INFORMATION REPORT

TO: Mayor and Members Board of Health	**WARD(S) AFFECTED:** CITY WIDE
COMMITTEE DATE: September 16, 2013	
SUBJECT/REPORT NO: 2013 Provincial Funding Update (BOH13036) (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	**PREPARED BY:** Helen Klumpp, CMA (905) 546-2424, Ext. 3508
SIGNATURE:	

Council Direction:

Not Applicable

Information:

Council approved Public Health Services' (PHS) 2013 budget in April of this year. This brief report provides context for the recent grant approval from the Ministry of Health and Long-Term Care (MOHLTC) (See Appendices A to C).

The MOHLTC has approved the PHS' 2013 Program-Based Grant request for mandatory and related public health programs (Appendix A and B); as well as, providing an Amending Agreement to the Public Health Accountability Agreement which includes the terms and conditions governing the approved funding (Appendix C).

The 2013 grant allocation (Schedule A-4 of Appendix C) includes 2% growth for mandatory public health programs funded provincially at 75% which aligns with the assumption used in the creation of the 2013 budget. Other programs, Infection Prevention and Control Nurses (100%), Chief Nursing Officer Initiative (100%) and Public Health Nurses (100%) initiatives also received a 2% growth increase, whereas the current budget assumed a 0% increase.

The annual base funding also includes approved allocations for Vector-Borne Diseases (75%), Infectious Disease Control (100%), Healthy Smiles Ontario (100%), Smoke-Free Ontario (100%) and other related programs and services at requested funding levels.

The Children In Need of Treatment (CINOT) Expansion Program (75%) received a 2% increase based on 2012 actuals which is lower than requested. However, 2013 forecast of uptake is expected to be within this budget allocation. The approved allocation for Small Drinking Water (SDW) remained at current budget levels based on the funding formula that reflects the actual number of Hamilton's SDW systems.

The Healthy Smiles Ontario (HSO) program approved a staffing model adjustment, resulting in a change of FTE complement from 9.04 FTE to 10.0 FTE. The staffing model change did not require an increase to the requested 2013 budget allocation. A Board of Health report (BOH13035) is included in the September 2013 Board of Health agenda outlining the FTE changes for approval.

A one-time request for provincial funding for 2013 activities related to Office Consolidation was approved at 75% provincial funding and as such, will benefit the existing PHS accommodations capital budget. In addition, one time requests for Smoke-Free Ontario (100%) and funding for the Panorama project (not requested) were also approved for 2013 on a one time basis.

At this time, the province has not formally announced ongoing budgetary guidelines for 2014, but gave indication to expect similar funding or less for the next fiscal year. They have however indicated that cash flow to the City of Hamilton may be adjusted appropriately to match actual services provided, after appropriate discussion between both parties.

The terms and conditions of the funding can be found in Schedule B-4 of Appendix C, and the reporting requirements can be found in Schedule C-3 of Appendix C.

In Schedule D-2 of Appendix C the performance obligations are outlined. There are no changes to the indicator targets. However, the province has added an obligation to collaborate on the development of Developmental Indicators for areas of mutual interest; including but not limited to, physical activity; healthy eating and nutrition; child and reproductive health; comprehensive tobacco control; and equity. It should be noted that the City of Hamilton has previously committed to this collaboration given its importance in establishing the new Accountability Agreement Indicators.

Ministry of Health and Long-Term Care

Office of the Minister

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Ontario

AUG 15 2013

HLTC2976FL-2013-144

His Worship Mayor Bob Bratina
Chair
City of Hamilton Board of Health
Hamilton City Hall
71 Main Street West, 2nd Floor
Hamilton ON L8P 4Y5

Dear ~~Mayor~~ Bratina: Bob

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the City of Hamilton Board of Health up to $28,124,132 in annual base funding for the 2013 funding year to support the provision of mandatory and related public health programs and services in your community, and up to $192,804 in one-time funding to support projects related to the delivery of these initiatives.

Roselle Martino, Executive Director of the Public Health Division and Office of the Chief Medical Officer of Health, and Kate Manson-Smith, Assistant Deputy Minister of the Health Promotion Division, will write to Dr. Elizabeth Richardson, Medical Officer of Health, City of Hamilton, Public Health Services, shortly concerning the terms and conditions governing this funding.

Thank you for your continued dedication and commitment to Ontario's public health system.

Sincerely,

Deb Matthews

Deb Matthews
Minister

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Mayor Bob Bratina

c: Hon. Ted McMeekin, MPP, Ancaster-Dundas-Flamborough-Westdale
Rob Leone, MPP, Cambridge
Andrea Horwath, MPP, Hamilton Centre
Monique Taylor, MPP, Hamilton Mountain
Paul Miller, MPP, Hamilton East-Stoney Creek
Dr. Elizabeth Richardson, Medical Officer of Health,
City of Hamilton, Public Health Services
Dr. Arlene King, Chief Medical Officer of Health
Roselle Martino, Executive Director, Public Health Division and
Office of the Chief Medical Officer of Health
Kate Manson-Smith, Assistant Deputy Minister, Health Promotion Division

Ministry of Health and Long-Term Care

Executive Director's Office

Public Health Division
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Health Promotion Division
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Ministère de la Santé et des Soins de longue durée

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AUG 1 5 2013

Dr. Elizabeth Richardson
Medical Officer of Health
City of Hamilton, Public Health Services
1 Hughson Street North, 4th Floor
Hamilton ON L8R 3L5

Dear Dr. Richardson:

Re: Ministry of Health and Long-Term Care Public Health Accountability Agreement with the City of Hamilton (the "Board") dated January 1, 2011 (the "Accountability Agreement")

This letter is further to the recent letter from the Honourable Deb Matthews, Minister of Health and Long-Term Care, in which she informed you that the Ministry of Health and Long-Term Care (the "Ministry") will provide the Board up to $28,124,132 in annual base funding for the 2013 funding year to support the provision of mandatory and related public health programs and services in your community, and up to $192,804 in one-time funding to support projects related to the delivery of these initiatives.

The annual base amount consists of funding for mandatory programs, which includes 2% growth funding, or less if requested, and funding for other related programs and initiatives such as the Chief Nursing Officer Initiative (at 100%), Children In Need Of Treatment Expansion Program (at 75%), Healthy Smiles Ontario Program (at 100%), Infectious Diseases Control Initiative (at 100%), Public Health Nurses Initiative (at 100%), Smoke-Free Ontario Strategy (at 100%), and Vector-Borne Diseases Program (at 75%). The one-time amount consists of funding for Panorama (at 100%) and other one-time projects.

