respond to increased risk and trends. Identify and monitor Lyme disease risk areas in Hamilton Identify mosquito breeding sites in Hamilton
 Length = 568

Rabies: Investigate 100% of reported rabies exposures (average 1200-1500 /yr). Annual rabies reports include basic information such as: victim, pet owner, date of exposure, etc. Files are coded chronologically. QA checks performed for completeness of investigations (manager) and PEP files (IPHS admin) and corrections made. Risk assessment is completed for each report. Rabies exposures follow P&Ps, Canadian Immunization Guidelines, and MOHLTC Rabies guidance documents. PEP delivered on 24 hour basis. Ensure after hours response provided by a rotating team for weeknights, weekends, and holidays (as per protocols). On-call schedules are made annually and unexpected vacancies filled same day to ensure 100% coverage. After hours P&Ps and Guidelines have been developed to ensure effective and immediate after-hours response for reportable diseases, MBTA, outbreaks, and rabies exposure.
 Length = 894

Program: Infectious Disease Program

Description Length = 516

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The infectious disease program provides case, contact and outbreak management programs, as well as health education, to prevent or reduce the spread, morbidity and mortality of infectious diseases.

The program completes infection control inspections of settings associated with risk of infectious diseases of public health importance. The ID program also investigates infection prevention and control complaints in practices of regulated health professionals and in settings for which no regulatory bodies exist.

Objective Length = 837

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Achieve compliance with the Infectious and Communicable Diseases Prevention and Control Standard, including all required protocols. Review relevant Guidelines to determine approach for meeting requirements. Case investigation, contact follow-up and outbreak management for diseases of public health significance is conducted as per Ministry protocols. Routine infection control inspections in Personal Services Settings and Licensed Child Care Centres are conducted annually. Investigation of infection prevention and control complaints completed in the practices of regulated health professionals or settings for which there are no regulatory bodies. Infection and the spread of diseases of public health significance is prevented through health promotion, and education to the public, clients, community partners and stakeholders.

2018 Public Health Program Plans and Budget Summaries

3.10 Infectious and Communicable Diseases Prevention and Control

Indicators of Success

Length = 201

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

% of settings inspected by type
 Results-Based Accountability (RBA) indicators/measures for the Infectious Disease Program are currently in development and will be included in the ASP&B 2019 submission

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	2,846,160
Benefits	763,390
Travel	32,790
Professional Services	76,320
Expenditure Recoveries & Offset Revenues	(144,970)
Other Program Expenditures	754,420
Total	\$4,328,110

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	4,328,110
Total	\$4,328,110

Funding sources are populated with budget data provided in the budget worksheets

Program: Infectious Disease Program

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 55

Promotion, Awareness, Education, Knowledge Translation

Length = 49

Screening/Assessment/Intervention/Case Management

Length = 11

Inspection

Length = 26

Investigation and Response

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 907

Provide education to institutions (hospitals, LTCFs, daycares) on IPAC (including hand hygiene and respiratory etiquette.) PHIs or infectious Disease Prevention Specialist sit on IC committees at all LTCFs and acute care infection control committees.
 Other participation as requested on other institutional IC committees, including but not limited to LDNs, Hamilton Wentworth Detention Centre
 Offer 1/2 day workshop targeting aesthetic service provider re: infection control practices. Inservice offered annually since 2011 and well received based on operator feedback.
 Hand hygiene presentations are provided to schools by the School Program staff and/or to public at events by Infectious Disease staff (e.g. Safe Water Festival).
 Education sessions offered to community groups as requested if request is specific to IPAC issues; Bi-annual education sessions provided to co-op high school students.

Length = 516

All reported infectious diseases cases are followed-up, as per Protocols, to limit secondary cases through investigation of sources of infection and contact tracing as applicable. Further, program P&Ps and/or Guidelines are developed and maintained in conjunction with Appendix A&B of the Infectious Disease Protocol, and are utilized to ensure case, contact and outbreak management is in line with Protocols. In addition, IPHIS cleansing reports ensure required elements for surveillance and reporting are captured.

Length = 391

The program conducts inspections as per protocol in personal service settings, licensed childcare settings. Hedgehog inspection reports and program P&Ps have been developed which ensure consistent approach to inspecting for required Infection Control compliance elements as per MOHLTC PSS Best Practices document, PHS Child Care Facilities Manual, and/or PIDAC Best Practices, as applicable.

Length = 1570

100% of all reported outbreaks investigated. Work with infection control and/or administrative staff in affected institution in order to recommend and implement outbreak control measures in institutional settings. Settings include but are not limited to hospitals, long-term care homes, retirement homes, schools, licensed day nurseries and residential care facilities. All reported outbreaks managed in order to prevent transmission of infection and further cases.
 Collaborate with facility IPAC and administrative staff. Settings include acute and LTC settings. Ensure appropriate IPAC measures are in place during all CDI outbreaks in order to reduce or prevent morbidity and mortality associated with CDI outbreaks. Realize ongoing effective partnerships with IPAC staff at affected facility in order to prevent or mitigate future outbreaks as a result of early reporting and ongoing communication resulting in decreased numbers of cases of CDI.
 Investigate 100% of all reported gastrointestinal outbreaks in community settings including food poisoning investigations. Implement outbreak control measures in the event of a possible foodborne illness outbreak. Identify source of outbreak.
 On-call schedules are made annually and unexpected vacancies filled same day to ensure 100% coverage. After hours response, as per protocols is provided by a rotating team for weeknights, weekends and holidays. After hours Policies & Procedures and Guidelines have been developed which identify required after hours response for reportable diseases, MBTA, outbreaks

2018 Public Health Program Plans and Budget Summaries

3.10 Infectious and Communicable Diseases Prevention and Control

Program: **Mental Health Promotion**

Description Length = 48
 Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Please refer to 3.12.4.5 Mental Health Promotion

Objective Length = 208
 Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Achieve compliance with the Infectious and Communicable Diseases Prevention and Control Standard, including all required protocols.
 Review relevant Guidelines to determine approach for meeting requirements

Indicators of Success Length = 0
 List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	98,870
Benefits	27,930
Travel	110
Professional Services	800
Expenditure Recoveries & Offset Revenues	(10)
Other Program Expenditures	41,290
Total	\$168,990

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	168,990
Total	\$168,990

Funding sources are populated with budget data provided in the budget worksheets

Program: Mental Health Promotion

Public Health Intervention

Description

Input a title for each public health intervention under this Program (maximum of 100 characters)

Briefly describe the public health intervention (maximum of 1,800 characters)

Program: **Substance Use Prevention**

Description Length = 49
 Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Please refer to 3.13.1.3 Substance Use Prevention

Objective Length = 207
 Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Achieve compliance with the Infectious and Communicable Diseases Prevention and Control Standard, including all required protocols.
 Review relevant Guidelines to determine approach for meeting requirements

Indicators of Success Length = 0
 List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	81,620
Benefits	22,150
Travel	20
Professional Services	70
Expenditure Recoveries & Offset Revenues	(10)
Other Program Expenditures	25,490
Total	\$129,340

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	129,340
Total	\$129,340

Funding sources are populated with budget data provided in the budget worksheets

2018 Public Health Program Plans and Budget Summaries

3.10 Infectious and Communicable Diseases Prevention and Control

Program: Substance Use Prevention

Public Health Intervention

Description

Input a title for each public health intervention under this Program (maximum of 100 characters)

Briefly describe the public health intervention (maximum of 1,800 characters)

Program: Harm Reduction

Description

Length = 39

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Please refer to 3.13.1.2 Harm Reduction

Objective

Length = 207

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Achieve compliance with the Infectious and Communicable Diseases Prevention and Control Standard, including all required protocols.
 Review relevant Guidelines to determine approach for meeting requirements

Indicators of Success

Length = 0

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	109,940
Benefits	29,530
Travel	220
Professional Services	1,450
Expenditure Recoveries & Offset Revenues	(10)
Other Program Expenditures	34,390
Total	\$175,520

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	175,520
Total	\$175,520

Funding sources are populated with budget data provided in the budget worksheets

Program: Harm Reduction

Public Health Intervention

Description

Input a title for each public health intervention under this Program (maximum of 100 characters)

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 0

Length = 0

Program: Sexual Health

Description

Length = 468

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The sexual health program offers prevention, case management and harm reduction services to prevent or reduce the spread, morbidity and mortality of infectious diseases. At risk populations that are priority areas of focus include: youth sexual health (up to 24 years), MSM and individuals who are HIV+ with detectable VL. In addition, the sexual health program works to educate physicians to provide appropriate treatment for gonorrhea, HIV and staging of syphilis.

Objective

Length = 481

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Achieve compliance with the Infectious and Communicable Disease Prevention and Control Standard, including all required protocols.
 Prevention of infection and spread of sexual transmitted infections through health promotion, and education to the public, clients, community partners and stakeholders
 Prevention of the spread, morbidity and mortality of sexual transmitted infections through provision of clinical services
 Case investigation conducted as per Ministry protocols

2018 Public Health Program Plans and Budget Summaries

3.10 Infectious and Communicable Diseases Prevention and Control

Indicators of Success

Length = 215

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

of Ceftriaxone prescriptions distributed for treatment of gonorrhea annually
 Results-Based Accountability (RBA) indicators/measures are currently in development and will be included in the ASP&B 2019 submission

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	1,497,030
Benefits	401,870
Travel	9,700
Professional Services	173,030
Expenditure Recoveries & Offset Revenue:	(152,480)
Other Program Expenditures	485,590
Total	\$2,414,740

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	2,414,740
Total	\$2,414,740

Funding sources are populated with budget data provided in the budget worksheets

Program: Sexual Health

Public Health Intervention

Description

Input a title for each public health intervention under this Program (maximum of 100 characters)

Briefly describe the public health intervention (maximum of 1,800 characters)

Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)
 Length = 86

Develop a Youth Sexual Health Strategy in collaboration with community partners including School Boards in alignment with work under the School Health Standard
 Conduct quality improvement project focused on syphilis case management by care providers
 Work with AIDS network for on-site STI testing and outreach to priority populations
 Work with infectious disease physician regarding HIV treatment and prevention (Prep)
 Length = 421

Promotion, Awareness, Education, Knowledge Translation
 Length = 54

Knowledge Transfer to community physicians on treatments for Chlamydia, HIV, syphilis (staging of syphilis), gonorrhea (antibiotic resistance and appropriate treatment)
 Educate health care providers to ensure STI cases are managed according to guidelines following distribution of medical advisories
 Conduct an HIV testing awareness campaign targeted to high-risk populations
 Conduct a condom campaign targeted at school-aged youth
 Length = 433

Screening, Assessment, Intervention, Case Management
 Length = 53

Provide health teaching on safe practices for high-risk individuals
 Provide immunization for risk groups (hepatitis A, B, HPV)
 Provide free Emergency Contraceptive Pill
 Provide free condoms, free STI medications, low-cost contraception
 Investigate cases as per protocols and best evidence
 Investigation timeline for Gonorrhea cases within 48 hours
 Provide testing for CT, GC, syphilis, HIV (all methods), hepatitis
 Provide treatment for CT, GC, syphilis; Liquid nitrogen for anogenital HPV and molluscum
 Length = 508

Monitoring and Surveillance
 Length = 28

Provide reports in compliance with the Health Protection and Promotion Act and current protocols
 Provide reports monthly, quarterly and yearly of infectious disease reports to internal and external audiences
 Use surveillance and epidemiological analysis to monitor ongoing and emerging trends to inform planning
 Length = 314

Program: Infection Prevention and Control Nurses Initiative

Description

Length = 329

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The Infection Prevention and Control Nurses Initiative support infection prevention and control services. Refer to 3.10.2 Infectious Disease Prevention and Control Program Plan for further details. This resource acts at the Infection Control content expert for the Infectious Disease Program and Hamilton Public Health Services.

2018 Public Health Program Plans and Budget Summaries

3.10 Infectious and Communicable Diseases Prevention and Control

Objective

Length = 941

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Achieve compliance with the Infectious and Communicable Diseases Prevention and Control Standard, including all required protocols. Program staff manage all program-specific outbreaks, infectious disease and TB cases (suspect and confirmed) and contacts of public health importance to minimize public health risk in accordance with the OPHS as current and the MOHLTC Infectious Disease Protocol, as current. Program staff ensure all latent tuberculosis infection (LTBI) and immigration medical surveillance (IMS) clients are managed as per the OPHS as current and the MOHLTC Infectious Disease Protocol, 2013 or as current. Infection Prevention and Control (IPAC) consultation and support provided for Infectious Disease program, other programs as needed/requested. IPAC lapse investigations are conducted in practices of regulated health professionals upon receipt of complaints or referrals. Risk assessment of IPAC lapses completed.

Indicators of Success

Length = 191

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Results-Based Accountability (RBA) indicators/measures for Infection Prevention and Control Nurses Initiative are currently in development and will be included in the ASP&B 2019 submission.

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	72,470
Benefits	17,630
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	-
Total	\$90,100

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Infection Prevention and Control Nurses Initiative (100%)	90,100
Total	\$90,100

Funding sources are populated with budget data provided in the budget worksheets

Program: Infection Prevention and Control Nurses Initiative

Public Health Intervention

Description

Input a title for each public health intervention under this Program (maximum of 100 characters)

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 13

Length = 289

Consultation

Provide Infection Prevention and Control (IPAC) support/consultation for Infectious Disease program, other programs as needed/requested. Provides consultation on development of departmental and program IPAC policies and procedures. Provide consultation for risk assessment of IPAC lapses.

Program: Infectious Diseases Control Initiative

Description

Length = 575

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The 100% funded infectious disease initiative supports a number of PH programs aimed at infectious disease control, specifically increased activities related to outbreak management, including providing support to other health units during infectious disease outbreaks. Staff support management of outbreaks and increase the system's surge capacity. These include sexual health case/contact management, communicable disease case/contact management and infectious disease surveillance. Please refer to 3.10.2 Infectious Disease Prevention and Control; 3.10.6 Sexual Health

Objective

Length = 136

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Achieve compliance with the Infectious and Communicable Diseases Prevention and Control Standard, including all required protocols.

2018 Public Health Program Plans and Budget Summaries

3.10 Infectious and Communicable Diseases Prevention and Control

Indicators of Success

Length = 135

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Results-Based Accountability (RBA) indicators/measures are currently in development and will be included in the ASP&B 2019 submission

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	858,460
Benefits	231,600
Travel	100
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	84,800
Total	\$1,174,960

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Infectious Diseases Control Initiative (100%)	1,174,960
Total	\$1,174,960

Funding sources are populated with budget data provided in the budget worksheets

Program: Infectious Diseases Control Initiative

Public Health Intervention

Description

Input a title for each public health intervention under this Program (maximum of 100 characters)

Briefly describe the public health intervention (maximum of 1,800 characters)

2018 Public Health Program Plans and Budget Summaries

3.11 Safe Water

Length = 1127

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):

- a) The key data and information which demonstrates your communities' needs for public health interventions to address safe water; and,
- b) Your board of health's determination of the local priorities for a program of public health interventions that addresses safe water.

(a) Incidence of the following diseases (per 100,000 population per year) where water is the source of illness, combined: Cryptosporoidosis = 0.4; Giardiasis = 0; VTEC = 0
 Estimate 10,000 Hamilton residences that operate their own wells, cisterns, and rain or lake water systems; only 14% submitted water samples in 2016. A total of 2359 private well & cistern water samples were submitted.
 Between 2006 – 2016, the # of private well water samples tested decreased by 52%
 4960 tests in 2006; 2359 tests in 2016
 In comparison, at the provincial-level, the # of private well water samples decreased by 38% (PHO)
 There are a total of 233 recreational water facilities (including non-regulated facilities) in Hamilton. The % of recreational water facilities with an infraction in 2016: 31.3% of Class A public pools; 44.7% of Class B public pools; 14.7% of inspected public spas
 (b) Local priority includes: Increase the number of water samples submitted by Hamilton residences that operate their own wells, cisterns and rain or lake water systems;
 Training program for owners/operators of recreational water facilities

Length = 470

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

To comply with the board of health's obligations to liaise with agencies and ministries in the Safe Drinking Water and Fluoride Monitoring Protocol (2018) and the Recreational Water Protocol (2018), the Safe Water program works with the following stakeholders:
 City of Hamilton, Public Works Department; Hamilton Water and Parks Maintenance
 Ministry of Environment and Climate Change
 Environment Canada
 Bay Area Restoration Council
 Hamilton Harbour Remedial Action Plan

C. Programs and Services

Program:

Description

Length = 172

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

This program provides inspection and promotion interventions designed to prevent or reduce the burden of water-borne illness and injury related to recreational water use

Objective

Length = 332

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Multi-Year Business/Strategic Plan Priority
 Compliance with provincial legislation and regulation to ensure water safety
 Implementation of the municipal Watermain Disinfection Procedure with the requirement for Hamilton Water to assess and report watermain breaks to local Medical Officer of Health when specified criteria are met

Indicators of Success

Length = 58

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

% of days per season beaches are posted – MOHLTC indicator

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	777,720
Benefits	208,090

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	1,190,780

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.11 Safe Water

Travel	15,430		
Professional Services	12,500		
Expenditure Recoveries & Offset Revenues	(7,040)		
Other Program Expenditures	184,080		
Total	\$1,190,780	Total	\$1,190,780

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Safe Water

Public Health Intervention	Description
<p>Input a title for each public health intervention under this Program (maximum of 100 characters)</p> <p style="text-align: right;"><i>Length = 85</i></p> <p>Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)</p>	<p>Briefly describe the public health intervention (maximum of 1,800 characters)</p> <p style="text-align: right;"><i>Length = 321</i></p> <p>Participate in Harbour Beach Water Quality Improvement Projects as implemented by CCIV, Hamilton Harbour RAP, BARC, Public Works Department (City of Hamilton) Assess impact and implement changes from Lead in Schools and Child Care Centres Regulation with new requirement to test all drinking taps throughout facilities;</p>
<p style="text-align: right;"><i>Length = 54</i></p> <p>Promotion, Awareness, Education, Knowledge Translation</p>	<p style="text-align: right;"><i>Length = 631</i></p> <p>Communicate with partner agencies to provide timely and clear information to the public regarding the potential risks associated with the use of public beaches; warnings re dangerous water quality (post signs, website, Twitter). Conduct public education and outreach activities at the Children's Water Festival and World Water Day; Annual World Water Day Disclose public health inspection results on-line Provide educational material and/or information to owners/operators regarding the health and safety-related operational procedures applicable to public beaches. Provide education materials to owner/operators on regulations;</p>
<p style="text-align: right;"><i>Length = 27</i></p> <p>Monitoring and Surveillance</p>	<p style="text-align: right;"><i>Length = 751</i></p> <p>Collect reportable disease data, well water testing data and inspection data for drinking water systems, public beaches, and recreational water. Relevant morbidity, mortality, and risk factor/behaviour data from IntelliHEALTH, CCHS, etc. to support this standard area. PHS collects some sociodemographic and risk factor data for infectious diseases through iPHIS. Pools and Spas: Maintain an inventory of regulated and non-regulated recreational water facilities; Beaches: Conduct pre-season environmental surveys of Hamilton beaches; routine beach surveillance activities including: collection of water samples, preparation of layouts of the public beach area, conduct inspections of regulated public pools and spas, and non-regulated RW facilities</p>
<p style="text-align: right;"><i>Length = 10</i></p> <p>Inspection</p>	<p style="text-align: right;"><i>Length = 489</i></p> <p>Pools and Spas: Inspect pools and spas prior to opening or reopening; Inspect pools and spas at least 2 times per year and no less than once every 3 months while operating. Reinspect pools and spas to address non-compliance; investigate complaints or reports of illness or injury. Non-Regulated Recreational Water Facilities: Inspect non-regulated recreational water facilities at least two times per year and no less than once every three months while operating. Reinspect as necessary.</p>
<p style="text-align: right;"><i>Length = 26</i></p> <p>Investigation and Response</p>	<p style="text-align: right;"><i>Length = 425</i></p> <p>Act on complaints and reports related to recreational water use at beaches. Respond to reports of the water-related incidents, illnesses, injuries, or outbreaks; and conduct outbreak investigations. Establish spill response and other adverse event procedure. Address non-compliance with the HPPA and take action where such action may be warranted to reduce the risk of illness or injury to the public using a public beach.</p>

Program:

Description *Length = 141*

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.11 Safe Water

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

(Enhance) activities to prevent or reduce water-borne illness or injury related to recreational water use. Refer to 3.11.1 Safe Water Program

Objective

Length = 83

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

100% compliance with Safe Water Program Standard including all relevant protocols

Indicators of Success

Length = 34

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Refer to 3.11.1 Safe Water Program

Program Budget Summary		Funding Sources Summary	
Object of Expenditure	Amount	Funding Source	Amount
Salaries and Wages	6,100	Enhanced Safe Water Initiative (100%)	42,850
Benefits	1,420		
Travel	1,000		
Professional Services	-		
Expenditure Recoveries & Offset Revenues	-		
Other Program Expenditures	34,330		
Total	\$42,850	Total	\$42,850

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Enhanced Safe Water Initiative

Public Health Intervention

Description

Input a title for each public health intervention under this Program (maximum of 100 characters)

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 55

Length = 27

Promotion, Awareness, Education, Knowledge Translation

Refer to Safe Water Program

Length = 26

Length = 352

Investigation and Response

Refer to Safe Water Program
 Promptly determine whether or not algae blooms at public beaches (or other recreational water use areas) contain toxin producing cyanobacteria as per Recreational Water Protocol (2018)
 Ensure staff are available on a 24/7 basis to respond to demands of Safe Water Program during after normal business hours and on weekends

Program: Small Drinking Water Systems

Description

Length = 351

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

This program conducts new and ongoing site-specific risk assessments of all small drinking water systems within the oversight of the Board of Health; ensure system compliance with the regulation governing the small drinking water systems; and, ensure the provision of education and outreach to the owners/operators of the small drinking water systems.

2018 Public Health Program Plans and Budget Summaries

3.11 Safe Water

Objective

Length = 154

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Completion of Risk Assessments and Compliance Inspections of ~185 Small Drinking Water Systems according to the frequency for the assigned risk category.

Indicators of Success

Length = 564

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

of days that fluoride levels were below recommended levels at municipal drinking water systems that add fluoride – MOHLTC indicator
 % of SDWS where risk categories change from high risk to moderate or low risk indicating improvement in system performance
 % of adverse drinking water incidents that are resolved within 1 month
 % of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection
 # of drinking water advisories and boil water advisories issued by days advisories were in effect – MOHLTC indicator

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	42,780
Benefits	10,470
Travel	1,000
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	5,870
Total	\$60,120

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Small Drinking Water Systems Program (Cost-Shared)	60,120
Total	\$60,120

Funding sources are populated with budget data provided in the budget worksheets

Program: Small Drinking Water Systems

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 85

Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)

Length = 54

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 903

Watermain Disinfection Procedure: develop policy and staff training.
 Advocate for healthy public policy for safe water supplies related to the effects of climate change such as severe weather events and droughts.
 Engage in activities that increase the safety of drinking water and decrease potential for adverse effects on health, including but not limited to participation on technical committees and assistance in the identification of vulnerable areas and threats to drinking water systems
 Meet semi-annually and collaborate with MOE on drinking water safety matters.
 Participate in local steering groups for the purpose of developing drinking water-related emergency response plans
 Engage in activities to ensure the sustainability and safety of source water and water supplies through collaboration with stakeholders such as local conservation authorities, community groups and municipalities.

Length = 677

2018 Public Health Program Plans and Budget Summaries

3.11 Safe Water

<p>Promotion, Awareness, Education, Knowledge Translation</p>	<p>Increase public awareness for safe water supplies related to the effects of climate change such as severe weather events and droughts. Provide information RE safe drinking water practices to private citizens (sample bottles/forms), water haulers, and owners and operators of SDWS's. Assist with lab test result interpretation; provide guidance on potential health effects and appropriate corrective actions. Provide the Safe water information line; Adverse water test result line (labs / SDWS owners) Conduct public education and outreach activities at the Children's Water Festival and World Water Day Rural Well Water Quality Report updated every 5 years (completed in 2017)</p>
<p><i>Length = 11</i></p>	<p><i>Length = 390</i></p>
<p>Inspection</p>	<p>Conduct new and ongoing site-specific risk assessments of all small drinking water systems within the oversight of the Board of Health; ensure system compliance with the regulation governing the small drinking water systems Inspect drinking water haulage vehicles once annually Fluoride: Review water reports provided by Hamilton Water (Public Works) on a monthly basis for fluoride levels</p>
<p><i>Length = 26</i></p>	<p><i>Length = 799</i></p>
<p>Investigation and Response</p>	<p>Address complaints and reports of water quality concerns and issues Respond to drinking water related incidents, illnesses, injury, and outbreak Respond to and report potentially hazardous spills and other adverse events at public beaches Investigate suspected waterborne illnesses or outbreaks Report drinking water advisories to DWARS (MOHLTC) Address and take action with the non-compliance of the HPPA and related regulations Watermain Disinfection Procedure will come into effect in 2017 with the requirement for Hamilton Water to assess and report watermain breaks to local Medical Officer of Health when specified criteria are met in the guideline. It is anticipated that most main break reports including need to issue a drinking water advisory will happen during afterhours or on weekends.</p>

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.1 Oral Health

Length = 1259

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):

- a) The key data and information which demonstrates your communities' needs for public health interventions to address oral health; and,
- b) Your board of health's determination of the local priorities for a program of public health interventions that addresses oral health.

(a) 1 in 10 (10.8%) students require dental care and 4,168 untreated decayed teeth were observed among students in the 2016-2017 school year. There were 26,400 HSO eligible children in Hamilton in 2016-2017; but nearly 1 in 3 (n=8,100) did not enroll in the Healthy Smiles Ontario program and nearly 60% (n=15,400) did not use the service. Priority populations in schools – 24% of those <6 years old live in low income in Hamilton
 In total, across the 17,537 students (JK-8) screened in 2016/2017 in Hamilton:
 • 6,039 (34.4%) were eligible for preventative services (either one or more of PATF, PFS, or Scaling).
 • 4,870 (27.8%) were eligible for PATF, 1,147 (6.5%) eligible for PFS, and 1,646 (9.4%) eligible for scaling.
 • 22,420 decayed, missing/extracted, or filled teeth were observed.
 (b) Local priority focuses on children living in low income families in Hamilton. The program screened 17,537 students at 134 elementary schools in the City of Hamilton in the 2016-2017 school year. There were 5,300 Grade 2 students screened in Hamilton in 2016/2017. Nine of the 134 schools (6.7%) were high intensity facilities (≥14% of students had multiple decayed teeth) in 2016-2017. 6 of the 9 high intensity schools (66.7%) were located in Lower Hamilton.

Length = 497

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Children's Aid Societies – to ensure children receive the oral health care they need through HSO EESS
 Public health programs for children 0-17
 Partnerships with school boards
 Alternative Schools: St. Martin's Manor, Grace Haven to promote uptake of HSO and promote good oral health
 Community services – System Planning Collaborative, Early Years – OEYC to promote uptake of HSO and promote good oral health
 Partnerships with Primary care to promote uptake of HSO and promote good oral health

C. Programs and Services

Program: Oral Health Assessment

Description

Length = 140

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Children and youth with dental needs are identified by dental screening. They are offered the Healthy Smiles Ontario program if eligible.

Objective

Length = 364

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Compliance with the School Health - Oral Health Standard, including all required protocols.
 Increased proportion of children who have optimal oral health
 Provision of timely and effective detection and identification of children at risk of poor oral health outcomes, their associated risk factors and emerging trends
 Oral health data elements reported annually

Indicators of Success

Length = 226

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

% of all JK, SK and Grade 2 students screened in all publicly funded schools - Oral Health
 Results-Based Accountability (RBA) indicators/measures are currently in development and will be included in the ASP&B 2019 submission

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	177,800

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	315,890

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.1 Oral Health

Benefits	54,000		
Travel	4,500		
Professional Services	180		
Expenditure Recoveries & Offset Revenues	(30)		
Other Program Expenditures	79,440		
Total	\$315,890	Total	\$315,890

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Oral Health Assessment

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 86

Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)

Length = 54

Promotion, Awareness, Education, Knowledge Translation

Length = 49

Screening/Assessment/Intervention/Case Management

Length = 27

Monitoring and Surveillance

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 57

Partner with schools to deliver programs within schools

Length = 94

Promote and provide oral health assessments at community events/locations throughout Hamilton.

Length = 736

Visit all publicly-funded elementary schools and any private and/or high schools (on request) in Hamilton to conduct oral health assessments.
 Assign risk rating (screening intensity) to each school based on MOHLTC calculation from surveillance results for grade 2 students from previous academic year. Select elementary grades to assess based on risk level rating.
 Identify children with urgent dental treatment needs and preventive needs.
 Follow up children who have been identified with urgent dental needs or would benefit from preventive oral health care.
 Initiate case management on all Child Urgent Care cases.
 Contact parents whose children would benefit from preventive services and offer HSO to clinically eligible children.

Length = 485

Conduct surveillance, oral screening, and report data and information in accordance with the Oral Health Protocol, 2018 (or as current) and the Population Health Assessment and Surveillance Protocol, 2018 (or as current).
 Identify and monitor oral health status in children ages 0-17 annually. Monitor emerging trends related to poor oral health outcomes and, their associated risk factors, and emerging trends.
 Collect and report on oral health surveillance data in OHISS for MOHLTC.

Program: Healthy Smiles Ontario

Description

Length = 421

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Healthy Smiles Ontario provides preventive, routine, and emergency dental services for children and youth 17 years old and under from low-income households. In Hamilton, HSO dental services are provided through 3 public health unit community clinics and community dental providers. Children and youth with dental needs are identified by dental screening. They are offered the Healthy Smiles Ontario program if eligible.

Objective

Length = 557

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.1 Oral Health

Compliance with the School Health - Oral Health Standard, including all required protocols.
 Provision of the the Healthy Smiles Ontario (HSO) Program in accordance with the Oral Health Protocol, 2018 (or as current).
 Increased proportion of children who have optimal oral health
 Priority populations are linked to child/family health information, programs and services
 Children from low income families have access to oral health care
 Increased public awareness of the importance of good oral health through provincial, local communication strategies

Indicators of Success

Length = 139

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Results-Based Accountability (RBA) indicators/measures are currently in development and will be included in the ASP&B 2019 submission

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	992,250
Benefits	263,750
Travel	8,920
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	295,380
Total	\$1,560,300

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Healthy Smiles Ontario Program (100%)	1,560,300
Total	\$1,560,300

Funding sources are populated with budget data provided in the budget worksheets

Program: Healthy Smiles Ontario

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 86

Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)

Length = 55

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 625

Collaborate with community partners such as EarlyON CFCs system collaborative, newcomer groups, school events, C/CAS, OW, alternative schools, to provide outreach to priority populations to link them to oral health and HSO information, programs and services.
 Work with the Hamilton Academy of Dentistry and other community partners to increase uptake of Health Smiles Ontario clients by dentists.
 Review and improve the referral process to Healthy Smiles Ontario program to increase enrollment and utilization.
 Develop partnerships with primary care to raise awareness of HSO and promote oral health and access to services

Length = 867

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.1 Oral Health

Promotion, Awareness, Education, Knowledge Translation

Length = 49

Promote good oral health by increasing access and reducing barriers to dental care.
 Promote regular preventive and treatment dental care by assisting families to find a dental home.
 Target communication/education strategies to priority populations.
 Develop and distribute newsletters, emails and promotional items to the public.
 Distribute Teacher Resource Kits (curriculum based).
 Deliver oral health presentations (formal & informal), workshops and demonstrations
 Seek & maintain internal and external (e.g. community) contacts/partners
 Distribute dental materials to community partners
 Support Facebook – Healthy Families page with information on oral health behaviours and promotion of HSO
 Target health promotion campaign to high needs areas identified through mapping
 Increase awareness of good oral health and the HSO program through the Oral Health Navigator

Length = 517

Screening/Assessment/Intervention/Case Management

Length = 27

Identify children with urgent dental treatment needs who are eligible for HSO.
 Enroll children in the HSO program
 Preventive Dental Clinics: Provide oral health assessments and anticipatory guidance concerning oral health resources and programs; Provide preventive dental services (e.g. fluoride, scaling, sealants and instructions in oral self-care); Provide counseling in diet, tobacco cessation and oral self-exam (as needed)
 Dental Treatment Clinic: Provide direct client services for treatment and prevention

Length = 95

Monitoring and Surveillance

Monitor relevant program stats to inform and direct continuous quality improvement activities.

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.2 Vision

Length = 704

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):

- a) The key data and information which demonstrates your communities' needs for public health interventions to address vision; and,
- b) Your board of health's determination of the local priorities for a program of public health interventions that addresses vision.

(a) It is estimated that 16% of Hamilton children have a visual impairment. Presently, only 14% of Ontario children under 6 get an eye exam by an optometrist. There are 5,506 potential Senior Kindergarten and 5,405 potential Junior Kindergarten children that need to be screened. The Ministry protocol workgroup has yet to establish the target audience. The Ministry protocol workgroup has yet to establish the target audience.

(b) The best model for conducting early childhood vision screening remains unclear; but there are 'good practices' reported by screening programs. Risk factors for vision problems: family history, premature birth or low birth weight, and maternal smoking during pregnancy.

Length = 1102

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Given PHS is responsible for screening in schools through other programs (i.e. Dental), we plan to leverage and coordinate existing infrastructure, processes and community resources for vision screening in schools (i.e. oral health screening).

Vision Works is a privately run company already providing service in The City of Hamilton. PHS had a role in getting Vision Works started. The VisionWorks program mandate is to provide comprehensive eye exams and treatment to students in need. VisionWorks currently provides comprehensive eye exams to students Kindergarten to grade 12 in inner city schools located in Hamilton, Ontario. The program also provides low-cost eyewear to students in need. Though there is not a formal partnership between PHS and VisionWorks, the VisionWorks program providers have agreed to accept informal referrals of families from PHNs and principals of Health Promoting Partnership Schools. Kindergarten students in schools located outside of the inner city and/or who are identified as moderate or low priority schools are currently not receiving vision screening.

C. Programs and Services

Program:

Description

Length = 483

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

As information is shared from the Ministry through 2018 related to the protocol and relevant reference documents a comprehensive vision screening program will be developed. PH will use 2018 as a planning and training year to engage with school board partners and relevant community stakeholders and coordinate with existing PH programs within schools to establish a program that is tailored to local needs. This approach will enable us to implement the program in 2019 and establish

Objective

Length = 1066

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

We are awaiting the release of the protocol prior to articulating program objectives. Below are some process objectives to support the development of a new vision screening program.

Development of a vision-screening program that includes identification of required FTE and is in compliance with the implementation of the protocol that includes the development of relevant internal policies, guidelines and training.

Existing clinic space used for operating an alternative vision screening location.

Existing infrastructure, processes and community resources for vision screening in schools (i.e. oral health screening) is leveraged and coordinated.

Community partners will be engaged to develop a client-centred referral and communication pathway in Hamilton with clearly articulated roles and responsibilities.

Educational and health promotional materials disseminated that are developed by the Ministry and are appropriate for the local context.

Communication is tailored to parents/caregivers and disseminated based on Ministry-provided protocol pathway.

Indicators of Success

Length = 114

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

No program indicators identified as Child Visual Health and Vision Screening Protocol, 2018 has not been released.

