BOARD OF HEALTH
REPORT 18-002
1:30 p.m.
Thursday, February 22, 2018
Council Chambers
Hamilton City Hall

Present: Mayor F. Eisenberger, Councillor T. Jackson (Deputy Mayor) Councillors A. Johnson, M. Green, S. Merulla, C. Collins, D. Skelly, B. Johnson, L. Ferguson and J. Partridge

Absent with regrets: Councillors J. Farr – City Business, T. Whitehead, D. Conley, M. Pearson, A. VanderBeek and R. Pasuta – Personal

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THE BOARD OF HEALTH PRESENTS REPORT 18-002 AND RESPECTFULLY RECOMMENDS:

1. Financial Controls Checklist (BOH18008) (City Wide) (Item 5.1)

That Report BOH18008, respecting Financial Controls Checklist, be received.

2. Bay Area Climate Change Partnership (BOH18009) (City Wide) (Item 5.2)

That Report BOH18009, respecting the Bay Area Climate Change Partnership, be received.

3. OPHS Modernization - Annual Service Plan & Budget (BOH17010(e)) (City Wide) (Item 7.1)

That Appendix "A" attached to BOH Report 18-002 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.

4. Food Strategy Implementation Plan (BOH13001(f)) (City Wide) (Item 8.1)

That Report BOH13001(f), respecting a Food Strategy Implementation Plan, be received.

5. Food Strategy Implementation Plan (BOH13001(g)) (City Wide) (Item 8.2)

That Report BOH13001(g), respecting a Food Strategy Implementation Plan, be received.

6. Amendment to the City of Hamilton's Food Strategy (Revised) (Item 9.1)

WHEREAS, the Emergency Food Providers' Network, in addition to providing emergency food to the most vulnerable citizens in our community, member agencies 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 "B" to BOH Report 18-002, 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.

7. 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. (Item 11.1)

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.

FOR INFORMATION:

(a) CHANGES TO THE AGENDA (Item 1)

The Clerk advised the Board of the following changes:

1. ADDED DELEGATION REQUEST (Item 4)

4.2 Don McLean, Hamilton 350 Committee, respecting Item 5.2, Climate Change Partnership (BOH18009)

2. REPLACEMENT MOTION (Item 9)

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

The agenda for the January 15, 2018 Board of Health was approved, as amended.

(b) DECLARATIONS OF INTEREST (Item 2)

None.

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

(i) January 15, 2018 (Item 3.1)

The Minutes of the January 15, 2018 meeting of the Board of Health were received, as presented.

(d) DELEGATION REQUESTS (Item 4)

(i) 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) (Item 4.1)

The delegation request from 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, was approved, for the February 22, 2018 meeting.

(ii) Don McLean, Hamilton 350 Committee, respecting Item 5.2, Climate Change Partnership (BOH18009) (for today's meeting) (Added Item 4.2)

That the delegation request from Don McLean, Hamilton 350 Committee, respecting Item 5.2, Climate Change Partnership (BOH18009), was approved, for the February 22, 2018 meeting.

(e) DELEGATIONS (Item 6)

(i) Lynn Gates, Food Advisory Committee, respecting the Food Strategy Implementation Plan (Item 6.1)

The delegation from Lynn Gates, Food Advisory Committee, respecting the Food Strategy Implementation Plan, was withdrawn.

(ii) 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 (Item 6.2)

Sandi Stride addressed the Board of Health 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 with the aid of a PowerPoint Presentation. A copy of the presentation has been included in the official record.

The delegation from 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, was received.

For further disposition, refer to Item 2.

A copy of the presentation is available at www.hamilton.ca

(iii) Don McLean, Hamilton 350 Committee, respecting Item 5.2, Climate Change Partnership (BOH18009) (Added Item 6.3)

Don McLean, Hamilton 350 Committee, addressed the Board of Health respecting Item 5.2, Climate Change Partnership (BOH18009), with the aid of a PowerPoint presentation. A copy of the presentation has been included in the official record.

The delegation from Don McLean, Hamilton 350 Committee, respecting Item 5.2, Climate Change Partnership (BOH18009), was received.

For further disposition, refer to Item 2.

A copy of the presentation is 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 8.1)

Report BOH13001(f), respecting a Food Strategy Implementation Plan, was LIFTED from the table.

For disposition of this matter, refer to Item 4.

(ii) Food Strategy Implementation Plan (BOH13001(g)) (City Wide) (Referred from the December 8, 2017 Council meeting) (Item 8.2)

Report BOH13001(g), respecting a Food Strategy Implementation Plan, was LIFTED from the table.

For disposition of this matter, refer to Item 5.

(g) GENERAL INFORMATION / OTHER BUSINESS (Item 11)

(i) Amendments to the Outstanding Business List (Item 11.2)

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

Items with revised due dates:

Item A - Staff to report on Food Waste Management (Motion from Councillor 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 - Mill grove 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: --
Revised 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

(h) ADJOURNMENT (Item 13)

There being no further business, the Board of Health was adjourned at 3:07 p.m.

Respectfully submitted,

Mayor F. Eisenberger
Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk

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

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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 Initiaitve, *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

#	Program Name
1	Food Safety
2	Enhanced Food Safety Initiative
3	
4	
5	
6	
7	
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9	
10	

Healthy Environments

#	Program Name
1	Health Hazards
2	Air Quality and Climate Change
3	
4	
5	
6	
7	
8	
9	
10	

Healthy Growth and Development

#	Program Name
1	Child Health
2	Reproductive Health
3	
4	
5	
6	
7	
8	
9	
10	

Immunization

#	Program Name
1	Vaccine Inventory Management
2	
3	
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8	
9	
10	

Infectious and Communicable Diseases Prevention and Control

#	Program Name
1	Vector Borne Diseases
2	Infectious Disease Program
3	Mental Health Promotion
4	Substance Use Prevention
5	Harm Reduction
6	Sexual Health
7	Infection Prevention and Control Nurses Initiative
8	Infectious Diseases Control Initiative
9	
10	