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Dr. Elizabeth Richardson

The Ministry and the Board entered into an Accountability Agreement effective January 1, 2011. We are pleased to provide you with two copies of an Amending Agreement that contains the terms and conditions governing the funding referred to in the Minister's letter.

In an effort to further streamline the funding approval and reporting processes, we are very pleased to advise that funding for the Smoke-Free Ontario Strategy, Healthy Communities Fund – Partnership Stream Program, and other initiatives have been added to the Accountability Agreement in 2013.

We appreciate your cooperation with the Ministry in managing your funding as effectively as possible. You are expected to adhere to our reporting requirements, particularly for in-year service and financial reporting, which is expected to be as timely and accurate as possible. Based on our monitoring and assessment of your in-year service and financial reporting, your cash flow may be adjusted appropriately to match actual services provided, after appropriate discussion.

The government remains committed to eliminating the deficit by 2017-18 while focusing on priorities in healthcare, education and job creation.

That commitment includes moving forward to transform public services by changing the way programs and services are delivered. The Broader Public Service (BPS) plays a critical role in providing services to the people of Ontario and the government has always valued, and will continue to value that work.

Compensation costs account for over 50 per cent of Ontario funded program spending. To meet the government's fiscal targets, all compensation costs must be addressed within Ontario's existing fiscal framework which includes no funding for incremental compensation increases for new collective agreements.

Ontario is expecting all public sector partners, including employers and bargaining agents, to work together to control current and future compensation costs including wages, benefits and pensions.

Employers and bargaining agents should look to mechanisms such as productivity improvements as a way to achieve fiscal and service delivery goals.

Additionally, the *Broader Public Sector Accountability Act, 2010*, implements compensation restraint measures for designated executives at hospitals, universities, colleges, school boards and designated organizations. The restraint measures are effective March 31, 2012, and are in place until the deficit is eliminated in 2017-18.

Decisions related to compensation for non-executives who are not governed by collective agreements should live within fiscal targets.

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Dr. Elizabeth Richardson

Please review the Amending Agreement carefully, sign both copies enclosed and return both copies to:

Brent Feeney
Manager, Funding and Accountability Unit
Public Health Standards, Practice and Accountability Branch
Public Health Division, Ministry of Health and Long-Term Care
393 University Avenue, Suite 2100
Toronto ON M7A 2S1

When all the parties have signed the Amending Agreement, the Ministry will return one copy to you and will begin to flow the funds reflected in Schedule A of the Amending Agreement.

If you have any questions, please contact Mr. Feeney at 416-212-6397 or by email at brent.feeney@ontario.ca.

Yours truly,

Roselle Martino
Executive Director
Public Health Division and Office of the
Chief Medical Officer of Health

Kate Manson-Smith
Assistant Deputy Minister
Health Promotion Division

Attachment

c: Helen Klumpp, Manager, Finance & Administration, City of Hamilton, Public Health Services
Dr. Arlene King, Chief Medical Officer of Health
Pier Falotico, Director, Financial Management Branch
Michael Parzei, Director, Fiscal Oversight & Performance Branch
Laura Pisko, Director, Health Promotion Implementation Branch
Sylvia Shedden, Director, Public Health Standards, Practice and Accountability Branch
Sue Makin, President, Ontario Public Health Association
Russ Powers, President, Association of Municipalities of Ontario
Mary Johnson, President, Association of Local Public Health Agencies

Amending Agreement No. 5

Between:

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of Health and Long-Term Care

(the "**Province**")

- and -

City of Hamilton

(the "**Board of Health**")

WHEREAS the Province and the Board of Health entered into a Public Health Accountability Agreement effective as of the first day of January 2011 (the **"Accountability Agreement"**); and

AND WHEREAS the Parties wish to amend the Accountability Agreement;

NOW THEREFORE IN CONSIDERATION of the mutual covenants and agreements contained in this Amending Agreement No. 5, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. This Amending Agreement ("Amending Agreement No. 5") shall be effective as of the date it is signed by the Province.

2. Except for the amendments provided for in this Amending Agreement No. 5, all provisions in the Accountability Agreement shall remain in full force and effect.

3. Capitalized terms used but not defined in this Amending Agreement No. 5 have the meanings ascribed to them in the Accountability Agreement.

4. The Accountability Agreement is amended by:

   [a] Deleting Schedule A-3 (Program-Based Grants) and substituting Schedule A-4 (Program-Based Grants), attached to this Amending Agreement No. 5.

   [b] Deleting Schedule B-3 (Related Program Policies and Guidelines) and substituting Schedule B-4 (Related Program Policies and Guidelines), attached to this Amending Agreement No. 5.

   [c] Deleting Schedule C-2 (Reporting Requirements) and substituting Schedule C-3 (Reporting Requirements), attached to this Amending Agreement No. 5.

   [d] Deleting Schedule D-1 (Board of Health Performance) and substituting Schedule D-2 (Board of Health Performance), attached to this Amending Agreement No. 5.

The Parties have executed the Amending Agreement No. 5 as of the date last written below.

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of **Health and Long-Term Care**

_____ _____
Name: Date
Title:

_____ _____
Name: Date
Title:

City of Hamilton

I/We have authority to bind the Board of Health.