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	20,860
Benefits	4,940
Travel	10
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	3,890
Total	\$29,700

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	29,700
Total	\$29,700

Funding sources are populated with budget data provided in the budget worksheets

Program: Child Visual Health and Vision Screening

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters) Length = 51	Briefly describe the public health intervention (maximum of 1,800 characters) Length = 367
Screening/Assessment/Intervention/Case Management	The development of vision screening program that includes staffing, infrastructure, processes and leveraging of community resources requires more information from the Ministry in order to accurately forecast. Based on data from the Oral Health Screening program it is clear that a passive consent process will maximize the number of students that will be screened

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.3 Immunization

Length = 1495

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):

- a) The key data and information which demonstrates your communities' needs for public health interventions to address school health immunization; and,
- b) Your board of health's determination of the local priorities for a program of public health interventions that addresses school health immunization with consideration of the required list of topics identified in the Standards.

(a) Record Assessment: PHS monitors immunization status of enrollees at 78 childcare sites in Hamilton. Annually, more than 54,000 people have their immunization records assessed through childcare centres and schools. There is currently a 3 year backlog in vaccine reporting; in response, the program has prioritized addressing the backlog with children entering school. School: There were 82,772 students enrolled in Hamilton elementary and secondary schools in 2016-17. Of these, 1,400 had philosophical vaccine exemptions (1.7% of those enrolled). From 2016-17, PHS provided immunizations to 19,000 students across 125 schools. From Dec 8, 2016 to Jan 18, 2017, 2600 students received overdue vaccination letters, resulting in 1858 students who received vaccines, and 742 who reported their previous vaccination to PHS (28%). **Vaccine Coverage:** From 2011/12-2013/14 the overall vaccine (HepB, HPV, Menactra) coverage rate for schools in Hamilton ranged from 70% to 75%, with a three year annual average coverage rate of 72.7%. Over the three schools years, HPV has consistently had the lowest coverage rate, with a three year annual average coverage of 57.7% **(b) Local Priorities:** Populations with low vaccine uptake and/or reporting rates as determined through local surveillance and Vaccine Program Review. Research literature suggests vaccine hesitancy in middle to upper class populations and lower reporting among populations with language barriers and lower socio-economic status

Length = 726

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Health care providers (individuals) – collaborating with providers who administer vaccine to ensure compliance with legislation and best practice
 Healthcare sites housing and administering vaccines –provide vaccines, cold chain storage, and protocol
 School Boards and School Principals; Daycare Providers –liaison to ensure effective records management and education around immunization policy; promotion of suspension clinics
 Parents –education of parents seeking non-medical exemption; opportunities for parents to contact staff for reporting and information purposes
 Medical Advisories –released to partners and public as required to update on changes to legislation and/or provide education on risk and protective factors

C. Programs and Services

Program:

Description

Length = 420

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

This program aims to be compliant with the Immunization of School Pupils Act which requires assessment of the immunization status of all children and youth attending licensed child care centres and schools. In collaboration with school boards, the program also aims to promote and improve confidence in immunizations, maintain current vaccine records, and ensure access to vaccines for children and youth.

Objective

Length = 871

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Compliance with the School Health - Immunization Standard, including all required protocols.
 Recommendations from vaccine program review implemented to improve service delivery, vaccine utilization, and compliance with vaccine legislation and mandates.
 Immunization education sessions facilitated for parents who request a non-medical vaccine exemption to fulfill new education amendment to the Immunization of School Pupils Act.
 Implementation of priorities of Immunization 2020: Modernizing Ontario's Publicly Funded Immunization Program to improve access to immunization, connect system partners, inform the public, protect health through continuous quality improvement, and reduce inequities.
 Promotion and provision of immunizations at school –based clinics in order to improve overall vaccine coverage rates and reduce the burden of vaccine preventable diseases

Indicators of Success

Length = 387

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

- % of 7 and 17 year olds vaccinated for all ISPA designated diseases
- % of students with a valid religious or conscience exemption by ISPA designated disease annually
- % of school-aged children who have completed immunizations for hepatitis B
- % of school-aged children who have completed immunizations for HPV
- % of school-aged children who have completed immunizations for meningococcus

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.3 Immunization

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	1,270,110
Benefits	347,890
Travel	8,730
Professional Services	1,060
Expenditure Recoveries & Offset Revenues	(109,800)
Other Program Expenditures	424,210
Total	\$1,942,200

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	1,942,200
Total	\$1,942,200

Funding sources are populated with budget data provided in the budget worksheets

Program: Immunization of School Pupils

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 56

Promotion, Awareness, Education, Knowledge Translation

Length = 49

Screening/Assessment/Intervention/Case Management

Length = 26

Investigation and Response

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 397

Send letters annually to childcare centre operators and schools, providing vaccine information and education. Lead mandatory education sessions for all parents who want non-medical exemption for their children, as per ISPA
 Provide Immunization program info line and manage online immunization reporting tool (ICON) to enable parent and youth access to reporting and education around immunization.

Length = 1026

Assess immunization records for all registered students (including those: at international schools, new to Ontario, and up to 17 years old) as part of PHS screening and suspension process.
 Send screening letters (x2) to parents prior to suspension day advising them to report immunization status
 Provide multiple avenues for public to report immunizations and receive information, including: a phone line open from 8:30-4:30 daily, an online reporting tool (ICON), faxes, and post mail.
 Conduct suspension clinics day before, day of, day after elementary school suspension dates.
 Launch suspension clinics through high schools to address high number (4500) of secondary students who are non-compliant.
 Ensure all children have access to publicly funded vaccines through community healthcare providers. If child does not have OHIP or IFH, PHS provides the vaccines via community clinics.
 Document exemption records for students (both medical and non-medical) documented in Panorama. Follow up incomplete exemption records

Length = 220

Issue order of exclusion for an outbreak or risk of an outbreak of a designated disease managed through relevant policies and procedures. An exclusion order would be documented in Panorama in the instance of an outbreak.

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.4 Other

A. Community Need and Priorities

Length = 1772

Please provide a short summary of the following (maximum characters of 1,800):

- a) The key data and information which demonstrates your communities' needs for public health interventions to address school health; and,
- b) Your board of health's determination of the local priorities for a program of public health interventions that addresses school health with consideration of the required list of topics identified in the Standards.

High risk schools identified School Boards align with priority wards identified using student health indicators. In high priority wards, inequities among students include: 29% are from low income homes, 23% are from families with no employment income, 31% are from single parent families, and 28% of kindergarten students experience unstable housing (frequent moving). The percentage of recent immigrants in priority wards is double the city average (60% are from Asia, primarily Syria, Iraq, Philippines, and India). **Hamilton student health priorities:** Suicide Prevention: self-harm ED visits have doubled for female students since 2006 (primary cause is poisoning with drugs). Suicide is the leading cause of death under age 45; Substance Use: recent 5x increase in drug-related disorders among 18-year-old females (primary cause is opioids and methamphetamines/amphetamines); Immunization: very low vaccine compliance for cancer-causing viruses Hepatitis B and HPV, despite local increase in Hepatitis B cases and rise in HPV-linked cancer in males; Healthy Eating: 30% of students in lower Hamilton do not eat breakfast and 70-80% of students do not eat fruit and vegetables daily; Physical Activity: over 1 in 5 students in priority wards in lower Hamilton watch TV very frequently (>4 hrs/day) and are less likely to play outdoors on a daily basis; Healthy Sexuality: local teen pregnancy rate is higher than provincial average and disproportionate clustering of STIs and teen pregnancy in priority wards. Significant gaps in student health data limits the scope of population health assessment. (b) **Local Priorities:** mental health promotion (inclusive of suicide risk and prevention), healthy eating, physical activity, sedentary behaviour, and healthy sexuality.

Length = 1334

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Collaboration with key internal and external partners using a comprehensive health promotion approach, to influence the development and implementation of healthy policies, and the creation or enhancement of supportive environments within School communities. Key internal partners include: Dental Program, Vaccine Preventable Disease Program, Vision Screening Program, Child Health and Reproductive Health Programs, Tobacco Control Program, Alcohol and Substance Misuse Program, Harm Reduction Program, Child and Adolescent Services, Sexual Health Program, Epidemiology and Evaluation Program, Chronic Disease Prevention Program, Recreation Department, Child Care and the Early Years System and Neighbourhood and Community Initiatives. Key external partners include: Hamilton Wentworth District School Board (HWDSB); Hamilton Wentworth Catholic District School Board (HWCDSB); Conseil scolaire Viamonde (French School Board); Conseil Scolaire MonAvenir (French Catholic School Board), LHIN (Community Care Access Centre –MHANs), Vision Works, McMaster University, Mohawk College, Banyan Community Services, Francophone Community Interagency Round Table, Youth and Young Parent Services, Neighbourhood Planning Tables, Ontario Healthy Schools Coalition, YMCA, students and their parents/caregivers, and locally engaged private citizens.

C. Programs and Services

Program:

Description

Length = 1330

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Schools are a critical setting to build important relationships, promote a positive sense of self, and therefore promote and protect the health and well-being of children and youth. The School Program service delivery model strengthens partnerships between PHS and local school boards. Every school is responsible for producing an annual school improvement plan with clear health related indicators. Public Health school program staff collaborate with school leads to identify key indicators and produce communication products on population health data. This data critically informs student health and wellbeing at a local level and is used to collaboratively identify key needs and priorities within schools. The program includes universal services for all publicly funded schools as well as targeted and more intensive services for 50 identified priority schools with the highest level of need. Public health staff work with school staff, students, and parents/caregivers to implement programs and services to address identified local needs. Staff engage other partners and services who assist the school in key areas. PHS collaborates with schools to monitor the work and outcomes to ensure the services are making a difference for the students and school community in applying a results based accountability framework.

Objective

Length = 886

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Compliance with the School Health - Other Standard, including all required protocols.
 Hamilton School Boards and Schools are aware of relevant and current population health needs impacting students in their school.
 Hamilton School Boards and Schools are meaningfully engaged in the planning, development, implementation and evaluation of public health programs and services relevant to children and youth.
 Public Health school based initiatives relevant to healthy living behaviours are informed by effective partnerships between the Board of Health, Hamilton School Boards and Schools.
 Children, youth, and emerging adults have increased knowledge about and skills for healthy growth and development.
 Increased adoption of healthy living behaviours amongst Hamilton children and youth.
 Increased awareness among youth and emerging adults about contraception and healthy pregnancies.

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.4 Other

Indicators of Success

Length = 134

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Results-Based Accountability (RBA) indicators/measures are currently in development and will be included in the ASP&B 2019 submission

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	1,193,810
Benefits	313,120
Travel	11,950
Professional Services	460
Expenditure Recoveries & Offset Revenues	(29,470)
Other Program Expenditures	339,010
Total	\$1,828,880

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	1,828,880
Total	\$1,828,880

Funding sources are populated with budget data provided in the budget worksheets

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 85

Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)

Length = 54

Promotion, Awareness, Education, Knowledge Translation

Length = 27

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 1210

Public Health Services (PHS) has established a leadership committee with Hamilton Wentworth District School Board and Hamilton Catholic District School Board senior leadership that supports implementation of the standard. PHS continues to secure the commitment from this leadership committee to partner with PHS in order to achieve the outcomes as outlined in the Public Health Program Plan. This committee shares relevant health and education data and respective strategic plans to identify mutual priorities, goals, success indicators, and processes for evaluation.
 PHS leads the development of a joint PHS\School Board working group to identify population health data indicators to determine current population health needs impacting students in Hamilton schools. Based on the population health data, PHS collaborates with school boards to plan for intensive and universal resource allocation, inclusive of service coordination of other school based PHS services (e.g. School PHNs, Immunization Services, Dental Services, Vision Screening Services). PHS will further liaise with other relevant internal and external stakeholders to achieve the outcomes as outlined in the School Health – Other standard.

Length = 1424

In collaboration with Hamilton school boards, PHS will use population health data to allocate universal services to all Hamilton schools, while focusing intensive support to 50 high priority schools. Resources will be allocated using a "family of schools" model – in alignment with school board structure, and to facilitate collaboration.
 Universal services will include the sharing of population health data, facilitating linkages with community resources, consultation on emerging health priorities, facilitation of other school based PHS services (e.g. immunization, dental and vision screening), and the development of web based and health curriculum resources. All schools will also receive support in the promotion, knowledge translation, and implementation of a Hamilton wide mental wellbeing campaign.
 PHS will utilize a comprehensive school health approach within identified priority schools. These school communities will receive PHS consultation with school administrators to identify school health priorities. PHS will engage the school community (students, parents/care givers, school staff) in the development, implementation, and evaluation of an evidence informed Annual School Plan related to school health priorities. PHS will facilitate community networks and partnerships to best meet the identified school health priorities. PHS will also advise and support implementation of healthy school policies.

Length = 192

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.4 Other

Monitoring and Surveillance

In 2018 we will be piloting the use of board school improvement plans to develop shared goal, objectives and indicators of success for monitoring progress on desired goals at targeted schools.

Program: **Tobacco Control, Prevention and Cessation**

Description

Length = 170

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Described in more detail under 3.5.1 Chronic Disease Prevention – Tobacco Use, Prevention and Cessation and 3.5.13 Chronic Disease - SFO – Youth Tobacco Use Prevention

Objective

Length = 0

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Indicators of Success

Length = 0

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	50,860
Benefits	14,400
Travel	-
Professional Services	80
Expenditure Recoveries & Offset Revenues	(10)
Other Program Expenditures	19,010
Total	\$84,340

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	84,340
Total	\$84,340

Funding sources are populated with budget data provided in the budget worksheets

Program: Tobacco Control, Prevention and Cessation

Public Health Intervention	Description
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Input a title for each public health intervention under this Program (maximum of 100 characters)

Briefly describe the public health intervention (maximum of 1,800 characters)

Program: **Injury Prevention**

Description

Length = 42

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Please refer to 3.13.2.1 Injury Prevention

Objective

Length = 0

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.4 Other

Indicators of Success

Length = 0

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	93,260
Benefits	25,710
Travel	580
Professional Services	90
Expenditure Recoveries & Offset Revenues	(1,430)
Other Program Expenditures	32,240
Total	\$150,450

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	150,450
Total	\$150,450

Funding sources are populated with budget data provided in the budget worksheets

Program: Injury Prevention

Public Health Intervention

Description

Input a title for each public health intervention under this Program (maximum of 100 characters)

Briefly describe the public health intervention (maximum of 1,800 characters)

Program:

Description

Length = 103

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Please refer to 3.5.2 Chronic Disease Prevention; 3.5.3 Built Environment; 3.5.4 Healthy Food Systems;

Objective

Length = 0

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Indicators of Success

Length = 0

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	190,810
Benefits	50,440

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	294,590

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.4 Other

Travel	1,920		
Professional Services	90		
Expenditure Recoveries & Offset Revenues	(4,750)		
Other Program Expenditures	56,080		
Total	\$294,590	Total	\$294,590

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Chronic Disease Prevention

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Program: **Mental Health Promotion**

Description

Length = 323

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The mental health promotion program aims to promote mental well-being through increasing awareness, providing education, and making policy changes. Significant effort is put into collaboration with community partners across the health and social sector to support mental health promotion with a focus on school-aged youth.

Objective

Length = 149

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Increased adoption of 5 Ways to Wellbeing to promote positive mental health
 Reduction of preventable injury or death due to self-harm and suicide

Indicators of Success

Length = 137

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Results-Based Accountability (RBA) indicators/measures are currently in development and will be included in the ASP&B 2019 submission

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	510,290
Benefits	133,360
Travel	3,390
Professional Services	190
Expenditure Recoveries & Offset Revenues	(8,100)
Other Program Expenditures	144,190
Total	\$783,320

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	783,320
Total	\$783,320

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.4 Other

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Mental Health Promotion

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 86

Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)

Length = 54

Promotion, Awareness, Education, Knowledge Translation

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 544

Engage the community in the "5 Ways to Mental Well-being" with a focus on mental health and well-being of children and youth in schools in alignment with the School Health Standard
 Collaborate with Hamilton Police Service on bullying prevention
 Participate on the Suicide Prevention Community Council of Hamilton and provide data for ongoing implementation of the Hamilton Suicide Prevention Strategy
 Engage with the Hamilton Committee on Collaborative Management of Youth Suicide comprised of community partners to inform a suicide protocol

Length = 258

Build on the strengths, and capacity of students, fostering resilience among students, creating a supportive environment and where appropriate, assist in referral to needed services
 Provide ASIST-training and mental health first-aid to public health staff

Program: Substance Use Prevention

Description

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Length = 49

Please refer to 3.13.1.3 Substance Use Prevention

Objective

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Length = 0

Indicators of Success

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Length = 0

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	144,440
Benefits	37,560
Travel	820
Professional Services	1,410
Expenditure Recoveries & Offset Revenues	(1,440)
Other Program Expenditures	40,930
Total	\$223,720

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	223,720
Total	\$223,720

Funding sources are populated with budget data provided in the budget worksheets

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.4 Other

Program: Substance Use Prevention

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Program:

Description

Length = 39

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Please refer to 3.13.1.2 Harm Reduction

Objective

Length = 0

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Indicators of Success

Length = 0

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	14,240
Benefits	3,920
Travel	190
Professional Services	1,370
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	5,600
Total	\$25,320

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	25,320
Total	\$25,320

Funding sources are populated with budget data provided in the budget worksheets

Program: Harm Reduction

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Program:

Description

Length = 582

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

PHS staff work with schools, school, board staff, and other key community partners to address youth sexual health through system planning and service delivery. Current focus of work is on supporting the development of a Youth Sexual Health Strategy in Hamilton, where both universal and targeted services and supports will be identified, implemented and evaluated. Key areas of focus will be on identifying strategies and interventions that will support building health relationships among the youth population, as well as the reduction of teen pregnancy and STI rates in Hamilton.

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.4 Other

Objective

Length = 247

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Compliance with the School Health Standard.
 School-aged children, youth, and their families are aware of factors for healthy growth and development.
 Increased awareness among youth and emerging adults about contraception and healthy pregnancies.

Indicators of Success

Length = 305

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Results-Based Accountability (RBA) indicators/measures are currently in development are currently being developed through the development of the Youth Sexual Health Strategy. Will be available in 2019.

Current population health indicators being considered in Hamilton are teen pregnancy and STI rates.

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	164,910
Benefits	43,380
Travel	1,920
Professional Services	60
Expenditure Recoveries & Offset Revenues	(4,750)
Other Program Expenditures	47,630
Total	\$253,150

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	253,150
Total	\$253,150

Funding sources are populated with budget data provided in the budget worksheets

Program: Sexual Health

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 85

Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)

Length = 54

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 725

Build capacity across the community and within schools and school boards, to enhance system planning and service delivery related to youth sexual health.
 Develop continuous quality improvement activities and prioritize in response to local need, client feedback, partner engagement, and opportunities for enhanced efficiency and effectiveness.
 The 2018 priority will be focused on the development of the Youth Sexual Health Strategy, which will include the identification of:
 Vision, Mission, Goals/Objectives, Interventions, Indicators/Measure of Success, Evaluation
 PHS staff will support this work through the Youth Sexual Health Collaborative, working with both internal and external stakeholders on system planning.

Length = 617

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.4 Other

Promotion, Awareness, Education, Knowledge Translation

Length = 27

Currently PHS staff support schools and school boards with youth sexual health through supporting the Ontario Health & Physical Education Curriculum. This is primarily done through supporting teacher competence and confidence in delivering the curriculum as the need arises, and through providing supportive classroom sessions to youth as needed. Focus of these sessions is on healthy relationships, pregnancy prevention or STI prevention. Support to schools and school boards to assist with the implementation of health curricula, and support identified health needs in schools, as it relates to healthy sexuality.

Length = 192

Monitoring and Surveillance

Length = 0

A results based accountability approach will continue to be applied in the development of indicators on collaborative initiative to monitor and evaluate impact of collective impact strategies.

Length = 0

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Length = 1718

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):

- a) Data and information which demonstrates your communities' needs for public health interventions to address substance use; and,
- b) Your board of health's determination of the local priorities for a program of public health interventions that addresses substance use with consideration of the required list of topics identified in the Standards.

Alcohol: Over 40% of Hamilton residents (19+) exceed one or both of the LRADG, differences in gender (males) age (19-24) and income; Almost 25% of Hamilton adolescents (12-18) have had an alcoholic beverage in the past 12 months; **Illicit Drugs:** 12.3% of Hamilton residents (18+) have used an illicit drug in the past 12 months. Marijuana was the most commonly used illicit drug (11.6-%). The hospital admission rate for drug-related mental and behavioural disorders was 16.2 per 100,000. More Hamilton moms (3%) reported 1 or more drug or substance exposures during pregnancy, compared to Ontario moms. **Mental Well-Being:** Hamilton residents are most likely to speak to a Family Doctor about emotional or mental health; Hospitalization rates for intentional self-harm were 60.5 per 100,000 population. Mortality rates for intentional self-harm (suicide) have remained relatively stable (rate: 8.2 per 100,000 population) difference in sex (males) and age (45-64) **Sexual Health:** The average age of sexual debut is 18; About 42% of Hamiltonians with more than 1 partner did not use a condom last time they had sexual intercourse; Chlamydia (274 cases in 2015) is the most common STI diagnosed. It is highest among adolescent females (15-19); **(b) Local Priorities:** Poisoning by drugs and/or intentional harm are in the top 5 causes of hospital admission, discharge and death for 15-24 years. Illicit drug use, alcohol and tobacco use tend to impact more vulnerable populations (e.g., low income). The priority assessment has determined a focus on youth (school-age to 24 years), mental wellness and resilience in order to address downstream issues of alcohol, tobacco and substance misuse and unsafe sexual practices.

Length = 786

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Opioid Summit Stakeholders in development of City Drug Strategy: The AIDS Network; Alternatives for Youth; City of Hamilton (City Housing Hamilton, City Housing Services, Hamilton Fire Department, Hamilton Paramedic Service); Primary Care; Hamilton & District Pharmacists' Association; Hamilton Addiction & Mental Health Collaborative; Hamilton Addiction Systems Collaborative; Hospitals; HNHBLHIN; Hamilton Police Services; Hamilton Wentworth Detention Centre; McMaster University Department of Family Medicine; Ontario Addiction Treatment Centres; Regional Coroner; Wayside House of Hamilton; Wesley Urban Ministries; McMaster University; Mohawk College

Other Stakeholders:
 Boards of Education - Hamilton and Catholic boards;
 Community physicians
 Pharmacies
 College of Physicians

C. Programs and Services

Program:

Description

Length = 906

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Please refer to
 3.5.1 Tobacco Control, Prevention and Cessation
 3.5.8 Smoke Free Ontario - Prosecution
 3.5.9 Smoke Free Ontario - Protection and Enforcement
 3.5.10 Smoke Free Ontario - Tobacco Control Area Network - Coordination
 3.5.11 Smoke Free Ontario - Tobacco Control Area Network - Prevention
 3.5.12 Smoke Free Ontario - Tobacco Control Coordination
 3.5.13 Smoke Free Ontario - Youth Tobacco Use Prevention

Objective

Length = 0

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Indicators of Success

Length = 0

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	-
Benefits	-
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	-
Total	-

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	-
Total	-

Funding sources are populated with budget data provided in the budget worksheets

Program: Tobacco Control, Prevention and Cessation

Public Health Intervention	Description
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Input a title for each public health intervention under this Program (maximum of 100 characters)

Briefly describe the public health intervention (maximum of 1,800 characters)

Program:

Description

Length = 431

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The Harm Reduction program aims to reduce the health and social harms related to substance misuse and focuses on reducing the spread of communicable diseases, preventing overdose deaths and increasing access to safe supplies. Harm reduction work is supported through promotion, education and awareness of the risks associated with substance misuse, distribution of harm reduction supplies and collaboration with community partners.

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Objective

Length = 581

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Compliance with the Substance Use and Injury Prevention Standard, including all required protocols.
 Promotion of opioid and other substance-associated risks and how to prevent overdose
 Increased knowledge of naloxone (accessibility and use)
 Maintenance of surveillance systems to monitor opioid use in the community
 Development, implementation, and evaluation of a community Drug Strategy in Hamilton
 Provision of safe harm reduction supplies in the community to prevent blood borne infections such as HIV and hepatitis infections
 Improved access to harm reduction supplies

Indicators of Success

Length = 130

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

% of needles distributed that are returned to the harm reduction program
 % of naloxone kits distributed that were used by clients

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	236,020
Benefits	64,100
Travel	1,520
Professional Services	11,150
Expenditure Recoveries & Offset Revenues	(30)
Other Program Expenditures	82,440
Total	\$395,200

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	395,200
Total	\$395,200

Funding sources are populated with budget data provided in the budget worksheets

Program: Harm Reduction

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 86

Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)

Length = 55

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 470

Support and inform the development of a community-wide Drug Strategy in collaboration with community partners across the health sector
 Coordinate the development of an opioid response plan that collates the plans of partner organizations to differing levels of risk related to new opioids in the community. By documenting plans in a single location, organizations can be aware of the plans of others, coordination of services can be better managed and gaps identified.

Length = 1196

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

<p>Promotion, Awareness, Education, Knowledge Translation</p>	<p>Continue opioid overdose campaign 4 C's providing facts related to the significance of opioid overdose and information on how to prevent and respond to opioid overdoses Increase awareness of blood borne infections, harm reduction, program services through offering education sessions, promotional materials and online ads targeted to at risk populations Provide education to the public to raise awareness of the effects and risks of alcohol in support of the recently released Community Alcohol Report Promote awareness of overdose risks through participation in OD Awareness Day Develop education material for safe injection practices Create educational video for public on how to respond to an overdose situation with a focus on the administration of naloxone Create educational video for public in collaboration with the Hamilton AIDS Network on needle litter including health teaching on risks and reduction of fear related to sharps injuries as well as how to safely contain and get support for safe needle disposal Promote the availability of naloxone through services delivered by public health as well as local pharmacies, Hepatitis C team and the Hamilton Wentworth Detention Centre</p>
<p style="text-align: right;"><i>Length = 53</i></p>	<p style="text-align: right;"><i>Length = 1012</i></p>
<p>Screening, Assessment, Intervention, Case Management</p>	<p>Distribute harm reduction supplies Distribute Safer Crack Kits via existing needle syringe sites and mobile Van Collect used safe injection supplies via mobile outreach and fixed sites Provide effective outreach to clients who use substances through IDU outreach worker Provide street health/harm reduction focused clinic services at various locations: Wesley, Urban Core CHC, Womankind, Notre Dame, Karl's Spa for Men, Central Spa for Men Offer and conduct POC & anonymous HIV testing in priority populations (persons from endemic countries, MSM, Aboriginal persons, women at risk) Run Community Points program for safe disposal of needle litter in the community Development of a care pathway for the creation of a SBIRT tool to identify poly substance misuse and subsequent referral to appropriate treatment Deliver naloxone overdose prevention program through the distribution of naloxone and education on use to people who use opioids or former users at risk of relapse and their friends and family.</p>
<p style="text-align: right;"><i>Length = 28</i></p>	<p style="text-align: right;"><i>Length = 433</i></p>
<p>Monitoring and Surveillance</p>	<p>Maintain Hamilton Opioid Information System, weekly surveillance reports related to opioid overdose on the City of Hamilton website so that the public and organizations working with people misusing opioids can be better informed of the current situation Monitor long-term trends for planning, evaluation and continuous quality improvement purposes. Collect stats and report on distribution and collection of safe injection supplies</p>

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Program: Substance Use Prevention

Description

Length = 226

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

This program aims to reduce the negative impact of social determinants that contribute to health inequities and subsequent substance misuse, to prevent uptake of harmful substance use and to prevent substance-related injuries

Objective

Length = 683

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Compliance with the Substance Use and Injury Prevention Standard, including all required protocols.
 Activities conducted that raise public awareness of substance misuse effects, resources, and ways to limit associated risks
 Increased actionable knowledge and skill capacity of youth, parents and the public and to provide opportunities that lead to healthier behaviours
 Increased awareness for supportive resources in the community
 Policies and programs developed that will safeguard the community from the harms of substance use
 Determination of substance use baseline so that trends over time can be understood and planning and delivery of services can be responsive to needs

Indicators of Success

Length = 137

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Results-Based Accountability (RBA) indicators/measures are currently in development and will be included in the ASP&B 2019 submission

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	157,840
Benefits	41,220
Travel	1,340
Professional Services	9,620
Expenditure Recoveries & Offset Revenues	(20)
Other Program Expenditures	43,060
Total	\$253,060

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	253,060
Total	\$253,060

Funding sources are populated with budget data provided in the budget worksheets

Program: Substance Use Prevention

Public Health Intervention

Description

Input a title for each public health intervention under this Program (maximum of 100 characters)

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 86

Length = 913

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

<p>Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)</p>	<p>Support and inform the development of a community-wide Drug Strategy in collaboration with community partners across the health sector Review current City of Hamilton cannabis policies and prepare relevant proposals and alignment for new policies Advocate for provincial alcohol strategy Work collaboratively with youth and other community partners to create a youth engagement strategy Co-develop and support substance misuse supportive policies for the workplace and communal dwelling facilities (e.g. apartment buildings) Collaborate with school boards and schools to develop whole school interventions for supportive environments and assist with the implementation of health-related curricula related to substance misuse prevention in alignment with School Health Standard Collaborate with Mental Health Promotion program and incorporate 5 ways to mental well-being into substance prevention framework</p>
<i>Length = 54</i>	<i>Length = 1223</i>
<p>Promotion, Awareness, Education, Knowledge Translation</p>	<p>Increase public awareness on use and risks related to opioids and other substances as previous campaigns have focused on harm reduction / overdose prevention. Distribute posters to increase opioid awareness for public and sub-groups such as school-aged youth and parents of school-aged youth Develop and conduct parent information substance misuse information sessions and support parent-led initiatives to prevent harmful substance use Provide educational opportunities/workshops to parents on how to create supportive home environments Use social media to increase awareness and provide education on substance misuse Provide substance misuse programming/resource support to priority populations including Indigenous populations Produce knowledge translation material such as infographics to communicate to stakeholders the current state of substance use in Hamilton Support youth, parent and community-led initiatives that raise awareness about issues related to substance misuse Lead community events (& create linkages) for both Overdose Awareness Day and National Addictions Awareness week Revise and disseminate information from the Community Alcohol Report Communicate policy changes (e.g. good Samaritan law)</p>
<i>Length = 52</i>	<i>Length = 204</i>
<p>Screening, Assessment, Intervention, Case Management</p>	<p>Plan, implement, monitor and evaluate the SBIR program Update or create policies to support SBIR internal uptake Develop relationships with stakeholders with goal of implementing SBIR throughout city</p>
<i>Length = 27</i>	<i>Length = 374</i>
<p>Monitoring and Surveillance</p>	<p>Collect pre-post cannabis data and understand different sources for obtaining information Utilize information from Hamilton Opioid Information System to inform Health Promotion programming Monitor and evaluate substance misuse prevention campaigns and SBIR through piloting, process evaluations and outcome evaluations Solicit feedback from Harm Reduction outreach team</p>

Program: Electronic Cigarettes Act - Protection and Enforcement

Description *Length = 612*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

An effective compliance strategy employs a balance of inspection, education and progressive enforcement. Progressive enforcement means the use of more stringent charging options to reflect the frequency and severity of the level of non-compliance. Boards of health are responsible for enforcement of the ECA at all e-cigarette retail locations. In 2016, 544 inspections were completed; and responded to 5 ECA related complaints. There are 265 of e-cigarette retailers in Hamilton (2016); 11 vapour lounges (2016); 22.6% of Ontario youth (grades 7 – 12) reported using an e-cigarette at least once (OSDUS, 2015).

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Objective

Length = 184

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Decreased youth access to electronic cigarette products at point of retail
 100% compliance with mandated ministry inspection targets
 Response to 100% of all SFOA complaints received

Indicators of Success

Length = 66

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

% of ECA retailers in compliance with the Electronic Cigarette Act

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	6,360
Benefits	1,770
Travel	750
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	43,360
Total	\$52,240

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Electronic Cigarettes Act: Protection and Enforcement (100%)	52,240
Total	\$52,240

Funding sources are populated with budget data provided in the budget worksheets

Program: Electronic Cigarettes Act - Protection and Enforcement

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters) Length = 86	Briefly describe the public health intervention (maximum of 1,800 characters) Length = 80
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy) Length = 55	Contribute to the CW Tobacco Control Area Network (TCAN) Regional 2018 Work plan Length = 66
Promotion, Awareness, Education, Knowledge Translation Length = 28	Deliver health promotion and education to vendors, TEOs and public Length = 293
Monitoring and Surveillance Length = 10	Collect and maintain up-to-date inspection and enforcement data using the Tobacco Inspection System. Maintain an inventory of active E- Cigarette vendors located in Hamilton; ensure semi-annual / annual TIS reporting requirements to MOHLTC and; semi-annual ID/Health Hazards report to BOH Length = 904
Inspection Length = 26	Enforce the ECA at all e-cigarette retail locations. One annual inspection per retailer for compliance with ECA regulation re: youth access Conduct inspections annually on all e-cigarette retailers to assess compliance with youth access restrictions under the ECA. Youth Test Shoppers program; youth test shoppers that are less than 19 years of age to attempt a purchase of e-cigarette Inspect for compliance with the signage provisions applicable under the ECA. One annual inspection per retailer for compliance with ECA regulation re: youth access; all premises subject to legislation and regulation are inspected as required for ECA signage (age restriction) requirements Progressive enforcement activities include inspections and re-inspections, education visits, and inquiries into Length = 136

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Investigation and Response	Act on all e-cigarette-related complaints to determine the appropriate enforcement activity Respond to complaints re ECA Youth access
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Program: **Harm Reduction Program Enhancement**

Description

Length = 939

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The Harm Reduction Program Enhancement program focuses on the local opioid response, naloxone distribution and training as well as opioid overdose early warning and surveillance. Hamilton Public Health Services is working with a range of community partners across the health sector to ensure the local opioid response is coordinated and that partners are engaged in the development of a community Drug Strategy in Hamilton. Through the Harm Reduction Program Enhancement, Hamilton Public Health Services will increase access to naloxone in the community with distribution of naloxone to eligible community organizations. Hamilton Public Health Services continues to ensure ongoing monitoring and surveillance of opioid activity in the community through the Hamilton Opioid Information System. Regular reporting on data is provided to internal and external stakeholders to take action as needed, as well as made available to the public.

