Ministry of Health and Long-Term Care

2018 Annual Report and Attestation

(as of December 31, 2018)

To be completed by

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

2018 Annual Report and Attestation

Instructions

The Annual Report and Attestation, which replaces separate program specific annual reports and the Program-Based Grants Annual Settlement Report, is a new reporting tool that boards of health are required to submit annually as per the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (the "Standards") and Public Health Funding and Accountability Agreement (the "Accountability Agreement").

The Annual Report and Attestation requires boards of health to provide a year-end summary report on program achievements and finances, identify any major changes in planned program activities due to local events, and demonstrate compliance with programmatic and financial requirements.

As per the Accountability Agreement, the Ministry of Health and Long-Term Care (the "ministry") requires that the 2018 Annual Report and Attestation be completed and returned to the ministry on April 30, 2019. However, the due date for submitting the 2018 Annual Report and Attestation to the ministry has been **extended to June 28, 2019**.

The Annual Report and Attestation worksheets have been organized as follows:

1. Cover

This page has been customized to include the name of the board of health for which this report is to be completed.

2. Instructions

Provides an overview of the intent of the template and instructions on how to complete the worksheets.

Narrative Report Worksheets

Includes a set of worksheets to report on key achievements related to the delivery of public health programs and services. Yellow cells in the following two worksheets indicate where narrative input is required.

3.1 Narrative – Base

The purpose of this worksheet is for boards of health to describe key activities and program achievements for 2018 for specific Foundational Standards and Program Standards. Required narrative information will differ for each Standard included in this worksheet.

3.2 Narrative – One-Time

The purpose of this worksheet is for boards of health to describe the activities they undertook for one-time projects/initiatives funded by the ministry in 2018-19 and any outcomes achieved. This worksheet has been customized to include 2018-19 one-time projects/initiatives approved by the ministry for the board of health, and as listed in the board of health's most recent Schedule A of the Accountability Agreement. Boards of health are also required to confirm whether a project was completed or started, and if not, why it was not completed or started.

4. Financial Worksheets

Financial Year-End Actuals by Program

This section includes a set of worksheets that requires boards of health to provide financial year-end actuals for each program delivered by the board of health for the period of January 1, 2018 to December 31, 2018 and for each one-time project approved by the ministry for the 2017-18 and 2018-19 fiscal years. Expenditures and offset revenues reported in these worksheets should only reflect funding approved by the ministry as per the programs/sources of funding listed in Schedule A of the Accountability Agreement, and should not include any funding approved through separate processes/transfer payment agreements (e.g. Healthy Babies Healthy Children).

Please note that yellow cells in the financial worksheets indicate where data input is required by the board of health.

4.1 Base Funding

The purpose of this worksheet is for boards of health to report financial year-end actuals at 100% (both provincial and municipal portions) for each program delivered by the board of health under the Foundational and Program Standards, as well as indirect administrative costs, for the period of January 1, 2018 to December 31, 2018. This worksheet has been customized to include program names submitted by boards of health in their 2018 Annual Service Plan and Budget Submissions and reported expenditures in their 2018 4th quarter Standards Activity Reports.

Similar to the 2018 Annual Service Plan and Budget Submissions, boards of health are required to report the financial data within specified expenditure categories – salaries and wages, benefits, travel, professional services, expenditure recoveries and offset revenues, other program expenditures, and any inadmissible adjustments (specifically capital fund reserves, depreciation of capital assets/amortization, and sick time and vacation accruals). Variances are calculated against reported expenditures from the 2018 Q4 Standards Activity Reports submitted by boards of health.

2018 Annual Report and Attestation

Instructions

For the purposes of the 2018 annual reconciliation process, boards of health must report financial year-end actuals related to the Medical Officer of Health (MOH) / Associate Medical Officer of Health (AMOH) Compensation Initiative in the Indirect Costs section of this worksheet. Expenditures related to salaries, benefits and other program expenditures (eligible stipends funded by the ministry under the initiative) are **not** to include any portion of the cost-shared base salaries/benefits for the MOH and AMOH positions and should only reflect the 2018 “top-up”/eligible funding approved for the board of health by the ministry.

Data entered in this worksheet will populate the Expenditures by Account and Offset Revenues worksheet ("4.4 Expend by Acct & Offset Rev") and the Annual Reconciliation by Sources of Funding worksheet ("4.6 AR by Sources of Funding").

4.2 One-Time Funding

The purpose of this worksheet is for boards of health to report financial year-end actuals for each one-time project approved by the ministry for the 2017-18 (April 1, 2017 to March 31, 2018) and 2018-19 (April 1, 2018 to March 31, 2019) fiscal years, and within specified expenditure categories (see above, "4.1 Base Funding"). Variances are calculated against reported expenditures from the 2018 4th quarter Standards Activity Report for the 2018-19 one-time funding.

2018-19 one-time projects/initiatives **will not** be settled as part of the 2018 annual reconciliation process; however, expenses incurred from April 1, 2018 to December 31, 2018 must be reported in this worksheet.

Boards of health must also report actual expenditures for one-time projects/initiatives approved for the 2017-18 fiscal year in this worksheet. 2017-18 funding for these projects will be settled as part of the 2018 annual reconciliation process.

Data entered in this worksheet will populate the Expenditures by Account and Offset Revenues worksheet ("4.4 Expend by Acct & Offset Rev") and the Annual Reconciliation by Sources of Funding worksheet ("4.6 AR by Sources of Funding").

4.3 Variance Explanation

Similar to the quarterly Standards Activity Reports, boards of health are required to provide an explanation for variances greater than 3% (negative or positive) in this worksheet.

Annual Reconciliation Report

This section refers to worksheets 4.4 (Expend by Acct & Offset Rev), 4.5 (Funding from Ministry), and 4.6 (AR by Sources of Funding).

The purpose of this section is to reconcile the expenditures incurred by the board of health for the period of January 1, 2018 to December 31, 2018 and for each one-time project approved by the ministry for the 2017-18 and 2018-19 funding years against the funding received from the ministry for the same periods.

Expenditures are populated from the base funding and one-time funding worksheets and funding received from the ministry is to be entered in worksheet "4.5 Funding from Ministry". Boards of health are also required to provide details about the expenditure recoveries and offset revenues for mandatory programs (cost-shared) and other sources of funding in worksheet "4.4 Expend by Acct & Offset Rev".

4.4 Expend by Acct & Offset Rev

Actual Expenditures by Account
This table summarizes the total base and one-time financial year-end actuals by expenditure account/category. Total expenditures in this table must align with the board of health’s Audited Financial Statements.

There is no data entry required in this table. It has been populated with data entered in the previous base and one-time worksheets.

Expenditure Recoveries & Offset Revenues Reconciliation
Boards of health are required to enter the details of the total expenditure recoveries and offset revenues reported under the base funding and one-time funding worksheets. Totals calculated in this table have to match the information entered in the base funding and one-time funding worksheets.