_____ _____
Name: Date
Position:

_____ _____
Name: Date
Position:

SCHEDULE A-4

PROGRAM-BASED GRANTS

City of Hamilton

Base Funding (1)			2013 Approved Allocation
Mandatory Programs (75%)			$22,996,869
Chief Nursing Officer Initiative (100%)	# of FTEs	1.00	$119,033
Children In Need Of Treatment (CINOT) Expansion Program (75%)			$140,670
Enhanced Food Safety – Haines Initiative (100%)			$78,259
Enhanced Safe Water Initiative (100%)			$42,232
Healthy Smiles Ontario Program (100%)			$1,448,217
Infection Prevention and Control Nurses Initiative (100%)	# of FTEs	1.00	$88,300
Infectious Diseases Control Initiative (100%)	# of FTEs	10.00	$1,111,164
Needle Exchange Program Initiative (100%)			$62,812
Public Health Awareness Initiatives: Infection Prevention and Control Week (100%)			$8,000
Public Health Awareness Initiatives: Sexually Transmitted Infections Week (100%)			$7,000
Public Health Awareness Initiatives: World Tuberculosis Day (100%)			$2,000
Public Health Nurses Initiative (100%)	# of FTEs	2.00	$176,910
Small Drinking Water Systems Program (75%)			$41,100
Smoke-Free Ontario Strategy: Protection & Enforcement (100%)			$334,900
Smoke-Free Ontario Strategy: Prosecution (100%)			$10,000
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)			$100,000
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)			$80,000
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%)			$285,800
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%)			$276,800
Vector-Borne Diseases Program (75%)			$714,066
Sub-Total			**$28,124,132**

One-Time Funding (1)			2013 Approved Allocation
Public Health Services Office Consolidation (75%)			$71,250
Panorama (100%) **(2)**			$83,252
Smoke-Free Ontario Strategy: Enforcement Tablet Upgrade (100%)	# of Tablets	3.00	$5,302
Smoke-Free Ontario Strategy: Workplace-Based Smoking Cessation Demonstration Projects (100%) **(2)**			$33,000
Sub-Total			**$192,804**

Total	**$28,316,936**

(1) Base and one-time funding is approved for the 12 month period of January 1, 2013 to December 31, 2013, unless otherwise noted.

(2) One-time funding is approved for the 12 month period of April 1, 2013 to March 31, 2014.

SCHEDULE B-4

RELATED PROGRAM POLICIES AND GUIDELINES

BASE FUNDING:

B1. Chief Nursing Officer Initiative (Public Health Division (PHD))

Under the Organizational Standards, boards of health must have designated a Chief Nursing Officer by January 2013. The Chief Nursing Officer role must be implemented at a management level within the Board of Health reporting to the Medical Officer of Health or Chief Executive Officer and, in that context, will contribute to organizational effectiveness.

The presence of a Chief Nursing Officer in each Board of Health will enhance the health outcomes of the community at individual, group and population levels:

- Through contributions to organizational strategic planning and decision making;
- By facilitating recruitment and retention of qualified, competent public health nursing staff; and,
- By enabling quality public health nursing practice.

Furthermore, the Chief Nursing Officer articulates, models and promotes a vision of excellence in public health nursing practice, which facilitates evidence-based services and quality health outcomes in the public health context.

The following qualifications are required for designation as a Chief Nursing Officer:

- Registered Nurse in good standing with the College of Nurses of Ontario;
- Baccalaureate degree in nursing;
- Graduate degree in nursing, community health, public heath, health promotion, health administration or other relevant equivalent OR be committed to obtaining such qualification within three (3) years of designation (this will be reviewed in 2014);
- Minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health; and,
- Member of appropriate professional organizations (e.g., Registered Nurses' Association of Ontario, Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario-Public Health Nursing Management, etc.).

Funding for this initiative must be used to create additional hours of nursing service (1.0 Full-Time Equivalent (FTE) minimum). Base funding is for nursing salaries and benefits only and cannot be used to support operating or education costs.

Boards of health must confirm to the MOHLTC that a qualified Chief Nursing Officer has been designated and that a new public health nurse FTE has been established. In addition, boards of health may be required to submit an annual activity report related to the initiative to the MOHLTC confirming the maintenance of the funded 1.0 nursing FTE, and highlighting Chief Nursing Officer activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the MOHLTC upon prior written notice.

B2. CINOT Expansion Program (Health Promotion Division (HPD))

The CINOT Expansion Program provides coverage for basic dental care for children 14 through 17 years of age in addition to general anaesthetic coverage for children 5 through 13 years of age. Boards of health must be in compliance with the Ontario Public Health Standards (OPHS) and the CINOT Protocol.

Boards of health must use the Oral Health Information Support System (OHISS) application to process all CINOT Expansion claims. Financial report data should align with expenditures as recorded in OHISS and reflected in Age Profile and Procedure Code Profile Reports for the period January 1st through December 31st.

Boards of health will not be permitted to transfer any projected CINOT Expansion Program surplus to their CINOT 0-13 year old budget.

B3. Enhanced Food Safety – Haines Initiative (PHD)

The Enhanced Food Safety – Haines Initiative was established to augment a Board of Health's capacity to deliver the Food Safety Program as a result of the Provincial Government's response to Justice Haines' recommendations in his report "Farm to Fork: A Strategy for Meat Safety in Ontario".

Base funding for this initiative must be used for the sole purpose of implementing the Food Safety Program Standard under the OPHS. Eligible expenses include such activities as: hiring staff, delivering additional food-handler training courses, providing public education materials, and program evaluation.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

B4. Enhanced Safe Water Initiative (PHD)

Base funding for this initiative must be used for the sole purpose of increasing the Board of Health's capacity to meet the requirements of the Safe Water Program Standard under the OPHS.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

B5. Healthy Smiles Ontario Program (PHD)

The Healthy Smiles Ontario (HSO) Program provides prevention and basic treatment services for children and youth, from low-income families, who are 17 years of age or under, and who do not have access to any form of dental coverage. The goal of HSO is to improve the oral health of children and youth in low-income families. HSO builds upon and links with existing public health dental infrastructure to expand access to dental services for children and youth.

The core objectives of the HSO Program are: Ontario-wide oral health infrastructure development; preventive and basic treatment services for the target population; and, oral health promotion.

Base funding for this program must be used for the ongoing, day-to-day requirements associated with delivering services (both prevention and basic treatment) under the HSO Program to children and youth in low-income families. Program expense categories include:

- Salaries, wages and benefits
  - Dental care providers – clinical
  - Administration
  - Oral health staff – non-clinical

- Fee-for-service delivery

- Administrative expenses which include: building occupancy, travel, staff training and professional development, material/supplies, office equipment, professional and purchased services, communication costs, other operating, and information and information technology equipment.