Objective

Length = 429

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Development, implementation, and evaluation of a community Drug Strategy in Hamilton
 Increased naloxone access to naloxone in the community by building capacity through community partners to distribute naloxone to clients
 Development of an inventory control system for tracking harm reduction supplies including needles, naloxone, safer inhalation kits
 Maintenance of surveillance systems to monitor opioid use in the community

Indicators of Success

Length = 57

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

% of naloxone kits distributed that were used by clients

Program Budget Summary		Funding Sources Summary	
Object of Expenditure	Amount	Funding Source	Amount
Salaries and Wages	195,660	Harm Reduction Program Enhancement (100%)	250,000
Benefits	51,060		
Travel	-		
Professional Services	-		
Expenditure Recoveries & Offset Revenues	-		
Other Program Expenditures	3,280		
Total	\$250,000	Total	\$250,000

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Program: Harm Reduction Program Enhancement

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters) Length = 86	Briefly describe the public health intervention (maximum of 1,800 characters) Length = 553
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy) Length = 54	Develop a community Drug Strategy for Hamilton focused on the four pillars of prevention, treatment, harm reduction and enforcement in collaboration with community stakeholder group which includes representation from organizations across the health sector Engage with community partners and public to inform the community Drug Strategy Create process and supporting policies for distribution of naloxone to community partners Develop an inventory control system for tracking harm reduction supplies including needles, naloxone, safer inhalation kits Length = 138
Promotion, Awareness, Education, Knowledge Translation Length = 52	Train community organization staff on naloxone administration Train community staff on naloxone eligibility Promote naloxone availability Length = 128
Screening, Assessment, Intervention, Case Management Length = 27	Expand access to naloxone in the community through implementation of process for distribution of naloxone to community partners Length = 191
Monitoring and Surveillance	Maintain Hamilton Opioid Information System data Report regularly trends in Hamilton Opioid Information System data to both internal public health work group and community stakeholder group Length = 191

Program:

Description Length = 733
 Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).
 The Needle Exchange Program Initiative supports the purchase of needles and syringes, and associated disposal costs, for Hamilton Public Health Services' Needle Syringe Programs. Hamilton Public Health Services offers needle syringe programs where individuals can pick up or have delivered free needles or related harm reduction supplies. Sharps containers are also offered and safe disposal of needles are facilitated by the needle syringe program. Hamilton Public Health Services offers needle syringe services in a variety of locations across the community including street health clinics, sexual health clinics and through the Van Needle Syringe Program. Needle syringe services are offered seven days a week including evenings.

Objective Length = 175
 Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).
 Provision of safe harm reduction supplies in the community to prevent blood borne infections such as HIV and hepatitis infections
 Improved access to harm reduction supplies

Indicators of Success Length = 73
 List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).
 % of needles distributed that are returned to the harm reduction program

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	-

Funding Sources Summary	
Funding Source	Amount
Needle Exchange Program Initiative (100%)	217,500

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Benefits	-		
Travel	-		
Professional Services	-		
Expenditure Recoveries & Offset Revenues	-		
Other Program Expenditures	217,500		
Total	\$217,500	Total	\$217,500

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Needle Exchange Program Initiative

Public Health Intervention	Description
<p>Input a title for each public health intervention under this Program (maximum of 100 characters)</p> <p style="text-align: right;"><i>Length = 54</i></p> <p>Promotion, Awareness, Education, Knowledge Translation</p> <p style="text-align: right;"><i>Length = 52</i></p>	<p>Briefly describe the public health intervention (maximum of 1,800 characters)</p> <p style="text-align: right;"><i>Length = 152</i></p> <p>Promote needle syringe programs in community including those offered by the Hamilton AIDS Network, Wesley Urban Ministries and other community partners</p> <p style="text-align: right;"><i>Length = 64</i></p>
<p>Screening, Assessment, Intervention, Case Management</p>	<p>Distribute harm reduction supplies through needle syringe sites</p>

Board of Health for the City of Hamilton, Public Health Services

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.2 Injury Prevention

Length = 1596

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):

- a) The key data and information which demonstrates your communities' needs for public health interventions to address injury prevention; and,
- b) Your board of health's determination of the local priorities for a program of public health interventions that addresses injury prevention with consideration to the required list of topics identified in the Standards.

(a) Local surveillance shows top five reasons for emergency department visits are various injuries to the body across the life span. **Physical injuries** predominate in the age groups 5-9, 10-14, 15-19 and 20-24 years. Injuries to the head predominate in the oldest age group of 85+ years. Mortality data for the City of Hamilton identifies falls as the fifth leading cause of death amongst the 85+ year age group. Transport related injuries present in the top three causes of injury and death for the younger age groups 15-19, 20-24 and 25-34. **Concussions:** Head injuries are among the top five causes leading to unscheduled emergency department visits across most age groups. The crude emergency department visit rate for concussions (with an associated external cause) was 202.2 per 100,000 population in the City of Hamilton. **Falls:** Falls was found to be the number one external cause for hospital admittance for all age groups except 15-19 year olds where it is number three and 20-24 year olds where it is number two. **Road and Off-Road:** Motor vehicle collisions (traffic and non-traffic) account for a crude rate of 660.5 per 100,000 population. ED visits classified as land transport injuries related to motor vehicle collisions are most prominent in older youth, young adults, followed by adults aged 25-44 years. **(b) Local Priorities:** Intervening with programs, services and policies aimed at reducing the burden of injuries resulting in and related to concussions, falls, road safety, and off-road safety amongst key age groups (youth, young adults and older adults) and males.

Length = 619

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Falls Prevention in the Built Environment Codes Advocacy and Research Coalition
 Canada Codes Centre-National Research Council of Canada and resulting committees and task groups
 Hamilton Age Friendly Home Adaptations Task Group
 Hamilton Council on Aging
 Seniors Advisory Council
 Brain Smart Hamilton (and workgroups)
 Hamilton Helmet Initiative
 Primary Care Providers in the City of Hamilton
 Family Health Teams- Hamilton and McMaster
 Community Health Centers- North Hamilton and Urban Core
 Hamilton Academy of Medicine
 Hamilton Pharmacists Partnership for Falls Prevention
 Hamilton Health Sciences
 McMaster University

C. Programs and Services

Program:

Description

Length = 739

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Based on the needs of the Hamilton community, the injury prevention program focuses on providing services focused on fall-related injuries, transportation-related injuries and concussions. Work to reduce the number of preventable injuries is focused on increasing awareness and providing education to the community and target populations such as youth in amateur sports or low-income populations. Significant effort is put into collaboration with community partners across the health and social sector to support increased awareness of injuries and prevention education. In addition, the injury prevention program works to influence policy at all levels to create safer environments for all individuals to prevent injuries from occurring.

Objective

Length = 176

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

100% compliance with the Substance Use and Injury Prevention Standard, including all required protocols.
 Reduction of the number of preventable injuries in city of Hamilton

Indicators of Success

Length = 135

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.2 Injury Prevention

Results-Based Accountability (RBA) indicators/measures are currently in development and will be included in the ASP&B 2019 submission

Program Budget Summary	
Object of Expenditure	Amount
Salaries and Wages	290,680
Benefits	77,410
Travel	4,020
Professional Services	4,890
Expenditure Recoveries & Offset Revenues	(30)
Other Program Expenditures	83,830
Total	\$460,800

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary	
Funding Source	Amount
Mandatory Programs (Cost-Shared)	460,800
Total	\$460,800

Funding sources are populated with budget data provided in the budget worksheets

Program: Injury Prevention

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 86

Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)

Length = 55

Promotion, Awareness, Education, Knowledge Translation

Length = 52

Screening, Assessment, Intervention, Case Management

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 1031

Advocate for improved injury prevention codes for Canadian homes to reduce burden of injury including stair falls, pediatric window falls, radon gas
 Inform policy development of Canadian National Building Codes
 Support international advocacy with other public health professionals and code experts
 Collaborate with Hamilton Council on Aging and Seniors Advisory Council to support and implement falls prevention aspects of Hamilton's Plan for an Age Friendly City.
 Support the work of the Community Coalition for Falls Prevention in the over 65 population.
 Support a "complete streets" approach to enhance safety for all road users through advocacy for infrastructure changes such as bike lanes, proper street lighting, and paved surfaces.
 Policy work in partnership with local schools and amateur sports organizations
 Support the City of Hamilton's implementation of Vision Zero by achieving zero fatalities or serious injuries on roadways 2025, a global movement transforming the way we use, interact and travel on our roads.

Length = 736

Knowledge translation on the importance of carrying out Medscheck with over 65 population for Hamilton Pharmacists Partnership and encourage the addition of key screening questions to their assessment as well as an information package to share with clients (Active for Life)
 Provide education and awareness around home adaptations for aging in place; falls prevention
 Conduct drinking and driving campaign Impaired is Impaired in partnership with Hamilton Police Services
 Increase concussion awareness within various stakeholders and community partners
 Promote helmet use in all ages
 Deliver road safety education for drivers, cyclists, and safe pedestrian measures.
 Investigate ways to increase awareness of injuries due to violence

Length = 261

Collaborate with various community stakeholders to distribute subsidized helmets
 Provide tools for falls prevention screening and referral for practitioners
 Develop and support of consistent implementation plan for Return to Learn and Return to Play policies

Board of Health for the City of Hamilton, Public Health Services

Part 4 - Budget Allocation and Summaries

4.1 Staff Allocation to Standards

Position Code	Position Titles	Total Public Health Unit		Emergency Management		Other Foundational Standards		Chronic Disease Prevention and Well-Being		Food Safety		Healthy Environments		Healthy Growth and Development		Immunization			
		F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$		
1	Medical Officer of Health	1.00	254,790			0.10	20,860	0.10	20,860	-	-	-	-	0.20	41,720	-	-		
2	Associate Medical Officer of Health	2.00	417,220	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
3	Chief Nursing Officer	1.00	97,180	-	-	1.00	97,180	-	-	-	-	-	-	-	-	-	-		
4	Program Director	2.90	414,090	0.00	-	0.15	21,400	0.60	84,700	0.40	59,040	0.25	36,730	0.70	97,760	-	-		
5	Program Manager/Supervisor	27.00	2,948,090	0.00	-	0.17	19,280	2.34	230,000	3.22	357,750	1.00	113,420	0.90	102,080	3.00	340,250		
6	Project Officer	8.25	766,470	(0.00)	-	-	-	1.50	140,230	1.75	153,150	0.25	25,000	0.75	78,880	0.25	21,880		
7	Public Health Nurse	89.66	7,945,270	-	-	-	-	3.00	257,380	9.00	743,090	-	-	25.66	2,083,130	-	-		
8	Registered Nurse	10.00	728,410	-	-	-	-	-	-	-	-	-	-	-	-	2.00	144,950		
9	Registered Practical Nurse	1.00	64,440	-	-	-	-	-	-	-	-	-	-	-	-	0.50	32,220		
10	Nurse Practitioner	1.10	121,290	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
11	Public Health Inspector	42.66	3,561,940	(0.00)	-	0.25	21,150	-	-	12.81	1,052,460	6.55	544,930	-	-	-	-		
12	Dentist	1.00	132,350	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
13	Dental Hygienist	7.70	499,140	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
14	Dental Assistant	1.20	70,250	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
15	Health Promoter	18.00	1,413,380	-	-	-	-	-	-	12.40	978,590	0.25	20,370	0.72	52,230	-	-		
16	Nutritionist	3.00	278,250	-	-	-	-	-	-	2.00	185,500	-	-	1.00	92,750	-	-		
17	Dietitian	6.00	473,730	-	-	-	-	-	-	3.00	236,600	-	-	3.00	237,130	-	-		
18	ECA Inspector	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
19	Epidemiologist	4.00	346,920	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
20	Program Coordinator	3.00	280,970	-	-	-	-	1.75	163,880	-	-	-	-	-	-	-	-		
21	Program Support Staff	52.60	3,031,840	(0.00)	-	0.30	17,370	6.65	448,780	1.60	85,240	0.96	52,050	2.86	159,640	5.22	283,420		
22	SFOA Inspector	3.00	193,320	0.00	-	-	-	-	-	2.90	186,980	-	-	-	-	-	-		
23	Tobacco Control Coordinator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
24	TCAN Coordinator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
25	Youth Development Specialist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
26	Youth Engagement Coordinator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
27	Other SFO staff	0.58	15,380	-	-	-	-	-	-	0.58	15,380	-	-	-	-	-	-		
28	Student	2.03	84,820	(0.00)	-	-	-	-	-	-	-	0.11	6,070	0.10	5,520	-	-		
29	Other Program Staff	4.20	306,470	0.00	-	-	-	0.33	28,730	1.63	94,020	0.10	7,670	0.43	36,400	0.53	44,080		
Total Program Staff:		292.88	23,748,000	(0.00)	-	0.97	100,060	17.27	1,471,520	40.70	3,216,970	16.27	1,363,490	10.19	876,760	37.92	3,170,570	8.72	555,260
30	Director/Business Administrator	0.60	75,630	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
31	Manager/Supervisor	0.50	50,790	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
32	Secretarial/Admin Staff	2.20	162,550	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
33	Financial Staff	6.00	414,560	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
34	I & IT Staff	3.00	270,750	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
35	Communications Manager/Media Coordinator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
36	Volunteer Coordinator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
37	Human Resources Staff/Coordinator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
38	Maintenance/Caretaker/Custodian/Security	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
39	Other Administrative Staff	0.85	41,530	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Administrative Staff:		13.15	1,005,810	-	-	0.97	100,060	17.27	1,471,520	40.70	3,216,970	16.27	1,363,490	10.19	876,760	37.92	3,170,570	8.72	555,260
Total Staffing:		306.03	24,753,810	-	-	0.97	100,060	17.27	1,471,520	40.70	3,216,970	16.27	1,363,490	10.19	876,760	37.92	3,170,570	8.72	555,260

Board of Health for the City of Hamilton, Public Health Services

Part 4 - Budget Allocation and Summaries

4.1 Staff Allocation to Standards

Position Code	Position Titles	Infectious and Communicable Diseases Prevention and Control		Safe Water		School Health						Substance Use and Injury Prevention					
		F.T.E #		F.T.E #		F.T.E #		F.T.E #		F.T.E #		F.T.E #		F.T.E #			
		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$			
1	Medical Officer of Health	0.90	187,760	-	-	0.10	20,860	0.20	41,720	0.10	41,720	0.10	20,860	0.10	20,860		
2	Associate Medical Officer of Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
3	Chief Nursing Officer	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
4	Program Director	0.30	42,900	0.15	21,960	-	-	-	-	0.20	27,930	-	-	-	-		
5	Program Manager/Supervisor	6.61	684,630	1.23	135,960	1.50	158,230	-	-	2.00	197,190	2.66	277,610	1.36	136,990		
6	Project Officer	1.40	126,830	0.35	34,150	-	-	-	-	0.30	27,850	0.20	17,500	1.20	113,750		
7	Public Health Nurse	26.15	2,142,490	-	-	-	-	-	-	2.00	150,640	21.00	1,755,280	0.35	24,480		
8	Registered Nurse	-	-	-	-	-	-	-	-	8.00	593,460	-	-	-	-		
9	Registered Practical Nurse	-	-	-	-	-	-	-	-	0.50	32,220	-	-	-	-		
10	Nurse Practitioner	1.10	121,290	-	-	-	-	-	-	-	-	-	-	-	-		
11	Public Health Inspector	16.45	1,364,400	6.60	549,000	-	-	-	-	-	-	-	-	-	-		
12	Dentist	-	-	-	-	1.00	132,350	-	-	-	-	-	-	-	-		
13	Dental Hygienist	-	-	-	-	7.70	499,140	-	-	-	-	-	-	-	-		
14	Dental Assistant	-	-	-	-	1.20	70,250	-	-	-	-	-	-	-	-		
15	Health Promoter	0.85	67,690	0.25	20,370	0.28	20,310	-	-	-	1.20	94,640	1.80	138,810	-		
16	Nutritionist	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
17	Dietitian	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
18	ECA Inspector	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
19	Epidemiologist	4.00	346,920	-	-	-	-	-	-	-	-	-	-	-	-		
20	Program Coordinator	1.00	95,470	-	-	0.25	21,820	-	-	-	-	-	-	-	-		
21	Program Support Staff	15.52	922,770	1.10	59,190	4.95	267,950	-	-	4.20	229,360	3.05	167,940	1.76	96,300		
22	SFOA Inspector	-	-	-	-	-	-	-	-	-	-	-	-	0.10	6,360		
23	Tobacco Control Coordinator	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
24	TCAN Coordinator	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
25	Youth Development Specialist	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
26	Youth Engagement Coordinator	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
27	Other SFO staff	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
28	Student	1.71	67,160	0.11	6,070	-	-	-	-	-	-	-	-	-	-		
29	Other Program Staff	0.41	31,570	-	-	-	-	-	-	0.10	7,670	-	-	0.67	58,330		
Total Program Staff:		76.40	6,201,780	9.79	826,600	16.88	1,170,950	0.10	20,860	17.30	1,270,110	28.51	2,862,620	7.94	595,880	3.52	290,980
30	Director/Business Administrator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
31	Manager/Supervisor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
32	Secretariat/Admin Staff	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
33	Financial Staff	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
34	I & IT Staff	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35	Communications Manager/Media Coordinator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
36	Volunteer Coordinator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
37	Human Resources Staff/Coordinator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
38	Maintenance/Caretaker/Custodian/Security	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
39	Other Administrative Staff	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Administrative Staff:		76.40	6,201,780	9.79	826,600	16.88	1,170,950	0.10	20,860	17.30	1,270,110	28.51	2,862,620	7.94	595,880	3.52	290,980
Total Staffing:		76.40	6,201,780	9.79	826,600	16.88	1,170,950	0.10	20,860	17.30	1,270,110	28.51	2,862,620	7.94	595,880	3.52	290,980

Program Staff

Administrative Staff

Board of Health for the C
Part 4 - Budget
4.2 Staff

Position Code	Position Titles	Chronic Disease Prevention and Well-Being			Tobacco Control, Prevention and Cessation		Cancer Prevention		Chronic Disease		
		F.T.E. #	\$	Unalloc. FTE #	Unalloc. \$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$
2	Associate Medical Officer of Health	-	-	-	-	-	-	-	-	-	-
3	Chief Nursing Officer	-	-	-	-	-	-	-	-	-	-
4	Program Director	0.40	59,040	-	-	0.20	29,740	0.05	7,440	0.05	7,440
5	Program Manager/Supervisor	3.22	357,750	-	-	0.13	9,650	0.58	65,780	0.58	65,780
6	Project Officer	1.75	153,150	-	-	-	-	0.25	21,880	0.25	21,880
7	Public Health Nurse	9.00	743,090	-	-	2.00	168,640	2.40	196,950	2.30	188,750
8	Registered Nurse	-	-	-	-	-	-	-	-	-	-
9	Registered Practical Nurse	-	-	-	-	-	-	-	-	-	-
10	Nurse Practitioner	-	-	-	-	-	-	-	-	-	-
11	Public Health Inspector	-	-	-	-	-	-	-	-	-	-
12	Dentist	-	-	-	-	-	-	-	-	-	-
13	Dental Hygienist	-	-	-	-	-	-	-	-	-	-
14	Dental Assistant	-	-	-	-	-	-	-	-	-	-
15	Health Promoter	12.40	978,590	-	-	3.00	236,600	1.00	78,870	3.50	277,490
16	Nutritionist	2.00	185,500	-	-	-	-	1.25	115,940	-	-
17	Dietitian	3.00	236,600	-	-	-	-	0.50	39,440	-	-
18	ECA Inspector	-	-	-	-	-	-	-	-	-	-
19	Epidemiologist	-	-	-	-	-	-	-	-	-	-
20	Program Coordinator	-	-	-	-	-	-	-	-	-	-
21	Program Support Staff	3.82	206,890	-	-	0.99	53,540	0.10	6,160	0.22	12,310
22	SFOA Inspector	2.90	186,960	-	-	-	-	-	-	-	-
23	Tobacco Control Coordinator	-	-	-	-	-	-	-	-	-	-
24	TCAN Coordinator	-	-	-	-	-	-	-	-	-	-
25	Youth Development Specialist	-	-	-	-	-	-	-	-	-	-
26	Youth Engagement Coordinator	-	-	-	-	-	-	-	-	-	-
27	Other SFO staff	0.58	15,380	-	-	-	-	-	-	-	-
28	Student	-	-	-	-	-	-	-	-	-	-
29	Other Program Staff	1.63	94,020	-	-	0.10	7,670	1.20	57,620	-	-
Total Program Staff:		40.70	3,216,970	-	-	6.42	505,840	7.33	590,080	6.90	573,650

Program Staff

[Go to Table of Contents](#)

City of Hamilton, Public Health Services

at Allocation and Summaries

Allocation to Programs

Use Prevention and Well-Being

Healthy Food Systems		Mental Health Promotion		Substance Use Prevention		Harm Reduction		Smoke Free Ontario - Prosecution		Smoke Free Ontario - Protection and Enforcement		Smoke Free Ontario - Tobacco Control Area Network - Coordination		Total	
F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
0.05	7,440	-	-	-	6,980	-	-	-	-	-	-	-	-	0.40	59,040
0.59	66,910	0.34	36,210	-	-	-	-	-	-	0.29	33,110	-	-	3.22	357,750
0.25	21,880	-	-	-	-	-	-	-	-	-	-	1.00	87,510	1.75	153,150
2.30	188,750	-	-	-	-	-	-	-	-	-	-	-	-	9.00	743,090
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3.00	235,950	0.50	39,270	0.20	15,770	0.20	15,770	-	-	-	-	1.00	78,870	12.40	978,590
0.75	69,560	-	-	-	-	-	-	-	-	-	-	-	-	2.00	185,500
2.50	197,160	-	-	-	-	-	-	-	-	-	-	-	-	3.00	236,600
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
0.13	7,680	0.09	4,640	0.63	34,040	0.16	9,380	-	-	1.00	54,210	0.50	24,930	3.82	206,890
-	-	-	-	-	-	-	-	-	-	2.90	186,960	-	-	2.90	186,960
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	0.58	15,380	-	-	0.58	15,380
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	0.33	28,730	-	-	-	-	-	-	-	-	-	-	-	-
9.57	795,330	1.26	108,850	0.83	49,810	0.41	32,130	-	-	4.77	289,660	2.50	191,310	40.70	3,216,970

Board of Health for the C
 Part 4 - Budget
 4.2 Staff

Position Code	Position Titles	Chronic Disease Prevention and Well-Being				Smoke Free Ontario - Tobacco Control Area Network - Prevention		Smoke Free Ontario - Tobacco Control Coordination		Chronic Disease Pre	
		F.T.E. #	\$	Unalloc. FTE #	Unalloc. \$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$
2	Associate Medical Officer of Health	-	-	-	-	-	-	-	-	-	-
3	Chief Nursing Officer	-	-	-	-	-	-	-	-	-	-
4	Program Director	0.40	59,040	-	-	-	-	-	-	-	-
5	Program Manager/Supervisor	3.22	357,750	-	-	-	-	0.71	80,310	-	-
6	Project Officer	1.75	153,150	-	-	-	-	-	-	-	-
7	Public Health Nurse	9.00	743,090	-	-	-	-	-	-	-	-
8	Registered Nurse	-	-	-	-	-	-	-	-	-	-
9	Registered Practical Nurse	-	-	-	-	-	-	-	-	-	-
10	Nurse Practitioner	-	-	-	-	-	-	-	-	-	-
11	Public Health Inspector	-	-	-	-	-	-	-	-	-	-
12	Dentist	-	-	-	-	-	-	-	-	-	-
13	Dental Hygienist	-	-	-	-	-	-	-	-	-	-
14	Dental Assistant	-	-	-	-	-	-	-	-	-	-
15	Health Promoter	12.40	978,590	-	-	-	-	-	-	-	-
16	Nutritionist	2.00	185,500	-	-	-	-	-	-	-	-
17	Dietitian	3.00	236,600	-	-	-	-	-	-	-	-
18	ECA Inspector	-	-	-	-	-	-	-	-	-	-
19	Epidemiologist	-	-	-	-	-	-	-	-	-	-
20	Program Coordinator	-	-	-	-	-	-	-	-	-	-
21	Program Support Staff	3.82	206,890	-	-	-	-	-	-	-	-
22	SFOA Inspector	2.90	186,960	-	-	-	-	-	-	-	-
23	Tobacco Control Coordinator	-	-	-	-	-	-	-	-	-	-
24	TCAN Coordinator	-	-	-	-	-	-	-	-	-	-
25	Youth Development Specialist	-	-	-	-	-	-	-	-	-	-
26	Youth Engagement Coordinator	-	-	-	-	-	-	-	-	-	-
27	Other SFO staff	0.58	15,380	-	-	-	-	-	-	-	-
28	Student	-	-	-	-	-	-	-	-	-	-
29	Other Program Staff	1.63	94,020	-	-	-	-	-	-	-	-
Total Program Staff:		40.70	3,216,970	-	-	-	-	0.71	80,310	-	-

Program Staff

Board of Health for the C
 Part 4 - Budget
 4.2 Staff

Position Code	Position Titles	Food Safety			Food Safety			Enhanced Food Safety Initiative			
		F.T.E. #	\$	Unalloc. FTE #	Unalloc. \$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$
2	Associate Medical Officer of Health	-	-	-	-	-	-	-	-	-	-
3	Chief Nursing Officer	-	-	-	-	-	-	-	-	-	-
4	Program Director	0.15	21,860	-	-	0.15	21,860	-	-	-	-
5	Program Manager/Supervisor	1.00	113,420	-	-	1.00	113,420	-	-	-	-
6	Project Officer	0.25	25,400	-	-	0.25	25,400	-	-	-	-
7	Public Health Nurse	-	-	-	-	-	-	-	-	-	-
8	Registered Nurse	-	-	-	-	-	-	-	-	-	-
9	Registered Practical Nurse	-	-	-	-	-	-	-	-	-	-
10	Nurse Practitioner	-	-	-	-	-	-	-	-	-	-
11	Public Health Inspector	12.81	1,082,460	-	-	12.81	1,082,460	-	-	-	-
12	Dentist	-	-	-	-	-	-	-	-	-	-
13	Dental Hygienist	-	-	-	-	-	-	-	-	-	-
14	Dental Assistant	-	-	-	-	-	-	-	-	-	-
15	Health Promoter	0.25	20,370	-	-	0.25	20,370	-	-	-	-
16	Nutritionist	-	-	-	-	-	-	-	-	-	-
17	Dietitian	-	-	-	-	-	-	-	-	-	-
18	ECA Inspector	-	-	-	-	-	-	-	-	-	-
19	Epidemiologist	-	-	-	-	-	-	-	-	-	-
20	Program Coordinator	-	-	-	-	-	-	-	-	-	-
21	Program Support Staff	1.60	86,240	-	-	1.60	86,240	-	-	-	-
22	SFOA Inspector	-	-	-	-	-	-	-	-	-	-
23	Tobacco Control Coordinator	-	-	-	-	-	-	-	-	-	-
24	TCAN Coordinator	-	-	-	-	-	-	-	-	-	-
25	Youth Development Specialist	-	-	-	-	-	-	-	-	-	-
26	Youth Engagement Coordinator	-	-	-	-	-	-	-	-	-	-
27	Other SFO staff	-	-	-	-	-	-	-	-	-	-
28	Student	0.11	6,070	-	-	0.11	6,070	-	-	-	-
29	Other Program Staff	0.10	7,670	-	-	0.10	7,670	-	-	-	-
Total Program Staff:		16.27	1,363,490	-	-	16.27	1,363,490	-	-	-	-

Program Staff

Board of Health for the C
 Part 4 - Budget
 4.2 Staff

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Position Code	Position Titles	Healthy Environments		Health Hazards		Air Quality and Climate Change		F.T.E. #	\$
		F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$		
2	Associate Medical Officer of Health	-	-	-	-	-	-	-	-
3	Chief Nursing Officer	-	-	-	-	-	-	-	-
4	Program Director	0.25	36,730	0.15	21,860	0.10	14,870	-	-
5	Program Manager/Supervisor	0.90	102,060	0.60	66,050	0.30	34,030	-	-
6	Project Officer	0.75	78,680	0.75	78,680	-	-	-	-
7	Public Health Nurse	-	-	-	-	-	-	-	-
8	Registered Nurse	-	-	-	-	-	-	-	-
9	Registered Practical Nurse	-	-	-	-	-	-	-	-
10	Nurse Practitioner	-	-	-	-	-	-	-	-
11	Public Health Inspector	6.55	544,930	6.55	544,930	-	-	-	-
12	Dentist	-	-	-	-	-	-	-	-
13	Dental Hygienist	-	-	-	-	-	-	-	-
14	Dental Assistant	-	-	-	-	-	-	-	-
15	Health Promoter	0.25	20,370	0.25	20,370	-	-	-	-
16	Nutritionist	-	-	-	-	-	-	-	-
17	Dietitian	-	-	-	-	-	-	-	-
18	ECA Inspector	-	-	-	-	-	-	-	-
19	Epidemiologist	-	-	-	-	-	-	-	-
20	Program Coordinator	-	-	-	-	-	-	-	-
21	Program Support Staff	0.96	52,050	0.95	51,550	0.01	500	-	-
22	SFOA Inspector	-	-	-	-	-	-	-	-
23	Tobacco Control Coordinator	-	-	-	-	-	-	-	-
24	TCAN Coordinator	-	-	-	-	-	-	-	-
25	Youth Development Specialist	-	-	-	-	-	-	-	-
26	Youth Engagement Coordinator	-	-	-	-	-	-	-	-
27	Other SFO staff	-	-	-	-	-	-	-	-
28	Student	0.10	5,520	0.10	5,520	-	-	-	-
29	Other Program Staff	0.43	36,400	0.10	7,670	0.33	28,730	-	-
Total Program Staff:		10.19	876,760	9.45	798,630	0.74	78,130	-	-

Program Staff

Board of Health for the C
Part 4 - Budget
4.2 Staff

Position Code	Position Titles	Healthy Growth and Development				Child Health		Reproductive Health		Healthy
		F.T.E. #	\$	Unalloc. FTE #	Unalloc. \$	F.T.E. #	\$	F.T.E. #	\$	
2	Associate Medical Officer of Health	0.20	41,720	-	-	0.10	20,860	0.10	20,860	-
3	Chief Nursing Officer	-	-	-	-	-	-	-	-	-
4	Program Director	0.70	97,760	-	-	0.50	69,830	0.20	27,930	-
5	Program Manager/Supervisor	3.00	340,250	-	-	2.00	226,830	1.00	113,420	-
6	Project Officer	0.25	21,880	-	-	0.25	21,880	-	-	-
7	Public Health Nurse	25.66	2,083,130	-	-	17.90	1,470,760	7.76	612,370	-
8	Registered Nurse	-	-	-	-	-	-	-	-	-
9	Registered Practical Nurse	-	-	-	-	-	-	-	-	-
10	Nurse Practitioner	-	-	-	-	-	-	-	-	-
11	Public Health Inspector	-	-	-	-	-	-	-	-	-
12	Dentist	-	-	-	-	-	-	-	-	-
13	Dental Hygienist	-	-	-	-	-	-	-	-	-
14	Dental Assistant	-	-	-	-	-	-	-	-	-
15	Health Promoter	0.72	52,230	-	-	0.50	36,270	0.22	15,960	-
16	Nutritionist	1.00	92,750	-	-	1.00	92,750	-	-	-
17	Dietitian	3.00	237,130	-	-	3.00	237,130	-	-	-
18	ECA Inspector	-	-	-	-	-	-	-	-	-
19	Epidemiologist	-	-	-	-	-	-	-	-	-
20	Program Coordinator	-	-	-	-	-	-	-	-	-
21	Program Support Staff	2.86	159,640	-	-	1.65	92,600	1.21	67,040	-
22	SFOA Inspector	-	-	-	-	-	-	-	-	-
23	Tobacco Control Coordinator	-	-	-	-	-	-	-	-	-
24	TCAN Coordinator	-	-	-	-	-	-	-	-	-
25	Youth Development Specialist	-	-	-	-	-	-	-	-	-
26	Youth Engagement Coordinator	-	-	-	-	-	-	-	-	-
27	Other SFO staff	-	-	-	-	-	-	-	-	-
28	Student	-	-	-	-	-	-	-	-	-
29	Other Program Staff	0.53	44,080	-	-	0.43	36,410	0.10	7,670	-
Total Program Staff:		37.92	3,170,570	-	-	27.33	2,305,320	10.59	865,250	-

Program Staff

Board of Health for the C
 Part 4 - Budget
 4.2 Staff

Position Code	Position Titles	Immunization			Vaccine Inventory Management			-			
		F.T.E. #	\$	Unalloc. FTE #	Unalloc. \$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$
2	Associate Medical Officer of Health	-	-	-	-	-	-	-	-	-	-
3	Chief Nursing Officer	-	-	-	-	-	-	-	-	-	-
4	Program Director	-	-	-	-	-	-	-	-	-	-
5	Program Manager/Supervisor	0.80	76,370	-	-	0.80	76,370	-	-	-	-
6	Project Officer	0.20	18,300	-	-	0.20	18,300	-	-	-	-
7	Public Health Nurse	-	-	-	-	-	-	-	-	-	-
8	Registered Nurse	2.00	144,950	-	-	2.00	144,950	-	-	-	-
9	Registered Practical Nurse	0.50	32,220	-	-	0.50	32,220	-	-	-	-
10	Nurse Practitioner	-	-	-	-	-	-	-	-	-	-
11	Public Health Inspector	-	-	-	-	-	-	-	-	-	-
12	Dentist	-	-	-	-	-	-	-	-	-	-
13	Dental Hygienist	-	-	-	-	-	-	-	-	-	-
14	Dental Assistant	-	-	-	-	-	-	-	-	-	-
15	Health Promoter	-	-	-	-	-	-	-	-	-	-
16	Nutritionist	-	-	-	-	-	-	-	-	-	-
17	Dietitian	-	-	-	-	-	-	-	-	-	-
18	ECA Inspector	-	-	-	-	-	-	-	-	-	-
19	Epidemiologist	-	-	-	-	-	-	-	-	-	-
20	Program Coordinator	-	-	-	-	-	-	-	-	-	-
21	Program Support Staff	5.22	283,420	-	-	5.22	283,420	-	-	-	-
22	SFOA Inspector	-	-	-	-	-	-	-	-	-	-
23	Tobacco Control Coordinator	-	-	-	-	-	-	-	-	-	-
24	TCAN Coordinator	-	-	-	-	-	-	-	-	-	-
25	Youth Development Specialist	-	-	-	-	-	-	-	-	-	-
26	Youth Engagement Coordinator	-	-	-	-	-	-	-	-	-	-
27	Other SFO staff	-	-	-	-	-	-	-	-	-	-
28	Student	-	-	-	-	-	-	-	-	-	-
29	Other Program Staff	-	-	-	-	-	-	-	-	-	-
Total Program Staff:		8.72	555,260	-	-	8.72	555,260	-	-	-	-

Program Staff

Board of Health for the C
Part 4 - Budget
4.2 Staff

Position Code	Position Titles	Infectious and Communicable Diseases Prevention and Control			Vector Borne Diseases		Infectious Disease Program		Mental Health Promotion		
		F.T.E. #	\$	Unalloc. FTE #	Unalloc. \$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$
2	Associate Medical Officer of Health	0.90	187,760	-	-	-	-	0.40	83,450	-	-
3	Chief Nursing Officer	-	-	-	-	-	-	-	-	-	-
4	Program Director	0.30	42,800	-	-	-	-	0.15	21,850	-	-
5	Program Manager/Supervisor	6.61	684,630	-	-	0.50	51,630	3.60	368,410	0.27	25,130
6	Project Officer	1.40	126,830	-	-	-	-	0.75	69,150	-	-
7	Public Health Nurse	26.15	2,142,490	-	-	-	-	12.65	1,041,340	-	-
8	Registered Nurse	-	-	-	-	-	-	-	-	-	-
9	Registered Practical Nurse	-	-	-	-	-	-	-	-	-	-
10	Nurse Practitioner	1.10	121,290	-	-	-	-	-	38,220	-	-
11	Public Health Inspector	16.45	1,364,400	-	-	4.90	410,500	11.55	953,900	-	-
12	Dentist	-	-	-	-	-	-	-	-	-	-
13	Dental Hygienist	-	-	-	-	-	-	-	-	-	-
14	Dental Assistant	-	-	-	-	-	-	-	-	-	-
15	Health Promoter	0.85	67,690	-	-	-	-	0.35	28,260	0.20	15,770
16	Nutritionist	-	-	-	-	-	-	-	-	-	-
17	Dietitian	-	-	-	-	-	-	-	-	-	-
18	ECA Inspector	-	-	-	-	-	-	-	-	-	-
19	Epidemiologist	4.00	346,920	-	-	-	-	-	-	-	-
20	Program Coordinator	1.00	95,470	-	-	-	-	-	-	-	-
21	Program Support Staff	15.52	922,770	-	-	1.60	114,010	4.02	219,280	1.05	57,970
22	SFOA Inspector	-	-	-	-	-	-	-	-	-	-
23	Tobacco Control Coordinator	-	-	-	-	-	-	-	-	-	-
24	TCAN Coordinator	-	-	-	-	-	-	-	-	-	-
25	Youth Development Specialist	-	-	-	-	-	-	-	-	-	-
26	Youth Engagement Coordinator	-	-	-	-	-	-	-	-	-	-
27	Other SFO staff	-	-	-	-	-	-	-	-	-	-
28	Student	1.71	67,160	-	-	1.60	61,090	0.11	6,070	-	-
29	Other Program Staff	0.41	31,570	-	-	-	-	0.21	16,230	-	-
Total Program Staff:		76.40	6,201,760	-	-	8.60	637,230	33.79	2,846,160	1.52	98,870