4.5 Funding from Ministry

2018 Annual Report and Attestation

Instructions

This worksheet calculates the funding the board of health received from the ministry for ministry funded public health programs/ sources of funding. The funding calculated in this worksheet will populate the funding received from the ministry column in the Annual Reconciliation by Sources of Funding worksheet ("4.6 AR by Sources of Funding").

Funding adjustments processed between January 1, 2018 and March 31, 2018, which pertain to the 2017 calendar year (e.g., cash flow adjustments related to the 4th quarter financial reporting), must be reported under the Prior Year Adjustments Processed in 2018 section (Column C). Clawbacks should be inputted as **positive** amounts and reflows should be inputted as **negative** amounts.

Funding adjustments processed between January 1, 2019 and March 31, 2019, which pertain to the 2018 calendar year (e.g., cash flow adjustments related to the 4th quarter financial reporting), must be reported under the 2018 Adjustments Processed in 2019 section (Column D). Clawbacks should be inputted as **negative** amounts and reflows should be inputted as **positive** amounts.

Boards of health can find these funding details in the IFIS TPAS payment reports provided by the ministry, for the relevant time periods.

4.6 AR by Sources of Funding

This worksheet reconciles the financial year-end actuals by program/source of funding against the ministry's approval and funding received from the ministry, and calculates any amount due to (from) the ministry. Please note that any surplus related to 2018-19 one-time funding can be carried over to March 31, 2019.

Please note that the amount reflected as the “Approved Allocation” for the MOH/AMOH Compensation Initiative is based on 2018 eligible funding/cash flow for the purposes of calculating any potential variance for the period of January 1, 2018 to December 31, 2018.

There is no data entry required in this worksheet. It has been populated with data entered in the previous base and one-time worksheets.
Along with the financial worksheets included in the Annual Report and Attestation, boards of health are also required to submit the following **by June 28, 2019**:

- *Audited Financial Statements* that have been audited by a licensed public accountant and include a Statement of Financial Position (Balance Sheet), a Statement of Revenues and Expenditures (Statement of Operations), and an Auditor's Report. The Audited Financial Statements must align with the reported total expenditures in the Annual Reconciliation Report worksheets.
- *Auditor's Attestation Report* signed by their auditor(s) in the prescribed format with all sections included. The auditor(s) is only required to audit the Annual Reconciliation Report worksheets 4.4 (Expend by Acct & Offset Rev), 4.5 (Funding from Ministry), and 4.6 (AR by Sources of Funding) in the Annual Report and Attestation. Boards of health must ensure that this requirement is met.

5. Program Outcome Indicators

The purpose of this worksheet is for boards of health to report on the program outcome and locally developed indicators as outlined in the accompanying Program Outcome Indicators Reporting Instructions. Program outcome indicators included in the Annual Report and Attestation are provincially defined indicators to help monitor success of program outcomes as referenced in the Ontario Public Health Standards, while locally developed indicators refer to measures used at the local level to help monitor success of programs that vary across boards of health due to differences in population needs.

6. Board of Health Attestation

The purpose of this worksheet is for boards of health to complete a certificate of attestation to demonstrate compliance with the organizational requirements outlined in the Standards, as well as some program specific requirements. The worksheet is organized according to each Domain of the Organizational Requirements in the Standards.

To complete these worksheets, review each attestation question/item (Column A) to assess whether the board of health has fully met a requirement and select one of the following responses (Column B) from a drop-down list as follows: "Yes" – indicates that the board of health has fully met this requirement; "No" – indicates that the board of health has not fully met this requirement; and, "Not Applicable" (N/A) – this requirement does not apply to the board of health.

If the response is "Yes", the board of health is **not** required to provide further explanation, and can proceed to the next attestation question/item.

If the response is “No”, the board of health is required to provide a high level explanation (Column C) describing the circumstances under which the requirement(s) was not fully met and any impacts, and what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement (Column D).

If the response is “N/A”, the board of health is required to provide a high level explanation (Column C) describing why the item is not applicable to the board of health.

7. Certification by the Board of Health

This worksheet provides certification of the submission by the Chair of the Board of Health, Medical Officer of Health/Chief Executive Officer, and the Chief Financial Officer/Business Administrator.

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

2018 Annual Report and Attestation

Narrative - Base Funding
(for the period of January 1, 2018 to December 31, 2018)

Foundational Standards

Population Health Assessment Foundational Standard

1. Describe the engagement mechanism that existed between the board of health medical officer of health (MOH) and the Local Health Integration Network (LHIN) Chief Executive Officer (CEO), and planning activities to support this engagement.

There was a LHIN / PHS Steering Committee that met on a regular basis. This committee had formal terms of reference and strategic areas of focus for the coming year. The goal of this committee was to capitalize on the range of skills, roles, mandates and relationships of the respective agencies to improve population health.

In addition, the MOH and LHIN CEO both sat on the Hamilton Sub-Region Anchor Table (formerly known as the Hamilton Community Health Workgroup). They brought health status and health equity information to the group and shared in collaborative planning. Hamilton PHS also supported system planning through the Data Integration Sub-group that in 2018 focused on chronic obstructive pulmonary disease. Other working groups, including Mental Health & Addictions and Vanier Towers, were also struck as a result of the Hamilton Sub-Region Anchor Table collaboration, and PHS staff brought population health assessment and content expertise to these groups.

2. Describe how the board of health was consulted on the LHINs' 2018-19 Integrated Health Service Plan.

The LHIN CEO shared the 2018-2019 Integrated Health Service Plan for comments. Feedback was discussed and addressed at one of the LHIN / PHS Steering Committee meetings.

3. Describe how population health assessments were used to influence program planning in order to meet the needs of priority populations.

Population Health Assessment & Surveillance (PHAS) Strategy

A focus area for 2018 was the implementation of the PHAS Strategy. The objectives of this Strategy were to:
1. Better understand the health of Hamiltonians;
2. Share intelligence with community and system partners; and,
3. Ensure focused investment by facilitating the use of intelligence to inform action.

Health Check

The Health Check project was conducted to measure and prioritize the burden of health outcomes as well as risk factors, the drivers of disease, in the City of Hamilton. This assessment has been used to inform priority setting exercises and provide local context as a component of evidence-informed decision making. For example, in 2018, the Health Check project helped to inform program reviews related to three priority areas, including: Health Equity; Healthy Weights; and, Mental Health and Addictions.

Child & Youth Health Atlas

The Child & Youth Health Atlas was developed to identify, measure, track, prioritize, and take action on health issues affecting children and youth in Hamilton. The Atlas provides an overview of the health and well-being of the school-age population using key indicators such as social determinants of health (e.g., employment, income, education), mental health, oral health, sexual health, visual health, immunization, early childhood development, and health behaviours, such as healthy eating and physical activity. Over the past year, the Atlas was used by Hamilton Public Health and school board partners to develop shared priorities and actions to achieve a collective impact.

4. Describe how the board of health monitored food affordability.

Hamilton PHS has continued to monitor food affordability using the Nutritious Food Basket survey. In 2018, food pricing was conducted in seven grocery stores by Registered Dietitians. Food affordability analysis was carried out using the Income Scenarios Spreadsheet and Backgrounder developed by Ontario Dietitians in Public Health. Results of the food affordability analysis were made available to the public and shared with relevant community partners and stakeholders.