Safe Water

#	Program Name
1	Safe Water
2	Enhanced Safe Water Initiative
3	Small Drinking Water Systems
4	
5	
6	
7	
8	
9	
10	

School Health

School Health - Oral Health

#	Program Name
1	Oral Health Assessment
2	Healthy Smiles Ontario
3	
4	
5	
6	
7	
8	
9	
10	

School Health - Vision

#	Program Name
1	Child Visual Health and Vision Screening
2	
3	
4	
5	
6	
7	
8	
9	
10	

School Health - Immunization

#	Program Name
1	Immunization of School Pupils
2	
3	
4	
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9	
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School Health - Other

#	Program Name
1	School Health
2	Tobacco Control, Prevention and Cessation
3	Injury Prevention
4	Chronic Disease Prevention
5	Mental Health Promotion
6	Substance Use Prevention
7	Harm Reduction
8	Sexual Health
9	
10	

Substance Use and Injury Prevention

Substance Use

#	Program Name
1	Tobacco Control, Prevention and Cessation
2	Harm Reduction
3	Substance Use Prevention
4	Electronic Cigarettes Act - Protection and Enforcement
5	Harm Reduction Program Enhancement
6	Needle Exchange Program Initiative
7	
8	
9	
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Injury Prevention

#	Program Name
1	Injury Prevention
2	
3	
4	
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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 achievment 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**

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

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	152,550
Total	**$152,550**

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

Length = 1729

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 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.

Length = 1557

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).

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 nye>s 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
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 = 678*
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	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 licensing to decrease the amount of tobacco licences available
Length = 54	*Length = 702*
Promotion, Awareness, Education, Knowledge Translation	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.
Length = 49	*Length = 207*
Screening/Assessment/Intervention/Case Management	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)

Program: **Cancer Prevention**

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
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)	Collaborate with partners to improve health system navigation. Advocate for healthy policies such as Shade policy in land use planning and development applications Use peer support model to promote healthy lifestyle behaviours (eg. with ESLs, Screen For Life Coach, Neighbourhood Planning Teams, Neighbour to Neighbour Food Centre) Work with neighborhood hubs and associations to address identified health needs specifically in the Sherman, Riverdale, Crown Point, South Mountain and Rolston neighbourhoods. Provide consultation and input on land use planning and development applications to increase proportion of shade in work related to Built Environment.
Length = 56	*Length = 1122*
Promotion, Awareness, Education, Knowledge Translation	CASTLE (Creating Access to Screening and Training in the Living Environment): promote chronic disease risk factors and healthy living behaviours to vulnerable populations via a peer to peer model Community Health Workers: using a peer to peer model, provide education and awareness activities focused on healthy eating, physical activity, tobacco cessation, and cancer screening. Provide CDP messaging at Local Planning Teams in priority neighbourhoods Consult with internal programs/divisions to align initiatives and ensure appropriate referral linkages (eg. internal cross-divisional working group). Use a neighbour to neighbour and student to student approach for healthy lifestyle messaging dissemination Provide education and support to new tanning salon operators on the Skin Cancer Prevention Act. Promote Low Risk Drinking Guidelines through Cancer Matters Campaign "Rethink Your Drink" in partnership with the Canadian Cancer Society aimed at adults age 25-44 years Develop and implement integrated chronic disease prevention messaging to reduce exposure to Ultraviolet Radiation (UVR) in target populations
Length = 49	*Length = 567*
Screening/Assessment/Intervention/Case Management	Community Health Workers support under and never screened individuals to make cancer screening appointments (eg at the Regional Juravinski Centre, Mobile Screening Co ach)Service is provided in English, Chinese, Hindi, Punjabi and Urdu Collaborate with Tobacco Control Program to provide newcomer smoking cessation clinics Implement Healthy Kids Community Challenge (HKCC) Theme 4, which will address screen time and physical activity (a risk factor for obesity and chronic disease). Work with the Neighbourhood Leadership Institute in HKCC targeted neighbourhoods.
Length = 10	*Length = 78*
Inspection	Respond to complaints under the Skin Cancer Prevention Act (Tanning Beds) 2013

Program: **Built Environment**

Description *Length = 296*

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 chronic disease by increasing physical activity through influencing public policy development and addressing design of the built environment.
Focus areas include: Land use planning; Park, trails and open space; Active sustainable transportation; Schools; Workplaces

Objective *Length = 349*

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

Increased capacity through advocacy for environmental and policy changes to support physical activity in the city of Hamilton.
Physical activity opportunities and evidence based built environment design are promoted to key stakeholders
Best practices for addressing sedentary behaviour and increase physical activity promoted to key stakeholders.

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	573,650
Benefits	147,170
Travel	280
Professional Services	4,250
Expenditure Recoveries & Offset Revenues	(70)
Other Program Expenditures	146,010
Total	**$871,290**

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

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	871,290
Total	**$871,290**

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

Program: Built Environment

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 = 85	*Length = 1000*

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)	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). Collaborate with partners and school boards to implement the tenets of the Active and Sustainable School Transportation Charter. Pilot a standing classroom within the HWCDSB. Partner with internal departments (eg. Public Works, Planning and Economic Development) and external partner organizations (eg. SportHamilton, New Hope, CivicPlan, school boards) to advocate for activity friendly communities such that the active choice is the easy choice. 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).
Length = 55	*Length = 322*
Promotion, Awareness, Education, Knowledge Translation	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). In addition to population health approaches, education and awareness messaging is provided in targeted way to newcomers.
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
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 = 839*
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	Participate with Implementation of the Food Strategy—10 year plan— 5 priority actions 2017-2018. – Funding criteria, – Food Literacy: – Local food Promotion – Infrastructure support gardens/kitchens/markets; , – Food skills & employability. Promote public awareness of community food security and healthy food systems Participate in the Food Literacy Network; Healthy Corner Stores Initiative Promote Corporate Healthy Food and Beverage Policy; School Food and Beverage Policy Scan availability of kitchens and recommend infrastructure development in new builds – i.e. schools and recreation Support Community gardens and urban agriculture; Edible Education and Community Garden network; Advocate for basic income, living wage, social assistance reform to improve individual and household food security (Nutritious Food Basket (NFB))
Length = 56	*Length = 713*

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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 = *0*	*Length =* *0*

Program: **Mental Health Promotion**

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**

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

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	163,600
Total	**$163,600**

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)
Length = *94*	*Length =* *377*
Strategy Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	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 = *54*	*Length =* *233*
Promotion, Awareness, Education, Knowledge Translation	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: **Substance Use Prevention**

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).

