



**City of Hamilton**  
**BOARD OF HEALTH**

**Meeting #:** 19-002  
**Date:** February 22, 2019  
**Time:** 1:30 p.m.  
**Location:** Council Chambers, Hamilton City Hall  
71 Main Street West

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

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1. **CEREMONIAL ACTIVITIES**
2. **APPROVAL OF AGENDA**  
(Added Items, if applicable, will be noted with \*)
3. **DECLARATIONS OF INTEREST**
4. **APPROVAL OF MINUTES OF PREVIOUS MEETING**
  - 4.1 January 14, 2019
5. **COMMUNICATIONS**
6. **DELEGATION REQUESTS**
  - 6.1 Juliet Ehlert Gordon, respecting research on the effects of electro magnetic fields on human health and the environment (for a future meeting)
7. **CONSENT ITEMS**
  - 7.1 Stock Epinephrine Auto Injector Expansion in Restaurants (BOH13040(e)) (City Wide)
8. **PUBLIC HEARINGS / DELEGATIONS**

**9. STAFF PRESENTATIONS**

9.1 Population Health Assessment and Health Priorities (BOH19005) (City Wide)

**10. DISCUSSION ITEMS**

10.1 2019 Annual Service Plan and Budget (BOH19006) (City Wide)

Note: Due to bulk, Appendix "A" to BOH19006, 2019 Annual Service Plan and Budget Submission will not be printed, but available online.

**11. MOTIONS**

**12. NOTICES OF MOTION**

**13. GENERAL INFORMATION / OTHER BUSINESS**

13.1 Amendments to the Outstanding Business List (no copy)

13.1.a Revised Due Date Required:

Item 2015-A - Review of the City of Hamilton's Pest Control By-law  
(November 16, 2015, Item 9.1)

Due Date: February 2019

Revised Due Date: TBC

13.1.b To be removed from Outstanding Business List:

Item 2018-D - Stock Epinephrine Auto Injector Expansion in Restaurants

Original date: June 19, 2017, 17-005, Item 7.1

Placed back on OBL: December 10, 2018, 18-009, Item 13.1

**14. PRIVATE AND CONFIDENTIAL**

**15. ADJOURNMENT**



## **BOARD OF HEALTH MINUTES 19-001**

1:30 p.m.

Monday, January 14, 2019

Council Chambers

Hamilton City Hall

**Present:** Mayor F. Eisenberger  
Councillors M. Wilson, J. Farr, N. Nann, S. Merulla, C. Collins, T. Jackson, E. Pauls, J.P. Danko, B. Clark, M. Pearson, B. Johnson, L. Ferguson, A. VanderBeek, T. Whitehead and J. Partridge

### **THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:**

**1. Alcohol Drug and Gambling Services – Community Mental Health Promotion Program Budget 2019-2020 (BOH19001) (City Wide) (Item 7.1)**

**(Johnson/Nann)**

- (a) That the Board of Health approve the 2019-2020 Alcohol, Drug & Gambling Services budget; funded by the Hamilton Niagara Haldimand Brant, Local Health Integration Network;
- (b) That the Board of Health approve the 2019-2020 Community Mental Health Promotion Program budget; funded by the Hamilton Niagara Haldimand Brant, Local Health Integration Network;
- (c) That the Board of Health approve the 0.2 FTE decrease for the Community Mental Health Promotion Program, a 0.2 FTE decrease for the Alcohol, Drug & Gambling Services, Substance Use Program, and a 0.1 FTE decrease for the Alcohol, Drug & Gambling Services, Problem Gambling Program; and,
- (d) That the Medical Officer of Health or delegate be authorized and directed to receive, utilize and report on the use of these funds.

**Result: Motion CARRIED by a vote of 13 to 0, as follows:**

YES - Councillor Maureen Wilson  
 YES - Councillor Jason Farr  
 YES - Councillor Nrinder Nann  
 YES - Councillor Sam Merulla  
 YES - Councillor Chad Collins  
 YES - Councillor Tom Jackson  
 YES - Councillor John-Paul Danko

YES - Chair Fred Eisenberger  
YES - Councillor Judi Partridge  
YES - Councillor Lloyd Ferguson  
YES - Councillor Brenda Johnson  
YES - Councillor Maria Pearson  
YES - Councillor Brad Clark

**2. Food Advisory Committee 2019 Budget Request and Annual Report (BOH19004) (City Wide) (Item 9.1)**

**(Merulla/Farr)**

- (a) That the Food Advisory Committee 2019 base budget submission attached as Appendix A to Report BOH19004 in the amount of \$1,500 be approved and referred to the 2019 budget process for consideration;
- (b) That, in addition to the base funding, a one-time budget allocation for 2019 of \$1,000, funded by an increase to the tax levy, be approved and referred to the 2019 budget process for consideration;
- (c) That any remaining 2019 funds be returned to the Advisory Committee reserve; and,
- (d) That the Food Advisory Committee's annual report included in this report be received.

**Result: Motion CARRIED by a vote of 16 to 0, as follows:**

YES - Councillor Maureen Wilson  
YES - Councillor Jason Farr  
YES - Councillor Nrinder Nann  
YES - Councillor Sam Merulla  
YES - Councillor Chad Collins  
YES - Councillor Tom Jackson  
YES - Councillor Esther Pauls  
YES - Councillor John-Paul Danko  
YES - Chair Fred Eisenberger  
YES - Councillor Judi Partridge  
YES - Councillor Terry Whitehead  
YES - Councillor Arlene VanderBeek  
YES - Councillor Lloyd Ferguson  
YES - Councillor Brenda Johnson  
YES - Councillor Maria Pearson  
YES - Councillor Brad Clark

3. **Smoke-Free Ontario Act 2017 - Vapour Products and Cannabis (BOH19002) (City Wide) (Item 10.1)**

**(Ferguson/Pauls)**

That Report BOH19002, respecting the Smoke-Free Ontario Act 2017 - Vapour Products and Cannabis, be received.

**CARRIED**

4. **Feasibility of Amending City of Hamilton By-law 11-080 Prohibiting Smoking Within City Parks and Recreation Property to Incorporate a Prohibition on Recreational and Medicinal Cannabis Smoking and Vaping Within City-owned Parks and Recreation Properties (Added Item 11.1)**

**(Merulla/Collins)**

WHEREAS, the Province of Ontario has, through their constitutional authority under the federation of Canada, pursued the legalization of recreational and medicinal cannabis use in Ontario;

WHEREAS, the Province of Ontario has amended the provincial Smoke-Free Ontario Act 2017 and introduced new regulations prohibiting the smoking of recreational and medicinal cannabis and vaping in prescribed public places and workplaces;

WHEREAS, the Province of Ontario is in the process of amending the Municipal Act, 2001, to allow municipalities to develop and install local by-laws restricting the smoking of recreational and medicinal cannabis and vaping beyond the provincial regulations; and

WHEREAS, the City of Hamilton has had one of the most comprehensive outdoor smoke-free by-laws in Ontario since 2011;

THEREFORE, BE IT RESOLVED:

- (a) That Public Health Services staff, in consultation with City of Hamilton Legal Services, be directed to report back to the Board of Health on the feasibility of amending City of Hamilton By-law #11-080 Prohibiting Smoking Within City Parks and Recreation Property to include additional prohibitions on the smoking of recreational and medicinal cannabis and vaping within City-owned parks and recreation properties; and
- (b) That Public Health Services staff provide public consultation on the feasibility of amending City of Hamilton By-law #11-080 Prohibiting Smoking Within City Parks and Recreation Property to include additional prohibitions on the smoking of recreational and medicinal cannabis and vaping within City-owned parks and recreation properties.

**Result: Motion CARRIED by a vote of 16 to 0, as follows:**

YES - Councillor Maureen Wilson  
YES - Councillor Jason Farr  
YES - Councillor Nrinder Nann  
YES - Councillor Sam Merulla

YES - Councillor Chad Collins  
YES - Councillor Tom Jackson  
YES - Councillor Esther Pauls  
YES - Councillor John-Paul Danko  
YES - Chair Fred Eisenberger  
YES - Councillor Judi Partridge  
YES - Councillor Terry Whitehead  
YES - Councillor Arlene VanderBeek  
YES - Councillor Lloyd Ferguson  
YES - Councillor Brenda Johnson  
YES - Councillor Maria Pearson  
YES - Councillor Brad Clark

**FOR INFORMATION:**

**(a) CEREMONIAL ACTIVITIES (Item 1)**

There were no ceremonial activities.

**(b) CHANGES TO THE AGENDA (Item 2)**

The Clerk advised the Board of the following changes to the agenda.

**5. COMMUNICATIONS**

5.1 Correspondence from the Association of Local Public Health Agencies respecting the alpha Winter Symposium: Thursday, February 21, 2019

Recommendation: Be received, with two Councillors to volunteer to attend the event.

**12. NOTICES OF MOTION**

12.1 Feasibility of Amending City of Hamilton By-law 11-080 Prohibiting Smoking Within City Parks and Recreation Property to Incorporate a Prohibition on Recreational and Medicinal Cannabis Smoking and Vaping Within City-owned Parks and Recreation Properties

**(Danko/Merulla)**

That the agenda for the January 14, 2019 Board of Health be approved, as amended.

**Result: Motion CARRIED by a vote of 11 to 0, as follows:**

YES - Councillor Maureen Wilson  
YES - Councillor Nrinder Nann  
YES - Councillor Sam Merulla  
YES - Councillor Chad Collins  
YES - Councillor Tom Jackson  
YES - Councillor John-Paul Danko  
YES - Chair Fred Eisenberger

YES - Councillor Lloyd Ferguson  
YES - Councillor Brenda Johnson  
YES - Councillor Maria Pearson  
YES - Councillor Brad Clark  
NOT PRESENT - Councillor Jason Farr  
NOT PRESENT- Councillor Esther Pauls  
NOT PRESENT- Councillor Judi Partridge  
NOT PRESENT- Councillor Terry Whitehead  
NOT PRESENT- Councillor Arlene VanderBeek

**(c) DECLARATIONS OF INTEREST (Item 3)**

There were no declarations of interest.

**(d) APPROVAL OF MINUTES OF PREVIOUS MEETING (Item 4)**

**(i) December 10, 2018 (Item 4.1)**

**(Pearson/Johnson)**

That the Minutes of the December 10, 2018 meeting of the Board of Health be approved, as presented.

**Result: Motion CARRIED by a vote of 11 to 0, as follows:**

YES - Councillor Maureen Wilson  
YES - Councillor Nrinder Nann  
YES - Councillor Sam Merulla  
YES - Councillor Chad Collins  
YES - Councillor Tom Jackson  
YES - Councillor John-Paul Danko  
YES - Chair Fred Eisenberger  
YES - Councillor Lloyd Ferguson  
YES - Councillor Brenda Johnson  
YES - Councillor Maria Pearson  
YES - Councillor Brad Clark  
NOT PRESENT - Councillor Jason Farr  
NOT PRESENT- Councillor Esther Pauls  
NOT PRESENT- Councillor Judi Partridge  
NOT PRESENT- Councillor Terry Whitehead  
NOT PRESENT- Councillor Arlene VanderBeek

**(e) COMMUNICATIONS (Item 5)**

- (i) Correspondence from the Association of Local Public Health Agencies respecting the alPHa Winter Symposium: Thursday, February 21, 2019 (Item 5.1)**

**(Pearson/Ferguson)**

That the Correspondence from the Association of Local Public Health Agencies respecting the alPHa Winter Symposium: Thursday, February 21, 2019, be received.

**CARRIED**

**(f) STAFF PRESENTATION (Item 9)**

- (i) Food Advisory Committee 2019 Budget Request and Annual Report (BOH19004) (City Wide) (Item 9.1)**

Luc Peters and Hannah Pahuta of the Food Advisory Committee, addressed the Board of Health respecting Food Advisory Committee 2019 Budget Request and Annual Report (BOH19004), with the aid of a PowerPoint presentation. A copy of the presentation has been included in the official record.

**(Ferguson/VanderBeek)**

That the presentation respecting Report BOH19004, Food Advisory Committee 2019 Budget Request and Annual Report, be received.

**CARRIED**

The presentation is available at [www.hamilton.ca](http://www.hamilton.ca)

**(g) NOTICE OF MOTION (Added Item 12)**

- (i) Feasibility of Amending City of Hamilton By-law 11-080 Prohibiting Smoking Within City Parks and Recreation Property to Incorporate a Prohibition on Recreational and Medicinal Cannabis Smoking and Vaping Within City-owned Parks and Recreation Properties (Added Item 12.1)**

Councillor Merulla introduced a Notice of Motion respecting the Feasibility of Amending City of Hamilton By-law 11-080 Prohibiting Smoking Within City Parks and Recreation Property to Incorporate a Prohibition on Recreational and Medicinal Cannabis Smoking and Vaping Within City-owned Parks and Recreation Properties.



**(Merulla/Collins)**

That the Rules of Order be waived to allow for the introduction of a Motion respecting Feasibility of Amending City of Hamilton By-law 11-080 Prohibiting Smoking Within City Parks and Recreation Property to Incorporate a Prohibition on Recreational and Medicinal Cannabis Smoking and Vaping Within City-owned Parks and Recreation Properties.

**CARRIED**

For disposition of this matter, refer to Item 4.

**(h) ADJOURNMENT (Item 15)**

**(VanderBeek/Pearson)**

That, there being no further business, the Board of Health be adjourned at 2:10 p.m.

**CARRIED**

Respectfully submitted,

Mayor F. Eisenberger  
Chair, Board of Health

Loren Kolar  
Legislative Coordinator  
Office of the City Clerk

**Form: Request to Speak to Committee of Council**

Submitted on Friday, February 8, 2019 - 11:52 am

==Committee Requested==

**Committee:** Board of Health

==Requestor Information==

**Name of Individual:** Juliet Ehlert Gordon

**Name of Organization:** concerned citizen

**Contact Number:** [REDACTED]

**Email Address:** [REDACTED]

**Mailing Address:** [REDACTED]

**Reason(s) for delegation request:**

I want to present some research on the Effects of Electro magnetic fields on human health and the environment. Currently the federal government is reviewing 5G technology and I believe we should be more educated on this issue as will effect us locally. I want to make this presentation on Monday Feb. 11. thank you

**Will you be requesting funds from the City?** No

**Will you be submitting a formal presentation?** Yes



# INFORMATION REPORT

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	February 22, 2019
<b>SUBJECT/REPORT NO:</b>	Stock Epinephrine Auto Injector Expansion in Restaurants (BOH13040(e)) (City Wide) <b>(Outstanding Business List Item)</b>
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Ninh (905) 546-2424 Ext. 7113
<b>SUBMITTED BY:</b>	Dr. Ninh Tran, M.D., MSc, CCFP, FRCPC Associate Medical Officer of Health Public Health Services
<b>SIGNATURE:</b>	

## COUNCIL DIRECTION

At its meeting of December 10, 2018, the Board of Health directed staff to provide an update on the Stock Epinephrine Auto Injector Expansion Project.

## INFORMATION

On June 19, 2017, the Board of Health (BOH) accepted the recommendations presented with Report (BOH13040(c)), including:

“That a volunteer-based stock Epinephrine Auto Injector Program be developed and implemented to facilitate the access to and training on the use of stock epinephrine auto-injectors by up to 50 restaurants in the City of Hamilton under the following conditions:”

One of the conditions was:

“That a minimum of six participants, representing six different restaurant chains, be registered with interest gauged by an online survey developed by McMaster University”.

At the April 16, 2018 BOH meeting, an Information Report (BOH13040(d)) was presented to update on the progress of the Stock Epinephrine Auto Injector Expansion Project. At that time, drafts of the Memorandum of Understanding (MOU) involving the City of Hamilton, McMaster University and Food Allergy Canada had been developed

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**SUBJECT: Stock Epinephrine Auto Injector Expansion in Restaurants  
(BOH13040(e)) (City Wide) - Page 2 of 2**

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and were undergoing reviews, training materials were being developed. There was work planned for both targeted promotion as well as general promotion.

This Information Report provides an update of the current status of the project.

The MOU's have now been finalized and signed by the City, Food Allergy Canada and McMaster University and training materials have been developed.

A joint information letter was drafted collaboratively by the City of Hamilton, McMaster University and Food Allergy Canada describing the expanded pilot, a general background, expectations of the different parties; including the interested restaurant, as well as the name and contact information for further information.

Volunteers reached out to a number of restaurants to discuss/review the project; overview, benefits, roles/expectations, provided them with the information letter as well as the template for the legal agreement between the City and the facility/restaurant. This was done in order to gauge interest and feedback from restaurants prior to launching a broader general promotion.

Many of the questions and comments from the restaurants have focused on role clarity and specific expectations and requirements in the Facility Participation Agreement. The Facility Participation Agreement was then modified based on this feedback. Additional strategies to be implemented in support of restaurant recruitment include leveraging the City of Hamilton website by developing a project page, leveraging City social media channels, and a media release scheduled for February 22, 2019.

Given the amount of time and resources already spent on this project, including the development of training and evaluation materials, as well as promotion and recruitment efforts, a fixed deadline of March 31, 2019 for recruitment was agreed upon by the participating partners.

Specifically, this project will go forward if at least 10 restaurants commit to participating by March 31, 2019 with a training date to be determined.

Currently, although no restaurants have formally signed up for this project, some have indicated that they are considering/planning on procuring and stocking epinephrine auto-injectors independently (separate from this project). The current recruitment efforts seem to have helped raise interest and awareness, particularly through more interactive discussions with restaurant owners.

**APPENDICES AND SCHEDULES ATTACHED**

Not Applicable.

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# INFORMATION REPORT

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	February 22, 2019
<b>SUBJECT/REPORT NO:</b>	Population Health Assessment and Health Priorities (BOH19005) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Mackenzie Slifierz (905) 546-2424, Ext. 4868
<b>SUBMITTED BY:</b>	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
<b>SIGNATURE:</b>	

## Council Direction:

Not applicable.

## Information:

The Ontario Public Health Standards (OPHS)<sup>1</sup> mandates public health units to improve population health and reduce health inequities. Improvements in population health can be achieved through an assessment of health equity combined with a comprehensive understanding of the health of the community. In order to understand the health of the community, population health assessment provides the necessary information to identify health inequities and priority populations. By using the information gained from the population health assessment process, resources can be directed to programs and services which are tailored to have the greatest impact for the community. In addition, those who are most likely to benefit from public health interventions can be targeted.

## What is Population Health Assessment?

When individuals seek medical care they often receive a check-up, and questions may be asked about diet, exercise, and other health habits. Public health professionals use a similar approach to measure the overall health of a community or group of individuals.

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**SUBJECT:** Population Health Assessment and Health Priorities (BOH19005) (City Wide) - **Page 2 of 9**

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Measuring population health produces important information that informs program planning and decision-making, including targeted investment of resources that will have the greatest impact on the health of our population. The process of measuring the health of the population and using the information to inform action is known as population health assessment.<sup>1</sup>

A key objective of the OPHS and an expectation of the Board of Health (BOH) is to increase the use of public health knowledge, expertise, and population health assessment to inform decisions on local public health program and service delivery within an integrated health system. This includes working with the Local Health Integration Network to inform health system planning<sup>1</sup>. The BOH is required to demonstrate and document the use of population health information in the Annual Service Plan & Budget (ASP&B), submitted to the Ministry of Health and Long-Term Care annually.

In order to meet this objective, Public Health Services (PHS) will continue to provide population health assessment information to the BOH, our partners and stakeholders, and the public to inform future decision making. The aim is to improve population health outcomes, reduce health inequities, and tailor public health services to meet local needs in our community.

One example of population health assessment is the HealthCheck project completed by PHS' Epidemiology and Evaluation program. This project provides an overview of the burden of health issues in Hamilton and prioritizes local health issues based on key criteria. The full report is available at <http://www.hamilton.ca/HealthCheck>. The Epidemiology and Evaluation program also contributed population health status, healthcare utilization, and health behaviour data to the 2018 City of Hamilton ward profiles.

### **What is Health Equity?**

Health is the physical, mental, spiritual, emotional, social, cultural, and economic wellness of individuals and the community. Health is influenced by a broad range of factors. It is estimated that 50% of our health is determined by social and economic determinants, which are factors beyond our biology, behaviours, and lifestyle choices. Gender, ethnicity, income, education, stable housing, and social networks are examples of the social determinants that can impact our health. Health equity means all people can attain their full health potential because they are not disadvantaged by the social determinants of health.<sup>1</sup> Conversely, health inequities are avoidable or modifiable differences in the health status between groups caused by socially determined circumstances. Health inequities are typically systematic – that is, beyond our individual control – and unfair.<sup>2</sup>

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**SUBJECT:** Population Health Assessment and Health Priorities (BOH19005) (City Wide) - **Page 3 of 9**

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“For many Ontarians, the chances of living a long and healthy life can seem like a rigged lottery or a stacked deck. If you are fortunate enough to be born into a family that has a high steady income and lives in a good neighbourhood and you have easy access to education, health care and other services, you are more likely to win the health lottery.”

– Dr. David Williams, Chief Medical Officer of Health, 2018

Many things can be done to make sure everyone has a fair chance to live a healthy life no matter who they are, where they live, and what they have. Public Health has an important role to play in achieving health equity. The OPHS require the BOH to identify local health inequities, share this information with partners, and work on strategies to reduce health inequities in our community.<sup>1</sup> Public Health cannot eliminate health inequities alone and must work with other local partners.<sup>2</sup>

One expectation for the BOH is to identify priority populations; these are groups of people who experience greater health risks due to the disadvantages of social determinants and they are more likely to benefit from public health interventions.<sup>1</sup> For example, smoking prevalence is 11% higher among low income Hamiltonians and accounts for 80-85% of local lung cancer deaths.<sup>3</sup> Using this information, PHS has tailored smoking cessation programs to target this priority population by offering smoking cessation clinics in lower socio-economic status areas of the city: in 2017, 49% of those enrolled in the STOP program (main site) had annual household incomes below \$20,000. Universal cessation services are also offered through many healthcare professionals.

To understand the priority populations in Hamilton and to identify local health priorities, a population health assessment profile is generated using data. An overview of the health and well-being of Hamiltonians is summarized in the following sections.

### **Hamilton’s Demographics**

The projected change in demographics over the next two decades will have a significant impact on the health of Hamiltonians and health system planning:

- The City of Hamilton is an urban-rural area of 536,000 people;<sup>4</sup>
- The population is projected to grow to 740,000 by the year 2041;<sup>5</sup>
- The population is aging rapidly and the number of seniors (age 65+) will nearly double by the year 2041;<sup>5</sup> and,
- The number of children and youth (age 19 or under) will only increase by 24% during the same period. For the first time in its recorded history, Hamilton will have more seniors than children and youth.<sup>5</sup>

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## Who are the Priority Populations in Hamilton?

### Materially-Deprived Populations

Hamilton's concentration of urban poverty is among the highest in Canada.<sup>4</sup> Material deprivation is the inability of individuals to afford or attain basic material needs. Hamiltonians living in areas with the highest material deprivation are more likely to die prematurely from avoidable causes, including infections, cancer, circulatory disease, respiratory disease, suicide, and substance overdoses. Low income Hamiltonians were more likely to have a metabolic condition (e.g., hypertension, diabetes) and report being a current smoker, which are two major causes of avoidable death in Hamilton.

### Marginalized Children

Adverse childhood experiences (ACEs) are potentially traumatic events (e.g., violence, victimization) that can have negative, lasting effects on health and well-being:

- There are 5,600 births each year in Hamilton and 37% of children are born into a family with at least 1 ACEs-like risk factor;<sup>6</sup>
- 2% of children have 4+ ACEs-like risk factors, which significantly increases the risk of negative health outcomes;<sup>6</sup>
- Children born into communities with high material deprivation are significantly more likely to experience 4+ ACEs-like risk factors;<sup>6</sup>
- Nearly 1 in 3 (31%) children are vulnerable in early childhood development at the time they enter school;<sup>7</sup> and,
- Children living in areas with high material deprivation and unstable housing were more likely to be vulnerable in early childhood development.<sup>7</sup>

### Indigenous Community

The 2016 census counted 12,130 indigenous people in Hamilton, but research shows over 80% of urban indigenous people do not participate or do not identify themselves in the census.<sup>8</sup> As a result, Hamilton's indigenous population may be as high as 24,000 to 48,000. Our indigenous community is faced with a number of health and social inequities:<sup>9</sup>

- **Socioeconomic status:** a survey of 790 indigenous Hamiltonians found 78% earn less than \$20,000 annually, and 69% receive social assistance;
- **Education:** 57% of adults have not completed high school;
- **Housing:** 1 in 8 reported being homeless or living in precarious housing; and,
- **Health:** higher rates of infectious and chronic diseases are experienced by the indigenous population compared to the non-indigenous population, specifically:
  - Diabetes rates are 3 times greater;
  - Hepatitis C rates are 10 times greater;

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**SUBJECT:** Population Health Assessment and Health Priorities (BOH19005) (City Wide) - **Page 5 of 9**

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- Substance use was more frequently reported, where 87% currently smoke tobacco, 1 in 5 (19%) report misuse of prescription opioids, and 55% report heavy drinking episodes (twice the Hamilton rate);
- Mental health was also a major concern with 42% of urban indigenous reporting a psychological or mental disorder diagnosis; and,
- Over 1 in 10 urban indigenous people (10.6%) are frequent users of the emergency department (greater than 5 visits per 24 months) which is seven times greater than the Hamilton average (1.6%).

### **What are the Local Health Priorities in Hamilton?**

Hamilton is challenged by a high concentration of urban poverty and housing instability; these social determinants produce extreme health inequities and are associated with many of the most burdensome health outcomes including infections, cancer, and circulatory and respiratory diseases:

- **Poverty:** The concentration of urban poverty is among the highest in Canada. Low income rates have been decreasing in Hamilton, but 80,915 Hamiltonians (15%) are still considered low income.<sup>4</sup> Only one-third (33.8%) of low income individuals are employed and 76% of their total income comes from government transfer payments.<sup>10</sup> In our downtown centre, nearly half (47%) of children live in low income households and over 1 in 5 families (23%) have no employment income;<sup>4</sup>
- **Housing Instability:** 45% of Hamilton tenants spend over 30% of their income on shelter costs.<sup>4</sup> In some areas, 28% of children have moved twice before starting school and 90% of indigenous Hamiltonians have moved in the past five years;<sup>9</sup> and,
- **Single Parents:** Nearly 1 in 5 (19.2%) families in Hamilton are led by a single parent which is slightly greater than Ontario (17.1%). In Hamilton, 44.4% of single parents with children live in low income households which is greater than the Ontario average (38.6%) and 3.5-times greater than a couple with children (12.8%).<sup>10</sup> Single parents with children are more likely to experience poverty than many other demographic groups.<sup>10</sup>

### **Premature Death**

Locally, 45% of local deaths under age 75 are preventable.<sup>15</sup> Many of the preventable deaths in Hamilton are linked to social disparities which cause significant health inequities. For example, those living in Hamilton's most materially deprived areas are three times more likely to die prematurely from a potentially avoidable cause compared to those living in the least materially deprived areas; this inequity is widening and it is the highest in Ontario.<sup>12</sup>

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**SUBJECT:** Population Health Assessment and Health Priorities (BOH19005) (City Wide) - **Page 6 of 9**

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### **Mental Health**

Hamiltonians are burdened by higher rates of mental health outcomes:

- Anxiety disorders, disorders of adult personality and behaviour, and self-harm are higher in Hamilton compared to Ontario;<sup>13</sup>
- Mental health issues account for over one-fifth (21%) of disability and premature death in Hamilton, making it the third largest driver of poor health in our community (just behind chronic disease and injuries);<sup>13</sup>
- Suicide and substance overdoses are among the leading causes of death among Hamiltonians under age 45;<sup>13</sup> and,
- Self-harm among female youth in Hamilton has tripled over the past decade.<sup>13</sup>

### **Substance Use**

Local data shows that Hamilton is challenged by substance use. Hamilton has higher rates of substance overdoses compared to Ontario and this rate is increasing:

- There were 88 opioid-related deaths in 2017, which translates to one of the highest rates in the province (73% greater than the Ontario rate), and has increased by 300% since 2007 (22 opioid-related deaths);<sup>12</sup>
- Over 80% of opioid deaths occur in working-age males;<sup>12</sup>
- 1 in 5 residents are current tobacco smokers and 1 in 5 residents exceed the low risk drinking guidelines for chronic disease;<sup>11</sup> and,
- It is estimated that over 600 local deaths were attributed to substance use (alcohol, tobacco, and drugs) in 2012.<sup>13</sup>

### **Body Weight & Nutrition**

Excess body weight, poor nutrition, and sedentary behaviour contribute to the significant burden of chronic disease in Hamilton. In addition, many deaths related to these factors are considered preventable. Hamiltonians living in the most materially deprived areas are more likely to die prematurely from these preventable chronic risk factors:

- Overweight and obesity affects 2 in 3 adults locally;<sup>11</sup>
- Men, middle-aged adults, and low income households report more sedentary behaviour and poorer nutrition;<sup>11</sup> and
- Estimates attribute 290 deaths to high body-mass index, 590 deaths to dietary risks, and 103 deaths to low physical activity in 2012.<sup>13</sup>

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

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

**SUBJECT: Population Health Assessment and Health Priorities (BOH19005) (City Wide) - Page 7 of 9**

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**Respiratory Disease**

Lung cancer and Chronic Obstructive Pulmonary Disease (COPD) are among the most burdening health outcomes in Hamilton<sup>13</sup>, although, much of the lung issues today were caused by tobacco exposure 20-40 years ago. Morbidity rates for lung cancer and COPD are higher in Hamilton when compared to Ontario. These health outcomes are largely attributed to tobacco smoke, radon, and air pollution. It's estimated that 1 in 20 (5%) local homes have high levels of radon gas and that 45 lung cancer deaths are attributed to radon exposure in Hamilton each year.<sup>14</sup> Studies of the City of Hamilton's outdoor air quality show higher concentrations of some pollutants when compared to the City of Toronto.<sup>16</sup> In addition, 40% of the Hamilton population resides in a traffic-related air pollution zone.<sup>14</sup>

**Conclusion**

Using the population health assessment process, this report has highlighted the priority populations, health issues, and health inequities existing in Hamilton. As a result, PHS has determined the following three priority areas for its work:

1. Mental Health and Addiction;
2. Healthy Weights; and,
3. Health Equity.

PHS will continue to use equity-based population health assessment to inform our service delivery, as well as planning in the broader health system and community. In 2019, PHS will comprehensively review population health data and identify specific priority populations for each of our programs. It is expected that the results will be used to inform the 2020 Annual Service Plan and Budget submission. This work is one step in addressing local health inequities which is one of our local priorities.

**Appendices and Schedules Attached**

Not applicable.

**References**

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**SUBJECT:** Population Health Assessment and Health Priorities (BOH19005) (City Wide) - **Page 8 of 9**

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<https://www.publichealthontario.ca/en/DataAndAnalytics/pages/opioid.aspx>
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**SUBJECT:** Population Health Assessment and Health Priorities (BOH19005) (City Wide) - **Page 9 of 9**

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# Population Health Assessment & Health Priorities

## Measuring the Health of Hamiltonians

February 22, 2019

# What is Population Health Assessment?

**Population Health Assessment (PHA)** is the measuring, monitoring, and reporting of the health of the population.

– How healthy is our population?

Planning and  
Evaluation

Decision Making

Accountability

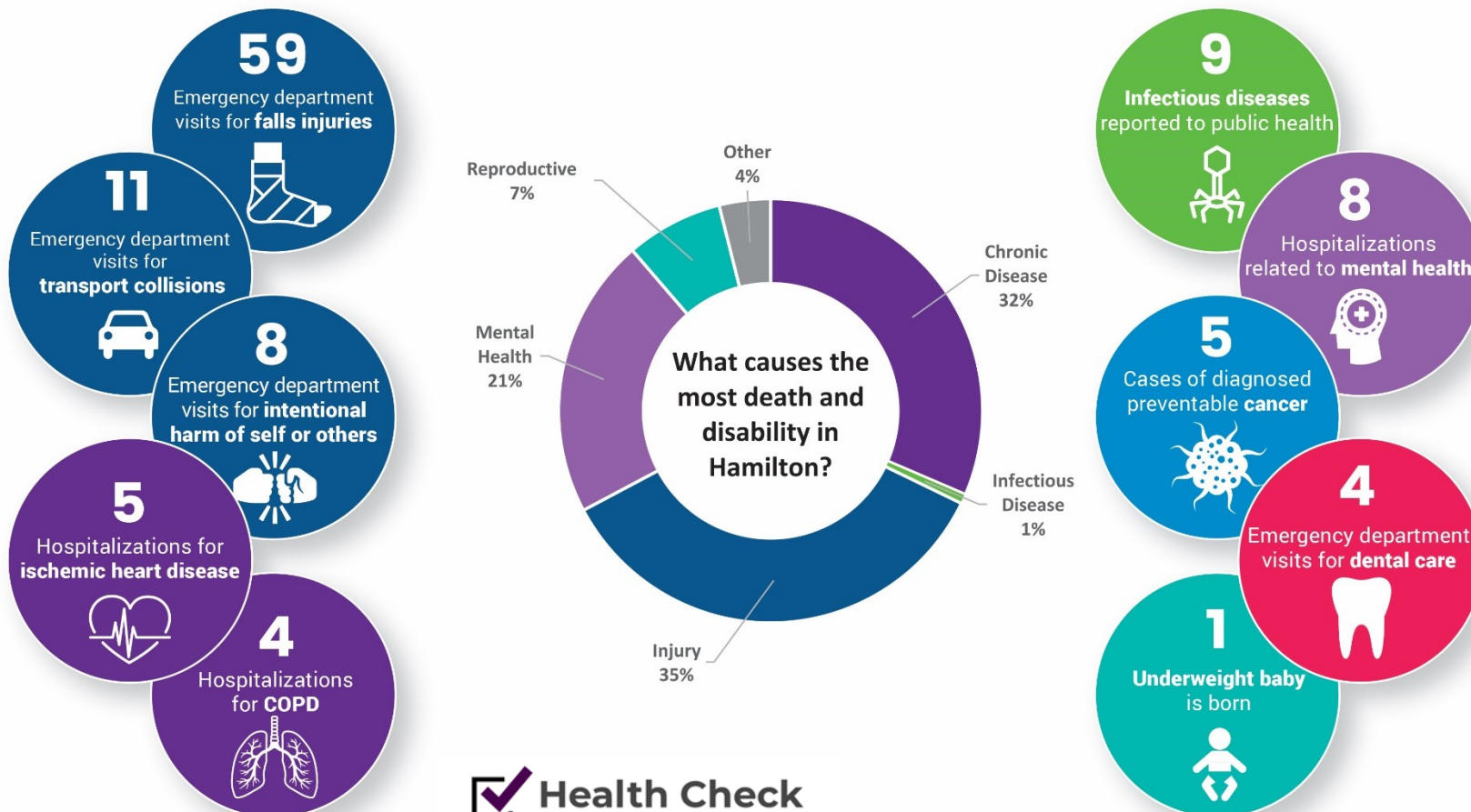
Strategic  
Spending

Policy  
Development

Awareness and  
Advocacy

# On any given day residents in Hamilton....

Each day there are approximately...



 **Health Check**  
[Hamilton.ca/HealthCheck](https://Hamilton.ca/HealthCheck)

\*Estimates are approximate and do not account for seasonality.





# WHAT MAKES CANADIANS SICK? **Healthy!**

**50%**

## YOUR LIFE

- INCOME
- EARLY CHILDHOOD DEVELOPMENT
- DISABILITY
- EDUCATION
- SOCIAL EXCLUSION
- SOCIAL SAFETY NET
- GENDER
- EMPLOYMENT/WORKING CONDITIONS
- RACE
- ABORIGINAL STATUS
- SAFE AND NUTRITIOUS FOOD
- HOUSING/HOMELESSNESS
- COMMUNITY BELONGING

**25%**

## YOUR HEALTH CARE

- ACCESS TO HEALTH CARE
- HEALTH CARE SYSTEM
- WAIT TIMES

**15%**

## YOUR BIOLOGY

- BIOLOGY
- GENETICS

**10%**

## YOUR ENVIRONMENT

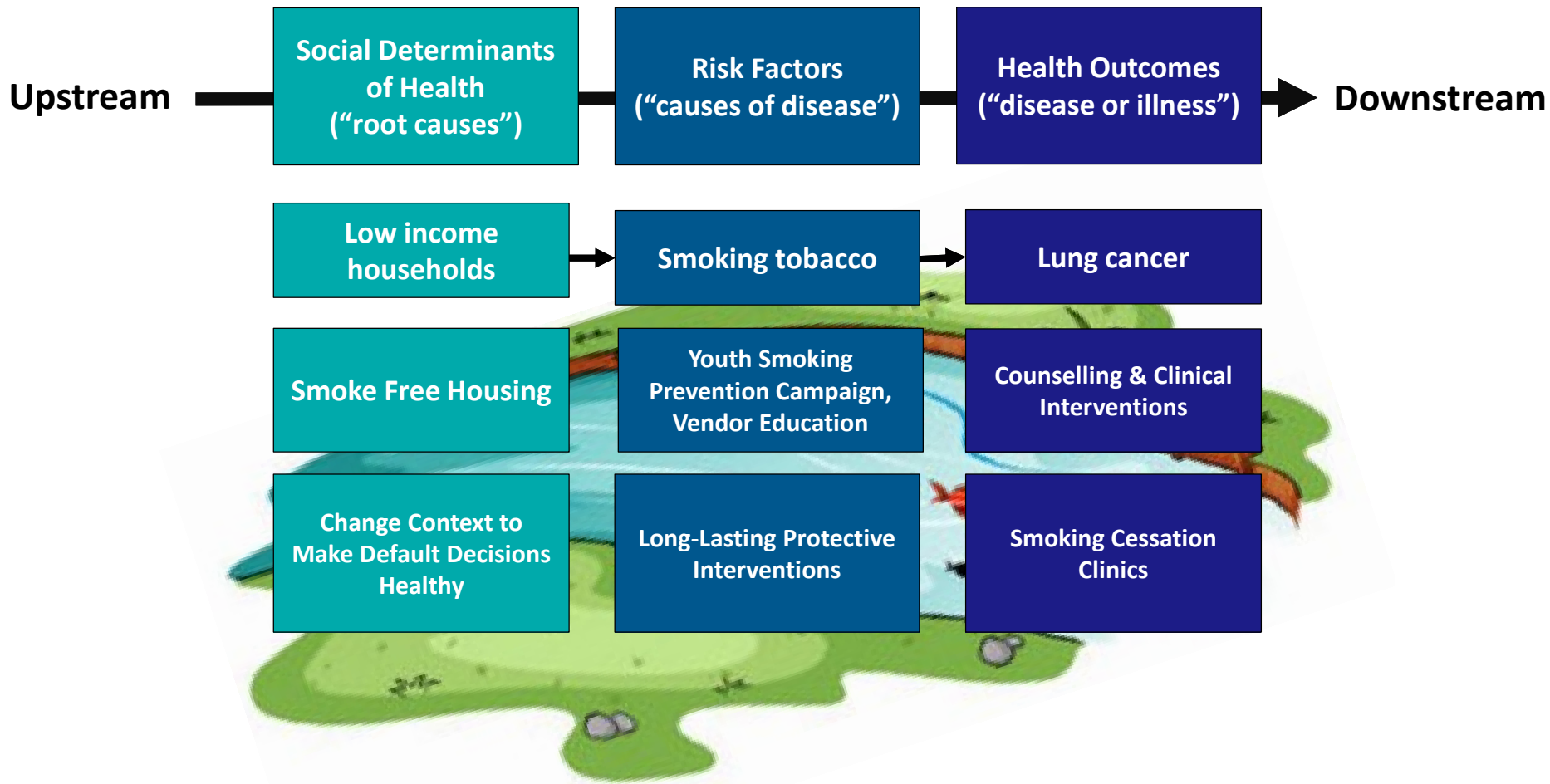
- AIR QUALITY
- CIVIC INFRASTRUCTURE



THESE ARE CANADA'S SOCIAL DETERMINANTS OF HEALTH #SDOH

Source: Canadian Medical Association.

# Upstream/Downstream



# Premature Deaths

## City of Hamilton (2014-2016)

Many premature deaths could be avoided through prevention or treatment.