Health Equity Foundational Standard

1. Describe the engagement mechanisms that existed between the board of health, the LHIN(s), municipalities, and other relevant stakeholders working with Indigenous communities to decrease health inequities.

2018 Annual Report and Attestation

Narrative - Base Funding
(for the period of January 1, 2018 to December 31, 2018)

Hamilton PHS engaged with the Hamilton Executive Directors Aboriginal Coalition (HEDAC) and the Hamilton Urban Indigenous Strategy leaders to identify opportunities for partnership and collaboration to advance goals of Truth and Reconciliation and Indigenous health equity.

The focus of the City-led Hamilton Urban Indigenous Strategy in 2018 was to "cultivate the strategy". This involved engaging Indigenous and non-Indigenous residents in a variety of ways about the needs and priorities for the strategy. PHS participated on the Internal Staff Circle on Indigenous Relations. This workgroup was established to champion relationship building, share information and best practices, and identify opportunities for improved engagement with Indigenous peoples. Together, the workgroup:

- Developed a plan for the Cultural Competency Training for the City of Hamilton workforce; and,
- Recommended City initiatives that would meet community needs identified through several engagement activities.

In 2018, PHS decided to recruit for an Indigenous Health Strategy Specialist to lead the development of a strategy that addresses Indigenous health issues in Hamilton. The successful candidate will lead consultation and engagement with Indigenous and non-Indigenous community partners to identify existing health issues / gaps and actions to address them.

2. Describe how health equity strategies and approaches were embedded into programs and services to reduce health inequities in the following areas:

- Chronic Disease Prevention and Well-Being
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Safe Water
- School Health
- Substance Use and Injury Prevention

In 2018, Hamilton PHS continued to apply a health equity approach and sought out opportunities to address population diversity. An example of this was the Families First Pilot. This program offered integrated support between home visiting, child care, Ontario Works, employment services, and recreation in order to reduce barriers and empower lone parents to meet their basic needs, improve health, and increase economic stability.

PHS also engaged with community stakeholders on a number of initiatives in order to develop and implement action strategies that addressed health inequities.

- **Vanier Towers** – Results from a population health assessment showed that this community was unfairly burdened by significant social disparities that contributed to negative health outcomes. As a result, partners from multiple sectors (including Primary Care, Emergency Medical Services, City Housing Hamilton and other service providers) collaborated to implement a community-integrated service model that offered free access to over 20 on-site services to support residents and improve their overall health and well-being.
- **Transgender Coalition** – Through participation in the Hamilton Transgender Health Coalition, PHS worked with community partners to advocate for increased access to health services to address unique healthcare needs.
- **Financial Empowerment Initiative** – In partnership with the United Way and the Social Planning and Research Council, PHS supported tax filing clinics that targeted individuals who had lapses in or had never filed federal income tax returns.
- **Indigenous strategy** – please see narrative for Indigenous engagement.

Several interventions within PHS use a proportionate universalism approach that balance targeted and universal population perspectives. Please see the School Health narrative for an example.

A standardized method for identifying health inequities, priority populations and local public health priorities was also developed. This included the development of a new tool, ***Equity Counts*** , to facilitate the prioritization process using population health assessment. In 2019, each program will identify priority populations using this standardized method.

3. Confirm the number of staff at the board of health that completed Indigenous cultural competency training.

Three staff members have completed the formal Indigenous Cultural Competency Training (ICCT).
In 2018, the focus was to develop an ICCT module for staff that would increase knowledge of the customs and traditions of Indigenous communities. To ensure the training was evidence-based, a review of best practices was conducted including curriculum content, effective learning spaces, training methods, etc. The ICCT will be made available to staff in 2019.

Effective Public Health Practice

1. Describe how evaluation and research activities were embedded into board of health processes to inform improved outcomes and evidence-informed decision making.

2018 Annual Report and Attestation

Narrative - Base Funding
(for the period of January 1, 2018 to December 31, 2018)

In 2018, several research and evaluation activities were conducted to inform decision making and improve outcomes for Hamiltonians.

Opioid Early Warning Qualitative Survey and Stakeholder Situation Pilot

As a result of this pilot evaluation project, the decision was made to continue the weekly enhanced opioid early warning data collection and reporting. This included expanding the invitation to new stakeholders to encourage participation. Results from this evaluation also helped to identify new preferred communication formats (e.g. newsletter). As a result, our current enhanced opioid surveillance system includes both quantitative and qualitative information reported directly from frontline community service providers, allowing public health planners to better identify current local opioid-related trends and implement timely public health response.

Farm to Cafeteria Evaluation

The objective of the Farm to Cafeteria evaluation was to measure the impact of implementing a salad bar on students' fruit and vegetable consumption. By understanding the current eating behaviours of students, Public Health Nurses are able to collaborate with Hamilton school boards and develop a targeted health promotion campaign to encourage salad bar use and consumption of local fruits and vegetables.

Result-Based Accountability (RBA)

In 2018, all PHS program areas used the RBA framework for program planning and evidence-informed decision making. In addition, the RBA framework was used to guide the work related to three priority areas: 1) mental health and addictions; 2) healthy weights; and 3) health equity. This involved identifying strategic goals, population indicators, performance measures, and identifying evidence-informed interventions. To build capacity within PHS, the Epidemiology & Evaluation Team also conducted several RBA workshops for various program areas.

Emergency Management Foundational Standard

Emergency Management Planning Activities

1. Provide a short description of emergency management integrated* planning activities conducted this year, including key community stakeholders and levels of government engaged, processes in place for recovering public health services identified as time-critical (similar to those identified in the Continuity of Operations Plans), key responses you coordinated, and changes implemented to your emergency management planning, practice and plans that resulted from recommendations included in your debriefs and/or after action reports. *(*Developed in collaboration with community stakeholders, other levels of government and other health system partners)*

Hamilton PHS worked closely with the City's Emergency Management Coordinators (CEMC), first responders and other community partners throughout the year to increase the overall preparedness in the community. Two of these initiatives included emergency exercises: a cyber security incident and vehicle ramming. The exercises resulted in several corrective actions that were implemented by applicable program areas. Staff also worked with the CEMCs to develop and complete a Business Impact Analysis for various service profiles in the City including infectious diseases and healthy environments.

Inclement Weather Plans were utilized in the winter months during a City-wide closure to ensure all critical public health services continued without interruption. This was the first closure in several years and was a great test of the plan. Lessons learned from the closure were used to further improve and update the plans.

PHS continued integral drug strategy development, building on previous opioid response work with local government, health system partners and community organizations. Staff provided expertise to support this ongoing work by coordinating the response and providing detailed surveillance data to inform planning and response actions.

Health Assessment, Awareness, and Surveillance Activities

2. Provide a short description of activities/processes the board of health conducted to (1) identify public health risks, hazards and impacts; potential disruptions to public health service delivery; and, threats to continuity of operations; and, (2) provide a public health perspective to other hazard awareness and risk assessment processes conducted in your area/region.