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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
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 = 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
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: Smoke Free Ontario - Prosecution

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 publically 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*

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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

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

Length = 31

Provision of Evidence to Courts

Length = 0

Description

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

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

Length = 86

Description

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

Length = 62

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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)	CW Tobacco Control Area Network (TCAN) Regional 2018 Work plan
Length = 12	*Length = 660*
Enforcement	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
Length = 11	*Length = 283*
Inspection	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
Length = 27	*Length = 781*
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)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 88	*Length = 1132*

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3.5 Chronic Disease Prevention and Well-Being	
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	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; Support HCP cessation champions through seven local Communities of Practice; Explore cannabis and vaping and tobacco cessation implications as well as equity focused interventions; Collaborate with the Smoke Free Housing Ontario Coalition to use common materials and website to support housing providers to make their properties smoke free; Document new policies across CW as well as the number of inquiries made to CW Public Health Units about SF-MUH; Partner with local fire departments to promote the smoke free housing message; Conduct outreach to housing providers & tenants through material distribution, consultations and local/regional/provincial events; Explore partnerships with Service Area Managers to collaborate in 2019; develop a targeted education campaign to launch in 2019.

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

Object of Expenditure	Amount
Salaries and Wages	-
Benefits	-
Travel	6,660
Professional Services	4,270
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	267,980
Total	**$278,910**

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 - Prevention (100%)	278,910
Total	**$278,910**

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
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 = 854*
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	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. 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;
Length = 54	*Length = 559*
Promotion, Awareness, Education, Knowledge Translation	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. 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. Educate vendors through distributing age stickers, factsheets, business cards that promote the website SFO-Training.com and ECA-Training.com

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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
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

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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)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 87	*Length = 471*
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	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	*Length = 109*
Promotion, Awareness, Education, Knowledge Translation	Increase knowledge among community advocates about tobacco control issues Maintain UFF social media channels

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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**

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

Funding Sources Summary

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

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

Program: Food Safety

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 = 85	*Length =* 105
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	Plan a pre-test and post-test evaluation of the Food Safety & Food Handling Certification program in 2018
Length = 55	*Length =* 451
Promotion, Awareness, Education, Knowledge Translation	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 = 27	*Length =* 538
Monitoring and Surveillance	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 = 28	*Length =* 469
Investigation and Response	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 = 10	*Length =* 564

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3.6 Food Safety

Inspection	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.
Length = 26	*Length =* 553
Investigation and Response	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

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

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	-
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	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 = *10*	*Length =* *386*
Inspection	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*	*Length =* *0*

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

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: **Health Hazards**

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

Object of Expenditure	Amount
Salaries and Wages	798,630
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**

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

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	1,264,550
Total	**$1,264,550**

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)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 29	*Length =* 337
Monitoring and Surveillance	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	*Length =* 64
Inspection	Inspect arenas for compliance with indoor air quality guidelines
Length = 28	*Length =* 292
Investigation and Response	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

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

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

Length = 56	Length = 1575
Promotion, Awareness, Education, Knowledge Translation	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/
Length = 26	Length = 176
Investigation and Response	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.

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: **Child Health**

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 we 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 polices 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/CCAS 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

	Length = 51	Length = 1044
Screening/Assessment/Intervention/Case Management		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
	Length = 27	Length = 225
Monitoring and Surveillance		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.

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 polices 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	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 = 87	*Length = 1699*
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	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 = 56	*Length = 1274*
Promotion, Awareness, Education, Knowledge Translation	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 = 51	*Length = 938*
Screening/Assessment/Intervention/Case Management	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 = 27	*Length = 224*
Monitoring and Surveillance	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.

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

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

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

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	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 = 56	*Length =* 535
Promotion, Awareness, Education, Knowledge Translation	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 = 51	*Length =* 403
Screening/Assessment/Intervention/Case Management	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 = 20	*Length =* 450
Inventory Management	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: **Vector Borne Diseases**

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

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

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	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 = 383*
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	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 = 28	*Length = 568*
Monitoring and Surveillance	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 = 27	*Length = 894*
Investigation and Response	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 (iPHIS 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.

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	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 = 907*
Promotion, Awareness, Education, Knowledge Translation	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 LTCHs 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 = 49	*Length = 516*
Screening/Assessment/Intervention/Case Management	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 = 11	*Length = 391*
Inspection	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 = 26	*Length = 1570*
Investigation and Response	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

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

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 Revenues	(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)
Length = 86	*Length = 421*
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	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 = 54	*Length = 433*
Promotion, Awareness, Education, Knowledge Translation	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 = 53	*Length = 508*
Screening, Assessment, Intervention, Case Management	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 = 28	*Length = 314*
Monitoring and Surveillance	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

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.

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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) *Length = 13*	Briefly describe the public health intervention (maximum of 1,800 characters) *Length = 289*
Consulatation	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.

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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)

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

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: **Safe Water**

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

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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
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 = 85	*Length =* 321
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	Participate in Harbour Beach Water Quality Improvement Projects as implemented by CCIW, 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;
Length = 54	*Length =* 631
Promotion, Awareness, Education, Knowledge Translation	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;
Length = 27	*Length =* 751
Monitoring and Surveillance	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
Length = 10	*Length =* 489
Inspection	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.
Length = 26	*Length =* 425
Investigation and Response	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.

Program: **Enhanced Safe Water Initiative**

Description

Length = 141

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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

Object of Expenditure	Amount
Salaries and Wages	6,100
Benefits	1,420
Travel	1,000
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	34,330
Total	**$42,850**

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

Funding Sources Summary

Funding Source	Amount
Enhanced Safe Water Initiative (100%)	42,850
Total	**$42,850**

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.

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

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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

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3.11 Safe Water

Promotion, Awareness, Education, Knowledge Translation	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)
Length = *11*	*Length =* *390*
Inspection	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
Length = *26*	*Length =* *799*
Investigation and Response	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.

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

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

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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**

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

Total	**$315,890**

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

Program: Oral Health Assessment

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 =* 57
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	Partner with schools to deliver programs within schools
Length = 54	*Length =* 94
Promotion, Awareness, Education, Knowledge Translation	Promote and provide oral health assessments at community events/locations throughout Hamilton.
Length = 49	*Length =* 736
Screening/Assessment/Intervention/Case Management	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 = 27	*Length =* 485
Monitoring and Surveillance	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).