**Total Deaths**  
**13,975**

**Premature Deaths**  
**(death before age 75)**  
**5,260**

**Potentially avoidable**  
**deaths:**  
**3,790**

**Deaths from**  
**preventable causes:**  
**2,385**

(e.g., traffic collisions, vaccine-preventable diseases, STIs, lung cancer, self-harm, drug overdoses)

**Deaths from treatable**  
**causes:**  
**1,405**

(e.g., high blood pressure, breast cancer, appendicitis, asthma, bacterial infection, pneumonia)

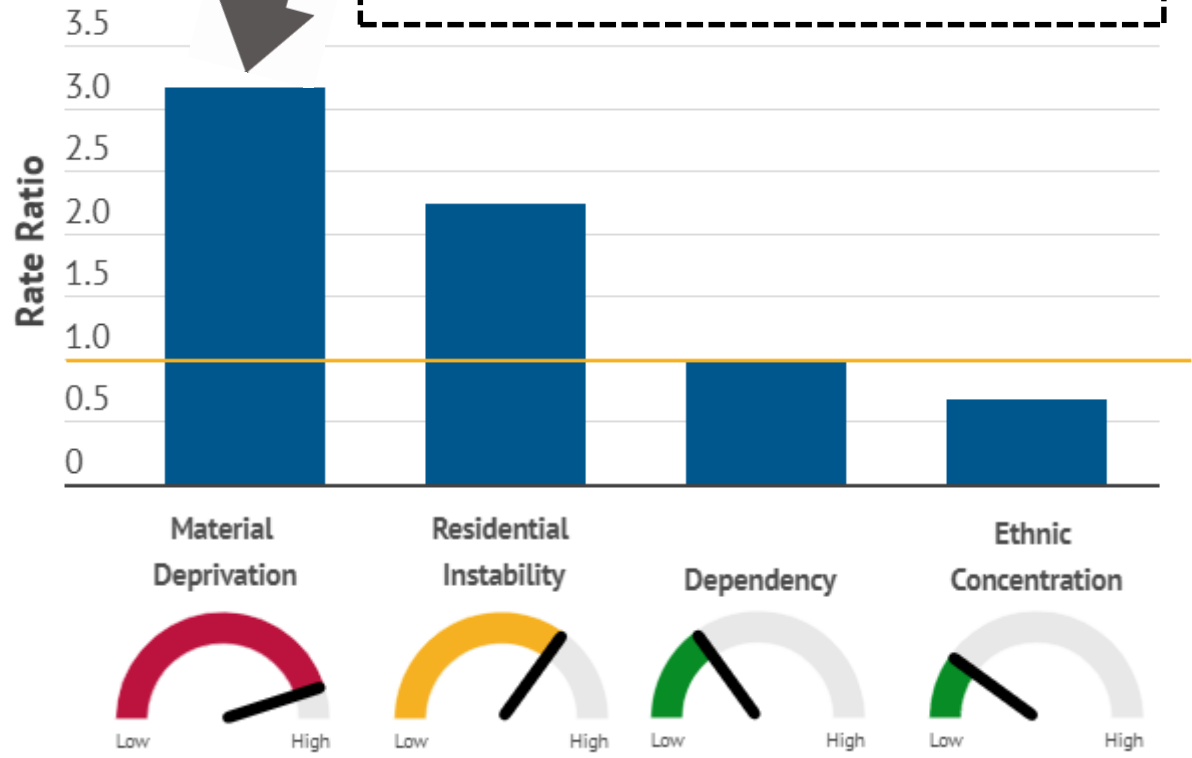


**45%**  
of local deaths  
under age 75  
are preventable

# Social Determinants of Health (root causes)

Do all Hamiltonians have the same likelihood of dying prematurely from an avoidable cause?

**Hamiltonians living in the most materially deprived areas are 3-times more likely to die from a potentially avoidable cause.**



**What are the social determinants for potentially avoidable deaths in Hamilton?**

- Material deprivation is a major social determinant of potentially avoidable deaths.
- Residential instability is a moderate social determinant of potentially avoidable deaths.

“Material Deprivation” is a combined measure of:

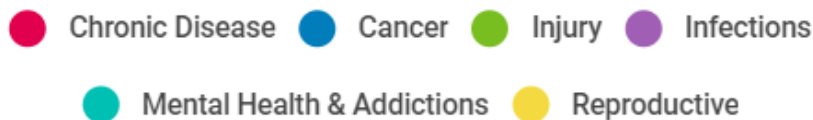
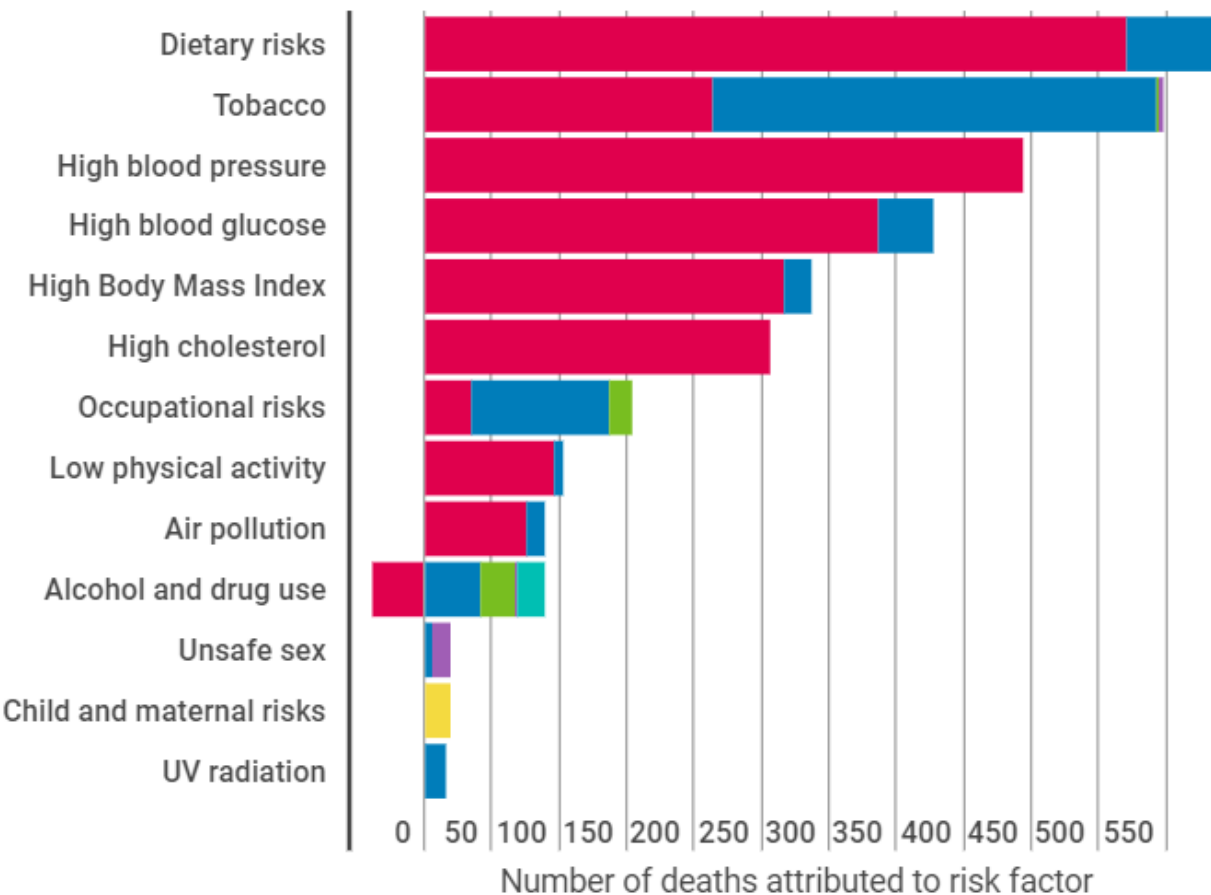
- Low income
- Social assistance
- Unemployment
- Low education
- Lone parents
- Homes needing major repairs

Source: Health Equity Snapshots, Public Health Ontario, 2018.



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Public Health Services

Deaths caused by 'risk factors' in Hamilton (2012)



## Risk Factors (causes of disease)

**What are the drivers of potentially avoidable deaths in Hamilton?**

Potentially avoidable deaths in Hamilton are largely attributed to:

- Metabolic/dietary risks
- Substance use

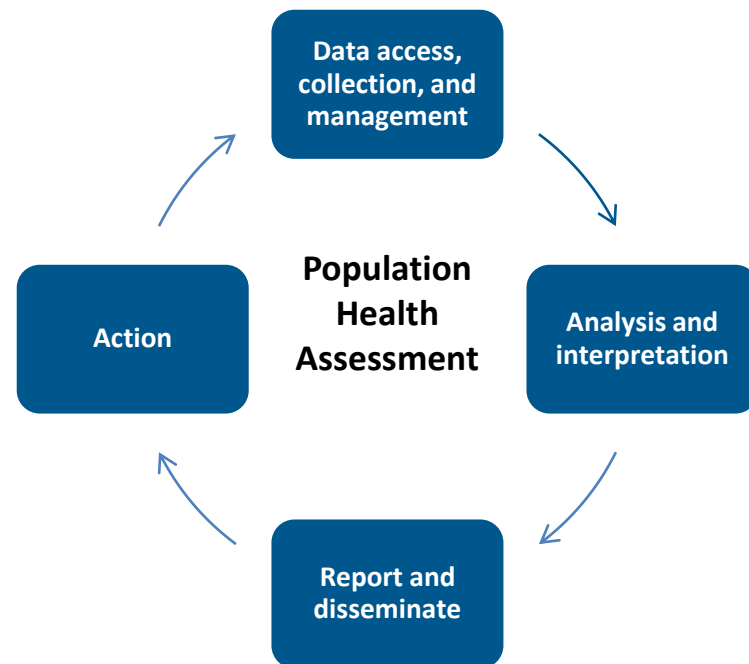


[Hamilton.ca/HealthCheck](https://Hamilton.ca/HealthCheck)

# Evidence to Action

## Evidence to Action:

The BOH is required to demonstrate and document the use of population health evidence in the **Annual Service Plan & Budget (ASPB) Submission** that is submitted to the Ministry of Health and Long-Term Care annually.



# Evidence to Action

## Population Data:

Synthesize population health data from 20+ data sources to identify needs and priorities.

Use population and performance data to inform development of plan of interventions tailored to needs of our population.



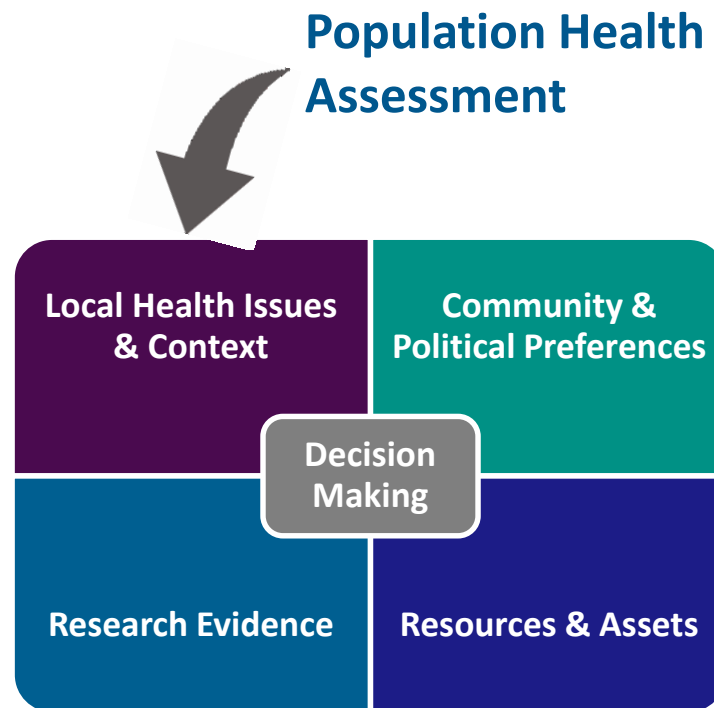
Implement Public Health's program plans to improve the health of our population;  
Measure performance

Document data and program plans in the Annual Service Plan and Budget submission.

# Our Health Priorities

Public Health Services has selected 3 priorities based on community needs:

- 1. Mental Health & Addictions**
- 2. Healthy Weights**
- 3. Health Equity**

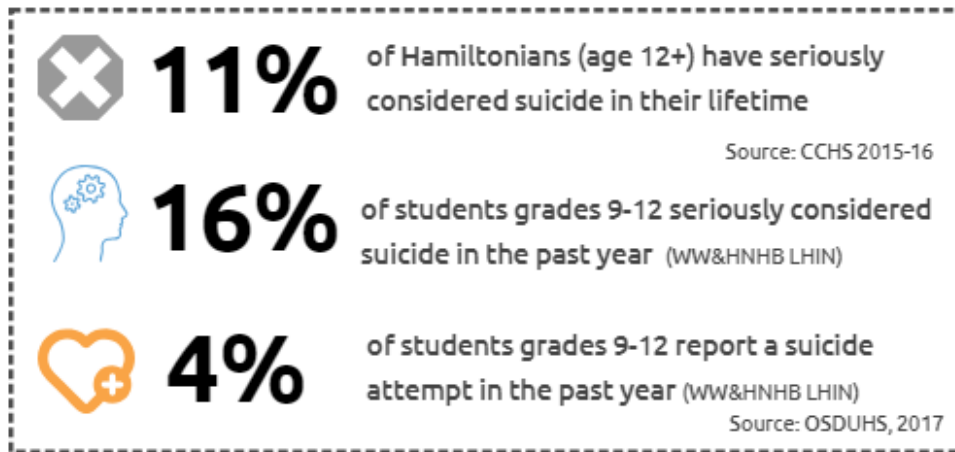


Source: NCCMT

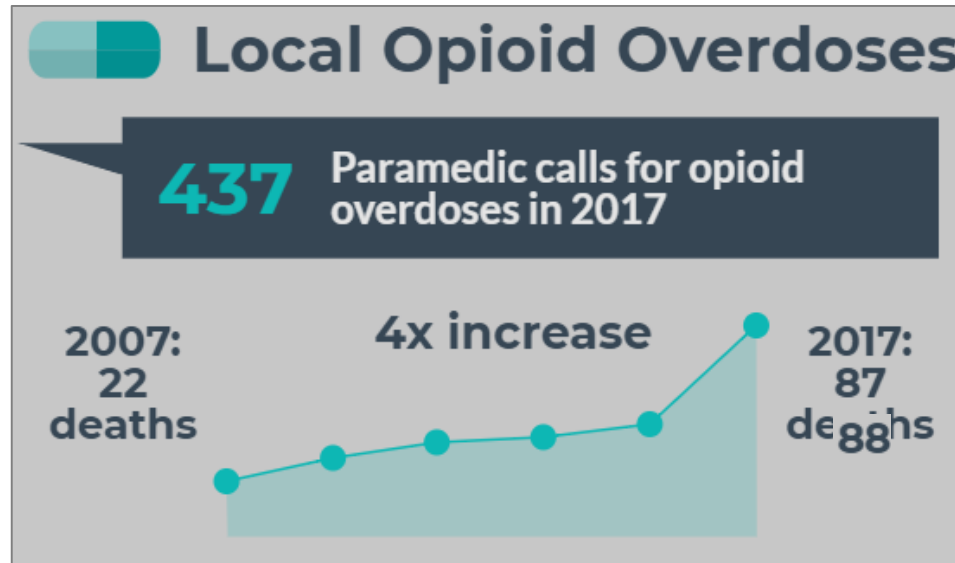
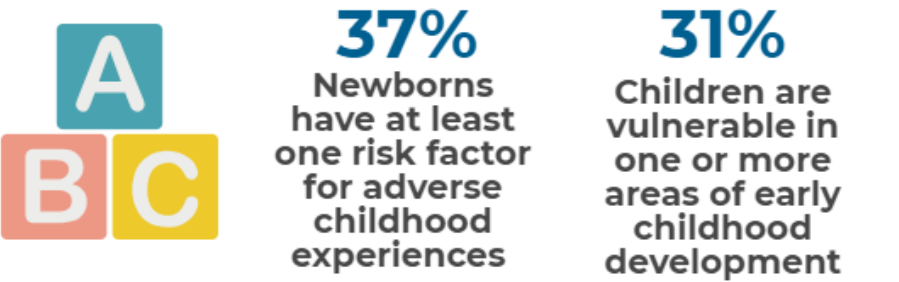


# Mental Health & Addictions

- In Hamilton, suicide and drug overdoses are the leading causes of death under age 45.
- Both suicide and drug overdoses are trending upwards.



**Negative impacts during early life can have long lasting effects on health and well-being**



Sources: ISCIS (2014-17); EDI (2015); Opioid Tracking Tool, PHO; Hamilton Paramedic Services (2017).

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# Mental Health & Addictions

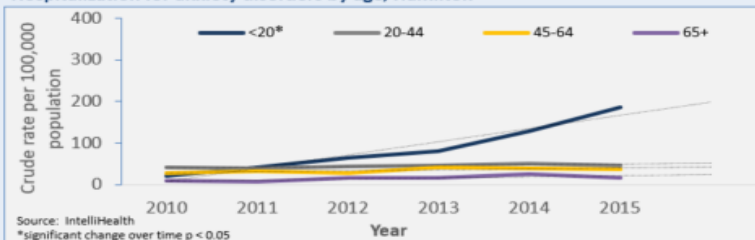
## POPULATION

**Result (Goal)** All residents of Hamilton are free of harm due to substance use and are able to enjoy the best quality of life.



### Indicator Baselines Mental illness hospitalizations

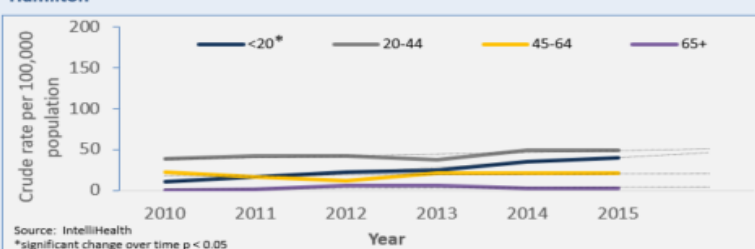
Hospitalization for anxiety disorders by age, Hamilton



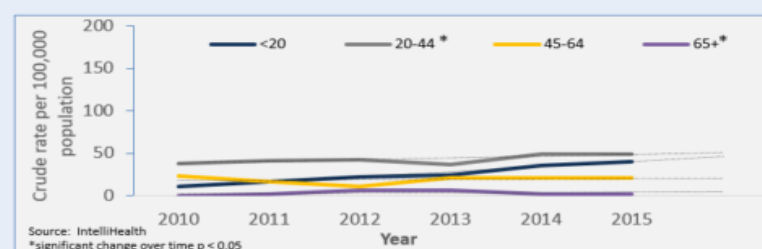
Hospitalization for mood/affective disorders by age, Hamilton



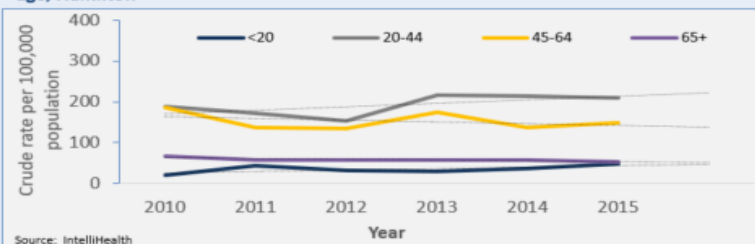
Hospitalization for selected disorders of adult personality and behaviour by age, Hamilton



Hospitalization for substance related disorders by age, Hamilton



Hospitalization for schizophrenia, delusional and non-organic psychotic disorders by age, Hamilton



# Mental Health & Addictions

## Public Health Action

### Strategic & System Initiatives

- Coordination and engagement in the Community Drug Strategy
- Cross-sector collaboration to improve the mental health and well-being of the community

### Promotion, Awareness, Education & Knowledge Translation

- Support the implementation of comprehensive mental well being interventions in targeted schools in Hamilton

### Screening, Assessment, Intervention & Case Management

- Alcohol, Drugs & Gambling Services
- Children & Adolescent Services

### Monitoring & Surveillance

- Hamilton Opioid Information System
- Determine priority populations to target interventions

# Healthy Weights

- Excess body weight, poor diet, and physical inactivity are risk factors for many of the leading causes of disability and death in Hamilton.

## Each year in Hamilton

**290** Deaths attributed to excess weight

**590** Deaths attributed to poor diet

**103** Deaths attributed to low physical activity

## HEALTHY EATING

Weekly cost for a family of four to eat healthy in Hamilton:

**\$187**

**1 in 7**

Hamilton households experience food insecurity



### OVERVIEW

Overweight or obese Hamiltonians by age:

Youth (12-17) 27%

Adults (18-44) 61%

Adults (45-64) 74%

Seniors (65+) 72%

**2 in 3**

Hamilton adults are overweight or obese



Overweight or obese Hamilton adults by sex:

55%

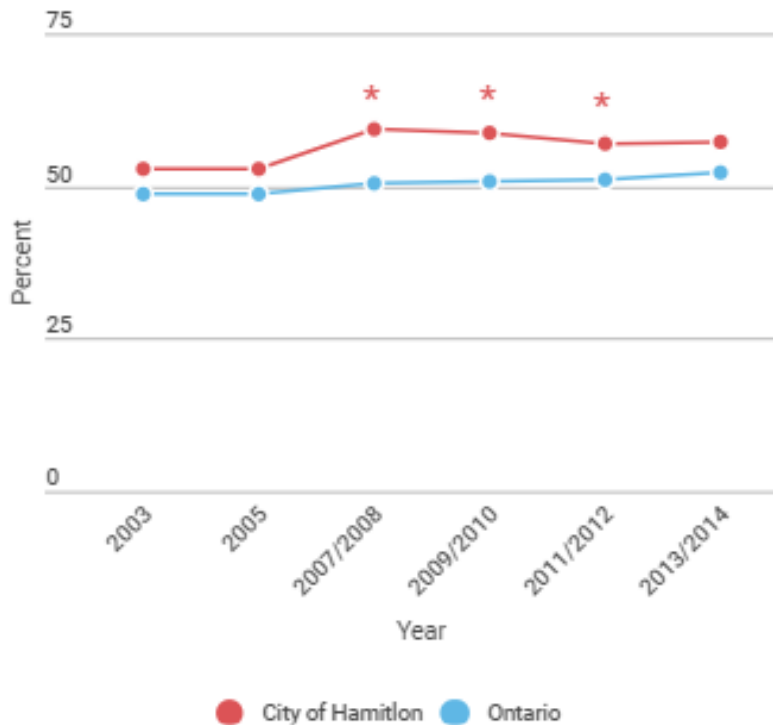
78%



Sources: Canadian Community Health Survey (2013-14), Statistics Canada; Ontario Mortality Data [2012], MOHLTC IntelliHealth.

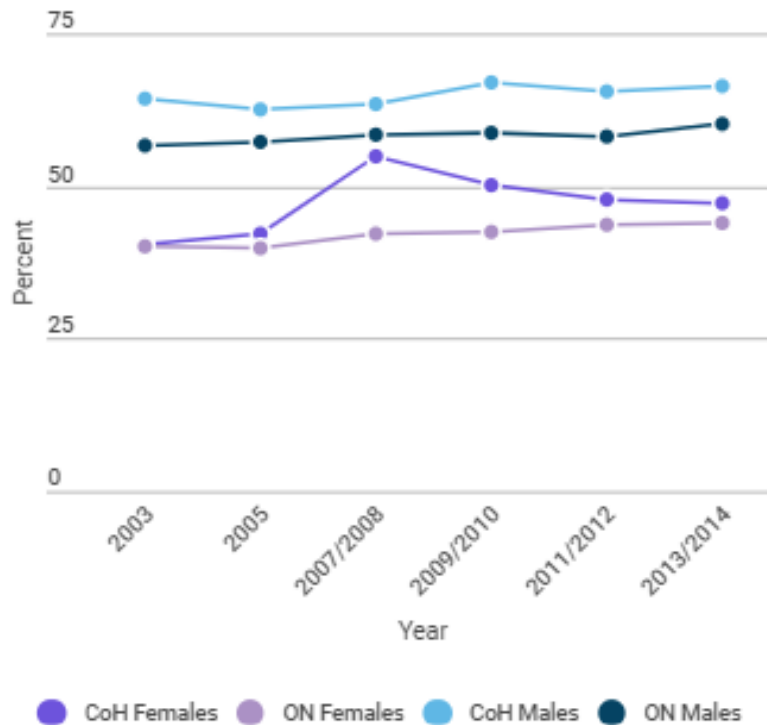
# Healthy Weights

Age-standardized self-reported **adult** combined overweight and obese rate, City of Hamilton and Ontario, 2003-2013/14



Public Health Ontario Snapshots, Canadian Community Health Survey (CCHS) 2003 to 2013-14, Statistics Canada, Ontario Share File, Distributed by Ontario MOHLTC

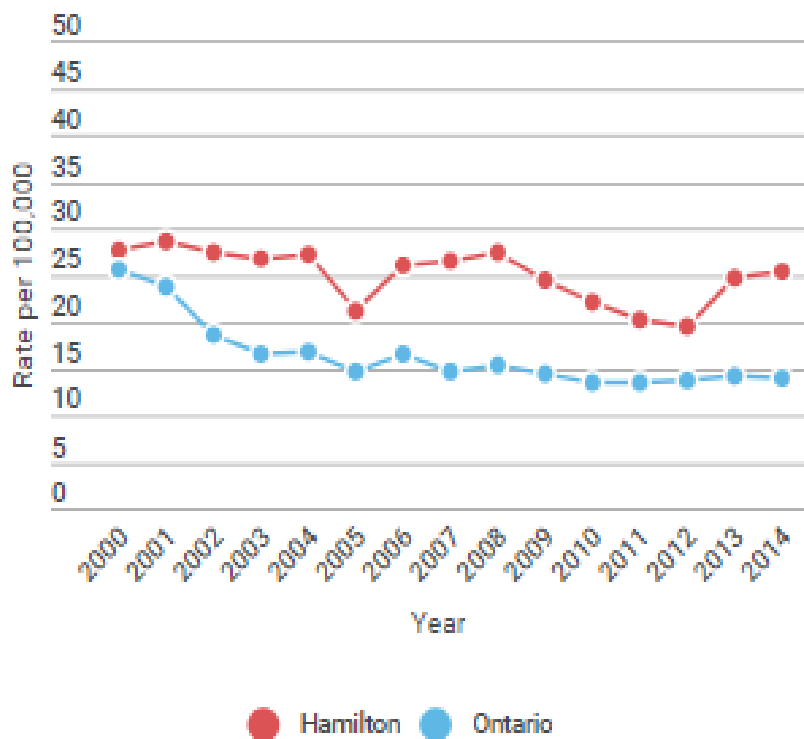
Age-standardized self-reported adult combined overweight and obese rate by **gender**, City of Hamilton and Ontario, 2003-2013/14



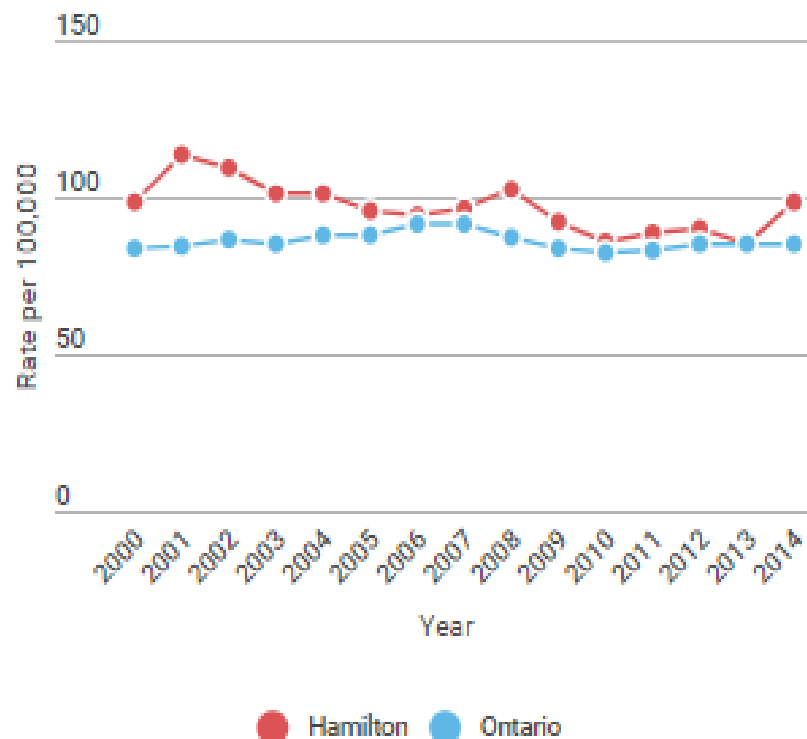
Public Health Ontario Snapshots, Canadian Community Health Survey (CCHS) 2003 to 2013-14, Statistics Canada, Ontario Share File, Distributed by Ontario MOHLTC

# Healthy Weights

Age standardized **hospitalization** rate (per 100,000 population) for hypertensive diseases, City of Hamilton and Ontario, 2000-2011

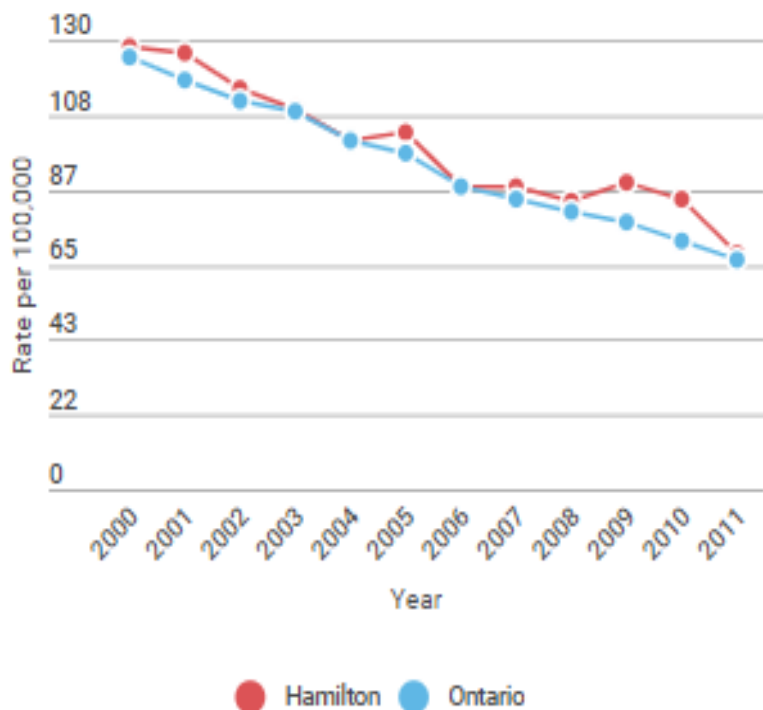


Age standardized **hospitalization** rate (per 100,000 population) for diabetes, City of Hamilton and Ontario, 2000-2011

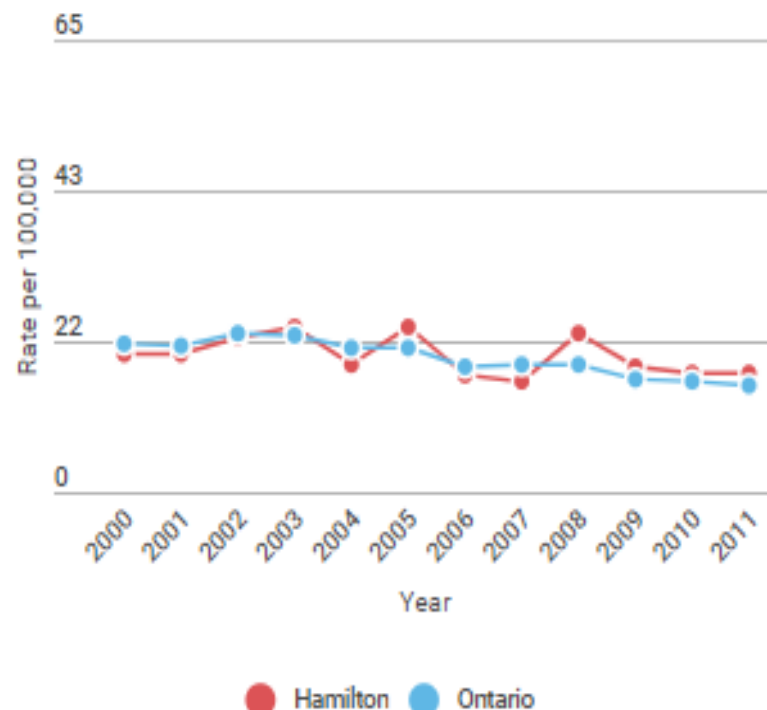


# Healthy Weights

Age standardized mortality rate (per 100,000 population) for ischemic heart diseases, City of Hamilton and Ontario\*, 2000-2011



Age standardized mortality rate (per 100,000 population) for diabetes, City of Hamilton and Ontario\*, 2000-2011



# Healthy Weights

## Strategic & System Initiatives

- Implementation of Hamilton's Food Strategy
- Advocacy for activity friendly communities through Planning Policy & Zoning By-Law Reform, Community Planning and Transportation Planning
- Active & Sustainable School Transportation

## Promotion, Awareness, Education & Knowledge Translation

- Deliver Community Food Advisor Program developing food skills in Hamilton
- Initiatives to improve food literacy
- Health promotion actions to increase physical activity and reduce sedentary behaviour

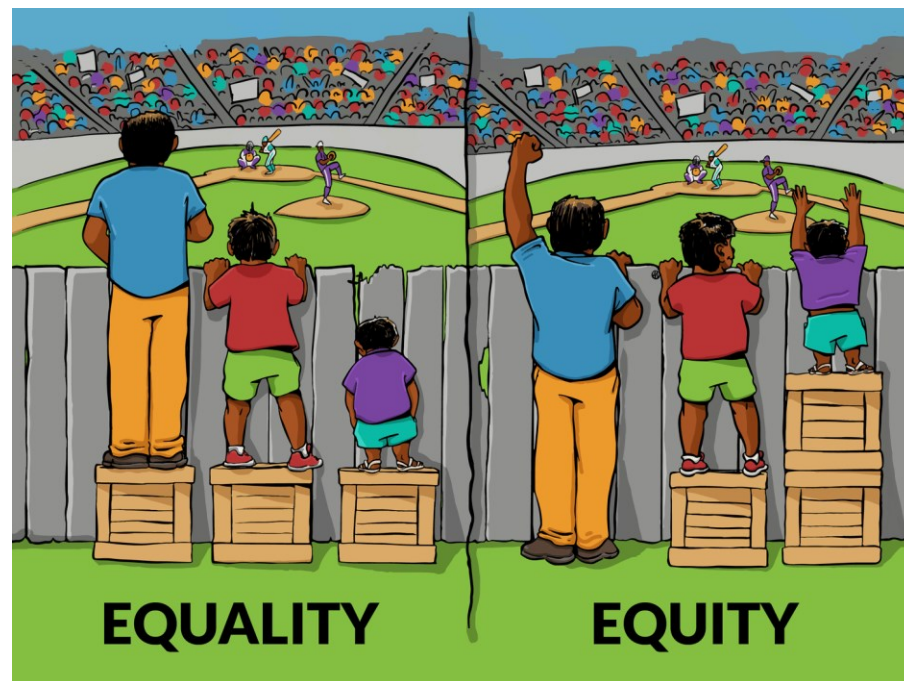
## Monitoring & Surveillance

- Monitor overweight and obesity trends over time
- Determine priority populations to target interventions



# What is Health Equity?

- Health is influenced by a broad range of determinants, many of them are social determinants which are factors beyond our biology, behaviours, and lifestyle choices.
- **Health equity** is when all people can attain their full health potential because they are not disadvantaged by social determinants of health.



# Health Equity

## Map: Material deprivation in Hamilton

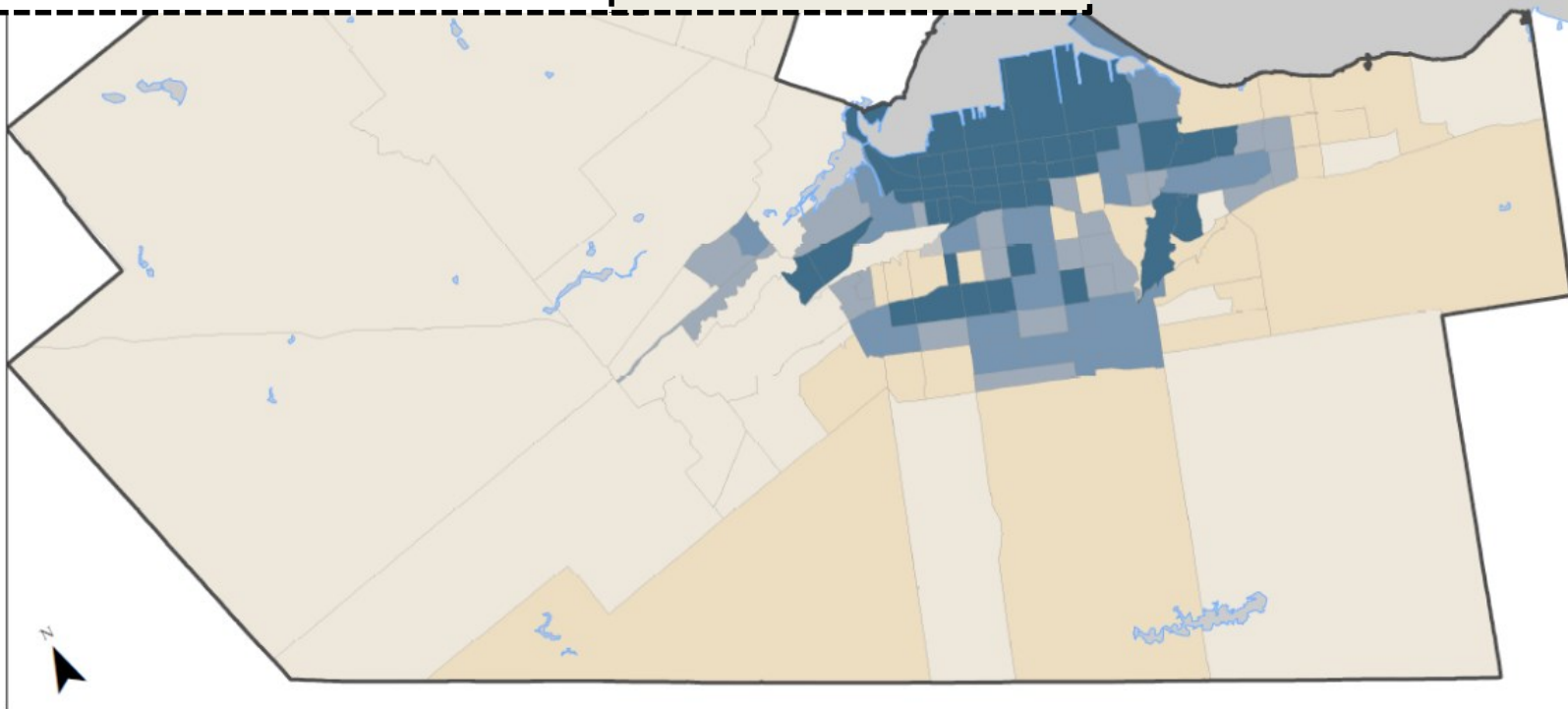
Material deprivation is the inability to afford basic necessities; it is essentially the “purchasing power” of the population. Those with **high material deprivation (dark blue)** have the lowest purchasing power and may struggle to afford rent, utilities, food, education, childcare, transportation, recreation, and other costs.

“Material Deprivation” is a combined measure of:

- Low income
- Social assistance
- Unemployment
- Low education
- Lone parents
- Homes needing major repairs

NOTE: MATHESON, F.; ONTARIO AGENCY FOR HEALTH PROTECTION AND PROMOTION (PUBLIC HEALTH ONTARIO). 2011 ONTARIO MARGINALIZATION INDEX. TORONTO, ON: ST. MICHAEL'S HOSPITAL; 2017. JOINT PUBLICATION WITH PUBLIC HEALTH ONTARIO.