Program Staff

Board of Health for the C
 Part 4 - Budget
 4.2 Staff

Position Code	Position Titles	Safe Water			Safe Water			Enhanced Safe Water Initiative		Small Drinking Water Systems	
		F.T.E. #	\$	Unalloc. FTE #	Unalloc. \$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$
2	Associate Medical Officer of Health	-	-	-	-	-	-	-	-	-	-
3	Chief Nursing Officer	-	-	-	-	-	-	-	-	-	-
4	Program Director	0.15	21,860	-	-	0.15	21,860	-	-	-	-
5	Program Manager/Supervisor	1.23	135,960	-	-	1.23	135,960	-	-	-	-
6	Project Officer	0.35	34,150	-	-	0.35	34,150	-	-	-	-
7	Public Health Nurse	-	-	-	-	-	-	-	-	-	-
8	Registered Nurse	-	-	-	-	-	-	-	-	-	-
9	Registered Practical Nurse	-	-	-	-	-	-	-	-	-	-
10	Nurse Practitioner	-	-	-	-	-	-	-	-	-	-
11	Public Health Inspector	6.60	549,000	-	-	6.00	500,120	0.07	6,100	0.53	42,760
12	Dentist	-	-	-	-	-	-	-	-	-	-
13	Dental Hygienist	-	-	-	-	-	-	-	-	-	-
14	Dental Assistant	-	-	-	-	-	-	-	-	-	-
15	Health Promoter	0.25	20,370	-	-	0.25	20,370	-	-	-	-
16	Nutritionist	-	-	-	-	-	-	-	-	-	-
17	Dietitian	-	-	-	-	-	-	-	-	-	-
18	ECA Inspector	-	-	-	-	-	-	-	-	-	-
19	Epidemiologist	-	-	-	-	-	-	-	-	-	-
20	Program Coordinator	-	-	-	-	-	-	-	-	-	-
21	Program Support Staff	1.10	59,190	-	-	1.10	59,190	-	-	-	-
22	SFOA Inspector	-	-	-	-	-	-	-	-	-	-
23	Tobacco Control Coordinator	-	-	-	-	-	-	-	-	-	-
24	TCAN Coordinator	-	-	-	-	-	-	-	-	-	-
25	Youth Development Specialist	-	-	-	-	-	-	-	-	-	-
26	Youth Engagement Coordinator	-	-	-	-	-	-	-	-	-	-
27	Other SFO staff	-	-	-	-	-	-	-	-	-	-
28	Student	0.11	6,070	-	-	0.11	6,070	-	-	-	-
29	Other Program Staff	-	-	-	-	-	-	-	-	-	-
Total Program Staff:		9.79	826,600	-	-	9.19	777,720	0.07	6,100	0.53	42,760

Program Staff

Board of Health for the C
 Part 4 - Budget
 4.2 Staff

Position Code	Position Titles	School Health - Oral Health			Oral Health Assessment		Healthy Smiles Ontario		Schc
		F.T.E. #	\$	Unalloc. FTE #	Unalloc. \$	F.T.E. #	\$	F.T.E. #	
2	Associate Medical Officer of Health	-	-	-	-	-	-	-	-
3	Chief Nursing Officer	-	-	-	-	-	-	-	-
4	Program Director	-	-	-	-	-	-	-	-
5	Program Manager/Supervisor	1.50	158,230	-	-	-	158,230	1.50	-
6	Project Officer	-	-	-	-	-	-	-	-
7	Public Health Nurse	-	-	-	-	-	-	-	-
8	Registered Nurse	-	-	-	-	-	-	-	-
9	Registered Practical Nurse	-	-	-	-	-	-	-	-
10	Nurse Practitioner	-	-	-	-	-	-	-	-
11	Public Health Inspector	-	-	-	-	-	-	-	-
12	Dentist	1.00	132,350	-	-	-	132,350	1.00	-
13	Dental Hygienist	7.70	499,140	-	-	1.00	69,380	6.70	429,760
14	Dental Assistant	1.20	70,250	-	-	-	-	1.20	70,250
15	Health Promoter	0.28	20,310	-	-	-	-	0.28	20,310
16	Nutritionist	-	-	-	-	-	-	-	-
17	Dietitian	-	-	-	-	-	-	-	-
18	ECA Inspector	-	-	-	-	-	-	-	-
19	Epidemiologist	-	-	-	-	-	-	-	-
20	Program Coordinator	0.25	21,820	-	-	-	-	0.25	21,820
21	Program Support Staff	4.95	267,950	-	-	2.00	108,420	2.95	159,530
22	SFOA Inspector	-	-	-	-	-	-	-	-
23	Tobacco Control Coordinator	-	-	-	-	-	-	-	-
24	TCAN Coordinator	-	-	-	-	-	-	-	-
25	Youth Development Specialist	-	-	-	-	-	-	-	-
26	Youth Engagement Coordinator	-	-	-	-	-	-	-	-
27	Other SFO staff	-	-	-	-	-	-	-	-
28	Student	-	-	-	-	-	-	-	-
29	Other Program Staff	-	-	-	-	-	-	-	-
Total Program Staff:		16.88	1,170,050	-	-	3.00	177,800	13.88	992,250

Program Staff

Board of Health for the C
 Part 4 - Budget
 4.2 Staff

Position Code	Position Titles	School Health - Vision				Child Visual Health and Vision Screening				F.T.E. #	\$	F.T.E. #	\$
		F.T.E. #	\$	Unalloc. FTE #	Unalloc. \$	F.T.E. #	\$	F.T.E. #	\$				
2	Associate Medical Officer of Health	0.10	20,860	-	-	0.10	20,860	-	-	-	-	-	-
3	Chief Nursing Officer	-	-	-	-	-	-	-	-	-	-	-	-
4	Program Director	-	-	-	-	-	-	-	-	-	-	-	-
5	Program Manager/Supervisor	-	-	-	-	-	-	-	-	-	-	-	-
6	Project Officer	-	-	-	-	-	-	-	-	-	-	-	-
7	Public Health Nurse	-	-	-	-	-	-	-	-	-	-	-	-
8	Registered Nurse	-	-	-	-	-	-	-	-	-	-	-	-
9	Registered Practical Nurse	-	-	-	-	-	-	-	-	-	-	-	-
10	Nurse Practitioner	-	-	-	-	-	-	-	-	-	-	-	-
11	Public Health Inspector	-	-	-	-	-	-	-	-	-	-	-	-
12	Dentist	-	-	-	-	-	-	-	-	-	-	-	-
13	Dental Hygienist	-	-	-	-	-	-	-	-	-	-	-	-
14	Dental Assistant	-	-	-	-	-	-	-	-	-	-	-	-
15	Health Promoter	-	-	-	-	-	-	-	-	-	-	-	-
16	Nutritionist	-	-	-	-	-	-	-	-	-	-	-	-
17	Dietitian	-	-	-	-	-	-	-	-	-	-	-	-
18	ECA Inspector	-	-	-	-	-	-	-	-	-	-	-	-
19	Epidemiologist	-	-	-	-	-	-	-	-	-	-	-	-
20	Program Coordinator	-	-	-	-	-	-	-	-	-	-	-	-
21	Program Support Staff	-	-	-	-	-	-	-	-	-	-	-	-
22	SFOA Inspector	-	-	-	-	-	-	-	-	-	-	-	-
23	Tobacco Control Coordinator	-	-	-	-	-	-	-	-	-	-	-	-
24	TCAN Coordinator	-	-	-	-	-	-	-	-	-	-	-	-
25	Youth Development Specialist	-	-	-	-	-	-	-	-	-	-	-	-
26	Youth Engagement Coordinator	-	-	-	-	-	-	-	-	-	-	-	-
27	Other SFO staff	-	-	-	-	-	-	-	-	-	-	-	-
28	Student	-	-	-	-	-	-	-	-	-	-	-	-
29	Other Program Staff	-	-	-	-	-	-	-	-	-	-	-	-
Total Program Staff:		0.10	20,860	-	-	0.10	20,860	-	-	0.10	20,860	-	-

Program Staff

Sc

Board of Health for the C
Part 4 - Budget
4.2 Staff

Position Code	Position Titles	School Health - Immunization				Immunization of School Pupils		Schoc	
		F.T.E. #	\$	Unalloc. FTE #	Unalloc. \$	F.T.E. #	\$	F.T.E. #	\$
2	Associate Medical Officer of Health	0.20	41,720	-	-	0.20	41,720	-	-
3	Chief Nursing Officer	-	-	-	-	-	-	-	-
4	Program Director	-	-	-	-	-	-	-	-
5	Program Manager/Supervisor	2.00	197,190	-	-	2.00	197,190	-	-
6	Project Officer	0.30	27,850	-	-	0.30	27,850	-	-
7	Public Health Nurse	2.00	150,640	-	-	2.00	150,640	-	-
8	Registered Nurse	8.00	583,460	-	-	8.00	583,460	-	-
9	Registered Practical Nurse	0.50	32,220	-	-	0.50	32,220	-	-
10	Nurse Practitioner	-	-	-	-	-	-	-	-
11	Public Health Inspector	-	-	-	-	-	-	-	-
12	Dentist	-	-	-	-	-	-	-	-
13	Dental Hygienist	-	-	-	-	-	-	-	-
14	Dental Assistant	-	-	-	-	-	-	-	-
15	Health Promoter	-	-	-	-	-	-	-	-
16	Nutritionist	-	-	-	-	-	-	-	-
17	Dietitian	-	-	-	-	-	-	-	-
18	ECA Inspector	-	-	-	-	-	-	-	-
19	Epidemiologist	-	-	-	-	-	-	-	-
20	Program Coordinator	-	-	-	-	-	-	-	-
21	Program Support Staff	4.20	229,360	-	-	4.20	229,360	-	-
22	SFOA Inspector	-	-	-	-	-	-	-	-
23	Tobacco Control Coordinator	-	-	-	-	-	-	-	-
24	TCAN Coordinator	-	-	-	-	-	-	-	-
25	Youth Development Specialist	-	-	-	-	-	-	-	-
26	Youth Engagement Coordinator	-	-	-	-	-	-	-	-
27	Other SFO staff	-	-	-	-	-	-	-	-
28	Student	-	-	-	-	-	-	-	-
29	Other Program Staff	0.10	7,670	-	-	0.10	7,670	-	-
Total Program Staff:		17.30	1,270,110	-	-	17.30	1,270,110	-	-

Program Staff

Board of Health for the C
 Part 4 - Budget
 4.2 Staff

Position Code	Position Titles	School Health - Other				School Health		Tobacco Control, Prevention and Cessation		Injury Prevention	
		F.T.E. #	\$	Unalloc. FTE #	Unalloc. \$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$
2	Associate Medical Officer of Health	0.20	41,720	-	-	0.10	20,860	-	-	-	-
3	Chief Nursing Officer	-	-	-	-	-	-	-	-	-	-
4	Program Director	0.20	27,990	-	-	0.20	27,990	-	-	-	-
5	Program Manager/Supervisor	2.66	277,610	-	-	1.40	154,000	0.21	18,330	0.10	11,000
6	Project Officer	0.20	17,500	-	-	0.20	17,500	-	-	-	-
7	Public Health Nurse	21.00	1,735,280	-	-	11.00	906,990	-	-	0.50	41,230
8	Registered Nurse	-	-	-	-	-	-	-	-	-	-
9	Registered Practical Nurse	-	-	-	-	-	-	-	-	-	-
10	Nurse Practitioner	-	-	-	-	-	-	-	-	-	-
11	Public Health Inspector	-	-	-	-	-	-	-	-	-	-
12	Dentist	-	-	-	-	-	-	-	-	-	-
13	Dental Hygienist	-	-	-	-	-	-	-	-	-	-
14	Dental Assistant	-	-	-	-	-	-	-	-	-	-
15	Health Promoter	1.20	94,640	-	-	-	-	-	-	-	-
16	Nutritionist	-	-	-	-	-	-	-	-	-	-
17	Dietitian	-	-	-	-	-	-	-	-	-	-
18	ECA Inspector	-	-	-	-	-	-	-	-	-	-
19	Epidemiologist	-	-	-	-	-	-	-	-	-	-
20	Program Coordinator	-	-	-	-	-	-	-	-	-	-
21	Program Support Staff	3.05	167,940	-	-	1.20	66,530	0.60	32,530	0.75	41,030
22	SFOA Inspector	-	-	-	-	-	-	-	-	-	-
23	Tobacco Control Coordinator	-	-	-	-	-	-	-	-	-	-
24	TCAN Coordinator	-	-	-	-	-	-	-	-	-	-
25	Youth Development Specialist	-	-	-	-	-	-	-	-	-	-
26	Youth Engagement Coordinator	-	-	-	-	-	-	-	-	-	-
27	Other SFO staff	-	-	-	-	-	-	-	-	-	-
28	Student	-	-	-	-	-	-	-	-	-	-
29	Other Program Staff	-	-	-	-	-	-	-	-	-	-
Total Program Staff:		28.51	2,362,620	-	-	14.10	1,193,810	0.81	50,860	1.35	93,260

Program Staff

City of Hamilton, Public Health Services

at Allocation and Summaries

Allocation to Programs

School Health - Other

Chronic Disease Prevention		Mental Health Promotion		Substance Use Prevention		Harm Reduction		Sexual Health						Total	
F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$
-	-	0.10	20,860	-	-	-	-	-	-	-	-	-	-	0.20	41,720
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.20	27,930
0.21	18,330	0.64	64,950	0.10	11,000	-	-	-	-	-	-	-	-	2.66	277,610
-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.20	17,500
2.00	164,910	4.00	331,690	1.50	125,550	-	-	2.00	164,910	-	-	-	-	21.00	1,735,280
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
0.15	7,570	0.25	13,930	-	-	0.10	6,350	-	-	-	-	-	-	3.05	167,940
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2.36	190,810	5.99	510,290	1.70	144,440	0.20	14,240	2.00	164,910	-	-	-	-	28.51	2,362,620

Board of Health for the C
 Part 4 - Budget
 4.2 Staff

Position Code	Position Titles	Substance Use			Tobacco Control, Prevention and Cessation		Harm Reduction		Substance Use Prevention		
		F.T.E. #	\$	Unalloc. FTE #	Unalloc. \$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$
2	Associate Medical Officer of Health	0.10	20,860	-	-	-	-	0.10	20,860	-	-
3	Chief Nursing Officer	-	-	-	-	-	-	-	-	-	-
4	Program Director	-	-	-	-	-	-	-	-	-	-
5	Program Manager/Supervisor	1.36	136,990	-	-	-	-	0.85	84,640	0.51	52,350
6	Project Officer	1.20	113,750	-	-	-	-	0.10	9,540	0.10	8,750
7	Public Health Nurse	0.35	24,480	-	-	-	-	-	-	-	-
8	Registered Nurse	-	-	-	-	-	-	-	-	-	-
9	Registered Practical Nurse	-	-	-	-	-	-	-	-	-	-
10	Nurse Practitioner	-	-	-	-	-	-	-	-	-	-
11	Public Health Inspector	-	-	-	-	-	-	-	-	-	-
12	Dentist	-	-	-	-	-	-	-	-	-	-
13	Dental Hygienist	-	-	-	-	-	-	-	-	-	-
14	Dental Assistant	-	-	-	-	-	-	-	-	-	-
15	Health Promoter	1.80	138,810	-	-	-	-	0.40	31,540	0.40	31,550
16	Nutritionist	-	-	-	-	-	-	-	-	-	-
17	Dietitian	-	-	-	-	-	-	-	-	-	-
18	ECA Inspector	-	-	-	-	-	-	-	-	-	-
19	Epidemiologist	-	-	-	-	-	-	-	-	-	-
20	Program Coordinator	-	-	-	-	-	-	-	-	-	-
21	Program Support Staff	1.76	96,300	-	-	-	-	1.65	89,440	0.11	6,860
22	SFOA Inspector	0.10	6,360	-	-	-	-	-	-	-	-
23	Tobacco Control Coordinator	-	-	-	-	-	-	-	-	-	-
24	TCAN Coordinator	-	-	-	-	-	-	-	-	-	-
25	Youth Development Specialist	-	-	-	-	-	-	-	-	-	-
26	Youth Engagement Coordinator	-	-	-	-	-	-	-	-	-	-
27	Other SFO staff	-	-	-	-	-	-	-	-	-	-
28	Student	-	-	-	-	-	-	-	-	-	-
29	Other Program Staff	0.67	58,330	-	-	-	-	-	-	0.67	58,330
Total Program Staff:		7.34	595,880	-	-	-	-	3.10	236,020	1.79	157,840

Program Staff

City of Hamilton, Public Health Services

at Allocation and Summaries

Allocation to Programs

Substance Use

Electronic Cigarettes Act - Protection and Enforcement		Harm Reduction Program Enhancement		Needle Exchange Program Initiative										Total	
F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$
-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.10	20,860
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	1.00	95,460	-	-	-	-	-	-	-	-	-	-	1.36	136,990
-	-	0.35	24,480	-	-	-	-	-	-	-	-	-	-	1.20	113,750
-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.35	24,480
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	1.00	75,720	-	-	-	-	-	-	-	-	-	-	1.80	138,810
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
0.10	6,360	-	-	-	-	-	-	-	-	-	-	-	-	1.76	96,300
-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.10	6,360
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
0.10	6,360	2.35	195,660	-	-	-	-	-	-	-	-	-	-	0.67	58,330
														7.34	595,880

Board of Health for the C
 Part 4 - Budget
 4.2 Staff

Position Code	Position Titles	Injury Prevention		Injury Prevention		Injury Prevention		Injury Prevention	
		F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$
2	Associate Medical Officer of Health	0.10	20,860	0.10	20,860	0.10	20,860	0.10	20,860
3	Chief Nursing Officer	-	-	-	-	-	-	-	-
4	Program Director	-	-	-	-	-	-	-	-
5	Program Manager/Supervisor	0.21	18,330	0.21	18,330	0.21	18,330	0.21	18,330
6	Project Officer	0.10	8,750	0.10	8,750	0.10	8,750	0.10	8,750
7	Public Health Nurse	2.50	208,780	2.50	208,780	2.50	208,780	2.50	208,780
8	Registered Nurse	-	-	-	-	-	-	-	-
9	Registered Practical Nurse	-	-	-	-	-	-	-	-
10	Nurse Practitioner	-	-	-	-	-	-	-	-
11	Public Health Inspector	-	-	-	-	-	-	-	-
12	Dentist	-	-	-	-	-	-	-	-
13	Dental Hygienist	-	-	-	-	-	-	-	-
14	Dental Assistant	-	-	-	-	-	-	-	-
15	Health Promoter	-	-	-	-	-	-	-	-
16	Nutritionist	-	-	-	-	-	-	-	-
17	Dietitian	-	-	-	-	-	-	-	-
18	ECA Inspector	-	-	-	-	-	-	-	-
19	Epidemiologist	-	-	-	-	-	-	-	-
20	Program Coordinator	-	-	-	-	-	-	-	-
21	Program Support Staff	0.61	33,960	0.61	33,960	0.61	33,960	0.61	33,960
22	SFOA Inspector	-	-	-	-	-	-	-	-
23	Tobacco Control Coordinator	-	-	-	-	-	-	-	-
24	TCAN Coordinator	-	-	-	-	-	-	-	-
25	Youth Development Specialist	-	-	-	-	-	-	-	-
26	Youth Engagement Coordinator	-	-	-	-	-	-	-	-
27	Other SFO staff	-	-	-	-	-	-	-	-
28	Student	-	-	-	-	-	-	-	-
29	Other Program Staff	-	-	-	-	-	-	-	-
Total Program Staff:		3.52	290,680	3.52	290,680	3.52	290,680	3.52	290,680

Program Staff

Board of Health for the City of Hamilton, Public Health Services

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Direct Program Costs

Expenditures	Emergency Management	Other Foundational Standards	Foundational Standards
Salaries and Wages	100,060	1,471,520	1,571,580
Benefits	25,450	385,720	411,170
Travel	730	310	1,040
Professional Services	4,280	6,040	10,320
Expenditure Recoveries & Offset Revenues	(6,590)	(140)	(6,730)
Other Program Expenditures	28,620	370,900	399,520
Total Expenditures:	152,550	2,234,350	2,386,900

Funding Sources	Emergency Management	Other Foundational Standards	Foundational Standards
Mandatory Programs (Cost-Shared)	152,550	1,932,350	2,084,900
Chief Nursing Officer Initiative (100%)		121,500	121,500
Social Determinants of Health Nurses Initiative (100%)		180,500	180,500
			-
			-
			-
Total Funding Sources	152,550	2,234,350	2,386,900
Under / (Over) Allocated			

Board of Health for the City of Hamilton, Public Health Services

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Chronic Disease Prevention and Well-Being

Expenditures	Tobacco Control, Prevention and Cessation	Cancer Prevention	Built Environment	Healthy Food Systems	Mental Health Promotion	Substance Use Prevention	Harm Reduction	Smoke Free Ontario - Prosecution	Smoke Free Ontario - Protection and Enforcement	Smoke Free Ontario - Tobacco Control Area Network - Coordination	Sub-Total Chronic Disease Prevention and Well-Being
Salaries and Wages	505,840	590,080	573,850	795,330	108,850	49,810	32,130	-	289,660	191,310	3,136,660
Benefits	133,800	147,090	147,170	207,400	28,360	14,440	8,720	-	77,090	49,680	813,750
Travel	2,340	260	280	360	40	10	10	-	-	3,380	6,700
Professional Services	8,350	4,350	4,250	4,320	50	70	20	10,000	590	-	32,000
Expenditure Recoveries & Offset Revenues	(90,910)	(70)	(70)	(90)	(10)	(10)	-	-	-	-	(91,160)
Other Program Expenditures	133,640	159,100	146,010	201,760	26,310	22,810	13,700	-	35,730	64,200	803,260
Total Expenditures:	693,060	900,810	871,290	1,209,100	163,800	87,130	54,580	10,000	403,070	308,570	4,701,210
Funding Sources											Total
Mandatory Programs (Cost-Shared)	693,060	900,810	871,290	1,209,100	163,800	87,130	54,580				3,979,570
Smoke-Free Ontario Strategy: Prosecution (100%)								10,000			10,000
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)									403,070		403,070
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordinate										308,570	308,570
Total Funding Sources	693,060	900,810	871,290	1,209,100	163,800	87,130	54,580	10,000	403,070	308,570	4,701,210
Under / (Over) Allocated											

Board of Health for the City of Hamilton, Public Health Services

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Chronic Disease Prevention and Well-Being (Continued)

Expenditures	Smoke Free Ontario - Tobacco Control Area Network - Prevention	Smoke Free Ontario - Tobacco Control Coordination	Smoke Free Ontario - Youth Tobacco Use Prevention	Smoke Free Ontario - Tobacco Use Prevention	Smoke Free Ontario - Tobacco Use Prevention	Smoke Free Ontario - Tobacco Use Prevention	Smoke Free Ontario - Tobacco Use Prevention	Smoke Free Ontario - Tobacco Use Prevention	Smoke Free Ontario - Tobacco Use Prevention	Sub-Total Chronic Disease Prevention and Well-Being
Salaries and Wages	-	80,310	-	-	-	-	-	-	-	80,310
Benefits	-	19,690	-	-	-	-	-	-	-	19,690
Travel	6,660	-	9,520	-	-	-	-	-	-	16,180
Professional Services	4,270	-	-	-	-	-	-	-	-	4,270
Expenditure Recoveries & Offset Revenues	-	-	-	-	-	-	-	-	-	-
Other Program Expenditures	267,980	-	71,780	-	-	-	-	-	-	339,760
Total Expenditures:	278,910	100,000	81,300	-	-	-	-	-	-	460,210

Funding Sources

Smoke-Free Ontario Strategy: Tobacco Control Area Network - Preventi	278,910	-	-	-	-	-	-	-	-	278,910
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	-	100,000	-	-	-	-	-	-	-	100,000
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	-	-	81,300	-	-	-	-	-	-	81,300
	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
Total Funding Sources	278,910	100,000	81,300	-	-	-	-	-	-	460,210
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-

Board of Health for the City of Hamilton, Public Health Services

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Food Safety

Expenditures	Food Safety	Enhanced Food Safety Initiative	Food Safety	Food Safety	Food Safety	Food Safety	Food Safety	Food Safety	Food Safety
Salaries and Wages	1,363,490	-	-	-	-	-	-	-	1,363,490
Benefits	352,600	-	-	-	-	-	-	-	352,600
Travel	29,000	-	-	-	-	-	-	-	29,000
Professional Services	12,770	-	-	-	-	-	-	-	12,770
Expenditure Recoveries & Offset Revenues	(353,150)	-	-	-	-	-	-	-	(353,150)
Other Program Expenditures	419,790	78,550	-	-	-	-	-	-	498,340
Total Expenditures:	1,824,500	78,550	-	-	-	-	-	-	1,903,050

Funding Sources	Food Safety	Enhanced Food Safety Initiative	Food Safety	Food Safety	Food Safety	Food Safety	Food Safety	Food Safety	Food Safety
Mandatory Programs (Cost-Shared)	1,824,500	-	-	-	-	-	-	-	1,824,500
Enhanced Food Safety - Haines Initiative (100%)	-	78,550	-	-	-	-	-	-	78,550
Total Funding Sources	1,824,500	78,550	-	-	-	-	-	-	1,903,050
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-

Board of Health for the City of Hamilton, Public Health Services

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Immunization

Expenditures	Vaccine Inventory Management											Immunization
Salaries and Wages	555,260											555,260
Benefits	158,880											158,880
Travel	4,240											4,240
Professional Services	560											560
Expenditure Recoveries & Offset Revenues	(1,990)											(1,990)
Other Program Expenditures	215,740											215,740
Total Expenditures:	932,690											932,690

Funding Sources													Total
Mandatory Programs (Cost-Shared)	932,690												932,690
													-
													-
													-
													-
													-
Total Funding Sources	932,690												932,690
Under / (Over) Allocated													

Board of Health for the City of Hamilton, Public Health Services

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Infectious and Communicable Diseases Prevention and Control

Expenditures	Vector Borne Diseases	Infectious Disease Program	Mental Health Promotion	Substance Use Prevention	Harm Reduction	Sexual Health	Infection Prevention and Control Nurses Initiative	Infectious Diseases Control Initiative	Infectious and Communicable Diseases Prevention and Control
Salaries and Wages	637,230	2,846,160	98,870	81,620	109,940	1,497,030	72,470	868,460	6,201,780
Benefits	159,480	763,390	27,930	22,150	29,530	401,870	17,630	231,600	1,653,580
Travel	27,300	32,790	110	20	220	9,700	-	100	70,240
Professional Services	82,530	76,320	800	70	1,450	173,030	-	-	334,200
Expenditure Recoveries & Offset Revenues	-	(144,970)	(10)	(10)	(10)	(152,480)	-	-	(297,480)
Other Program Expenditures	110,940	754,420	41,290	25,490	34,390	485,590	-	84,800	1,536,920
Total Expenditures:	1,017,480	4,328,110	168,990	129,340	175,520	2,414,740	90,100	1,174,960	9,499,240

Funding Sources

Mandatory Programs (Cost-Shared)		4,328,110	168,990	129,340	175,520	2,414,740				Total	7,216,700
Vector-Borne Diseases Program (Cost-Shared)	1,017,480										1,017,480
Infection Prevention and Control Nurses Initiative (100%)							90,100				90,100
Infectious Diseases Control Initiative (100%)								1,174,960			1,174,960
Total Funding Sources	1,017,480	4,328,110	168,990	129,340	175,520	2,414,740	90,100	1,174,960	-	-	9,499,240
Under / (Over) Allocated											

Board of Health for the City of Hamilton, Public Health Services

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Safe Water

Expenditures	Safe Water	Enhanced Safe Water Initiative	Small Drinking Water Systems	Safe Water	Safe Water	Safe Water	Safe Water	Safe Water	Safe Water
Salaries and Wages	777,720	6,100	42,780	-	-	-	-	-	826,600
Benefits	208,090	1,420	10,470	-	-	-	-	-	219,980
Travel	15,430	1,000	1,000	-	-	-	-	-	17,430
Professional Services	12,500	-	-	-	-	-	-	-	12,500
Expenditure Recoveries & Offset Revenues	(7,040)	-	-	-	-	-	-	-	(7,040)
Other Program Expenditures	184,080	34,330	5,870	-	-	-	-	-	224,280
Total Expenditures:	1,190,780	42,850	60,120	-	-	-	-	-	1,293,750

Funding Sources

Funding Sources	Safe Water	Enhanced Safe Water Initiative	Small Drinking Water Systems	Safe Water	Safe Water	Safe Water	Safe Water	Safe Water	Safe Water
Mandatory Programs (Cost-Shared)	1,190,780	-	-	-	-	-	-	-	1,190,780
Enhanced Safe Water Initiative (100%)	-	42,850	-	-	-	-	-	-	42,850
Small Drinking Water Systems Program (Cost-Shared)	-	-	60,120	-	-	-	-	-	60,120
Total Funding Sources	1,190,780	42,850	60,120	-	-	-	-	-	1,293,750
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-

Board of Health for the City of Hamilton, Public Health Services

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

School Health - Oral Health

Expenditures	Oral Health Assessment	Healthy Smiles Ontario	School Health - Oral Health	School Health - Oral Health	School Health - Oral Health	School Health - Oral Health	School Health - Oral Health	School Health - Oral Health	School Health - Oral Health
Salaries and Wages	177,800	992,250	-	-	-	-	-	-	1,170,050
Benefits	54,000	263,750	-	-	-	-	-	-	317,750
Travel	4,500	8,920	-	-	-	-	-	-	13,420
Professional Services	180	-	-	-	-	-	-	-	180
Expenditure Recoveries & Offset Revenues	(30)	-	-	-	-	-	-	-	(30)
Other Program Expenditures	79,440	295,380	-	-	-	-	-	-	374,820
Total Expenditures:	315,890	1,560,300	-	-	-	-	-	-	1,876,190

Funding Sources

Mandatory Programs (Cost-Shared)	315,890	-	-	-	-	-	-	-	315,890
Healthy Smiles Ontario Program (100%)	-	1,560,300	-	-	-	-	-	-	1,560,300
Total Funding Sources	315,890	1,560,300	-	-	-	-	-	-	1,876,190
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-

Board of Health for the City of Hamilton, Public Health Services

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

School Health - Immunization

Expenditures	Immunization of School Pupils									School Health - Immunization
Salaries and Wages	1,270,110	-	-	-	-	-	-	-	-	1,270,110
Benefits	347,890	-	-	-	-	-	-	-	-	347,890
Travel	8,730	-	-	-	-	-	-	-	-	8,730
Professional Services	1,060	-	-	-	-	-	-	-	-	1,060
Expenditure Recoveries & Offset Revenues	(109,800)	-	-	-	-	-	-	-	-	(109,800)
Other Program Expenditures	424,210	-	-	-	-	-	-	-	-	424,210
Total Expenditures:	1,942,200	-	-	-	-	-	-	-	-	1,942,200

Funding Sources										Total
Mandatory Programs (Cost-Shared)	1,942,200	-	-	-	-	-	-	-	-	1,942,200
	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
Total Funding Sources	1,942,200	-	-	-	-	-	-	-	-	1,942,200
Under / (Over) Allocated		-	-	-	-	-	-	-	-	

Board of Health for the City of Hamilton, Public Health Services

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Expenditures	Substance Use							Substance Use
	Tobacco Control, Prevention and Cessation	Harm Reduction	Substance Use Prevention	Electronic Cigarettes Act - Protection and Enforcement	Harm Reduction Program Enhancement	Needle Exchange Program Initiative		
Salaries and Wages	-	236,020	157,840	6,360	195,860	-	-	595,880
Benefits	-	64,100	41,220	1,770	51,060	-	-	158,150
Travel	-	1,520	1,340	750	-	-	-	3,610
Professional Services	-	11,150	9,620	-	-	-	-	20,770
Expenditure Recoveries & Offset Revenues	-	(30)	(20)	-	-	-	-	(50)
Other Program Expenditures	-	82,440	43,060	43,360	3,280	217,500	-	389,640
Total Expenditures:	-	395,200	253,060	52,240	250,000	217,500	-	1,168,000

Funding Sources	Substance Use							Substance Use
	Tobacco Control, Prevention and Cessation	Harm Reduction	Substance Use Prevention	Electronic Cigarettes Act - Protection and Enforcement	Harm Reduction Program Enhancement	Needle Exchange Program Initiative		
Mandatory Programs (Cost-Shared)	-	395,200	253,060	52,240	250,000	217,500	-	648,260
Electronic Cigarettes Act: Protection and Enforcement (100%)				52,240				52,240
Harm Reduction Program Enhancement (100%)					250,000			250,000
Needle Exchange Program Initiative (100%)						217,500		217,500
Total Funding Sources	-	395,200	253,060	52,240	250,000	217,500	-	1,168,000
Under / (Over) Allocated								

Board of Health for the City of Hamilton, Public Health Services

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Injury Prevention

Expenditures	Injury Prevention	Injury Prevention	Injury Prevention	Injury Prevention	Injury Prevention	Injury Prevention	Injury Prevention	Injury Prevention	Injury Prevention
Salaries and Wages	290,680	-	-	-	-	-	-	-	290,680
Benefits	77,410	-	-	-	-	-	-	-	77,410
Travel	4,020	-	-	-	-	-	-	-	4,020
Professional Services	4,890	-	-	-	-	-	-	-	4,890
Expenditure Recoveries & Offset Revenues	(30)	-	-	-	-	-	-	-	(30)
Other Program Expenditures	83,830	-	-	-	-	-	-	-	83,830
Total Expenditures:	460,800	-	-	-	-	-	-	-	460,800

Funding Sources

Mandatory Programs (Cost-Shared)	460,800	-	-	-	-	-	-	-	460,800
Total Funding Sources	460,800	-	-	-	-	-	-	-	460,800
Under / (Over) Allocated		-	-	-	-	-	-	-	