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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	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 = 625*
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	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 = 55	*Length = 867*

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3.12 School Health

3.12.1 Oral Health

Promotion, Awareness, Education, Knowledge Translation	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 = 49	*Length =* 517
Screening/Assessment/Intervention/Case Management	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 = 27	*Length =* 95
Monitoring and Surveillance	Monitor relevant program stats to inform and direct continuous quality improvement activities.

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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: **Child Visual Health and Vision Screening**

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)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 51	*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

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

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.3 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: **Immunization of School Pupils**

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

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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	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 = 56	*Length =* 397
Promotion, Awareness, Education, Knowledge Translation	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 = 49	*Length =* 1026
Screening/Assessment/Intervention/Case Management	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 = 26	*Length =* 220
Investigation and Response	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.

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

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: **School Health**

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
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: Chronic Disease Prevention

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

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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	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: **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	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 = 544*
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	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 = 54	*Length = 258*
Promotion, Awareness, Education, Knowledge Translation	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

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 = 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	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	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 = 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	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: **Sexual Health**

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	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 = 27	*Length =* 192
Monitoring and Surveillance	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	*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; HNHB LHIN; 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: **Tobacco Control, Prevention and Cessation**

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
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 = 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

Promotion, Awareness, Education, Knowledge Translation	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
Length = *53*	*Length =* *1012*
Screening, Assessment, Intervention, Case Management	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.
Length = *28*	*Length =* *433*
Monitoring and Surveillance	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

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

Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	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
Length = 54	*Length =* 1223
Promotion, Awareness, Education, Knowledge Translation	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)
Length = 52	*Length =* 204
Screening, Assessment, Intervention, Case Management	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
Length = 27	*Length =* 374
Monitoring and Surveillance	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

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)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 86	*Length = 80*
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	Contribute to the CW Tobacco Control Area Network (TCAN) Regional 2018 Work plan
Length = 55	*Length = 66*
Promotion, Awareness, Education, Knowledge Translation	Deliver health promotion and education to vendors, TEOs and public
Length = 28	*Length = 293*
Monitoring and Surveillance	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 = 10	*Length = 904*
Inspection	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 = 26	*Length = 136*

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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

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

Object of Expenditure	Amount
Salaries and Wages	195,660
Benefits	51,060
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	3,280
Total	**$250,000**

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

Funding Sources Summary

Funding Source	Amount
Harm Reduction Program Enhancement (100%)	250,000
Total	**$250,000**

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)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 86 Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	*Length = 553* 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 = 54 Promotion, Awareness, Education, Knowledge Translation	*Length = 138* Train community organization staff on naloxone administration Train community staff on naloxone eligibility Promote naloxone availability
Length = 52 Screening, Assessment, Intervention, Case Management	*Length = 128* Expand access to naloxone in the community through implementation of process for distribution of naloxone to community partners
Length = 27 Monitoring and Surveillance	*Length = 191* 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

Program: **Needle Exchange Program Initiative**

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

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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
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 = 54	*Length =* 152
Promotion, Awareness, Education, Knowledge Translation	Promote needle syringe programs in community including those offered by the Hamilton AIDS Network, Wesley Urban Ministries and other community partners
Length = 52	*Length =* 64
Screening, Assessment, Intervention, Case Management	Distribute harm reduction supplies through needle syringe sites

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 is 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: **Injury Prevention**

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	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 =* 1031
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	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 = 55	*Length =* 736
Promotion, Awareness, Education, Knowledge Translation	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 = 52	*Length =* 261
Screening, Assessment, Intervention, Case Management	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

Part 4 - Budget Allocation and Summaries

4.1 Staff Allocation to Standards

	Position Code	Position Titles	Total Public Health Unit F.T.E. #	Total Public Health Unit $	Unalloc. F.T.E.	Unalloc. $	Emergency Management F.T.E #	Emergency Management $	Other Foundational Standards F.T.E #	Other Foundational Standards $	Chronic Disease Prevention and Well-Being F.T.E #	Chronic Disease Prevention and Well-Being $	Food Safety F.T.E #	Food Safety $	Healthy Environments F.T.E #	Healthy Environments $	Healthy Growth and Development F.T.E #	Healthy Growth and Development $	Immunization F.T.E #	Immunization $
Program Staff	1	Medical Officer of Health	1.00	254,790																
	2	Associate Medical Officer of Health	2.00	417,220	-	-	0.10	20,860	0.10	20,860	-	-	-	-	-	-	0.20	41,720	-	-
	3	Chief Nursing Officer	1.00	97,180	-	-	-	-	1.00	97,180	-	-	-	-	-	-	-	-	-	-
	4	Program Director	2.90	414,080	0.00	-	0.15	21,400	0.60	84,700	0.40	59,040	0.15	21,860	0.25	36,730	0.70	97,760	-	-
	5	Program Manager/Supervisor	27.00	2,848,090	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	0.80	76,370
	6	Project Officer	8.25	766,470	(0.00)	-	-	-	1.50	140,230	1.75	153,150	0.25	25,400	0.75	78,680	0.25	21,880	0.20	18,300
	7	Public Health Nurse	89.66	7,345,270	-	-	-	-	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	1,082,460	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	0.25	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	163,680	-	-	-	-	-	-	-	-	-	-
	21	Program Support Staff	52.60	3,031,840	(0.00)	-	0.30	17,370	6.65	448,760	3.82	206,890	1.60	86,240	0.96	52,050	2.86	159,640	5.22	283,420
	22	SFOA Inspector	3.00	193,320	0.00	-	-	-	-	-	2.90	186,960	-	-	-	-	-	-	-	-
	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	308,470	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**
Administrative Staff	30	Director/ Business Administrator	0.60	75,630																
	31	Manager/Supervisor	0.50	50,790																
	32	Secretarial/Admin Staff	2.20	152,550																
	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**																
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**