(1) Hamilton PHS constantly monitors for public health hazards and keeps community partners and the public informed of risks. Many reports were generated and communicated to local health system partners on a regular basis including: daily and monthly surveillance reports; outbreak bulletins; weekly cluster reports; and semi-annual performance monitoring reports. In addition to these scheduled reports, community partners were alerted about emerging risks or issues through medical advisories using the mass notification system (ERMS). In 2018 medical advisories were sent for Listerioisis, Acute Flaccid Myelitis, Lyme disease, Cyclosporiasis and for several other potential threats. Risks to the public were communicated through media releases and through the City's social media accounts with additional communication as needed (e.g. media interviews). General awareness campaigns at the individual program level occurred on an ongoing basis to educate the public to various risks (e.g. radon, smoking, rabies, Lyme disease).

(2) Hamilton PHS staff provided a public health perspective to a variety of community hazard and risk assessment processes including:

- Distribution of heat and cold alerts with resource information;
- Cannabis and drug use reports;
- Ongoing opioid monitoring webpage;
- Hamilton's Airshed Modelling System;
- Annual review of the City's Hazard Identification and Risk Assessment; and,
- Infectious disease activity.

2018 Annual Report and Attestation

Narrative - Base Funding
(for the period of January 1, 2018 to December 31, 2018)

Communication and Notification

3. Provide a short description of (1) 24/7 notification protocols available for communication with board of health staff, community partners, and governmental bodies, developed and maintained by the board of health, including main modes of contact available for the medical officer of health; and, (2) communication modes used to disseminate information regarding hazards to the board of health, staff and other relevant community partners (e.g., Emergency Management Communications Tool, social media, news, media).

An on-call schedule for after-hours calls to the City's Customer Contact Centre is maintained to ensure someone is always available to respond to an emergency. On-call staff have access to a call sheet with key after-hours contacts for other organizations they may need to liaise with including local response agencies (water treatment plan, first responders, hospitals, laboratories) as well as provincial government contacts (MOHLTC Population and Public Health Division, Spills Acton Centre, EMO Duty Officer). On-call staff also have access to the 24/7 notification procedure and contact information for the Public Health Emergency Control Group in the event an after-hours situation warrants activation of the Incident Management System.

During an emergency or emerging health threat, PHS leverages all available communication channels to reach impacted community members. These include the media, social media, City of Hamilton websites, existing program networks, the Emergency Management Communication Tool and the ERMS mass notification system to push out public health information. A public health inquiry line is also set up during emergencies to answer health related questions from the public as was done during IPAC lapse situations in 2018.

4. Does the board of health's 24/7 notification process include the availability of the medical officer of health?

The board of health has a 24/7 notification process set up to respond to threats to public health at all times. The Medical Officer of Health (MOH) or an Associate Medical Officer of Health (AMOH) is always available as part of the on-call process along with two managers (infectious disease and environmental health), one public health nurse (infectious disease) and at least one public health inspector (environmental health). The City's Customer Contact Centre keeps a list of the on-call staff and contact numbers with scripts detailing who to call and when.

Learning and Practice

5. Provide a short description of emergency management learning opportunities delivered to board of health staff, including the activities you conducted to practice emergency planning and 24/7 notification procedures (e.g., general response plans, etc.) either as part of training, an exercise, a response or recovery.

In addition to participating in multiple City emergency exercises, PHS staff also took part in two public health specific emergency exercises. These were developed in 2018 solely for PHS staff to test their emergency plan and notification systems. These exercises included a Hepatitis A outbreak from a food handler at a local festival, and a musical concert that resulted in multiple opioid overdoses. In addition, the Emergency Response Coordinator frequently met with new members of the Emergency Control Group for 1:1 or small group training sessions. Over the course of the year, all Emergency Control Group members participated in an exercise or training session.

Staff who are not part of the Emergency Control Group were encouraged to review the Public Health Ontario emergency management training modules to acquire basic knowledge of emergency management. Staff were also asked to review the emergency guidelines that were created for all staff members advising what to do in the event of a specific emergency (e.g. fire, active shooter, flood, etc.).

Program Standards

Chronic Disease Prevention and Well-Being Program Standard

1. Describe the program of public health interventions that was implemented and how mental health promotion strategies and approaches were embedded into the program of public health interventions

2018 Annual Report and Attestation

Narrative - Base Funding
(for the period of January 1, 2018 to December 31, 2018)

A holistic approach that promotes both physical and mental health is essential to improving health and reducing the burden of illness from chronic diseases. As such, each of the interventions implemented as part of this program aimed to enhance protective factors and reduce risk factors related to physical and mental health.

Creating a built environment that encourages physical activity continued to be an area of focus. In 2018, staff advocated for heath in all policies and provided regular input on development, zoning, and planning applications. The program also implemented the *"Power Off and Play"* theme of the Healthy Kids Community Challenge aimed at reducing screen time and increasing physical activity among children with a focus on those living in high needs neighbourhoods.

Initiatives related to food literacy and food infrastructure were implemented as part of the City of Hamilton's Food Strategy. For example, a free 12-week food skills and employability program was developed for recipients of OW and ODSP who were interested in working in the culinary industry. To support local food and help grow the agri-food sector, an interactive online farm map was created and input was provided on land use planning documents.

A comprehensive strategy that combined a balance of inspection, education and progressive enforcement was implemented to prevent and control tobacco use. Specific interventions included:

- enforcement of the Smoke Free Ontario Act at all tobacco and vapor product retail locations;
- implementation of control actions through the Central West Tobacco Control Area Network;
- intensive cessation counselling and workshops;
- development of a cessation care pathway to integrate related health services and supports; and,
- development of smoke-free policies for multi-unit (social) housing in Hamilton.

Interventions specifically focused on mental health were also implemented. For example, PHS provided consultation and support to several workplaces implementing the *National Standard for Psychological Health & Safety in the Workplace* .

Food Safety Program Standard

1. What actions were taken by the board of health to shift a food premise from high to moderate risk based on the annual risk categorization assessment?

Hamilton PHS utilized the ***Ontario Risk Categorization of Food Premises*** tool to conduct annual risk assessments. Following careful assessment of both profile and performance factors, each premise was assigned a risk category of high, moderate, or low. If a food premise was deemed high risk, inspections were conducted at least once every four months until the next annual risk assessment. Several actions were taken during the initial risk assessment and subsequent inspections to assist high risk premises reduce their risk and shift to moderate or low risk. More specifically, Public Health Inspectors:

- Ensured there was at least one food handler or supervisor on the premise who had completed food handler training;
- Provided on site food handler education to owners / operators;
- Worked with owners / operators to identify improvements to current safe food handling practices; and,
- Ensured critical infractions were resolved in a timely manner through routine and re-inspections.

Results and detailed notes from each annual risk assessment as well as subsequent inspections were entered into the Hedgehog database. While conducting inspections, Public Health Inspectors reviewed past records to monitor progress and assist premises in reducing their risk level.