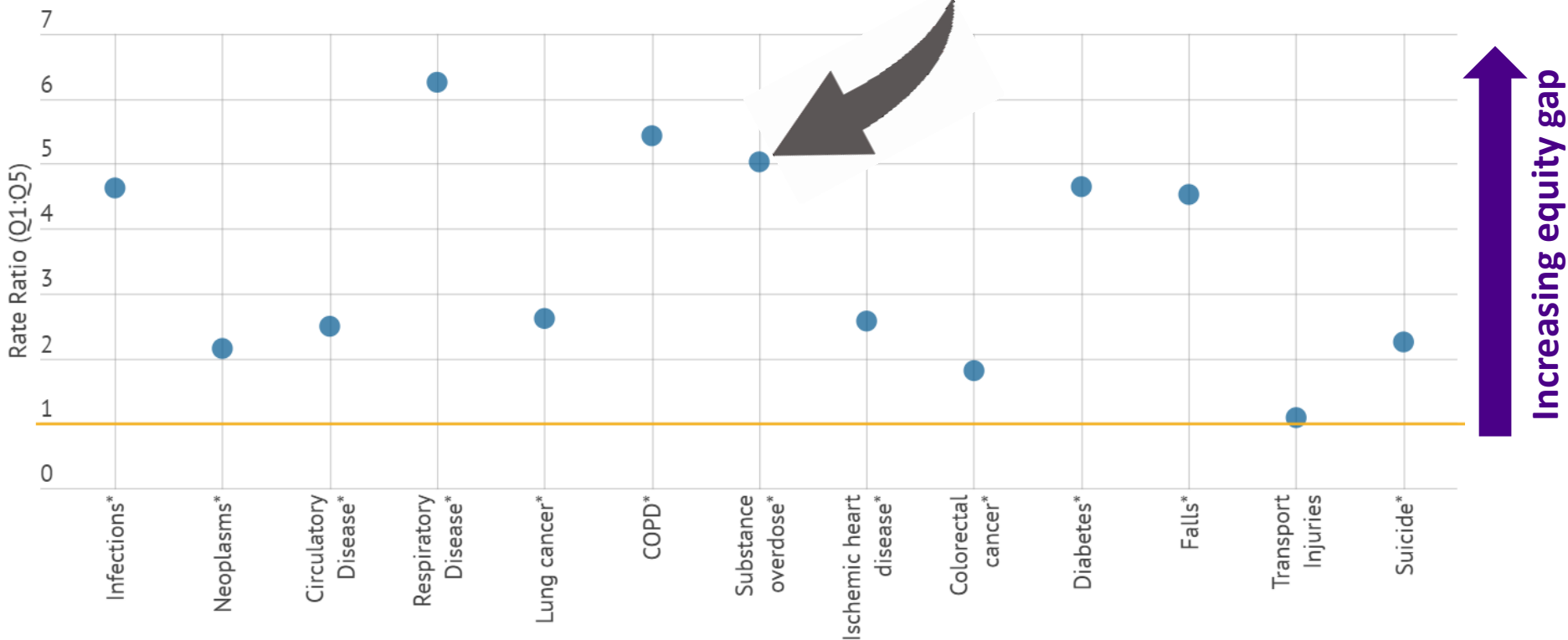
*Lake Ontario*



# Health Equity

Probability of avoidable death if you live in a neighbourhood with **high material deprivation**:

Hamiltonians living in the most materially deprived areas are 5-times more likely to die from a substance overdose.



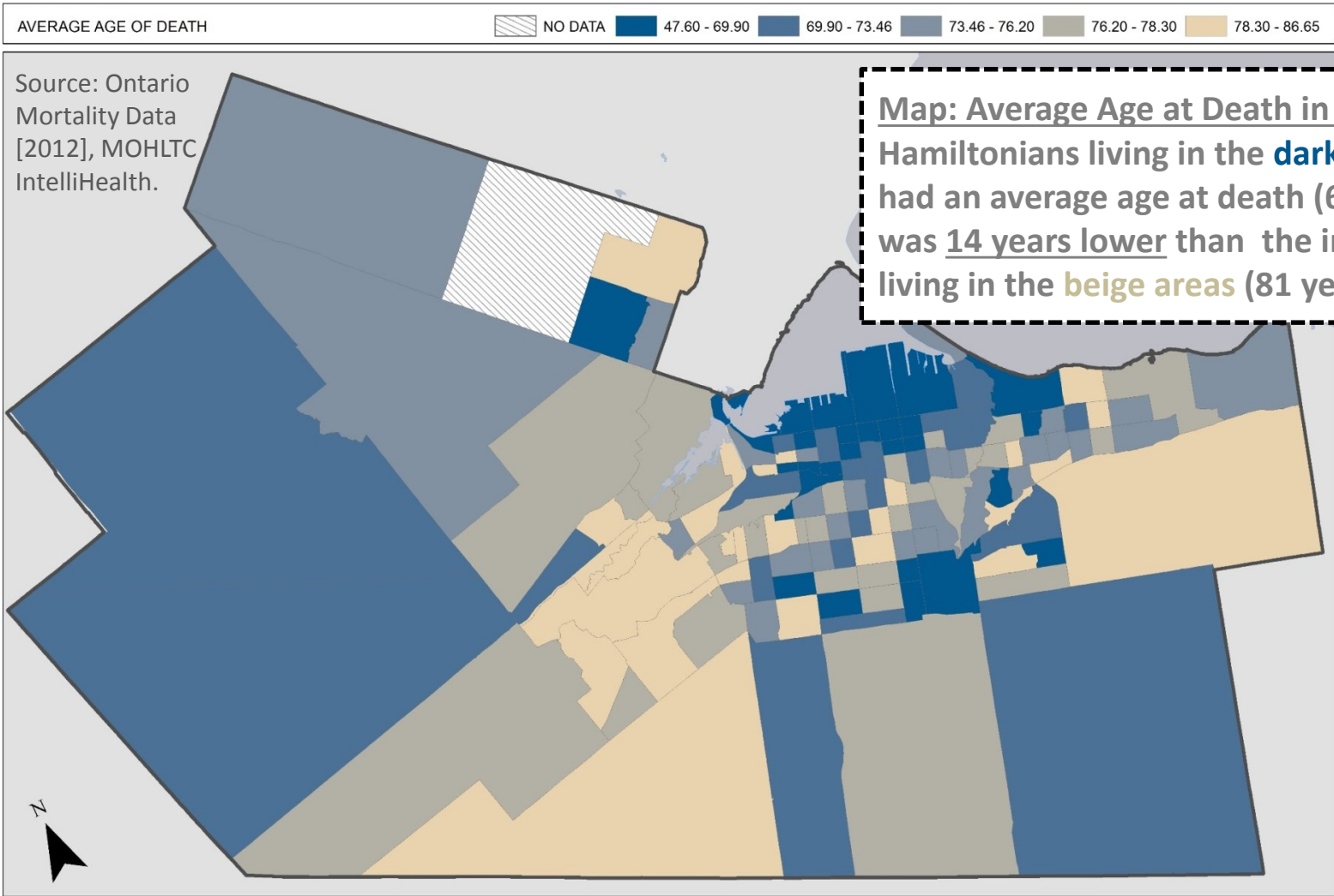
Source: Ontario Mortality Data [2010-2012], MOHLTC IntelliHealth.



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“Your postal code is a better predictor of your health than your genetic code” – Dr. Melody Goodman, NYU

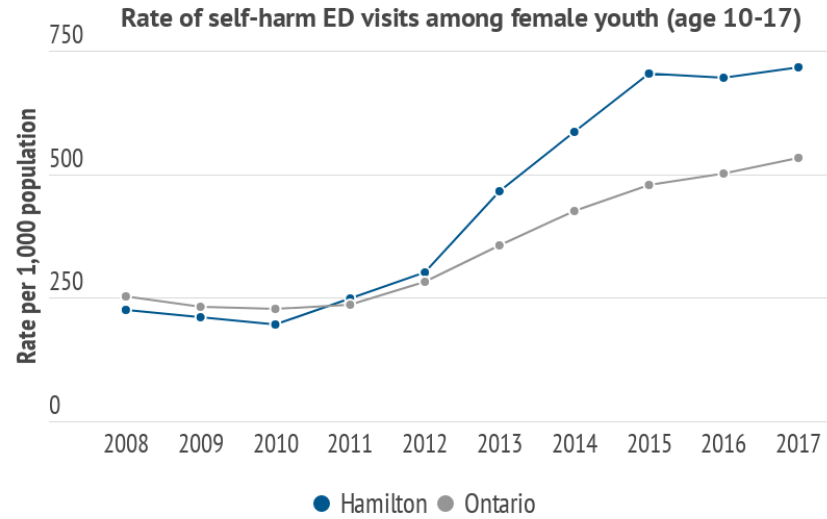
# Health Equity



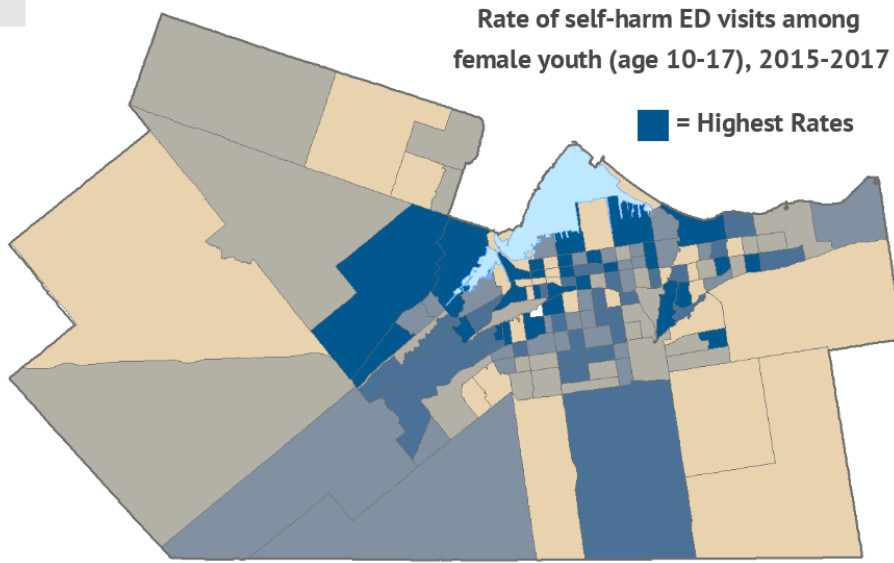
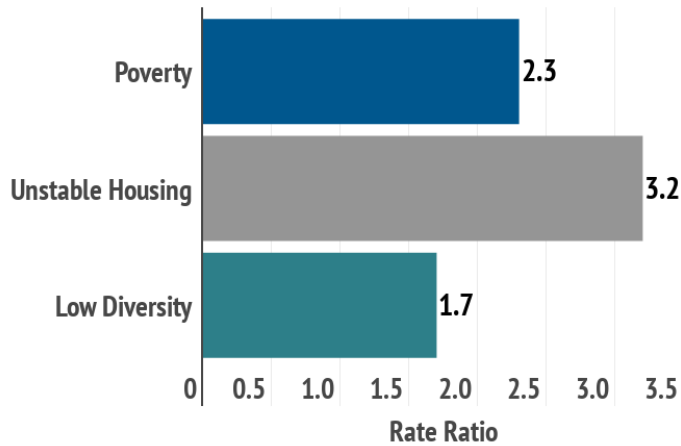
**What is self-harm?** When a person deliberately inflicts pain or damage to their own body by any method; it may coincide with an attempt to take one's own life.

### Who is impacted by self-harm in Hamilton?

- Females aged 10-17 have the highest rates of self-harm and this rate has tripled over the past 10 years.
- 70% of female youth use drugs to self-harm and 20% use sharp objects to self-harm.
- Self-harm is more common among female youth from areas with poverty, unstable housing, and low diversity.
- Rates of self-harm are highest in lower Hamilton.



Which social determinants increase your risk of self-harming?



Source: NACRS [2017], MOHLTC IntelliHealth.

# Health Equity

## Strategic & System Initiatives

- Collaboration with systems partners – Local Health Integration Network, school boards, hospitals, academic institutions – on shared priorities
- Engagement in Urban Indigenous Strategy

## Monitoring and Surveillance

- Health Check
- Ward Profiles
- Determine priority populations within the City of Hamilton and for each public health program to target interventions

# Annual Service Plan & Budget

<b>Program Standards</b>	Chronic Disease Prevention and Well-Being			
	Food Safety			
	Healthy Environments			
	Healthy Growth and Development			
	Immunization			
	Infectious & Communicable Diseases Prevention and Control			
	Safe Water			
	School Health – Oral health; Vision; Immunization; Other			
	Substance Use and Injury Prevention			
<b>Foundational Standards</b>	<b>Population Health Assessment</b>	<b>Effective Public Health Practice</b>	<b>Health Equity</b>	<b>Emergency Management</b>

# Annual Service Plan & Budget

- All Boards of Health must approve and submit to the Ministry each year an Annual Service Plan and Budget
- Annual Service Plan and Budget includes:
  - Population health data
  - Detailed program plans
  - Budgeted expenditures
  - Requests for additional base and one-time funding
- Goals:
  - Clear priorities based on population health data and local need
  - Consistency of core services across the Province
  - Tailoring of health promotion programs to local circumstances



## Future Expectations

- Submit 2019 Annual Service Plan and Budget to the Ministry  
March 1, 2019
- Will have mature planning state this year for 2020 plan
- Board of Health submissions on performance and compliance with Standards, format being finalized by Province

Thank you



**CITY OF HAMILTON**  
**PUBLIC HEALTH SERVICES**  
Office of the Medical Officer of Health

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	February 22, 2019
<b>SUBJECT/REPORT NO:</b>	2019 Annual Service Plan and Budget (BOH19006) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Jennifer Hohol (905) 546-2424 Ext. 6004
<b>SUBMITTED BY:</b>	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
<b>SIGNATURE:</b>	

**RECOMMENDATION(S)**

That Appendix "A" attached to Report (BOH19006) respecting the 2019 Annual Service Plan and Budget be approved by the Board of Health, for submission to the Ministry of Health and Long-Term Care.

**EXECUTIVE SUMMARY**

The new Ontario Public Health Standards (Standards) came into effective January 1, 2018. As a requirement of the Standards, all boards of health must approve and submit each year to the Ministry of Health and Long-Term Care (MOHLTC) an Annual Service Plan and Budget (ASP&B). The ASP&B must include population health data, detailed program plans, budgeted expenditures and requests for additional base and one-time funding.

To support development of the 2019 ASP&B, a detailed population health assessment was completed to describe the current health of the community and identify priority populations. Based on the assessment of population health data, the areas of mental health and addictions, healthy weights and health equity were confirmed as priority areas of focus for Public Health Services (PHS). Additional detail on the three priority areas is provided in BOH19005.

Through the 2019 ASP&B, PHS has requested \$358,300 in additional base funding to support the raccoon rabies response and the Public Health Inspector Practicum Program. No requests for additional one-time funding were made to the MOHLTC for 2019.

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**SUBJECT: 2019 Annual Service Plan and Budget (BOH19006) (City Wide) - Page 2 of 4**

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Hamilton Public Health Services' 2019 ASP&B is found in Appendix "A" and is due to the MOHLTC on March 1, 2019. Due to the nature of the electronic ASP&B reporting tool provided by the Ministry of Health and Long-Term Care, not all detail can be seen in the print format of Appendix "A". Board of Health members are welcome to contact PHS staff to review the electronic document containing all program details for submission. The ASP&B submission contains detailed information related to resource allocation. Resource allocation data at the individual level has been removed, and only rolled up summaries are provided in Appendix "A".

**Alternatives for Consideration – Not Applicable**

**FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

**Financial:** Approval of the ASP&B for submission to the MOHLTC is required to receive provincial funding to support the delivery of public health programs and services.

For 2019, PHS has requested \$358,300 in additional base funding as outlined below.

**Raccoon Rabies:** Request for \$358,300 to continue funding two temporary full time Public Health Inspector positions to meet increased service levels due to unexpected and extraordinary raccoon rabies outbreak in Hamilton and surrounding areas that began in December 2015.

**Public Health Inspector Practicum Program:** Annual grant of \$10,000 available to hire 0.16 FTE Public Health Inspector Trainee between Victoria Day and Labour Day for program support and to provide training for future Public Health Inspectors.

**Staffing:** There are no staffing implications.

**Legal:** The MOHLTC expects that boards of health are accountable for meeting all requirements included in legislation and the documents that operationalize them. It is a requirement within the Standards that boards of health submit an ASP&B each year. Approval and submission of the 2019 ASP&B for submission to the MOHLTC fulfils this requirement.

**HISTORICAL BACKGROUND**

The new Standards came into effective January 1, 2018. As a requirement of the Standards, all boards of health must approve and submit each year to the MOHLTC an ASP&B. The ASP&B must include population health data, detailed program plans, budgeted expenditures and requests for additional base and one-time funding.

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

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

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

**SUBJECT: 2019 Annual Service Plan and Budget (BOH19006) (City Wide) - Page 3 of 4**

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The development of the 2018 ASP&B required an additional level of detail that was new for the Board of Health, including a detailed narrative of programs and services offered under each Standard as outlined in (BOH17010(d)). To better understand the impact of the Standards on PHS and complete the 2018 ASP&B, work groups were established to review the Standards, assess compliance and recommend changes to current service delivery as outlined in (BOH17010(b)). The review also included an analysis of population health data to describe the current health of the community, identify priority populations and establish local need (BOH17030).

Review of compliance with the Standards demonstrated substantial compliance to the new regulations. The outcomes of this review were used to inform the development of PHS' first ASP&B in 2018 that provides narrative details about Hamilton's health issues and the programs and services that address these issues.

To support development of the 2019 ASP&B, a more detailed population health assessment was completed to describe the current health of the community and identify priority populations. Based on the assessment of population health data, three priority areas of focus were confirmed as a future focus for PHS including mental health and addictions, healthy weights and health equity (BOH19005).

Individual feedback was provided to each public health unit by the MOHLTC on their 2018 ASP&B submissions. PHS has considered this feedback and addressed all recommended changes in the 2019 ASP&B document (Appendix "A").

**POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

The Standards outline requirements that direct the delivery of mandatory public health programs and services by public health units pursuant to the Health Protection and Promotion Act. It is a requirement within the Standards that boards of health submit an ASP&B each year to the MOHLTC.

**RELEVANT CONSULTATION**

No additional consultation was conducted.

**ANALYSIS AND RATIONALE FOR RECOMMENDATION**

The 2019 ASBP is found in Appendix "A". To support development of the 2019 ASP&B, a detailed population health assessment was completed to describe the current health of the community and identify priority populations. Based on the assessment of population health data, the areas of mental health and addictions, healthy weights and health equity were confirmed as priority areas of focus for PHS (BOH19005).

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In addition to community population health data, the ASP&B also includes detailed program plans for service areas across PHS with program descriptions, objectives and interventions that are being delivered in 2019.

**ALTERNATIVES FOR CONSIDERATION**

Not applicable.

**ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN**

**Healthy and Safe Communities**

Hamilton is a safe and supportive City where people are active, healthy, and have a high quality of life.

**Our People and Performance**

Hamiltonians have a high level of trust and confidence in their City government.

**APPENDICES AND SCHEDULES ATTACHED**

Appendix “A” to Report BOH19006 – Hamilton Public Health Services 2019 Annual Service Plan and Budget

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Ministry of Health and Long-Term Care

## 2019 Annual Service Plan and Budget Submission

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

# 2019 Annual Service Plan and Budget Submission

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

## Introduction and Instructions

### 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.

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 funding allocation (see Schedule A of your board of health's most recent Public Health Funding and Accountability Agreement). Any funding required over the existing provincial base funding allocation must be requested in the Base and/or One-Time Funding Requests worksheets provided in the Annual Service Plan.

The deadline to submit the 2019 Annual Service Plan is **March 1, 2019**.

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. Also, a section outlining technical instructions on how to navigate through the Annual Service Plan worksheets has been added to the Cover Page of the template.

### Instructions

The Annual Service Plan is organized according to the order of the Standards. Boards of health are required to provide narrative details and budgeted financial data for each Foundational Standard, and for all programs and services planned under each Program Standard. For a list of admissible expenditures that can be included in the Annual Service Plan, refer to the current versions of the Public Health Funding and Accountability Agreement and Program-Based Grants User Guide.

The Annual Service Plan includes multiple worksheets that are accessible from a menu on the left-hand side of the Annual Service Plan workbook. 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.



### Annual Service Plan Structure

This worksheet sets the structure of the Annual Service Plan and requires each board of health to specify the number of programs to be delivered under each Program Standard, program titles, the number of interventions per program, intervention titles, number of base and one-time funding requests and their titles, and number of board of health members. Space to enter titles for programs, interventions, and funding requests will be visible once the board of health specifies the number required for each. These titles will automatically populate all appropriate sections in the Annual Service Plan (this worksheet must be completed/updated by boards of health prior to completing the Annual Service Plan).

Boards of health can input a number value of up to 20 programs and up to 10 interventions under each Program Standard. Information pertaining to the Foundational Standards is not required on this worksheet. Please refer to the Glossary for definitions and sample examples of programs and interventions.

In designing the initial 2018 Annual Service Plan template, and then updating it for 2019, the ministry acknowledges that boards of health continue to use different program names for similar services, and there is a variation in the way boards of health group activities into programs. In order to address these challenges, the ministry is continuing to move forward with a phased-in approach for implementation of the Annual Service Plan template.

Beginning with the 2019 Annual Service Plan, the ministry is requesting that boards of health provide program descriptions based on the following standardized categories:

Program Standard	Standardized Program Name	Applicable Requirements	Examples of Activities
<p><b>Chronic Disease Prevention and Well-Being or Healthy Growth and Development</b></p>	<p>Non-Mandatory Oral Health programs</p>		<ul style="list-style-type: none"> <li>• Fluoride varnish and Professionally Applied Topical Fluoride (PATF) programs for non HSO-enrolled clients;</li> <li>• Adult and/or Seniors oral health services; and,</li> <li>• Adult and/or Seniors oral health education or promotion.</li> </ul> <p>Excludes programs listed under School Health Oral Health below.</p>
	<p>Immunization Monitoring and Surveillance</p>	<ul style="list-style-type: none"> <li>• Conduct epidemiological analysis of surveillance data for vaccine preventable diseases, vaccine coverage, and adverse events following immunization, including monitoring of trends over time, emerging trends, and priority populations;</li> <li>• Have a contingency plan to deploy board of health staff capable of providing vaccine preventable diseases outbreak management and control;</li> <li>• Promote reporting of adverse events following immunization by health care providers to the local board of health; and,</li> <li>• Monitor, investigate, and document all suspected cases of adverse events following immunization that meet the provincial reporting criteria and promptly report all cases.</li> </ul>	<ul style="list-style-type: none"> <li>• Data entry and management of clinics, including Universal Influenza Immunization Program (UIIP);</li> <li>• Monitoring, investigating, and documenting, as appropriate, adverse events following immunization (AEFI);</li> <li>• Promotion of reporting of AEFIs by health care providers to the local board of health;</li> <li>• Epidemiological analysis of surveillance data for vaccine preventable diseases, vaccine coverage, and AEFI, including monitoring of trends over time, emerging trends, and priority populations; and,</li> <li>• Outbreak management (excluding immunization clinical services).</li> </ul> <p>Excludes activities related to the Immunization of School Pupils Act (ISPA)/ Child Care and Early Years Act (CCEYA) data collection, entry, monitoring and reporting.</p>

<p><b>Immunization</b></p>			
	<p>Vaccine Administration</p>	<p><i>Immunization Standard</i></p> <ul style="list-style-type: none"> <li>• Provide provincially funded immunization programs and services to eligible persons in the board of health.</li> </ul> <p><i>School Health Standard</i></p> <ul style="list-style-type: none"> <li>• Provide provincially funded immunization programs to eligible students in the board of health through school-based clinics.</li> </ul>	<ul style="list-style-type: none"> <li>• Vaccine administration for provincially funded immunization programs for eligible persons in the board of health, including: School-based clinics for Hepatitis B, Human Papillomavirus and Meningococcal ACYW; community-based clinics and other catch-up immunization services (not school-based); and, UIIP clinics.</li> </ul>
	<p>Community Based Immunization Outreach (excluding vaccine administration)</p>	<ul style="list-style-type: none"> <li>• Work with community partners to improve public knowledge and confidence in immunization programs and services;</li> <li>• Provide consultation to community partners on immunization and immunization practices;</li> <li>• Work with school boards and schools to identify opportunities to improve public knowledge and confidence in immunization for school-aged children; and,</li> <li>• Assess, maintain records, and report on immunizations administered at board of health-based clinics.</li> </ul>	<ul style="list-style-type: none"> <li>• Community outreach, consultations and partnerships on immunization and immunization practices;</li> <li>• Activities to improve public knowledge and confidence in immunization programs and services; and,</li> <li>• Activities to improve health professional knowledge and understanding of immunization and the Ontario immunization schedule.</li> </ul>
	<p>Vaccine Management</p>	<ul style="list-style-type: none"> <li>• Provide comprehensive information and education to promote effective inventory management for provincially funded vaccines;</li> <li>• Promote appropriate vaccine inventory management: (a) Prevention, management, and reporting of cold chain incidences, b) Prevention, management, and reporting of vaccine wastage; and,</li> <li>• Ensure that the storage and distribution of provincially funded vaccines is in accordance with the Vaccine Storage and Handling Protocol.</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of information and education to promote effective inventory management for provincially funded vaccines; and,</li> <li>• Activities related to the storage, handling and distribution of vaccines</li> </ul>
		<ul style="list-style-type: none"> <li>• See the Oral Health Protocol, 2018 (sections 2a, 2b, 2c, 3</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-Screen Notification (e.g., liaising with school boards,</li> </ul>

<p><b>School Health (Oral Health)</b></p>	<p>Oral Health Assessment and Surveillance</p>	<p>and 4).</p>	<p>issuing pre-screen notification letters);</p> <ul style="list-style-type: none"> <li>• School Risk Level Determination;</li> <li>• Screening and Surveillance; and,</li> <li>• Other, if applicable.</li> </ul>
	<p>Healthy Smiles Ontario</p>	<ul style="list-style-type: none"> <li>• See the Oral Health Protocol, 2018 (sections 9, 10 and 11).</li> </ul>	<ul style="list-style-type: none"> <li>• Program Eligibility Assessment and Client-Level Oral Health Navigation (e.g., clinical and financial eligibility determination, client enrollment support into the various streams of Healthy Smiles Ontario, assistance with finding a dental home);</li> <li>• Post-Screen Notification and Follow-up;</li> <li>• Oral Health Service Delivery (e.g., clinics/mobile buses providing oral health services to Healthy Smiles Ontario clients);</li> <li>• Promotion and Education (i.e., Oral Health and Healthy Smiles Ontario); and,</li> <li>• Other, if applicable.</li> </ul>
<p><b>School Health (Immunization)</b></p>	<p>Immunizations for Children in Schools and Licensed Child Care Settings</p>	<ul style="list-style-type: none"> <li>• Enforce the ISPA; and,</li> <li>• Assess, maintain records, and report on: the immunization status of children enrolled in licensed child care settings, and the immunization status of children attending schools in accordance with the ISPA.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintenance of records, assessment and reporting on the immunization status of children in schools and licensed child care centres;</li> <li>• ISPA suspension process; and,</li> <li>• ISPA education sessions.</li> </ul> <p>Excludes activities related to ISPA vaccine administration.</p>

Those activities should be included under the "Substance Use and Injury Prevention Administration."

Boards of health that deliver other programs under the above mentioned Program Standards may still include these programs as long as there is no duplication or overlap in the activities and services provided.

It is also important to note the following:

- Any programming related to the Smoke-Free Ontario Strategy should be reflected under the Substance Use and Injury Prevention Program Standard.
- Programming related to substance use prevention (i.e., alcohol, cannabis, opioids, illicit and other substances, including tobacco) and harm reduction (i.e., Needle Exchange Program, Harm Reduction Program Enhancement) should be reflected under the Substance Use and Injury Prevention Standard. Program and/or intervention descriptions should clearly state which substance(s) are being targeted. A program may target multiple substances or a specific substance.
- Programming related to menu labelling should be reflected under the Chronic Disease Prevention and Well-Being Program Standard.
- Boards of health are only required to include a separate program plan for a ministry funded "related" program if the "related" program is considered a program by the board of health (boards of health are no longer required to include a separate program plan for each of the "related" programs funded by the ministry).
- Some public health programs may be delivered under multiple Standards. Boards of health are required to allocate these programs across all of the applicable Standards.

### Community Assessment

Boards of health are required to provide a high-level description/overview of the communities within their public health unit on this worksheet.

Information entered in the Community Assessment worksheet 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 within which all programs and services are delivered.

Content in this section is intended to provide a "big picture" overview of the communities within the public health unit area and is not expected to duplicate, but to complement, content inputted under the Foundational and Program Standards. There should be a clear linkage between the community assessment and program and service delivery decisions made by the board of health under the Standards.

### Program Plans

This group of worksheets requires boards of health to provide a narrative on all programs and services they plan to deliver under each Standard. These program plan worksheets will be pre-populated based on the number and titles of programs and interventions entered in the Annual Service Plan Structure worksheet.

There is a worksheet for the Foundational Standards and for each Program Standard (the School Health Program Standard worksheet includes four (4) sections for Oral Health, Vision, Immunization, and Other). The Program Plan worksheets are organized as follows:

- **Foundational Standards** – Boards of health are required to describe how they plan to implement each of the four (4) Foundational Standards, and for the Emergency Management Foundational Standard describe the objectives and key partners/stakeholders.
- **Program Standards** – Within 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 2019, including objectives that include timelines, and a description of all public health interventions within each program.

Boards of health must complete all sections of all program plans and are no longer permitted to refer to content previously inputted under a different Standard. If there is duplication of narrative details in programs under the same Standard, boards of health may avoid duplication by referring to another program where the information has already been provided. Please refer to the "How to Use the ASP Template" section for tips on copy/pasting content effectively.

There is no longer a summary budget and funding sources summary under each program plan. This information can be found in the Budget Summaries worksheet.

**Budget Allocation and Summaries**

Includes a set of worksheets to allocate staffing and other expenditures for each Foundational Standard, and for all programs under each Program Standard as identified in the Annual Service Plan.

Boards of health are required to identify funding sources in the allocation of expenditures worksheet. This includes mandatory programs (cost-shared) as well as all "related" programs identified as "programs/sources of funding" in Schedule A of the Public Health Funding and Accountability Agreement. Please note that funding sources must be identified for programs to which they are applicable.

The Budget worksheets are organized as follows:

- **Staff Allocation to Programs** – Boards of health are required to input the total number of full-time equivalents (FTEs) and total budget for each position title under each Standard in the light blue cells. The total FTEs and total budget are inputted in the same row as the title for that Standard. For Program Standards, boards of health are then required to allocate the total FTEs and budget to each program listed under that Program Standard. Cells will be yellow until all FTEs and budgets have been allocated. Data inputted in this worksheet will pre-populate salaries and wages in the Allocation of Expenditures worksheet. Beginning in 2019, boards of health are now required to allocate a budget for each Foundational Standard. Also, additional position titles have been added to this worksheet (e.g., communications staff, program evaluator and data analyst).

- **Medical Officer of Health & Administrative Staff** – Boards of health are required to input the total FTEs and total budget for the Medical Officer of Health position and each administrative position in this separate worksheet. Data inputted in this worksheet will pre-populate salaries and wages in the Allocation of Expenditures worksheet, in the indirect costs section. A Chief Executive Officer position title has been added to this worksheet.

- **Allocation of Expenditures** – Salaries and wages will pre-populate from the staffing worksheets. Benefits are calculated based on the average percentage (%) of benefits entered for the entire organization at the top of this worksheet. Benefits can also be entered directly in each cell as benefits cells have been left unlocked for this purpose. All other expenditure categories should be manually allocated in each Foundational Standard and each program under the Program Standards. Costs associated with the office of the Medical Officer of Health, administration and other overhead/organizational costs are to be inputted in the section at the end of this worksheet as an indirect cost and are not to be allocated across the Standards. For 2019, expenditure categories now also include building occupancy and municipal charges. Funding sources must be identified for each Foundational Standard and each program under the Program Standards. Funding sources are populated by selecting from a drop down menu when a funding sources cell is selected. Please refer to the "How to Use the ASP Template" section from the Cover Page for any troubleshooting help with the budget worksheets.

- **Budget Summaries** – This worksheet includes three budget summaries that reflect budget data at 100% (municipal and provincial portions): 1) Budget Summary by Funding Source that summarizes budget data and the provincial share; 2) Summary of Expenditures; and, 3) Summary of Staffing. The budget summaries are not a budget request for additional funding and should reflect costs within the board of health's existing budget/allocation. Any requests for additional base and/or one-time funding must be included in the Base and/or One-Time Funding Requests worksheets. A print option is available at the top right of this worksheet by clicking on the "Print" button.

## 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. A base funding request could be a request to offset an existing variance identified as part of the Annual Service Plan or new funding over and above information provided in the Annual Service Plan. Prior to completing these request worksheets, boards of health must input the total number of base requests and one-time requests in the Annual Service Plan Structure worksheet, and include the titles for each request. This information will then pre-populate the Base and One-Time Requests worksheets. A Summary worksheet automatically populates total base and one-time funding requested.

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

Given the current fiscal environment, there is a limit of up to five (5) base funding requests and up to 10 one-time funding requests.

Boards of health are required to confirm if the request relates to an existing program already identified in the Annual Service Plan (select "Yes" or "No" from a drop down list). If the request does not relate to an existing program, boards of health must select "No" and provide the name of the new program and under which Standard the program may be delivered. For base funding requests, boards of health are required to identify the funding source to which the request is applicable.

## Board of Health Membership

Boards of health are required to provide details on board of health membership on this worksheet. Boards of health must enter the total number of board of health members in the Annual Service Plan Structure worksheet, which will provide sufficient space to complete details for each member.

## Key Contacts and Certification by the Board of Health

Boards of health are required to provide key contact details and signatures for the completed Annual Service Plan and Budget Submission on this worksheet. Do not include personal contact information. Contact information (e.g., emails, phone numbers and mailing addresses) should be those of the board of health or public health unit office.

## Glossary

**Standard** – The term "Standard" in the Annual Service Plan refers to each of the Foundational Standards and Program Standards as identified in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. The Standards articulate public health programs and services that boards of health are required to provide, including a broad range of population-based activities designed to promote and protect the health of the population as a whole and reduce health inequities, program outcomes and specific requirements. Please note that in the Annual Service Plan, the School Health Program Standard has been divided into four sections for Oral Health, Immunization, Vision, and Other.

**Program/Activity** – For the purposes of completing the Annual Service Plan, a “program” is a strategy or plan implemented and operationalized by the board of health to address a particular issue, challenge and/or opportunity identified as a need in their public health unit area, and includes goals, objectives and a logical grouping of interventions to meet the intent of the program. A program may be disease specific, topic specific, or population/age specific, or other.

**Public Health Intervention** – For the purposes of completing the Annual Service Plan, a public health intervention is an organized set of public health actions designed to produce behaviour changes or improve health status among individuals or an entire population. May be delivered in single or multiple locations.

**Funding Source** – For the purposes of completing the Annual Service Plan, a funding source is the "programs/sources of funding" approved for a board of health as per Schedule A of the Public Health Funding and Accountability Agreement.

### Examples of Programs, Interventions, and Funding Sources

Standards	Examples of Programs/Activities	Examples of Interventions	Potential or Expected Funding Source(s)
Health Equity	N/A	N/A	Mandatory Programs Social Determinants of Health Nurses Initiative Unorganized Territories
Chronic Disease Prevention and Well-Being	Healthy Eating	Public Awareness and Education	Mandatory Programs Unorganized Territories
Food Safety	Food Safety	Inspections of Food Premises Education and Training (Safe Food Handler)	Mandatory Programs Enhanced Food Safety Initiative Unorganized Territories
Healthy Environments	Health Hazards	Monitoring and Surveillance	Mandatory Programs Unorganized Territories
Healthy Growth and Development	Breastfeeding	Engagement with Community Partners	Mandatory Programs Unorganized Territories
Immunization	Immunization Monitoring and Surveillance	Outbreak Management	Mandatory Programs Unorganized Territories
Infectious and Communicable Diseases Prevention and Control	Infection Prevention and Control	IPAC complaints investigation and follow-up	Mandatory Programs Infection Prevention and Control Nurses Initiative Unorganized Territories
			Mandatory Programs

Safe Water	Small Drinking Water Systems	Inspections and Surveillance	Small Drinking Water Systems Program Unorganized Territories
School Health - Oral Health	Healthy Smiles Ontario	Oral Health Service Delivery	Mandatory Programs Healthy Smiles Ontario Program Unorganized Territories



School Health - Vision	Child Vision or Visual Health	Vision Screening	Mandatory Programs Unorganized Territories
School Health - Immunization	School Immunization Program	Awareness and Education	Mandatory Programs Unorganized Territories
School Health - Other	Mental Health	Promotion and Support	Mandatory Programs Unorganized Territories
Substance Use and Injury Prevention	Tobacco, Vapour Products, medical cannabis, and cannabis related enforcement  Other Substances  Needle Exchange  Harm Reduction Program Enhancement	Public Awareness and Education  Enforcement  For Harm Reduction Program Enhancement, specifically: <ul style="list-style-type: none"> <li>• Local opioid response;</li> <li>• Naloxone distribution and training; and,</li> <li>• Opioid early warning and surveillance.</li> </ul>	Mandatory Programs Smoke-Free Ontario Strategy Unorganized Territories

# 2019 Annual Service Plan and Budget Submission

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

## Annual Service Plan Structure

**NOTE:**

The Annual Service Plan Structure worksheet must be completed prior to completing the rest of worksheets.

<b>Chronic Disease Prevention and Well-Being</b>			# Programs	2
P1)	Chronic Disease Prevention		# Interventions	3
i1	Strategic and Systems Initiatives			
i2	Promotion, Awareness, Education and Knowledge Translation			
i3	Screening, Assessment and Case Management			
P2)	Non-Mandatory Oral Health Programs		# Interventions	
<b>Food Safety</b>			# Programs	1
P1)	Food Safety		# Interventions	5
i1	Strategic and Systems Initiatives			
i2	Promotion, Awareness, Education and Knowledge Translation			
i3	Monitoring and Surveillance			
i4	Inspection			
i5	Investigation and Response			
<b>Healthy Environments</b>			# Programs	2
P1)	Health Hazards		# Interventions	6
i1	Strategic and Systems Initiatives			
i2	Promotion, Awareness, Education and Knowledge Translation			
i3	Screening, Assessment and Case Management			
i4	Monitoring and Surveillance			
i5	Inspection			
i6	Investigation and Response			
P2)	Air Quality and Climate Change		# Interventions	4
i1	Strategic and Systems Initiatives			
i2	Promotion, Awareness, Education and Knowledge Translation			
i3	Monitoring and Surveillance			
i4	Investigation and Response			
<b>Healthy Growth and Development</b>			# Programs	2
P1)	Child Health		# Interventions	4
i1	Strategic and Systems Initiatives			
i2	Promotion, Awareness, Education and Knowledge Translation			
i3	Screening, Assessment and Case Management			
i4	Monitoring and Surveillance			
P2)	Reproductive Health		# Interventions	4
i1	Strategic and Systems Initiatives			
i2	Promotion, Awareness, Education and Knowledge Translation			
i3	Screening, Assessment and Case Management			
i4	Monitoring and Surveillance			
<b>Immunization</b>			# Programs	4
P1)	Vaccine Management		# Interventions	6
i1	Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)			
i2	Promotion, Awareness, Education, Knowledge Translation			
i3	Monitoring and Surveillance			
i4	Inspection			
i5	Investigation and Response			
i6	Inventory Management			
P2)	Immunization Monitoring and Surveillance		# Interventions	6

# 2019 Annual Service Plan and Budget Submission

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

## Annual Service Plan Structure

**NOTE:**

The Annual Service Plan Structure worksheet must be completed prior to completing the rest of worksheets.

i1	Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)		
i2	Screening/Assessment/Intervention/Case Management		
i3	Monitoring and Surveillance		
i4	Inspection		
i5	Investigation and Response		
i6	Inventory Management		
P3)	Vaccine Administration	# Interventions	4
i1	Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)		
i2	Screening/Assessment/Intervention/Case Management		
i3	Promotion, Awareness, Education, Knowledge Translation		
i4	Monitoring and Surveillance		
P4)	Community Based Immunization Outreach	# Interventions	4
i1	Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)		
i2	Screening/Assessment/Intervention/Case Management		
i3	Promotion, Awareness, Education, Knowledge Translation		
i4	Monitoring and Surveillance		
<b>Infectious and Communicable Diseases Prevention and Control</b>		# Programs	4
P1)	Vector Borne Diseases	# Interventions	6
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Screening, Assessment and Case Management		
i4	Monitoring and Surveillance		
i5	Inspection		
i6	Investigation and Response		
P2)	Infectious Disease Program	# Interventions	6
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Screening, Assessment and Case Management		
i4	Monitoring and Surveillance		
i5	Inspection		
i6	Investigation and Response		
P3)	Sexual Health	# Interventions	4
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Screening, Assessment and Case Management		
i4	Monitoring and Surveillance		
P4)	Harm Reduction (Secondary)	# Interventions	4
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Screening, Assessment and Case Management		
i4	Monitoring and Surveillance		
<b>Safe Water</b>		# Programs	1
P1)	Safe Water	# Interventions	6
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Screening, Assessment and Case Management		

# 2019 Annual Service Plan and Budget Submission

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

## Annual Service Plan Structure

**NOTE:**

The Annual Service Plan Structure worksheet must be completed prior to completing the rest of worksheets.

i4	Monitoring and Surveillance		
i5	Inspection		
i6	Investigation and Response		
<b>School Health - Oral Health</b>			<b># Programs</b> 2
P1)	Oral Health Assessment and Surveillance	<b># Interventions</b>	4
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Screening, Assessment and Case Management		
i4	Monitoring and Surveillance		
P2)	Healthy Smiles Ontario	<b># Interventions</b>	4
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Screening, Assessment and Case Management		
i4	Monitoring and Surveillance		
<b>School Health - Vision</b>			<b># Programs</b> 1
P1)	Child Visual Health and Vision Screening	<b># Interventions</b>	4
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Screening, Assessment and Case Management		
i4	Monitoring and Surveillance		
<b>School Health - Immunization</b>			<b># Programs</b> 1
P1)	Immunizations for Children in Schools and Licenced Child Care Settings	<b># Interventions</b>	4
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Screening, Assessment and Case Management		
i4	Investigation and Response		
<b>School Health - Other</b>			<b># Programs</b> 6
P1)	School Health	<b># Interventions</b>	3
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Monitoring and Surveillance		
P2)	Tobacco Control, Prevention and Cessation (Secondary)	<b># Interventions</b>	5
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Screening, Assessment and Case Management		
i4	Monitoring and Surveillance		
i5	Protection, Enforcement and Prosecution		
P3)	Injury Prevention (Secondary)	<b># Interventions</b>	3
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Screening, Assessment and Case Management		
P4)	Chronic Disease Prevention (Secondary)	<b># Interventions</b>	3
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Screening, Assessment and Case Management		
P5)	Mental Health Promotion (Secondary)	<b># Interventions</b>	3

# 2019 Annual Service Plan and Budget Submission

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

## Annual Service Plan Structure

**NOTE:**

The Annual Service Plan Structure worksheet must be completed prior to completing the rest of worksheets.

i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Monitoring and Surveillance		
P6)	Substance Use Prevention (Secondary)	# Interventions	4
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Screening, Assessment and Case Management		
i4	Monitoring and Surveillance		
<b>Substance Use and Injury Prevention</b>		# Programs	5
P1)	Tobacco Control, Prevention and Cessation	# Interventions	5
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Screening, Assessment and Case Management		
i4	Monitoring and Surveillance		
i5	Protection, Enforcement and Prosecution		
P2)	Harm Reduction	# Interventions	4
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Screening, Assessment and Case Management		
i4	Monitoring and Surveillance		
P3)	Substance Use Prevention	# Interventions	4
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Screening, Assessment and Case Management		
i4	Monitoring and Surveillance		
P4)	Mental Health Promotion	# Interventions	3
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Monitoring and Surveillance		
P5)	Injury Prevention	# Interventions	3
i1	Strategic and Systems Initiatives		
i2	Promotion, Awareness, Education and Knowledge Translation		
i3	Screening, Assessment and Case Management		
<b>Base Funding Requests</b>		# Requests	2
B1)	Raccoon Rabies		
B2)	PHI Practicum Students		
<b>One-Time Funding Requests</b>		# Requests	
<b>Board of Health Membership</b>		# Members	16

# 2019 Annual Service Plan and Budget Submission

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

## Community Assessment

### **A. Community Needs and Priorities**

Describe the process your board of health uses to understand your community's population health needs and priorities. Include information on how you assess whether your community's population health needs are changing and whether your board of health's programs and interventions have been adapted to address changes in the community's population health needs.