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			
							Oral Health		Vision		Immunization		Other		Substance Use		Injury Prevention	
			F.T.E #	$	F.T.E #	$	F.T.E #	$	F.T.E #	$	F.T.E #	$	F.T.E #	$	F.T.E #	$	F.T.E #	$
Program Staff	1	Medical Officer of Health																
	2	Associate Medical Officer of Health	0.90	187,760	-	-	-	-	0.10	20,860	0.20	41,720	0.20	41,720	0.10	20,860	0.10	20,860
	3	Chief Nursing Officer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	4	Program Director	0.30	42,800	0.15	21,860	-	-	-	-	-	-	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	0.21	18,330
	6	Project Officer	1.40	126,830	0.35	34,150	-	-	-	-	0.30	27,850	0.20	17,500	1.20	113,750	0.10	8,750
	7	Public Health Nurse	26.15	2,142,490	-	-	-	-	-	-	2.00	150,640	21.00	1,735,280	0.35	24,480	2.50	208,780
	8	Registered Nurse	-	-	-	-	-	-	-	-	8.00	583,460	-	-	-	-	-	-
	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	0.61	33,960
	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**	**1,170,050**	**0.10**	**20,860**	**17.30**	**1,270,110**	**28.51**	**2,362,620**	**7.34**	**595,880**	**3.52**	**290,680**
Administrative Staff	30	Director/ Business Administrator																
	31	Manager/Supervisor																
	32	Secretarial/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:																	
	Total Staffing:		**76.40**	**6,201,780**	**9.79**	**826,600**	**16.88**	**1,170,050**	**0.10**	**20,860**	**17.30**	**1,270,110**	**28.51**	**2,362,620**	**7.34**	**595,880**	**3.52**	**290,680**

Chronic Disea

			Chronic Disease Prevention and Well-Being				Tobacco Control, Prevention and Cessation		Cancer Prevention		Built Environment	
	Position Code	Position Titles	F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Program Staff	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**

City of Hamilton, Public Health Services

et Allocation and Summaries

Allocation to Programs

ase 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	-	-	-	-	0.05	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	-	-	-	-	-	-	-	-	-	-	1.63	94,020
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

Chronic Disease Pr

			Chronic Disease Prevention and Well-Being				Smoke Free Ontario - Tobacco Control Area Network - Prevention		Smoke Free Ontario - Tobacco Control Coordination		Smoke Free Ontario - Youth Tobacco Use Prevention	
	Position Code	Position Titles	F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Program Staff	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**	**-**	**-**

et Allocation and Summaries

Allocation to Programs

evention and Well-Being (Continued)

-		-		-		-		-		-		-		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. #	$
														-	-
														-	-
														0.40	59,040
														3.22	357,750
														1.75	153,150
														9.00	743,090
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														12.40	978,590
														2.00	185,500
														3.00	236,600
														-	-
														-	-
														-	-
														3.82	206,890
														2.90	186,960
														-	-
														-	-
														-	-
														-	-
														0.58	15,380
														-	-
														1.63	94,020
-	-	-	-	-	-	-	-	-	-	-	-	-	-	40.70	3,216,970

			Food Safety				Food Safety		Enhanced Food Safety Initiative		-	
	Position Code	Position Titles	F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Program Staff	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	-	-	-	-

et Allocation and Summaries

Allocation to Programs

Food Safety

-		-		-		-		-		-		-		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. #	$
														-	-
														-	-
														0.15	21,860
														1.00	113,420
														0.25	25,400
														-	-
														-	-
														-	-
														-	-
														12.81	1,082,460
														-	-
														-	-
														-	-
														0.25	20,370
														-	-
														-	-
														-	-
														-	-
														-	-
														1.60	86,240
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														0.11	6,070
														0.10	7,670
-	-	-	-	-	-	-	-	-	-	-	-	-	-	16.27	1,363,490

			Healthy Environments				Health Hazards		Air Quality and Climate Change		-	
	Position Code	Position Titles	F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Program Staff	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	102,080	-	-	0.60	68,050	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	-	-

City of Hamilton, Public Health Services

et Allocation and Summaries

Allocation to Programs

ealthy Environments

-		-		-		-		-		-		-		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. #	$
														-	-
														-	-
														0.25	36,730
														0.90	102,080
														0.75	78,680
														-	-
														-	-
														-	-
														-	-
														6.55	544,930
														-	-
														-	-
														-	-
														0.25	20,370
														-	-
														-	-
														-	-
														-	-
														-	-
														0.96	52,050
														-	-
														-	-
														-	-
														-	-
														-	-
														0.10	5,520
														0.43	36,400
-	-	-	-	-	-	-	-	-	-	-	-	-	-	10.19	876,760

Healthy

			Healthy Growth and Development				Child Health		Reproductive Health		-	
	Position Code	Position Titles	F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Program Staff	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	-	-

et Allocation and Summaries

Allocation to Programs

Growth and Development

-		-		-		-		-		-		-		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. #	$
														0.20	41,720
														-	-
														0.70	97,760
														3.00	340,250
														0.25	21,880
														25.66	2,083,130
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														0.72	52,230
														1.00	92,750
														3.00	237,130
														-	-
														-	-
														-	-
														2.86	159,640
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														0.53	44,080
-	-	-	-	-	-	-	-	-	-	-	-	-	-	37.92	3,170,570

			Immunization				Vaccine Inventory Management		-		-	
	Position Code	Position Titles	F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Program Staff	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	-	-	-	-

et Allocation and Summaries

Allocation to Programs

Immunization

-		-		-		-		-		-		-		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. #	$
														-	-
														-	-
														-	-
														0.80	76,370
														0.20	18,300
														-	-
														2.00	144,950
														0.50	32,220
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														5.22	283,420
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	8.72	555,260

Infectious and Commu

	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. #	$
Program Staff	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**	**6,201,780**	**-**	**-**	**8.60**	**637,230**	**33.79**	**2,846,160**	**1.52**	**98,870**