- Health Promotion (including Communication Costs for Marketing / Promotional Activities)
  - Funding used to promote oral health (communication costs, include marketing / promotional activities; travel; promotional materials; and, training).
  - Funding used for marketing / promotional activities must not compromise front-line service for current and future HSO clients.
  - Boards of health are responsible for ensuring promotional / marketing activities have a direct, positive impact on meeting the objectives of the HSO Program.
  - Boards of health are reminded that HSO promotional / marketing materials approved by the MOHLTC and developed provincially are available for use by boards of health in promoting the HSO Program.
  - The overarching HSO brand and provincial marketing materials were developed by the MOHLTC to promote consistency of messaging, and "look and feel" across the province. When promoting the HSO Program locally, boards of health are requested to align local promotional products with the provincial HSO brand. When boards of health use the HSO brand, please liaise with the MOHLTC's Communications and Information Branch (CIB) to ensure use of the brand aligns with provincial standards.

Operational expenses not covered within this program include: staff recruitment incentives / billing incentives; and, client transportation.

Other expenses not included within this program include oral health activities required under the OPHS.

Other requirements of the HSO Program include:

- All revenues collected under the HSO Program (including revenues collected for the provision of services to non-HSO clients) must be reported as income (i.e. revenue collected for CINOT, Ontario Works, Ontario Disability Support Program and other non-HSO programs). Revenues must be used to offset expenditures.

- Boards of health must use OHISS to administer the HSO Program.

- Boards of health must enter into Service Level Agreements with any organization they partner with for purposes of delivering the HSO Program. The Service Level Agreement must set out clear performance expectations and ensure accountability for public funds.

- Any significant changes to the MOHLTC-approved HSO business model, including changes to plans, partnerships, or processes, or otherwise as outlined in the Board of Health's MOHLTC-approved business case and supporting documents must be approved by the MOHLTC before being implemented.

- Any contract or subcontract entered into by the Board of Health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

- Boards of health are responsible for ensuring value-for-money and accountability for public funds.

- Boards of health must ensure that funds are used to meet the objectives of the HSO Program, with a priority to deliver dental services (both prevention and basic treatment) to HSO clients.

- Boards of health are reminded that they are required to bill back the relevant programs for services provided to non-HSO clients.

B6. Infection Prevention and Control Nurses Initiative (PHD)

The Infection Prevention and Control Nurses Initiative was established to support one (1) additional FTE Infection Prevention and Control Nurse for every Board of Health in the province.

Base funding for the initiative must be used for the creation of additional hours of nursing service (1.0 FTE) and for nursing salaries/benefits and cannot be used to support operating or education costs. Qualifications required for these positions are:
(1) a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class), and (2) Certification in Infection Control (CIC), or a commitment to obtaining CIC within three (3) years of beginning of employment.

The majority of the Infection Prevention and Control Nurse's time must be spent on infection prevention and control activities. Boards of health are required to maintain this position as part of baseline nursing staffing levels.

Boards of health may be required to submit an annual activity report related to the initiative to the MOHLTC confirming the maintenance of the funded 1.0 nursing FTE, and highlighting infection prevention and control nursing activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the MOHLTC upon reasonable notice.

B7. Infectious Diseases Control Initiative (180 FTEs) (PHD)

Boards of health are required to remain within both the funding levels and the number of FTE positions approved by the MOHLTC.

Base funding for this initiative must be used solely for the purpose of hiring and supporting staff (e.g., recruitment, salaries/benefits, accommodations, program management, supplies and equipment, other directly related costs) to monitor and control infectious diseases, and enhance a Board of Health's ability to handle and coordinate increased activities related to outbreak management.

Staff funded through the Infectious Diseases Control Initiative is required to be available for redeployment when requested by the MOHLTC, to assist other boards of health with managing outbreaks and to increase the system's surge capacity.

Boards of health may be required to submit an activity report related to the initiative to the MOHLTC confirming the maintenance of the funded positions, and highlighting infectious diseases control related activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the MOHLTC upon prior written notice.

B8. Needle Exchange Program Initiative (PHD)

Base funding for this initiative must be used for the purchase of needles and syringes, and their associated disposal costs, for the Board of Health's Needle Exchange Program.

Boards of health are required to submit Needle Exchange Program activity reports to the MOHLTC. Information regarding this requirement will be communicated to boards of health at a later date.

B9. Public Health Awareness Initiatives (PHD)

Infection Prevention and Control Week

Infection Prevention and Control Week occurs annually in October. Base funding for this initiative must be used for development, purchasing, and distribution of materials, and/or educational sessions to promote educational awareness during Infection Prevention and Control Week.

Expected outcomes include: increased public awareness of infection prevention and control principles; increased knowledge of infection prevention and control practices for service providers; and improved health of Ontarians. Appropriate use of funds include, but are not limited to: conducting public education sessions; honorarium for a speaker; creation and development of teaching aids and promotional items (e.g., fact sheets, pamphlets, etc.); distributing educational resources; media releases/articles, and poster displays to raise awareness in different settings.

Funds are not to be used for staff salaries and benefits, staff education (e.g., attendance at a conference) and for payment of staff professional fees/dues.

Boards of health are required to provide a written evaluation and provide a report back to the MOHLTC indicating the following: population targeted; tools/resources created; activities/events implemented; and, successes/challenges experienced. Information regarding this requirement will be communicated to boards of health at a later date.

This will be the final year of funding for this initiative.

Sexually Transmitted Infections Week

Sexually Transmitted Infections (STI) Week occurs annually in February. Base funding for this initiative must be used for promotion and educational purposes related to sexual health issues as well as promotion of local sexual health clinics and services. Funding must be used to develop, reproduce and distribute communication, promotion and educational materials that should be distributed widely to the public (e.g., electronic materials for a website, fact sheets, printed flyers and advertising in local media).

Funding cannot be used for staff education or to purchase clinic supplies with the exception of purchasing condoms to promote local sexual health clinics. The MOHLTC will not reimburse for items such as prizes/snacks to improve utilization of clinical services.

This will be the final year of funding for this initiative.

World Tuberculosis Day

World Tuberculosis (TB) Day occurs annually in March. The purpose of World TB Day is to build public awareness around the fact that TB remains an epidemic in much of the world today.

Base funding for this initiative must be used for the purchase of materials that will increase awareness and knowledge on the prevention and treatment of TB. Funding must be used for the development, reproduction and distribution of any new communication or educational materials and activities, specifically designed for World TB Day (e.g., electronic material for posting on websites; fact sheets; posters for health care practitioners, health care settings or other appropriate venues with the specific goal of TB education/awareness; printed flyers/brochures; educational/training events and materials, etc.).