Board of Health for the City of Hamilton, Public Health Services

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Indirect Costs

	Public Health Unit Administration	Office of the Medical Officer of Health	Indirect Costs										Indirect Costs		
Salaries and Wages	1,005,810	254,790													1,260,600
Benefits	268,150	57,900													326,050
Travel	15,010	-													15,010
Professional Services	3,260	-													3,260
Expenditure Recoveries & Offset Revenues	(42,650)	-													(42,650)
Other Program Expenditures	289,460	16,150													305,610
Total Expenditures:	1,539,040	328,840													1,867,880

Funding Sources

Mandatory Programs (Cost-Shared)	1,539,040	328,840													1,867,880
															-
															-
															-
															-
															-
Total Funding Sources	1,539,040	328,840													1,867,880
Under / (Over) Allocated															

Board of Health for the City of Hamilton, Public Health Services

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

School Health - Other

Expenditures	School Health	Tobacco Control, Prevention and Cessation	Injury Prevention	Chronic Disease Prevention	Mental Health Promotion	Substance Use Prevention	Harm Reduction	Sexual Health	School Health - Other
Salaries and Wages	1,193,810	50,860	93,260	190,810	510,290	144,440	14,240	164,910	2,382,620
Benefits	313,120	14,400	25,710	50,440	133,360	37,560	3,920	43,380	621,890
Travel	11,950	-	580	1,920	3,390	820	190	1,920	20,770
Professional Services	460	80	90	90	190	1,410	1,370	60	3,750
Expenditure Recoveries & Offset Revenues	(29,470)	(10)	(1,430)	(4,750)	(8,100)	(1,440)	-	(4,750)	(49,950)
Other Program Expenditures	339,010	19,010	32,240	56,080	144,190	40,930	5,600	47,630	684,690
Total Expenditures:	1,828,880	84,340	150,450	294,590	783,320	223,720	25,320	253,150	3,643,770

Funding Sources

Mandatory Programs (Cost-Shared)	1,828,880	84,340	150,450	294,590	783,320	223,720	25,320	253,150	3,643,770
Total Funding Sources	1,828,880	84,340	150,450	294,590	783,320	223,720	25,320	253,150	3,643,770
Under / (Over) Allocated									

Board of Health for the City of Hamilton, Public Health Services

Part 4 - Budget Allocation and Summaries

4.4 Overall Budget Summary (by Funding Source)

Base Funding

Funding Source	Budget (at 100%)	Provincial Share	Approved Allocation	Variance
	A	B= A*Prov.Share	C	D = C - B
Mandatory Programs (Cost-Shared)	32,347,140	24,260,355	22,650,700	(1,609,655)
Chief Nursing Officer Initiative (100%)	121,500	121,500	121,500	-
<i>Electronic Cigarettes Act</i> : Protection and Enforcement (100%)	52,240	52,240	51,900	(340)
Enhanced Food Safety - Haines Initiative (100%)	78,550	78,550	78,300	(250)
Enhanced Safe Water Initiative (100%)	42,850	42,850	42,300	(550)
Harm Reduction Program Enhancement (100%)	250,000	250,000	250,000	-
Healthy Smiles Ontario Program (100%)	1,560,300	1,560,300	1,560,300	-
Infection Prevention and Control Nurses Initiative (100%)	90,100	90,100	90,100	-
Infectious Diseases Control Initiative (100%)	1,174,960	1,174,960	1,111,200	(63,760)
Needle Exchange Program Initiative (100%)	217,500	217,500	202,000	(15,500)
Small Drinking Water Systems Program (Cost-Shared)	60,120	45,090	41,100	(3,990)
Smoke-Free Ontario Strategy: Prosecution (100%)	10,000	10,000	10,000	-
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)	403,070	403,070	374,200	(28,870)
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%)	308,570	308,570	285,800	(22,770)
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%)	278,910	278,910	276,800	(2,110)
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	100,000	100,000	100,000	-
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	81,300	81,300	80,000	(1,300)
Social Determinants of Health Nurses Initiative (100%)	180,500	180,500	180,500	-
Vector-Borne Diseases Program (Cost-Shared)	1,017,480	763,110	754,900	(8,210)
Base Funding:	\$ 38,375,090	\$ 30,018,905	\$ 28,261,600	-\$ 1,757,305

Board of Health for the City of Hamilton, Public Health Services

Part 5 - Additional Base and One-Time Funding Requests

5.1 Base Funding Requests

1. Request Title: Raccoon Rabies Business Case

2. Does this request relate to an existing program(s) (Yes/No)? No

If Yes, please select a program name from the drop-down menu

If No, please provide the program name and the respective Standard/Section: Raccoon Rabies

Description	Project Cost Item / Description	Cost/Item	Risks / Impacts	Outcomes
<p><i>Provide a detailed description and identify issue(s) and/or opportunity(ies) that have led to this request (e.g. increased demand for services, legislative changes). Your description should include details on the populations served and any other relevant demographics, and how the request relates to government and ministry priorities (maximum characters of 1,800).</i></p> <p>Length = 1086</p> <p>Continue funding two temporary full time Public Health Inspector positions in Public Health Services to meet the increased service levels due to the unexpected and extraordinary Raccoon Rabies outbreak in Hamilton and surrounding areas that began in December, 2015.</p> <p>Find at least two low cost rabies clinics and provide support to Public Health Services for the local collection and coordination of wild animal specimens, including but not limited to, skunks and raccoons for raccoon rabies surveillance and testing by Ministry of Natural Resources and Forestry</p> <p>Outbreak is expected to continue for another 3-5 years so providing two low cost rabies options will help the community protect their pets from rabies. A coordinated collection and submission of animals locally will also provide a more accurate indication of the control of the outbreak. As Hamilton is at the epicentre of Ontario's raccoon rabies outbreak it is crucial that Hamilton Public Health is aware of the level of control or spread occurring in order to tailor our communication strategies through each year.</p>	<p><i>Identify the cost items in the cells provided below and provide a description for each item, including how the cost was determined.</i></p> <p>Length = 629</p> <p>Employer Paid Parking \$ 2,400</p> <p>Mileage 3,000</p> <p>Operating Expenses 20,000</p> <p>IP Telephony 280</p> <p>Cell Phone 1,200</p> <p>Contractual Services 94,510</p> <p>Salary & Benefits 205,770</p>	<p><i>Describe the risks and/or direct impacts to programs and services with not reaching any or all of the funding requested (maximum characters of 1,800).</i></p> <p>Length = 300</p> <p>Rabies is fatal in humans so if the outbreak is not well controlled the risk of exposure to rabid animals locally could increase. Without the additional two public health inspectors there will be an increase in the number of wild animal bite exposures. The increased number of wild animal bite exposures will increase the risk of outbreak and are expected to remain higher than historical levels. Hamilton had a coordinated system to collect and submit animals to MNRFF for surveillance and if this is not available there is a risk the number of animals collected and submitted will drop potentially masking the true picture of the outbreak.</p>	<p><i>What outcome(s) does the board of health intend to achieve with this request/project? (maximum characters of 1,800)</i></p> <p>To reduce the risk of exposure to rabid terrestrial animals in Hamilton and to assist Ministry partners including the Ministry of Natural Resources and Forestry and the Ministry of Agriculture, Food, and Rural Affairs (OMAFRA) to control and eventually eliminate raccoon rabies from Ontario.</p>	
		Total Cost	\$	327,160

1. Request Title:
 Public Health Inspector Practicum Program

2. Does this request relate to an existing program(s) (Yes/No)?
 No

If No, please select a program name from the drop-down menu

Existing Program Name:
 Public Health Inspector Practicum Program

New Program Name:
 Public Health Inspector Practicum Program

Standard/Section:
 Healthy Environments

Description	Project Cost Item / Description	Cost/Item	Risks / Impacts	Outcomes
<p>Provide a detailed description and identify issue(s) and/or opportunity(ies) that have led to this request (e.g. increased demand for services, legislative changes). Your description should include details on the populations served and any other relevant data/demographics, and how the request relates to government and ministry priorities (maximum characters of 1,800).</p> <p><i>Length = 248</i></p> <p>Outcome is to Hire 0.16 FTE PHI Trainee to provide public health services to the City of Hamilton between Victoria Day and Labour Day for program support and to train future PHIs.</p> <p>This request is an opportunity to take advantage of annual grant.</p>	<p>Identify the cost items in the cells provided below and provide a description for each item, including how the cost was determined.</p> <p>Wages & Benefits</p>	<p>Identify the cost per each item.</p> <p>\$ 10,000</p>	<p>Describe the risks and/or direct impacts to programs and services with not receiving any or all of the funding requested (maximum characters of 1,800).</p> <p><i>Length = 365</i></p> <p>Beach Sampling Program will not get done. A portion of low risk and moderate risk food premises would not get inspected. # of weeks based on 10,000 funding = 8.9 weeks There is a shortfall in funding to provide the student with the required number qualified weeks for certification based on \$10,000 funding allocation.</p>	<p>What outcome(s) does the board of health intend to achieve with this request/project? (maximum characters of 1,800)</p> <p><i>Length = 344</i></p> <p>Outcome is to hire 0.16 FTE PHI Trainee to provide public health services to the City of Hamilton between Victoria Day and Labour Day, and to train future PHIs. To help complete the beach sampling program and support the Canadian Institute of Public Health Inspectors board of certification requirements - which includes practicum placement.</p>

	<p>Total Cost</p> <p>\$ 10,000</p>
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Smoke Free Ontario Expanded Smoking Cessation Programming for Priority Populations

No

Existing Program Name:

New Program Name:

SFO Expanded Smoking Cessation Programming for Priority Population

Standard/Section: Substance Use

Description	Project Cost Item / Description	Cost/Item	Risks / Impacts	Outcomes
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Provide a detailed description and identify issue(s) and/or opportunity(ies) that have led to this request (e.g. increased demand for services, legislative changes). Your description should include details on the populations served and any other relevant data/demographics, and how the request relates to government and ministry priorities (maximum characters of 1,800).

Identify the cost items in the cells provided below and provide a description for each item, including how the cost was determined.

Describe the risks and/or direct impacts to programs and services with not receiving any or all of the funding requested (maximum characters of 1,800).

What outcome(s) does the board of health intend to achieve with this request/project? (maximum characters of 1,800)

Length = 1529

City of Hamilton PHS (PHS) operates a quit smoking clinic that offers one-on-one counselling and access to free nicotine replacement therapy (NRT). Priority is given to pregnant and breastfeeding women, families with children under 1 year of age, persons living in poverty, persons with mental illness, persons new to Canada, and those without a family physician. Referrals for the quit smoking clinic are received from internal HPHS programs, local agencies including hospitals and health care providers, community partners, self-referrals, and through Smokers' Helpline. In 2017, there were 1281 callers and 463 unique referrals to quit smoking services and of those 799 unique clients were booked into clinic. 1497 appointments were scheduled with an attendance rate of 70% by clients (n=1048). Clients are given their follow-up appointment at their session each week and also receive a reminder call. Currently, including NRT and operating supplies, is financed through the MOHLTC Annual Program Based Grants. The quit smoking clinic is a cross-divisional service provided by staff from the Family Health and Healthy Living Divisions and is physically located within PHS Clinical and Preventive Services Division's Alcohol, Drug, and Gambling Services and mobile outreach clinics with marginalized populations. The expanded funding also address the gap from hospital to home in partnership with our local hospitals and through the Cessation Care Pathway and each client is documented and referred to clinical services.

Nicotine Replacement Therapy (NRT)

\$ 25,000

Length = 1359

This project is necessary to increase and further support cessation by motivating and assisting people to quit tobacco use. This project will fund NRT within Hamilton Public Health Services' Quit Smoking Clinic and via Hamilton's Cessation Care Pathway. This project will increase service delivery by expanding reach and access to clinic services and stop smoking medications. Smoking among pregnant women and new mothers is dramatically higher in certain neighbourhoods within the city of Hamilton. In some cases upwards of (40%) of prenatal and post-natal women are reported as smoking. These women are at increased risk of preterm birth, spontaneous abortion, sudden infant death syndrome, impaired physical and brain development and long-term chronic illness. Similarly, there is a higher rate of smoking reported in those with mental health diagnosis as well as among blue collar workers supported by participating in the Hamilton Workplace Cessation Initiative. In the absence of this one-time funding City of Hamilton Public Health Services will be faced with the

Length = 102

1. Increase the # of people screened
2. Increase the # of people who enter or maintain quit attempt
3. 100% of people who wish to quit smoking are offered tobacco cessation services

Total Cost \$ 25,000

1. Request Title:

Mandatory Programs

2. Does this request relate to an existing program(s) (Yes/No)?

Yes

If Yes, please select a program name from the drop-down menu

Existing Program Name: All Programs

If No, please provide the program name and the respective Standard/Section

New Program Name: All

Standard/Section: All

Description	Project Cost Item / Description	Cost/Item	Risks / Impacts	Outcomes
<p><i>Provide a detailed description and identify issue(s) and/or opportunity(ies) that have led to this request (e.g. increased demand for services, legislative changes). Your description should include details on the populations served and any other relevant data/demographics, and how the request relates to government and ministry priorities (maximum characters of 1,800).</i></p> <p>Length = 466</p> <p>The request of \$257,610 reflects the additional operating costs above the total gross operating cost of the current approved funding to deliver programs and services. Historically Hamilton Public Health Services continues to be funded below the share as determined by the equity based funding formula. Hamilton Public Health Services encourages the Ministry to continue to work to grow the overall funding pot for public health in order to maintain the quality and timeliness of mandated services.</p>	<p><i>Identify the cost items in the cells provided below and provide a description for each item, including how the cost was determined.</i></p> <p>Additional operating costs above the current approved funding</p> <p>Note: The costs listed above are the total gross operating costs above the current approved funding</p>	<p><i>Identify the cost per each item.</i></p> <p>\$ 257,610</p>	<p><i>Describe the risks and/or direct impacts to programs and services with not receiving any or all of the funding requested (maximum characters of 1,800).</i></p> <p>Length = 576</p> <p>Not receiving any or all of the funding requested has the potential to impact the ability of Hamilton Public Health Services to maintain mandatory service levels as per the requirements of the Ontario Public Health Standards. Budget pressures through 2016 and 2017 have lead to substantial reductions in staffing and program support costs in order to maintain service to meet mandated requirements. Changes that have been made to meet budget pressures in addition to the provincial transformation agenda has created difficulty in being able to maintain high quality services.</p>	<p><i>What outcome(s) does the board of health intend to achieve with this request/project? (maximum characters of 1,800)</i></p> <p>Length = 123</p> <p>Maintain quality and timeliness of mandatory service levels as per the requirements of the Ontario Public Health Standards.</p>
<p>Total Cost</p>		<p>\$ 257,610</p>		

Board of Health for the City of Hamilton, Public Health Services

Part 5 - Additional Base and One-Time Funding Requests

5.2 One-Time Funding Requests

1. Request Title:

2. Does this request relate to an existing program(s) (Yes/No)?
 If Yes, please select a program name from the drop-down menu
 Existing Program Name:
 If No, please provide the program name and the respective Standard/Section
 New Program Name: Standard/Section:
 3. Can the project be completed by March 31, 2019? (Yes/No) (If no, please explain?)
 If No, How much of the total project cost will be incurred by March 31, 2019?

Description	Project Cost Item / Description	Cost/Item	Risks / Impacts	Outcomes
Provide a detailed description and identify issue(s) and/or opportunity(ies) that have led to this request (e.g. increased demand for services, legislative changes). Your description should include details on the populations served and any other relevant data/demographics, and how the request relates to government and ministry priorities.	Identify the cost items in the cells provided below and provide a description for each item, including how the cost was determined.	Identify the cost per each item.	Describe the risks and/or direct impacts to programs and services with not receiving any or all of the funding requested.	What outcome(s) does the board of health intend to achieve with this request/project?
Length = 0	Length = 0	Length = 0	Length = 0	Length = 0

Total Cost \$ -

Board of Health for the City of Hamilton, Public Health Services

Part 5 - Additional Base and One-Time Funding Requests

5.3 Base and One-Time Funding Requests Summary

Base Funding Requests

Requests		Amount
1	Raccoon Rabies Business Case	\$ 327,160
2	Public Health Inspector Practicum Program	10,000
3	Smoke Free Ontario Expanded Smoking Cessation Programming for Priority Populations	25,000
4	Mandatory Programs	257,610
5		-
6		-
7		-
8		-
9		-
10		-
Sub-Total Base Funding Request		\$ 619,770

One-Time Funding Requests

Requests		Amount
1		\$ -
2		-
3		-
4		-
5		-
6		-
7		-
8		-
9		-
10		-
Sub-Total One-Time Funding Request		\$ -

Total Base and One-Time Requested **\$ 619,770**

Board of Health for the City of Hamilton, Public Health Services

Part 6 - Board of Health Membership

#	Member First Name	Member Last Name	Type of Appointment (e.g. municipal, provincial)	Identify Municipality (if applicable)
1	Aidan	Johnson	municipal	Hamilton
2	Jason	Farr	municipal	Hamilton
3	Matthew	Green	municipal	Hamilton
4	Sam	Merulla	municipal	Hamilton
5	Chad	Collins	municipal	Hamilton
6	Tom	Jackson	municipal	Hamilton
7	Donna	Skelly	municipal	Hamilton
8	Terry	Whitehead	municipal	Hamilton
9	Doug	Conley	municipal	Hamilton
10	Maria	Pearson	municipal	Hamilton
11	Brenda	Johnson	municipal	Hamilton
12	Lloyd	Ferguson	municipal	Hamilton
13	Arlene	VanderBeek	municipal	Hamilton
14	Robert	Pasuta	municipal	Hamilton
15	Judi	Partridge	municipal	Hamilton
16				

Board of Health for the City of Hamilton, Public Health Services

Part 7 - Key Contacts and Certification by Board of Health

Key Contacts

Position	First Name	Last Name	Phone	Street Number and Name	City/Town	Postal Code
Chair, Board of Health	Fred	Eisenberger	905-546-4200	71 Main Street West	Hamilton	L8P 4Y5
Medical Officer of Health	Elizabeth	Richardson	905-546-2424 X3502	100 Main Street West	Hamilton	L8P 1H6
Chief Executive Officer (if applicable)						
Business Administrator	Helen	Klumpp	905-546-2424 X3508	28 James Street North	Hamilton	L8R 2K1

Certification by Board of Health

Board of Health Chair

Name

Mayor Fred Eisenberger

(Signature) (Date)

Medical Officer of Health / Chief Executive Officer

Name

Dr. Elizabeth Richardson

(Signature) (Date)

Chief Financial Officer / Business Administrator

(Verifies that the budget data provided in the Annual Service Plan and Budget Submission is accurate)

Name

Helen Klumpp

(Signature) (Date)



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
 Office of the Medical Officer of Health

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	February 22, 2018
SUBJECT/REPORT NO:	OPHS Modernization - Annual Service Plan & Budget BOH17010(e) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Glenda McArthur (905) 546-2424, Ext. 6607 Jenn Hohol (905) 546-2424, Ext. 6004
SUBMITTED BY & SIGNATURE:	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department

RECOMMENDATION

That Appendix A attached to Report BOH17010(e) respecting the City of Hamilton Public Health Services 2018 Annual Service Plan and Budget be approved for submission to the Ministry of Health and Long-Term Care.

EXECUTIVE SUMMARY

The new Ontario Public Health Standards (Standards) were released by the Ministry of Health and Long-Term Care (Ministry) for implementation by boards of health and public health units effective January 1, 2018. The Standards outline requirements that direct the delivery of mandatory public health programs and services by public health units and include protocols and guidelines that establish accountability for achieving compliance.

As a new requirement of the Standards, all boards of health must approve and submit to the Ministry each year an Annual Service Plan and Budget (ASPB). The ASPB includes an assessment of population health data, detailed program plans, budgeted expenditures and requests for additional base and one-time funding. The ASPB requires an additional level of detail that is new for the Board of Health (BOH), including a detailed narrative of programs and services offered to demonstrate action.

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**SUBJECT: OPHS Modernization - Annual Service Plan & Budget BOH17010(e)
(City Wide)****Page 2 of 8**

To better understand the impact of the new Standards on Public Health Services (PHS), work groups were established to review the Standards, assess compliance and recommend changes to current service delivery. The review also included an analysis of population health data to describe the current health of the community and identify priority populations. Based on the assessment of population health data, three priority areas of focus were identified including mental health and addictions, obesity and health equity. Assessment of compliance with the Standards also resulted in the reallocation of 3.0 FTE from existing positions across PHS programs to invest into the Vaccine Program. This reallocation was managed within existing budget to address the need to maintain compliance with the new Standards.

The ASPB replaces the Program-Based Grants Budget Submission template and acts as the new process to make additional base and one-time funding requests to the Ministry. As directed by the Ministry, funding requests that are made to support the same initiatives year after year should be requested as base funding. As a result, PHS has requested \$619,770 in additional base funding to support the raccoon rabies response, Public Health Inspector practicum program, Smoke Free Ontario expanded smoking cessation programming for priority populations and additional operating costs above the current approved funding to support mandatory programs. No requests for one-time funding were made to the Ministry for 2018.

The City of Hamilton Public Health Services 2018 ASPB is found in Appendix A and is due to the Ministry on March 1, 2018. Moving forward, it is expected that public health units submit their ASPB to the Ministry by December 31, prior to the beginning of the program year. PHS has developed an annual planning process to meet expectations for completion and submission of the ASPB on an annual basis.

Alternatives for Consideration – Not applicable.

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: BOH approval of the ASPB for submission to the Ministry is required to receive provincial funding to support the delivery of public health programs and services. The ASPB replaces the Program-Based Grants Budget Submission template and acts as the new process to make additional base and one-time funding requests to the Ministry.

For 2018, PHS has requested \$619,770 in additional base funding as outlined below.

Raccoon Rabies: Request for \$327,160 to continue funding two temporary full time Public Health Inspector positions to meet increased service levels due to unexpected and extraordinary raccoon rabies outbreak in Hamilton and surrounding areas that began in December 2015.

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**SUBJECT: OPHS Modernization - Annual Service Plan & Budget BOH17010(e)
(City Wide)****Page 3 of 8**

Public Health Inspector Practicum Program: Annual grant of \$10,000 available to hire 0.16 FTE Public Health Inspector Trainee between Victoria Day and Labour Day for program support and to provide training for future Public Health Inspectors.

Smoke Free Ontario Expanded Smoking Cessation Programming for Priority Populations: Request to continue funding of \$25,000 to operate a quit smoking clinic that offers one-on-one counselling and access to free nicotine replacement therapy. Priority is given to pregnant and breastfeeding women, families with children under one year of age, persons living in poverty, persons with mental illness, persons new to Canada, and those without a family physician.

Mandatory Programs: Request of \$257,610 to support additional operating costs above the total gross operating cost of the current approved funding to deliver programs and services. Historically PHS continues to be funded below the provincial funding share as determined by the equity based funding formula.

Staffing: Assessment of compliance with the Standards resulted in the reallocation of 3.0 FTE across PHS programs to invest into the Vaccine Program. This reallocation was managed within existing budget to work towards compliance with the new Standards. In 2018, as new protocols continue to be released, PHS will review the requirements within each protocol and may need to reallocate resources in-year to successfully implement service.

Legal: The Ministry expects that boards of health are accountable for meeting all requirements included in legislation (e.g., Health Protection and Promotion Act) and the documents that operationalize them (e.g., the Standards, Ministry-Board of Health Accountability Agreement). It is a requirement within the Standards that boards of health submit an ASPB each year. Approval and submission of the 2018 ASPB for submission to the Ministry fulfils this requirement. Full compliance with the Standards has not yet been achieved, and a report to the BOH will be brought forward to identify these gaps in compliance. In-year performance and financial reporting by boards of health on the commitments within the ASPB are also required to demonstrate accountability to the Ministry.

HISTORICAL BACKGROUND

In November 2015, the Minister of Health formally announced a review and modernization of the Standards to support ongoing transformation of the health system in Ontario. The new Standards were released by the Ministry for consultation by boards of health and public health units on February 17, 2017 and were introduced through a presentation to the BOH on March 20, 2017 (BOH17010). Consultation with the BOH and PHS was conducted to collect feedback to inform a letter responding to the draft Standards sent to the Ministry in April 2017 (BOH17010(a)).

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**SUBJECT: OPHS Modernization - Annual Service Plan & Budget BOH17010(e)
(City Wide)****Page 4 of 8**

As a requirement of the Standards, all boards of health must now approve and submit to the Ministry population health data, detailed program plans, budgeted expenditures and requests for additional base and one-time funding each year through an ASPB. The ASPB requires an additional level of detail that is new for the BOH, including a detailed narrative of programs and services offered under each Standard as outlined in (BOH17010(d)).

To better understand the impact of the new Standards on PHS and complete the 2018 ASPB, work groups were established to review the Standards, assess compliance and recommend changes to current service delivery as described in BOH17010(b). The review also included an analysis of population health data to describe the current health of the community, identify priority populations and establish local need (BOH17030).

Review of compliance with the Standards demonstrated substantial compliance to the new regulations. The outcomes of this review were used to inform the development of the City of Hamilton Public Health Services 2018 ASPB that provides narrative details about Hamilton's health issues and the programs and services that address these issues. Work will continue over 2019 and 2020 to bring all programs into compliance with the Standards. Programs will review and assess compliance with the final Standards as of January 1, 2018 (BOH17010(c)) and any new protocols released in the upcoming year. Results of compliance will be reported to the BOH in 2018, prior to submission of the 2019 ASPB.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The Ontario Public Health Standards outline requirements that direct the delivery of mandatory public health programs and services by public health units pursuant to the Health Protection and Promotion Act. Other legal authority for boards of health within the Standards include: Building Code Act, 1992; Child Care and Early Years Act, 2014; Employment Standards Act, 2000; Immunization of School Pupils Act; Healthy Menu Choices Act, 2015; Smoke Free Ontario Act; Electronic Cigarettes Act, 2015; Skin Cancer Prevention Act (Tanning Beds), 2013; Occupational Health and Safety Act; and the Personal Health Information Protection Act, 2004.

RELEVANT CONSULTATION

Consultation on the City of Hamilton Public Health Services ASPB occurred with the Mayor as the Chair of the Board of Health, as well as, Councillor Whitehead and Councillor A. Johnson as the appointed Public Health Champions.

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ANALYSIS AND RATIONALE FOR RECOMMENDATION

An overview of the content within the City of Hamilton Public Health Services 2018 ASPB is provided in the analysis section below. It is prohibitive to highlight all program plans in the report. For more details, refer to the full ASPB in Appendix A.

Community Assessment

Hamilton is ethnically and socially diverse, but challenged by a high concentration of urban poverty and extreme health inequities. The following local health priorities have been identified through assessment of population health data:

- Health Equity
 - Hamilton has high concentrations of people with low income, seniors living alone, and lone parent families. Many of these populations have poorer health outcomes and are concentrated in the lower city.
- Mental health and addictions
 - Suicide is the leading cause of death for those under 45.
 - Self-harming behaviours among young Hamiltonians are high and increasing.
 - Opioid overdoses are increasing and half of Hepatitis C cases report injection drug use.
 - While teen pregnancy is declining in Hamilton it is still higher than the rate in Ontario.
- Obesity
 - 2 in 3 adults are overweight or obese.
 - Men, middle-aged adults, and low-income households report more sedentary behaviour and poorer nutrition. These health behaviours reflect the significant burden of chronic diseases in all local morbidity and mortality data.

Key Partners and Stakeholders

It is an expectation within the Standards that public health units continue to build and strengthen relationships with partners across the health and social sector. The City of Hamilton Public Health Services 2018 ASPB highlights strategic partnerships in which PHS is engaged with to support each of the foundational and program standards. In 2018, PHS will specifically look to develop relationships with Indigenous communities in a way that is meaningful to the particular community or organization as well as in alignment with the City of Hamilton's Urban Indigenous Strategy. In addition, PHS will continue to engage in and support the Sub-Region Anchor Table for the Hamilton Sub-Region of the Hamilton Niagara Haldimand Brant Local Health Integration Network.

Program Plans

Program plans have been established for each of the standards. There are one or more program plans that outline the work of PHS within each standard. Program plans were

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SUBJECT: OPHS Modernization - Annual Service Plan & Budget BOH17010(e)
(City Wide)**Page 6 of 8**

created for each health issue in which public health provides service delivery. The programs based on health issues do not match exactly with programs according to the PHS organizational structure and were created based on direction from the Ministry.

Each program plan describes the objectives and interventions that address the local health issues identified within each standard through population health assessment. Where available, indicators of success have been included in each program plan to monitor the success and understand the impact of each program. Where there are no indicators of success currently available, PHS has developed a Performance Measurement Plan to address these gaps by creating indicators to include in the 2019 ASPB submission. All indicators will be developed according to the Results Based Accountability Framework used across the City of Hamilton.

Highlights from program plans addressing the priority areas of health equity, mental health and addictions, and obesity are outlined below. The full program plans can be seen in Appendix A.

Health Equity

Hamilton is ethnically and socially diverse, but challenged by a high concentration of urban poverty and extreme health inequities. Hamilton has high concentrations of people with low income, seniors living alone, and lone parent families. Many of these populations have poorer health outcomes and are concentrated in the lower city. The census counted 7,665 Indigenous people in Hamilton. Of these individuals, 78% lived in poverty and 69% received support from Ontario Works. Indigenous people also face higher rates of infectious and chronic diseases and 68% identify as individuals who smoke daily and 19% use opioids.

Each program is expected to consider health equity in delivering programs and services. For example, the School Program is working with local school boards to determine universal services for all publicly funded schools as well as targeted and more intensive services for identified priority schools with the highest level of need. Healthy Growth and Development programs prioritize populations with greater social and systemic barriers in supporting parents and children including lone parent households, young parents, newcomers, Indigenous families and LGBTQ+.

Mental Health and Addiction

Self-harm emergency visits have doubled for female students since 2006. Poisoning by drugs and/or intentional harm are in the top 5 causes of hospital admission, discharge and death for 15-24 years. There has been a recent five-times increase in drug-related disorders among 18-year-old females with the primary cause related to opioid and methamphetamine/amphetamine use. Hamilton faces significant rates of adverse outcomes related to opioid misuse. Among the ten most populous health units in

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**SUBJECT: OPHS Modernization - Annual Service Plan & Budget BOH17010(e)
(City Wide)****Page 7 of 8**

Ontario, Hamilton has the highest rates of opioid-related deaths, emergency department visits, and hospital admissions.

Work will continue in collaboration with community partners to address the opioid crisis through 2018 including a focus on early warning and surveillance of opioid overdoses, expansion of naloxone distribution and training as well as the development of a city-wide drug and opioid strategy that supports the four pillars of prevention, harm reduction, treatment and social justice.

Based on the population health data, a priority area of focus within mental health and addiction is youth school aged to 24 years. Interventions will focus on the promotion of mental wellness and resilience to address issues of alcohol, tobacco, substance misuse and unsafe sexual practices. PHS is collaborating with school boards to plan for intensive and universal resource allocation to address mental health and addictions.

Obesity

In Hamilton, 67.8% of adults over the age of 18 and 27.0% of youth age 12-17 self-report as being overweight or obese. Males are more overweight or obese than females in Hamilton. Only 26.4% of residents (12+), 47.6% (12-19) of adolescents reported that they were active during their leisure time. There are 30% of students in lower Hamilton that do not eat breakfast and 70-80% of students that do not eat fruit and vegetables daily.

Obesity is a challenging health issue as it is influenced by many factors outside of public health programs and services. PHS participated with the development of the Hamilton Food Strategy to ensure availability of healthy, sustainable, and just food for all. Healthy Kids Community Challenge focuses on reducing screen time and sedentary behaviour in children. PHS participates with advocacy for Health in All Policies through regular input into development, zoning, planning applications, secondary and master plans such as the application of Healthy Development Assessment to greenfield development.

Budget Allocation and Budget Summaries

Within the ASPB, staffing and operational expenses are allocated at both the standard and program level. Allocations at the program level are based on the program plans created for each health issue in which public health provides service delivery. The programs based on health issues do not match exactly with programs according to the PHS organizational structure and were created based on direction from the Ministry. The PHS requested budget submitted through the City of Hamilton 2018 budget process was used as the basis for budget allocations within the City of Hamilton Public Health Services 2018 ASPB.

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**SUBJECT: OPHS Modernization - Annual Service Plan & Budget BOH17010(e)
(City Wide)****Page 8 of 8**Next Steps

The City of Hamilton Public Health Services 2018 ASPB is due to the Ministry on March 1, 2018. Moving forward, it is expected that public health units submit their ASPB to the Ministry by December 31, prior to the beginning of the program year. Based on submissions from health units, the Ministry will adapt the ASPB to support use of common categories for program descriptions, indicators, consistency in program interventions and financial costing at the intervention level. In-year performance and financial reporting to the Ministry is expected through 2018, however, reporting templates are not yet available.

PHS has developed an annual planning process to meet expectations for completion and submission of the ASPB on an annual basis. Work will continue over 2019 and 2020 to bring all programs into compliance with the Standards. Programs will review and assess compliance with the final Standards (January 1 2018) and any new protocols in 2018. Results of compliance will be reported to BOH in 2018, prior to submission of the 2019 ASPB.

ALTERNATIVES FOR CONSIDERATION

Not applicable.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN**Healthy and Safe Communities**

Hamilton is a safe and supportive city where people are active, healthy, and have a high quality of life.

Our People and Performance

Hamiltonians have a high level of trust and confidence in their City government.

APPENDICES AND SCHEDULES ATTACHED

Appendix A to Report BOH17010(e) City of Hamilton Public Health Services 2018 Annual Service Plan and Budget.

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PUBLIC HEALTH SERVICES 2018 ANNUAL SERVICE PLAN AND BUDGET

February 22, 2018

Overview

- Overview of Ontario Public Health Standards
- 2018 Annual Service Plan & Budget
 - Standards Review and Planning Process
 - Community Assessment
 - Budget Implications
- Future Expectations

Ontario Public Health Standards, 2018

Program Standards	Chronic Disease Prevention and Well-Being			
	Food Safety			
	Healthy Environments			
	Healthy Growth and Development			
	Immunization			
	Infectious & Communicable Diseases Prevention and Control			
	Safe Water			
	School Health – Oral health; Vision; Immunization; Other			
	Substance Use and Injury Prevention			
Foundational Standards	Population Health Assessment	Effective Public Health Practice	Health Equity	Emergency Management

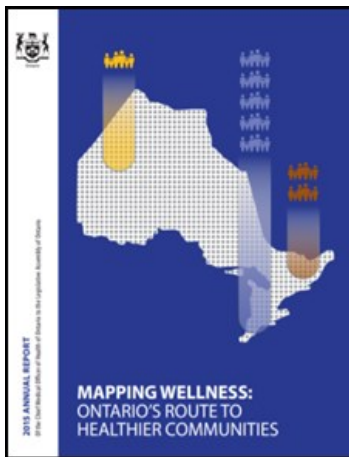
Annual Service Plan & Budget

- All Boards of Health must approve and submit to the Ministry each year an Annual Service Plan and Budget
- Annual Service Plan and Budget includes:
 - Population health data
 - Detailed program plans
 - Budgeted expenditures
 - Requests for additional base and one-time funding
- Ministry expects clear priorities based on population health data and local need

Standards Review and Planning Process

Are we meeting requirements of the New Standards?