City of Hamilton, Public Health Services

et Allocation and Summaries

Allocation to Programs

nicable Diseases Prevention and Control

Substance Use Prevention		Harm Reduction		Sexual Health		Infection Prevention and Control Nurses Initiative		Infectious Diseases Control 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	0.10	20,860	0.30	62,590	-	-	-	-					0.90	187,760
-	-	-	-	-	-	-	-	-	-					-	-
-	-	0.05	6,980	0.10	13,970	-	-	-	-					0.30	42,800
-	-	0.10	11,340	1.14	121,530	-	-	1.00	106,590					6.61	684,630
0.25	21,880	0.25	21,880	0.15	13,920	-	-	-	-					1.40	126,830
-	-	-	-	12.00	981,720	-	-	1.50	119,430					26.15	2,142,490
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	0.10	10,600	1.00	72,470	-	-					1.10	121,290
-	-	-	-	-	-	-	-	-	-					16.45	1,364,400
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	0.30	23,660	-	-	-	-					0.85	67,690
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	4.00	346,920					4.00	346,920
-	-	-	-	-	-	-	-	1.00	95,470					1.00	95,470
0.70	38,880	0.75	41,210	4.90	261,370	-	-	2.50	190,050					15.52	922,770
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					1.71	67,160
-	-	0.10	7,670	0.10	7,670	-	-	-	-					0.41	31,570
1.05	81,620	1.35	109,940	19.09	1,497,030	1.00	72,470	10.00	858,460	-	-	-	-	76.40	6,201,780

			Safe Water				Safe Water		Enhanced Safe Water Initiative		Small Drinking Water Systems	
	Position Code	Position Titles	F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Program Staff	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	42,780
	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**	**42,780**

et Allocation and Summaries

Allocation to Programs

Safe Water

-		-		-		-		-		-		-		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. #	$
														-	-
														-	-
														0.15	21,860
														1.23	135,960
														0.35	34,150
														-	-
														-	-
														-	-
														-	-
														6.60	549,000
														-	-
														-	-
														-	-
														0.25	20,370
														-	-
														-	-
														-	-
														-	-
														-	-
														1.10	59,190
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														0.11	6,070
														-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	9.79	826,600

Scho

			School Health - Oral Health				Oral Health Assessment		Healthy Smiles Ontario		-	
	Position Code	Position Titles	F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Program Staff	2	Associate Medical Officer of Health	-	-	-	-	-	-	-	-		
	3	Chief Nursing Officer	-	-	-	-	-	-	-	-		
	4	Program Director	-	-	-	-	-	-	-	-		
	5	Program Manager/Supervisor	1.50	158,230	-	-	-	-	1.50	158,230		
	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	-	-	-	-	1.00	132,350		
	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	-	-

City of Hamilton, Public Health Services

et Allocation and Summaries

Allocation to Programs

ool Health - Oral 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. #	$
														-	-
														-	-
														-	-
														1.50	158,230
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														1.00	132,350
														7.70	499,140
														1.20	70,250
														0.28	20,310
														-	-
														-	-
														-	-
														-	-
														0.25	21,820
														4.95	267,950
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	16.88	1,170,050

Sc

			School Health - Vision				Child Visual Health and Vision Screening		-		-	
	Position Code	Position Titles	F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Program Staff	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	-	-	-	-

City of Hamilton, Public Health Services

et Allocation and Summaries

Allocation to Programs

School Health - Vision

-		-		-		-		-		-		-		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
														-	-
														-	-
														-	-

Schoc

			School Health - Immunization				Immunization of School Pupils		-		-	
	Position Code	Position Titles	F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Program Staff	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	-	-	-	-

et Allocation and Summaries

Allocation to Programs

ol Health - Immunization

-		-		-		-		-		-		-		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. #	$
														0.20	41,720
														-	-
														-	-
														2.00	197,190
														0.30	27,850
														2.00	150,640
														8.00	583,460
														0.50	32,220
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														4.20	229,360
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														0.10	7,670
-	-	-	-	-	-	-	-	-	-	-	-	-	-	17.30	1,270,110

			School Health - Other				School Health		Tobacco Control, Prevention and Cessation		Injury Prevention	
	Position Code	Position Titles	F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Program Staff	2	Associate Medical Officer of Health	0.20	41,720	-	-	0.10	20,860	-	-	-	-
	3	Chief Nursing Officer	-	-	-	-	-	-	-	-	-	-
	4	Program Director	0.20	27,930	-	-	0.20	27,930	-	-	-	-
	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

City of Hamilton, Public Health Services

et Allocation and Summaries

Allocation to Programs

chool 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
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	1.00	78,860	0.10	7,890	0.10	7,890	-	-					1.20	94,640
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
-	-	-	-	-	-	-	-	-	-					-	-
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

			Substance Use				Tobacco Control, Prevention and Cessation		Harm Reduction		Substance Use Prevention	
	Position Code	Position Titles	F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Program Staff	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**

et 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
-	-	-	-	-	-									-	-
-	-	-	-	-	-									-	-
-	-	-	-	-	-									1.36	136,990
-	-	1.00	95,460	-	-									1.20	113,750
-	-	0.35	24,480	-	-									0.35	24,480
-	-	-	-	-	-									-	-
-	-	-	-	-	-									-	-
-	-	-	-	-	-									-	-
-	-	-	-	-	-									-	-
-	-	-	-	-	-									-	-
-	-	-	-	-	-									-	-
-	-	-	-	-	-									-	-
-	-	1.00	75,720	-	-									1.80	138,810
-	-	-	-	-	-									-	-
-	-	-	-	-	-									-	-
-	-	-	-	-	-									-	-
-	-	-	-	-	-									-	-
-	-	-	-	-	-									-	-
-	-	-	-	-	-									1.76	96,300
0.10	6,360	-	-	-	-									0.10	6,360
-	-	-	-	-	-									-	-
-	-	-	-	-	-									-	-
-	-	-	-	-	-									-	-
-	-	-	-	-	-									-	-
-	-	-	-	-	-									-	-
-	-	-	-	-	-									-	-
-	-	-	-	-	-									0.67	58,330
0.10	**6,360**	**2.35**	**195,660**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**7.34**	**595,880**

			Injury Prevention				Injury Prevention		-		-	
	Position Code	Position Titles	F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Program Staff	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	0.21	18,330	-	-	0.21	18,330				
	6	Project Officer	0.10	8,750	-	-	0.10	8,750				
	7	Public Health Nurse	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				
	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	-	-	-	-

et Allocation and Summaries

Allocation to Programs

Injury Prevention

-		-		-		-		-		-		-		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
														-	-
														-	-
														0.21	18,330
														0.10	8,750
														2.50	208,780
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
														0.61	33,960
														-	-
														-	-
														-	-
														-	-
														-	-
														-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.52	290,680

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	% of 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												**Total**
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		-	-	-	-	-	-	-	-	-	-	-