The MOHLTC will not reimburse for items such as prizes and meals/snacks.

This will be the final year of funding for this initiative.

B10. Public Health Nurses Initiative (PHD)

The Public Health Nurses Initiative was established to support salaries and benefits for two (2) new FTE public health nursing positions for each Board of Health.

Public health nurses with specific knowledge and expertise will provide enhanced supports to address the program and service needs of priority populations impacted most negatively by the social determinants of health in the Board of Health area.

Boards of health are required to adhere to the following:

- Base funding for this initiative must be used for the creation of additional hours of nursing service (2.0 FTEs);
- Boards of health must commit to maintaining baseline nurse staffing levels and creating two (2) new public health nursing FTEs above this baseline;
- Base funding is for public health nursing salaries and benefits only and cannot be used to support operating or education costs; and,
- Boards of health must commit to maintenance of the two (2) FTEs.

Required qualifications for these positions are: (1) to be a registered nurse, and (2) to have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the Health Protection and Promotion Act (HPPA) and section 6 of Ontario Regulation 566 under the HPPA.

To receive base funding for these positions, boards of health must provide proof of employment including starting salary level and benefits for each FTE.

Boards of health that are approved for funding for these public health nursing positions may be required to submit an annual project activity report. Reporting templates provided to boards of health may include, but are not limited to, the following information: Number of Public Health Nursing FTEs, key achievements and activities related to the Public Health Nurses, and the impact of these Public Health Nurses on priority populations through the provision of programs and services. Other reports, as specified from time to time, may also be requested by the MOHLTC upon reasonable notice.

B11. Small Drinking Water Systems Program (PHD)

Base funding for this program must be used for salaries, wages and benefits, accommodation costs, transportation and communication costs, and supplies and equipment to support the ongoing assessments and monitoring of small drinking water systems.

Under this program, public health inspectors are required to conduct new and ongoing site-specific risk assessments of all small drinking water systems within the oversight of the Board of Health; ensure system compliance with the regulation governing the small drinking water systems; and, to ensure the provision of education and outreach to the owners/operators of the small drinking water systems.

B12. Smoke-Free Ontario Strategy (HPD)

Ontario's Action Plan for Health Care, released in January 2012 as part of the government's Healthy Change Strategy, outlines the plan for Ontario to become the healthiest place in North America to grow up and grow old. The patient-centred Action Plan encourages Ontarians to take charge and improve their health by making healthier choices, and living a healthy lifestyle by preventing chronic diseases and reducing tobacco use. The Action Plan identifies the Smoke-Free Ontario Strategy as a priority for keeping Ontario healthy and articulates Ontario's goal to have the lowest smoking rates in Canada.

The Smoke-Free Ontario Strategy is a multi-level comprehensive tobacco control strategy aiming to eliminate tobacco-related illness and death by:

- Preventing experimentation and escalation of tobacco use among children, youth and young adults.
- Increasing and supporting cessation by motivating and assisting people to quit tobacco use.
- Protecting the health of Ontarians by eliminating involuntary exposure to second-hand smoke.

These objectives are supported by crosscutting health promotion approaches, capacity building, collaboration, systemic monitoring and evaluation.

The Ministry funds Ontario's 36 boards of health to implement tobacco control activities that are based in best practices contributing to reductions in tobacco use rates.

Base funding for the Smoke-Free Ontario Strategy must be used in the planning and implementation of comprehensive tobacco control activities across prevention, cessation and protection and enforcement at the local and regional levels. Boards of health must comply and adhere to the Smoke-Free Ontario Strategy: Public Health Unit Tobacco Control Program Guidelines.

Communications

1. The Board of Health shall:

(a) Act as the media focus for the Project;
(b) Respond to public inquiries, complaints and concerns with respect to the Project;
(c) Report any potential or foreseeable issues to CIB;
(d) Prior to issuing any news release or other planned communications, notify CIB as follows:
    i. News Releases – identify 5 business days prior to release;
    ii. Web Designs – 10 business days prior to launch;
    iii. Marketing Communications (e.g. pamphlets and posters) - 10 business days prior to production and 20 business days prior to release;
    iv. Public Relations Plan for Project – 15 business days prior to launch;
    v. Digital Marketing Strategy – 10 business days prior to launch;
    vi. Final advertising creative – 10 business days to final production; and,
    vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.
(e) Advise CIB prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;
(f) Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
(g) Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CIB with notice of such announcement or communication as soon as possible prior to release.

2. Despite the Notice provision in Article 18 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

Ministry of Health & Long-Term Care
Communications & Information Branch
9th Floor, Hepburn Block, Toronto, ON M7A 1R3
Fax: 416-327-8791, Email: kate.vrancart@ontario.ca

B13. Vector-Borne Diseases Program (PHD)

Base funding for this program must be used for the ongoing surveillance, public education, prevention and control of all reportable and communicable vector-borne diseases and outbreaks of vector-borne diseases, which include, but are not limited to, West Nile virus and Lyme Disease.

ONE-TIME FUNDING:

B14. Mandatory Programs

One-time funding may be provided to boards of health for projects related to the delivery of mandatory programs. The following projects have been approved for one-time funding:

Public Health Services Office Consolidation (PHD)

One-time funding must be used for renovation planning of the Robert Thomson Building in preparation of the relocation of staff to this location. Costs include: architectural, mechanical and electrical engineering consultants, audio visual, and security to provide design services of the location.

B15. Panorama (Health Services I&IT Cluster and PHD)

One-time funding for this initiative must be used for costs incurred for the planning, preparation and deployment activities for Panorama.

Within the timelines specific by each board of health, as communicated to the Ministry in their individual plans, boards of health must use the funding toward Panorama Phase 1 (Immunization and Inventory modules) deployment activities and for Panorama Phase 2 (Investigations and Outbreak modules) planning/deployment activities as noted below.