Healthy Environments Program Standard

1. Describe the program of public health interventions that was implemented and how environmental strategies and approaches in accordance with the *Healthy Environments and Climate Change Guideline, 2018* (or as current), were embedded into the program to promote healthy built and natural environments.

In 2018, Health Hazards program staff implemented several interventions and strategies in accordance with the Healthy Environments and Climate Change Guidelines. To reduce environmental health risks, investigations were conducted following reports of various hazards in the public domain (i.e., poor air quality, contaminated land, rental housing conditions, etc). Development of a 'heat vulnerability map' of the Hamilton community was also initiated as a population-based preventive strategy to identify areas at high risk for adverse outcomes associated with extreme prolonged heat events. PHS collaborated with City of Hamilton Emergency Medical Services to add 911 call data for heat-related illnesses to the map. Once high risk areas for heat-related illnesses have been identified, PHS will implement appropriate interventions to reduce risk (i.e., working with landlords in impacted areas to promote 'cool places' and increasing awareness among residents about heat-related illnesses).

To increase public awareness of environmental health risks, staff developed and implemented two educational campaigns: one on heat-related illness and one on risks of radon exposure. A project plan was also developed to conduct a local radon research study that is expected to further increase public awareness.

The program continued to work collaboratively with key stakeholders on a number of healthy environment strategies. For example:

- A by-law to address "Airborne Particulate Matter" in Hamilton was drafted in collaboration with municipal staff and community members; and,
- A regional governance model for Climate Change mitigation and adaptation was developed in collaboration with Mohawk College and the City of Burlington.

2018 Annual Report and Attestation

Narrative - Base Funding
(for the period of January 1, 2018 to December 31, 2018)

Healthy Growth and Development Program Standard

1. Describe the program of public health interventions that was implemented and how mental health promotion strategies and approaches were embedded into the program of public health interventions

A priority in 2018 was to build capacity across the community to enhance system planning and integration through development of shared tools/policies, screening, assessment, and cross-sector education. Examples of interventions included:

- The development of a ***Safe Transitions*** strategy through intersectoral collaboration to enhance services offered to new parents and newborns that were integrated, high quality and comprehensive. Outcomes from this collaboration included shared key messages, care pathway development with streamlined criteria, universal prenatal screening, and a reduction in the duplication of services.
- Implementation of the ***Families First Pilot*** that offered 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.

The program also offered tailored education to meet individual and group needs for families with children 0-6, including:

- ***Nurse-Family Partnership*** , an intensive home-visiting program for at risk parents aged 21 and under;
- ***Breastfeeding*** home visits and telephone support;
- ***Check It Out Drop-In Sessions*** that provided access to many professionals (i.e., PHNs, speech and language pathologists, mental health workers, etc.) who screened, assessed and referred children at risk for poor growth and developmental outcomes.

Mental health promotion strategies were embedded in these program interventions as each one aimed to reduce the potential for adverse childhood experiences and promote protective factors. The program also contributed to system planning by participating on the Infant and Early Years Mental Health System Support Committee. This was a community collaborative organized to facilitate a coordinated and integrated cross-sector planning approach for infant and early years mental health service delivery in the City of Hamilton. In 2018, the Committee set strategic priorities with short and long-term objectives. These were informed by the results of a scan conducted by the Hospital of Sick Children that identified strengths and gaps among current infant and early years mental health services and programs within Hamilton.

School Health Program Standard

1. Describe the program of public health interventions that was implemented and how the board of health offered support to school boards and schools to assist with the implementation of health related curricula and health needs in schools, as outlined in the *School Health Guideline, 2018* (or as current).

The School Program used a proportionate universalism approach to provide equitable services to areas with greater need. In total, 48 high priority schools received intensive public health nursing support. This included school-level consultation to assist with the identification of health needs and development of evidence-informed Annual School Plans to address those needs. Universal services were provided to all publicly funded Hamilton schools including dental screening, vision screening, school-based immunization, curriculum support, consultation on emerging health priorities and sharing of population health data.

To support school boards, the School Program established a leadership committee with senior leadership from local boards. Together this committee identified mutual health priorities, goals, and indicators of success. These decisions were informed by the Child and Youth Health Atlas, a tool that provides an overview of the health and well-being of school-age children using population health and education data.

2. Describe how mental health promotion strategies and approaches were embedded into School Health programs and services.

Within the School Program, mental health and well-being was promoted through school board partnerships to enact School Mental Health ASSIST. In addition, Public Health Nurses from the School Program worked directly with school communities to develop action plans related to mental health promotion. Action plans were tailored to the needs of individual schools and focused on areas such as fostering resilience among students, creating a supportive environment, and assisting in referral to appropriate services. This included the development of resource guides for teachers to support implementation of curriculum related to mental health and well-being.

Evidence-based programming for bullying prevention (PrevNet, Fun with Friends) was also implemented in conjunction with individual schools. Further work was initiated in 2018 around mental health promotion and revising health promotion content to ensure it was inclusive of the Indigenous community.

Substance Use and Injury Prevention Program Standard

1. Describe the program of public health interventions that was implemented related to Substance Use and how mental health promotion strategies and approaches were embedded into the program of public health interventions.

2018 Annual Report and Attestation

Narrative - Base Funding
(for the period of January 1, 2018 to December 31, 2018)

A comprehensive health promotion approach was used to implement a program of interventions related to substance use prevention, harm reduction, and mental health promotion.

The following initiatives were carried out as part of the local opioid response: naloxone distribution and training; implementation of the awareness campaigns (i.e., 4 C's Opioid Overdose Awareness, Careful Use Campaign); and, ongoing monitoring and surveillance of opioid activity in the community to inform action plans. To ensure the local opioid response was coordinated, PHS continued to engage with community partners across the health sector. One outcome from this was the development of a city-wide Drug Strategy and action plans related to the four pillars of prevention, treatment, harm reduction and enforcement. Following the legalization of cannabis in Fall 2018, a denormalization campaign targeted towards youth was implemented to increase awareness of the harms associated with cannabis use.

The program also offered several harm reduction services, including: the provision of needles and safe injection supplies; safe disposal of needle litter through the Community Points Program; and, testing through street health and outreach clinics. These programs aimed to increase testing for STI/BBIs, provide access to harm reduction supplies, ensure access to vaccinations, and link clients to mental health and community services.

Initiatives to promote mental health and well-being were integrated into the substance use program of interventions. In addition, planning for a departmental wide *Mental Health and Addictions Strategy* was initiated to inform further mental health promotion initiatives based on local need. The program also began updating mental well-being programming to ensure it was inclusive for Indigenous populations.

2. Describe the program of public health interventions related to Injury Prevention and how mental health promotion strategies and approaches were embedded into the program of public health interventions.

Interventions within this program aimed to prevent or reduce the occurrence of injuries across the lifespan. To prevent injury among children, the program continued to run Car Seat Clinics to inspect and install car seats and educate parents / caregivers about car seat safety. A Car Seat Disposal Drive was also run in collaboration with City of Hamilton Emergency Medical Services and Public Works to get rid of car seats that were unfit for use (broken or expired).