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	573,650	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	380	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**	**163,600**	**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	163,600	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 - Coordina										308,570	308,570
											-
											-
Total Funding Sources	**693,060**	**900,810**	**871,290**	**1,209,100**	**163,600**	**87,130**	**54,580**	**10,000**	**403,070**	**308,570**	**4,701,210**
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

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	-	-	-	-	-	-	-	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											**Total**
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	-	-	-	-	-	-	-	-	-	-	-

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Food Safety

Expenditures	Food Safety	Enhanced Food Safety Initiative	-	-	-	-	-	-	-	-	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											**Total**
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)

Healthy Environments

Expenditures	Health Hazards	Air Quality and Climate Change	-	-	-	-	-	-	-	-	Healthy Environments
Salaries and Wages	798,630	78,130	-	-	-	-	-	-	-	-	**876,760**
Benefits	210,180	19,640	-	-	-	-	-	-	-	-	**229,820**
Travel	15,810	510									**16,320**
Professional Services	24,640	3,290									**27,930**
Expenditure Recoveries & Offset Revenues	(4,910)	(10)									**(4,920)**
Other Program Expenditures	220,200	16,700									236,900
Total Expenditures:	**1,264,550**	**118,260**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**1,382,810**
Funding Sources											**Total**
Mandatory Programs (Cost-Shared)	1,264,550	118,260									1,382,810
											-
											-
											-
											-
											-
Total Funding Sources	**1,264,550**	**118,260**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**1,382,810**
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Healthy Growth and Development

Expenditures	Child Health	Reproductive Health	-	-	-	-	-	-	-	-	Healthy Growth and Development
Salaries and Wages	2,305,320	865,250	-	-	-	-	-	-	-	-	**3,170,570**
Benefits	619,790	233,910	-	-	-	-	-	-	-	-	**853,700**
Travel	14,500	4,850									**19,350**
Professional Services	900	1,310									**2,210**
Expenditure Recoveries & Offset Revenues	(990)	(12,290)									**(13,280)**
Other Program Expenditures	556,790	237,350									794,140
Total Expenditures:	**3,496,310**	**1,330,380**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**4,826,690**
Funding Sources											**Total**
Mandatory Programs (Cost-Shared)	3,496,310	1,330,380									4,826,690
											-
											-
											-
											-
											-
Total Funding Sources	**3,496,310**	**1,330,380**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**4,826,690**
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)

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	-	-	-	-	-	-	-	-	-	-	-

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	858,460	-	-	**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											**Total**
Mandatory Programs (Cost-Shared)		4,328,110	168,990	129,340	175,520	2,414,740					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	-	-	-	-	-	-	-	-	-	-	-

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
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											**Total**
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
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											**Total**
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	-	-	-	-	-	-	-	-	-	-	-

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

School Health - Vision

Expenditures	Child Visual Health and Vision Screening	-	-	-	-	-	-	-	-	-	School Health - Vision
Salaries and Wages	20,860	-	-	-	-	-	-	-	-	-	**20,860**
Benefits	4,940	-	-	-	-	-	-	-	-	-	**4,940**
Travel	10										**10**
Professional Services	-										**-**
Expenditure Recoveries & Offset Revenues	-										**-**
Other Program Expenditures	3,890										3,890
Total Expenditures:	**29,700**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**29,700**
Funding Sources											**Total**
Mandatory Programs (Cost-Shared)	29,700										29,700
											-
											-
											-
											-
											-
Total Funding Sources	**29,700**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**29,700**
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

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	-	-	-	-	-	-	-	-	-	-	-

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Substance Use

Expenditures	Tobacco Control, Prevention and Cessation	Harm Reduction	Substance Use Prevention	Electronic Cigarettes Act - Protection and Enforcement	Harm Reduction Program Enhancement	Needle Exchange Program Initiative	-	-	-	-	Substance Use
Salaries and Wages	-	236,020	157,840	6,360	195,660	-	-	-	-	-	**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											**Total**
Mandatory Programs (Cost-Shared)	-	395,200	253,060								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
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											**Total**
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
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											**Total**
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	-	-	-	-	-	-	-	-	-	-	-

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	-	-	**2,362,620**
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											**Total**
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	-
Electronic Cigarettes Act : 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 — **Existing Program Name:**

If No, please provide the program name and the respective Standard/Section — **New Program Name:** Raccoon Rabies — **Standard/Section:** Infectious and Communicable Diseases Prevention and Control

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 (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.*	*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 (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 = 1086			*Length = 629*	*Length = 300*
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. Fund 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 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.	Employer Paid Parking	$ 2,400	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 increased level of workload demand on existing resources. PEP orders and animal bite exposures have increased with the outbreak and are expected to remain higher than historical levels. Hamilton had a coordinated system to collect and submit animals to MNRF 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.	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 Ontario Ministry of Agriculture, Food, and Rural Affairs (OMAFRA) to control and eventually eliminate raccoon rabies from Ontario.
	Mileage	3,000		
	Operating Expenses	20,000		
	IP Telephony	280		
	Cell Phone	1,200		
	Contractual Services	94,510		
	Salary & Benefits	205,770		
	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 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:** Public Health Inspector Practicum Program — **Standard/Section:** Healthy Environments

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 (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.*	*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 (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 = 248			*Length = 365*	*Length = 344*
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 PHI's. This request is an opportunity to take advantage of annual grant.	Wages & Benefits	$ 10,000	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 # of weeks to be certified = 13 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.	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 PHI's. To help complete the beach sampling program and support the Canadian Institute of Public Health Inspectors board of certification requirements - which includes practicum placement.
	Total Cost	$ 10,000		

1. Request Title: Smoke Free Ontario Expanded Smoking Cessation Programming for Priority Populations

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 — **Existing Program Name:**

If No, please provide the program name and the respective Standard/Section — **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
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.*	*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 (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			*Length = 1359*	*Length = 182*
City of Hamilton PHS (HPHS) 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	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 disadvantaged or marginalized populations including 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	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:**

Standard/Section: All

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 (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.*	*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 (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 = 496			*Length = 576*	*Length = 123*
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. Hamiton 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 timliness of mandated services.	Additional operating costs above the current approved funding	$ 257,610	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.	Maintain quality and timliness of mandatory service levels as per the requirements of the Ontario Public Health Standards.
	Note: the costs listed above are the total gross operating costs above the current approved funding			
	Total Cost	$ 257,610		