Specifically, one-time funding is allocated to all boards of health for Panorama Phase 1 (Immunization and Inventory modules implementation) to:

- Complete business process transformation;
- Implement required changes to business processes and workflows and modify accordingly, as per specific health unit requirements;
- Implement known workarounds to support Panorama usage;
- Implement required technical infrastructure;
- Validate and confirm roles, access levels and required reports;
- Complete and execute training plans;
- Complete internal public health unit support model for Panorama;
- Assign required roles, responsibilities and accounts to staff members and complete all necessary registration processes;

- Prepare IRIS data for migration, validate migration results and implement data standards and data disciplines including audits to maintain these standards according to best practices and quality targets as required by the MOHLTC;
- Contribute to continuous quality improvement through deployment group participation, in preparation for further waves of rollout;
- Evaluate use-case scenarios of Panorama, using sandbox environment;
- Confirm implementation plan and readiness;
- Sign all required agreements;
- Implement and support acceptable use policies;
- Confirm appropriate privacy, security, and information management related analyses and training have been executed in accordance with the Board of Health's obligations as a Health Information Custodian under the Personal Health Information Protection Act (PHIPA), other applicable law, and local business practices and processes;
- Continue post implementation participation in quality improvement through the provision of human resources to provide support within the following categories:
    - Business Practices and Change Management,
    - Deployment and Adoption,
    - Data Standards and Reporting, and
    - User Experience;
- In Panorama, continue adherence with data standards and data disciplines including audits to maintain these standards according to best practices and quality targets as required by the MOHLTC; and,
- Create and execute a communication/information plan for both internal staff and external stakeholders.

One-time funding is allocated to all boards of health for Panorama Phase 2 (Investigation and Outbreak Management modules) specifically for:

- Development of subject matter experts at the local level;
- Prepare detailed gap/fit analysis and perform business process transformation planning;
- Initiate transformation of business processes based on analysis;
- Continuation of data cleansing activities in iPHIS in adherence with data standards and data disciplines including audits to maintain these standards according to best practices and quality targets as required by the MOHLTC;
- Prepare detail-level analysis of data and technology readiness;
- Fulfillment of all technology requirements;
- Determine roles, access levels and required reports;
- Assessment of required reports and other supporting systems at a local level;
- Evaluate use-case scenarios using sandbox environment;
- Complete training needs assessment and planning;
- Establish support and training processes;
- Ensure appropriate privacy, security, and information management related analyses and training are planned in accordance with the Board of Health's obligations as a Health Information Custodian under the Personal Health Information Protection Act (PHIPA), other applicable law, and local business practices and processes; and,
- Provide human resources and support for the planning/development. The categories of support are:

- Business Practices and Change Management,
- Deployment and Adoption,
- Data Standards and Reporting, and
- User Experience.

Those boards of health that have agreed to be *Builder and Early Adopter* partners must also use the funding toward the following activities for phases 1 (Immunization and Inventory modules) and 2 (Investigations and Outbreak modules) as noted below.

Builder and Early Adopter funding is allocated to all boards of health for Panorama Phase 1 (Immunization and Inventory Management modules) specifically to:

- Continue with the improvements to business processes based on analysis;
- Identify and define data and messaging standards and disciplines required to support these standards including auditing;
- Build upon and confirm configuration values, roles, access levels and reports (including operational and business intelligence);
- Expand upon use-case scenarios for new features;
- Perform Prototyping and User Acceptance Testing with selected samples or releases of Panorama as required;
- Build upon lessons learned/best practices for the field; and,
- Continue to perform alignment/integration/transformation assessment with local systems.

Builder and Early Adopter funding is allocated to all boards of health for Panorama Phase 2 (Investigation and Outbreak Management modules) specifically for:

- Detail gap/fit analysis and business process transformation planning;
- Identify and define data and messaging standards and disciplines required to support these standards including auditing;
- Determine and confirm configuration values, roles, access levels and reports;
- Develop and evaluate use-case scenarios using sandbox environment;
- Perform parallel test runs with selected samples and releases of Panorama as required;
- Establish lessons learned/best practices for the field; and,
- Perform alignment/integration/transformation assessment with local systems.

Those boards of health who have agreed to be *Early Adopter* partners must also use the one-time funding toward the following activities:

- Participate as a Pilot Board of Health for the Panorama project for a) alignment activities for integration with other key systems and/or b) rollout of the Panorama Phases 1 (Immunization and Inventory modules) and 2 (Investigations and Outbreak Management module) as identified by the project.

Boards of health are also required to produce a report outlining the results of the activities noted above. Information regarding the report requirements will be communicated to boards of health at a later date.

B16. Smoke-Free Ontario Strategy: Enforcement Tablet Upgrade (HPD)

One-time funding must be used for the purchase of tablets to support the Tobacco Inspection System (TIS) software for mobile units. The new tablets must meet the following specifications:

Tablet Specifications	
CPU	Intel i5 or i7 - 1.7 GHz, minimum 2nd generation
HDD	128 GB or up
RAM	4 GB or up
DISPLAY	10" or up
OS	Win 7* - 32 or 64 bit
INTERFACE	USB (2/3), Ethernet , RS232
BATTERY	6 or 9 Cell
WIRELESS	802.11a/b/g
KEYBOARD	VIRTUAL and STYLUS
OPTIONAL	
GPS	Integrated
WWAN	4G or LTE

B17. Smoke-Free Ontario Strategy: Workplace-Based Smoking Cessation Demonstration Projects (HPD)

In support of the MOHLTC Action Plan for Health Care key priority of "Keeping Ontario Healthy" and achieving the lowest smoking rates in Canada, the workplace-based cessation demonstration projects will contribute to the cessation system by providing multiple access points, including the workplace, for people of Ontario who smoke to access cessation support.

Through one-time funding to eleven boards of health participating in the workplace-based smoking cessation demonstration project, and matching in-kind resources provided by the Board of Health, the projects have a target reach on sectors with increased smoking and chronic disease prevalence. Project timelines: August 1, 2012 to March 31, 2014.

Each workplace-based cessation demonstration project, in collaboration with senior management of the workplace and with employee engagement, will:

- Design and deliver a comprehensive approach to tobacco use cessation, including cessation, prevention and protection;
- Design, deliver and document a smoking cessation intervention based on the 5A's (ask, advise, assess, assist, arrange) including brief and intensive counselling intervention and self-help material;

- Partner with the employee wellness committee, occupational health and safety committee or other employee driven structure to ensure sustainability of the project;
- Develop referral and system linkage to the community cessation network for additional support, as required; and,
- Actively collaborate with Smoke-Free Ontario Strategy partners for collaborative planning, implementation and evaluation.