Increasing concussion awareness among community partners was another program goal. For example, the program worked in partnership with local schools and amateur sports organizations to develop consistent implementation plans related to the *Return to Learn* and *Return to Play* policies. Through collaboration with community partners, subsidized helmets were also distributed to children and families in need.

Another program priority was self-harm and suicide prevention, particularly among youth and young adults. PHS continued to participate on the Suicide Prevention Community Council of Hamilton and regularly provided population health data to inform the ongoing implementation of the Hamilton Suicide Prevention Strategy.

Several initiatives to prevent and reduce falls among Hamilton's senior population were carried out, including:

- Advocacy for improved injury prevention codes for Canadian homes;
- Support with policy development related to the Canadian National Building Codes; and,
- Collaboration with Hamilton Pharmacists Partnership to promote Medscheck and the use of a falls risk screening tool with residents 65 and older.

Board of Health for the City of Hamilton

2018 Annual Report and Attestation

Narrative - One-Time Funding
(for the period of April 1, 2018 to March 31, 2019)

Project / Initiative	Description *(Provide a brief description of the project/initiative that was undertaken. If the project was not completed, describe why)*	Outcomes *(Provide a brief description of the achievements of the project/ initiative)*
One-Time Funding		
Raccoon Rabies Business Case	Two full-time Public Health Inspectors were hired to meet the increased service levels resulting from the raccoon rabies outbreak. The Inspectors carried out the following initiatives aimed at reducing the incidence and spread of rabies: • Supported and coordinated the local collection of wild animal specimens for raccoon rabies surveillance and testing by the Ministry of Natural Resources and Forestry; • Liaised with key stakeholders regarding animal to animal and human exposure events; • Conducted an evaluation of the Rabies Program; • Provided 10 presentations to high-risk animal care providers to increase awareness; and, • Ran two low cost rabies vaccination clinics. One of the recommendations from the evaluation was to provide targeted communication to pet owners to increase awareness of rabies in domestic pets and promote vaccination. To increase uptake among individuals who were unable to afford to have their pets vaccinated, PHS collaborated with local veterinarians to provide low cost rabies vaccination vouchers and PHS also offered the two low-cost rabies vaccination clinics.	This work continues to be essential in combatting the raccoon rabies outbreak and preventing human cases. In 2018, a total of 120 dogs and 40 cats were vaccinated through the low-cost rabies vaccination clinics. Since expanding the raccoon rabies awareness campaign in 2018, fewer residents have needed post exposure prophylaxis (PEP); only 83 residents received rabies PEP in 2018 compared to 145 in 2017. There were also fewer reports of rabid wildlife in 2018; 36 rabid animals were identified by the Ministry of Natural Resources and Forestry compared to 204 in 2016. In addition, results from the Rabies Program Evaluation were used to improve education / awareness strategies, key messages, and service delivery. These results were presented at a rabies intra-agency meeting where many key stakeholders were present.

2018 Annual Report and Attestation

Narrative - One-Time Funding
(for the period of April 1, 2018 to March 31, 2019)

Project / Initiative	Description *(Provide a brief description of the project/initiative that was undertaken. If the project was not completed, describe why)*	Outcomes *(Provide a brief description of the achievements of the project/ initiative)*
Public Health Inspector Practicum	Four students working towards their certificate in public health inspection joined Hamilton PHS for 3 months in 2018 to complete a practicum. To learn about environmental health programming in public health, the students spent time with staff in the following programs: Food Safety; Safe Water; Health Hazards; Vector Borne Disease; and, Infectious Disease. The main focus of the students' work was to monitor and sample water from all of the public beaches in the City of Hamilton. This involved water testing, documenting and interpreting results, posting facilities and beaches with negative results, and ensuring the results were publicly disclosed in a timely manner via the City of Hamilton website.	During the term of the practicum, students: • Inspected 490 food premises (including high, moderate, and low-risk); • Inspected 221 recreational water facilities; and, • Collected 850 water samples from the 7 public beaches in Hamilton. While at PHS, students also gained experience carrying out: • Confinement and releases for rabies control; • Pest complaint investigations; and, • Low-risk consultations related to environmental hazards.