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*
	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

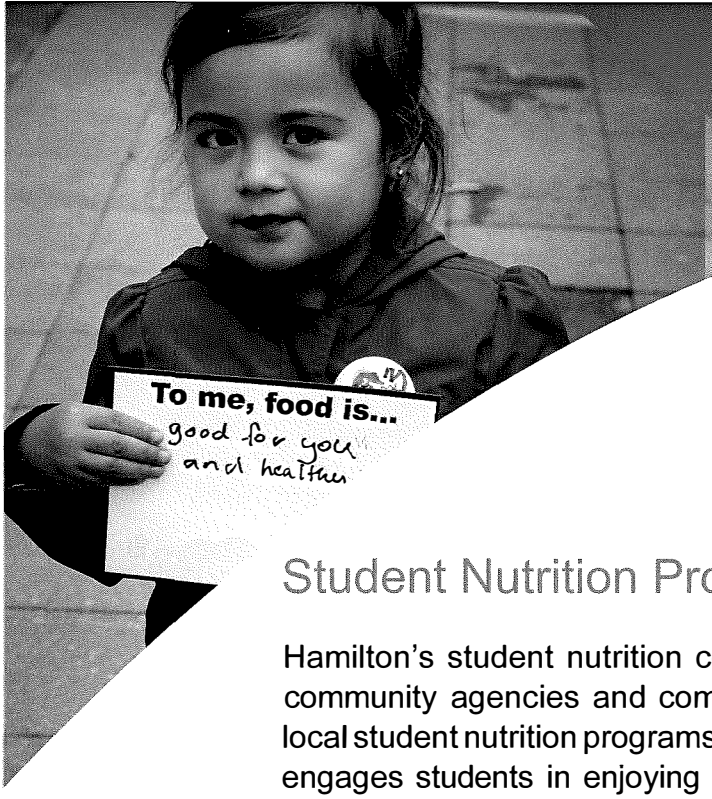
Name: Dr. Elizabeth Richardson

(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) _____ _____



Student Nutrition Programs

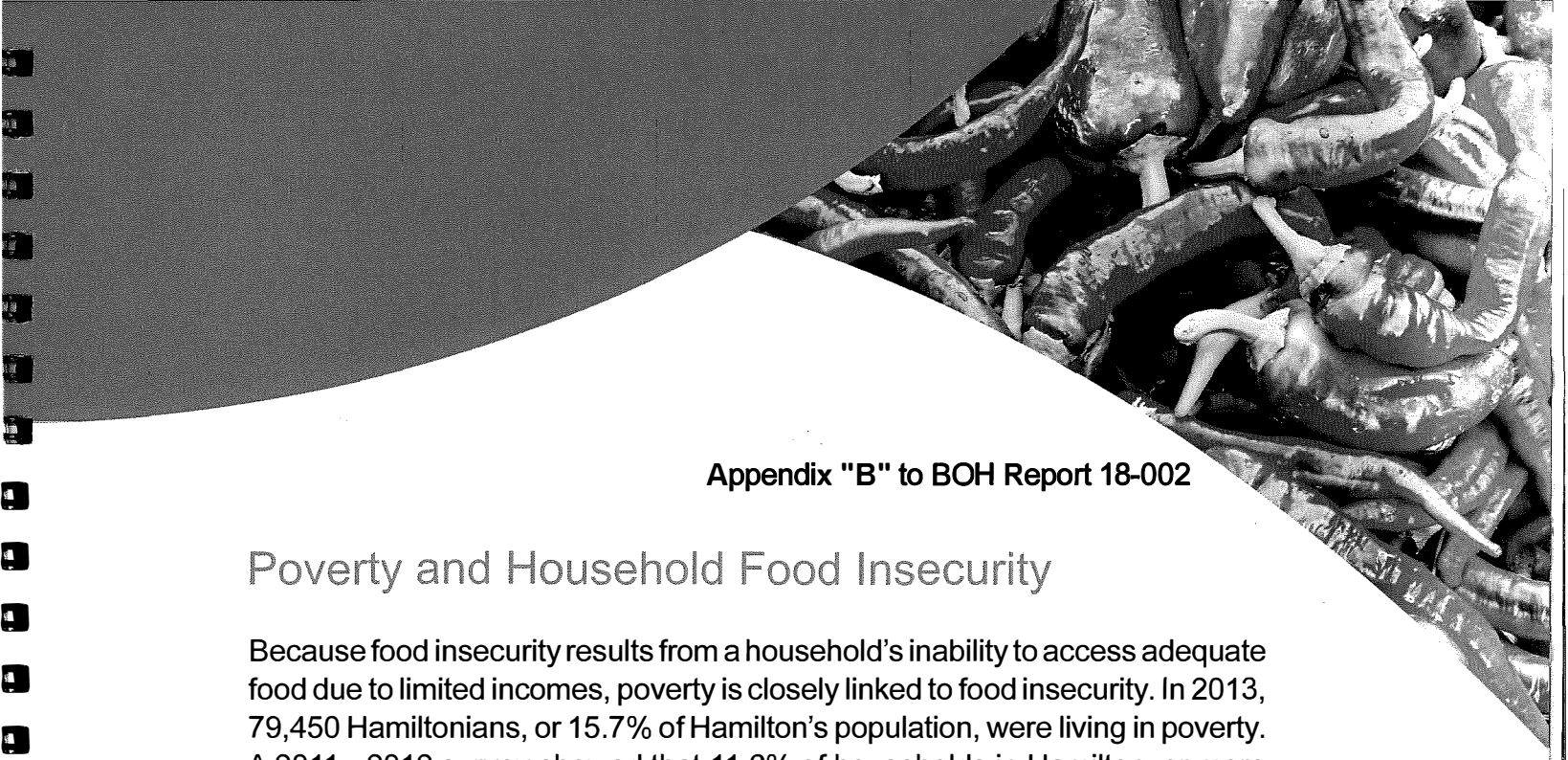
Hamilton's student nutrition collaborative (TasteBuds) is a partnership of community agencies and community members that support and facilitate local student nutrition programs for children and youth. The inclusive program engages students in enjoying meals and snacks in a welcoming setting to improve 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.

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.

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.



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.