	Exceeding – requirement is being exceeded
	Meeting – ALL aspects of the requirement are being met
	Partially Meeting – SOME aspects of the requirement are met
	Not Meeting – the requirement is not being met
*	New requirement



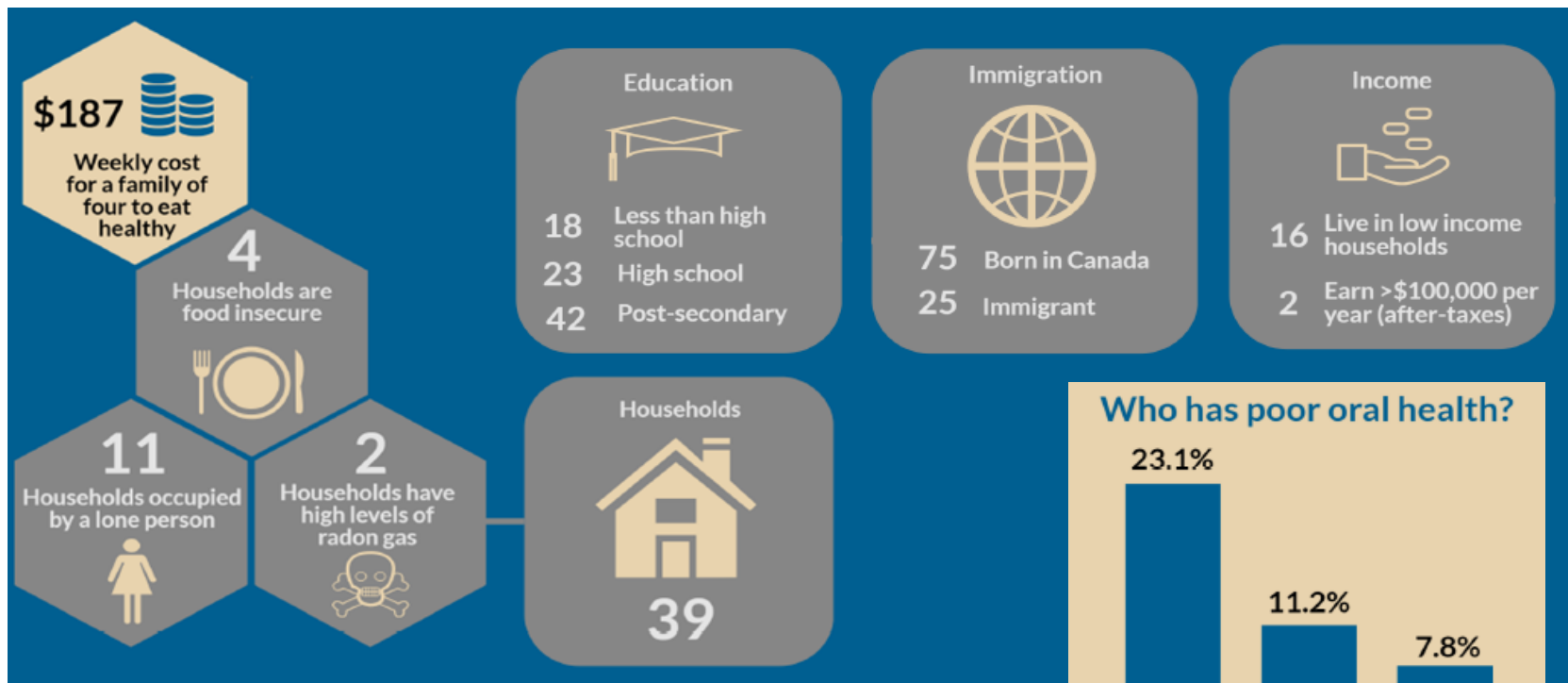
What does Population Health Assessment tell us about health and wellness in Hamilton ?

Review of Compliance with the Standards (Example)

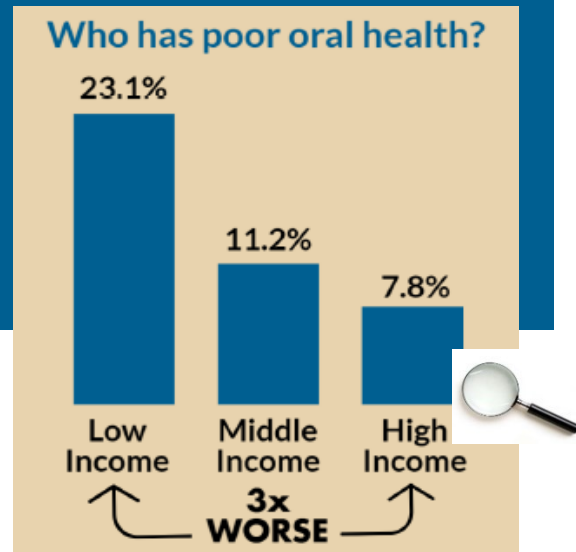
- Exceeding** – requirement is being exceeded
- Meeting** – ALL aspects of the requirement are being met
- Partially Meeting** – SOME aspects of the requirement are being met
- Not** – the requirement is not being met
- * – new requirement

REQUIREMENT	How are we meeting the requirement?
1. Assessment of school pupil immunization status	
2. Assess and maintain immunization records	
3. Record vaccination exemptions for students	
4. Provide and manage orders for the suspension of a school pupil	
5. Provide and manage orders of exclusion for an outbreak or risk of an outbreak of a designated disease	
6. Assessment of the immunization status of children in child care centres	
7. Record vaccination exemptions for children in child care centres	
8. Consider and manage exclusion of child care centre attendees and staff for an outbreak or risk of an outbreak	
9. Report immunization coverage rates to the ministry	

Community Assessment – Health Equity



Hamilton's Village of 100
 What would the City of Hamilton look like if it were just a village of 100 people?

Community Assessment - Mental Health and Addictions

LOCAL ISSUES WITH THE GREATEST NEED:

SELF-HARM

LOCAL BURDEN

681 ER visits (2016)



Teenage females

47 deaths (2012)

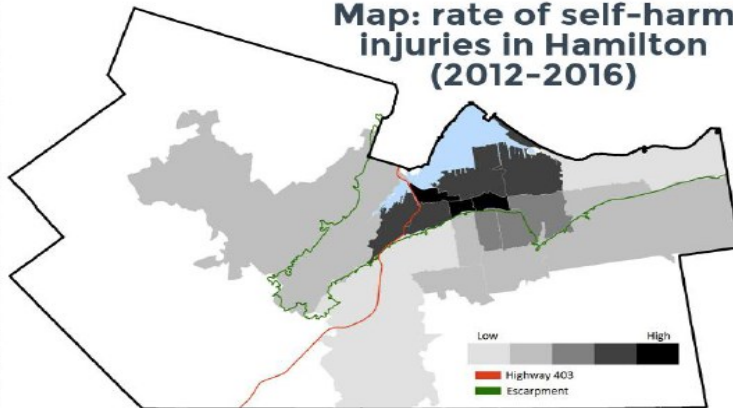


Middle-age males

PRIORITY POPULATION

Leading cause of death of Hamiltonians under 45

Map: rate of self-harm injuries in Hamilton (2012-2016)



SUBSTANCE MISUSE

43%

of Hamiltonians have used an illicit drug

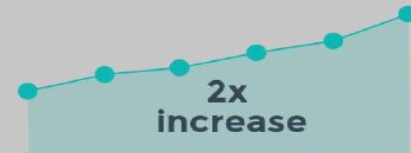


1 in 38

mothers used illicit or improper drugs during pregnancy

Local Opioid Overdoses

2011: 137 ER visits



2016: 298 ER visits

LOCAL BURDEN

46 deaths (2015)

2 in 3 were working-age males

PRIORITY POPULATION

Produced by City of Hamilton Public Health Services (2017).

Community Assessment - Obesity

OVERVIEW

Overweight or obese Hamiltonians by age:

Youth (12-17) 27%

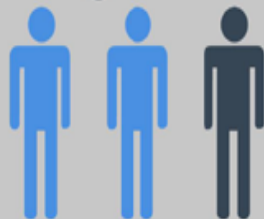
Adults (18-44) 61%

Adults (45-64) 74%

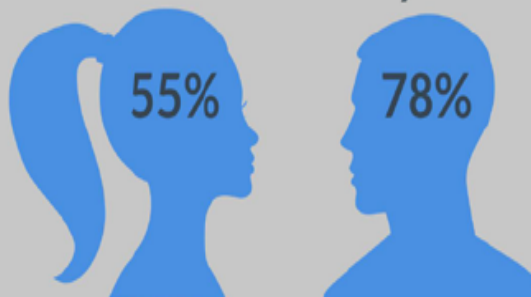
Seniors (65+) 72%

2 in 3

Hamilton adults are overweight or obese



Overweight or obese Hamilton adults by sex:



Obesity is linked to...

Hamiltonians with condition

Diabetes

7.8%

Heart Disease

6.4%

High Blood Pressure

18.1%

Budget implications

- 3.0FTE from existing positions across public health moved to address requirements within the Immunization Standard
- Potential need to reconsider resources in-year to implement requirements of new protocols as they become available
- Base funding request to Ministry of \$619,770
 - Raccoon Rabies (\$327,160)
 - Public Health Inspector Practicum Program (\$10,000)
 - Smoke Free Ontario Expanded Smoking Cessation Programming for Priority Populations (\$25,000)
 - Mandatory Programs (\$257,610)

Future Expectations

- Submit 2018 Annual Service Plan and Budget to the Ministry
March 1, 2018
- 2019 Annual Service Plan and Budget due to the Ministry by
December 31
- Report back to the Board of Health on compliance with the
Standards when all protocols have been finalized
- Goal to reach mature planning state by 2020
- Assessment on how Board of Health is achieving results as
outlined in Annual Service Plan and Budget is expected
through in-year performance and financial reports



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	December 4, 2017
SUBJECT/REPORT NO:	Food Strategy Implementation Plan BOH13001(f) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Sandy Skrzypczyk (905) 546-2424, Ext. 3523
SUBMITTED BY & SIGNATURE:	Kevin McDonald Acting Director, Healthy Environments Division Public Health Services Department

Council Direction:

The Board of Health at its meeting of August 11, 2016 approved the Food Strategy BOH13001(d) (City Wide) Recommendation Report, which included that:

- (d) The Interdepartmental Food Strategy Steering Team be directed to develop an Implementation Plan for the Food Strategy Actions to be submitted to the Board of Health. The plan will include: identification of a corporate or community lead; estimated completion timelines; establish monitoring and evaluation measures; identification where policy changes or additional financial or staffing resources would be required; and,
- (i) Actions that have policy, financial, or staffing implications will be required to report back to an appropriate Standing Committee for approval prior to implementation.

This Information Report provides the Food Strategy Implementation Plan and an overview of highlights achieved to date on the Food Strategy; and this item can be removed from the Outstanding Business List.

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SUBJECT: Hamilton Food Strategy Implementation Plan BOH13001(f) (City Wide)
Page 2 of 7

Information:

In August 2012, the Board of Health requested that a comprehensive Food Strategy be developed. In 2013, the Interdepartmental Food Strategy Steering Team formed, with representation from Public Health Services, Planning and Economic Development, Community and Emergency Services, and Public Works departments. After an extensive review of existing practices and evidence, a formal Food Strategy community engagement process was conducted in 2015, with over 2700 citizens providing input. In August 2016, the Board of Health received the BOH 13001(d) - Food Strategy Recommendation Report and endorsed the Hamilton Food Strategy: Healthy, Sustainable, and Just Food for All.

The Food Strategy provides the following vision for our community, “A city with a sustainable food system where all people at all times have economic and physical access to enough safe, nutritious food to meet their dietary needs and food preferences.” Core principles, based on Hamilton’s Food Charter, underpin the Strategy and the four overarching Goals, while 14 Recommendations and 46 Actions based on a food system framework identify initiatives to achieve the four goals. In 2016, five Priority Actions from the 46 Actions were identified to focus on first and have either been completed or are underway.

A Food Strategy Implementation Plan (attached as Appendix A) has been developed to guide the undertaking of the majority of the 46 Food Strategy’s Actions over the next several years. Implementation activities for a few actions are still being finalized at this time or remain underdetermined. Going forward, there is a strong commitment to explore opportunities within the City and the community to ensure all 46 Actions are achieved.

Highlights of Food Strategy Achievements to Date

In addition to progress on the Food Strategy’s Priority Actions, other Actions have been completed or initiated as highlighted below:

Food Strategy Goal(s)	Food Strategy Action Highlights from September 2016 to November 2017
<p>Goal 1: Support food friendly neighbourhoods to improve access to healthy food for all residents</p>	<ul style="list-style-type: none"> • In collaboration with Ryerson University’s Centre for Studies in Food Security, Public Health Registered Dietitians are completing a kitchen scan to assess the availability of community facilities with kitchens that may be used by groups who wish to engage in food skills programs • Public Health Food Strategy staff are providing consultation for the incorporation of a kitchen into the renovation of Riverdale Recreation Centre

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SUBJECT: Hamilton Food Strategy Implementation Plan BOH13001(f) (City Wide)
Page 3 of 7

Food Strategy Goal(s)	Food Strategy Action Highlights from September 2016 to November 2017
	<ul style="list-style-type: none"> Public Health Food Strategy staff are providing consultation support to a CityLAB project: Food Waste Recovery at McMaster University in conjunction with the Academic Sustainability Program
<p>Goal 2: Increase food literacy to promote healthy eating and empower all residents</p>	<ul style="list-style-type: none"> A Food Literacy Network Forum was held October 2016, bringing together 27 community stakeholders who support learning about and working with food in order to share their work, as well as their ideas about food literacy and the formation of a Hamilton Food Literacy Network (HFLN); a core group stepped forward to guide the HFLN. The core HFLN members have developed an action plan to advance the HFLN; the first priorities are to develop a communication mechanism to disseminate information and connect people involved in food literacy programs and initiatives. In the upcoming 2018 winter term, McMaster University's DeGroot School of Business MBA Health Care and Marketing course term project will focus on best practices for digital tools to facilitate communication about food literacy. Public Health Registered Dietitians developed healthy eating lesson plans and provided Train-the-Trainer in-service to Recreation Centre coordinators with food programs within their facilities.
<p>Goal 3: Support local food and help grow the agri-food sector</p>	<ul style="list-style-type: none"> Planning staff completed Action 3.1: Create a toolkit to assist landowners to incorporate food system elements into developments. In the 2017 winter term, McMaster University's DeGroot School of Business MBA Health Care and Marketing course term project focused on Hamilton's Farm Map. Results and recommendations from the MBA students' projects have informed the next version of the Farm Map. By leveraging existing agricultural and culinary assets, staff from Public Health, Economic Development, Tourism, and IT is developing an enhanced Farm Map that will provide a more engaging web and social media experience. This will be the first phase in building a more comprehensive food-focused online portal to attract Hamiltonians and visitors to celebrate our local food and agricultural story. Economic Development and Public Health staff are collaborating in partnership with Mohawk College's Sustainability Office to reach out to local farms to participate in

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SUBJECT: Hamilton Food Strategy Implementation Plan BOH13001(f) (City Wide)
Page 4 of 7

Food Strategy Goal(s)	Food Strategy Action Highlights from September 2016 to November 2017
	<p>the Farm Map, which is expected to be available in Spring 2018</p> <ul style="list-style-type: none"> • NOSH is in its second year. This week-long celebration of Hamilton’s culinary scene took place during National Small Business Week from October 16 to 22, 2017. • Public Health staff support the Mohawk College’s Sustainability Office’s local food procurement initiative. • Public Health Registered Dietitian responded to provincial consultations on land use planning documents (October 2016) highlighting the need to preserve agricultural land for growing nutritious food and improving access to local, healthy food.
<p>Goal 4: Advocate for a healthy, sustainable, and just food system with partners and at all levels of government</p>	<ul style="list-style-type: none"> • Priority Action 1 (Funding Criteria and Process) was completed and endorsed by Board of Health in June, 2017. • To address food insecurity/poverty reduction, PHS and CES staff on the Food Strategy Interdepartmental Steering Team have attended monthly meetings of Hamilton Basic Income to provide support and collaboration on activities where it aligns with our work. This has included <ul style="list-style-type: none"> - participation in the consultations related to the Ontario Basic Income Pilot (November 2016; January, June, August 2017) - responding to federal consultations on poverty reduction (February 2017) - joint coordination with the Hamilton Roundtable for Poverty Reduction of a Town Hall meeting on Basic Income on May 29, 2017 - planning and coordination of a community event “Basic Income: What Hamilton Homeowner Should Know” on October 23, 2017 • In November 2017, the BOH17041 Report recommends the continuation of Public Health Services’ monitoring of the cost of the Nutritious Food Basket (NFB). PHS uses the NFB data as an education tool to increase awareness among the Board of Health, community partners, and the general public about health issues associated with food insecurity and to support health equity work by generating local evidence of food insecurity and the impacts of limited incomes.

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SUBJECT: Hamilton Food Strategy Implementation Plan BOH13001(f) (City Wide)
Page 5 of 7

Resources: Funding, Policy, and Staffing

Currently, identified implementation activities within the Food Strategy Implementation Plan are being carried out within existing allocated funding, policies, and staffing. Any future actions that have policy, financial, or staffing implications will be required to report back to an appropriate Standing Committee for approval prior to implementation.

Measuring the Food Strategy's Success

The availability of data impacts establishing baseline measures and indicators. Measurement tools change over time and the resources required to gather and update local data is not always available. With these factors in mind, attention has been given to creating indicators to help inform the monitoring and evaluation of the Food Strategy.

As work progresses throughout the implementation of the Food Strategy, modifications of the indicators may be required to ensure relevance to the current context. Indicators to track progress and evaluate effectiveness are outlined in the Food Strategy Implementation Plan.

Supporting the Implementation of the Food Strategy

The Food Strategy provides a single policy framework that integrates the full spectrum of the food system to coordinate existing and emerging food issues and actions. Active involvement of the City, citizens, and community partners strengthens coordination and collaboration, which results in better services, better use of resources, and better decision-making. Strong partnerships and collective responsibility ensures that food actions happen holistically across our local food system.

Everyone who has a stake in food systems initiatives, such as rural and urban agriculture, social enterprise, food procurement, food retail, etc., is instrumental in sharing their knowledge, learning and talking about, contributing to, and participating in the implementation of the Food Strategy.

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SUBJECT: Hamilton Food Strategy Implementation Plan BOH13001(f) (City Wide)
Page 6 of 7



The Interdepartmental Food Strategy Steering Team acknowledges that the successful implementation of the Food Strategy is dependent upon the efforts and cooperation of many people. Since the Board of Health endorsement of the Food Strategy in August 2016, several community stakeholders have connected to staff to explore and contribute to the Food Strategy Actions. Moving forward, staff is committed to keeping up this momentum by strengthening their engagement of the broader community, stakeholders, and partners in the implementation of Food Strategy. To guide this undertaking, any new Food Strategy implementation activities will be identified based on where there is existing momentum, opportunities for partnerships, and potential to add capacity.

Like any strategy or plan, the Food Strategy is considered a living document that is open to review and consideration of new opportunities with strong potential to ensure Hamilton has a healthy, sustainable, and just food system. In turn, the Food Strategy Implementation Plan is also a living document that is expected to evolve with changing needs and opportunities in the community. It will be regularly reviewed by the Interdepartmental Food Strategy Steering Team, with input from the Food Advisory Committee and other community partners. We acknowledge that the Food Strategy vision can only be met with the ongoing participation of all those who have contributed to date and new partners not yet realized.

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SUBJECT: Hamilton Food Strategy Implementation Plan BOH13001(f) (City Wide)
Page 7 of 7

Annual updates on the Food Strategy's progress will be provided to the Board of Health and the broader community on the Food Strategy's progress in creating a healthy, sustainable, and just food system for all.

Appendices/Schedules Attached:

Appendix A to Report BOH13001(f) – Hamilton Food Strategy Implementation Plan

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Hamilton Food Strategy
Healthy, Sustainable, and Just Food for All
City of Hamilton
Implementation Plan
December 2017

Introduction & Background

In August 2016, the Board of Health endorsed the Hamilton Food Strategy: Healthy, Sustainable, and Just Food for All. The Food Strategy is a 10-year plan to help guide the food related work of City departments. The Food Strategy also supports collaboration and innovation within the City and with community partners from all sectors of the food system. It takes a holistic approach that looks at all the parts of a food system to optimize the allocation of resources for food actions. The Food Strategy is the result of extensive community engagement, in addition to being informed by evidence, best practices, and local existing work and expertise.

The Food Strategy provides the following vision for our community, “A city with a sustainable food system where all people at all times have economic and physical access to enough safe, nutritious food to meet their dietary needs and food preferences.” Core principles, based on Hamilton’s Food Charter, underpin the Strategy and the four overarching Goals, while 14 Recommendations and 46 Actions based on a food system framework identify initiatives to achieve the four goals. In 2016, five priority actions from the 46 Actions were identified to focus on first and have either been completed or are underway. A Food Strategy Implementation Plan has now been developed to guide the undertaking of the majority of the 46 Food Strategy’s Actions over the next several years. Implementation activities for a few actions are still being finalized at this time or remain undetermined. Going forward, there is a strong commitment to explore opportunities within the City and the community to ensure all 46 Actions are achieved.

As with the development of the Food Strategy, the successful implementation of the Strategy is dependent on the efforts and collaboration of many people. The Food Strategy is grounded in the local context and a firm commitment to action. To guide this undertaking, the implementation activities within this Plan were identified based on where there is existing momentum, opportunities for partnerships, and potential to add capacity.

Like any strategy or plan, the Food Strategy is considered a living document that is open to review and consideration of new opportunities with strong potential to ensure Hamilton has a healthy, sustainable, and just food system. In turn, the Food Strategy Implementation Plan is also a living document that is expected to evolve with changing needs and opportunities in the community. It will be regularly reviewed by the Interdepartmental Food Strategy Steering Team, in collaboration with the Food Advisory Committee and other community partners. We acknowledge that the Food Strategy vision can only be met with the ongoing participation of everyone who has contributed to date and in the future.

To download a copy of the Food Strategy or learn more, please visit www.hamilton.ca/foodstrategy

Food Strategy Goals

1. Support food friendly neighbourhoods to improve access to healthy food for all residents
2. Increase food literacy to promote healthy eating and empower all residents
3. Support local food and help grow the agri-food sector
4. Advocate for a healthy, sustainable, and just food system with partners and at all levels of government

Legend

Food Strategy Actions	Set the direction and the focus of the Initiatives
Implementation Activities	Tangibles that are implemented to achieve the FS Actions
Lead	Internal/External Department or Organization leading the Initiative
Partners	Internal/external partners that are integral to achieving the Initiative
Timeline	Estimated start date and length of time to achieve the Initiative Short-term: 1-3 years Mid-term: 3-6 years Long-term: 6-10 years Ongoing, as needed

Funding, Policy, and Staffing

Identified implementation activities within the Food Strategy Implementation Plan are currently being carried out within existing allocated funding and staffing, and existing policies. Any future actions that have policy, financial, or staffing implications will be required to report back to an appropriate Standing Committee for approval prior to implementation.

Abbreviations

Interdepartmental Food Strategy Steering Team	FSST
Public Health Services	PHS
Healthy Food Systems	HFS
Planning and Economic Development	PED
Community and Emergency Services	CES
Children and Home Management Services	CHMS
Emergency Medical Services	EMS
Ontario Works	OW
CityHousing Hamilton	CHH
Information Technology	IT
Public Works	PW
Food Advisory Committee	FAC
Healthy Kids Community Challenge	HKCC
Hamilton Wentworth District School Board	HWDSB
Hamilton Wentworth Catholic District School Board	HWCDSB
Golden Horseshoe Food and Farming	GHFF
Hamilton Community Garden Network	HCGN
Human Resources (Corporate Services)	HR
Community Access to Child Health (CATCH) Program	CATCH
Environment Hamilton	EH
Hamilton Naturalist Club	HNC
Neighbour to Neighbour	N2N
Recreation Division – CES Dept	REC
City Housing Hamilton	CHH

System-Wide Actions

Food Strategy Goal Alignment: 2, 3, 4				
System-Wide Recommendation				
1. Strengthen advocacy to eliminate poverty to improve individual and household food security.				
Actions	Implementation Activities	Internal Lead(s)	Partners	Timeline
1.1 Work with local stakeholders and partners to advocate at all levels of government for adequate incomes	Advocacy <ul style="list-style-type: none"> • Monitor the cost of healthy eating in Hamilton • Support to Hamilton Basic Income • Basic Income Ontario Pilot – Provincial consultation • Participate in provincial activities regarding income responses to food insecurity • Support Hamilton Poverty Strategy 	PHS		Ongoing
1.2 Facilitate movement along the food security and economic spectrum with a focus on food skills, job creation, and fair wages.	<ul style="list-style-type: none"> • Work with early years organizations to ensure staff is paid a living wage • Develop a plan to embed living wage expectations into child care and Early Years' service agreements • To Be Determined 	CES - CHMS		Ongoing

System-Wide Actions

Food Strategy Goal Alignment: 1, 2, 3, 4				
System-Wide Recommendation				
2. Strengthen funding criteria for community food initiatives.				
Actions	Implementation Activities	Lead	Partners	Timeline
2.1 Create a formal, transparent process for requests for municipal funding for community food initiatives/programs as they arise at any City of Hamilton subcommittee meetings, Council via Council motions, delegations, or staff direction.	<ul style="list-style-type: none"> Food Strategy Steering Team developed the process and will be exploring the best approach for monitoring and evaluation methods BoH for endorsement 	FSST	FAC	Short term
2.2 Establish criteria to ensure that community food initiatives/programs that receive municipal support (funding, staffing, etc.) align with the Food Strategy goals.	<ul style="list-style-type: none"> Food Strategy Steering Team developed the criteria and process to respond to food action funding requests that the City receives outside of the established granting structure (e.g., City Enrichment Funds) <p>Action Completed: Presented and received at June 2017 Board of Health meeting</p>	FSST	FAC	Short term
2.3 Create a process by which municipal funding recommended for community food initiatives, such as programs, events, and activities comply with healthy eating guidelines.	<ul style="list-style-type: none"> The City's corporate Healthy Food & Beverage Policy has been reviewed; next steps to be determined 	PHS HR		Ongoing

System-Wide Actions

Food Strategy Goal Alignment: 1, 2, 3, 4				
System-Wide Recommendation				
3. Ensure that food system enabling policies, tools, and other approaches are in place.				
Actions	Implementation Activities	Lead	Partners	Timeline
3.1 Create a toolkit to assist landowners to incorporate food system elements into developments.	<ul style="list-style-type: none"> Initial stage of the toolkit development is completed; next steps to be determined 	PED		Short – Mid term
3.2 Continue to participate and support the Golden Horseshoe Agriculture & Agri-Food Strategy – Food & Farming: An Action Plan 2021.	<ul style="list-style-type: none"> Representation on GHFF Alliance 	PED	PHS	Ongoing
3.3 The local food system is considered during consulting, planning, and implementing community initiatives.	<ul style="list-style-type: none"> PHS representation on the GHFF Alliance <ul style="list-style-type: none"> Facilitate connections and collaborating local health units/clusters Convene regional meetings with regional Public Health representatives involved in local food Initiatives 	PED	PHS	Ongoing
3.4 Improve coordination among funders, stakeholders, and all levels of government to ensure reliable and sustainable financial support of neighbourhood based food initiatives, particularly those delivered by local food networks.	<ul style="list-style-type: none"> PHS Registered Dietitians respond to municipal, provincial, and federal food system consultations To Be Determined 	PHS		Ongoing

Food Production Actions

Food Strategy Goal Alignment: 1, 3				
Food Production Recommendation				
4. Build stronger City-Farm relationships to enhance the growth and development of local food.				
Actions	Implementation Activities	Lead	Partners	Timeline
4.1 Strengthen access and opportunities to farm as a living, particularly for new farmers.	<ul style="list-style-type: none"> OW community placement with McQuesten Urban farm; develop skills on volunteer basis then seek opportunities for OW participants to be employed in the farming industry 	CES-OW Community Placement		Short to Med term
4.2 Encourage local farms to increase their production of food to meet the nutritional needs and cultural preferences of Hamiltonians.	<ul style="list-style-type: none"> To Be Determined 			

Food Production Actions

Food Strategy Goal Alignment: 2				
Food Production Recommendation				
5. Improve children and youth's eating habits, food skills, and knowledge of food systems through food literacy.				
Actions	Implementation Activities	Lead	Partners	Timeline
5.1 Incorporate food-system education in schools and in other learning programs.	<ul style="list-style-type: none"> Work with Child & Family Centres to ensure that food education is embedded into programs, workshops, etc. 	CES - CHMS	PHS	Short term
5.2 Expand school-to-farm learning opportunities.	<ul style="list-style-type: none"> Launch of McQuesten Urban Farm school tour program; tied to curriculum, 30 school trips in fall 2017 funded by HKCC and then available in 2018 throughout the year 	CES	N2N HWDSB HWCDSB	Short term

Food Production Actions

Food Strategy Goal Alignment: 1, 2, 3, 4				
Food Production Recommendation				
6. Support and create diverse ways for people to grow food in the urban landscape and participation in urban agriculture activities.				
Actions	Implementation Activities	Lead	Partners	Timeline
6.1 Strengthen the City's commitment to Hamilton's Rural Official Plan and Zoning By-law to support and protect agriculture through protection of land and allowing for innovative agricultural uses.	<ul style="list-style-type: none"> To Be Determined 			
6.2 Ensure planning policies and regulations are supportive of residents who want to grow food.	<ul style="list-style-type: none"> Polices and regulations have been reviewed; next steps to be determined Lodges promote Resident gardening activities including assistance with the Victory Gardens 	PED - Planning		Ongoing
6.3 Expand community garden programs to promote community development opportunities with local schools and other local organizations as part of their education programs.	<ul style="list-style-type: none"> Paramedic Community Garden at Limeridge Base established, now in 5th year of operation; partnership with seniors complex adjacent to station Macassa Lodge has 2 large Victory Gardens on-site and tended by volunteers-grown for use in the Local community 	CES - Lodges		Ongoing
6.4 Promote the use of food-bearing plants and trees as part of landscaping for residential, commercial, and institutional uses.	<ul style="list-style-type: none"> Develop plan to promote <i>Landscaping Toolkit</i> to landowners and implement plan 	CES - EMS		Ongoing
		CES - Lodges	Victory Gardens	Ongoing
		PED FSST		Mid term

Food Strategy Goal Alignment: 1, 2, 3, 4				
Food Production Recommendation				
6. Support and create diverse ways for people to grow food in the urban landscape and participation in urban agriculture activities.				
Actions	Implementation Activities	Lead	Partners	Timeline
<p>6.5 Encourage the development of gardens to grow food at all local schools, city facilities, and new developments.</p>	<ul style="list-style-type: none"> Work with other Child & Family Centres to ensure that vegetable gardens are made available; Red Hill Family Centre has a very small vegetable garden in our playground; Children and teachers plant the seeds and vegetable plants purchased, water, record the growth; End of the season the vegetables are incorporated into the daily menu 	<p>CES - CHMS</p>		<p>Short term</p>
	<ul style="list-style-type: none"> Explore the feasibility to develop community gardens at recreation centres 	<p>CES - REC PW - Facilities/ Parks</p>	<p>PHS</p>	<p>Mid term</p>
	<ul style="list-style-type: none"> Continue and expand current initiatives at Community Housing sites (e.g., Purnell) 	<p>CHH</p>		<p>Ongoing</p>
	<ul style="list-style-type: none"> Paramedic Community Garden Limeridge Base 	<p>CES - EMS</p>		<p>Ongoing</p>
	<p>6.6 Promote the use of environmental best practices to ensure healthy soil, air, and water are available for community gardens and urban and rural farms.</p>	<ul style="list-style-type: none"> Active promotion and resident education of organic gardening techniques and tools within CityHousing Hamilton properties. 	<p>CHH</p>	<p>N2N EH HNC</p>
<ul style="list-style-type: none"> Paramedic Community Garden Limeridge Base gardening practices include hand weeding, no chemicals, all natural 		<p>CES - EMS</p>		<p>Ongoing</p>

Food Strategy Goal Alignment: 1, 2, 3, 4				
Food Production Recommendation				
6. Support and create diverse ways for people to grow food in the urban landscape and participation in urban agriculture activities.				
Actions	Implementation Activities	Lead	Partners	Timeline
6.7 Strengthen access to community gardens, particularly for those who live in neighbourhoods that lack spaces to grow food or are food insecure.	<ul style="list-style-type: none"> Ongoing support and coordination of Community Gardens Project within CityHousing Hamilton Portfolio Community Garden Program in place since 2010 for creating gardens on City-owned land; CityHousing runs independent garden program for their properties; Supports for all existing and new gardens provided by Hamilton Community Garden Network; New gardens started in 3 Neighbourhood Action Strategy neighbourhoods in 2017 	CHH	N2N EH HNC	Ongoing

Food Processing & Distribution Actions

Food Strategy Goal Alignment: 1, 2, 3				
Food Processing & Distribution Recommendation				
7. Foster Hamilton's food innovation and entrepreneurial spirit.				
Actions	Implementation Activities	Lead	Partners	Timeline
7.1 Create innovative ways to connect and support food initiatives and food organizations.	<ul style="list-style-type: none"> To Be Determined 			
7.2 Support businesses and social enterprises involved in processing and distribution of local, healthy, and sustainable food.	<ul style="list-style-type: none"> Continued support through the Small Business Enterprise Centre including funding programs (Starter Company and Starter Company Plus) 	PED	Province	Ongoing
7.3 Determine feasibility of a food business incubator to provide the space, training, resources, and distribution network for entrepreneurs to access wholesale or retail markets.	<ul style="list-style-type: none"> Letter of Support and Participation at the table of the Incubation, Acceleration and Commercialization Agri-Food Collaborative (IAC) being led by the Agri-Food Management Institute and Greenbelt Fund 	PED		Ongoing
7.4 Establish or strengthen programs to help entrepreneurs start a food related business.	<ul style="list-style-type: none"> Development of Guidebooks as part of the Open for Business Initiative "Opening a Restaurant in Hamilton" and "Opening a Food Business in Hamilton" (Restaurant Guide is completed) Development of The Food Forum by Innovation Factory – A peer group of entrepreneurs in the Food Products and Production industries will get together to talk about common challenges in the food industry and to learn best practices 	PED	Innovation Factory	Short term and ongoing

Food Strategy Goal Alignment: 1, 2, 3				
Food Processing & Distribution Recommendation				
7. Foster Hamilton's food innovation and entrepreneurial spirit.				
Actions	Implementation Activities	Lead	Partners	Timeline
7.5 Address gaps in the infrastructure needed to support local and sustainable food processing and distribution.	<ul style="list-style-type: none"> Update to The Golden Horseshoe Food and Farming Alliance Agri-Food Asset Mapping project to help identify gaps in infrastructure and supply chain of the agri-food industry 	PED	GHFFA	Short term
7.6. Determine feasibility to establish a food terminal or hub for local food producers to distribute their products.	<ul style="list-style-type: none"> To Be Determined 			

Food Processing & Distribution Actions

Food Strategy Goal Alignment: 1, 3				
Food Processing & Distribution Recommendation				
8. Enhance the promotion and marketing of Hamilton's local food industries.				
Actions	Implementation Activities	Lead	Partners	Timeline
8.1 Expand marketing efforts to focus on Hamilton's local food and farming sector.	<ul style="list-style-type: none"> Enhance the Hamilton Eat Local Farm Map & Directory and Hamilton Eat Local brand via Story Maps software program 	PED PHS IT	Mohawk College – Sustainability Office	Short term
8.2 Enhance culinary tourism to promote local food businesses and events.	<ul style="list-style-type: none"> Build/expand an online portal to incorporate local food, events, programs, etc. Continued support of NOSH Hamilton, which occurs annually during Small business Week in October 	PED PHS IT		Mid term