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

2018 Annual Reconciliation
As of December 31, 2018

Base Funding
January 1, 2018 to December 31, 2018

Standard - Section / Program	Sources of Funding	Q4 Expenditures (at 100%)	Salaries and Wages	Benefits	Travel	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Adjustments	Actual Expenditures (at 100%)	Variance Under / (Over)	
A	B	C	D	E	F	G	H	I	J	K =SUM (D : J)	L = C - K	M =L / C
Direct Costs												
Foundational Standards												
Emergency Management	Mandatory Programs (Cost-Shared)	141,619	94,602	21,160	594	1,362	(7,308)	33,525	-	143,935	(2,316)	-1.6%
Other Foundational Standards	Chief Nursing Officer Initiative (100%)	121,500	97,180	24,320	-	-		-	-	121,500	-	0.0%
Other Foundational Standards	Mandatory Programs (Cost-Shared)	1,864,755	1,177,007	313,655	299	5,880	(1,999)	372,229	-	1,867,071	(2,316)	-0.1%
Other Foundational Standards	Social Determinants of Health Nurses Initiative (100%)	180,500	143,530	36,970	-	-		-	-	180,500	-	0.0%
Foundational Standards Total		**2,308,374**	**1,512,319**	**396,105**	**893**	**7,242**	**(9,307)**	**405,754**	**-**	**2,313,006**	**(4,632)**	**-0.2%**
Chronic Disease Prevention and Well-Being												
Built Environment	Mandatory Programs (Cost-Shared)	877,767	554,151	144,028	323	826	(49)	178,488	-	877,767	-	0.0%
Cancer Prevention	Mandatory Programs (Cost-Shared)	889,244	559,318	140,618	291	956	(51)	188,112	-	889,244	-	0.0%
Harm Reduction	Mandatory Programs (Cost-Shared)	29,784	16,415	4,021	3	15	(46)	9,376	-	29,784	-	0.0%
Healthy Food Systems	Mandatory Programs (Cost-Shared)	1,210,907	762,461	200,549	456	951	(67)	246,557	-	1,210,907	-	0.0%
Mental Health Promotion	Mandatory Programs (Cost-Shared)	165,009	109,433	25,973	50	69	(11)	29,495	-	165,009	-	0.0%
Smoke Free Ontario - Prosecution	Smoke-Free Ontario Strategy: Prosecution (100%)	10,005	1,432	168	-	7,905		500	-	10,005	-	0.0%
Smoke Free Ontario - Protection and Enforcement	Smoke-Free Ontario Strategy: Protection and Enforcement (100%)	403,075	278,292	68,478	5,763	27		50,515	-	403,075	-	0.0%
Smoke Free Ontario - Tobacco Control Area Network - Coordination	Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%)	308,568	164,843	44,207	1,042	4,397		94,079	-	308,568	-	0.0%
Smoke Free Ontario - Tobacco Control Area Network - Prevention	Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%)	278,911	-	-	1,080	509		277,322	-	278,911	-	0.0%
Smoke Free Ontario - Tobacco Control Coordination	Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	100,000	80,310	19,690	-	-		-	-	100,000	-	0.0%
Smoke Free Ontario - Youth Tobacco Use Prevention	Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	81,305	3,556	776	1,234	-		75,739	-	81,305	-	0.0%
Substance Use Prevention	Mandatory Programs (Cost-Shared)	61,801	33,119	10,196	10	95	(13)	18,394	-	61,801	-	0.0%
Tobacco Control, Prevention and Cessation	Mandatory Programs (Cost-Shared)	633,844	456,422	121,582	2,839	1,210	(82,921)	134,712	-	633,844	-	0.0%
Chronic Disease Prevention and Well-Being Total		**5,050,220**	**3,019,752**	**780,286**	**13,091**	**16,960**	**(83,158)**	**1,303,289**	**-**	**5,050,220**	**-**	**0.0%**
Food Safety												
Enhanced Food Safety Initiative	Enhanced Food Safety - Haines Initiative (100%)	78,559	41,022	6,780	-	-		30,757	-	78,559	-	0.0%
Food Safety	Mandatory Programs (Cost-Shared)	1,677,417	1,269,545	322,721	28,201	1,965	(381,508)	436,493	-	1,677,417	-	0.0%
Food Safety Total		**1,755,976**	**1,310,567**	**329,501**	**28,201**	**1,965**	**(381,508)**	**467,250**	**-**	**1,755,976**	**-**	**0.0%**
Healthy Environments												
Air Quality and Climate Change	Mandatory Programs (Cost-Shared)	114,646	77,590	14,828	248	481	(48)	21,547	-	114,646	-	0.0%
Health Hazards	Mandatory Programs (Cost-Shared)	1,219,984	741,329	185,846	9,335	5,010	(5,546)	284,010	-	1,219,984	-	0.0%
Healthy Environments Total		**1,334,630**	**818,919**	**200,674**	**9,583**	**5,491**	**(5,594)**	**305,557**	**-**	**1,334,630**	**-**	**0.0%**
Healthy Growth and Development												
Child Health	Mandatory Programs (Cost-Shared)	3,725,003	2,459,186	641,990	16,964	2,170	(931)	607,940	-	3,727,319	(2,316)	-0.1%
Reproductive Health	Mandatory Programs (Cost-Shared)	1,386,561	911,600	246,313	3,958	4,607	(12,283)	234,682	-	1,388,877	(2,316)	-0.2%
Healthy Growth and Development Total		**5,111,564**	**3,370,786**	**888,303**	**20,922**	**6,777**	**(13,214)**	**842,622**	**-**	**5,116,196**	**(4,632)**	**-0.1%**
Immunization												
Vaccine Inventory Management	Mandatory Programs (Cost-Shared)	973,124	603,793	163,656	3,970	264	(1,877)	203,318	-	973,124	-	0.0%
Immunization Total		**973,124**	**603,793**	**163,656**	**3,970**	**264**	**(1,877)**	**203,318**	**-**	**973,124**	**-**	**0.0%**
Infectious and Communicable Diseases Prevention and Control												
Harm Reduction	Mandatory Programs (Cost-Shared)	167,133	104,905	28,081	285	1,979	(156)	34,355	-	169,449	(2,316)	-1.4%
Infection Prevention and Control Nurses Initiative	Infection Prevention and Control Nurses Initiative (100%)	90,100	72,470	17,630	-	-		-	-	90,100	-	0.0%
Infectious Disease Program	Mandatory Programs (Cost-Shared)	4,317,347	2,836,668	754,032	38,114	53,581	(117,374)	761,592	-	4,326,613	(9,266)	-0.2%
Infectious Diseases Control Initiative	Infectious Diseases Control Initiative (100%)	1,174,970	852,926	221,032	701	8,998		91,313	-	1,174,970	-	0.0%
Mental Health Promotion	Mandatory Programs (Cost-Shared)	140,287	79,767	22,896	149	703	(114)	36,886	-	140,287	-	0.0%
Sexual Health	Mandatory Programs (Cost-Shared)	2,362,810	1,434,608	397,559	13,623	136,414	(103,886)	491,443	-	2,369,761	(6,951)	-0.3%
Substance Use Prevention	Mandatory Programs (Cost-Shared)	122,482	78,511	20,548	19	887	(14)	24,847	-	124,798	(2,316)	-1.9%