Geography / Demographics: The City of Hamilton is an urban-rural area of 536,000 people with public health offices mainly located centrally in the downtown centre. Hamilton's population is projected to grow to 740,000 by the year 2041. The Hamilton population is aging rapidly. The number of seniors (age 65+) will nearly double by the year 2041 whereas the number of children and youth (age 19 or under) will only increase by 24% during the same period. For the first time in its recorded history, Hamilton will have more seniors than children and youth. Socio-Economic Factors: Hamilton is challenged by a high concentration of urban poverty, housing instability, and extreme health inequities. Hamilton's concentration of urban poverty is among the highest in Canada. In the downtown centre, nearly half (47%) of children live in low income households and over 1 in 5 families (23%) have no employment income. Further, 45% of Hamilton tenants spend over 30% of their income on shelter costs. In some areas, 28% of children have moved twice before school entry and 90% of indigenous Hamiltonians have moved in the past 5 years. Single parents with children are more likely to experience poverty than almost all other demographic groups. Nearly 1 in 5 (19.2%) families in Hamilton are led by a single parent which is slightly greater than Ontario (17.1%). In Hamilton, 44.4% of single parents with children live in low income households which is greater than the Ontario average (38.6%) and 3.5-times greater than a couple with children (12.8%). Local Population Health Issues: The City of Hamilton Public Health Services has identified three priority areas based on evidence and population health assessment: mental health and addictions, healthy weights, and health equity. Mental health and addiction is a significant local health burden. Mental illness accounts for 21% of the disability-adjusted life years in Hamilton. Suicide is a leading cause of death for those under 45 and is increasing among young females. Opioid deaths have tripled from 26 in 2005 to 88 in 2017, and over 80% of opioid deaths are working-age males. Rates of suicide and drug use are higher in lower Hamilton. Addiction to tobacco also has a large burden on population health, primarily driving health outcomes such as lung cancer and COPD. Tobacco use is higher among low income (25% smoke), single parent (29% smoke), and indigenous (87% smoke) Hamiltonians. It is estimated that 553 deaths are attributed to tobacco smoke annually in Hamilton. Healthy weights is another priority issue in Hamilton where overweight and obesity affects 2 in 3 adults locally. Men, middle-aged adults, and low income households report more sedentary behaviour and poorer nutrition. These health behaviours reflect a significant burden of chronic diseases in all local morbidity and mortality data. For example, each year in Hamilton it is estimated that 290 deaths are attributed to high body-mass index, 590 deaths are attributed to dietary risks, and 103 deaths are attributed to low physical activity. Many of these deaths are considered preventable, but Hamiltonians living in the most materially deprived areas are more likely to die prematurely from these preventable chronic risk factors. Health equity: In Hamilton, 45% of local deaths under age 75 are preventable. Many of these preventable deaths are linked to social disparities which have resulted in significant health inequities. Those living in Hamilton's most materially deprived areas are 3-times more likely to die prematurely from a potentially avoidable cause compared to those living in the least materially deprived areas; this inequity is widening and it is the highest in Ontario. A similar difference exists for the sexes in Hamilton whereby males are 1.7-times more likely to die prematurely from a potentially avoidable cause compared to females. Furthermore, the top quintile of our population lives 14 years longer than the bottom quintile of our population. Social/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, healthy environments 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. Community Assets and Needs / Public Engagement: The City of Hamilton engaged nearly 55,000 residents to help create the Our Future Hamilton vision which informed the City of Hamilton's strategic plan and will guide future decisions. Our Future Hamilton provides 88 key directions, 226 community-suggested actions, and 57 signs of success. Hamiltonians provided key directions around the health needs of our community, including: improve the health of Hamiltonians by actively working to address the social determinants of health; facilitate physical and economic access to healthy, locally sourced and nutritious food for residents; make it easy for people to be physically active by providing safe routes for walking and biking around the city; and, support people to disengage from drug, cigarette and alcohol addictions. Annually a review of population-health assessment data has been conducted to assess the population health needs of the community. This information is assessed by public health leaders each year and taken into consideration when identifying public health wide priorities. Using the Evidence Informed Decision Making model, public health leaders also use this population health data each year to make decisions on programs and interventions that will be offered to address the needs in the community.

**B. Priority Populations**

Provide a high-level description of the priority populations (including Indigenous populations) within your public health unit area.

Materially-deprived populations: Hamilton's concentration of urban poverty is among the highest in Canada. Material deprivation is the inability of individuals to afford or attain basic material needs. Hamiltonians living in areas with the highest material deprivation are 3-times more likely to die prematurely from an avoidable cause compared to the least materially deprived populations in our city. This disparity is among the highest in Ontario and this gap is widening. Hamiltonians living in materially-deprived neighbourhoods are more likely to die from infections, cancer, circulatory disease, respiratory disease, suicide, and substance overdoses. Low income Hamiltonians were more likely to have a metabolic condition (e.g., hypertension, diabetes) and report being a current smoker, which are two major drivers of avoidable mortalities in Hamilton. Marginalized children: Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. In Hamilton, 37% of children are born into a family with at least 1 ACEs-like risk factor and 2% have 4+ ACEs-like risk factors, which significantly increases the risk of negative health outcomes. In Hamilton, children born into communities with high material deprivation are 13-times more likely to experience 4+ ACEs. Furthermore, nearly 1 in 3 (31%) children are vulnerable in early childhood development at school entry. Children residing in areas with high material deprivation and unstable housing were more likely to be vulnerable in early childhood development. Overall, upstream interventions will aim to improve early childhood experiences and resiliency among children age 0-6, especially those from marginalized households. Indigenous: The 2016 census counted 12,130 indigenous Hamiltonians, but research shows over 80% of urban indigenous do not participate or do not identify themselves in the census. Hence, Hamilton's indigenous population may be as high as 24,000 to 48,000. A survey of 790 indigenous Hamiltonians found 78% earn less than \$20,000 annually, 69% receive social assistance, 57% of adults have not completed high school, and 1 in 8 reported being homeless or living in precarious housing. Hamilton's indigenous face significantly higher rates of infectious and chronic diseases. For example, diabetes rates are 3-times greater and Hepatitis C rates are 10-times greater among urban indigenous compared to the general population. Substance use was more frequently reported among Hamilton's urban indigenous: 87% currently smoke tobacco, 1 in 5 (19%) report misuse of prescription opioids, and 55% report heavy drinking episodes (twice the Hamilton rate). Mental health was also a major concern with 42% of urban indigenous reporting a psychological or mental disorder diagnoses by a healthcare provider. Over 1 in 10 urban indigenous (10.6%) are frequent users of the emergency department (>5 visits per 24 months) which is 7-times greater than the Hamilton average (1.6%).

**C. Unique Challenges and Risks**

Describe any unique challenges, issues, and/or risks that are being faced by your communities which are influencing the work of your board of health, including details on any health issues where local rates are higher than the provincial rate and linkages to programming and service delivery decisions.

Comparison to provincial rates: Compared to provincial rates, Hamilton has higher morbidity rates for: colorectal cancer, lung cancer, COPD, respiratory or direct contact diseases, hypertensive disease, overexertion injuries, fall injuries, transport-related injuries, burn injuries, object-related injuries (cut/piece, struck by or against), anxiety disorders, disorders of adult personality and behaviour, self-harm, and unintentional poisonings (substance overdoses). Compared to provincial rates, Hamilton has higher mortality rates for: lung cancer, ischemic heart disease, and diabetes. Unique challenges: Hamilton is challenged by a high concentration of urban poverty, housing instability, and extreme health inequities. These social determinants are associated with many of the most burdening health outcomes in Hamilton, including infections, cancer, circulatory disease, and respiratory disease. Hamiltonians are burdened by higher rates of mental health outcomes. Morbidity measures for anxiety disorders, disorders of adult personality and behaviour, and self-harm were higher in Hamilton compared to Ontario. Mental health issues account for over one-fifth (21%) of disability-adjusted life years in Hamilton, making it the third largest driver of poor health in our community (just behind chronic disease and injuries). As of 2012, suicide was the leading cause of death among Hamiltonians under 45. Self-harm morbidity among female youth in Hamilton has more than doubled over the past decade. Local morbidity and mortality data demonstrate that Hamilton is challenged by a greater frequency of substance use. Hamilton has higher morbidity rates for substance overdoses and this rate is increasing. There were 88 opioid-related deaths in Hamilton in 2017, which translates to one of the highest rates in the province (73% greater than the Ontario rate). In Hamilton, 1 in 5 residents are current tobacco smokers and 1 in 5 Hamiltonians exceed the low risk drinking guidelines for chronic disease. It is estimated that over 600 deaths in Hamilton were attributed to substance use (alcohol, tobacco, and drugs) in 2012. Lung cancer and COPD are among the most burdening health outcomes in Hamilton. Morbidity rates for lung cancer and COPD are higher in Hamilton when compared to Ontario. These health outcomes are largely attributed to tobacco smoke, radon, and air pollution. It's estimated that 5% of local homes have high levels of radon gas and that 45 lung cancer deaths are attributed to radon exposure annually in Hamilton. 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. In addition, 40% of the Hamilton population resides in a traffic-related air pollution zone.

# 2019 Annual Service Plan and Budget Submission

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

## Foundational Standards

### Population Health Assessment

#### Description

Please describe how the board of health plans to implement this Standard, including a list and description of any planned evaluations or research projects the board of health is planning, the role of the board of health in research activities (e.g., contributor/participant, working groups/committees, principal researcher), and how the board of health plans to engage the LHINs.

In 2019, Hamilton Public Health Services, with the support from the Epidemiology & Evaluation (E&E) Program, plan on planning, coordinating, collaborating and implementing the following evaluations, program reviews and research. Evaluation Projects: Opioid early warning stakeholder survey and report (Principal Researcher); Process and outcome evaluation to inform the Coordinated Supports for Families Project (Principal Researcher); Vision Screening Outcome Evaluation (Principal Researcher); City Housing Hamilton Smoke Free Policy Evaluation (Principal Researcher); Outcome evaluation to inform the Nurse Family Partnership (Principal Researcher). Program Reviews: Comprehensive program reviews for Mental Health & Addictions, Health Equity and Healthy Weights (Principal Researcher). Research Projects: Develop and standardize a process for identifying priority populations for public health programs at Hamilton Public Health Services (Principal Researcher); Participate as a sentinel surveillance site for the Public Health Agency of Canada's Tracks program, an enhanced sentinel surveillance system that monitors HIV and hepatitis C prevalence, along with associated risk behaviours, among people who inject drugs (Participant and Principal Investigator); Scaling up PrEP for HIV prevention: optimizing strategies for targeting and delivering PrEP to MSM in British Columbia and Ontario (Participant). In terms of LHIN engagement, the Medical Officers of Health within LHIN 4 and the LHIN CEO have formed a joint Public Health/LHIN Steering Committee that meets on a regular basis to review issues, and set out joint work priorities. As well, the Medical Officer of Health sits on the Hamilton Region Anchor table, and various staff sit on workgroups of the anchor table, sharing population health information and undertaking joint planning. The E&E Program is collaborating with the Population Health Solutions Lab and the HNHB LHIN to develop, test and validate appropriate and meaningful neighbourhood-level geographies as a basis for analysis and joint planning in the region. The availability of local level data will allow decision makers to better assess, plan, and evaluate health services and programs, and will contribute to improved outcomes for patients through targeted interventions.

### Health Equity

#### Description

Please describe how the board of health plans to implement this Standard related to addressing health inequities, including:

- a) How a health equity lens will be incorporated throughout all programs and services;
- b) How effective local strategies to reduce health inequities will be identified; and,
- c) The role of the social determinants of health public health nurses in this work.



- a) Planning is still underway to determine the most effective way to incorporate and apply a health equity lens throughout all programs and services at Hamilton Public Health Services. A multi-disciplinary Health Equity Workgroup has been established with representation from across the public health unit. This work group is responsible for determining how a health equity lens will be incorporated across the public health unit. This will be completed by June 2019.
- b) Using a results-based accountability approach, the Health Equity work group will determine effective local strategies to reduce health inequities. The results-based accountability process considers all forms of evidence within the Evidence-Informed Decision Making model as well as engagement and consultation with community partners.
- c) The social determinants of health public health nurses will be involved with the Health Equity work group planning and activities. Subsequent work will be decided based on direction from the Health Equity work group, with the intent for the social determinants of health nurses to be engaged in advocacy and policy activities. The social determinants of health public health nurses are also working to support workforce competency development related to Indigenous health and financial empowerment in collaboration with internal and external stakeholders.

## Effective Public Health Practice

### Description

Please describe how the board of health plans to implement this Standard related to the following under Effective Public Health Practice:

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

- a) In 2019, there will be a focus on engaging staff in continuous learning and competency development to enhance foundational knowledge and practice in Evidence-Informed Decision Making, Population Health Assessment, Results-Based Accountability, Change Management and Equity Assessment. Competency development in these areas will help support future development of program plans within the Annual Service Plan & Budget. In addition, a monitoring system will be developed to help support the regular review of performance measures and monitor program activities and outcomes to assess the success of interventions and identify opportunities for improvement.
- b) There will be a continued focus on fostering diverse multi-sectoral partnerships to advance public health knowledge and research into practice, while ensuring measurable collective impact. Stakeholder engagement will be built into ongoing program planning moving forward with targeted engagement strategies for consultation on areas identified as public health priorities including healthy weights, mental health and addictions and health equity. In addition, the public health unit will work to enhance awareness of public health's role, expertise, and achievements through Board of Health presentations, evaluations, population health assessment and surveillance reports, and collaboration. Emphasis will be placed on strengthening board of health knowledge of evidence and population health assessment through orientation and future self-evaluations. Hamilton Public Health Services is currently working to develop indicators to measure impact, effectiveness and efficiency of knowledge exchange activities.
- c) The Board of Health will comply with all monitoring and reporting requirements in the Annual Service Plan & Budget including program activities, outcome and performance measures. Public disclosure of all public health inspections as per protocols will go live January 2019 with continued education and support for owners / operators and the public. Continued implementation of the Public Health Continuous Quality Improvement Framework with a focus on introductory competency development in quality improvement as well as public health wide support in identifying and conducting quality improvement projects.

## Emergency Management

**A. Description**

Please describe how the board of health plans to implement this Standard related to emergency management. The following details should be included in the description:

- a) The emergency management planning activities you will conduct, including how you will engage key stakeholders in the development and implementation of these activities;
- b) The processes you plan to put in place (and/or update) for recovering health services identified as time critical;
- c) The communication modes that will be used to disseminate information during responses (i.e., 24/7 processes);
- d) How you will communicate hazard information to your staff and your community;
- e) Emergency management learning/practice/training opportunities you plan on delivering in order to build capacity (include the planned audience for these opportunities); and,
- f) How you plan on incorporating lessons learned from previous or future exercises/events into your program for the upcoming year.

Implementation of the Emergency Management Standard will occur through ongoing emergency preparedness work in accordance with the requirements of the Emergency Management Guideline (2018). In addition to preparedness work, response and recovery operations consistent with the Incident Management System (IMS) will be implemented during any emergency situation with a potential public health impact. This will accomplish the goal of having a ready and resilient health unit.

- a) Planning Activities and Engagement: Mass immunization planning and increasing capacity for nurse injectors. This work involves engagement across the public health unit including leadership, vaccine program, nursing practice development/advisory committees, nursing staff, program managers, Nursing Practice Advisor and the Chief Nursing Officer. Review and revision of Public Health Emergency Control Group roles and responsibilities and existing plans with applicable stakeholders.
- b) Recovering Time Critical Services: Business continuity planning based on the 2018 Business Impact Analysis work with all program areas. Utilizing existing response and continuity plans during emergencies to minimize impact on day to day operations and ensure all critical services continue to operate.
- c) Communication Modes: Engagement with the internal Public Health Emergency Management Advisory Committee to receive feedback on program activities and disseminate information to all divisions. Leveraging the media, social media, City of Hamilton websites, responding agencies, existing program networks, Emergency Management Communication Tool and other communication methods during emergencies to push out public health information. Setting up the public health inquiry line during emergencies to answer health related questions from the public. Ensuring 24/7 communications with on-call staff through the customer contact centre to respond to any time sensitive emerging situation.
- d) Hazard Communications: Updating the Public Health Services Emergency Plan and Hazard Identification Risk Assessment (HIRA). Documents to be shared with staff to ensure awareness of hazards and responsibilities. Regular engagement with the Community Emergency Management Coordinators and other members of the Emergency Program Advisory Committee (Police, Fire, Paramedics, Hospitals, Schools) for all preparedness, response and recovery initiatives.
- e) Training and Learning: Participation in the annual City Emergency Operations Centre emergency exercises (2 per year). Development and implementation of multiple Public Health exercises for all Public Health Emergency Control Group members to ensure all members have a chance to participate. Public Health Ontario emergency management training modules for staff including adding as a requirement for new employee orientation.
- f) Incorporating Lessons Learned: Development of After Action Reports for all Public Health Emergency Control Group activations (exercise and real events) identifying corrective actions. Reports to be shared with all applicable staff. Progress of corrective actions to be tracked by Emergency Response Coordinator.

**B. Objectives**

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.

Emergency Management program objectives include: The board of health is ready to respond to and recover from new and emerging events or emergencies with public health impacts; Reduced negative health impacts to Hamilton residents in the event of emergencies with public health impacts; and Decreased operational impacts on service delivery during surge events.

**C. Key Partners/Stakeholders**

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. Include a description of the contribution/role of these partners in program and service delivery, the mechanism for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), planned frequency of engagement, and any collaboration in the development and implementation of emergency management planning activities.

Emergency Management Advisory Committee (EMAC): An internal committee with divisional management representation that act as a conduit to their respective divisions for emergency management related planning initiatives, consultation and information updates. Committee meets quarterly and will have a focus on Business Continuity this year.

Nursing Practice Development Committee: an internal committee comprised of nurses from each division committed to enhancing the quality of nursing practice at PHS. Committee meets monthly and will have a focus this year on increasing preparedness for potential emergencies by increasing capacity for nurse injectors by cycling a group of nurses through regular school vaccine clinics, creating a training program for nurses about potential roles during an emergency, and compiling resources for phone hotline staff to be used during infectious disease outbreaks.

Emergency Preparedness Advisory Committee (EPAC): an external committee lead by the City of Hamilton's Emergency Management Coordinators consisting of community partners committed to emergency planning. Committee meets bi-annually with representation from police, fire, EMS, hospitals, public health, public works, social services, schools, rail, transit, conservation authority. Committee allows for networking and planning opportunities amongst members.

Health Sector Emergency Management Committee: an informal committee of Hamilton health system partners for collaboration with health related emergency planning and response. Groups comes together ad-hoc when a situation warrants collaboration and consists of representation from public health, hospitals, primary care and EMS.

Ontario Public Health Emergency Managers Network: a network of emergency planners from all health units created to aid in resource sharing and support the continued advancement of emergency management programs. Group meets bi-annually with a subset working group focus this year on preparing materials to communicate changes to the emergency managers portfolio given recent legislative changes and creating a comprehensive infectious diseases plan adaptable by all health units.

# 2019 Annual Service Plan and Budget Submission

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

## Chronic Disease Prevention and Well-Being

### A. Community Needs and Priorities

Please provide a short summary of the following:

- a) The key data and information which demonstrates your communities' needs for public health interventions to address risk and protective factors for chronic disease prevention and well-being;
- 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; and,
- c) A description of how other topics for consideration not addressed in the Annual Service Plan were assessed or considered under Chronic Disease Prevention and Well-Being.

(a) Based on a comprehensive assessment of health outcome priorities lung cancer, chronic obstructive pulmonary disease (COPD), ischemic heart disease (IHD), diabetes, and colorectal cancer are among the top most burdensome diseases in Hamilton. The most current data indicate that there were 5417 hospitalizations (2017) and 1197 deaths for selected chronic conditions (2012). In 2017, there were 1868 new cases and 666 deaths due to preventable cancers. The burden of many of these diseases in Hamilton is higher than the province including lung cancer, COPD, colorectal cancer, IHD mortality, and diabetes related mortality. New cases of lung cancer and hospitalization for COPD are also increasing in most recent years (Health Check 2018). Local data shows that 60% of adults 18+ and 25% of youth age 12-17 in Hamilton are overweight or obese. Males are more overweight or obese than females in Hamilton (CCHS 2015-16). Twenty-two percent (22%) of people age 12+ and 12% of adolescents (age 12-19) reported activity levels below the recommended Canadian physical activity guidelines (CCHS 2015-16). In Hamilton, 71% of people age 12+ and 72% of adolescents (age 12-19) consume vegetables or fruit less than five or more times per day (CCHS 2015-16). Nine percent (9%) of Hamilton moms reported smoking at time of newborn's birth (BORN 2017). The current smoking rate (aged 12+) for Hamilton is 19% (CCHS 2015-16). Of those that have ever smoked a whole cigarette, 78% smoked their first cigarette between the age of 12 to 19 (CCHS 2013-14).

(b) The following areas have been identified as local priorities: (1) Tobacco interventions focused on prevention, promoting quitting among young people and adults, and eliminating exposure to environmental tobacco smoke; (2) Healthy Kids Community Challenge focused on reducing screen time and sedentary behaviour in children; (3) Hamilton Food Strategy aimed at ensuring the availability of healthy, sustainable, and just food for all; (4) Healthy Development Assessment in Hamilton which measures the health-promoting potential of a planning or development proposal; (5) Moving Hamilton Initiative focusing on providing physical literacy training to stakeholders in Hamilton; and (6) Internal program review process using a Results-based Accountability approach focused on healthy weights.

(c) In assessing the needs of the community, efforts were made to quantify and prioritize the health outcomes and health behaviours for the City of Hamilton. Population health assessment, disease prevalence, rate of morbidity, rate of mortality along with how Hamilton compared to Ontario and the direction of local trends (getting worse, staying the same or getting better) were considered. Additionally, other services available in Hamilton and the quality of evidence was considered in helping to determine where best to place public health efforts. Healthy Sexuality is addressed in the Infectious and Communicable Diseases Prevention and Control Standard. Mental Health Promotion is covered to some extent within this Standard mainly focused on workplace mental health but interventions related to mental health are also delivered through the Healthy Growth and Development, School Health and Substance Use and Injury Prevention Standards. Sleep is not explicitly covered in the Chronic Disease Prevention program, however, it is covered via Hamilton Public Health Services' work on healthy eating, physical activity, sedentary behaviour and reduction of screen time, which contribute to healthy sleep patterns. Oral Health is addressed within the Chronic Disease Prevention program via Community Health Worker linkage of residents to dental services and also addressed in the School Health Standard. Substance use is considered in the Chronic Disease Program by addressing overall risk factors for chronic disease and is more thoroughly described through programs under the Substance Use and Injury Prevention Standard as well as the School Health Standard.

**B. Key Partners/Stakeholders**

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

Food Advisory Committee: The goal of this partnership is to support and advise on the implementation of the Hamilton Food strategy and other food-related City initiatives through monthly meetings and working groups as needed, email input and review, as well as host or co-host events.

Interdepartmental Food Strategy Steering Committee: This partnership includes monthly meetings with representatives from City of Hamilton Departments to develop, implement and support the Hamilton Food Strategy, liaise and connect department/section to food strategy work, lead or co-lead food strategy actions relevant to their department/section such as the Recreation Healthy Food & Beverage Action Plan.

Food Literacy Network: This partnership provides the opportunity to advise and collaborate on the development and implementation of food literacy programs for Hamiltonians including offering, organizing, or co-organizing food related events/learning opportunities.

Neighbour 2 Neighbour Community Food Centre: This partnership provides internal and external representation on the food advisory committee and food literacy network. The work includes annual service agreements, quarterly reporting, collaborating on the development and delivery of healthy and safe food training of volunteers and partner agency staff, delivery of food programming that increases food knowledge and skills, promotes healthy local food, and increases access to healthy food (e.g. meals, markets, gardens).

Age Friendly Hamilton Community Governance Committee: This is an external partner committee with representation from the Hamilton Council on Aging, Seniors Advisory Committee, and City of Hamilton staff. The monthly committee meeting provides a forum for guidance, consultation, advocacy, decision-making, actions, monitoring and awareness raising.

MacChangers: This is an external committee comprised of McMaster University staff and City of Hamilton public health staff with the aim of offering student support, consultation and knowledge translation. This committee meets two times per year.

McMaster Institute for Research on Aging: This external committee meets ad hoc with the focus on research coordination, knowledge translation, consultation on aging with key stakeholders, McMaster Undergrad/Grad students, and various City of Hamilton Departments.

Smart Commute: This internal and external partner committee meets four times per year to support and promote Smart Commute in the workplace.

Mobility Lab: This internal and external partner committee meets four times per year to co-create solutions to transportation challenges in the city.

CityLab: This combined internal and external partnership includes ad hoc meetings with members from Mohawk College, McMaster, Redeemer and City of Hamilton staff with the focus on innovation and collaboration between students to co-create solutions that support City's Strategic Priorities.

Mobility Resource Group: This external resource partnership group meets twice per year to facilitate the development of a multi-modal transportation system.

Hamilton Burlington Trails Council: This external advisory committee meets 4-6 times per year to promote health benefits of recreational trail use and serve as trail alliance for a well-connected trail.

Active and Sustainable School Transportation Hub: This partnership includes both internal and external membership who meet monthly to support the coordination of regional Active and Sustainable School Transportation.

Parent Engagement Committee: This internal committee meets weekly with the Traffic Management program to discuss parent engagement.

Hamilton Wentworth District School Board / Hamilton Wentworth Catholic District School Board Parent Engagement: This external committee has monthly meetings to discuss active school travel advocacy.

Ontario Sun Safety Working Group: This external partner work group meets monthly, and through ad hoc teleconferences, to share current knowledge, support research, advocate for work being done within the field of sun safety and UV.

Program	<p><b>Description:</b>                      Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities.</p>	<p><b>Objective:</b>                      Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</p>
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P1) Chronic Disease Prevention

This program aims to reduce incidence, morbidity, and mortality from chronic diseases of public health importance across the lifespan, including cardiovascular disease, Type 2 Diabetes and cancers of the breast, cervix, colon/rectum and skin. The work within this program area aims to prevent chronic disease by increasing physical activity through influencing public policy development and addressing design of the built environment as well as increasing food literacy to promote healthy eating, support local food and advocate for a healthy, sustainable and just food system for all.

- Increase awareness of the importance of healthy lifestyle behaviours for health promotion and cancer prevention within priority populations including low income and immigrant populations across the lifespan.
- Increase access in recreation facilities to healthy food and beverages, free and convenient tap water access, environmentally sustainable drinking water, financially sustainable food services, nutrition information for customers & socially responsible market.
- Increase the capacity of community agencies to offer healthy and safe, food and nutrition programming to Hamiltonians thereby increasing food literacy among community members.
- Increase capacity of community members to identify and address health needs related to chronic disease prevention.
- Increase awareness of risk factors for chronic disease among priority populations across the lifespan.
- Increase awareness of the importance of healthy lifestyle behaviours for health promotion and disease prevention within priority populations, across the lifespan.
- Increase collaboration with community partners in integrated chronic disease prevention services that are appropriate and accessible, taking into consideration local demographics.
- Guided by the five Active and Sustainable School Travel Charter principles: street design, supportive land use and site planning, personal and community safety, partnership and collaboration, and a culture of active and sustainable transportation, all Hamilton schools will exist in a safe, healthy, and complete community that enables the use of active and sustainable transportation daily.

Intervention	<p><b>Description:</b>  <i>Briefly describe the public health intervention.</i></p>
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<p>Strategic and Systems Initiatives</p>	<ul style="list-style-type: none"> <li>• Continue to collaborate with partners to improve health system navigation for priority populations.</li> <li>• Continue to develop the peer support model to promote healthy lifestyle behaviours within priority populations.</li> <li>• Work with neighborhood hubs and associations to address identified health needs in priority neighbourhoods.</li> <li>• Advocate for activity friendly communities through regular input into Planning Policy &amp; Zoning By-Law Reform, Community Planning, &amp; Transportation Planning projects and plans.</li> <li>• Based on the Ecological Models of Four Domains of Sedentary Behavior framework , inform people about health risks associated with sedentary behaviour, their time spent in sedentary behaviour, and ways to reduce sedentary behaviour. Provide decision-makers with evidence and best practices. Help advocate for environmental and policy action changes in various settings and domains to support lower levels of sedentary behaviour.</li> <li>• Advocate for environmental and policy changes to increase physical activity and reduce sedentary behaviour in the City of Hamilton.</li> <li>• Support development and implementation of Recreation’s Healthy Food and Beverage Action Plan (3 year plan) to increase the amount of healthy, local food in publicly owned facilities to make the healthy choice the easy choice. Refine Guidelines, source and increase selection of nutritious options, issue vending Request for Proposal, enhance water promotion and wayfinding.</li> <li>• Strengthen advocacy to eliminate poverty to improve individual and household food security by providing community partners with access to Food costing, housing and income information.</li> <li>• Use Nutritious Food Basket information to assist various partners to advocate for basic income, living wage, social assistance reform to improve individual and household food security.</li> <li>• Advocate for health equity principles in local, regional, provincial, and national policies, plans, and projects.</li> </ul>
<p>Promotion, Awareness, Education and Knowledge Translation</p>	<ul style="list-style-type: none"> <li>• Using a population health approach, apply a range of health promotion actions including public policy, supportive environments, community action/capacity, and education/awareness to increase physical activity and reduce sedentary behaviour. These actions will contribute to a healthy community and improved quality of life.</li> <li>• Provide integrated chronic disease prevention messaging at Local Planning Teams in priority neighbourhoods.</li> <li>• Use a neighbour to neighbour and student to student approach for healthy lifestyle messaging dissemination.</li> <li>• Disseminate best practices for decreasing sedentary behaviour and increasing physical activity to key stakeholders.</li> <li>• Promote physical activity opportunities and evidence based initiatives about the built environment to key stakeholders.</li> <li>• Co-ordinate Food Literacy network and provide training of a variety of community agencies staff/volunteers to provide healthy and safe food and nutrition programming to community members to enhance food literacy.</li> <li>• Provide Community Food Advisor Program Food skills in priority populations in Hamilton.</li> <li>• Collect, calculate and disseminate Nutritious Food Basket costing information in format suitable for general audience and develop and disseminate knowledge translation products.</li> <li>• Integrate food literacy and food systems training and education where residents live, learn, work, and play by providing healthy and safe food and nutrition program training for volunteers/staff at various community agencies.</li> <li>• Implement CASTLE (Creating Access to Screening and Training in the Living Environment) to promote chronic disease risk factors and healthy lifestyle behaviours to priority populations via a peer to peer model.</li> <li>• Use a peer to peer model, Community Health Workers, to provide education and awareness activities focused on healthy eating, physical activity, tobacco cessation, Low Risk Drinking Guidelines, UVR exposure and cancer screening.</li> </ul>
<p>Screening, Assessment and Case Management</p>	<ul style="list-style-type: none"> <li>• Provision of information regarding breast, cervical and colorectal screening programs and services to priority populations in the context of integrated Chronic Disease Prevention. Community Health Workers support under and never screened individuals to make cancer screening appointments (e.g. at the Regional Juravinski Centre, Mobile Screening Coach). Service is provided in English, Chinese, Hindi, Punjabi and Urdu.</li> <li>• Collaborate with Tobacco Control Program to provide newcomer smoking cessation clinics.</li> </ul>

Program	<p><b>Description:</b>                      Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</p>	<p><b>Objective:</b>                      Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</p>
<p>P2) Non-Mandatory Oral Health Programs</p>	<p>Poor oral health continues to be a significant issue for many Hamiltonians. The impacts of poor oral health are greater among low income Hamiltonians compared to middle and high income Hamiltonians. Furthermore, local data shows that oral health care is less accessible for this priority population. Approximately 93,000 (29%) adults and 61,000 (66%) seniors living in Hamilton have no dental insurance. The Non-Mandatory Oral Health Program offers education to increase awareness of factors associated with good oral health. The program also works to support families and individuals to increase knowledge, skills and access to local support to effectively foster good oral health. Additionally, the City of Hamilton has funded (100% levy) three programs to increase access to oral health care for both adults and seniors. Dental Bus: This program provides no-cost emergency dental services for Hamilton residents with low income and no dental coverage. Services include: dental exams, X-rays, dental fillings, extractions or tooth removal, and dental cleanings and treatment. Dental Clinic: This program provides no-cost dental services for Hamilton residents with low income and no dental coverage. Services include: dental exams, X-rays, dental fillings, extractions or tooth removal, and dental cleanings and treatment. Since 2013, there has been a 93% increase in the number of Hamiltonians who received care at the Dental Clinic. Seniors Dental: Through this program seniors with low income and no dental coverage can access free dental services at the Dental Clinic and Dental Bus. Several other initiatives are being implemented to increase oral health literacy and improve oral health care among seniors living in Hamilton including oral health education and outreach at community events targeting seniors; development and delivery of the oral health care curriculum for Personal Support Worker (PSW) programs in Hamilton; collaboration with long-term care facilities in Hamilton to develop action plans that will assist staff and families in meeting the oral health needs of residents.</p> <p>Note: The programs outlined above exclude those listed under School Health – Oral Health Assessment and School Health – Healthy Smiles Ontario.</p>	<ul style="list-style-type: none"> <li>• To increase awareness of factors associated with good oral health for vulnerable populations.</li> <li>• To increase capacity at the Dental Bus in order to better meet the current demand for emergency treatment by eligible clients by January 2020.</li> <li>• To increase operational efficiencies to so that service is optimized for eligible clients by January 2020.</li> <li>• To increase knowledge and skills re: best practice for seniors oral health care among Personal Support Workers in Hamilton by 2020.</li> <li>• To improve oral health care for seniors living in City run long-term care facilities by January 2020.</li> </ul> <p>Interventions under the Non-Mandatory Oral Health Program are delivered through 100% municipally funded dollars and as per direction, are not included in the Annual Service Plan &amp; Budget submission. Please contact Hamilton Public Health Services if more information on these interventions is required.</p>



# 2019 Annual Service Plan and Budget Submission

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

## Food Safety

### A. Community Needs and Priorities

Please provide a short summary of the following:

- a) The key data and information which demonstrates your communities' needs for public health interventions to address food safety;
- b) Your board of health's determination of the local priorities for a program of public health interventions that addresses food safety; and,
- c) Your boards of health's approach to disclosure of inspection results (onsite posting and website posting) and evaluation of the program.

(a) 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. In Hamilton, 275 enteric, food and waterborne diseases cases were reported in 2017 and the morbidity rate was 48.25 per 100,000 population. Enteric, food and waterborne mortality count in 2012 was 10 for a mortality rate of 1.85 per 100,000 population (Health Check, 2018). A study has shown that infectious gastrointestinal cases in Hamilton are under-reported. For each case reported to public health, there are an average of 313 additional unreported cases in the community. Based on this average, there were an estimated 86,000 infectious gastrointestinal cases in Hamilton in 2017 (Majowicz et al., 2005). 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) (RRFSS, 2010). There is 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) which may be further contributing to food borne illness in the home setting.

(b) Local priorities include reducing foodborne illness in food-handling at home, especially among higher-risk populations: Children are more likely to be diagnosed with foodborne illness and adults age 65 or older are most likely to be hospitalized or die because of a food borne illness infection (PHO, 2014).

(c) All required inspection results have been posted on the City of Hamilton's website at [www.hamilton.ca/healthinspections](http://www.hamilton.ca/healthinspections). The details posted for each type of inspection / conviction is in accordance with the disclosure section of the relevant protocols. Given that online disclosure of health inspections is a new practice for Public Health Services and premise owners / operators in Hamilton, a multi-component communication plan has been implemented. The overall goal of the communication plan is to raise awareness about the new disclosure requirements among premise owners / operators, general public, and City of Hamilton staff.

### B. Key Partners/Stakeholders

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

Special Events Advisory Committee: This includes hosting or co-hosting events, support and advise the implementation of the Hamilton Food strategy and other food-related City initiatives. Engagement are bi-weekly meetings, working groups as needed, and email input and review.

Interdepartmental Food Strategy Steering Committee: This partnership committee includes representatives from City of Hamilton Departments to develop, liaise and connect department/section to food handler training opportunities.

Project food safety specific meetings: This includes meetings on an ad hoc basis to support on food safety disclosure, annual service agreements, quarterly reporting, collaborating on development and delivery of food handler education and training of City of Hamilton residents, volunteers and partner agency staff in the delivery of food safety education that increases food safety knowledge & skills.

Additional collaborations and partnerships include: Taste Buds Student Nutrition Collaboration (quarterly meetings), McQueston Neighbourhood Food Safety Committee (ad hoc meetings), Immigrants Work Center food handler training (ad hoc meetings), Culinary Academy food handler training (annually), Food Advisory Committee (internal monthly meetings), Central West Food Safety Meetings (quarterly meetings with Central West Health units), and Building and Licensing Department (quarterly meetings).