Food Access & Consumption Actions

Food Strategy Goal Alignment: 1, 3, 4				
Food Access & Consumption Recommendation				
9. Increase the amount of healthy, local food in publicly owned facilities to make the healthy choice the easy choice.				
Actions	Implementation Activities	Lead	Partners	Timeline
9.1 Reduce access to unhealthy foods in public facilities, particularly where vulnerable groups visit (e.g., children).	<ul style="list-style-type: none"> Investigate the feasibility of creating healthy choice guidelines in recreation facilities that (1) aim to reduce sugary drinks and increase healthy options within vending machines and over-the-counter food service locations; (2) Address food and drink advertising, promotion, and display with a focus on healthy options 	<p>CES – REC PHS</p>		<p>Short - Mid term</p>
9.2 Conduct an environmental scan to measure the percentage of healthy, local food that is procured by the City.	<ul style="list-style-type: none"> To Be Determined 			
9.3 Review policies and explore opportunities for City facilities to increase the percentage of healthy, local food purchased by their facilities.	<ul style="list-style-type: none"> Review practices for Snack vending and events Identify preferred produce vendors (RFP process) 	<p>CES – REC</p>	PHS	<p>Short – Mid term</p>
9.4 Policies and programs are in place to increase healthy food options in publicly-owned, neighbourhood, and community facilities (e.g., recreation centres, workplaces, schools, etc.).	<ul style="list-style-type: none"> Arena Concessions – adding vegetables and fruit as part of HKCC Theme 3 Drinking water infrastructure Investigate the feasibility of creating healthy choice guidelines in recreation facilities that (1) aim to reduce sugary drinks and increase healthy options within vending machines and over-the-counter food service locations; (2) Address food and 	<p>CES – REC</p>	PHS	Ongoing

Food Strategy Goal Alignment: 1, 3, 4				
Food Access & Consumption Recommendation				
9. Increase the amount of healthy, local food in publicly owned facilities to make the healthy choice the easy choice.				
Actions	Implementation Activities	Lead	Partners	Timeline
	<p>drink advertising, promotion, and display with a focus on healthy options</p> <ul style="list-style-type: none"> • Increase healthy eating principles in Recreation cooking programs • City-run Events – SEAT: Explore the feasibility of having healthier options at large-scale events • After-school programs: Ministry healthy eating guidelines are followed • Parks: increase drinking water infrastructure • Breastfeeding support: REC currently supports breastfeeding; opportunity to partner with PHS for promotion of Baby-Friendly messaging 			
	<ul style="list-style-type: none"> • Ensure that access to food is available at Child & Family Centres within the context of specific neighbourhood needs 	CES		Ongoing
	<ul style="list-style-type: none"> • Food Cupboard at Quigley Road for participating parents and children; Food bank and the staff cook healthy meals and provide snacks through Taste Buds 	CATCH CES - HM		Ongoing

Food Access & Consumption Actions

Food Strategy Goal Alignment: 1, 3, 4					
Food Access & Consumption Recommendation					
10. Promote physical access to healthy food, local food in all neighbourhoods.					
Actions	Implementation Activities	Lead	Partners	Timeline	
10.1 Explore the feasibility of innovative ways to increase healthy food retail in neighbourhoods where it is limited (e.g., farmers markets, mobile produce truck, healthy corner stores, etc.).	<ul style="list-style-type: none"> Conduct review of best practices and provide knowledge exchange with community partners 	PHS	Indwell	Ongoing	
10.2 Pilot and evaluate promising/evidence informed programs in partnership with community stakeholders that improve physical access to healthy food in neighbourhoods with limited healthy food retail options.	<ul style="list-style-type: none"> Plan, implement, and evaluate a Healthy Corner Stores program within the McQuesten neighbourhood 	Indwell	PHS	Short – Mid term	
10.3 Tailor physical food access to the context of each neighbourhood/community (e.g., food delivery programs, bulk buying clubs, etc.).	<ul style="list-style-type: none"> OW initiated a 'Food for Thought' program that provides healthy snacks to clients visiting OW offices who may be experiencing hunger OW Addiction Services Initiatives (ASI) supports their clients with opportunities to participate in a collective kitchen and to annually plant a roof top garden; This assists to increase food security while providing therapeutic activities 	CES - OW		Ongoing	
	<ul style="list-style-type: none"> Ensure that access to food is available at Child & Family Centres within the context of specific neighbourhood needs 	CES - CHMS		Short term	

Food Strategy Goal Alignment: 1, 3, 4				
Food Access & Consumption Recommendation				
10. Promote physical access to healthy food, local food in all neighbourhoods.				
Actions	Implementation Activities	Lead	Partners	Timeline
	<ul style="list-style-type: none"> Wentworth Lodge provides daily Meals on Wheels program Macassa Lodge Adult Day Program participates in Food Drives to support the community 	CES - Lodges		Ongoing
	<ul style="list-style-type: none"> Good Food Market at Hamilton Community Food Centre provides increased access to healthy food, increased community engagement and leadership 	N2N	PHS	Ongoing

Food Access & Consumption Actions

Food Strategy Goal Alignment: 1, 2, 3, 4				
Food Access & Consumption Recommendation				
11. Integrate food literacy and food systems training and education where residents live, learn, work, and play.				
Actions	Implementation Activities	Lead	Partners	Timeline
11.1 Advocate for mandatory food literacy curriculum in schools.	<ul style="list-style-type: none"> To Be Determined 			
11.2 Facilitate comprehensive approaches to incorporate food skills, community kitchens, and other capacity-building programs in community settings, in addition to providing food.	<ul style="list-style-type: none"> Develop and pilot a “Garden to Kitchen and Back” Food Literacy Toolkit, focusing on experiential learning; evaluate outcomes at different sites with various levels of infrastructure supportive of food literacy 	PHS		Short term
11.3 Offer a food skills and employability program, particularly for vulnerable groups.	<ul style="list-style-type: none"> Adapt and implement Toronto’s Good Food Works Program, which includes food safety, nutrition/healthy living, and job seeking components 	PHS	CES FAC	Short term
11.4 Provide and support food skills and nutrition education programs that are accessible to all Hamiltonians.	<ul style="list-style-type: none"> Develop nutrition education and food skills resources (focused on vegetables and fruit) for Recreation Cooking Programs; pilot and evaluate; train REC Centre staff coordinators (supervise program leaders) Food handler certification course available online Education/marketing of healthy choices at recreation facilities 	PHS	CES – REC	Short term

Food Access & Consumption Actions

Food Strategy Goal Alignment: 1, 2, 3, 4				
Food Access & Consumption Recommendation				
12. Support the physical and social infrastructure needed to empower citizens to take action.				
Actions	Implementation Activities	Lead	Partners	Timeline
12.1 Build, retro-fit, or re-purpose community and neighbour infrastructure to support food initiatives, such as community kitchens, food markets, community gardens, etc.	<ul style="list-style-type: none"> Current infrastructure for Community Gardens and Community Kitchens is in place across several properties within the CityHousing Hamilton Portfolio 	CES - CHH		Ongoing
	<ul style="list-style-type: none"> Review the gaps and act on the opportunities to ensure infrastructure exists for food actions 	PHS FSST		Ongoing
12.2 Facilitate the creation of food networks to assist in capacity building, information sharing, and ability to access community-based food programs.	<ul style="list-style-type: none"> Support an engaged, active Hamilton Food Literacy Network (HFLN) Establish and support the implementation of an annual Food Literacy Month 	PHS	FAC HFLN	Ongoing
	<ul style="list-style-type: none"> Complete a Kitchen Scan to determine availability and accessibility of community kitchen infrastructure 	PHS	FAC Ryerson University	Short term
12.3 Assess the availability of community spaces with kitchens where people can learn and cook for themselves.				

Food Waste Management Actions

Food Strategy Goal Alignment: 1, 2				
Food Waste Management Recommendation				
13. Foster innovation to reduce food waste through diversion and composting.				
Actions	Implementation Activities	Lead	Partners	Timeline
13.1 Expand programs to increase the use of composting in all settings (e.g., apartments, workplaces, schools, etc.).	<ul style="list-style-type: none"> Waste reduction/composting pilot project at City facilities to identify reduction and diversion opportunities during banquet type events Create a new multi-residential strategy to improve recycling and composting in apartments and condos 	PW	PHS	Short term
	<ul style="list-style-type: none"> Encourage the use of rain barrels and compost bins at all Community Gardens across CityHousing Hamilton Portfolio 	CES - CHH		Ongoing
	<ul style="list-style-type: none"> Investigate partnerships with local educational institutions through the CityLab program to identify potential food recovery, reduction and diversion improvements 	PW	PHS CityLab	Short term
13.2 Explore the feasibility of food recovery programs to divert edible food from being wasted or in landfill.	<ul style="list-style-type: none"> Lodges to explore this opportunity 	CES - Lodges	PW	Mid term
	<ul style="list-style-type: none"> Undertaken a Request for Information investigating opportunities for long term management of the Organics Management Program, including source separated organics and leaf and yard waste by exploring innovative technologies Lodges to explore this opportunity 	PW		Mid term
13.3 Investigate the feasibility of innovative ways to deal with food waste to ensure our environment is sustainable.	<ul style="list-style-type: none"> Lodges to explore this opportunity 	CES - Lodges		Mid term

Food Waste Management Actions

Food Strategy Goal Alignment: 2				
Food Waste Management Recommendation				
14. Promote a culture that values healthy, local food to reduce food waste through food literacy.				
Actions	Implementation Activities	Lead	Partners	Timeline
14.1 Enhance marketing and education programs to reduce food waste at home, work, school, and other public facilities.	<ul style="list-style-type: none"> Waste management communications such as the “Green Your Routine Campaign” will be expanded to include food waste reduction messaging in 2018 The 2018-2019 Garbage and Recycling Guide will incorporate food waste reduction messaging. 	PW	PHS	Short term

Food Strategy Indicators

The availability of data impacts establishing baseline measures and indicators. Measurement tools change over time and the resources required to gather and update local data is not always available. Nonetheless, keeping these factors in mind, attention has been given to creating potential indicators to help inform the monitoring and evaluation of the Food Strategy.

As work progresses throughout the implementation of the Food Strategy, modifications of the indicators may be required to ensure relevance to the current context. Potential indicators to track progress and evaluate effectiveness are outlined below.

Food System Components	Indicators
System-Wide	<ul style="list-style-type: none"> • Amount of City budget allocated toward food initiatives/actions • Percent City resources allocated toward food initiatives in alignment with Food Strategy goals • Number of policies that consider community food security • Number of advocacy efforts undertaken to address food insecurity • Number of partners and stakeholders involved in community food security advocacy
Food Production	<ul style="list-style-type: none"> • Number and size of farms • Number of new farmers • Number of acres in production • Percent of agricultural land • Number of community gardens and edible landscaping projects • Number of urban farms
Processing & Distribution	<ul style="list-style-type: none"> • Number of infrastructure initiatives that support the agri-food sector • Number of food processors and by type, size • Number of jobs related to agriculture and agri-food sector • Number of farmers' markets • Percent of local food procurement within the broader public sector • Number of community kitchen programs
Access & Consumption	<ul style="list-style-type: none"> • Number of city Infrastructure food-related projects started or implemented • Number of residents participating in food literacy projects/programs • Number of residents consuming vegetables and fruit at least five times per day • Number/percent of residents relying on charitable food programs

<ul style="list-style-type: none">• Percent/number of households experiencing food insecurity• Cost of a nutritious food basket• Number of food banks
<p>Food Waste</p> <ul style="list-style-type: none">• Number of residents participating in the Green Bin program• Number of residents participating in backyard composting• Number of residents reporting less food waste within the home• Number of City facilities participating in composting programs• Percent of food waste within City facilities



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	December 4, 2017
SUBJECT/REPORT NO:	Food Strategy Implementation Plan BOH13001(g) (City Wide) (Outstanding Business Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Sandy Skrzypczyk (905) 546-2424, Ext. 3523
SUBMITTED BY & SIGNATURE:	Kevin McDonald Acting Director, Healthy Environments Division Public Health Services Department

Council Direction:

The Board of Health at its meeting of August 11, 2016 approved the Food Strategy BOH13001(d) (City Wide) Recommendation Report, including:

- (b) That the Board of Health direct the Interdepartmental Food Strategy Steering Team, in collaboration with appropriate staff, to initiate the five Food Strategy Priority Actions attached
 - (iv) To implement Priority Actions 4 (Food Literacy Network) and 5 (Local Food Promotion) by the end of 2017 (attached hereto as Appendix A to Report BOH13001(g)).

This Information Report provides an update on the progress achieved on the Food Strategy's Priority Actions 4 and 5. This item can be removed from the Outstanding Business List.

Information:

In August 2012, the Board of Health requested a comprehensive Food Strategy be developed. In 2013, the Interdepartmental Food Strategy Steering Team formed, with representation from Public Health Services (PHS), Planning and Economic Development, Community and Emergency Services, and Public Works.

After an extensive review of existing practices and evidence, a formal Food Strategy community engagement process was conducted in 2015, with over 2700 citizens

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OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

SUBJECT: Food Strategy Implementation Plan BOH13001(g) (City Wide)**Page 2 of 4**

providing input. In August 2016, the Board of Health received report BOH13001(d) Food Strategy Recommendation Report and endorsed the Hamilton Food Strategy “Healthy, Sustainable, and Just Food for All”.

Hamilton’s Food Strategy is a guide to help people think about, engage in, and implement effective food actions. Specifically, the intent of the Food Strategy is to present a ten year plan to guide the City and community stakeholders in decision-making for food initiatives that require resources, such as funds, infrastructure, policies, programs, and staffing. Like any strategy or plan, the Food Strategy is a living document that is open to consideration of new opportunities with strong potential to ensure Hamilton has a healthy, sustainable, and just food system.

From the Food Strategy’s 46 Actions, five Food Strategy Priority Actions were identified as the focus for the first two to three years of implementation. Priority Action 1 (Funding Criteria and Process) was completed and endorsed by the Board of Health in June, 2017. Priority Actions 4 and 5 are outlined below:

- Priority Action 4: Facilitate the creation of food networks to assist in capacity building, information sharing, and ability to access community-based food initiatives; and,
- Priority Action 5: Expand marketing efforts to focus on Hamilton’s local food and farming sectors, while enhancing culinary tourism to promote local food businesses and events.

Priority Action 4: Food Literacy Network

- The Food Literacy Network Forum was held in October 2016. The Forum brought together 27 community stakeholders, including community developers, food and agriculture educators, leaders of food programs, and other stakeholders who support learning about and working with food. The goal of the Forum was to guide the formation of a Hamilton Food Literacy Network (HFLN); a core group from the Forum stepped forward to guide the network.
- Since the Food Literacy Network Forum, the core HFLN members have developed an action plan to advance the HFLN.
- First two priorities for the HFLN are to develop a communication mechanism to disseminate information and connect people involved in food literacy programs/initiatives and host networking events.
- In the upcoming 2018 winter term, McMaster University’s DeGroote School of Business MBA Health Care and Marketing course term project will focus on best practices for digital tools to facilitate communication about food literacy.
- In collaboration with Ryerson University’s Centre for Studies in Food Security, Public Health Registered Dietitians are completing a kitchen scan (by 2018 Q1) to assess

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SUBJECT: Food Strategy Implementation Plan BOH13001(g) (City Wide)**Page 3 of 4**

the availability of community facilities with kitchens for use by community groups who wish to engage in food skills programs.

Next Steps for the Hamilton Food Literacy Network

- Increase communication and awareness about food literacy by exploring several options to achieve this, such as in-person meetings and events and a list serve;
- Continue the dialogue to come to an agreed upon working definition of food literacy that fits within the Hamilton context to help guide action specific to food literacy; and,
- Further develop relationships and partnerships to capitalize on opportunities and assets while mitigating the barriers and challenges to achieving food literacy for all Hamiltonians.

Public Health Registered Dietitians will continue to engage with community partners to support and grow the Hamilton Food Literacy Network. Initial planning is underway to implement an annual Food Literacy Month with various activities and events starting in 2018.

Priority Action 5: Hamilton Farm Map and NOSH

- In the 2017 winter term, McMaster University's DeGroot School of Business MBA Health Care and Marketing course term project focused on Hamilton's Farm Map. Results and recommendations from the MBA students' projects have informed the next version of the Farm Map.
- By leveraging existing agricultural and culinary assets, staff from PHS, Economic Development, Tourism, and Information Technology are developing an enhanced Farm Map that will provide a more engaging web and social media experience.
- Staff from PED and PHS are collaborating in partnership with Mohawk College's Sustainability Office to reach out to local farms to engage them to participate in the Farm Map, which is expected to be available in Spring 2018.
- NOSH is in its second year (<http://noshhamilton.ca/>). This week-long celebration of Hamilton's culinary scene took place during National Small Business Week from October 16 to 22, 2017.

Next Steps for Marketing Hamilton's Local Food and Culinary Industries

The online Farm Map will be the first phase in building a more comprehensive food-focused online portal to attract Hamiltonians and visitors to celebrate our local food and agricultural story. Staff will continue to seek opportunities and partnerships to support local food and culinary promotion and awareness in collaboration with community stakeholders.

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SUBJECT: Food Strategy Implementation Plan BOH13001(g) (City Wide)

Page 4 of 4

APPENDICES ATTACHED

Appendix A to Report BOH13001(g) – Setting the Table to Move into Action (Appendix B to Report BOH13001(d))

Setting the Table to Move into Action

<h1>4</h1> <h2>Food Strategy Goals</h2>		Support food friendly neighbourhoods to improve access to healthy food for all
		Increase food literacy to promote healthy eating and empower all residents
		Support local food and help grow the agri-food sector
		Advocate for a healthy, sustainable, and just food system with partners and at all levels of government

<h1>14</h1> <h2>Recommendations</h2>	<ul style="list-style-type: none"> 3 System-Wide 3 Food Production 2 Distribution & Processing 4 Access & Consumption 2 Food Waste 	<p>All Contribute to Achieving</p> <p>1 or More Food Strategy Goals</p>
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9.1

**CITY OF HAMILTON
M O T I O N**

Board of Health : January 15, 2018

MOVED BY COUNCILLOR C. COLLINS

SECONDED BY COUNCILLOR

Amendment to the City of Hamilton’s Food Strategy

WHEREAS, the Emergency Food Providers’ Network, in addition to the providing emergency food to the most vulnerable citizens in our community, member agencies are **are multi-service organizations** that also provide a wide-array of social programs and services designed to improve the overall health and quality of life of people living in poverty

THEREFORE BE IT RESOLVED:

- (a) That Public Health Services’ staff work with the Emergency Food Providers’ Network to amend the City of Hamilton Food Strategy Report language pertaining to Emergency Food Provision on pages 42-43, attached hereto as Appendix “A”, of the Food Strategy document;
- (b) That the Board of Health recognizes the valuable work of the Emergency Food Providers’ Network and its member agencies as assets in our community, and be promoted **and supported as an integral part of Hamilton’s Food Strategy;** and
- (c) That the Board of Health encourages and welcomes the Emergency Food Providers’ Network to identify and put forward a representative from the Network for consideration of service on the City’s Food Advisory Committee during its next term.



Appendix "A" to Item 9.1 Amendment to the City of Hamilton's Food Strategy

Student Nutrition Programs

Hamilton's student nutrition collaborative (TasteBuds) is a partnership of community agencies and community members that support and facilitate local student nutrition programs for children and youth. The inclusive program engages students in enjoying meals and snacks in a welcoming setting to improve student success, support healthy growth, development, and lifelong eating habits. Priority is given to ensuring that programs are in place in vulnerable neighbourhoods, although the services are universal and open to all students. In 2016 in Hamilton, there were 172 Student Nutrition Programs at 120 sites. On average in 2014 - 2015, Tastebuds volunteers served healthy snacks to 30,082 students per day.

Charitable Food Programs

Not all Hamiltonians have enough income to purchase sufficient amounts of food for themselves or their families. Hamilton Food Share collaborates with local emergency food providers to make food accessible to residents who lack the income to access food in the mainstream food retail system. Hamilton's emergency food system operate food banks, free meal services, soup kitchens and pantries, with Hamilton Food Share co-ordinating the delivery of bulk quantities of food to 10 local organizations.

The majority of food that Hamilton Food Share distributes to emergency food providers is donated by the food industry, with a smaller percentage either purchased or obtained by community food drives. While food banks try to encourage donations of healthier options the food, unfortunately, donated food can include unhealthy options.

Improved incomes, through adequate social assistance rates, living wages, and other policies and programs that enhance household financial resources, along with increased access to affordable housing are the most important responses to household food insecurity. Addressing these issues must be foremost in advocacy efforts toward ensuring nutritious food is economically accessible to Hamilton's most vulnerable residents.

Poverty and Household Food Insecurity

Because food insecurity results from a household's inability to access adequate food due to limited incomes, poverty is closely linked to food insecurity. In 2013, 79,450 Hamiltonians, or 15.7% of Hamilton's population, were living in poverty. A 2011 - 2012 survey showed that 11.6% of households in Hamilton, or more than 1 in 9, experienced some degree of food insecurity. Food insecurity is categorized on three levels: worrying about running out of food (marginal food insecurity); compromising quantity or quality of food consumed (moderate food insecurity); or reducing food intake and disrupting eating patterns due to lack of food (severe food insecurity). For 8.2% of households in Hamilton, the degree of food insecurity was moderate or severe.

The annual Nutritious Food Basket (NFB) survey provides Hamilton data on the cost of nutritious food. In 2015, the estimated average cost for a family of four to buy basic nutritious food in Hamilton was \$191 per week or \$827 per month.

The cost of living can have a major impact on the amount of money available for purchasing food among lower-income households. NFB 2015 data combined with average market rate rental housing costs in Hamilton shows that households with minimum wage employment or receiving social assistance (Ontario Works or Ontario Disability Support Program) are likely to have incomes that are insufficient for basic living. For many living in poverty, certain fixed costs, such as paying for rent and utilities come before paying for food, which can lead to some degree of household food insecurity.

Charitable food programs and community food programs with a more dignified approach (for example, community gardens, collective kitchens, and Good Food Box programs) may offer some short-term relief. However, these programs do not reduce the prevalence of household food insecurity over the long-term because they do not address poverty.

The most effective way to ensure all Hamiltonians are food secure is through everyone having an adequate income. This approach is the most likely to reduce and eventually eliminate the charity food model because everyone would have the income to access food through other means.

Ministry of Health
and Long-Term Care

Office of the Minister

10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
Tel 416-327-4300
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Ministère de la Santé
et des Soins de longue durée

Bureau du ministre

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JAN 24 2018

iApprove-2017-01523

Mayor Fred Eisenberger
Chair, Board of Health
City of Hamilton, Public Health Services
71 Main Street West, 2nd Floor
Hamilton ON L8P 4Y5

Dear Mayor Eisenberger:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Board of Health for the City of Hamilton, Public Health Services up to \$20,500 in additional base funding and up to \$94,051 in one-time funding for the 2017-18 funding year to support the enhanced provision of Needle Exchange Program Initiative in your community.

The Assistant Deputy Minister of the Population and Public Health Division will write to the City of Hamilton, Public Health Services shortly concerning the terms and conditions governing this funding.

Thank you for your dedication and commitment to Ontario's public health system.

Yours sincerely,

Dr. Eric Hoskins
Minister

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

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

Assistant Deputy Minister's Office

Population and Public Health Division
777 Bay Street, 19th Floor
Toronto ON M7A 1S6

Telephone: (416) 212-8119
Facsimile: (416) 212-2200

**Ministère de la Santé
et des Soins de longue durée**

Bureau du sous-ministre adjoint

Division de la santé de la population et de la santé publique
777, rue Bay, 19^e étage
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iApprove-2017-01523

JAN 24 2018

Dr. Elizabeth Richardson
Medical Officer of Health
City of Hamilton, Public Health Services
110 King Street West, 2nd Floor
Hamilton ON L8P 4S6

Dear Dr. Richardson:

Re: Ministry of Health and Long-Term Care Public Health Funding and Accountability Agreement with the Board of Health for the City of Hamilton, Public Health Services (the “Board of Health”) dated January 1, 2014, as amended (the “Accountability Agreement”)

This letter is further to the recent letter from the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care, in which he informed your organization that the Ministry of Health and Long-Term Care (the “ministry”) will provide the Board of Health with up to \$20,500 in additional base funding and up to \$94,051 in one-time funding for the 2017-18 funding year to support the purchase of needles and syringes, and their associated disposal costs, for the Board of Health’s Needle Exchange/Syringe Program. This will bring the total maximum funding available under the Accountability Agreement for the 2017-18 funding year up to \$29,161,951 (\$28,532,600 in base funding and \$629,351 in one-time funding).

The ministry entered into an Accountability Agreement with the Board of Health dated January 1, 2014, as amended. I am pleased to provide you with two (2) copies of the Amending Agreement that contains the terms and conditions governing the funding referred to in the Minister’s letter.

We appreciate your cooperation with the ministry in managing your funding as effectively as possible. You are expected to adhere to our reporting requirements, particularly for in-year service and financial reporting, which is expected to be timely and accurate. Based on our monitoring and assessment of your in-year service and financial reporting, your cash flow may be adjusted appropriately to match actual services provided.

.../2

-2-

Dr. Elizabeth Richardson

The government remains committed to balancing the budget for 2017-18 through to 2019-20 and therefore it is critical that you continue to manage costs within your approved budget.

Please review the Amending Agreement carefully, sign both copies enclosed, and return both copies to:

Brent Feeney
Manager, Funding and Oversight Unit
Accountability and Liaison Branch
Population and Public Health Division, Ministry of Health and Long-Term Care
393 University Avenue, Suite 2100
Toronto ON M7A 2S1

When all the parties have signed the Amending Agreement, the ministry will return one (1) copy to you and will begin to flow the funds reflected in Schedule A of the Amending Agreement.

Should you require any further information or clarification, please contact Mr. Feeney at 416-212-6397 or by email at Brent.Feeney@ontario.ca.

Sincerely,



Roselle Martino
Assistant Deputy Minister
Population and Public Health Division

Enclosure

c: Helen Klumpp, Manager, Finance and Administration, City of Hamilton, Public Health Services
Jim Yuill, Director, Financial Management Branch, MOHLTC
Phil Cooke, Director, Fiscal Oversight & Performance Branch, MOHLTC

Amending Agreement No. 8

This Amending Agreement No. 8, effective as of January 1, 2017.

Between:

**Her Majesty the Queen
in right of Ontario
as represented by
the Minister of Health and Long-Term Care**

(the “**Province**”)

- and -

Board of Health for the City of Hamilton, Public Health Services

(the “**Board of Health**”)

WHEREAS the Province and the Board of Health entered into a Public Health Funding and Accountability Agreement effective as of the first day of January, 2014 (the “**Accountability Agreement**”); and,

AND WHEREAS the Parties wish to amend the Accountability Agreement;

NOW THEREFORE IN CONSIDERATION of the mutual covenants and agreements contained in this Amending Agreement No. 8, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. This amending agreement (“Amending Agreement No. 8”) shall be effective as of the first date written above.
2. Except for the amendments provided for in this Amending Agreement No. 8, all provisions in the Accountability Agreement shall remain in full force and effect.
3. Capitalized terms used but not defined in this Amending Agreement No. 8 have the meanings ascribed to them in the Accountability Agreement.
4. The Accountability Agreement is amended by:
 - (a) Deleting Schedule A-8 (Program-Based Grants) and substituting Schedule A-9 (Program-Based Grants), attached to this Amending Agreement No. 8.
 - (a) Deleting Schedule B-7 (Related Program Policies and Guidelines) and substituting Schedule B-8 (Related Program Policies and Guidelines), attached to this Amending Agreement No. 8.

The Parties have executed the Amending Agreement No. 8 as of the date last written below.

**Her Majesty the Queen in the right of Ontario as represented
by the Minister of Health and Long-Term Care**

Name: Roselle Martino
Title: Assistant Deputy Minister,
Population and Public Health Division

Date

Board of Health for the City of Hamilton, Public Health Services

I/We have authority to bind the Board of Health.

Name:
Title:

Date

Name:
Title:

Date

**SCHEDULE A-9
PROGRAM-BASED GRANTS**

Board of Health for the City of Hamilton, Public Health Services

Program/Initiative Name	2016 Approved Allocation (\$)	Increase / (Decrease) (\$)	2017 Approved Allocation (\$)
Base Funding (January 1, 2017 to December 31, 2017, unless otherwise noted)			
Mandatory Programs (75%)	22,650,700	-	22,650,700
Chief Nursing Officer Initiative (100%)	# of FTEs 1.00 121,500	-	121,500
<i>Electronic Cigarettes Act</i> : Protection and Enforcement (100%)	51,900	-	51,900
Enhanced Food Safety - Haines Initiative (100%)	78,300	-	78,300
Enhanced Safe Water Initiative (100%)	42,300	-	42,300
Harm Reduction Program Enhancement (100%)	-	250,000	250,000
Healthy Smiles Ontario Program (100%)	1,501,500	58,800	1,560,300
Infection Prevention and Control Nurses Initiative (100%)	# of FTEs 1.00 90,100	-	90,100
Infectious Diseases Control Initiative (100%)	# of FTEs 10.00 1,111,200	-	1,111,200
MOH / AMOH Compensation Initiative (100%) ⁽¹⁾	271,000	-	271,000
Needle Exchange Program Initiative (100%) ⁽²⁾	181,500	20,500	202,000
Small Drinking Water Systems Program (75%)	41,100	-	41,100
Smoke-Free Ontario Strategy: Prosecution (100%)	10,000	-	10,000
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)	374,200	-	374,200
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%)	285,800	-	285,800
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%)	276,800	-	276,800
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	100,000	-	100,000
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	80,000	-	80,000
Social Determinants of Health Nurses Initiative (100%)	# of FTEs 2.00 180,500	-	180,500
Vector-Borne Diseases Program (75%)	733,300	21,600	754,900
Sub-Total Base Funding	28,181,700	350,900	28,532,600

**SCHEDULE A-9
PROGRAM-BASED GRANTS**

Board of Health for the City of Hamilton, Public Health Services

Program/Initiative Name	2017 Approved Allocation (\$)
One-Time Funding (April 1, 2017 to March 31, 2018, unless otherwise noted)	
<i>Immunization of School Pupils Act - Regulatory Amendments Implementation (100%)</i>	50,000
Needle Exchange Program Initiative (100%)	34,800
Needle Exchange Program Initiative (100%)	94,051
Outbreaks of Diseases: Clinic and Promotion Campaign Evaluation (100%)	60,000
Outbreaks of Diseases: Raccoon Rabies Strain (100%)	209,400
Panorama - Immunization Solution (100%) ⁽³⁾	140,100
Public Health Inspector Practicum Program (100%)	10,000
Smoke-Free Ontario Strategy: Enforcement Tablet Upgrade (100%)	6,000
Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (100%)	25,000
Sub-Total One-Time Funding	629,351
Total	29,161,951

(1) Cash flow will be adjusted to reflect the actual status of current MOH and AMOH positions.

(2) Base funding increase of \$20,500 is pro-rated at \$15,375 for the period of April 1, 2017 to December 31, 2017. Total base funding increase of \$20,500 for 12 months is to start from January 1, 2018.

(3) One-time funding is jointly funded by the Population and Public Health Division and the Health Services I&IT Cluster.

Payment Schedule

Base and one-time funding is flowed on a mid and end of month basis. Cash flow will be adjusted when both Parties have signed the Agreement.

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	Base
Source	Public Health

Chief Nursing Officer Initiative (100%)

Under the Organizational Standards, the Board of Health is required to designate a Chief Nursing Officer. The Chief Nursing Officer role must be implemented at a management level within the Board of Health reporting directly to the Medical Officer of Health (MOH) or Chief Executive Officer, preferably at a senior management level, and in that context will contribute to organizational effectiveness. Should the role not be implemented at the senior management level as per the recommendations of the 'Public Health Chief Nursing Officer Report (2011)', the Chief Nursing Officer should nonetheless participate in senior management meetings in the Chief Nursing Officer role as per the intent of the recommendation.

The presence of a Chief Nursing Officer in the Board of Health will enhance the health outcomes of the community at individual, group, and population levels:

- Through contributions to organizational strategic planning and decision making;
- By facilitating recruitment and retention of qualified, competent public health nursing staff; and,
- By enabling quality public health nursing practice.

Furthermore, the Chief Nursing Officer articulates, models, and promotes a vision of excellence in public health nursing practice, which facilitates evidence-based services and quality health outcomes in the public health context.

The following qualifications are required for designation as a Chief Nursing Officer:

- Registered Nurse in good standing with the College of Nurses of Ontario;
- Baccalaureate degree in nursing;
- Graduate degree in nursing, community health, public health, health promotion, health administration or other relevant equivalent OR be committed to obtaining such qualification within three (3) years of designation;
- Minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health; and,
- Member of appropriate professional organizations (e.g., Registered Nurses' Association of Ontario, Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario-Public Health Nursing Management, etc.).

Base funding for this initiative must be used for Chief Nursing Officer related activities (described above) of up to or greater than 1.0 Full-Time Equivalent (FTE). These activities

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	Base
Source	Public Health

may be undertaken by the designated Chief Nursing Officer and/or a nursing practice lead. Base funding is for nursing salaries and benefits only and cannot be used to support operating or education costs.

The Board of Health may be required to submit an annual activity report related to the initiative confirming the FTE level attained and highlighting Chief Nursing Officer activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon prior written notice.

Electronic Cigarettes Act – Protection and Enforcement (100%)

The government has a plan, Patients First: Ontario's Action Plan for Health Care (February 2015), for Ontario that supports people and patients – providing the education, information and transparency they need to make the right decisions about their health. The plan encourages the people of Ontario to take charge and improve their health by making healthier choices, and living a healthy lifestyle by preventing chronic diseases and reducing tobacco use. Part of this plan includes taking a precautionary approach to protect children and youth by regulating electronic cigarettes (e-cigarettes) through the *Electronic Cigarettes Act, 2015*.

Base funding for this initiative must be used for implementation of the *Electronic Cigarettes Act, 2015* and enforcement activities, including prosecution. Any prosecution costs must be identified through the reporting templates provided by the ministry.

The Board of Health must comply and adhere to the *Electronic Cigarettes Act*. Public Health Unit Guidelines and Directives: Enforcement of the *Electronic Cigarettes Act*.

The Board of Health is also required to submit an annual work plan and interim and final activity reports on dates specified in Schedule C of the Agreement.