Communications

1. The Board of Health shall:

   (a) Act as the media focus for the Project;
   (b) Respond to public inquiries, complaints and concerns with respect to the Project;
   (c) Report any potential or foreseeable issues to CIB;
   (d) Prior to issuing any news release or other planned communications, notify CIB as follows:
      i. News Releases – identify 5 business days prior to release;
      ii. Web Designs – 10 business days prior to launch;
      iii. Marketing Communications (e.g. pamphlets and posters) - 10 business days prior to production and 20 business days prior to release;
      iv. Public Relations Plan for Project – 15 business days prior to launch;
      v. Digital Marketing Strategy – 10 business days prior to launch;
      vi. Final advertising creative – 10 business days to final production; and,
      vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.
   (e) Advise CIB prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;
   (f) Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
   (g) Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CIB with notice of such announcement or communication as soon as possible prior to release.

2. Despite the Notice provision in Article 18 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

   Ministry of Health & Long-Term Care
   Communications & Information Branch
   9th Floor, Hepburn Block, Toronto, ON M7A 1R3
   Fax: 416-327-8791, Email: kate.vrancart@ontario.ca

OTHER:

B18. Vaccine Programs (PHD)

Funding on a per dose basis will be provided to boards of health for the administration of the following vaccines:

Influenza

The MOHLTC will continue to pay $5.00/dose for the administration of the influenza vaccine. In order to claim the UIIP administration fee, boards of health are required to submit, as part of quarterly reports, the number of doses administered. Reimbursement by the MOHLTC will be made on a quarterly basis based on the information.

Meningococcal

The MOHLTC will continue to pay $8.50/dose for the administration of the meningococcal vaccine. In order to claim the meningococcal vaccine administration fee, boards of health are required to submit, as part of quarterly reports, the number of doses administered. Reimbursement by the MOHLTC will be made on a quarterly basis based on the information.

Human Papilloma Virus (HPV)

The MOHLTC will continue to pay $8.50/dose for the administration of the HPV vaccine. In order to claim the HPV vaccine administration fee, boards of health are required to submit, as part of quarterly reports, the number of doses administered. Reimbursement by the MOHLTC will be made on a quarterly basis based on the information.

SCHEDULE C-3

REPORTING REQUIREMENTS

The Board of Health is required to provide the following reports/information in accordance with the direction provided in writing by the Province:

ONGOING REPORTING REQUIREMENTS			
Due Date	**Description of Item**	**From**	**To**
January 31	4th Quarter Financial Report (to December 31)	Board of Health	PHD
January 31	Year-end Reporting on Achievement of Performance Indicators for Prior Year	Board of Health	PHD and HPD
February 15	Smoke-Free Ontario 4th Quarter (Final) Program Activity Report	Board of Health	HPD
April 1	Program-Based Grants Budget Request	Board of Health	PHD
April 1	Apportionment of Board of Health Costs	Board of Health	PHD
April 1	Building Occupancy Report	Board of Health	PHD
April 1	Collective Agreement Information	Board of Health	PHD
April 1	Healthy Smiles Ontario Program Report	Board of Health	PHD
April 1	Implementation Plan for the Enhanced Food Safety – Haines Initiative	Board of Health	PHD
April 1	Implementation Plan for the Enhanced Safe Water Initiative	Board of Health	PHD
April 1	Valid Certificate of Insurance	Board of Health	PHD
April 30	1st Quarter Financial Report (to March 31)	Board of Health	PHD
April 30	Smoke-Free Ontario 1st Quarter Program Activity Report	Board of Health	HPD
June 30	Annual Reconciliation Report [1, 2]	Board of Health	PHD
July 31	2nd Quarter Financial Report (to June 30)	Board of Health	PHD

ONGOING REPORTING REQUIREMENTS			
Due Date	**Description of Item**	**From**	**To**
July 31	Mid-year Reporting on Achievement of Performance Indicators for current year (January 1 to June 30)	Board of Health	PHD and HPD
July 31	Smoke-Free Ontario 2nd Quarter (Interim) Program Activity Report	Board of Health	HPD
October 31	3rd Quarter Financial Report (to September 30)	Board of Health	PHD
October 31	Smoke-Free Ontario 3rd Quarter Program Activity Report	Board of Health	HPD
November 15	Smoke-Free Ontario Annual Work Plan	Board of Health	HPD
As Requested	Chief Nursing Officer Initiative Project Report	Board of Health	PHD
As Requested	Infection Prevention and Control Week Report Back	Board of Health	PHD
As Requested	Infection Prevention and Control Nurses Project Report	Board of Health	PHD
As Requested	Infectious Diseases Control Project Report	Board of Health	PHD
As Requested	Needle Exchange Program Activity Reports	Board of Health	PHD
As Requested	Public Health Nurses Initiative Project Report	Board of Health	PHD
As Requested	Sexually Transmitted Infections Week Report Back	Board of Health	PHD
As Requested	World Tuberculosis Day Report Back	Board of Health	PHD

ONE-TIME REPORTING REQUIREMENTS[3]			
Due Date	**Description of Item**	**From**	**To**
July 31, 2013	Smoke-Free Ontario: Workplace-Based Smoking Cessation Demonstration Projects 1st Quarter Program Activity Report (April to June)	Board of Health	HPD

ONE-TIME REPORTING REQUIREMENTS[3]			
Due Date	**Description of Item**	**From**	**To**
October 31, 2013	Smoke-Free Ontario: Workplace-Based Smoking Cessation Demonstration Projects 2nd Quarter Program Activity Report (July to September)	Board of Health	HPD
January 31, 2014	Smoke-Free Ontario: Workplace-Based Smoking Cessation Demonstration Projects 3rd Quarter Program Activity Report (October to December)	Board of Health	HPD
April 30, 2014	Panorama Phase 1 and 2 Plan Update[4]	Board of Health	PHD and Health Services I&IT Cluster
May 15, 2014	Smoke-Free Ontario – Workplace-Based Smoking Cessation Demonstration Projects 4th Quarter Program Activity Report (January to March)	Board of Health	HPD
As Requested	One-Time Funding Project Report Backs	Board of Health	PHD and HPD

Notes:

1. The re-evaluation of annual reconciliations by the Province is limited to one year after the annual reconciliations have been provided to the Board of Health.

2. The Audited Financial Statements must separately identify funding provided by PHD and HPD and include a separate account of the revenues and expenditures of mandatory programs, as a whole, and each related program. This may be presented in separate schedules by program category or by separate disclosure in the notes to the Audited Financial Statements.