Program	<p><b>Description:</b>  <i>Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</i></p>	<p><b>Objective:</b>  <i>Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</i></p>
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P1) Food Safety

<p>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.</p> <p>There are 3021 fixed food premises (number of food premises by risk-level include Unassessed = 79; Low = 1052; Moderate = 1304; High = 586). Approximately 400+ special events that occur in the City of Hamilton. Of these special events, 285 events serve food to the public. All special events serving food to the public are risk assessed by Hamilton Public Health Services and approximately 56 special events receive a food safety inspection. This results in approximately 1000+ additional food safety inspections annually. There are 213 transient food premises (food trucks/trailers) and 12 farmers markets operating in the City of Hamilton. In addition, there is 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) as well as an increased frequency for requests for food handler training in various languages.</p> <p>With the identified local priority of children and adults age 65 or older in the home setting, program planning has been geared towards health messaging to address unsafe food practices and methods of prevention including: proper hand hygiene, avoiding cross-contamination, storing food at appropriate temperatures and following safe cooking / preparation practices.</p>	<ul style="list-style-type: none"> <li>• 100% compliance with public disclosure of Food Safety Program data in accordance with the Food Safety Protocol.</li> <li>• Completed evaluation of and refine special event processes and data management for the food safety program by December 2019.</li> <li>• 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:             <ul style="list-style-type: none"> <li>• 250 inspections of fixed premises, food truck and farmers markets;</li> <li>• 180 high and moderate and low risk fixed premises inspections; and</li> <li>• 150 food premises inspections and re-inspections planned.</li> </ul> </li> </ul>
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<b>Intervention</b>	<b>Description:</b> <i>Briefly describe the public health intervention.</i>
Strategic and Systems Initiatives	<ul style="list-style-type: none"> <li>• Apply the LEAN process to map and identify efficiencies within the Food Safety Special Events Program in 2019.</li> </ul>
Promotion, Awareness, Education and Knowledge Translation	<ul style="list-style-type: none"> <li>• Offer Food Safety &amp; Food Handling Certification with 33 self-study exams and 11 courses offered annually. Courses and self-study exams outside of those regularly offered are available to organizations upon request.</li> <li>• Provide on-site education and consultations on food handling practices.</li> <li>• Determine the top three food handling issues in Hamilton annually to focus health promotion messages and food handler education that increase awareness about safe food handling.</li> </ul>
Monitoring and Surveillance	<ul style="list-style-type: none"> <li>• Collect reportable disease case data via iPHIS (suspected and confirmed foodborne illnesses) as well as food premise inspection data via Hedgehog. Public Health Services has access to other multiple sources of data provided by the Ministry of Health and Long-Term Care (e.g. IntelliHealth, CCHS) and partnerships (e.g., Canadian Food Inspection Agency) to support this program area.</li> <li>• Monitor, analyze and interpret food premise inspection data to inform public health action.</li> <li>• Continue to ensure the systematic monitoring of trends over time, emerging trends, and priority populations.</li> </ul>

<p>Inspection</p>	<ul style="list-style-type: none"> <li>• Maintain an inventory of food premises.</li> <li>• Conduct routine inspections of all fixed food premises.</li> <li>• Conduct inspections of: special events; transient / temporary food premises; farmers markets.</li> <li>• Conduct pre-opening and liquor licence inspections.</li> <li>• Conduct re-inspections as required.</li> <li>• Provide additional inspections and necessary re-inspections of high risk food premises (long-term care facilities; day nurseries; hospitals).</li> <li>• Provide afterhours high, moderate and low risk fixed premises inspections and re-inspections as necessary.</li> <li>• Conduct risk assessments of: food premises; farmers markets; special events.</li> <li>• Assist owners/operators of new food premises in becoming compliant with food safety legislation.</li> <li>• Conduct inspections, re-inspections (as required) and risk assessments of special events within the City of Hamilton.</li> </ul>
<p>Investigation and Response</p>	<ul style="list-style-type: none"> <li>• Receive and respond to reports on a 24/7 basis using the on-call system.</li> <li>• Respond and act on food related complaints within 24 hours of notification.</li> <li>• Respond to public inquiries through Customer Contact Centre via direct phone extensions, emails, and walk-ins at Public Health Services reception.</li> <li>• Support Ministry of Health and Long-Term Care food-recalls.</li> <li>• Respond to and provide case management of reportable diseases associated with foodborne illness.</li> <li>• Respond and act on reported suspect or confirmed foodborne outbreaks.</li> <li>• Continue to ensure 24/7 availability to receive reports of and respond to complaints.</li> </ul>

# 2019 Annual Service Plan and Budget Submission

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

## Healthy Environments

### A. Community Needs and Priorities

Please provide a short summary of the following:

- a) The key data and information which demonstrates your communities' needs for public health interventions to address healthy environments;
- 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; and,
- c) Your boards of health's approach to disclosure of inspection results of recreational camps (onsite posting and website posting) and evaluation of the program.

(a) Cancer of the lung and bronchus as well as chronic lower respiratory diseases are two of the top five leading causes of mortality in the City of Hamilton. Chronic lower respiratory diseases, which includes bronchitis, emphysema, chronic obstructive pulmonary disease (COPD), and asthma are among the top five leading causes of mortality for those aged 65 years and older whereas lung and bronchus cancer is seen as a leading cause of mortality in Hamiltonians aged 45 years and up (Life Course, 2008-2012). In addition, morbidity and mortality rates due to lung or bronchus cancer in Hamilton are significantly higher compared to Ontario (Health Check, 2018).

Surveillance for radon exposure shows that 13.6% of lung cancer deaths in Ontario can be attributed to radon (PHO, 2014). In 2012, approximately 45 lung cancer deaths were attributable to residential radon in Hamilton (Health Check, 2018). 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 (Ministry of the Environment and Climate Change, 2016). In terms of climate change and extreme weather, a crude rate of 18.9 visits per 100,000 population in 2012 was seen for ED visits related to extreme weather (heat or cold) in Hamilton (PHO, 2014). The population that experienced the highest rates of extreme weather-related ED visits was males, those living in more deprived neighbourhoods, and those living in neighbourhoods with the most dependency (i.e., neighbourhoods with more children and seniors) (PHO, 2014).

(b) The following areas have been identified as local priorities: (1) Climate change and population health requires increasing capacity to respond to the rising demands posed by climate change; (2) Focusing on the actions necessary to address air pollution including health outcome modelling, risk communication, and enforcement of by-law(s) to reduce pollutants.

(c) All required inspection results have been posted on the City of Hamilton's website at [www.hamilton.ca/healthinspections](http://www.hamilton.ca/healthinspections). The details posted for each type of inspection / conviction is in accordance with the disclosure section of the relevant protocols. Given that online disclosure of health inspections is a new practice for Public Health Services and premise owners / operators in Hamilton, a multi-component communication plan has been implemented. The overall goal of the communication plan is to raise awareness about the new disclosure requirements among premise owners / operators, general public, and City of Hamilton staff.

### B. Key Partners/Stakeholders

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

Clean Air Hamilton: Helps to delivery health promotion and awareness of air quality and climate change to the population of Hamilton. Engagement through committee, sub-working groups (ex.AQTF). Committee meets monthly.

Ministry of Environment, Conservation and Parks (MECP): Enforces O.Reg 419/05 Local Air Quality that regulates a variety of emission sources to help protect local air quality. Staff engage with MECP through several avenues including committee meetings and working groups. MECP also shares air quality data with Hamilton Public Health Services. Meetings occur on a monthly basis through variety of committees

Health Canada: Hosts monthly conference calls to discuss best practices across Ontario and Canada in regards to Air Quality and Climate Change. Beginning Community of Practice (COP) for climate adaptation planning. Hosts conference calls and runs online webinars for educational value. Conference calls are monthly with frequency of Community of Practice meetings to be determined.

Public Health Ontario: Provides research on health impacts including pre-mature mortality and burden of disease for air quality across Ontario to raise awareness of issue. Hosts webinars, conference calls and performs presentations during other scheduled meetings. Webinars and conference calls are setup on an as needed basis following completion of research.

Bay Area Climate Change Partnership: Members include Mohawk College Centre for Climate Change Management and City of Burlington. Collaborative partnership to accelerate climate action across Hamilton and Burlington. Setting regional climate priorities for implementation. Engagement through committee meetings, Memorandum of Understanding Agreements. Project Team meets bi-weekly.

Local Environmental NGO's (Environment Hamilton, Green Venture, Sustainable Hamilton Burlington): Public health staff meeting with local NGO's through a variety of committees and working groups to share information on air quality and climate for NGO's to then further inform the population of Hamilton. Engagement through a variety of local committees and working groups including: Clean Air Hamilton, Community Liaison Committees, Air & Trees Task Force. Majority of committee meetings meet on a monthly or quarterly basis.

Local large Steel companies (ArcelorMittal Dofasco, Stelco Canada and Ruetgers Canada): Share information with public health staff on on-going work being done to reduce air pollution and meet MECP more stringent standards. Community Liaison Committees that meet on a quarterly basis.

Traffic Related Air Pollution Source (TRAPS) Working Group: Consists of public health units across Ontario including City of Toronto, Halton Region, Peel Region, York Region, and the City of Ottawa. Committee meetings to share best practices and develop a work plan to undertake actions collectively to reduce exposure to TRAPS. Committee meets quarterly in person with several conference calls and other meetings to discuss work plan.

Hamilton Community Heat/Cold Response Committee: City of Hamilton and community partners who inform/educate about hazards with extreme temperatures (heat and cold) and develop response plans with local stakeholders. Committee meets four times per year (2 meetings for cold season; 2 meetings for heat season). Members include public health, Hamilton Paramedic Services, Salvation Army, local shelters and mission services.

Take Action on Radon (TAOR): The Lung Association and Scout Environmental with support from Health Canada.

City of Hamilton Building Department: Meet ad-hoc to discuss opportunities for supporting education & awareness of radon as a health hazard and discuss building code enforcement.

Terrapure SCRF Environmental Assessment Group: public health staff, City of Hamilton Planning staff, MOECC staff, Terrapure staff and consultants (GHD), and community members meet to review plans associated with the Stoney Creek Regional Facility landfill Environmental Assessment.

<p><b>Program</b></p>	<p><b>Description:</b>  <i>Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</i></p>	<p><b>Objective:</b>  <i>Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</i></p>
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<p>P1) Health Hazards</p>	<p>The Health Hazards program is aimed at promoting healthy environments through decreasing radiation exposure, decreasing air pollutant exposure and notifying the public in extreme weather conditions. 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, Diogenes syndrome, environmental lead, mould, pesticides, needles, chemical contaminants, sewage and others. Priority populations for this program include males, those living in more deprived neighbourhoods, and those living in neighbourhoods with the most dependency (children and seniors).</p>	<ul style="list-style-type: none"> <li>• Develop an airborne particulate by-law aimed at controlling the general increase of fugitive particulate matter and bring forward to local Board of Health for consideration of implementation; and</li> <li>• Complete a radon education, awareness, and testing campaign that will begin in Fall/2018 that will seek to expand public knowledge about health risks related to radon, testing of dwellings within Hamilton, and action that can be taken to reduce exposure to high levels.</li> </ul>
<p><b>Intervention</b></p>	<p><b>Description:</b>  <i>Briefly describe the public health intervention.</i></p>	
<p>Strategic and Systems Initiatives</p>	<ul style="list-style-type: none"> <li>• Airborne Particulates By-law development.</li> <li>• Radon education, awareness and home testing.</li> </ul>	
<p>Promotion, Awareness, Education and Knowledge Translation</p>	<ul style="list-style-type: none"> <li>• Radon awareness campaign and evaluation.</li> </ul>	
<p>Screening, Assessment and Case Management</p>	<ul style="list-style-type: none"> <li>• Environmental Assessment.</li> <li>• Radon awareness campaign and evaluation. As part of the program, will lend radon detection units to the public via the Hamilton Public Library.</li> </ul>	
<p>Monitoring and Surveillance</p>	<ul style="list-style-type: none"> <li>• Hamilton Airshed Modelling System.</li> </ul>	
<p>Inspection</p>	<ul style="list-style-type: none"> <li>• Inspect recreational arenas for compliance with indoor air quality guidelines and assess exposure levels form common indoor pollutants (CO, NO2, Ultrafine particulates).</li> </ul>	
<p>Investigation and Response</p>	<ul style="list-style-type: none"> <li>• Respond to complaints/ inquiry about indoor air quality, mould, odours, asbestos, radon, sewage, pesticides, EMFs, housing, diogenes and physical hazards in the environment.</li> </ul>	
<p><b>Program</b></p>	<p><b>Description:</b>  <i>Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</i></p>	<p><b>Objective:</b>  <i>Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</i></p>

<p>P2) Air Quality and Climate Change</p>	<p>The Air Quality and Climate Change program is aimed at promoting healthy environments through decreasing air pollutant exposure and addressing climate change and extreme weather. Air pollutants is 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. Priority populations for this program include males, those living in more deprived neighbourhoods, and those living in neighbourhoods with the most dependency (children and seniors).</p>	<ul style="list-style-type: none"> <li>• To improve population health through reduced exposure to hazards associated with air pollution and impacts of climate change (i.e., flooding, extreme weather). This will be achieved through the identification and execution of projects that mitigate impacts of climate change via the Bay Area Climate Change Partnership within the City of Hamilton’s Climate Adaptation Plan, as well as work with Clean Air Hamilton and other key stakeholders to improve air quality and health-related outcomes.</li> </ul>
<p><b>Intervention</b></p>	<p><b>Description:</b>  <i>Briefly describe the public health intervention.</i></p>	
<p>Strategic and Systems Initiatives</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	
<p>Promotion, Awareness, Education and Knowledge Translation</p>	<ul style="list-style-type: none"> <li>• 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 government.</li> <li>• Coordinate, support and maintain the Climate Change Hamilton website - <a href="http://www.climatechangehamilton.ca/">http://www.climatechangehamilton.ca/</a> that provides community information regarding climate change information and action in Hamilton including programs, events, reports and the Community Climate Change Action Plan.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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. <a href="https://sustainablehamiltonburlington.ca/city-hamilton-business-energy-emissions-profile-beep-dashboard/">https://sustainablehamiltonburlington.ca/city-hamilton-business-energy-emissions-profile-beep-dashboard/</a>.</li> </ul>	
<p>Monitoring and Surveillance</p>	<ul style="list-style-type: none"> <li>• Develop surveillance plan to assess health impacts related to climate change in accordance with the healthy environments and climate change guideline.</li> </ul>	



Investigation and Response	<ul style="list-style-type: none"><li>• Respond to community enquiries and complaints regarding air emissions or climate change concerns that were forwarded by City Call line, Council office or direct communication to the Council</li></ul>
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# 2019 Annual Service Plan and Budget Submission

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

## Healthy Growth and Development

### A. Community Needs and Priorities

Please provide a short summary of the following:

- a) The key data and information which demonstrates your communities' needs for public health interventions to address healthy growth and development;
- 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; and,
- c) A description of how other topics for consideration not addressed in the Annual Service Plan were assessed or considered under Healthy Growth and Development.

(a) Almost one-quarter of children < 6 live in low income households (Census, 2016). 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 (EDI, 2015). The Early Development Instrument shows decreasing resilience in social competency and emotional maturity. There is a steady decline in exclusive breastfeeding rates from intention to 6 months postpartum (BORN, 2017; PHS Infant Feeding Surveillance, 2017). Although overall teen pregnancy rates are declining, rates remain higher than provincial norm. Half (50.0%) of pregnant women in Hamilton gained weight above the recommended amount; 20.1% gained below recommended amount (BORN, 2017). 21% of women identified at least one mental health concern during pregnancy (BORN, 2017). Hamilton has significantly higher rates of prenatal drug consumption (3.2%) compared to Ontario (2.3%). Both provincial and local data show increased prenatal alcohol consumption. One in four of 5 year old's consume the recommended daily servings of fruits and vegetables (KPS, 2010). 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.

(c) In assessing the needs of the community, efforts were made to quantify and prioritize the health outcomes and health behaviours for the City of Hamilton. Population health assessment, disease prevalence, rate of morbidity, rate of mortality along with how Hamilton compared to Ontario and the direction of local trends (getting worse, staying the same or getting better) were considered. Additionally, other services available in Hamilton and the quality of evidence was considered in helping to determine where best to place public health efforts. Topics for consideration not addressed in the Healthy Growth and Development plan is Pregnancy Counselling, however, this topic is currently being addressed by primary care, community based agencies and Student Health Centres at post-secondary institutions (Mohawk College, McMaster University) in Hamilton. Visual Health is addressed under the School Health Standard.

### B. Key Partners/Stakeholders

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

Safe Transitions: is a strategic and systems initiative between Hamilton PHS staff and both external (hospitals, primary care, midwives, boards of education, Youth and Young Parent services, Works, Childcare, Employment, Housing, Recreation, EMS) and internal partners in program delivery. This inter-sectoral collaborative working group has developed and is in the process of implementing a strategy to enhance services offered to new parents and newborns that are integrated, high quality and comprehensive. The goal is to achieve optimal maternal and newborn health by building parental confidence and increasing access to resources. The mechanisms for engagement include a Safe Transitions Advisory Group and three workgroups (including Healthy Babies Healthy Children prenatal screening, Hamilton Breastfeeding Coalition and Transitioning Home) that meet monthly.

Coordinated Supports for Sole Support Families: is a pilot project that will provide coordinated supports for sole support parents from Hamilton PHNs, and other City programs and departments (i.e. Ontario Works, Childcare, Employment, Housing, Recreation, EMS). This pilot offers lone parent families (with children 0-6 years of age) integrated supports, including home visiting, child care, Ontario Works, employment and recreation in order to improve timely access to services. The mechanism for engagement for this partnership includes project meetings that meet monthly and a steering committee that meets two to three times a year.

Infant Early Years Mental Health Systems Support: is a collaboration between Hamilton PHS and external partners (i.e. Infant Mental Health Promotion [Hospital for Sick Children]), Hamilton Health Sciences, Early Years' service providers, Boards of Education, Children's Mental Health service providers, Child Protection Agencies, Indigenous service providers) to provide key committees and networks. The goal is to bring 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. The mechanism for engagement for this partnership includes a System Support Committee that meets monthly.

Youth Sexual Health Strategy: Public health staff work with both external partners (Boards of Education - Public, Catholic, French Public, French Catholic), Youth and Young Parent services, St. Joseph's Healthcare, Catholic Diocese, post-secondary institutions and community members) and internal partners (Youth Strategy, Neighbourhood Strategy, Indigenous Strategy). The Collaborative brings diverse champions (providers and contributors) for youth sexual health programs and services together to share knowledge and perspectives in order to mobilize change and inform system planning and evaluation. As an extension of the Healthy Birth Weights Strategy, the comprehensive Youth Sexual Health Strategy focuses on collective capacity building to strengthen the system of sexual health supports for youth in Hamilton. The mechanisms for engagement includes a quarterly Youth Sexual Health Collaborative meeting and Youth Sexual Health workgroup that meets five to six times a year.

<p><b>Program</b></p>	<p><b>Description:</b>  <i>Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</i></p>	<p><b>Objective:</b>  <i>Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</i></p>
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P1) Child Health

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 2019, the program will continue to provide services to support the following priorities: breastfeeding, preconception, physical activity, childhood nutrition, parenting, healthy pregnancies, early childhood development and mental well-being. Local population health assessment data and emerging issues are used to prioritize targeted populations and initiatives with greater social and systemic barriers (lower Socio Economic Status, lone parent households, young parents, newcomers, Indigenous, LGBTQ+).

- Achieve compliance with the Healthy Growth and Development Standards and 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.
- Increase rate of exclusive breastfeeding at hospital discharge and at 6 months above 2016 baseline.
- Breastfeeding women have improved knowledge and skills.
- Reduce barriers and empower lone parents by improving access to service.
- Create a sustainable safe transitions strategy from hospital to home following birth.
- Enhance awareness of core prevention and intervention strategies/services for infant mental health.
- Increase community partner knowledge about resources and effective programs for the promotion of healthy growth and development.
- Increase collaboration among network of health and social service providers and families in the planning, development, implementation and evaluation of comprehensive public health programs, services and policies which positively impact healthy families and communities.
- Increase individual and family knowledge, skills and access to local resources related to healthy growth and development to effectively manage the different life stages and their transitions.

Intervention	<p><b>Description:</b>  <i>Briefly describe the public health intervention.</i></p>
Strategic and Systems Initiatives	<ul style="list-style-type: none"> <li>• Build capacity across the community to enhance system planning and integration through development of shared tools/policies, screening, assessment and cross-sector education.</li> <li>• Develop and prioritize continuous quality improvement activities in response to local need, client feedback, partner engagement, and opportunities for enhanced efficiency and effectiveness.</li> <li>• Support 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.</li> <li>• Develop and pilot Families First Program in Q4 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.</li> <li>• Collaborate with service providers across sectors to better understand, enhance awareness, and support alignment of healthy growth and development services, with a focus on mental well-being, for children from infancy to the early years.</li> <li>• 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.</li> </ul>

<p>Promotion, Awareness, Education and Knowledge Translation</p>	<ul style="list-style-type: none"> <li>• Implement promotion, awareness, education and knowledge translation strategies via various platforms to ensure a broad reach tailored to meet specific audience.</li> <li>• 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.</li> <li>• 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. 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.</li> <li>• Attend 2 community expos and weekly attendance at EarlyON CFC's to educate about child health, nutrition, and development; distribute resources; promote public health service delivery and identify community needs.</li> </ul>
<p>Screening, Assessment and Case Management</p>	<ul style="list-style-type: none"> <li>• Deliver the Nurse-Family Partnership Enhancement, an intensive home visiting program for at risk first-time parents 21 and under.</li> <li>• Provide breastfeeding home visits and telephone support.</li> <li>• Respond to Health Connections phone line (screening and assessment; information, education, and referrals to community resources).</li> <li>• Continue secondment of Public Health Nurse to Hamilton Family Health Team.</li> <li>• Provide parenting groups and discussion topics.</li> <li>• Deliver car seat clinics.</li> <li>• Provide Check It Out interprofessional Drop-In sessions for parents offering access to public health nurses, speech and language pathologists, mental health workers, resource teachers, Early Childhood Educators and dental hygienists to screen, assess and refer children at risk for poor growth and developmental outcomes.</li> <li>• Deliver increased access to PHN screening, assessment and referral at Early ON CFCs, weekly Canada Prenatal Nutrition Programs, and Prenatal Education.</li> </ul>
<p>Monitoring and Surveillance</p>	<ul style="list-style-type: none"> <li>• Continue to monitor program indicators and surveillance data. Refine program indicators as needed through a results based accountability lens.</li> <li>• Conduct Families First Feasibility Evaluation (Q4 2019) which will inform continuous improvement and assess if Families First improves access to services for lone parent families.</li> </ul>
<p><b>Program</b></p>	<p><b>Description:</b>  <i>Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</i></p> <p><b>Objective:</b>  <i>Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</i></p>
<p>P2) Reproductive Health</p>	<p>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 healthy birth outcomes. Local population health assessment data and emerging issues are used to prioritize targeted populations and initiatives with greater social and systemic barriers (lower Socio Economic Status, lone parent households, young parents, newcomers, Indigenous, LGBTQ+).</p> <ul style="list-style-type: none"> <li>• Achieve compliance with the Healthy Growth and Development Standard, including all required protocols.</li> <li>• Increase community partner knowledge about resources and effective programs for the promotion of preconception and healthy pregnancies.</li> <li>• Reduce barriers and empower lone parents by improving access to services.</li> <li>• Create a sustainable safe transitions strategy from hospital to home following birth.</li> <li>• Increase collaboration among network of health and social service providers and families in the planning, development, implementation and evaluation of comprehensive public health programs, services and policies which positively impact healthy families and communities.</li> <li>• Increase individual and family knowledge, skills and access to local resources related to preconception, healthy pregnancies, birth and transition to parenting.</li> <li>• Work with primary care and the healthcare system partners to increase screening and education during preconception years.</li> </ul>

Intervention	<p><b>Description:</b>  <i>Briefly describe the public health intervention.</i></p>
Strategic and Systems Initiatives	<ul style="list-style-type: none"> <li>• Build capacity across the community to enhance system planning and integration through development of shared tools/policies, screening, assessment and cross-sector education.</li> <li>• Develop and prioritize continuous quality improvement activities in response to local need, client feedback, partner engagement, and opportunities for enhanced efficiency and effectiveness.</li> <li>• Lead 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.</li> <li>• Lead the Youth Sexual Health Collaborative as part of the Healthy Birth Weights Strategy.</li> <li>• Implement a comprehensive Youth Sexual Health Strategy.</li> <li>• Build awareness of preconception health as an important determinant of health, working with primary care and healthcare system partners to increase screening and education during preconception years.</li> <li>• Participate in key committees 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.</li> </ul>
Promotion, Awareness, Education and Knowledge Translation	<ul style="list-style-type: none"> <li>• Implement promotion, awareness, education and knowledge translation strategies via various platforms to ensure a broad reach tailored to meet specific audiences.</li> <li>• 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.</li> <li>• Increase community partner knowledge about resources and effective programs for the promotion of healthy pregnancies; education sessions for internal and external professionals.</li> <li>• Provide education for Family Health Team staff, Young Parent Centres and other relevant health and social service providers.</li> <li>• Continue to distribute prenatal books to primary care, obstetricians and midwives in Hamilton.</li> </ul>
Screening, Assessment and Case Management	<ul style="list-style-type: none"> <li>• Deliver the Nurse-Family Partnership Enhancement, an intensive home visiting program for at risk first-time parents 21 and under.</li> <li>• Respond to Health Connections phone line (screening and assessment; information, education, and referrals to community resources).</li> <li>• Continue secondment of Public Health Nurse to Hamilton Family Health Team.</li> <li>• Provide universal prenatal in-person classes and online education and targeted programs at Young Parent Centres.</li> <li>• Increase access to Public Health Nurse screening, assessment and referral at Early ON CFCs and weekly Canada Prenatal Nutrition Programs.</li> <li>• Continue with Minimal Contact Intervention policy and referral to Prenatal Smoking Cessation Incentive Program (in partnership with Tobacco Control, Prevention and Cessation Program).</li> </ul>
Monitoring and Surveillance	<ul style="list-style-type: none"> <li>• Continue to monitor program indicators and surveillance data. Refine program indicators as needed through a results based accountability lens.</li> </ul>

# 2019 Annual Service Plan and Budget Submission

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

## Immunization

### A. Community Needs and Priorities

Please provide a short summary of the following:

- a) The key data and information which demonstrates your communities' needs for public health interventions to address 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) PHS monitors immunization status of all children and youth attending childcare centres and schools in Hamilton. Annually, more than 54,000 people have their immunization records assessed through over 100 childcare centres and 200 schools. There is currently a 3 year backlog in vaccine reporting, in response, the program has prioritized addressing the backlog with children entering school. In 2016-17 school year, there were 82,772 students enrolled in Hamilton elementary and secondary schools. PHS provided immunizations to 19,000 students across 125 schools. About 1,400 had philosophical vaccine exemptions (1.7% of those enrolled). School-based vaccine (Hep B, Meningococcal, HPV) coverage rate of Grade 7 students in Hamilton is higher than Ontario (Hep B: 74.4% vs. 68.6%; Meningococcal: 83.3% vs. 79.6%; HPV: 63.4% vs. 56.3%). From Dec 8, 2016 to Jan 18, 2017, 2600 students received overdue vaccination letter, resulting in 1858 students who received vaccines, and 742 who reported their previous vaccination to PHS (28%). Hamilton's immunization coverage rate for ISPA is higher among 7 years old, but lower among 17 years old compared to Ontario. Approximate 430 pharmacists & physician sites provide BOH funded vaccines in Hamilton. In 2017, 355 refrigerators were in operation and inspected. The compliance rate was 95.4%. PHS distributed 297,282 publicly funded vaccines throughout Hamilton in 2017. The overall vaccine wastage was 6.7%. From 2012-2016, the incidence rates of vaccine preventable disease per 100,000 population were similar or lower in Hamilton than Ontario except for Hepatitis B (1.6 vs. 0.7), Influenza (117.4 vs. 76.0), and Streptococcus pneumoniae invasive (10.5 vs. 8.0). The annual number of confirmed adverse events following immunization (AEFI) fluctuated from a low of 20 in 2015 to a high of 36 in 2017, with an annual average of 28 AEFI from 2012-2017. The outbreak Response Plan has been implemented 4 times from 2015-2017. Nursing staff have been redeployed related to measles twice (to either staff the hotline or to assist in contact tracing).

(b) 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

### B. Key Partners/Stakeholders

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

Health care providers (individuals): Ongoing collaboration with healthcare providers who administer vaccine to ensure compliance with legislation and best practice. Communication as needed and as reported AEFIs. Medical advisories released as needed to update on changes to legislation and/or provision of vaccine-preventable diseases.

Family Health Teams: Meet on an ad hoc basis to discuss voluntary reporting of vaccines and improve vaccine reporting to public health.

Refugee/Newcomer Centres: Meet on an ad hoc basis to discuss / provide presentations on general vaccine information including reporting.

International Schools: Ad hoc presentations to provide general vaccine information including reporting and ISPA legislation.

School Boards: Ongoing communication between public health and school principals / staff via email, board notifications and letters to provide updates on grade 7 immunization program, high school catch-up clinics and ISPA process/issues including the promotion of suspension clinics. Quarterly meetings to improve collaborative efforts and provide face-to-face updates.

School principals and staff: Ongoing communications via fax, phone, board mail and STIX providing information on or requesting consultation regarding school clinics and ISPA process.

Childcare Providers: Liaison to ensure effective records management and education around immunization policy, provide annual daycare package regarding vaccine requirements for children and providers. Ad hoc presentations to discuss vaccine requirements for entry into childcare setting.

Parents: Partnership to provide ongoing education through vaccine fact sheets, ISPA education sessions, website updates, and information line. Parents also receive ISPA screening and suspension letters via mail.

Central West Vaccine Program Managers: Meet quarterly to collaborate and discussion program issues.

Ministry of Health and Long-Term Care: Meet through monthly teleconferences to discuss ICON working group, VP managers, UIIP (during flu season), Panorama best practices.

Program	<p><b>Description:</b>                      Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</p>	<p><b>Objective:</b>                      Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</p>
P1) Vaccine Management	<p>The Vaccine Management Program aims to ensure proper storage, handling and distribution of publicly funded vaccines.</p>	<ul style="list-style-type: none"> <li>• Achieve compliance with Storage and Handling Protocol for internal and external sites holding publicly funded vaccine.</li> <li>• Provide education to health care providers that store publicly funded vaccine to promote optimal vaccine inventory management resulting in decreased vaccine wastage.</li> <li>• Ensure proper ordering, storage and distribution of publicly funded vaccines to all health care providers in compliance with Storage and Handling guidelines thus reducing excess vaccine in community and resulting wastage.</li> <li>• Ensure that 100% of all fridges storing publicly funded vaccine receive an annual inspection.</li> <li>• Ensure all inspected vaccine storage locations meet storage and handling requirements.</li> <li>• Ensure follow-up of all cold chain incidences.</li> </ul>
Intervention	<p><b>Description:</b>                      Briefly describe the public health intervention.</p>	



Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	<ul style="list-style-type: none"> <li>Monthly reporting of vaccine utilization in the community to monitor health care provider ordering and returns. Utilize data to improve vaccine inventory management.</li> </ul>	
Promotion, Awareness, Education, Knowledge Translation	<ul style="list-style-type: none"> <li>Promote storage and handling of publicly funded vaccines as per the Storage and Handling Protocol to health care providers during routine inspections.</li> <li>Intake line available for health care providers to provide support and education re: Storage and Handling Protocol.</li> </ul>	
Monitoring and Surveillance	<ul style="list-style-type: none"> <li>Ongoing monitoring of vaccine inventory to ensure no more than a 2-month supply of vaccine is stored in Public Health fridges and to decrease the risk of unnecessary vaccine wastage.</li> <li>Adopt Blue Rover, fridge temp monitoring software.</li> </ul>	
Inspection	<ul style="list-style-type: none"> <li>Inspect all pharmacy and physician sites that store publicly funded immunizations as per the Storage and Handling protocol.</li> <li>Implementation of Hedgehog software for all fridge inspections to allow for improved monitoring and reporting of cold chain issues.</li> </ul>	
Investigation and Response	<ul style="list-style-type: none"> <li>Investigate all cold chain incidences and implement increased monitoring if necessary.</li> </ul>	
Inventory Management	<ul style="list-style-type: none"> <li>Panorama is used for vaccine inventory management on an ongoing basis, including reports to inform decisions.</li> <li>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.</li> <li>Review of historical orders from Physicians and Pharmacies to address challenges in maintaining a two month vaccine supply.</li> </ul>	
<b>Program</b>	<p><b>Description:</b>  <i>Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</i></p>	<p><b>Objective:</b>  <i>Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</i></p>
P2) Immunization Monitoring and Surveillance	<p>The Vaccine Program is responsible for comprehensive immunization monitoring and surveillance of vaccine preventable diseases, vaccine coverage and adverse events following immunization (AEFI).</p>	<ul style="list-style-type: none"> <li>Epidemiological analysis of vaccine preventable diseases, vaccine coverage, and adverse events following immunization including monthly reporting to monitor ongoing and emerging trends.</li> <li>Reporting, monitoring, investigation, and documentation of all adverse events following immunization in accordance with the Health Protection and Promotion Act.</li> <li>Provision and management of orders of exclusion for an outbreak or risk of an outbreak of a designated disease.</li> <li>Development of a contingency plan to deploy board of health staff capable of providing vaccine preventable disease outbreak management and control.</li> </ul>
<b>Intervention</b>	<p><b>Description:</b>  <i>Briefly describe the public health intervention.</i></p>	
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	<ul style="list-style-type: none"> <li>Improve vaccine tracking and inventory management to improve vaccine wastage rates.</li> </ul>	

Screening/Assessment/Intervention/ Case Management	<ul style="list-style-type: none"> <li>Data entry and management of community clinics including UIIP.</li> </ul>	
Monitoring and Surveillance	<ul style="list-style-type: none"> <li>Complete follow-up on all reported Adverse Events Following Immunization (AEFI) and input data into IPHIS for monitoring and surveillance purposes.</li> </ul>	
Inspection	<ul style="list-style-type: none"> <li>Inspect all pharmacy and physician sites that store publicly funded immunizations as per the Storage and Handling protocol.</li> </ul>	
Investigation and Response	<ul style="list-style-type: none"> <li>Follow an emergency response plan if/as necessary.</li> </ul>	
Inventory Management	<ul style="list-style-type: none"> <li>Panorama is used for vaccine inventory management on an ongoing basis, including reports to inform decisions.</li> <li>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.</li> <li>Review of historical orders from Physicians and Pharmacies to address challenges in maintaining a two month vaccine supply.</li> </ul>	
<b>Program</b>	<p><b>Description:</b>  <i>Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</i></p>	<p><b>Objective:</b>  <i>Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</i></p>
P3) Vaccine Administration	<p>The Vaccine Administration Program aims to administer publicly funded vaccine to eligible persons as per provincially funded immunization programs.</p>	<ul style="list-style-type: none"> <li>To provide Hepatitis B, HPV and Meningococcal ACYW vaccines to eligible students in the board of health through school-based immunization clinics.</li> <li>To assess, maintain records and report on: a) the immunization status of children enrolled in licensed child care setting; b) the immunization status of children attending schools; and c) immunizations administered at board of health-based clinics.</li> <li>Conduct an epidemiological analysis of vaccine preventable diseases, vaccine coverage, and adverse events following immunization.</li> <li>Provide education to health care providers that store publicly funded vaccine to promote optimal vaccine inventory management resulting in decreased vaccine wastage.</li> <li>Ensure proper ordering, storage and distribution of publicly funded vaccines to all health care providers in compliance with Storage and Handling guidelines thus reducing excess vaccine in community and resulting wastage.</li> <li>Report, monitor, investigate, and documentation of all adverse events following immunization in accordance with the Health Protection and Promotion Act.</li> <li>Provision and management of orders of exclusion for an outbreak or risk of an outbreak of a designated disease.</li> </ul>
<b>Intervention</b>	<p><b>Description:</b>  <i>Briefly describe the public health intervention.</i></p>	
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	<ul style="list-style-type: none"> <li>Ongoing collaboration with School Health Program including board liaison Public Health Nurses to strengthen partnership between program and school boards.</li> <li>Ongoing collaboration with schools to promote school-based imms clinics (elementary and secondary).</li> </ul>	

Screening/Assessment/Intervention/ Case Management	<ul style="list-style-type: none"> <li>• Entry of vaccine doses administered at public health clinics into Panorama.</li> <li>• Adoption of m-IMMS.</li> </ul>	
Promotion, Awareness, Education, Knowledge Translation	<ul style="list-style-type: none"> <li>• Provide educational materials on vaccines to parents and students regarding vaccines to be administered in schools.</li> </ul>	
Monitoring and Surveillance	<ul style="list-style-type: none"> <li>• Monitor Hep B, HPV and Menactra vaccine rates with the goal of reaching 90% compliance.</li> </ul>	
<b>Program</b>	<p><b>Description:</b> Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</p>	<p><b>Objective:</b> Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</p>
P4) Community Based Immunization Outreach	<p>Through the Community Based Immunization Outreach Program, the public health unit engages with community partners, including school boards, to improve knowledge and confidence in vaccines and public health immunization programs and services.</p>	<ul style="list-style-type: none"> <li>• To assess, maintain records and report on: a) the immunization status of children enrolled in licensed child care setting; b) the immunization status of children attending schools; and c) immunizations administered at board of health-based clinics.</li> <li>• Provide education and support to health care providers that administer publicly funded vaccines to strengthen knowledge and confidence in vaccines.</li> <li>• Work collaboratively with school boards and schools to improve parental knowledge of immunizations for school-aged children.</li> </ul>
<b>Intervention</b>	<p><b>Description:</b> Briefly describe the public health intervention.</p>	
Strategic and System Initiatives (Policy, CQI, Collaboration, Partnerships, Advocacy)	<ul style="list-style-type: none"> <li>• Ongoing communication and engagement with schools regarding the importance of vaccines and ensuring student records are reported to public health.</li> </ul>	
Screening/Assessment/Intervention/ Case Management	<ul style="list-style-type: none"> <li>• Provide community clinic monthly to assist parents with assessment of vaccine records and administer vaccines as needed.</li> </ul>	
Promotion, Awareness, Education, Knowledge Translation	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Provide ISPA parent education sessions (as required by ISPA legislation) to increase awareness regarding vaccine safety.</li> <li>• Working with CANimmunize to adopt the DHIR reporting mechanism to ease reporting of vaccines to public health as well as provide parents with easy access to vaccine information.</li> <li>• Community presentations as requested (international schools, Long-Term Care, residency programs, refugee services).</li> </ul>	
Monitoring and Surveillance	<ul style="list-style-type: none"> <li>• Implementation of any updates to ICON</li> </ul>	

# 2019 Annual Service Plan and Budget Submission

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

## Infectious and Communicable Diseases Prevention and Control

### A. Community Needs and Priorities

Please provide a short summary of the following:

- a) The key data and information which demonstrates your communities' needs for public health interventions to address infectious and communicable diseases; 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) The City of Hamilton has approximately 200 daycare and 750 Personal Service Setting (PSS) sites, with routine annual inspections required, along with additional inspections for complaint response or non-compliance. Diseases of Public Health Significance: Approximately 3900 confirmed cases of reportable diseases and 130 outbreaks (125 institutional; 5 community) were reported in Hamilton in 2017. The top 5 disease burdens include: chlamydia, gonorrhoea, Hep B, Hep C, and Campylobacter. The list of priority diseases identified based on the disease burden and importance are: TB (~20 TB cases/year), Hep B & Sexually Transmitted Infections (~2,000 cases/year). Chlamydia is the most common type of STI diagnosed followed by Gonorrhoea and Syphilis in the City of Hamilton. Rabies: investigations related to rabies continue to rise, with 2018 investigation totals for the first five months (584) outpacing 2017 totals during this same time period (543). Lyme Disease: the number of local black legged ticks are increasing, as are the number of human Lyme Disease cases. West Nile Virus: As of October 6th 2018, the City of Hamilton has had 13 mosquito pools test positive for West Nile Virus (WNV) and 7 confirmed human cases of WNV. Dating back to 2014, WNV in the City of Hamilton has been stable and similar to the provincial incidence rate.

(b) Local Priorities: The rabies outbreak in Hamilton and Ontario is expected to continue for 3 or more years. Chlamydia, Gonorrhoea and Syphilis are all trending upwards in Hamilton. More human cases of Lyme disease are expected now that Hamilton has been identified as having an estimated risk area for Lyme disease.

### B. Key Partners/Stakeholders

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

Regional Infection Prevention and Control Committee: Monthly committee chaired by Hamilton Health Sciences and with membership from surrounding HUs and hospitals (Brant, Burlington, Hamilton) to 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: Quarterly committee meeting consisting of public health and long-term care staff to collaborate on infection prevention and control issues associated with long-term care homes and their community partners.

Wilson Medical Centre: Informal mechanism for engagement facilitated through ad hoc communications/meetings with Wilson Medical staff and public health program staff, aiming to ensure appropriate follow-up of clients placed under immigration medical surveillance and timely reporting back to public health.

City of Hamilton Licensing Department: Twice annual meetings with leadership staff between both Departments with ad hoc communications when needed to share inventory of Licensed Personal Services Settings across Hamilton. Collaborate on enforcement strategies where premises are found not to be in compliance with IPAC practices or PSS Regulation.

Child Care Systems Coordination Committee: Membership from various partners providing services in or directed to child care, including public health dental staff, dietitians, injury prevention, infectious disease, as well as community services programs. Purpose is to build awareness of services and resources for child care facilities and support communications between service providers and licensed child care facilities.

Youth Sexual Health Strategy: Internal and external partnership addressing youth mental, physical, and social well-being.

AIDS Network: External partnership that provides harm reduction services on the Mobile Needle Exchange VAN; promote anonymous point of care testing of Hep C and HIV.

Special Immunology Services Clinic: External partnership that provides services and use pre-exposure prophylaxis with MSM population.

Elizabeth Fry: partnership that connects with street workers, supports the Needle Exchange VAN operated by public health, and distributes condoms.

City of Hamilton Animal Services: Contractual collaboration with their rabies coordinator to provide training, outreach, rabies investigations and collaborate on rabies related responses. Bi-monthly meetings via Hamilton Halton One Health Committee, also meet on ad hoc basis and also meet annually for the Rabies interagency meeting. Partner in collection of bats involved in human exposures for testing; collect dead or sick wildlife to support raccoon rabies surveillance; confine cats and dogs.

One Health: Hamilton has an active One Health Committee where health to work closely with the medical community and veterinary/animal health and all meet bi-monthly.