Communications and Issues Management Protocol

1. The Board of Health shall:
 - a. Act as the media focus for the Project;
 - b. Respond to public inquiries, complaints and concerns with respect to the Project;
 - c. Report any potential or foreseeable issues to the CMD of the Ministry of Health and Long-Term Care;
 - d. Prior to issuing any news release or other planned communications, notify the CMD as follows:

SCHEDULE B-8**RELATED PROGRAM POLICIES AND GUIDELINES**

Type of Funding	<i>Base</i>
Source	<i>Public Health</i>

- i. News Releases – identify 5 business days prior to release and provide materials 2 business days prior to release;
 - ii. Web Designs – 10 business days prior to launch;
 - iii. New Marketing Communications Materials (including, but not limited to, print materials such as pamphlets and posters) – 10 business days prior to production and 20 business days prior to release;
 - iv. Public Relations Plan for Project – 15 business days prior to launch;
 - v. Digital Marketing Strategy – 10 business days prior to launch;
 - vi. Final advertising creative – 10 business days to final production; and,
 - vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.
- e. Advise the CMD prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;
 - f. Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
 - g. Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CMD with notice of such announcement or communication as soon as possible prior to release.
2. Despite the Notice provision in Article 16 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

Ministry of Health & Long-Term Care
 Communications & Marketing Division
 Strategic Planning and Integrated Marketing Branch
 10th Floor, Hepburn Block, Toronto, ON M7A 1R3
 Email: healthcommunications@ontario.ca

Enhanced Food Safety – Haines Initiative (100%)

The Enhanced Food Safety – Haines Initiative was established to augment the Board of Health's capacity to deliver the Food Safety Program as a result of the provincial government's response to Justice Haines' recommendations in his report "Farm to Fork: A Strategy for Meat Safety in Ontario".

SCHEDULE B-8**RELATED PROGRAM POLICIES AND GUIDELINES**

Type of Funding	<i>Base</i>
Source	<i>Public Health</i>

Base funding for this initiative must be used for the sole purpose of implementing the Food Safety Program Standard under the Ontario Public Health Standards (OPHS). Eligible expenses include such activities as: hiring staff, delivering additional food-handler training courses, providing public education materials, and program evaluation.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

As part of the annual Program-Based Grants budget submission process, the Board of Health is required to provide an implementation plan which should detail the objectives of the activities proposed, how the funding will be applied to meet requirements of the Food Safety Program, and how the success of the activities will be evaluated.

The Board of Health is also required to submit an annual activity report, detailing the results achieved and the allocation of the funding based on the implementation plan, on the date specified in Schedule C of the Agreement.

Enhanced Safe Water Initiative (100%)

Base funding for this initiative must be used for the sole purpose of increasing the Board of Health's capacity to meet the requirements of the Safe Water Program Standard under the OPHS.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

As part of the annual Program-Based Grants budget submission process, the Board of Health is required to provide an implementation plan which should detail the objectives of the activities proposed, how the funding will be applied to meet requirements of the Safe Water Program, and how the success of the activities will be evaluated.

The Board of Health is also required to submit an annual activity report, detailing the results achieved and the allocation of the funding based on the implementation plan, on the date specified in Schedule C of the Agreement.

Harm Reduction Program Enhancement (100%)

The scope of work for the Harm Reduction Program Enhancement is divided into three components:

1. Local Opioid Response;

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>Base</i>
Source	<i>Public Health</i>

2. Naloxone Distribution and Training; and,
3. Opioid Overdose Early Warning and Surveillance.

Local Opioid Response:

Base funding for this program is intended to support the Board of Health in building sustainable community outreach and response capacity to address drug and opioid-related challenges in their communities. This includes working with a broad base of partners to ensure any local opioid response is coordinated, integrated, and that systems and structures are in place to adapt/enhance service models to meet evolving needs.

Local response plans, which can include harm reduction and education/prevention, initiatives, should contribute to increased access to programs and services, and improved health outcomes (i.e. decrease overdose and overdose deaths, emergency room visits, hospitalizations). With these goals in mind, the Board of Health is expected to:

- Conduct a population health/situational assessment
 - Identification of opioid-related community challenges and issues, which are informed by local data, community engagement, early warning systems, etc.
- Lead/support the development, implementation, and evaluation of a local overdose response plan (or drug strategy)
 - Any plan or initiative should be based on the needs identified (and/or gaps) in your local assessment.
 - This may include building community outreach and response capacity, enhanced harm reduction services and/or education/prevention programs and services.
- Engage stakeholders
 - Identify and leverage community partners to support the population health/situational assessment and implementation of local overdose response plans or initiatives. This should include First Nations, Métis and Inuit communities where appropriate.
- Adopt and ensure timely data entry into the Ontario Harm Reduction Database
 - Transition to the Ontario Harm Reduction Database and ensure timely collection and entry of minimum data set as per ministry direction (to be provided).

Naloxone Kit Distribution and Training:

Base funding for this program will establish the Board of Health (or their Designate) as a naloxone distribution lead/hub for eligible community organizations, as specified by the ministry, which will increase dissemination of kits to those most at risk of opioid overdose.

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>Base</i>
Source	<i>Public Health</i>

To achieve this, the Board of Health is expected to:

- Order naloxone
 - Ordering of naloxone kits as outlined by the ministry; this includes naloxone required by eligible community organizations distributing naloxone.
- Coordinate and supervise naloxone inventory
 - Includes managing supply, storage, maintaining inventory records, and distribution of naloxone to eligible community organizations.
 - Ensure community organizations distribute naloxone in accordance with eligibility criteria established by the ministry.
- With the exception of entities (organizations, individuals, etc.) as specified by the ministry:
 - Train community organization staff on naloxone administration
 - Includes the provision of training on how to administer naloxone in cases of opioid overdose, recognizing the signs of overdose and ways to reduce the risk of overdose. Board of Health staff would also instruct agency staff on how to provide training to end-users (people who use drugs, their friends and family).
 - Train community organization staff on naloxone eligibility criteria
 - Includes providing advice to agency staff on who is eligible to receive naloxone and the recommended quantity to dispense.
 - Support policy development at community organizations
 - Provide consultation on naloxone-related policy and procedures that are being developed or amended within the eligible community organizations.
 - Promote naloxone availability and engage in community organization outreach
 - Encourage eligible community organizations to acquire naloxone kits for distribution to their clients.

Use of NARCAN® Nasalspray

The Board of Health will be required to submit orders for Narcan to the ministry in order to implement the Harm Reduction Program Enhancement. By receiving Narcan, the Board of Health acknowledges and agrees that:

- Its use of the Narcan is entirely at its own risk. There is no representation, warranty, condition or other promise of any kind, express, implied, statutory or otherwise, given by her Majesty the Queen in Right of Ontario as represented by the Ministry of Health and Long-Term Care, including Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) in connection with the Narcan.

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>Base</i>
Source	<i>Public Health</i>

- The ministry takes no responsibility for any unauthorized use of the Narcan by the Board of Health or by its clients.
- The Board of Health also agrees:
 - To not assign or subcontract the distribution, supply or obligation to comply with any of these terms and conditions to any other person or organization without the prior written consent of the ministry.
 - To comply with the terms and conditions as it relates to the use and administration of Narcan as specified in all applicable federal and provincial laws.
 - To provide training to persons who will be administering Narcan. The training shall consist of the following:
 - Opioid overdose prevention;
 - Signs and symptoms of an opioid overdose; and
 - The necessary steps to respond to an opioid overdose, including the proper and effective administration of Narcan.
 - To follow all ministry written instructions relating to the proper use, administration, training and/or distribution of Narcan.
 - To immediately return any Narcan in its custody or control at the written request of the ministry at the Board of Health's own cost or expense.
 - That the ministry does not guarantee supply of Narcan, nor that Narcan will be provided to the Board of Health in a timely manner.

Opioid Overdose Early Warning and Surveillance:

Base funding for this program will support Boards of Health to take a leadership role in establishing systems to identify and track the risks posed by illicit synthetic opioids in their jurisdictions, including the sudden availability of illicit synthetic opioids and resulting opioid overdoses. Risk based information about illicit synthetic opioids should be shared in an ongoing manner with community partners to inform their situational awareness and service planning. This includes:

- Surveillance systems should include a set of "real-time" qualitative and quantitative indicators and complementary information on local illicit synthetic opioid risk. Partners should include, but are not limited to: emergency departments, first responders (police, fire and ambulance) and harm reduction services.
- Early warning systems should include the communication mechanisms and structures required to share information in a timely manner among health system and community partners, including people who use drugs, about changes in the acute, local risk level, to

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>Base</i>
Source	<i>Public Health</i>

inform action. They should also include reporting to the province through a mechanism currently under development.

The Board of Health is required to submit an annual activity report and quarterly program reports on dates specified in Schedule C of the Agreement.

Healthy Smiles Ontario Program (100%)

The Healthy Smiles Ontario (HSO) Program provides preventive, routine, and emergency and essential dental treatment for children and youth, from low-income families, who are 17 years of age or under.

HSO builds upon and links with existing public health dental infrastructure to provide access to dental services for eligible children and youth.

The core objectives of the HSO Program are to:

- Improve program awareness for clients, providers, and community partners;
- Improve access to oral health services for eligible clients;
- Streamline administration, adjudication, and enrolment processes for clients and providers;
- Improve the oral health outcomes of eligible clients;
- Improve oral health awareness in the eligible client population;
- Ensure effective and efficient use of resources by providers; and,
- Improve the client and provider experience.

The HSO Program has the following three (3) streams (age of ≤ 17 years of age and Ontario residency are common eligibility requirements for all streams):

1. Preventive Services Only Stream (HSO-PSO):

- Eligibility comprised of clinical need and attestation of financial hardship.
- Eligibility assessment and enrolment undertaken by boards of health.
- Clinical preventive service delivery in publicly-funded dental clinics and through fee-for-service providers in areas where publicly-funded dental clinics do not exist.

2. Core Stream (HSO-Core):

- Eligibility correlates to the level at which a family/youth's Adjusted Net Family Income (AFNI) is at, or below, the level at which they are/would be eligible for 90% of the Ontario Child Benefit (OCB), OR family/youth is in receipt of benefits through Ontario

SCHEDULE B-8**RELATED PROGRAM POLICIES AND GUIDELINES**

Type of Funding	<i>Base</i>
Source	<i>Public Health</i>

Works, Ontario Disability Support Program, or Assistance for Children with Severe Disabilities Program.

- Eligibility assessment undertaken by the Ministry of Finance and Ministry of Community and Social Services; enrolment undertaken by the program administrator, with client support provided by boards of health as needed.
- Clinical service delivery takes place in publicly-funded dental clinics and through fee-for-service providers.

3. Emergency and Essential Services Stream (HSO-EESS):

- Eligibility comprised of clinical need and attestation of financial hardship.
- Eligibility assessment undertaken by boards of health and fee-for-service providers, with enrolment undertaken by the program administrator.
- Clinical service delivery takes place in publicly-funded dental clinics and through fee-for-service providers.

Base funding for this program must be used for the ongoing, day-to-day requirements associated with delivering services under the HSO Program to eligible children and youth in low-income families. It is within the purview of the Board of Health to allocate funding from the overall base funding amount across the program expense categories.

HSO Program expense categories include:

- Clinical service delivery costs, which are comprised of:
 - Salaries, wages, and benefits of full-time, part-time, or contracted staff that provide clinical dental services for HSO;
 - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities for HSO: management of the clinic(s); financial and programmatic reporting for the clinic(s); and, general administration (i.e., receptionist) at the clinic(s); and,
 - Overhead costs associated with HSO clinical service delivery services such as: clinical materials and supplies; building occupancy costs; maintenance of clinic infrastructure; staff travel associated with portable and mobile clinics; staff training and professional development associated with clinical staff and ancillary/support staff, if applicable; office equipment, communication, and I & IT.
- Oral health navigation costs, which are comprised of:
 - Salaries, wages, and benefits of full-time, part-time, or contracted staff that are engaged in:

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	Base
Source	Public Health

- Client enrolment for HSO-PSO and HSO-EESS clients (i.e., helping clients during the enrolment process for those two (2) streams);
 - Promotion of the HSO Program (i.e., local level efforts at promoting and advertising the HSO Program to the target population);
 - Referral to services (i.e., referring HSO clients to fee-for-service providers for service delivery where needed);
 - Case management of HSO clients; and,
 - Oral health promotion and education for HSO clients.
- Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities related to oral health navigation: management, financial and programmatic reporting, and general administration (if applicable).
 - Overhead costs associated with oral health navigation such as: materials and supplies; building occupancy costs incurred for components of oral health navigation; staff travel associated with oral health navigation, where applicable; staff training and professional development associated with oral health navigation staff and ancillary/support staff, if applicable; office equipment, communication, and I & IT costs associated with oral health navigation.

The Board of Health is responsible for ensuring promotional/marketing activities have a direct and positive impact on meeting the objectives of the HSO Program.

The Board of Health is reminded that HSO promotional/marketing materials approved by the Province and developed provincially are available for use by the Board of Health in promoting the HSO Program.

The overarching HSO brand and provincial marketing materials were developed by the Province to promote consistency of messaging, and “look and feel” across the province. When promoting the HSO Program locally, the Board of Health is requested to align local promotional products with the provincial HSO brand. When the Board of Health uses the HSO brand, it is required to liaise with the ministry’s Communications and Marketing Division (CMD) to ensure use of the brand aligns with provincial standards.

Operational expenses not covered within this program include: staff recruitment incentives, billing incentives, and client transportation. Other expenses not included within this program include other oral health activities required under the OPHS including the *Oral Health Assessment and Surveillance Protocol*.

Other requirements of the HSO Program include:

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>Base</i>
Source	<i>Public Health</i>

- The Board of Health is required to bill back relevant programs for services provided to non-HSO clients using HSO resources. All revenues collected under the HSO Program, including revenues collected for the provision of services to non-HSO clients such as Ontario Works adults, Ontario Disability Support Program adults, municipal clients, etc., with HSO resources must be reported as income in the quarterly financial reports, annual reconciliation reports, and Program-Based Grants budget submissions. Revenues must be used to offset expenditures of the HSO Program.
- For the purposes of reporting and monitoring for the HSO Program, the Board of Health must use provincial approved systems or mechanisms.
 - Aggregate screening, enrolment, and utilization data for any given month must be submitted by the 15th of the following month to the ministry in the ministry-issued template titled Dental Clinic Services Monthly Reporting Template.
 - Client-specific clinical data must be recorded in either dental management software (e.g., ClearDent, AbelDent, etc.) or in the template titled HSO Clinic Treatment Workbook that has been issued by the ministry for the purposes of recording such data.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centre, Aboriginal Health Access Centre, etc.) delivering services as part of the HSO Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and local partner, and ensure accountability for public funds.
- Any significant change to previously approved HSO business models, including changes to plans, partnerships, or processes, must be approved by the Province before being implemented.
- Any contract or subcontract entered into by the Board of Health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.
- The Board of Health is responsible for ensuring value-for-money and accountability for public funds.
- The Board of Health must ensure that funds are used to meet the objectives of the HSO Program with a priority to deliver clinical dental services to HSO clients.

The Board of Health is also required to submit an annual activity report, detailing the operationalization of the HSO Program, on the date specified in Schedule C of the Agreement.

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	Base
Source	Public Health

Infection Prevention and Control Nurses Initiative (100%)

The Infection Prevention and Control Nurses Initiative was established to support additional FTE infection prevention and control nursing services for every board of health in the province.

Base funding for this initiative must be used for nursing activities of up to or greater than one (1) FTE related to infection prevention and control activities. Base funding is for nursing salaries and benefits only and cannot be used to support operating or education costs.

Qualifications required for these positions are:

1. A nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class); and,
2. Certification in Infection Control (CIC), or a commitment to obtaining CIC within three (3) years of beginning of employment.

The Board of Health may be required to submit an annual activity report related to the initiative confirming the FTE level attained and highlighting infection prevention and control nursing activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon prior written notice.

Infectious Diseases Control Initiative (180 FTEs) (100%)

Base funding for this initiative must be used solely for the purpose of hiring infectious diseases control positions and supporting these staff (e.g., recruitment, salaries/benefits, accommodations, program management, supplies and equipment, other directly related costs) to monitor and control infectious diseases, and enhance the Board of Health's ability to handle and coordinate increased activities related to outbreak management, including providing support to other boards of health during infectious disease outbreaks. Positions eligible for base funding under this initiative include physicians, inspectors, nurses, epidemiologists, and support staff.

The Board of Health is required to remain within both the funding levels and the number of FTE positions approved by the Province.

Staff funded through this initiative are required to be available for redeployment when requested by the Province, to assist other boards of health with managing outbreaks and to increase the system's surge capacity.

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>Base</i>
Source	<i>Public Health</i>

The Board of Health may be required to submit an annual activity report related to the initiative confirming the FTE level attained and highlighting infectious diseases control related activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon prior written notice.

MOH / AMOH Compensation Initiative (100%)

The Province committed to provide boards of health with 100% of the additional base funding required to fund eligible MOH and Associate Medical Officer of Health (AMOH) positions within salary ranges initially established as part of the 2008 Physician Services Agreement and continued under subsequent agreements.

Base funding must be used for costs associated with top-up for salaries and benefits, and for applicable stipends to eligible MOH and AMOH positions at the Board of Health and cannot be used to support other physicians or staffing costs. Base funding for this initiative continues to be separate from cost-shared base salaries and benefits. Please refer to Appendix C of the 2017 Program-Based Grants User Guide for additional criteria, policies and processes for this initiative.

To improve the timeliness of future adjustments to cash flow resulting from potential changes to MOH and AMOH positions (e.g., new hires, leave periods, movement on the salary grid, changes in base salary and benefits, and/or FTE), a maximum base allocation has been approved for the Board of Health. This maximum base allocation includes criteria such as: additional salary and benefits for 1.0 FTE MOH position and 1.0 FTE or more AMOH positions where applicable, potential placement at the top of the MOH/AMOH Salary Grid, and inclusion of stipends. Some exceptions will apply to these criteria.

The maximum base allocation in Schedule A of the Agreement does not necessarily reflect the cash flow that the Board of Health will receive. Cash flow will continue to be adjusted regularly by the Province based on up-to-date application data and information provided by the Board of Health during a funding year. The Board of Health is required to notify the Province if there is any change in the eligible MOH and/or AMOH(s) base salary, benefits, FTE and/or position status as this may impact the eligibility amount for top-up.

There have been no changes to the MOH/AMOH Salary Grid under this initiative since June 1, 2015. Any future changes to the Salary Grid will be communicated to boards of health pending the status of negotiations related to a new Physician Services Agreement.

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	Base
Source	Public Health

In an effort to streamline the funding, reporting and approval processes, the Board of Health is required to submit an annual application for this initiative as part of the Program-Based Grants budget submission process on the date specified in Schedule C of the Agreement.

Participating MOHs and AMOHs are also required to sign and submit a Physician Authorization and Consent Form as part of the Program-Based Grants budget submission process.

Needle Exchange Program Initiative (100%)

Base funding for this initiative must be used for the purchase of needles and syringes, and their associated disposal costs, for the Board of Health's Needle Exchange Program.

The Board of Health is required to submit an annual activity report on the date specified in Schedule C of the Agreement.

Small Drinking Water Systems Program (75%)

Base funding for this program must be used for salaries, wages and benefits, accommodation costs, transportation and communication costs, and supplies and equipment to support the ongoing assessments and monitoring of small drinking water systems.

Under this program, public health inspectors are required to conduct new and ongoing site-specific risk assessments of all small drinking water systems within the oversight of the Board of Health; ensure system compliance with the regulation governing the small drinking water systems; and, ensure the provision of education and outreach to the owners/operators of the small drinking water systems.

Smoke-Free Ontario Strategy (100%)

The government released a plan for Ontario in February 2015 that supports people and patients – providing the education, information and transparency they need to make the right decisions about their health. The plan encourages people of Ontario to take charge and improve their health by making healthier choices, and living a healthy lifestyle by preventing chronic diseases and reducing tobacco use.

The plan identifies the Smoke-Free Ontario Strategy as a priority for keeping Ontario healthy. It articulates Ontario's goal to have the lowest smoking rates in Canada.

The Smoke-Free Ontario Strategy is a multi-level comprehensive tobacco control strategy aiming to eliminate tobacco-related illness and death by: preventing experimentation and escalation of tobacco use among children, youth and young adults; increasing and supporting

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	Base
Source	Public Health

cessation by motivating and assisting people to quit tobacco use; and, protecting the health of Ontarians by eliminating involuntary exposure to second-hand smoke. These objectives are supported by crosscutting health promotion approaches, capacity building, collaboration, systemic monitoring and evaluation.

The Province provides funding to the Board of Health to implement tobacco control activities that are based in evidence and best practices, contributing to reductions in tobacco use rates.

Base funding for the Smoke-Free Ontario Strategy must be used in the planning and implementation of comprehensive tobacco control activities across prevention, cessation, prosecution, and protection and enforcement at the local and regional levels.

The Board of Health must comply and adhere to the Smoke-Free Ontario Strategy: Public Health Unit Tobacco Control Program Guidelines and the Directives: Enforcement of the *Smoke-Free Ontario Act*. Operational expenses not covered within this program include information and information technology equipment.

The Board of Health is required to submit a Smoke-Free Ontario annual work plan and interim and final program activity reports on dates specified in Schedule C of the Agreement.

Communications and Issues Management Protocol

1. The Board of Health shall:
 - a. Act as the media focus for the Project;
 - b. Respond to public inquiries, complaints and concerns with respect to the Project;
 - c. Report any potential or foreseeable issues to CMD of the Ministry of Health and Long-Term Care;
 - d. Prior to issuing any news release or other planned communications, notify the CMD as follows:
 - i. News Releases – identify 5 business days prior to release and provide materials 2 business days prior to release;
 - ii. Web Designs – 10 business days prior to launch;
 - iii. New Marketing Communications Materials (including, but not limited to, print materials such as pamphlets and posters) – 10 business days prior to production and 20 business days prior to release;
 - iv. Public Relations Plan for Project – 15 business days prior to launch;
 - v. Digital Marketing Strategy – 10 business days prior to launch;
 - vi. Final advertising creative – 10 business days to final production; and,

SCHEDULE B-8**RELATED PROGRAM POLICIES AND GUIDELINES**

Type of Funding	Base
Source	Public Health

- vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.
 - e. Advise the CMD prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;
 - f. Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
 - g. Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CMD with notice of such announcement or communication as soon as possible prior to release.
2. Despite the Notice provision in Article 16 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

Ministry of Health & Long-Term Care
 Communications & Marketing Division
 Strategic Planning and Integrated Marketing Branch
 10th Floor, Hepburn Block, Toronto, ON M7A 1R3
 Email: healthcommunications@ontario.ca

Social Determinants of Health Nurses Initiative (100%)

Base funding for this initiative must be used solely for the purpose of nursing activities of up to or greater than two (2) FTE public health nurses with specific knowledge and expertise in social determinants of health and health inequities issues, and to provide enhanced supports internally and externally to the Board of Health to address the needs of priority populations impacted most negatively by the social determinants of health.

Base funding for this initiative is for public health nursing salaries and benefits only and cannot be used to support operating or education costs.

As these are public health nursing positions, required qualifications for these positions are:

1. To be a registered nurse; and,
2. To have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the *Health Protection and Promotion Act* (HPPA) and section 6 of Ontario Regulation 566 under the HPPA.

SCHEDULE B-8**RELATED PROGRAM POLICIES AND GUIDELINES**

Type of Funding	<i>Base</i>
Source	<i>Public Health</i>

The Board of Health may be required to submit an annual activity report related to the initiative confirming the FTE level attained and highlight social determinants of health nursing activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon prior written notice.

Vector-Borne Diseases Program (75%)

Base funding for this program must be used for the ongoing surveillance, public education, prevention and control of all reportable and communicable vector-borne diseases and outbreaks of vector-borne diseases, which include, but are not limited to, West Nile virus and Lyme Disease.

The Board of Health is required to submit an annual activity report on the date specified in Schedule C of the Agreement.

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>One-Time</i>
Source	<i>Public Health</i>

Immunization of School Pupils Act – Regulatory Amendments Implementation (100%)

Regulatory amendments under the Immunization of School Pupils Act (ISPA) – including three (3) additional designated diseases for which immunization is required to attend school (meningococcal disease, varicella, and pertussis) – became effective on July 1, 2014. Boards of health began assessing students to ensure they meet the new immunization requirements in the 2014-15 school year.

One-time funding must be used for extraordinary costs associated with the implementation of the ISPA regulatory amendments. Eligible costs include salaries and wages, mileage costs for staff running clinics, costs for the delivery of vaccines to providers (for boards of health that currently cover vaccine delivery costs for health care providers in their jurisdiction, and communication costs (e.g. printed educational material).

Needle Exchange Program Initiative (100%)

One-time funding for extraordinary costs associated with delivering the Needle Exchange Program. Eligible costs include purchase of needles/syringes and associated disposal costs.

Outbreaks of Diseases: Clinic and Promotion Campaign Evaluation (100%)

One-time funding must be used to host two (2) low cost rabies clinics in 2017 in the City of Hamilton, and to evaluate the 2016 raccoon rabies promotion campaign.

Outbreaks of Diseases: Raccoon Rabies Strain (100%)

One-time funding must be used to hire additional staff to support ongoing outbreak response activities. Eligible costs include salaries for two (2) public health inspectors and expenses.

Panorama – Immunization Solution (100%)

The Immunization Solution includes:

- Panorama’s Immunization and Inventory Modules;
- Student Information Exchange tool (STIX);
- Public Health Information Exchange (PHIX);
- m-IMMS (Mobile Immunization Clinic Tool);
- Immunization Reconciliation Tool (IRT);
- Immunization Connect Ontario (ICON) solution – registration management and web portal for secure immunization submission and look-up;
- Panorama’s Operational Reports;

SCHEDULE B-8**RELATED PROGRAM POLICIES AND GUIDELINES**

Type of Funding	<i>One-Time</i>
Source	<i>Public Health</i>

- Panorama Enhanced Analytical Reporting (PEAR); and,
- Other applications or tools developed to support the Immunization Solution, interoperability with the Immunization Solution and Analytics.

One-time funding for this initiative must be used for costs incurred for the ongoing operations and upgrades of the components of the Immunization Solution already implemented, as well as, to deploy and adopt components of the Immunization Solution scheduled for implementation and the associated readiness activities and business process transformation.

Conduct Ongoing Operations and Implementation of Upgrades (releases and enhancements) for the implemented components of the Immunization Solution:

- Engage in continuous review of business processes to seek improvements, efficiencies, and best practices;
- Implement and support identified improvements and best practices;
- Participate in the development of use-case scenarios for enhancements and releases, as required;
- Provide Subject Matter Expert (SME) Functional Testing resources for selected enhancements or releases, as required;
- Participate in the development of operational and enhanced surveillance reports, as required;
- Implement any defined workarounds;
- Conduct duplicate record resolution;
- Prepare and implement plans to address the data collection, transformation, entry and validation from all immunization reporting sources and methods to the Immunization Solution;
- Conduct upload of all school lists using STIX;
- Support PHIX related activities and administration;
- Maintain local training materials and programs;
- Maintain internal Board of Health support model including the Problem Resolution Coordinator (PRC) role and ensuring integration with the Ministry's service model;
- Implement internal Board of Health incident model including the Incident Coordinator (IC) role for privacy incident and auditing practices and ensuring integration with the Ministry's and eHealth Ontario's incident model;
- Review and adjust existing system accounts, roles and responsibilities to ensure correct authorization and access levels are being provided to account holders;

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>One-Time</i>
Source	<i>Public Health</i>

- Support user identification and authentication activities including assistance ICON;
- Assign required roles, responsibilities, and accounts to staff members and complete all necessary registration processes;
- Implement and adhere to data standards, security, audit, and privacy policies and guidelines;
- Maintain the security and technical infrastructure required for the operation of the Immunization Solution including the approved level(s) of the supported browser(s) and the use of encrypted drives and files;
- Ensure required security and privacy measures are followed including using ICON, PHIX and/or Secure File Transmission mechanisms for transferring data, applying password protection, and encrypting devices where personal and personal health information is involved;
- Confirm appropriate privacy, security, and information management related analyses, activities, and training have been executed in accordance with the Board of Health's obligations as a Health Information Custodian under the *Personal Health Information Protection Act* (PHIPA) and other applicable laws and local business practices and processes;
- Sign required agreements with the Ministry and eHealth Ontario prior to production use of the Immunization Solution;
- Participate in surveys, questionnaires, and ad-hoc reviews, as required;
- Participate in structured reviews and feedback sessions including; work groups, committees, forums, and benefit analysis sessions as required;
- Maintain communications with both internal staff and external stakeholders; and,
- Provision of human resources to provide support within at least one (1) of the following categories, as required:
 - Business Practices and Change Management,
 - Release Planning and Deployment,
 - Information Governance,
 - Audit Policies and Guidelines,
 - Data Standards and Reporting,
 - Data Analytics and Artificial Intelligence, Cognitive Computing,
 - Benefits Evaluation,
 - Innovations and Integration,
 - User Experience, and,
 - Technical (IT) Experience.

SCHEDULE B-8**RELATED PROGRAM POLICIES AND GUIDELINES**

Type of Funding	<i>One-Time</i>
Source	<i>Public Health</i>

Conduct Deployment and Adoption Activities for components of the Immunization Solution scheduled for implementation:

- Review of business processes and workflows and implement changes required to support adoption of new components as per specific Board of Health requirements and best practices;
- Participate in the development of use-case scenarios for new components, as required;
- Provide SME Functional Testing resources for new components, as required;
- Develop local training plans, materials, and programs and complete and execute training plans for new components, as required;
- Complete data mapping and dry runs of data migration/data integration, validate data migration/data integration results, and address duplicate record resolution and data transformation and cleansing, as required;
- Assign required roles, responsibilities, and accounts to staff members and complete all necessary registration processes, as required;
- Support onboarding activities for the Immunization Solution and components including ICON and PHIX;
- Complete deployment checklists as per required activities;
- Establish and implement internal Board of Health support model including providing the PRC and ensuring integration with the Ministry's service model;
- Establish and implement internal Board of Health incident model including providing the IC and ensuring integration with the Ministry's and eHealth Ontario's incident model;
- Implement the security and technical infrastructure required for the operation of the Immunization Solution including the approved level(s) of the supported browser(s) as communicated by the Ministry and the use of encrypted drives, devices and files;
- Confirm appropriate privacy, security, and information management related analyses, activities, and training have been executed in accordance with the Board of Health's obligations as a Health Information Custodian under PHIPA and other applicable laws and local business practices and processes;
- Implement required security and privacy measures including using ICON, PHIX and/or Secure File Transmission mechanisms for transferring data, applying password protection, and encrypting devices where personal health information is involved;
- Maintain and execute a communication/information plan for both internal staff and external stakeholders;

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>One-Time</i>
Source	<i>Public Health</i>

- Sign required agreements with the Ministry and eHealth Ontario Hosting prior to production use of Immunization Solution; and,
- Provision of human resources to provide support within at least one (1) of the following categories, as required:
 - Business Practices and Change Management,
 - Release Planning and Deployment,
 - Benefits Evaluation,
 - Innovations and Integration,
 - User Experience, and,
 - Technical (IT) Experience.

Conduct benefits evaluation for the implemented components of the Immunization Solution: (If responding with NO please provide an explanation. Where applicable, please provide some “Good News” examples):

- Does the Immunization Solution improve the user experience with the following immunization workflows and business functions at a health unit?
 - Resolution of duplicate client and immunization records?
 - Collection of demographic information from School Boards?
 - Recording of immunization history (i.e. historical or administered vaccines, medical exemptions, contraindications)?
 - Clinical assessment of an individual’s immunization status as per the Ontario-recommended immunization schedule?
 - Management of information for an immunization clinic?
 - Targeted communication or counselling to individuals regarding their recommended immunizations?
 - Assessment of a school population as per the *Immunization School Pupils Act* (ISPA)?
 - Implementation of the Suspension process?
- Does the Immunization Solution improve the assessment of immunization coverage rates?
- Does the Immunization Solution improve the assessment of the effectiveness of publicly-funded immunization programs?
- Does the Immunization Solution improve an individual’s access to their complete immunization record?
- Does the Immunization Solution reduce the number of suspension letters and orders issued to parents?
- Does the Immunization Solution better support the health unit’s ability to respond to outbreaks of vaccine preventable diseases?

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>One-Time</i>
Source	<i>Public Health</i>

If the Board of Health has agreed to be a Builder and Early Adopter it must also use the one-time funding toward the following activities for the Panorama – Immunization Solution as noted below:

- Provide special field support services to the Ministry for the Panorama System to: assist with resolution of field specific issues; assess and test releases, enhancements and innovations; identify business process improvements and change management strategies; and, conduct pilots, prototyping and proof of concept activity;
- Chair/Co-Chair Working Group(s), as required;
- Provision of human resources to provide support within at least three (3) of the following categories, as required:
 - Release Planning and Deployment,
 - Information Governance,
 - Business Practices and Change Management,
 - Audit Policies and Guidelines,
 - Data Standards and Reporting,
 - Data Analytics and Artificial Intelligence, Cognitive Computing
 - Innovations and Integration,
 - Benefits Evaluation,
 - User Experience, and,
 - IT Experience.

The Board of Health is also required to submit an annual activity report on the date specified in Schedule C outlining the results of the activities noted above. Information regarding the report requirements and a template will be provided for the Board of Health at a later date.

Public Health Inspector Practicum Program (100%)

One-time funding must be used to hire the approved Public Health Inspector Practicum position(s). Eligible costs include student salaries, wages and benefits, transportation expenses associated with the practicum position, equipment, and educational expenses.

The Board of Health must comply with the requirements of the Canadian Institute of Public Health Inspectors (CIPHI) Board of Certification (BOC) for field training for a 12 week period; and, ensure the availability of a qualified supervisor/mentor to oversee the practicum student's term.

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	One-Time
Source	Public Health

Upon completion of the practicum placement, the Board of Health will be required to submit an approved financial report detailing the budgeted expenses and the actual expenses incurred; a completed CIPHI BOC form; and, a report back by the date specified in Schedule C of the Agreement.

Smoke-Free Ontario Strategy: Enforcement Tablet Upgrade (100%)

One-time funding must be used for the purchase of three (3) tablets to support the Tobacco Inspection System (TIS) software for mobile units. The new tablets must meet the following specifications:

Tablet Specifications	
CPU	Intel i5 or i7 - 1.7 GHz, minimum 2 nd generation
HDD	128 GB or up
RAM	4 GB or up
DISPLAY	10" or up
OS	Win 7* - 32 or 64 bit
INTERFACE	USB (2/3), Ethernet , RS232
BATTERY	6 or 9 Cell
WIRELESS	802.11a/b/g
KEYBOARD	VIRTUAL and STYLUS
Optional	
GPS	Integrated
WWAN	4G or LTE

Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (100%)

One-time funding must be used for the purchase and provision of nicotine replacement therapy (NRT) to complement smoking cessation interventions (counseling and follow-up support) for priority populations.

The one-time funding will expand cessation services offered to priority populations identified at a higher risk of tobacco-use and help reach more Ontario smokers in quitting. One-time funding is for the purchase and provision of NRT and cannot be used to support staffing costs such as salaries and benefits.

The Board of Health is required to submit interim and final program activity reports for this project on dates specified in Schedule C of the Agreement.

SCHEDULE B-8

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>Other</i>
Source	<i>Public Health</i>

Vaccine Programs

Funding on a per dose basis will be provided to the Board of Health for the administration of influenza, meningococcal, and human papillomavirus (HPV) vaccines.

In order to claim the vaccine administration fees, the Board of Health is required to submit, as part of the quarterly financial reports, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information. The Board of Health is required to ensure that the vaccine information submitted on the quarterly financial reports accurately reflects the vaccines administered and reported on the Vaccine Utilization database.

Influenza

The Province will continue to pay \$5.00/dose for the administration of the influenza vaccine.

Meningococcal

The Province will continue to pay \$8.50/dose for the administration of the meningococcal vaccine.

Human Papillomavirus (HPV)

The Province will continue to pay \$8.50/dose for the administration of the HPV vaccine.