3. For one-time project(s) approved for the period up to March 31, 2014, the board of health is required to confirm and report expenditures related to the project(s) as part of the: 2013 Program-Based Grants Settlement Package, for the period up to December 31, 2013; 2014 1st Quarter Financial Report for the period up to December 31, 2013 and the period of January 1, 2014 to March 31, 2014; and, 2014 Program-Based Grants Annual Reconciliation Package for the period of January 1, 2014 to March 31, 2014. In addition to the 2014 Program-Based Grants Annual Reconciliation requirements, the Province requires a certification from a licensed auditor that the expenses were incurred no later than March 31, 2014 through a disclosure in the notes in the 2014 Audited Financial Statements.

4. The Health Services I&IT Cluster will provide report templates to boards of health by December 13, 2013.

SCHEDULE D-2

BOARD OF HEALTH PERFORMANCE

PART A. PURPOSE OF SCHEDULE

To set out Performance Indicators to improve board of health performance and support the achievement of improved health outcomes in Ontario.

PART B. PERFORMANCE OBLIGATIONS

Definitions

1. In this Schedule, the following terms have the following meanings:

"**BOH Baseline**" means the result at a given time for a performance indicator that provides a starting point for establishing targets for future board of health performance and measuring changes in such performance.

"**Developmental Indicator**" means a measure of performance or an area of common interest for creating a measure of performance that requires development due to factors such as the need for new data collection, methodological refinement, testing, consultation, or analysis of reliability, feasibility or data quality before being considered to be added as a Performance Indicator.

FUNDING YEAR 2011 - OBLIGATIONS

1. The Province will:

   (a) Provide to the Board of Health technical documentation on the Performance Indicators set out in Table A including methodology, inclusions and exclusions for the Performance Indicators; and,

   (b) Provide the Board of Health with the values for the Performance Indicators set out in Table A.

2. **Both Parties** will,

   (a) By December 2011 (or by such later date as mutually agreed to by the Parties), establish appropriate BOH Baselines for all Performance Indicators;

   (b) Once BOH Baselines are established, develop Performance Targets for 2012 and 2013 for the Performance Indicators outlined in Table A;

(c) Collaborate on the development of Developmental Indicators for areas of mutual interest including, but not limited to:

(i) physical activity;
(ii) healthy eating and nutrition;
(iii) child and reproductive health;
(iv) comprehensive tobacco control; and
(v) equity.

FUNDING YEARS 2012-13 - OBLIGATIONS

1. The Province will:

(a) Provide the Board of Health with values for the Performance Indicators set out in Table A.

2. **Both Parties** will,

(a) Establish appropriate BOH Baselines for Performance Indicators where required;

(b) Once remaining BOH Baselines are established, develop Performance Targets for 2012 and 2013 for the Performance Indicators outlined in Table A;

(c) By December 31, 2012 (or by such later date as mutually agreed to by the Parties), refresh Performance Targets for 2013 for the Performance Indicators outlined in Table A; and

(d) Collaborate on the development of Developmental Indicators for areas of mutual interest including, but not limited to:

(i) physical activity;
(ii) healthy eating and nutrition;
(iii) child and reproductive health;
(iv) comprehensive tobacco control; and
(v) equity.

Table A: Performance Indicators Based on Program Standards				
INDICATOR	**Baseline**	**Performance Target**		
		2011[1]	**2012**	**2013**
1. % of high-risk food premises inspected once every 4 months while in operation	71%	Establish Baseline	100%	100%
2. % of Class A pools inspected while in operation	17%	Establish Baseline	≥ 75%	100%
3. % of high-risk Small Drinking Water Systems (SDWS) assessments completed for those that are due for re-assessment	Cannot be established	N/A	100%	100%
4. % of confirmed gonorrhea cases where initiation of follow-up occurred within 2 business days	Cannot be established	Establish Baseline	100%	100%
5. % of confirmed Invasive Group A Streptococcal Disease (iGAS) cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case	Cannot be established	Establish Baseline	100%	100%
6. % of known high risk personal services settings inspected annually	TBD	DEFERRED	DEFERRED	DEFERRED
7a. % of vaccine wasted by vaccine type that is stored/administered by the public health unit (HPV)	0.5%	Establish Baseline	Maintain or improve current wastage rate[2]	Maintain or improve current wastage rate[2]
7b. % of vaccine wasted by vaccine type that is stored/administered by the public health unit (influenza)	2.3%	Establish Baseline	Maintain or improve current wastage rate[2]	Maintain or improve current wastage rate[2]

Table A: Performance Indicators Based on Program Standards				
INDICATOR	**Baseline**	**Performance Target**		
		2011[1]	**2012**	**2013**
8. % completion of reports related to vaccine wastage by vaccine type that are stored/administered by other health care providers	TBD	DEFERRED	DEFERRED	DEFERRED
9a. % of school-aged children who have completed immunizations for Hepatitis B	74.7%	Establish Baseline	Maintain or improve current coverage rate[2]	N/A
9b. % of school-aged children who have completed immunizations for HPV *This indicator measures the percentage of school-aged girls who have completed immunizations for HPV*	55.2%	Establish Baseline	Maintain or improve current coverage rate[2]	N/A
9c. % of school-aged children who have completed immunizations for meningococcus	88.1%	Establish Baseline	Maintain or improve current coverage rate[2]	90.0%
10. % of youth (ages 12-18) who have never smoked a whole cigarette	86.6%	Establish Baseline	N/A	88.3%
11. % of tobacco vendors in compliance with youth access legislation at the time of last inspection	79%	Establish Baseline	≥90%	≥90%
12. Fall-related emergency visits in older adults aged 65+ (rate per 100,000 per year)	5,639	Establish Baseline	N/A	Maintain or improve current rate
13. % of population (19+) that exceeds the Low-Risk Drinking Guidelines	28.3%	Establish Baseline	N/A	27.1%
14. Baby-Friendly Initiative (BFI) Status (category)	Intermediate	Establish Baseline	Advanced	Significant progress within Advanced

Notes:

1) BOH Baselines will be established for each Performance Indicator during Funding Year 2011, where possible. Reporting on Performance Targets will begin in Funding Year 2012.

2) "Current wastage rate" or "current coverage rate" refers to the baseline rate.