Ontario Association of Veterinary Technicians: Bi-monthly meetings via our Hamilton Halton One Health Committee. Also meet annually for the Rabies interagency meeting. Purpose is to coordinate and prepare animals involved in human exposures for submission to CFIA.

Ontario Ministry of Natural Resources and Forestry: Meet via teleconference every six weeks with MNRF for the Northeast Rabies Update. Also meet annually for the Rabies interagency meeting and ad hoc meetings, when needed. Purpose is to conduct provincial raccoon rabies surveillance and control measures.

Canadian Food Inspection Agency: Partnership to conduct rabies testing.

Canadian Wildlife Health Centre: Partnership to conduct preliminary non-animal, non-human exposure animal testing.

Ontario Ministry of Health and Long-Term Care: Partnership to consult with veterinarians regarding human exposures and related animal confinement, release, testing.

Ontario Ministry of Agriculture, Food, and Rural Affairs: Meets annually for the Rabies interagency meeting, aim is to coordinate responses for animal to animal exposures.

City of Hamilton Tick Management Committee: Internal and external membership with bi-annually meetings to discuss local risk and resources. Membership includes City Planning, Parks, Public Health, MLE, Risk,

Program	<p><b>Description:</b>                      Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</p>	<p><b>Objective:</b>                      Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</p>
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<p>P1) Vector Borne Diseases</p>	<p>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 Vector Borne Diseases as they emerge. Priorities established through local surveillance include 1) Rabies: A growing number of suspect rabies exposure investigations reaching 1537 with increasing number of cases requiring rabies post exposure prophylaxis. There is currently a rabies outbreak with &gt;291 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 is reviewed annually. The rabies program has been evaluation and recommendations have been implemented. 2) 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. 3) 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. 4) Pests: Public Health Inspectors receive pest complaints, investigate and inspect homes for pests and require homeowners take corrective action aimed at reducing pests.</p>	<ul style="list-style-type: none"> <li>• Compliance with the Infectious and Communicable Diseases Prevention and Control Standard, including all required protocols.</li> <li>• Reduce 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; and surveillance, investigation, and public education about rabies to prevent human death.</li> </ul>
<p><b>Intervention</b></p>	<p><b>Description:</b>  <i>Briefly describe the public health intervention.</i></p>	
<p>Strategic and Systems Initiatives</p>	<ul style="list-style-type: none"> <li>• Work with City departments to develop a Tick Management Plan through working with external stakeholders.</li> <li>• Continue to work with and meet with the Hamilton/Halton One Health Committee on vector borne related disease and share information to the group and outside of the group via One Health Newsletters to local veterinarian community.</li> <li>• Apply a continuous improvement lens to all process and improve program delivery and outcomes.</li> </ul>	
<p>Promotion, Awareness, Education and Knowledge Translation</p>	<ul style="list-style-type: none"> <li>• Continue to use the Rabies is Real campaign to increase rabies awareness to residents. Implement evaluation findings to utilize the most common or most referenced form of media. Share resources, videos and education plans to local schools to educate students. Utilize social media to share key messages around rabies prevention and control.</li> <li>• Utilize social media with newly created campaign and increase Lyme and West Nile Virus awareness and preventative strategies. Increase outreach to trail users and outdoor enthusiast.</li> <li>• Whenever an elevated risk is present in the community for Lyme Disease, West Nile Virus or rabies, increase awareness and prevention messaging to the population in order to reduce their risk of illness.</li> </ul>	
<p>Screening, Assessment and Case Management</p>	<ul style="list-style-type: none"> <li>• Screen each MNRF rabies positive to rule out human exposure. As per the protocol conduct a risk assessment on every suspect rabies exposure investigation (approx. 1500). Follow the Ministry of Health and Long-Term Care Guidance Document for the Management of Suspected Rabies Exposures to ensure rPEP is administered or recommended when needed.</li> <li>• For West Nile, conduct surveillance of water sites and recommend controls when larvae are found. Monitor mosquito traps for positive pools and implement controls when positives are identified.</li> <li>• Identify ticks through passive and active surveillance and inspect for possible high risk areas for future surveillance.</li> </ul>	

Monitoring and Surveillance	<ul style="list-style-type: none"> <li>• Implement a West Nile Virus monitoring plan informed by an evaluation and internal audit. This plan includes: a weekly risk assessment from May to October; a semi-annual vector tick surveillance to the Board of Health; two annual reports to Ministry of Health and Long-Term Care outlining actions and outcomes of West Nile Virus and Lyme Disease management and related program cost breakdown.</li> <li>• Identify mosquito breeding sites in Hamilton and implement controls to reduce West Nile Virus risk.</li> <li>• Surveillance of rabies locally, regionally, and provincially to anticipate and respond to increased risk and trends.</li> <li>• Identify and monitor Lyme disease risk areas in Hamilton by a combination of active and passive surveillance.</li> </ul>	
Inspection	<ul style="list-style-type: none"> <li>• Conduct visual confinements and releases of all domestic cats, dogs and ferrets involved in animal exposures.</li> <li>• Conduct visual inspections and ground truthing around any positive mosquito traps.</li> <li>• Investigate and inspect all standing water complaints and require compliance actions with Standing Waster By-law.</li> <li>• Inspect all pest complaints for pests or pest activity and require homeowners/landlords implement IPM to reduce infestations.</li> </ul>	
Investigation and Response	<ul style="list-style-type: none"> <li>• Investigate 100% of reported rabies exposures (average 1200-1500 /year).</li> <li>• Perform quality assurance checks for completeness of investigations and PEP files (IPHIS admin) and corrections made. Risk assessment is completed for each report. Rabies exposures follow organizational policy, Canadian Immunization Guidelines, and Ministry of Health and Long-Term Care Rabies guidance documents. PEP delivered on 24 hour basis.</li> <li>• 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 organizational policy and Guidelines have been developed to ensure effective and immediate after-hours response for reportable diseases, MBTA, outbreaks, and rabies exposure.</li> </ul>	
<b>Program</b>	<p><b>Description:</b>  <i>Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</i></p>	<p><b>Objective:</b>  <i>Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</i></p>
P2) Infectious Disease Program	<p>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 Infectious Disease program also investigates infection prevention and control complaints in practices of regulated health professionals and in settings for which no regulatory bodies exist.</p>	<ul style="list-style-type: none"> <li>• Achieve compliance with the Infectious and Communicable Disease Prevention and Control Standard, including all protocols.</li> <li>• Manage and coordinate activities related to infectious disease outbreaks, including support to other health units.</li> <li>• Enter reportable disease and investigation data into the Integrated Public Health Information System to support sexual health and communicable disease case/contact management.</li> <li>• Conduct infectious disease surveillance and provide timely and effective detection of reportable diseases to program staff, including disease activity, exposures, associated risk factors, and emerging trends.</li> </ul>
<b>Intervention</b>	<p><b>Description:</b>  <i>Briefly describe the public health intervention.</i></p>	

Strategic and Systems Initiatives	<ul style="list-style-type: none"> <li>• Work with Long-Term Care Homes on improving the Outbreak Management Quality Improvement Initiative; designed to provide Long-Term Care Homes with indicators for outbreak management, identifying gaps/challenges and areas of strength to improve overall outbreak management in institutions.</li> <li>• Develop standard operating procedures to respond to infection disease in order to improve consistency of services across health unit.</li> <li>• Work in collaboration with St. Joseph's TB Clinic on development of a Memorandum of Agreement to strengthen and facilitate timely sharing of data to facilitate management of cases of TB and LTBI, and to support staffing of St. Joseph's TB Clinic.</li> </ul>
Promotion, Awareness, Education and Knowledge Translation	<ul style="list-style-type: none"> <li>• Provide education to institutions (hospitals, long-term care facilities, daycares) on IPAC (including hand hygiene and respiratory etiquette). Public Health Inspectors or infectious Disease Prevention Specialist sit on infection control committees at all Long-Term Care Homes and acute care infection control committees.</li> <li>• Other participation as requested on other institutional infection control committees, including but not limited to LDNs, Hamilton Wentworth Detention Centre.</li> <li>• Offer 1/2 day workshop targeting aesthetic service provider re: infection control practices. In-service offered annually since 2011 and well received based on operator feedback.</li> <li>• 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).</li> <li>• 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.</li> <li>• Physician outreach to share information with healthcare providers, through education sessions, one health sessions and webinars.</li> </ul>
Screening, Assessment and Case Management	<ul style="list-style-type: none"> <li>• All reported cases of diseases of public health significance are followed-up, as per Protocols, to limit secondary cases through investigation of sources of infection and contact tracing as applicable. Further, program policies and/or Guidelines are developed and maintained in conjunction with Appendix A&amp;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.</li> </ul>
Monitoring and Surveillance	<ul style="list-style-type: none"> <li>• Cases of diseases of public health surveillance are investigated to determine risk factors and potential sources of exposure. Analysis of case data identifies where case counts exceed expected thresholds for a given disease, or identifies cases associated by geographic place or time, warranting further investigation into possible commonalities and epidemiology links between case clusters.</li> </ul>
Inspection	<ul style="list-style-type: none"> <li>• Conduct inspections as per protocol in personal service settings, licensed childcare settings. Hedgehog inspection reports and program policies have been developed which ensure consistent approach to inspecting for required Infection Control compliance elements as per O. Reg 136/18 Personal Services Settings, MOHLTC PSS Best Practices document, Public Health Services Child Care Facilities Manual, and/or PIDAC Best Practices, as applicable.</li> <li>• Inspection reports to be disclosed publicly via website.</li> </ul>
Investigation and Response	<ul style="list-style-type: none"> <li>• 100% of all reported institutional GI, respiratory and CDI outbreaks investigated. Work with infection control and/or administrative staff to recommend and implement outbreak control measures. Settings include but are not limited to hospitals, long-term care homes, retirement homes, schools, licensed day nurseries and residential care facilities. Collaborate with facility IPAC and administrative staff including acute and long-term care 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. Prevent or mitigate future outbreaks as a result of early reporting and ongoing communication resulting in decreased numbers of cases of CDI.</li> <li>• 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.</li> <li>• Infection Prevention and Control (IPAC) complaints are investigated to identify if and where IPAC lapses have occurred. If lapses are identified notification activities may include posting to the Board of Health website, distribution of media releases or medical advisories, patient trace-back activities, to advise of potential exposures, risk and provide health teaching.</li> <li>• 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 &amp; Procedures and Guidelines have been developed which identify required after hours response for reportable diseases, MBTA, outbreaks.</li> </ul>



Program	<p><b>Description:</b>                      Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</p>	<p><b>Objective:</b>                      Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</p>
P3) Sexual Health	<p>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 and young adults (15-24 years), MSM and individuals who are HIV+ with detectable Viral Load.</p>	<ul style="list-style-type: none"> <li>• Achieve compliance with the Infectious and Communicable Disease Prevention and Control Standard, including all required protocols.</li> <li>• Prevention of infection and spread of sexual transmitted infections through health promotion, and education to the public, clients, community partners and internal &amp; external stakeholders.</li> <li>• The Sexual Health program provides comprehensive sexual health clinical services at four clinical sites to provide treatment to reduce the spread of sexually transmitted infections and encourage prevention of acquisition of sexually transmitted infections. For priority populations within City of Hamilton, outreach testing services are offered throughout the City to increase access to testing for at-risk populations. This includes IDU population and MSM community.</li> <li>• The sexual health program provides education physicians to provide appropriate treatment for chlamydia, gonorrhea and syphilis.</li> <li>• Case investigation conducted as per Ministry of Health and Long-Term Care protocols.</li> </ul>
Intervention	<p><b>Description:</b>                      Briefly describe the public health intervention.</p>	
Strategic and Systems Initiatives	<ul style="list-style-type: none"> <li>• Develop a Youth Sexual Health Strategy in collaboration with community partners including School Boards in alignment with School Health Standard.</li> <li>• Conduct quality improvement project focused on reportable disease case management completed by Public Health Services.</li> <li>• Collaborate with external agencies to increase ST/BBI testing for priority populations in outreach setting.</li> <li>• Work with infectious disease physicians regarding increasing access and referral to HIV treatment and prevention (PrEP).</li> <li>• Complete a sexual health clinical services review to ensure that current clinical services are reaching priority populations.</li> </ul>	
Promotion, Awareness, Education and Knowledge Translation	<ul style="list-style-type: none"> <li>• Provide education to community physicians on treatments for Chlamydia, HIV, syphilis gonorrhea (antibiotic resistance and appropriate treatment) including Family Medicine Residents.</li> <li>• Educate health care providers to ensure STI cases are managed according to guidelines following distribution of medical advisories.</li> <li>• Offer and promote HIV testing via sexual health clinics and to priority populations in outreach settings. Review effective strategies for comprehensive health promotion to reduce incidence of sexually transmitted infections and promote supportive environments to promote healthy sexual practices based upon our local population health assessment.</li> <li>• Collaborate with community agencies to ensure condoms are accessible for priority populations.</li> </ul>	

Screening, Assessment and Case Management	<ul style="list-style-type: none"> <li>• Provide health teaching on risk reduction practices for priority populations.</li> <li>• Provide sexual health clinical services at four sexual health clinics and outreach locations.</li> <li>• Provision of Immunization for high risk groups.</li> <li>• Provision of low-cost contraception and free emergency contraception.</li> <li>• Testing and treatment for reportable Sexually Transmitted Infections.</li> <li>• Liquid nitrogen for anogenital HPV and molluscum and antivirals for Herpes.</li> <li>• Complete effective case management of reportable sexually transmitted infections to reduce transmission and decrease secondary cases.</li> </ul>	
Monitoring and Surveillance	<ul style="list-style-type: none"> <li>• Provide reports in compliance with the Health Protection and Promotion Act and current protocols.</li> <li>• Provide reports monthly, quarterly and yearly of infectious disease reports to internal and external audiences.</li> <li>• Use surveillance and epidemiological analysis to monitor ongoing and emerging trends to inform planning.</li> </ul>	
<b>Program</b>	<p><b>Description:</b>  <i>Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</i></p>	<p><b>Objective:</b>  <i>Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</i></p>
P4) Harm Reduction (Secondary)	<p>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.</p>	<ul style="list-style-type: none"> <li>• Comply with the Substance Use and Injury Prevention Standard, including all required protocols.</li> <li>• Increase awareness of opioid and other substance-associated risks and reduce stigma associated with addiction and harm reduction.</li> <li>• Maintain and improve early warning and surveillance systems to monitor and communicate opioid and substance use activity in the community.</li> <li>• Participate in the City of Hamilton Community Drug Strategy – Harm Reduction Pillar.</li> <li>• Increase provision of harm reduction supplies and services to prevent overdose, blood borne infections, and secondary infections.</li> <li>• Increase referrals to other services (e.g., treatment, health and social services, community support).</li> <li>• Increase access to naloxone in the community by building capacity through community partners to distribute naloxone to clients.</li> <li>• Initiate Ministry-provided inventory control system for tracking harm reduction supplies among community agencies.</li> <li>• Increase community safety by reducing injection drug litter in Hamilton.</li> </ul>
<b>Intervention</b>	<p><b>Description:</b>  <i>Briefly describe the public health intervention.</i></p>	
Strategic and Systems Initiatives	<ul style="list-style-type: none"> <li>• Implement activity plans for the City of Hamilton Community Drug Strategy and continue to provide the coordination of the strategy for the community. Comprehensive interventions to be implemented will be targeted to the prevention of substance use, reduction of harms associated with substance use, promotion of social justice and policy and increasing access to treatment via pathways to connect care. Goal of the strategy focuses on that all residents of Hamilton are free from harm and able to enjoy best quality of life.</li> </ul>	

Promotion, Awareness, Education and Knowledge Translation	<ul style="list-style-type: none"> <li>• Provide ongoing knowledge exchange to community partners to sustain evidence-based plans and monitor the progress of the City of Hamilton Community Drug Strategy.</li> <li>• Implement a comprehensive health promotion approach to increase awareness of blood borne infections, program services and increasing public knowledge of risks and harms associated with substance use. Additional targeted interventions and education material on safe injection practices will be reviewed and implemented as needed by the program.</li> <li>• 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.</li> </ul>
Screening, Assessment and Case Management	<ul style="list-style-type: none"> <li>• Distribute harm reduction supplies through the Van mobile program. In 2019, efforts will be invested to increase the availability of safe injection supplies throughout the community via establishment of formal partnerships with community agencies.</li> <li>• Collect used safe injection supplies via mobile outreach and fixed sites.</li> </ul>
Monitoring and Surveillance	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Monitor long-term trends for planning, evaluation and continuous quality improvement purposes.</li> <li>• Collect stats and report on distribution and collection of safe injection supplies.</li> </ul>

# 2019 Annual Service Plan and Budget Submission

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

## Safe Water

### **A. Community Needs and Priorities**

Please provide a short summary of the following:

- a) The key data and information which demonstrates your communities' needs for public health interventions to address safe water;
- b) Your board of health's determination of the local priorities for a program of public health interventions that addresses safe water; and,
- c) Your boards of health's approach to disclosure of inspection results (onsite posting and website posting) and evaluation of the program.

(a) Hamilton disease incidence rates (per 100,000 population per year) where water is the source of illness were Cryptosporidiosis = 0.2, Giardiasis = 1.1, Legionellosis = 2.3 and VTEC = 0 in 2017 (iPHIS, 2017). There are an estimated 10,000 Hamilton residences that operate their own wells, cisterns, and rain or lake water systems with only 24% (2385) submitting water samples in 2017 (WTISEN 2017). Between 2007 – 2017, the number of private well water samples tested decreased by 48%, 4650 tests in 2007 and 2424 tests in 2017 (WTISEN 2017). In comparison, at the provincial-level, the number of private well water samples decreased by 38% (PHO) over the same time. There are a total of 233 recreational water facilities (including non-regulated facilities) in Hamilton (Hedgehog, 2016). In 2016, the percent of recreational water facilities with an infraction were 31.3% of Class A public pools, 44.7% of Class B public pools, and 14.7% of inspected public spas (Hedgehog, 2016). As per the Recreational Water Protocol 2018, the revised Public Pool Regulations (effective July 1, 2018) create a need to revise current educational and training material for owners and operators of public pools regarding applicable regulations.

(b) Local priorities include: (1) Increase the number of water samples submitted by Hamilton residences that operate their own wells, cisterns and rain or lake water systems; and (2) Training program for owners/operators of recreational water facilities.

(c) All required inspection results have been posted on the City of Hamilton's website at [www.hamilton.ca/healthinspections](http://www.hamilton.ca/healthinspections). The details posted for each type of inspection / conviction is in accordance with the disclosure section of the relevant protocols. Given that online disclosure of health inspections is a new practice for Public Health Services and premise owners / operators in Hamilton, a multi-component communication plan has been implemented. The overall goal of the communication plan is to raise awareness about the new disclosure requirements among premise owners / operators, general public, and City of Hamilton staff.

### **B. Key Partners/Stakeholders**

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

City of Hamilton, Public Works Department; Hamilton Water: Liaise twice annually as required in Drinking Water Protocol; member of Hamilton Harbour Beach Management Group, assist/input into improving recreational water issues; consult regarding planning applications and Source Water Protection.

City of Hamilton, Public Works Department; Parks Maintenance: Liaise twice annually as a member of Hamilton Harbour Beach Management Group; assist/input into improving recreational water issues; operate municipal public beaches.

City of Hamilton, Public Works Department; Facilities Management: The Facilities Management Division operates the 22 SDWS's owned by the City of Hamilton. Public Health Services provides operational education as needed.

Ministry of Environment Conservation and Parks: Liaise twice annually as required in Drinking Water Protocol. Consult regarding drinking water issues. Fulfill requirements in Memorandum of Understanding between the MOECP and MOHLTC Pertaining to Drinking Water (2013). Consult regarding recreational water quality issues and hazards.

Environment Canada: Member of Hamilton Harbour Beach Management Group, assist/input into improving recreational water issues. Engagement through formal and ad hoc meetings twice annually or more frequently as needed.

Bay Area Restoration Council: Member of Hamilton Harbour Beach Management Group, assist/input into improving recreational water issues. Engagement through formal and ad hoc meetings twice annually or more frequently as needed.

Ministry of Health and Long Term Care: Consultation on development and interpretation of legislation, funding, Ontario Public Health Standards and Protocols. Engagement through formal and ad hoc meetings or webinars as needed.

Halton and Hamilton Conservation Authorities: Consultation and development of Source Water Protection Plans, operate recreational water facilities. Engagement through formal and ad hoc meetings or webinars as needed.

Public Health Ontario: Consult regarding risk/hazard assessments of drinking water and recreational water issues, interpretation of documents/literature, lab support for drinking water and recreational protocols under the Ontario Public Health Standards. Engagement informally as needed.

Central West HU Water Program Group (aka Wetnet): Consult regarding all aspects of recreational and drinking water program delivery, issue risk assessment, interpretation/application of legislation. Formal meetings twice annual and ad hoc emails that are topic specific.

<p><b>Program</b></p>	<p><b>Description:</b>                      Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</p>	<p><b>Objective:</b>                      Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</p>
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<p>P1) Safe Water</p>	<p>The Safe Water program is designed and operated to deliver the recreational and drinking water protocols to the people who live, work, or visit within the City of Hamilton, via the: Inspection of public pools, public spas, public beaches (232), potable water haulage trucks (27), and migrant farm worker housing (96); Cooling Tower Registry Bylaw; requires owners of cooling towers to register their equipment with public health services, update registration information annually, have a risk management plan for Legionella control, and a log book for recording repairs and maintenance. There are 309 cooling towers in Hamilton that are assessed on-site once every 4 years; Promotion of availability of private well water testing services and awareness local well water quality issues/concerns; Collaboration with the City of Hamilton, MOECP, Hamilton Conservation Authority, Bay Area Restoration Council and Environment Canada regarding sustainability and threats/issues pertaining to drinking water and recreational water quality and quantity; Receipt and response to reports of adverse drinking water quality or adverse observations for drinking water systems regulated under Regulation 170, 243 under the Safe Drinking Water Act and Regulation 319 under the Health Protection and Promotion Act; and Monitoring fluoride in municipal drinking water.</p>	<ul style="list-style-type: none"> <li>• 100% compliance with Public disclosure of Safe Water Program data requirements in accordance with the Drinking Water and Recreational Water Protocols.</li> <li>• 100% completion of required inspections for Small Drinking Water Systems and all recreational water facilities.</li> <li>• Reduce the percentage of recreational water facilities with an infraction.</li> <li>• Reduce the percentage of water haulage trucks that are not in compliance with the Ministry of Health and Long-Term Care Water Hauler Guidelines.</li> <li>• Fulfill the requirements in the Drinking Water Protocol that pertain to Small Drinking Water Systems, and the Small Drinking Water Systems Risk Assessment Guideline, for each Small Drinking Water System in the City of Hamilton.</li> </ul>
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<p><b>Intervention</b></p>	<p><b>Description:</b>  <i>Briefly describe the public health intervention.</i></p>	
<p>Strategic and Systems Initiatives</p>	<ul style="list-style-type: none"> <li>• Participate in Harbour Beach Water Quality Improvement Projects as implemented by CCIW, Hamilton Harbour RAP, BARC, Public Works Department (City of Hamilton).</li> <li>• Meet semi-annually with Ministry of Environment and Climate regarding drinking water issues.</li> <li>• Meet semi-annually with City of Hamilton Public Works (Hamilton Water) regarding municipal drinking water issues.</li> <li>• Provide professional development for staff to attend pertinent training opportunities to improve / refresh their professional training.</li> <li>• Meet semi-annually with Ministry of Conservation and Parks regarding existing drinking water systems, review of drinking water systems that add fluoride, applications to issue, amend, suspend, or revoke an approval, permit, or license of a drinking water system, and regulatory oversight and sharing expertise regarding the inspection of drinking water systems.</li> <li>• Meet semi-annually with City of Hamilton Public Works to review and resolve issues regarding drinking water systems.</li> <li>• Meet semi-annually and collaborate with Central West Health Units regarding implementation of the Safe Drinking Water Protocol.</li> <li>• Train Public Health Inspectors regarding wells, drinking water disinfection, Small Drinking Water System risk assessments, regulation compliance, and update Policies, Procedures, and Guidelines as necessary.</li> </ul>	

<p>Promotion, Awareness, Education and Knowledge Translation</p>	<ul style="list-style-type: none"> <li>• Communicate with partner agencies to provide timely and clear information to the public regarding the potential risks associated with the use of public beaches; water quality (post signs, website, Twitter).</li> <li>• Conduct public education and outreach activities at the Children’s Water Festival and World Water Day.</li> <li>• Support Annual World Water Day.</li> <li>• Disclose public health inspection results on-line.</li> <li>• Provide educational material and/or information to owners/operators regarding the health and safety-related operational procedures applicable to public beaches.</li> <li>• Provide education materials to owner/operators on regulations.</li> <li>• Make training materials available to pool and spa operators; the training materials will pertain to interpretation and application of the revised pool and spa regulations.</li> <li>• Make information and/or educational material available regarding on safe drinking water practices to private citizens and owners/operators of drinking water systems who provide potable water under the Health Protection and Promotion Act.</li> <li>• Make information and/or educational material available to owners/operators of small drinking water systems regarding training programs, relevant public health legislation and regulations, and Directive requirements.</li> <li>• Make sample bottles, forms, and information provided by the Public Health Ontario Laboratories to promote water sampling and testing available for owners of private water supplies for private/personal use.</li> <li>• Assist in the interpretation of water analysis reports; and information on potential health effects.</li> <li>• Disclose inspection results as required in the Safe Drinking Water Protocol.</li> </ul>
<p>Screening, Assessment and Case Management</p>	<ul style="list-style-type: none"> <li>• Receive, assess, and respond to adverse drinking water lab test results and reports of adverse observations for drinking water systems regulated under the Safe Drinking Water Act and the Health Protection and Promotion Act.</li> <li>• Receive and assess and respond to reports municipal sewage system bypass events and combined sewer overflows.</li> <li>• Assess trends in data to determine impact on service deliver such as the apparent increase in ADWQIs between 2017 and 2018 due to revised Reg 243 (July 2017) that requires all schools and childcare facilities to sample and test the lead concentration at drinking water taps within 3 years (2020).</li> </ul>
<p>Monitoring and Surveillance</p>	<ul style="list-style-type: none"> <li>• 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 to support this work within the Safe Water Standard. Hamilton Public Health Services collects some sociodemographic and risk factor data for infectious diseases through iPHIS.</li> <li>• Pools and Spas: Maintain an inventory of regulated and non-regulated recreational water facilities.</li> <li>• 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.</li> <li>• Small Drinking Water Systems: Monitor LRMA to determine whether or not 126 Small Drinking Water Systems that are required to “sample and test” are doing so; verify 43 seasonal SDWS do not distribute water to users prior to verifying/ensuring water is potable.</li> <li>• Cooling Towers: annual review of registration information for 309 Cooling Towers; Update registry database regarding changes to ownership and operation contact information.</li> <li>• Private Residential Drinking Water Lab Test Results; Review lab test results for changes in trends regarding number of samples unsafe for drinking and/or clusters of adverse lab test results; target public outreach activities to problem areas as indicated.</li> <li>• Update and distribute the “Rural Well Water Quality Report” once every 5 years – next distribution is 2022.</li> <li>• Monitor and verify the presence of toxic blue green algae at public beaches.</li> <li>• In Hamilton several water quality parameters might exceed the MAC in the ODWQS’s for groundwater drinking water systems. When performing a SDWS Risk Assessment the Public Health Inspector collects and tests the groundwater for arsenic, barium, fluoride, lead, nitrates, and sodium. When the MAC is exceeded the Directive is written to contain testing and treatment requirements.</li> <li>• Monitor LRMA to determine whether or not 126 SDWS that are required to “sample and test” are doing so; verify 43 seasonal SDWS do not distribute water to users prior to verifying/ensuring water is potable.</li> </ul>

<p>Inspection</p>	<ul style="list-style-type: none"> <li>• Small Drinking Water Systems: 178 SDWS's to be risk assessed and inspected for compliance with Reg 319 according to the frequencies set out in the Drinking Water Protocol.</li> <li>• Pools and Spas: Inspect 224 seasonal and year round pools and spas prior to opening or reopening at the frequencies in the Recreational Water Protocol.</li> <li>• Beaches: inspect 8 public beaches prior to swimming season and assess for hazards on an ongoing basis when collecting water samples.</li> <li>• Water Haulage Trucks: inspect 27 trucks annually</li> <li>• Migrant Farm Worker Accommodations: inspect up to 96 residences upon request from the farmer; according to the Guidelines and Service Canada's inspection frequency requirements.</li> <li>• Cooling Towers: 309 cooling towers; receive and review registration information annually; on-site assessment of risk management plan and compliance with Bylaw once every four years.</li> <li>• Conduct site-specific risk assessments (using RCAT) and compliance inspections for each Small Drinking Water System in the City of Hamilton, according to the frequency for the assigned risk category, as required in the Safe Drinking Water Protocol for Small Drinking Water Systems.</li> <li>• Follow the Small Drinking Water Systems Risk Assessment Guideline for conducting risk assessments and issuing directives. Issue Directives based on the risk assessment. Issue a compliance inspection report and follow up/resolve non-compliance issues.</li> </ul>
<p>Investigation and Response</p>	<ul style="list-style-type: none"> <li>• Receive and respond to complaints and lab test reports regarding recreational water and drinking water concerns.</li> <li>• Staff a Safe Water Emergency and Info Line for drinking water system operators to report adverse drinking water lab results or observations and for the public to discuss and get advice regarding lab test results for their private residential water supply and discuss/report other concerns regarding drinking water or recreational water.</li> <li>• Ensure staff are available 24/7 to receive and respond to reports of safe water issues.</li> <li>• Receive and respond to reports of adverse water quality or adverse observations. Follow Policies and Procedures for ADWQI's, Watermain Disinfection Procedure, and for Issuing and Lifting boil/Drinking Water Advisories.</li> </ul>



# 2019 Annual Service Plan and Budget Submission

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

## School Health

### School Health - Oral Health

#### **A. Community Needs and Priorities**

Please provide a short summary of the following:

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

(a) One in 10 (10.8%) students require dental care and 4,168 untreated decayed teeth were observed among students in the 2016-2017 school year (OHISS, 2016-17). 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 (MOHLTC, 2017). Priority populations in schools – 24% of those <6 years old live in low income in Hamilton (Census, 2016). In total, across the 17,537 students (JK-8) screened in 2016/2017 in Hamilton (OHISS, 2016-17): 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 (OHISS, 2016-17). 6 of the 9 high intensity schools (66.7%) were located in Lower Hamilton. Need for urgent dental care was associated with the following social determinants of health: recent immigrants, low parental education, lone parent households, low income households, and households with no net earned income (Ministry of Education, 2017).

#### **B. Key Partners/Stakeholders**

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

Hamilton Wentworth District School Board (HWDSB) / Hamilton Wentworth Catholic District School Board (HWCDSD) - Ongoing consultation and direct collaboration with staff to arrange school screening dates, times, and locations and share student and parent/guardian contact info for pre-and post-screen notification and follow-up.

External Partners where Screening / Assessment is provided upon request (Arrell, St. Martin's Manor, Grace Haven, Private Schools, Early ON Centres) - Collaboration to increase access to oral health assessments for priority populations and collaboration to promote the uptake of Health Smiles Ontario.

Children's Aid Society - Ongoing collaboration to ensure children receive the oral health care they need through HSO-EESS.

McMaster Children's Hospital - Ongoing consultations and presentations to support collaboration to set-up referral pathways for oral health assessments and promote oral health services to pediatricians in Hamilton.

Wesley Urban Ministries - Ongoing consultation, presentations and workgroups to facilitate access to community clinics for Newcomers and coordinate support for Healthy Smiles Ontario.

School Program, Healthy Growth & Development Program, Home-Visiting Program - internal collaboration with other public health programs to coordinate promotion and delivery of public health programs and services for individuals aged 0-17 and their families.

Ontario Works - internal partner through Youth Strategy and Financial Empowerment Strategy to develop coordinated support for Health Smiles Ontario.

# 2019 Annual Service Plan and Budget Submission

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

## School Health

Program	<p><b>Description:</b>                      Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</p>	<p><b>Objective:</b>                      Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</p>
P1) Oral Health Assessment and Surveillance	<p>Children and youth with urgent and preventive dental needs are identified by dental screening as described by the Oral Health Protocol. They are offered the Healthy Smiles Ontario program (HSO) if eligible.</p>	<ul style="list-style-type: none"> <li>• Compliance with the School Health - Oral Health Protocol.</li> <li>• Increase proportion of children who have optimal oral health.</li> <li>• Provision of timely and effective detection and identification of children at risk of poor oral health outcomes, their associated risk factors and emerging trends.</li> <li>• Report oral health data elements annually.</li> </ul>
Intervention	<p><b>Description:</b>                      Briefly describe the public health intervention.</p>	
Strategic and Systems Initiatives	<ul style="list-style-type: none"> <li>• Partner with school boards and schools to deliver Oral Health Protocol including Healthy Smiles Ontario.</li> </ul>	
Promotion, Awareness, Education and Knowledge Translation	<ul style="list-style-type: none"> <li>• In school settings Healthy Smiles Ontario information is provided with the parent letter notifying parents of the screening event. Provide Healthy Smiles Ontario postcard at screening event with contact information.</li> <li>• Raise awareness and provide education about the importance of good oral health. Provide Healthy Smiles Ontario information to families and partners at presentations, community events at various locations throughout Hamilton.</li> </ul>	
Screening, Assessment and Case Management	<ul style="list-style-type: none"> <li>• Through Oral Health assessment visit all publicly-funded elementary schools and any private and/or high schools (on request) in Hamilton to conduct oral health assessments.</li> <li>• Through screening identify children with urgent dental treatment needs and preventive needs.</li> <li>• Follow up on all children screened including those who have been identified with urgent dental needs or would benefit from preventive oral health care through a phone call and/or letter and provide Healthy Smiles Ontario information.</li> <li>• Notify all parents/guardians of individual child screening results.</li> <li>• Initiate case management on all urgent care cases; provide Healthy Smiles Ontario information and individual navigation in person at clinics and or over the phone.</li> </ul>	
Monitoring and Surveillance	<ul style="list-style-type: none"> <li>• Conduct surveillance, oral screening, and report data and information in accordance with the Oral Health Protocol and the Population Health Assessment and Surveillance Protocol.</li> <li>• 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.</li> <li>• Collect and report on oral health surveillance data in OHISS for Ministry of Health and Long-Term Care.</li> </ul>	

# 2019 Annual Service Plan and Budget Submission

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

## School Health

Program	<p><b>Description:</b>                      Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</p>	<p><b>Objective:</b>                      Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</p>
P2) Healthy Smiles Ontario	<p>The Healthy Smiles Ontario Program provides preventive, routine and emergency dental services for children and youth under 18 from low-income households. In Hamilton, Healthy Smiles Ontario dental services are provided through three public health unit clinics and community dental providers. Children and youth with dental needs are identified by dental screening and offered Healthy Smiles Ontario if eligible. The oral health navigator's connect with internal and external partners to promote Healthy Smiles Ontario, improve access and reduce barriers to care as well as communicating the importance of good oral health.</p>	<ul style="list-style-type: none"> <li>• Compliance with the School Health - Oral Health Protocol .</li> <li>• Provision of the Healthy Smiles Ontario Program in accordance with the Oral Health Protocol, 2018 (or as current).</li> <li>• Increase proportion of children in Hamilton who have optimal oral health.</li> <li>• Priority populations are linked to child/family health information, programs and services.</li> <li>• Children from low income families have access to oral health care through the Healthy Smiles Ontario program, in public health unit dental clinics or community.</li> <li>• Increase public awareness of the importance of good oral health through provincial, local communication strategies.</li> </ul>
Intervention	<p><b>Description:</b>                      Briefly describe the public health intervention.</p>	
Strategic and Systems Initiatives	<ul style="list-style-type: none"> <li>• Collaborate with community partners such as EarlyON CFCs system collaborative, newcomer groups, school events, Children's Aid Society / Catholic Children's Aid Society, Ontario Works, alternative schools, to provide outreach to priority populations to link them to oral health and Healthy Smiles Ontario information, programs and services.</li> <li>• Work with the Hamilton Academy of Dentistry, and other community partners to increase uptake of Healthy Smiles Ontario clients by dentists.</li> <li>• Review and improve the referral process to Healthy Smiles Ontario program to increase enrollment and utilization.</li> <li>• Develop partnerships with primary care to raise awareness of Healthy Smiles Ontario and promote oral health and access to services.</li> <li>• Develop strategy to reach child/family populations prior to school entry by engaging physicians to improve oral health and increase utilization of Healthy Smiles Ontario for eligible families.</li> </ul>	

# 2019 Annual Service Plan and Budget Submission

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

## School Health

<p>Promotion, Awareness, Education and Knowledge Translation</p>	<ul style="list-style-type: none"> <li>• Promote good oral health by increasing access and reducing barriers to dental care.</li> <li>• Promote regular preventive and treatment dental care by assisting families to find a dental home.</li> <li>• Target communication/education strategies to priority populations.</li> <li>• Develop and distribute newsletters, emails and promotional items to the public.</li> <li>• Distribute Teacher Resource Kits (curriculum based).</li> <li>• Deliver oral health presentations (formal &amp; informal), workshops and demonstrations.</li> <li>• Seek &amp; maintain internal and external (e.g. community) contacts/partners.</li> <li>• Distribute dental materials to community partners.</li> <li>• Support Facebook – Healthy Families page with information on oral health behaviours and promotion of Healthy Smiles Ontario.</li> <li>• Target health promotion campaign to high needs areas identified through mapping.</li> <li>• Increase awareness of good oral health and the Healthy Smiles Ontario program through the Oral Health Navigator role.</li> </ul>
<p>Screening, Assessment and Case Management</p>	<ul style="list-style-type: none"> <li>• Identify children with urgent dental treatment needs who are eligible for Healthy Smiles Ontario.</li> <li>• Directly enroll children in the Healthy Smiles Ontario program.</li> <li>• Provide Preventive Dental Clinics, oral health assessments and anticipatory guidance concerning oral health resources and programs.</li> <li>• Provide preventive dental services (e.g. fluoride, scaling, sealants and instructions in oral self-care)</li> <li>• Provide counseling in diet, tobacco cessation and oral self-exam (as needed).</li> <li>• Provide Dental Treatment Clinic, direct client services for treatment and prevention.</li> </ul>
<p>Monitoring and Surveillance</p>	<ul style="list-style-type: none"> <li>• Monitor relevant program statistics to inform and direct continuous quality improvement activities.</li> </ul>

## School Health - Vision

### A. Community Needs and Priorities

Please provide a short summary of the following:

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

# 2019 Annual Service Plan and Budget Submission

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

## School Health

(a) It is estimated that 16% of Hamilton children have a visual impairment (Sabri et al., 2016). In Hamilton, 48% of children had at least one oculo-visual exam before age 6; this varied from 24% to 61% across city wards (IntelliHealth, 2018). Socio-materially deprived wards had the lowest proportion of children who received an eye exam. The Board of Health is directed to provide vision screening for Senior Kindergarten (SK) students in all Hamilton schools annually. There is a new cohort of approximately 5,506 SK students in Hamilton annually (OHSS, 2016-17).

(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 include family history, premature birth or low birth weight, and maternal smoking during pregnancy.

There is a privately-owned company (VisionWorks) currently providing vision services in partnership with approximately 50 Hamilton schools. The VisionWorks program mandate is to provide comprehensive eye exams to students in need. VisionWorks currently provides comprehensive eye exams to Kindergarten through grade 12 students in school board identified schools. The program also provides low-cost eyewear to students in need. SK students in schools not identified are currently not receiving comprehensive eye exams or vision screening in schools.

### **B. Key Partners/Stakeholders**

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

Given PHS is responsible for other types of 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 school. Private Vendor for Vision Screening (to be determined through RFP – March 2019): The contribution of this partner to program and service delivery includes the collaboration to implement the screening portion of the vision protocol. The mechanism for engagement is a contractual agreement.

Hamilton Wentworth District School Board (HWDSB), Hamilton Wentworth Catholic District School Board (HWDCSB), French Catholic and Public Boards: The contribution of these external partner collaborations includes to arrange school screening dates, times, and locations; and share student and parent/guardian contact info for pre-and post-screen notification and follow-up. The mechanism for engagement is ongoing consultation during the school year.

McMaster University: This partnership includes consultation with Professors and Graduate Students who have conducted research on vision screening for children, including: training on use of screening equipment; development of communication and health promotion plans; and evaluate the effectiveness of school-based kindergarten vision screening by public health if research proposal is supported. The mechanism for engagement is ad hoc consultation as needed.

Internal partners include: School Program, Dental Program, Healthy Growth & Development Program, Home-Visiting Program. These groups coordinate promotion and delivery of public health programs and services for individuals aged 0-17 and their families. The mechanism for engagement is monthly workgroup meetings.

Ontario Association of Optometrists: This external partner collaboration is to: 1) promote comprehensive eye exams and visual health; and 2) develop communication plans and key messages for Optometrists in Hamilton. The mechanism for engagement is ad hoc consultations.

Early ON Centres, Child Care Providers (i.e., before and after school care), Primary Care Providers: Collaboration to promote comprehensive eye exams and visual health. The mechanism for engagement is ad hoc consultations.

# 2019 Annual Service Plan and Budget Submission

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

## School Health

Program	<p><b>Description:</b>                      Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</p>	<p><b>Objective:</b>                      Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</p>
P1) Child Visual Health and Vision Screening	<p>Hamilton will use the 2018-19 school year as a pilot year to engage with school board partners and relevant community stakeholders and coordinate with existing public health programs within the school setting to implement a program tailored to local needs for the 2019-2020 school year.</p>	<p>Short Term (1-2 years):</p> <ul style="list-style-type: none"> <li>• Implementation of a vision-screening program in compliance with the School Health – Vision Child Visual Health and Vision Screening Protocol and in consideration of Hamilton’s context and public health resources.</li> <li>• Support awareness of, access to and utilization of existing visual health services.</li> <li>• Collect and record vision screening data as specified by the ministry as screening occurs or at the first opportunity post-screening.</li> <li>• Assess availability of low\no cost eyewear in the City of Hamilton.</li> <li>• Analyze and interpret vision screening data as specified by the Ministry of Health and Long-Term Care.</li> </ul> <p>Long Term (2-4 years):</p> <ul style="list-style-type: none"> <li>• Continued leveraging of existing infrastructure, processes, and community resources to improve access and completion of comprehensive eye exams.</li> <li>• Continued engagement of community partners to refine client-centred referral and communication pathways in Hamilton with clearly articulated roles and responsibilities.</li> <li>• Implement findings from research project that evaluates the effectiveness of school-based kindergarten vision screening by public health.</li> <li>• Improved data sharing and collection to monitor program and impact.</li> </ul>
Intervention	<p><b>Description:</b>                      Briefly describe the public health intervention.</p>	
Strategic and Systems Initiatives	<ul style="list-style-type: none"> <li>•Leveraging of existing infrastructure, processes and community resources for vision screening in schools and access to comprehensive eye exam in Hamilton.</li> <li>•Engagement of community partners/stakeholders to develop a client-centred referral and communication pathway in Hamilton with clearly articulated roles and responsibilities.</li> <li>•Collaboration with local researchers from McMaster University, Ministry of Health and Long-Term Care and relevant public health partners to evaluate the effectiveness of school-based kindergarten vision screening by public health if research proposal is supported.</li> </ul>	

# 2019 Annual Service Plan and Budget Submission

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

## School Health

Promotion, Awareness, Education and Knowledge Translation	<ul style="list-style-type: none"> <li>•Support to children and their families to improve their awareness about visual health, including the importance of early identification of vision disorders, through health promotion and targeted outreach to priority populations and/or communities.</li> <li>•Promotion and awareness of school-based vision screening, OHIP-covered comprehensive eye examinations, and available visual health services through health promotion and targeted outreach to priority populations and/or communities.</li> <li>•Increase awareness of available visual health services among community partners and providers.</li> </ul>
Screening, Assessment and Case Management	<ul style="list-style-type: none"> <li>•Complete feasibility pilot evaluation from 2018 Q4 Vision Screening Pilot with Visions works, a private vendor. Knowledge gained from pilot will inform for program development and implementation as well as a Request for Proposal (RFP) for contracting out screening component of protocol.</li> <li>•Complete RFP March 2019.</li> </ul>
Monitoring and Surveillance	<ul style="list-style-type: none"> <li>•Collect and record vision screening data as specified by the ministry post screening.</li> <li>•Analyze and interpret vision screening data as specified.</li> <li>•Improve data collection capabilities to fully inform indicators.</li> </ul>

## School Health - Immunization

### A. Community Needs and Priorities

Please provide a short summary of the following:

- The key data and information which demonstrates your communities' needs for public health interventions to address school health immunization;
- 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; and,
- A description of how other topics for consideration not addressed in the Annual Service Plan were assessed or considered under School Health - Immunization.

# 2019 Annual Service Plan and Budget Submission

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

## School Health

(a) PHS monitors immunization status of all children and youth attending childcare centres and schools in Hamilton. Annually, more than 54,000 people have their immunization records assessed through over 100 childcare centres and 200 schools. There is currently a 3 year backlog in vaccine reporting, in response, the program has prioritized addressing the backlog with children entering school. In 2016-17 school year, there were 82,772 students enrolled in Hamilton elementary and secondary schools. PHS provided immunizations to 19,000 students across 125 schools. About 1,400 had philosophical vaccine exemptions (1.7% of those enrolled). School-based vaccine (Hep B, Meningococcal, HPV) coverage rate of Grade 7 students in Hamilton is higher than Ontario (Hep B: 74.4% vs. 68.6%; Meningococcal: 83.3% vs. 79.6%; HPV: 63.4% vs. 56.3%). From Dec 8, 2016 to Jan 18, 2017, 2600 students received overdue vaccination letter, resulting in 1858 students who received vaccines, and 742 who reported their previous vaccination to PHS (28%). Hamilton's immunization coverage rate for ISPA is higher among 7 years old, but lower among 17 years old compared to Ontario. Approximate 430 pharmacists & physician sites provide BOH funded vaccines in Hamilton. In 2017, 355 refrigerators were in operation and inspected. The compliance rate was 95.4%. PHS distributed 297,282 publicly funded vaccines throughout Hamilton in 2017. The overall vaccine wastage was 6.7%. From 2012-2016, the incidence rates of vaccine preventable disease per 100,000 population were similar or lower in Hamilton than Ontario except for Hepatitis B (1.6 vs. 0.7), Influenza (117.4 vs. 76.0), and Streptococcus pneumoniae invasive (10.5 vs. 8.0). The annual number of confirmed adverse events following immunization (AEFI) fluctuated from a low of 20 in 2015 to a high of 36 in 2017, with an annual average of 28 AEFI from 2012-2017. The outbreak Response Plan has been implemented 4 times from 2015-2017. Nursing staff have been redeployed related to measles twice (to either staff the hotline or to assist in contact tracing).

(b) 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.

(c) In assessing the needs of the community, efforts were made to quantify and prioritize the health outcomes and health behaviours for the City of Hamilton. Population health assessment, disease prevalence, rate of morbidity, rate of mortality along with how Hamilton compared to Ontario and the direction of local trends (getting worse, staying the same or getting better) were considered. Additionally, other services available in Hamilton and the quality of evidence was considered in helping to determine where best to place public health efforts. Topics for consideration for the School Health Immunization standard are covered off by the program work within the School Health and Immunization Standards.

### **B. Key Partners/Stakeholders**

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



# 2019 Annual Service Plan and Budget Submission

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

## School Health

Health care providers (individuals): Ongoing collaboration with healthcare providers who administer vaccine to ensure compliance with legislation and best practice. Communication as needed to discuss reported AEFIs. Medical advisories released as needed to update on changes to legislation and/or provision of to vaccine-preventable diseases.

Family Health Teams: Meet on an ad hoc basis o discuss voluntary reporting of vaccines and improve vaccine reporting to public health.

Refugee/Newcomer Centres: Meet on an ad hoc basis to discuss / provide presentations on general vaccine information including reporting.

International Schools: Ad hoc presentations to provide general vaccine information including reporting and ISPA legislation.

School Boards: Ongoing communication between public health and school principals / staff via email, board notifications and letters to provide updates on grade 7 immunization program, high school catch-up clinics and ISPA process/issues including the promotion of suspension clinics. Quarterly meetings to improve collaborative efforts and provide face-to-face updates.

School principals and staff: Ongoing communications via fax, phone, board mail and STIX providing information on or requesting consultation regarding school clinics and ISPA process.

Childcare Providers: Liaison to ensure effective records management and education around immunization policy, provide annual daycare package regarding vaccine requirements for children and providers. Ad hoc presentations to discuss vaccine requirements for entry into childcare setting.

Parents: Partnership to provide ongoing education through vaccine fact sheets, ISPA education sessions, website updates, and information line. Parents also receive ISPA screening and suspension letters via mail.

Central West Vaccine Program Managers: Meet quarterly to collaborate and discussion program issues.

Ministry of Health and Long-Term Care: Meet through monthly teleconferences to discuss ICON working group, VP managers, UIIP (during flu season), Panorama best practices.

Program	<p><b>Description:</b>                      Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</p>	<p><b>Objective:</b>                      Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</p>
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# 2019 Annual Service Plan and Budget Submission

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

## School Health

<p>P1) Immunizations for Children in Schools and Licenced Child Care Settings</p>	<p>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 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.</p>	<ul style="list-style-type: none"> <li>• Compliance with the School Health - Immunization Standard, including all required protocols.</li> <li>• Recommendations from vaccine program review implemented to improve service delivery, vaccine utilization, and compliance with vaccine legislation and mandates.</li> <li>• 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.</li> <li>• Promote the new Immunization of School Pupils Act legislation requirement that states healthcare providers must report all Immunization of School Pupils Act vaccines to public health units.</li> <li>• 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.</li> <li>• 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.</li> </ul>
<p><b>Intervention</b></p>	<p><b>Description:</b>  <i>Briefly describe the public health intervention.</i></p>	
<p>Strategic and Systems Initiatives</p>	<ul style="list-style-type: none"> <li>• Send letters annually to childcare centre operators and schools, providing vaccine information and education.</li> <li>• Lead mandatory education sessions for all parents who want non-medical exemption for their children, as per Immunization of School Pupils Act.</li> <li>• Provide Immunization program info line and manage online immunization reporting tool (ICON) to enable parent and youth access to reporting and education around immunization.</li> </ul>	
<p>Promotion, Awareness, Education and Knowledge Translation</p>	<ul style="list-style-type: none"> <li>• Ongoing communication to Health Care Providers, community partners, school boards and parents regarding Immunization of School Pupils Act.</li> </ul>	

# 2019 Annual Service Plan and Budget Submission

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

## School Health

<p>Screening, Assessment and Case Management</p>	<ul style="list-style-type: none"> <li>• Assess immunization records for all registered students (including those: at international schools, new to Ontario, and up to 17 years old) as part of Hamilton Public Health Services' screening and suspension process.</li> <li>• Send screening letters to parents prior to suspension day advising them to report immunization status.</li> <li>• 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.</li> <li>• Conduct suspension clinics day before, day of, day after elementary school suspension dates.</li> <li>• Continue to provide 'catch-up' clinics through high schools to address high number of secondary students who are non-compliant.</li> <li>• Receive vaccine records from healthcare providers as per new ISPA legislation (fax, ICON-HC, phix). Ensure records are inputted into Panorama.</li> <li>• 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.</li> <li>• Document exemption records for students (both medical and non-medical) documented in Panorama. Follow up incomplete exemption records.</li> </ul>
<p>Investigation and Response</p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

## **School Health - Other**

### **A. Community Needs and Priorities**

Please provide a short summary of the following:

- a) The key data and information which demonstrates your communities' needs for public health interventions to address school health;
- 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; and,
- c) A description of how other topics for consideration not addressed in the Annual Service Plan were assessed or considered under School Health - Other.

# 2019 Annual Service Plan and Budget Submission

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

## School Health

(a) High risk schools identified by School Boards align with priority wards identified using student health indicators. In high priority wards, inequities among students include: 47% are from low income homes, 23% are from families with no employment income, 31% are from single parent families (Census, 2016), and 28% of kindergarten students experience unstable housing (frequent moving) (KPS, 2010). The percentage of recent immigrants in priority wards is double the city average (60% are from Asia, primarily Syria, Iraq, Philippines, and India) (Census, 2016). 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 (IntelliHealth, 2016); Substance Use: recent 5x increase in drug-related disorders among 18-year-old females (primary cause is opioids and methamphetamines/amphetamines) (IntelliHealth, 2016); 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 (KPS, 2010); 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 (KPS, 2010); Healthy Sexuality: local teen pregnancy rate is higher than provincial average (IntelliHealth, 2016) and disproportionate clustering of STIs and teen pregnancy in priority wards (iPHIS, 2016). Significant gaps in student health data limits the scope of population health assessment (Children Count, 2017).

(b) Local Priorities: mental health promotion (inclusive of suicide risk and prevention), healthy eating, physical activity, sedentary behaviour, and healthy sexuality.

(c) In assessing the needs of the community, efforts were made to quantify and prioritize the health outcomes and health behaviours for the City of Hamilton. Population health assessment, disease prevalence, rate of morbidity, rate of mortality along with how Hamilton compared to Ontario and the direction of local trends (getting worse, staying the same or getting better) were considered. Additionally, other services available in Hamilton and the quality of evidence was considered in helping to determine where best to place public health efforts. The revised School Program service delivery model has resulted in resources being allocated to priority communities focusing on health topics as noted above. Though the School Program's model does support knowledge transfer to all City of Hamilton schools (universal services) for all health promotion topics, the program's priorities are noted above. Limited resources are allocated to concussions and injury prevention and road safety, however, this work is addressed under the Injury Prevention Program. Oral health, Visual Health, Immunization, and Infectious Disease Prevention are also addressed through other public health programs across many Standards.

### **B. Key Partners/Stakeholders**

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

# 2019 Annual Service Plan and Budget Submission

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

## School Health

The School Health program work is supported by internal and external partners by 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.

For School Health Coordination, internal partners include the Dental Program, Vaccine Program, Vision Screening Program, Tobacco Control Program, Mental Health & Harm Reduction, Sexual Health, Chronic Disease Program Recreation Department, Neighbourhood Development Strategy. The contribution of these partners includes cross-program coordination and strategic delivery of programs and services by departmental program managers/supervisors related to school health as outlined in the Ontario Public Health Standards. The Epidemiology & Evaluation, Child and Adolescent Services and Healthy Growth & Development internal programs also contribute to program delivery through supporting the provision of population health data and school-level data to inform allocation of resources and health priorities. The mechanism for engagement is quarterly and ad hoc workgroup meetings and consultations.

The School Health program work is supported by many external partners. Our partnership with the French School Board (Conseil Scolaire Catholique MonAvenir, Conseil scolaire Viamonde) contributes to program and service delivery by involving School Program Managers, French Public Health Nurse Board Liaison, and French School Board Community Liaisons to strengthen relationships and align strategic health priorities achieved through quarterly and ad hoc workgroup meetings and consultations. Our partnership with School Board leadership (Hamilton Wentworth District School Board (HWDSB), Hamilton Wentworth Catholic District School Board (HWCDSB)) contributes to program and service delivery through a strategic committee involving the PHS Director, School Program Managers, PHN Liaison staff, and Directors of Education, lead Superintendents and school board management to align strategic health and education priorities. This leadership committee meets quarterly. HWDSB and HWCDSB partnership also includes quarterly steering committees involving the School Program manager, PHN Liaison staff, Superintendents of Education, School Board management leads, and school Principals to support the implementation and operational feasibility of the School Program model. School program management and staff also collaborate with a number of community partners (i.e. LHIN -Community Care Access Centre MHANs, Vision Works) to align services along the health impact pyramid.

<p><b>Program</b></p>	<p><b>Description:</b>  <i>Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</i></p>	<p><b>Objective:</b>  <i>Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</i></p>
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# 2019 Annual Service Plan and Budget Submission

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

## School Health

P1) School Health

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 public health and local school boards. Every school is responsible for producing an annual school improvement plan with clear health related indicators. Key public health staff collaborate with school board leads to review indicators and update population health products. The data in these products critically informs student health and wellbeing at a local level and is used to collaboratively identify needs and priorities within schools. The School Program includes universal services for all publicly funded schools as well as targeted, more intensive, services for 46 priority schools including Alternative Education schools identified as having the highest level of need. The priority schools belong to either of the two largest school boards (English catholic and public). The program also includes French language services for five local schools belonging to two French school boards and one French-immersion school (English public). Public health staff work with school staff, students, and parents\caregivers to implement programs and services to address identified local needs. Public health staff engage other partners and services to assist the school in key areas. Hamilton Public Health Services 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.

### Short Term (1-2 years)

- All Hamilton Public Health Services and School Board Leaders will support the development of a health action plan for implementation in all school annual improvement plans.
- All public health delivered school-based initiatives within priority schools relevant to healthy living behaviours are evidence-based and informed by population health assessment data.
- Hamilton School Boards and Schools will use data intelligence to become aware of relevant and current population health needs impacting students in their school.
- School improvement plans, for schools receiving targeted service, will include a comprehensive school health action plan to implement and evaluate identified health priorities.

### Long Term (4 years)

- All Hamilton School Boards continue to be meaningfully engaged in the continued planning, development, implementation and evaluation of public health programs and services delivered in school communities.
- To optimize access and utilization of universal services offered by public health to Hamilton schools, existing web-based resources will be enhanced to meet the needs of school administrators.
- Hamilton priority schools are meaningfully engaged in the continued planning, development, implementation and evaluation of public health programs and services delivered in their school setting.
- Population health data will be reviewed to identify and prioritize schools that are eligible for targeted services within the School Health Standard Implementation plan.

### Intervention

#### **Description:**

*Briefly describe the public health intervention.*

# 2019 Annual Service Plan and Budget Submission

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

## School Health

<p>Strategic and Systems Initiatives</p>	<ul style="list-style-type: none"> <li>Public Health Services has established a leadership committee with Hamilton Wentworth District School Board and Hamilton Wentworth Catholic District School Board senior leadership that supports implementation of the standard. Public Health Services will continue to secure the commitment from this leadership committee in order to achieve program outcomes.</li> <li>Share relevant health, education data and respective strategic plans with school board partners to identify mutual health priorities, goals, success indicators, and processes for evaluation.</li> <li>Collaborate with school boards to plan for intensive and universal resource allocation, inclusive of service coordination of other school based public health services (e.g. School Public Health Nurses, Immunization Services, Dental Services, Vision Screening Services).</li> <li>Liaise with relevant internal and external stakeholders to achieve the outcomes as outlined in the School Health – Other Standard.</li> </ul>	
<p>Promotion, Awareness, Education and Knowledge Translation</p>	<ul style="list-style-type: none"> <li>In collaboration with Hamilton school boards, Hamilton Public Health Services has used population health data to inform the allocation of universal services to all Hamilton schools, while focusing intensive support to 46 high priority schools. Resources have been allocated using a “family of schools” model – in alignment with school board structure, and to facilitate collaboration. The suite of universal services will include the sharing of population health data, facilitation of linkages with community resources, consultation on emerging health priorities, facilitation of other school based public health services (e.g. immunization, dental and vision screening), and the development of web-based and health curriculum resources.</li> <li>Support all schools in the promotion, knowledge translation, and implementation of a Hamilton wide mental well-being campaign.</li> <li>Utilize a comprehensive school health approach within identified priority schools. These school communities will receive public health consultation with school administrators to identify school health priorities. Public Health Services will engage the school community (students, parents/care givers, school staff) in the development, implementation, and evaluation of an evidence-informed Annual School Improvement Plan related to school health priorities.</li> <li>Facilitate community networks and partnerships to best meet the identified school health priorities.</li> <li>Advise and support implementation of healthy school policies.</li> </ul>	
<p>Monitoring and Surveillance</p>	<ul style="list-style-type: none"> <li>Pilot the use of board school improvement plans to develop shared health goal, objectives and indicators of success for monitoring progress on desired goals at targeted schools.</li> </ul>	
<p><b>Program</b></p>	<p><b>Description:</b>  <i>Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</i></p>	<p><b>Objective:</b>  <i>Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</i></p>

# 2019 Annual Service Plan and Budget Submission

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

## School Health

<p>P2) Tobacco Control, Prevention and Cessation (Secondary)</p>	<p>The comprehensive tobacco program aims to prevent the initiation of tobacco; promoting quitting among young people and adults; eliminate exposure to environmental tobacco smoke; and identify and eliminate disparities related to tobacco use and its societal outcomes among different populations groups. The program uses a compliance strategy that combines a balance of inspection, education and progressive enforcement of tobacco and vapor products. Through this approach, the program supports the enforcement of the Smoke Free Ontario Act at all tobacco and vapor product retail locations. The program also coordinates and implements tobacco control actions through the Central West Tobacco Control Area Network.</p>	<p>The comprehensive tobacco program works to achieve objectives within the areas of smoking prevention, cessation, protection and enforcement in alignment with the goals of the Smoke Free Ontario Act.</p> <p>Program objectives include:</p> <ul style="list-style-type: none"> <li>• Increase access to cessation services for priority populations to stimulate and support quit attempts.</li> <li>• Contribute to the number of people who successfully quit using tobacco by 80, 000 each year in Ontario.</li> <li>• Increase support for current smokers 12+ years who make one or more quit attempts annually.</li> <li>• Implement brief interventions promoted to clients that aim to protect non-smokers, especially children and pregnant women.</li> <li>• Contribute the reduction of the proportion of people who smoke in Ontario to 5per cent by 2035.</li> <li>• Contribute o the prevention of the initial and increased use of tobacco and vapour products such that no more than 10, 000 people start smoking each year.</li> <li>• Reduce exposure to the harmful effects of tobacco and the potentially harmful effects of other inhaled substances and emerging products (including cannabis).</li> <li>• Contribute the reduction to the number of smoking-related deaths by 5,000 each year in Ontario.</li> <li>• Implement policies that reduce exposure to second-hand smoke and vapour.</li> <li>• Increase compliance for the sale of tobacco and vapor products to youth under 19 years.</li> </ul>
<p>Strategic and Systems Initiatives</p>	<p><b>Description:</b>  <i>Briefly describe the public health intervention.</i></p> <ul style="list-style-type: none"> <li>• Contribute to the Central West Tobacco Control Area Network Regional 2019 Work plan across all four pillars of prevention, cessation, protection and enforcement. This includes collaboration with Provincial coalitions; seven local Communities of Practice; Service Area Managers; Ontario Coalition for Smoke Free Movies.</li> <li>• Work with housing sector (City Housing Hamilton) and Smoke Free Housing Ontario Coalition to provide smoke free options in social housing in Hamilton to support Multi-Unit Housing Smoke-Free Policies. Conduct outreach to housing providers &amp; tenants through material distribution, consultations and local/regional/provincial events.</li> <li>• Implement new legislative requirements regarding prohibition of smoking within all City of Hamilton parks and recreation properties as per City of Hamilton By-law #11-080.</li> <li>• Contribute to the development, implementation and/or enforcement of progressive tobacco control policies at post-secondary campuses (college &amp; universities).</li> <li>• Conduct youth led community engagement to build capacity for community development via the Unfiltered Facts McMaster &amp; Mohawk chapters in Hamilton.</li> </ul>	



# 2019 Annual Service Plan and Budget Submission

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

## School Health

<p>Promotion, Awareness, Education and Knowledge Translation</p>	<ul style="list-style-type: none"> <li>• Provide training to increase health care providers and community capacity to systematize best practices in tobacco use. Monitor and evaluate success through portal to track cessation outcomes and healthy care provider capacity and performance.</li> <li>• Deliver community wide campaign to support and promote the care pathway as a strategy to engage and help navigate the system.</li> <li>• Support all staff to continue to implement minimal contact intervention policy and to evaluate implementation rate.</li> <li>• Educate SFOA 2017 to local officials, community leaders, City of Hamilton employees and businesses to increase compliance.</li> <li>• Ensure education for SFOA to vendors, Tobacco Enforcement Officers and public.</li> <li>• Implement Uprise, a social branding strategy with alternative youth across Ontario through culturally relevant anti-tobacco messages, event and social influencers. Disseminate the Uprise impact evaluation results and plan 2019 Uprise impact evaluation.</li> <li>• Encourage young adult males 25-34 to make quit attempts through monthly First Week Challenge, LTPB Would U Rather contest and Make Quit Memorable NRT supports.</li> <li>• Maintain UFF social media channels.</li> </ul>
<p>Screening, Assessment and Case Management</p>	<ul style="list-style-type: none"> <li>• Intensive Cessation Intervention (clinics and workshops): Offer 1-2 intensive cessation intervention 1-2 -workshops/month for up to 50 participants/workshop.</li> <li>• Provide 1 .5 days/week- intensive one-on-one counselling and weekly group including Newcomers.</li> </ul>
<p>Monitoring and Surveillance</p>	<ul style="list-style-type: none"> <li>• Collect and maintain up-to-date inspection and enforcement data using the Tobacco Inspection System.</li> <li>• Ensure semi-annual / annual TIS reporting requirements to Ministry of Health and Long-Term Care and semi-annual Infectious Disease /Health Hazards report to Hamilton Public Health Services Board of Health.</li> <li>• Register Specialty Vape stores and tobacconists located in Hamilton.</li> <li>• Support ongoing monitoring of data related to population and performance accountability measures for Central West Tobacco Control Area Network work plans.</li> </ul>
<p>Protection, Enforcement and Prosecution</p>	<ul style="list-style-type: none"> <li>• Act on all smoking (tobacco, cannabis and vapor product)-related complaints to determine the appropriate enforcement activity.</li> <li>• Enforce the Smoke-Free Ontario Act at all places regulated under the Act to ensure 100% compliance with all Ministry directives.</li> <li>• Conduct annual inspection(s) for each secondary school; hospital; Residential Care Facility &amp; Long-Term Care facilities; hookah/shisha lounges; controlled smoking areas where applicable.</li> <li>• Conduct one annual inspection per vapor product retailer for compliance with Smoke-Free Ontario Act regulation.</li> <li>• Operate Youth Test Shoppers program; youth test shoppers that are less than 19 years of age to attempt a purchase of e-cigarette and have tobacco enforcement officers and test shoppers testify in court.</li> <li>• Apply Progressive Enforcement Activities including inspections and re-inspections, education visits, and inquiries into complaints to ensure 100% compliance with all Ministry directives.</li> <li>• Prepare court packages and provide to courts before trial.</li> <li>• Report on all court decisions that result from charges laid under the Smoke-Free Ontario Act and publicly disclose the data.</li> <li>• Inform the Minister of Health and Long-Term Care when a Notice of Prohibition is required.</li> <li>• 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.</li> </ul>

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## School Health

Program	<p><b>Description:</b>                      Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</p>	<p><b>Objective:</b>                      Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</p>
P3) Injury Prevention (Secondary)	<p>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.</p>	<ul style="list-style-type: none"> <li>• 100% compliance with requirements within the Substance Use and Injury Prevention Standard, including all required protocols related to injury prevention.</li> <li>• Reduction of the number of preventable injuries in city of Hamilton.</li> </ul>
Intervention	<p><b>Description:</b>                      Briefly describe the public health intervention.</p>	
Strategic and Systems Initiatives	<ul style="list-style-type: none"> <li>• Advocate for improved injury prevention codes for Canadian homes to reduce burden of injury including stair falls, pediatric window falls, radon gas.</li> <li>• Inform policy development of Canadian National Building Codes.</li> <li>• Support international advocacy with other public health professionals and code experts.</li> <li>• 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.</li> <li>• Support the work of the Community Coalition for Falls Prevention in the over 65 population.</li> <li>• 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.</li> <li>• Policy work in partnership with local schools and amateur sports organizations.</li> <li>• 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.</li> </ul>	

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<p>Promotion, Awareness, Education and Knowledge Translation</p>	<ul style="list-style-type: none"> <li>• 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).</li> <li>• Provide education and awareness around home adaptations for aging in place; falls prevention.</li> <li>• Conduct drinking and driving campaign Impaired is Impaired in partnership with Hamilton Police Services.</li> <li>• Increase concussion awareness within various stakeholders and community partners.</li> <li>• Promote helmet use in all ages.</li> <li>• Deliver road safety education for drivers, cyclists, and safe pedestrian measures.</li> <li>• Investigate ways to increase awareness of injuries due to violence.</li> </ul>
<p>Screening, Assessment and Case Management</p>	<ul style="list-style-type: none"> <li>• Collaborate with various community stakeholders to distribute subsidized helmets.</li> <li>• Provide tools for falls prevention screening and referral for practitioners.</li> <li>• Develop and support of consistent implementation plan for Return to Learn and Return to Play policies.</li> </ul>
<p><b>Program</b></p>	<p><b>Description:</b>  <i>Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</i></p> <p><b>Objective:</b>  <i>Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</i></p>

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P4) Chronic Disease Prevention  
 (Secondary)

This program aims to reduce incidence, morbidity, and mortality from chronic diseases of public health importance across the lifespan, including cardiovascular disease, Type 2 Diabetes and cancers of the breast, cervix, colon/rectum and skin. The work within this program area aims to prevent chronic disease by increasing physical activity through influencing public policy development and addressing design of the built environment as well as increasing food literacy to promote healthy eating, support local food and advocate for a healthy, sustainable and just food system for all.

- Increase awareness of the importance of healthy lifestyle behaviours for health promotion and cancer prevention within priority populations including low income and immigrant populations across the lifespan.
- Increase access in recreation facilities to healthy food and beverages, free and convenient tap water access, environmentally sustainable drinking water, financially sustainable food services, nutrition information for customers & socially responsible market.
- Increase the capacity of community agencies to offer healthy and safe, food and nutrition programming to Hamiltonians thereby increasing food literacy among community members.
- Increase capacity of community members to identify and address health needs related to chronic disease prevention.
- Increase awareness of risk factors for chronic disease among priority populations across the lifespan.
- Increase awareness of the importance of healthy lifestyle behaviours for health promotion and disease prevention within priority populations, across the lifespan.
- Increase collaboration with community partners in integrated chronic disease prevention services that are appropriate and accessible, taking into consideration local demographics.
- Guided by the five Active and Sustainable School Travel Charter principles: street design, supportive land use and site planning, personal and community safety, partnership and collaboration, and a culture of active and sustainable transportation, all Hamilton schools will exist in a safe, healthy, and complete community that enables the use of active and sustainable transportation daily.

**Intervention**

**Description:**

*Briefly describe the public health intervention.*

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Strategic and Systems Initiatives

- Continue to collaborate with partners to improve health system navigation for priority populations.
- Continue to develop the peer support model to promote healthy lifestyle behaviours within priority populations.
- Work with neighborhood hubs and associations to address identified health needs in priority neighbourhoods.
- Advocate for activity friendly communities through regular input into Planning Policy & Zoning By-Law Reform, Community Planning, & Transportation Planning projects and plans.
- Based on the Ecological Models of Four Domains of Sedentary Behavior framework , inform people about health risks associated with sedentary behaviour, their time spent in sedentary behaviour, and ways to reduce sedentary behaviour. Provide decision-makers with evidence and best practices. Help advocate for environmental and policy action changes in various settings and domains to support lower levels of sedentary behaviour.
- Advocate for environmental and policy changes to increase physical activity and reduce sedentary behaviour in the City of Hamilton.
- Support development and implementation of Recreation’s Healthy Food and Beverage Action Plan (3 year plan) to increase the amount of healthy, local food in publicly owned facilities to make the healthy choice the easy choice. Refine Guidelines, source and increase selection of nutritious options, issue vending Request for Proposal, enhance water promotion and wayfinding.
- Strengthen advocacy to eliminate poverty to improve individual and household food security by providing community partners with access to Food costing, housing and income information.
- Use Nutritious Food Basket information to assist various partners to advocate for basic income, living wage, social assistance reform to improve individual and household food security.
- Advocate for health equity principles in local, regional, provincial, and national policies, plans, and projects.

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<p>Promotion, Awareness, Education and Knowledge Translation</p>	<ul style="list-style-type: none"> <li>• Using a population health approach, apply a range of health promotion actions including public policy, supportive environments, community action/capacity, and education/awareness to increase physical activity and reduce sedentary behaviour. These actions will contribute to a healthy community and improved quality of life.</li> <li>• Provide integrated chronic disease prevention messaging at Local Planning Teams in priority neighbourhoods.</li> <li>• Use a neighbour to neighbour and student to student approach for healthy lifestyle messaging dissemination.</li> <li>• Disseminate best practices for decreasing sedentary behaviour and increasing physical activity to key stakeholders.</li> <li>• Promote physical activity opportunities and evidence based initiatives about the built environment to key stakeholders.</li> <li>• Co-ordinate Food Literacy network and provide training of a variety of community agencies staff/volunteers to provide healthy and safe food and nutrition programming to community members to enhance food literacy.</li> <li>• Provide Community Food Advisor Program Food skills in priority populations in Hamilton.</li> <li>• Collect, calculate and disseminate Nutritious Food Basket costing information in format suitable for general audience and develop and disseminate knowledge translation products.</li> <li>• Integrating food literacy and food systems training and education where residents live, learn, work, and play by providing healthy and safe food and nutrition program training for volunteers/staff at various community agencies.</li> <li>• CASTLE (Creating Access to Screening and Training in the Living Environment): promote chronic disease risk factors and healthy lifestyle behaviours to priority populations via a peer to peer model.</li> <li>• Community Health Workers: Using a peer to peer model, provide education and awareness activities focused on healthy eating, physical activity, tobacco cessation, Low Risk Drinking Guidelines, UVR exposure and cancer screening.</li> </ul>
<p>Screening, Assessment and Case Management</p>	<ul style="list-style-type: none"> <li>• Provision of information re: breast, cervical and colorectal screening programs and services to priority populations in the context of integrated Chronic Disease Prevention. Community Health Workers support under and never screened individuals to make cancer screening appointments (e.g. at the Regional Juravinski Centre, Mobile Screening Coach). Service is provided in English, Chinese, Hindi, Punjabi and Urdu.</li> <li>• Collaborate with Tobacco Control Program to provide newcomer smoking cessation clinics.</li> </ul>
<p><b>Program</b></p>	<p><b>Description:</b>  <i>Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</i></p> <p><b>Objective:</b>  <i>Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</i></p>

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P5) Mental Health Promotion (Secondary)	This program supports a comprehensive health promotion approach to create or enhance supportive environments to address mental well-being across the lifespan.	<ul style="list-style-type: none"> <li>• Compliance with Substance Use and Injury Prevention standard</li> <li>• Implement comprehensive health promotion approaches to improve protective factors and reduce incidence of mental health disorders</li> <li>• Provide support to school program to increase mental health promotion to children and youth across Hamilton</li> </ul>
<b>Intervention</b>	<p><b>Description:</b> Briefly describe the public health intervention.</p>	
Strategic and Systems Initiatives	<ul style="list-style-type: none"> <li>• 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 prevention</li> <li>• 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</li> <li>• Provide content and resource support to the school setting to support the implementation of comprehensive mental well being interventions in targeted elementary and secondary schools within Hamilton.</li> <li>• Review the literature for the effective health promotion strategies to increase resilience amongst those who use substances.</li> </ul>	
Promotion, Awareness, Education and Knowledge Translation	<ul style="list-style-type: none"> <li>• Provide resources that support Healthy Eating, Physical Activity, Tobacco Use Cessation to community .</li> <li>• Provide consultation and support for workplaces implementing National Standard for Psychological Health &amp; Safety in the Workplace.</li> </ul>	
Monitoring and Surveillance	<ul style="list-style-type: none"> <li>• Monitoring local surveillance data and prioritized indicators for Mental Health &amp; Addictions strategy and mental wellbeing program planning.</li> </ul>	
<b>Program</b>	<p><b>Description:</b> Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</p>	<p><b>Objective:</b> Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</p>

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<p>P6) Substance Use Prevention (Secondary)</p>	<p>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 harms.</p>	<ul style="list-style-type: none"> <li>• Compliance with the Substance Use and Injury Prevention Standard, including all required protocols.</li> <li>• Sustain results based accountability plans and stakeholder participation in the City of Hamilton Community Drug Strategy.</li> <li>• Improve access to substance use treatment.</li> <li>• Prevent or delay the age of youth engaging in substance use (alcohol and cannabis).</li> <li>• Foster community supports to reduce harms related to substance use.</li> <li>• Improve the rate of adults who abstain from substance use or follow the Low Risk Alcohol Drinking Guidelines.</li> </ul>
<p><b>Intervention</b></p>	<p><b>Description:</b>  <i>Briefly describe the public health intervention.</i></p>	
<p>Strategic and Systems Initiatives</p>	<ul style="list-style-type: none"> <li>• Implement activity plans for the City of Hamilton Community Drug Strategy and continue to provide the coordination of the strategy for the community. Comprehensive interventions to be implemented will be targeted to the prevention of substance use, reduction of harms associated with substance use, promotion of social justice and policy and increasing access to treatment via pathways to connect care.</li> <li>• Collaborate with City of Hamilton to provide staff education related to cannabis.</li> <li>• Develop and implement comprehensive substance use prevention for youth curriculum within schools related to alcohol, opioids and cannabis.</li> </ul>	
<p>Promotion, Awareness, Education and Knowledge Translation</p>	<ul style="list-style-type: none"> <li>• Provide ongoing knowledge exchange to community partners to sustain evidence-based plans and monitor the progress of the City of Hamilton Community Drug Strategy.</li> <li>• Utilize a comprehensive health promotion approach to increase awareness around substance use. Areas of focus for 2019 include campaign targeting youth and young adults regarding cannabis use, stigma associated with substance use and drawing attention to days of awareness throughout the year.</li> <li>• Review the community alcohol report, and conduct a review of effective alcohol interventions to develop a comprehensive alcohol strategy.</li> <li>• Review local cannabis data and develop further programming and health promotion interventions related to cannabis youth.</li> </ul>	
<p>Screening, Assessment and Case Management</p>	<ul style="list-style-type: none"> <li>• Collaborate with the Tobacco program on the administration of a survey for smoke free housing via CityHousing Hamilton.</li> </ul>	
<p>Monitoring and Surveillance</p>	<ul style="list-style-type: none"> <li>• Support the ongoing opioid surveillance system and early warning system developed within Hamilton Public Health Services.</li> <li>• Support ongoing monitoring of data related to population and performance accountability measures for the City of Hamilton Community Drug Strategy.</li> </ul>	



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## Substance Use and Injury Prevention

### **A. Community Needs and Priorities**

Please provide a short summary of the following:

- a) Data and information which demonstrates your communities' needs for public health interventions to address substance use and injury prevention; including harm reduction. Include comparisons between community data and provincial data, if available;
- b) Your board of health's determination of the local priorities for a program of public health interventions that addresses substance use and injury prevention with consideration of the required list of topics identified in the Standards; and,
- c) A description of how other topics for consideration not addressed in the Annual Service Plan were assessed or considered under Substance Use and Injury Prevention.

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## Substance Use and Injury Prevention

(a) Over 40% of Hamilton residents (19+) exceed one or both of the LRADG with males, those age 19-24, and high income residents having higher rates (CCHS 2013-14). One in four (24.6%) adolescents (12-18) have had an alcoholic beverage in the past 12 months (CCHS 2013-14). In Hamilton, 13.5% of residents (18+) have used an illicit drug in the past 12 months (CCHS 2015-16). Cocaine was the most commonly used illicit drug (7.2%), following Marijuana which has since been legalized (13.6%) (CCHS 2015-16). Hospital admission rate for substance-related disorders was 64.9 per 100,000 (IntelliHealth 2016). Considering prenatal exposure to drugs or substance, more Hamilton moms (3.2 %) report exposure during pregnancy, when compared to Ontario (BORN 2017). 21% of Hamilton moms had at least one mental health concern during their pregnancy. ED visit rates for intentional self-harm were 150.2 per 100,000 population in 2017, and there has been a significant increase in ED visits rates in the past two years (IntelliHealth 2017). ED visit rates for self-harm are highest among those under 20 years of age (IntelliHealth, 2017). Mortality rates for intentional self-harm (suicide) have remained relatively stable (rate: 10.5 per 100,000population) difference in sex (males) and age (45-64) but have been increasing for youth age 10-29 (Coroner's Data 2017). Current smoking rate (aged 12+) for Hamilton is 19% (CCHS 2015-16), and while prevalence is decreasing – it is still a significant cause of death with 553 deaths in 2012 attributed to tobacco. Smoking prevalence is 11% higher among low income Hamiltonians and accounts for 80-85% of local lung cancer deaths (CCO, 2018). Of those that have ever smoked a whole cigarette, 78% smoked their first cigarette between the age of 12 to 19 (CCHS 2013-14). Youth and young adults are reporting the highest e-cigarette use of all age groups- Ontario-specific data was only available for e-cigarette use for youth and young adults showing 20% of Ontario young adults (18-24 years) used e-cigarettes in the past year (CAMH Monitor, 2017) and 18% of Ontario youth (grades 7-12) used e-cigarettes in the past year (OSDUHS, 2017). 1 in 8 (13.5%) non-smokers (age 12+) were regularly exposed to second hand smoke in public places in Hamilton (this route of exposure is even greater for low income non-smokers). Local surveillance shows top five reasons for ED visits are various injuries to the body across the life span with physical injuries predominating among children and youth (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 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 (Life Course 2014-16). Head injuries are among the top five causes leading to unscheduled ED visits across most age groups. The crude ED visit rate for concussions (with an associated external cause) was 202.2 per 100,000 population (Life course 2014-16). Falls was found to be the number one external cause for hospital admittance for all age groups except 15-19 year old's where it is ranked third and 20-24 year old's where it is ranked second. 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 (Life Course 2014-16). (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. The increased scope of enforcing the new SFOA including cannabis requires commitment to collaborate with TCAN partners to maximize resources, expertise and reduce duplication for comprehensive tobacco control activities. Also, an internal program review process using a Results-based Accountability approach focused on mental health and addictions will be conducted in 2018-2019. 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. (c) In assessing the needs of the community, efforts were made to quantify and prioritize the health outcomes in the City of Hamilton. Population health assessment, disease prevalence, rate of morbidity, rate of mortality along with how Hamilton compared to Ontario and the direction of local trends (getting worse, staying the same or getting better) were considered. Additionally, other services available in Hamilton and the quality of evidence was considered in helping to determine where best to place public health efforts.

### **B. Key Partners/Stakeholders**

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

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## Substance Use and Injury Prevention

East, Central East, Northwest, Northeast, Southwest and Toronto TCANs: The contribution to program and service delivery includes provincial planning, interventions and shared budget discussions necessary for provincial projects and initiatives (i.e. Uprise). The mechanisms of engagement include Collective Ontario tobacco initiatives with a frequency of two times a month.

Young Adult Prevention Provincial Collaborative: The contribution to program and service delivery includes collaborating on strategic components within the best practice comprehensive approach to address young adult tobacco use prevention. The mechanism of engagement is a steering group and workgroup at a frequency of four times per year.

Leave the Pack Behind. The contribution to program and service delivery includes improved access to cessation aids, offering more intensive support for priority populations (young adults) and social Media ads. The frequency for campaigns is on average four times a year.

Central West Tobacco Control Area Network Public Health Units: The contribution to program and service delivery includes regionalized planning, interventions and shared budget necessary for CW Ontario PHUs. The mechanisms of engagement include a workgroup, steering committee, Protection Workgroup, Prevention Workgroup, Uprise workgroup, YA workgroup, Cessation Workgroup, Enforcement Workgroup and collective CW initiatives, with a frequency of engagement on average of five to eight times a year.

Ministry of Health and Long-Term Care: The contribution to program and service delivery includes funding, directives and guidelines. The mechanism of engagement is meetings including enforcement managers meetings.

Smokers' Helpline: The contribution to program and service delivery includes improve access to cessation aids, offering more intensive support for priority populations and social media ads. The mechanisms of engagement include promotion campaigns at a frequency two to three times a month

Public Health Ontario: The contribution to program and service delivery includes supporting TCAN work through the Tobacco Monitoring Report and other needs identified by the 7 TCANs as per the scope of MOHLTC. The mechanism of engagement is meetings and monthly TCAN calls as needed.

McMaster University, McMaster Student Union, Redeemer University and Mohawk college: The contribution to program and service delivery includes contributing to the development, implementation, and/or enforcement of progressive tobacco control policies at Ontario post-secondary campuses. The mechanisms of engagement include workshops, workgroup and training as needed.

Center for Addictions and Mental Health. The contribution to program and service delivery includes STOP and NRT provision. The mechanism of engagement includes a contract to provide STOP services, quarterly teleconferences and monthly newsletters.

Cancer Care Ontario Smoking Cessation Advisory Group. The contribution to program and service delivery includes advising in Cancer Centres though workgroups on average four times a year.

Hamilton Cessation community of practice: The contribution to program and service delivery includes a community of practice with the mechanism of engagement being 25 organizations to earn and integrate programming. The frequency of engagement is on average four times a year and a monthly newsletter.

Hamilton Health Sciences: The contribution to program and service delivery includes offering more intensive support for priority populations: people with mental health & addictions issues; chronic conditions or serious health problems; and high risk poor health outcomes from smoking. The mechanisms of engagement include consulting and a pending workgroup which occur monthly on average.

St. Joseph's Heath Care Hamilton, De dwa da dehs nye>s, Juravinski Cancer Centre, Centre de Sante, Hamilton Family Health Team, McMaster Family Practice, Good Shepherd Homes, North Hamilton Community Health Center, ArcelorMittal Dofasco, Hamilton and District Pharmacy association: The contribution to program and service delivery includes offering more intensive support for priority populations: people with mental health & addictions issues; chronic conditions or serious health problems; and high risk poor health outcomes from smoking. The mechanisms of engagement include as needed consulting, staff training

Program	<p><b>Description:</b>                      Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</p>	<p><b>Objective:</b>                      Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</p>
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## Substance Use and Injury Prevention

<p>P1) Tobacco Control, Prevention and Cessation</p>	<p>The comprehensive tobacco program aims to prevent the initiation of tobacco; promoting quitting among young people and adults; eliminate exposure to environmental tobacco smoke; and identify and eliminate disparities related to tobacco use and its societal outcomes among different populations groups. The program uses a compliance strategy that combines a balance of inspection, education and progressive enforcement of tobacco and vapor products. Through this approach, the program supports the enforcement of the Smoke Free Ontario Act at all tobacco and vapor product retail locations. The program also coordinates and implements tobacco control actions through the Central West Tobacco Control Area Network.</p>	<p>The comprehensive tobacco program works to achieve objectives within the areas of smoking prevention, cessation, protection and enforcement in alignment with the goals of the Smoke Free Ontario Act.</p> <p>Program objectives include:</p> <ul style="list-style-type: none"> <li>• Increase access to cessation services for priority populations to stimulate and support quit attempts.</li> <li>• Contribute to the number of people who successfully quit using tobacco by 80, 000 each year in Ontario.</li> <li>• Increase support for current smokers 12+ years who make one or more quit attempts annually.</li> <li>• Implement brief interventions promoted to clients that aim to protect non-smokers, especially children and pregnant women.</li> <li>• Contribute the reduction of the proportion of people who smoke in Ontario to 5per cent by 2035.</li> <li>• Contribute o the prevention of the initial and increased use of tobacco and vapour products such that no more than 10, 000 people start smoking each year.</li> <li>• Reduce exposure to the harmful effects of tobacco and the potentially harmful effects of other inhaled substances and emerging products (including cannabis).</li> <li>• Contribute the reduction to the number of smoking-related deaths by 5,000 each year in Ontario.</li> <li>• Implement policies that reduce exposure to second-hand smoke and vapour.</li> <li>• Increase compliance for the sale of tobacco and vapor products to youth under 19 years.</li> </ul>
<p>Strategic and Systems Initiatives</p>	<p><b>Description:</b>  <i>Briefly describe the public health intervention.</i></p> <ul style="list-style-type: none"> <li>• Contribute to the Central West Tobacco Control Area Network Regional 2019 Work plan across all four pillars of prevention, cessation, protection and enforcement. This includes collaboration with Provincial coalitions; seven local Communities of Practice; Service Area Managers; Ontario Coalition for Smoke Free Movies.</li> <li>• Work with housing sector (City Housing Hamilton) and Smoke Free Housing Ontario Coalition to provide smoke free options in social housing in Hamilton to support Multi-Unit Housing. Smoke-Free Policies. Conduct outreach to housing providers &amp; tenants through material distribution, consultations and local/regional/provincial events.</li> <li>• Implement new legislative requirements regarding prohibition of smoking within all City of Hamilton parks and recreation properties as per City of Hamilton By-law #11-080.</li> <li>• Contribute to the development, implementation and/or enforcement of progressive tobacco control policies at post-secondary campuses (college &amp; universities).</li> <li>• Conduct youth led community engagement to build capacity for community development via the Unfiltered Facts McMaster &amp; Mohawk chapters in Hamilton.</li> </ul>	

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## Substance Use and Injury Prevention

<p>Promotion, Awareness, Education and Knowledge Translation</p>	<ul style="list-style-type: none"> <li>• Provide training to increase health care providers and community capacity to systematize best practices in tobacco use. Monitor and evaluate success through portal to track cessation outcomes and healthy care provider capacity and performance.</li> <li>• Deliver community wide campaign to support and promote the care pathway as a strategy to engage and help navigate the system.</li> <li>• Support all staff to continue to implement minimal contact intervention policy and to evaluate implementation rate.</li> <li>• Educate SFOA 2017 to local officials, community leaders, City of Hamilton employees and businesses to increase compliance.</li> <li>• Ensure education for SFOA to vendors, Tobacco Enforcement Officers and public.</li> <li>• Implement Uprise, a social branding strategy with alternative youth across Ontario through culturally relevant anti-tobacco messages, event and social influencers. Disseminate the Uprise impact evaluation results and plan 2019 Uprise impact evaluation.</li> <li>• Encourage young adult males 25-34 to make quit attempts through monthly First Week Challenge, LTPB Would U Rather contest and Make Quit Memorable NRT supports.</li> <li>• Maintain UFF social media channels.</li> </ul>
<p>Screening, Assessment and Case Management</p>	<ul style="list-style-type: none"> <li>• Intensive Cessation Intervention (clinics and workshops): Offer 1-2 intensive cessation intervention 1-2 -workshops/month for up to 50 participants/workshop.</li> <li>• Provide 1 .5 days/week- intensive one-on-one counselling and weekly group including Newcomers.</li> </ul>
<p>Monitoring and Surveillance</p>	<ul style="list-style-type: none"> <li>• Collect and maintain up-to-date inspection and enforcement data using the Tobacco Inspection System.</li> <li>• Ensure semi-annual / annual TIS reporting requirements to Ministry of Health and Long-Term Care and semi-annual Infectious Disease /Health Hazards report to Hamilton Public Health Services Board of Health.</li> <li>• Register Specialty Vape stores and tobacconists located in Hamilton.</li> <li>• Support ongoing monitoring of data related to population and performance accountability measures for Central West Tobacco Control Area Network work plans.</li> </ul>
<p>Protection, Enforcement and Prosecution</p>	<ul style="list-style-type: none"> <li>• Act on all smoking (tobacco, cannabis and vapor product)-related complaints to determine the appropriate enforcement activity.</li> <li>• Enforce the Smoke-Free Ontario Act at all places regulated under the Act to ensure 100% compliance with all Ministry directives.</li> <li>• Conduct annual inspection(s) for each secondary school; hospital; Residential Care Facility &amp; Long-Term Care facilities; hookah/shisha lounges; controlled smoking areas where applicable.</li> <li>• Conduct one annual inspection per vapor product retailer for compliance with Smoke-Free Ontario Act regulation.</li> <li>• Operate Youth Test Shoppers program; youth test shoppers that are less than 19 years of age to attempt a purchase of e-cigarette and have tobacco enforcement officers and test shoppers testify in court.</li> <li>• Apply Progressive Enforcement Activities including inspections and re-inspections, education visits, and inquiries into complaints to ensure 100% compliance with all Ministry directives.</li> <li>• Prepare court packages and provide to courts before trial.</li> <li>• Report on all court decisions that result from charges laid under the Smoke-Free Ontario Act and publicly disclose the data.</li> <li>• Inform the Minister of Health and Long-Term Care when a Notice of Prohibition is required.</li> <li>• 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.</li> </ul>

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## Substance Use and Injury Prevention

Program	<p><b>Description:</b>                      Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</p>	<p><b>Objective:</b>                      Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</p>
P2) Harm Reduction	<p>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.</p>	<ul style="list-style-type: none"> <li>• Comply with the Substance Use and Injury Prevention Standard, including all required protocols.</li> <li>• Increase awareness of opioid and other substance-associated risks and reduce stigma associated with addiction and harm reduction.</li> <li>• Maintain and improve early warning and surveillance systems to monitor and communicate opioid and substance use activity in the community.</li> <li>• Participate in the City of Hamilton Community Drug Strategy – Harm Reduction Pillar.</li> <li>• Increase provision of harm reduction supplies and services to prevent overdose, blood borne infections, and secondary infections.</li> <li>• Increase referrals to other services (e.g., treatment, health and social services, community support).</li> <li>• Increase access to naloxone in the community by building capacity through community partners to distribute naloxone to clients.</li> <li>• Initiate Ministry-provided inventory control system for tracking harm reduction supplies among community agencies.</li> <li>• Increase community safety by reducing injection drug litter in Hamilton.</li> </ul>
Intervention	<p><b>Description:</b>                      Briefly describe the public health intervention.</p>	
Strategic and Systems Initiatives	<ul style="list-style-type: none"> <li>• Implement activity plans for the City of Hamilton Community Drug Strategy, and continue to provide the coordination of the strategy for the community. Comprehensive interventions to be implemented will be targeted to the prevention of substance use, reduction of harms associated with substance use, promotion of social justice and policy and increasing access to treatment via pathways to connect care. Goal of the strategy focuses on that all residents of Hamilton are free from harm and able to enjoy best quality of life.</li> </ul>	
Promotion, Awareness, Education and Knowledge Translation	<ul style="list-style-type: none"> <li>• Provide ongoing knowledge exchange to community partners to sustain evidence-based plans and monitor the progress of the City of Hamilton Community Drug Strategy.</li> <li>• Implement a comprehensive health promotion approach to increase awareness of blood borne infections, program services and increasing public knowledge of risks and harms associated with substance use. Additional targeted interventions and education material on safe injection practices will be reviewed and implemented as needed by the program.</li> <li>• 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.</li> </ul>	

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## Substance Use and Injury Prevention

<p>Screening, Assessment and Case Management</p>	<ul style="list-style-type: none"> <li>• Distribute harm reduction supplies through the Van mobile program. In 2019, efforts will be invested to increase the availability of safe injection supplies throughout the community via establishment of formal partnerships with community agencies.</li> <li>• Collect used safe injection supplies via mobile outreach and fixed sites.</li> <li>• Provide outreach clinical services (testing for ST/BBIs) to priority populations throughout Hamilton.</li> <li>• Operate Community Points program for safe disposal of needle litter in the community. Review program data related to discarded needles within the community and implement programming to increase access to needle return and decrease public waste.</li> <li>• 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.</li> </ul>	
<p>Monitoring and Surveillance</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Monitor long-term trends for planning, evaluation and continuous quality improvement purposes.</li> <li>• Collect stats and report on distribution and collection of safe injection supplies.</li> </ul>	
<p><b>Program</b></p>	<p><b>Description:</b>  <i>Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</i></p>	<p><b>Objective:</b>  <i>Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</i></p>
<p>P3) Substance Use Prevention</p>	<p>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 harms.</p>	<ul style="list-style-type: none"> <li>• Compliance with the Substance Use and Injury Prevention Standard, including all required protocols.</li> <li>• Sustain results based accountability plans and stakeholder participation in the Hamilton Drug Strategy.</li> <li>• Improve access to substance use treatment.</li> <li>• Prevent or delay the age of youth engaging in substance use (alcohol and cannabis).</li> <li>• Foster community supports to reduce harms related to substance use.</li> <li>• Improve the rate of adults who abstain from substance use or follow the Low Risk Alcohol Drinking Guidelines.</li> </ul>
<p><b>Intervention</b></p>	<p><b>Description:</b>  <i>Briefly describe the public health intervention.</i></p>	

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## Substance Use and Injury Prevention

Strategic and Systems Initiatives	<ul style="list-style-type: none"> <li>• Implement activity plans for the City of Hamilton Community Drug Strategy and continue to provide the coordination of the strategy for the community. Comprehensive interventions to be implemented will be targeted to the prevention of substance use, reduction of harms associated with substance use, promotion of social justice and policy and increasing access to treatment via pathways to connect care.</li> <li>• Collaborate with City of Hamilton to provide staff education related to cannabis</li> <li>• Develop and implement comprehensive substance use prevention for youth curriculum within schools related to alcohol, opioids and cannabis.</li> </ul>	
Promotion, Awareness, Education and Knowledge Translation	<ul style="list-style-type: none"> <li>• Provide ongoing knowledge exchange to community partners to sustain evidence-based plans and monitor the progress of the City of Hamilton Community Drug Strategy.</li> <li>• Utilize a comprehensive health promotion approach to increase awareness around substance use. Areas of focus for 2019 include campaign targeting youth and young adults regarding cannabis use, stigma associated with substance use and drawing attention to days of awareness throughout the year.</li> <li>• Review the community alcohol report, and conduct a review of effective alcohol interventions to develop a comprehensive alcohol strategy.</li> <li>• Review local cannabis data and develop further programming and health promotion interventions related to cannabis youth.</li> </ul>	
Screening, Assessment and Case Management	<ul style="list-style-type: none"> <li>• Collaborate with the Tobacco program on the administration of a survey for smoke free housing via CityHousing Hamilton.</li> </ul>	
Monitoring and Surveillance	<ul style="list-style-type: none"> <li>• Support the ongoing opioid surveillance system and early warning system developed within Hamilton Public Health Services.</li> <li>• Support ongoing monitoring of data related to population and performance accountability measures for the City of Hamilton Community Drug Strategy.</li> </ul>	
<b>Program</b>	<p><b>Description:</b>                  Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</p>	<p><b>Objective:</b>                  Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</p>
P4) Mental Health Promotion	<p>This program supports a comprehensive health promotion approach to create or enhance supportive environments to address mental well-being across the lifespan.</p>	<ul style="list-style-type: none"> <li>• Compliance with Substance Use and Injury Prevention Standard.</li> <li>• Implement comprehensive health promotion approaches to improve protective factors and reduce incidence of mental health disorders.</li> <li>• Provide support to school program to increase mental health promotion to children and youth across Hamilton.</li> </ul>
<b>Intervention</b>	<p><b>Description:</b>                  Briefly describe the public health intervention.</p>	



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## Substance Use and Injury Prevention

Strategic and Systems Initiatives	<ul style="list-style-type: none"> <li>• 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 prevention.</li> <li>• 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.</li> <li>• Provide content and resource support to the school setting to support the implementation of comprehensive mental well being interventions in targeted elementary and secondary schools within Hamilton.</li> <li>• Review the literature for the effective health promotion strategies to increase resilience amongst those who use substances.</li> </ul>	
Promotion, Awareness, Education and Knowledge Translation	<ul style="list-style-type: none"> <li>• Provide resources that support Healthy Eating, Physical Activity, Tobacco Use Cessation to community .</li> <li>• Provide consultation and support for workplaces implementing National Standard for Psychological Health &amp; Safety in the Workplace.</li> </ul>	
Monitoring and Surveillance	<ul style="list-style-type: none"> <li>• Monitoring local surveillance data and prioritized indicators for Mental Health &amp; Addictions strategy and mental wellbeing program planning.</li> </ul>	
<b>Program</b>	<p><b>Description:</b> Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities</p>	<p><b>Objective:</b> Describe the expected objectives of the program and what you expect to achieve, within specific timelines.</p>
P5) Injury Prevention	<p>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.</p>	<ul style="list-style-type: none"> <li>• 100% compliance with requirements within the Substance Use and Injury Prevention Standard, including all required protocols related to injury prevention.</li> <li>• Reduction of the number of preventable injuries in city of Hamilton.</li> </ul>
<b>Intervention</b>	<p><b>Description:</b> Briefly describe the public health intervention.</p>	

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## Substance Use and Injury Prevention

<p>Strategic and Systems Initiatives</p>	<ul style="list-style-type: none"> <li>• Advocate for improved injury prevention codes for Canadian homes to reduce burden of injury including stair falls, pediatric window falls, radon gas.</li> <li>• Inform policy development of Canadian National Building Codes.</li> <li>• Support international advocacy with other public health professionals and code experts.</li> <li>• 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.</li> <li>• Support the work of the Community Coalition for Falls Prevention in the over 65 population.</li> <li>• 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.</li> <li>• Policy work in partnership with local schools and amateur sports organizations.</li> <li>• 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.</li> </ul>
<p>Promotion, Awareness, Education and Knowledge Translation</p>	<ul style="list-style-type: none"> <li>• 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).</li> <li>• Provide education and awareness around home adaptations for aging in place; falls prevention.</li> <li>• Conduct drinking and driving campaign Impaired is Impaired in partnership with Hamilton Police Services.</li> <li>• Increase concussion awareness within various stakeholders and community partners.</li> <li>• Promote helmet use in all ages.</li> <li>• Deliver road safety education for drivers, cyclists, and safe pedestrian measures.</li> <li>• Investigate ways to increase awareness of injuries due to violence.</li> </ul>
<p>Screening, Assessment and Case Management</p>	<ul style="list-style-type: none"> <li>• Collaborate with various community stakeholders to distribute subsidized helmets.</li> <li>• Provide tools for falls prevention screening and referral for practitioners.</li> <li>• Develop and support of consistent implementation plan for Return to Learn and Return to Play policies.</li> </ul>

**Allocation of Expenditures**

% of Benefits																			
Population Health Assessment		Expenditures									Funding Sources								
	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)									Total Funding Sources
<b>Total Population Health Assessment</b>	528,740	147,400	80	37,460	48,120	170		45,110	807,080	807,080									807,080
Health Equity		Expenditures									Funding Sources								
	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)									Total Funding Sources
<b>Total Health Equity</b>	320,190	86,900	390	35,570	45,580	140		38,700	527,470	527,470									527,470
Effective Public Health Practice		Expenditures									Funding Sources								
	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)	Chief Nursing Officer Initiative (100%)								Total Funding Sources
<b>Total Effective Public Health Practice</b>	1,340,730	360,210	150	93,510	118,750	1,270		125,600	2,040,220	1,918,720	121,500								2,040,220
Emergency Management		Expenditures									Funding Sources								
	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)									Total Funding Sources
<b>Total Emergency Management</b>	163,250	43,960	40	10,220	13,020	4,110		13,190	247,790	247,790									247,790
Chronic Disease Prevention and Well-Being		Expenditures									Funding Sources								
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)									Total Funding Sources
Chronic Disease Prevention	2,226,400	580,380	1,260	169,890	219,280	25,300		177,280	3,399,790	3,399,790									3,399,790
Non-Mandatory Oral Health Programs	-	-							-										-
<b>Total Chronic Disease Prevention and Well-Being</b>	2,226,400	580,380	1,260	169,890	219,280	25,300	-	177,280	3,399,790	3,399,790	-	-	-	-	-	-	-	-	3,399,790

**Allocation of Expenditures**

Food Safety	Expenditures									Funding Sources												
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)	Enhanced Food Safety - Haines Initiative (100%)										Total Funding Sources	
Food Safety	1,527,060	375,000	27,330	105,080	135,890	8,620	(355,080)	165,100	1,989,000	1,910,450	78,550											1,989,000
<b>Total Food Safety</b>	<b>1,527,060</b>	<b>375,000</b>	<b>27,330</b>	<b>105,080</b>	<b>135,890</b>	<b>8,620</b>	<b>(355,080)</b>	<b>165,100</b>	<b>1,989,000</b>	<b>1,910,450</b>	<b>78,550</b>	-	-	-	-	-	-	-	-	-	-	1,989,000

Healthy Environments	Expenditures									Funding Sources												
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)												Total Funding Sources
Health Hazards	717,070	192,490	6,010	52,640	67,950	17,760		63,050	1,116,970	1,116,970												1,116,970
Air Quality and Climate Change	35,750	11,370	70	1,890	2,440	8,110		6,120	65,750	65,750												65,750
<b>Total Healthy Environments</b>	<b>752,820</b>	<b>203,860</b>	<b>6,080</b>	<b>54,530</b>	<b>70,390</b>	<b>25,870</b>	-	<b>69,170</b>	<b>1,182,720</b>	<b>1,182,720</b>	-	-	-	-	-	-	-	-	-	-	-	1,182,720

Healthy Growth and Development	Expenditures									Funding Sources												
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)												Total Funding Sources
Child Health	2,142,220	567,580	11,750	161,190	208,050	1,270	(5,910)	165,430	3,251,580	3,251,580												3,251,580
Reproductive Health	980,570	252,550	5,200	74,130	95,680	600	(3,100)	76,800	1,482,430	1,482,430												1,482,430
<b>Total Healthy Growth and Development</b>	<b>3,122,790</b>	<b>820,130</b>	<b>16,950</b>	<b>235,320</b>	<b>303,730</b>	<b>1,870</b>	<b>(9,010)</b>	<b>242,230</b>	<b>4,734,010</b>	<b>4,734,010</b>	-	-	-	-	-	-	-	-	-	-	-	4,734,010

Immunization	Expenditures									Funding Sources												
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)												Total Funding Sources
Vaccine Management	383,150	110,190	2,440	37,800	47,200	180	(1,100)	39,090	618,950	618,950												618,950
Immunization Monitoring and Surveillance	127,280	35,320	830	11,090	13,830	40	(370)	11,010	199,030	199,030												199,030
Vaccine Administration	636,160	173,710	4,040	54,150	67,530	210	(1,830)	53,750	987,720	987,720												987,720
Community Based Immunization Outreach	239,140	63,640	1,360	18,270	22,780	70	(620)	18,130	362,770	362,770												362,770

**Allocation of Expenditures**

<b>Total Immunization</b>	<b>1,385,730</b>	<b>382,860</b>	<b>8,670</b>	<b>121,310</b>	<b>151,340</b>	<b>500</b>	<b>(3,920)</b>	<b>121,980</b>	<b>2,168,470</b>	<b>2,168,470</b>	-	-	-	-	-	-	-	-	-	<b>2,168,470</b>
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Infectious and Communicable Diseases Prevention and Control											Expenditures										Funding Sources									
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)	Vector-Borne Diseases Program (Cost-Shared)	Infectious Diseases Control Initiative (100%)	Infection Prevention and Control Nurses Initiative (100%)	Social Determinants of Health Nurses Initiative (100%)							Total Funding Sources									
Vector Borne Diseases	626,450	152,110	13,760	27,730	90,260	82,530		25,270	1,018,110		1,018,110											1,018,110								
Infectious Disease Program	2,957,700	799,130	35,960	144,370	250,720	9,660	(108,020)	166,930	4,256,450	2,809,940		1,175,910	90,100	180,500								4,256,450								
Sexual Health	1,520,010	395,740	4,370	117,850	148,740	102,930	(115,000)	145,240	2,319,880	2,319,880												2,319,880								
Harm Reduction (Secondary)	57,710	16,460	840	5,180	6,510	4,260		9,260	100,220	100,220												100,220								
<b>Total Infectious and Communicable Diseases Prevention and Control</b>	<b>5,161,870</b>	<b>1,363,440</b>	<b>54,930</b>	<b>295,130</b>	<b>496,230</b>	<b>199,380</b>	<b>(223,020)</b>	<b>346,700</b>	<b>7,694,660</b>	<b>5,230,040</b>	<b>1,018,110</b>	<b>1,175,910</b>	<b>90,100</b>	<b>180,500</b>	-	-	-	-	-	-	-	<b>7,694,660</b>								

Safe Water											Expenditures										Funding Sources									
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)	Enhanced Safe Water Initiative (100%)	Small Drinking Water Systems Program (Cost-Shared)										Total Funding Sources								
Safe Water	724,490	190,410	18,910	51,060	71,850	8,360	(19,900)	67,910	1,113,090	1,010,050	42,850	60,190										1,113,090								
<b>Total Safe Water</b>	<b>724,490</b>	<b>190,410</b>	<b>18,910</b>	<b>51,060</b>	<b>71,850</b>	<b>8,360</b>	<b>(19,900)</b>	<b>67,910</b>	<b>1,113,090</b>	<b>1,010,050</b>	<b>42,850</b>	<b>60,190</b>	-	-	-	-	-	-	-	-	-	<b>1,113,090</b>								

School Health - Oral Health											Expenditures										Funding Sources									
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)	Healthy Smiles Ontario Program (100%)											Total Funding Sources								
Oral Health Assessment and Surveillance	287,040	84,230	3,950	28,300	36,530	92,610		51,940	584,600	584,600												584,600								
Healthy Smiles Ontario	1,019,280	265,740	9,600	6,650	98,810	400		159,820	1,560,300	-	1,560,300											1,560,300								
<b>Total School Health - Oral Health</b>	<b>1,306,320</b>	<b>349,970</b>	<b>13,550</b>	<b>34,950</b>	<b>135,340</b>	<b>93,010</b>	-	<b>211,760</b>	<b>2,144,900</b>	<b>584,600</b>	<b>1,560,300</b>	-	-	-	-	-	-	-	-	-	-	<b>2,144,900</b>								

School Health - Vision											Expenditures										Funding Sources									
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)												Total Funding Sources								
Child Visual Health and Vision Screening	80,490	22,150	760	5,670	7,320	17,640		10,920	144,950	144,950												144,950								

**Allocation of Expenditures**

<b>Total School Health - Vision</b>	<b>80,490</b>	<b>22,150</b>	<b>760</b>	<b>5,670</b>	<b>7,320</b>	<b>17,640</b>	<b>-</b>	<b>10,920</b>	<b>144,950</b>	<b>144,950</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>144,950</b>
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School Health - Immunization	Expenditures									Funding Sources											
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)											Total Funding Sources
Immunizations for Children in Schools and Licenced Child Care Settings	612,900	172,620	4,320	60,370	75,270	270	(118,510)	66,280	873,520	873,520											873,520
<b>Total School Health - Immunization</b>	<b>612,900</b>	<b>172,620</b>	<b>4,320</b>	<b>60,370</b>	<b>75,270</b>	<b>270</b>	<b>(118,510)</b>	<b>66,280</b>	<b>873,520</b>	<b>873,520</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>873,520</b>

School Health - Other	Expenditures									Funding Sources											
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)											Total Funding Sources
School Health	1,631,710	411,910	14,880	118,760	153,290	920		176,650	2,508,120	2,508,120											2,508,120
Tobacco Control, Prevention and Cessation (Secondary)	49,610	13,610	480	4,220	5,450	40		5,990	79,400	79,400											79,400
Injury Prevention (Secondary)	49,490	13,180	400	3,860	4,880	30		5,690	77,530	77,530											77,530
Chronic Disease Prevention (Secondary)	89,920	23,870	810	6,750	8,710	60		9,700	139,820	139,820											139,820
Mental Health Promotion (Secondary)	210,750	52,270	640	15,710	20,180	110	(520)	20,600	319,740	319,740											319,740
Substance Use Prevention (Secondary)	43,010	11,350	400	3,150	4,070	20		4,640	66,640	66,640											66,640
<b>Total School Health - Other</b>	<b>2,074,490</b>	<b>526,190</b>	<b>17,610</b>	<b>152,450</b>	<b>196,580</b>	<b>1,180</b>	<b>(520)</b>	<b>223,270</b>	<b>3,191,250</b>	<b>3,191,250</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,191,250</b>

Substance Use and Injury Prevention	Expenditures									Funding Sources											
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)	Electronic Cigarettes Act: Protection and Enforcement (100%)	Harm Reduction Program Enhancement (100%)	Needle Exchange Program Initiative (100%)	Smoke-Free Ontario Strategy: Prosecution (100%)	Smoke-Free Ontario Strategy: Protection and Enforcement (100%)	Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%)	Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%)	Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	Total Funding Sources	
Tobacco Control, Prevention and Cessation	1,106,230	293,230	17,020	55,240	108,840	22,910	(94,700)	436,110	1,944,880	709,980	52,240			10,000	403,500	308,910	278,940	100,000	81,310	1,944,880	
Harm Reduction	693,470	179,730	8,580	40,350	53,960	41,260		270,470	1,287,820	833,290		250,000	204,530								1,287,820
Substance Use Prevention	336,530	91,900	5,180	27,610	34,990	26,410		46,500	569,120	569,120											569,120
Mental Health Promotion	301,840	80,420	1,770	22,770	29,290	6,940	(1,030)	30,120	472,120	472,120											472,120
Injury Prevention	363,800	90,400	2,860	25,850	33,360	2,030		27,780	546,080	546,080											546,080

Allocation of Expenditures

<b>Total Substance Use and Injury Prevention</b>	<b>2,801,870</b>	<b>735,680</b>	<b>35,410</b>	<b>171,820</b>	<b>260,440</b>	<b>99,550</b>	<b>(95,730)</b>	<b>810,980</b>	<b>4,820,020</b>	<b>3,130,590</b>	<b>52,240</b>	<b>250,000</b>	<b>204,530</b>	<b>10,000</b>	<b>403,500</b>	<b>308,910</b>	<b>278,940</b>	<b>100,000</b>	<b>81,310</b>	<b>4,820,020</b>
<b>Indirect Costs</b>	<b>Expenditures</b>									<b>Funding Sources</b>										
	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)										Total Funding Sources
<b>Total Indirect Costs</b>	1,184,820	319,080	18,230	84,160	108,620	5,010	(42,510)	98,110	<b>1,775,520</b>	1,775,520										<b>1,775,520</b>
<b>Grand Total</b>	<b>25,314,960</b>	<b>6,680,240</b>	<b>224,670</b>	<b>1,718,500</b>	<b>2,457,750</b>	<b>492,250</b>	<b>(868,200)</b>	<b>2,834,290</b>	<b>38,854,460</b>											<b>38,854,460</b>

**Budget Summary**

Base Funding				
Funding Source	Budget (at 100%) A	Provincial Share B= A*Prov.Share	Approved Allocation C	Variance D = C - B
Mandatory Programs (Cost-Shared)	32,837,020	24,627,765	23,330,300	(1,297,465)
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%)	1,175,910	1,175,910	1,111,200	(64,710)
Needle Exchange Program Initiative (100%)	204,530	204,530	202,000	(2,530)
Small Drinking Water Systems Program (Cost-Shared)	60,190	45,143	41,100	(4,043)
Smoke-Free Ontario Strategy: Prosecution (100%)	10,000	10,000	10,000	-
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)	403,500	403,500	374,200	(29,300)
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%)	308,910	308,910	285,800	(23,110)
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%)	278,940	278,940	276,800	(2,140)
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	100,000	100,000	100,000	-
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	81,310	81,310	80,000	(1,310)
Social Determinants of Health Nurses Initiative (100%)	180,500	180,500	180,500	-
Vector-Borne Diseases Program (Cost-Shared)	1,018,110	763,583	754,900	(8,683)
<b>Total Base Funding</b>	<b>38,854,460</b>	<b>30,375,630</b>	<b>28,941,200</b>	<b>(1,434,430)</b>



**Budget Summary**

Summary of Expenditures by Standard									
Standards	Total Board of Health	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures
<b>Direct Costs</b>									
Population Health Assessment	807,080	528,740	147,400	80	37,460	48,120	170	-	45,110
Health Equity	527,470	320,190	86,900	390	35,570	45,580	140	-	38,700
Effective Public Health Practice	2,040,220	1,340,730	360,210	150	93,510	118,750	1,270	-	125,600
Emergency Management	247,790	163,250	43,960	40	10,220	13,020	4,110	-	13,190
Chronic Disease Prevention and Well-Being	3,399,790	2,226,400	580,380	1,260	169,890	219,280	25,300	-	177,280
Food Safety	1,989,000	1,527,060	375,000	27,330	105,080	135,890	8,620	(355,080)	165,100
Healthy Environments	1,182,720	752,820	203,860	6,080	54,530	70,390	25,870	-	69,170
Healthy Growth and Development	4,734,010	3,122,790	820,130	16,950	235,320	303,730	1,870	(9,010)	242,230
Immunization	2,168,470	1,385,730	382,860	8,670	121,310	151,340	500	(3,920)	121,980
Infectious and Communicable Diseases Prevention and Control	7,694,660	5,161,870	1,363,440	54,930	295,130	496,230	199,380	(223,020)	346,700
Safe Water	1,113,090	724,490	190,410	18,910	51,060	71,850	8,360	(19,900)	67,910
School Health	6,354,620	4,074,200	1,070,930	36,240	253,440	414,510	112,100	(119,030)	512,230
Substance Use and Injury Prevention	4,820,020	2,801,870	735,680	35,410	171,820	260,440	99,550	(95,730)	810,980
<b>Total Direct Costs</b>	<b>37,078,940</b>	<b>24,130,140</b>	<b>6,361,160</b>	<b>206,440</b>	<b>1,634,340</b>	<b>2,349,130</b>	<b>487,240</b>	<b>(825,690)</b>	<b>2,736,180</b>
<b>Indirect Costs</b>									
Indirect Costs	1,775,520	1,184,820	319,080	18,230	84,160	108,620	5,010	(42,510)	98,110
<b>Total Expenditures</b>	<b>38,854,460</b>	<b>25,314,960</b>	<b>6,680,240</b>	<b>224,670</b>	<b>1,718,500</b>	<b>2,457,750</b>	<b>492,250</b>	<b>(868,200)</b>	<b>2,834,290</b>

# 2019 Annual Service Plan and Budget Submission

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

## Base Funding Requests

<b>1) Request Title:</b>	Raccoon Rabies	
<b>Does this request relate to an existing program?</b>	No	
<b>Funding Source</b>		
<b>Description</b> <i>Provide a detailed description and identify issue(s) and/or opportunities 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.</i>	<p>Continue funding two temporary full time Public Health Inspector positions in Public Health Services to meet the increased service levels due to the unexpected and extraordinary raccoon rabies outbreak in Hamilton and surrounding areas that began in December, 2015.</p> <p>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</p> <p>Outbreak is expected to continue for another 3-5 years so providing two low cost rabies options will help the community protect their pets from rabies. A coordinated collection and submission of animals locally will also provide a more accurate indication of the control of the outbreak. As Hamilton is at the epicentre of Ontario's raccoon rabies outbreak it is crucial that Hamilton Public Health is aware of the level of control or spread occurring in order to tailor our communication strategies through each year.</p>	

### Project Cost Item / Description

Identify the cost items in the cells provided below and provide a description for each item, including how the cost was determined.

### Cost/Item

Identify the cost per each item.

Salary and Benefits	210,230
Employer Paid Parking	2,500
Mileage	3,000
Operating Expense	20,000
Education and Health Promotion	15,000
IP Telephony Charges	300
Rent-Cellular Phones	1,200

# 2019 Annual Service Plan and Budget Submission

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

## Base Funding Requests

Contractual Services	95,590
Computer Hardware	480

**Total 348,300**

<b>Risks / Impacts</b> <i>Describe the risks and/or direct impacts to programs and services with not receiving any or all of the funding requested.</i>	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.
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<b>Outcomes</b> <i>What outcome(s) does the board of health intend to achieve with this request/project?</i>	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.
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<b>2) Request Title:</b>	PHI Practicum Students
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<b>Does this request relate to an existing program?</b>	No
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<b>Funding Source</b>	
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<b>Description</b> <i>Provide a detailed description and identify issue(s) and/or opportunities 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.</i>	<p>Outcome is to hire 0.16 FTE PHI Trainee to provide public health services to the City of Hamilton between Victoria Day and Labour Day for program support and to train future PHI's.</p> <p>This request is an opportunity to take advantage of annual grant.</p>
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# 2019 Annual Service Plan and Budget Submission

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

## Base Funding Requests

<b>Project Cost Item / Description</b>	<b>Cost/Item</b>
<i>Identify the cost items in the cells provided below and provide a description for each item, including how the cost was determined.</i>	<i>Identify the cost per each item.</i>
Wages and Benefits	10,000
<b>Total</b>	<b>10,000</b>

<p><b>Risks / Impacts</b>  <i>Describe the risks and/or direct impacts to programs and services with not receiving any or all of the funding requested.</i></p>	<p>Beach Sampling Program will not get done.</p> <p>A portion of low risk and moderate risk food premises would not get inspected.</p> <p># 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.</p>
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# 2019 Annual Service Plan and Budget Submission

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

## Base Funding Requests

<p><b>Outcomes</b> <i>What outcome(s) does the board of health intend to achieve with this request/project?</i></p>	<p>Outcome is to hire 0.16 FTE PHI Trainee to provide public health services to the City of Hamilton between Victoria Day and Labour Day, and to train future PHI's.</p> <p>To help complete the beach sampling program and support the Canadian Institute of Public Health Inspectors board of certification requirements - which includes practicum placement.</p>
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# 2019 Annual Service Plan and Budget Submission

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

## One-Time Funding Requests

# 2019 Annual Service Plan and Budget Submission

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

## Funding Requests Summary

Base and One-Time Requests	
Base Request Title	Amount
1) Raccoon Rabies	348,300
2) PHI Practicum Students	10,000
<b>Total Base Funding Request</b>	<b>358,300</b>
One-Time Request Title	Amount
<b>Total One-Time Funding Request</b>	-
<b>Total Base and One-Time Requests</b>	<b>358,300</b>

# 2019 Annual Service Plan and Budget Submission

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

## Board of Health Membership

#	Member First Name	Member Last Name	Type of Appointment (Municipal/Provincial)	Identify Municipality (if applicable)
1	Fred	Eisenberger	Municipal	City of Hamilton
2	Maureen	Wilson	Municipal	City of Hamilton
3	Jason	Farr	Municipal	City of Hamilton
4	Nrinder	Naan	Municipal	City of Hamilton
5	Sam	Merulla	Municipal	City of Hamilton
6	Chad	Collins	Municipal	City of Hamilton
7	Tom	Jackson	Municipal	City of Hamilton
8	Esther	Pauls	Municipal	City of Hamilton
9	John-Paul	Danko	Municipal	City of Hamilton
10	Brad	Clark	Municipal	City of Hamilton
11	Maria	Pearson	Municipal	City of Hamilton
12	Brenda	Johnson	Municipal	City of Hamilton
13	Lloyd	Ferguson	Municipal	City of Hamilton
14	Arlene	VanderBeek	Municipal	City of Hamilton
15	Terry	Whitehead	Municipal	City of Hamilton
16	Judi	Partridge	Municipal	City of Hamilton



# 2019 Annual Service Plan and Budget Submission

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

## Key Contacts and Certification

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						

Certification			
Position	Name	Signature	Date
Board of Health Chair	Mayor Fred Eisenberger		
Medical Officer of Health / Chief Executive Officer	Dr. Elizabeth Richardson		
Chief Financial Officer / Business Administrator (Verifies that the budget data provided in the Annual Service Plan and Budget Submission is accurate)			