2018 Annual Reconciliation
As of December 31, 2018

Base Funding
January 1, 2018 to December 31, 2018

Standard - Section / Program	Sources of Funding	Q4 Expenditures (at 100%)	Salaries and Wages	Benefits	Travel	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Adjustments	Actual Expenditures (at 100%)	Variance Under / (Over)	
A	B	C	D	E	F	G	H	I	J	K =SUM (D : J)	L = C - K	M =L / C
Vector Borne Diseases	Vector-Borne Diseases Program (Cost-Shared)	1,017,497	611,269	160,422	21,352	109,259		115,195	-	1,017,497	-	0.0%
Infectious and Communicable Diseases Prevention and Control Total		**9,392,626**	**6,071,124**	**1,622,200**	**74,243**	**311,821**	**(221,544)**	**1,555,631**	**-**	**9,413,475**	**(20,849)**	**-0.2%**
Safe Water												
Enhanced Safe Water Initiative	Enhanced Safe Water Initiative (100%)	42,856	22,942	1,420	-	209		18,285	-	42,856	-	0.0%
Safe Water	Mandatory Programs (Cost-Shared)	1,092,424	712,836	174,738	16,588	1,769	(9,828)	196,321	-	1,092,424	-	0.0%
Small Drinking Water Systems	Small Drinking Water Systems Program (Cost-Shared)	60,122	41,168	11,101	1,200	-		6,653	-	60,122	-	0.0%
Safe Water Total		**1,195,402**	**776,946**	**187,259**	**17,788**	**1,978**	**(9,828)**	**221,259**	**-**	**1,195,402**	**-**	**0.0%**
School Health - Oral Health												
Healthy Smiles Ontario	Healthy Smiles Ontario Program (100%)	1,560,301	902,770	243,583	8,978	909		404,061	-	1,560,301	-	0.0%
Oral Health Assessment	Mandatory Programs (Cost-Shared)	360,834	211,779	52,141	2,985	3,106	(691)	91,514	-	360,834	-	0.0%
School Health - Oral Health Total		**1,921,135**	**1,114,549**	**295,724**	**11,963**	**4,015**	**(691)**	**495,575**	**-**	**1,921,135**	**-**	**0.0%**
School Health - Vision												
Child Visual Health and Vision Screening	Mandatory Programs (Cost-Shared)	23,186	17,802	3,526	2	794	(1)	3,379	-	25,502	(2,316)	-10.0%
School Health - Vision Total		**23,186**	**17,802**	**3,526**	**2**	**794**	**(1)**	**3,379**	**-**	**25,502**	**(2,316)**	**-10.0%**
School Health - Immunization												
Immunization of School Pupils	Mandatory Programs (Cost-Shared)	1,856,848	1,298,968	330,789	7,689	2,079	(177,593)	399,548	-	1,861,480	(4,632)	-0.2%
School Health - Immunization Total		**1,856,848**	**1,298,968**	**330,789**	**7,689**	**2,079**	**(177,593)**	**399,548**	**-**	**1,861,480**	**(4,632)**	**-0.2%**
School Health - Other												
Chronic Disease Prevention	Mandatory Programs (Cost-Shared)	300,663	190,370	52,892	1,646	130	(3,205)	58,830	-	300,663	-	0.0%
Harm Reduction	Mandatory Programs (Cost-Shared)	41,908	30,735	3,944	258	1,084	(14)	5,901	-	41,908	-	0.0%
Injury Prevention	Mandatory Programs (Cost-Shared)	150,342	91,186	26,424	502	119	(972)	33,083	-	150,342	-	0.0%
Mental Health Promotion	Mandatory Programs (Cost-Shared)	786,435	510,575	135,128	2,947	1,020	(5,460)	144,541	-	788,751	(2,316)	-0.3%
School Health	Mandatory Programs (Cost-Shared)	1,853,071	1,181,748	326,090	10,198	1,433	(19,855)	355,773	-	1,855,387	(2,316)	-0.1%
Sexual Health	Mandatory Programs (Cost-Shared)	270,637	174,782	47,039	1,640	78	(3,199)	50,297	-	270,637	-	0.0%
Substance Use Prevention	Mandatory Programs (Cost-Shared)	240,077	160,701	38,089	825	1,124	(979)	40,317	-	240,077	-	0.0%
Tobacco Control, Prevention and Cessation	Mandatory Programs (Cost-Shared)	82,605	50,118	13,171	12	117	(15)	19,202	-	82,605	-	0.0%
School Health - Other Total		**3,725,738**	**2,390,215**	**642,777**	**18,028**	**5,105**	**(33,699)**	**707,944**	**-**	**3,730,370**	**(4,632)**	**-0.1%**
Substance Use and Injury Prevention												
Injury Prevention	Mandatory Programs (Cost-Shared)	375,360	204,428	66,669	1,988	2,146	(390)	102,835	-	377,676	(2,316)	-0.6%
Electronic Cigarettes Act - Protection and Enforcement	Electronic Cigarettes Act: Protection and Enforcement (100%)	52,236	17,111	3,920	5	-		31,200	-	52,236	-	0.0%
Harm Reduction	Mandatory Programs (Cost-Shared)	412,262	261,011	58,573	2,095	9,830	(227)	83,296	-	414,578	(2,316)	-0.6%
Harm Reduction Program Enhancement	Harm Reduction Program Enhancement (100%)	250,002	192,457	54,972	-	-		2,573	-	250,002	-	0.0%
Needle Exchange Program Initiative	Needle Exchange Program Initiative (100%)	204,504	-	-	-	-		204,504	-	204,504	-	0.0%
Substance Use Prevention	Mandatory Programs (Cost-Shared)	276,019	183,566	37,739	1,829	7,626	(101)	45,360	-	276,019	-	0.0%
Substance Use and Injury Prevention Total		**1,570,383**	**858,573**	**221,873**	**5,917**	**19,602**	**(718)**	**469,768**	**-**	**1,575,015**	**(4,632)**	**-0.3%**
Direct Costs Total		**36,219,206**	**23,164,313**	**6,062,673**	**212,290**	**384,093**	**(938,732)**	**7,380,894**	**-**	**36,265,531**	**(46,325)**	**-0.1%**
Indirect Costs												
[illegible]	Mandatory Programs (Cost-Shared)	1,959,819	1,311,263	282,715	17,079	30,261	(49,542)	321,718	-	1,913,494	46,325	2.4%
MOH / AMOH Compensation Initiative	MOH / AMOH Compensation Initiative (100%)		56,591	29,789						86,380	(86,380)	0.0%
Indirect Costs Total		**1,959,819**	**1,367,854**	**312,504**	**17,079**	**30,261**	**(49,542)**	**321,718**	**-**	**1,999,874**	**(40,055)**	**-2.0%**
Total Expenditures related to 2018		**38,179,025**	**24,532,167**	**6,375,177**	**229,369**	**414,354**	**(988,274)**	**7,702,612**	**-**	**38,265,405**	**(86,380)**	**-0.2%**

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

2018 Annual Report and Attestation

One-Time Funding

Project / Initiative	Source of Funding	Q4 Expenditures (at 100%)	Salaries and Wages	Benefits	Travel	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Adjustments	Actual Expenditures (at 100%)	Variance Under / (Over)	
A	B	C	D	E	F	G	H	I	J	J =SUM (C : I)	K = C - J	L = K / C
2017-18 One-Time Funding												
April 1, 2017 to December 31, 2017												
Operating Funding												
Expanded Smoking Cessation Programming for Priority Populations	Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (100%)		-	-	-	-		24,693	-	24,693		
Needle Exchange	Needle Exchange Program Initiative (100%)		-	-	-	-		4,138	-	4,138		
Panorama	Panorama - Immunization Solution (100%)		108,840	31,260	-	-		-	-	140,100		
Public Health Inspector Practicum Program	Public Health Inspector Practicum Program (100%)		9,268	1,333	2,682	-		(3,283)	-	10,000		
Raccoon Rabies - Low Cost Clinics and Promotion Campaign Evaluation	Outbreaks of Diseases: Clinic and Promotion Campaign Evaluation (100%)		-	-	-	153		15,009	-	15,162		
Smoke-Free Ontario Enforcement Tablet Upgrade 2017	Smoke-Free Ontario Strategy: Enforcement Tablet Upgrade (100%)		-	-	-	-		3,467	-	3,467		
Staffing request for Raccoon Rabies Strain in Hamilton	Outbreaks of Diseases: Racoon Rabies Strain (100%)		163,566	40,877	4,037	-		920	-	209,400		
Vaccine Records Screening and Suspension	Immunization of School Pupils Act - Regulatory Amendments Implementation (100%)		37,981	12,019	-	-		-	-	50,000		
April 1, 2017 to December 31, 2017 Total			**319,655**	**85,489**	**6,719**	**153**	**-**	**44,944**	**-**	**456,960**		
January 1, 2018 to March 31, 2018												
Operating Funding												
Expanded Smoking Cessation Programming for Priority Populations	Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (100%)		-	-	-	-		(116)	-	(116)		
Needle Exchange	Needle Exchange Program Initiative (100%)		-	-	-	-		124,635		124,635		
Panorama	Panorama - Immunization Solution (100%)		-	-	-	-		-	-	-		
Public Health Inspector Practicum Program	Public Health Inspector Practicum Program (100%)		-	-	-	-		-	-	-		
Raccoon Rabies - Low Cost Clinics and Promotion Campaign Evaluation	Outbreaks of Diseases: Clinic and Promotion Campaign Evaluation (100%)		-	-	-	-		42,588	-	42,588		
Smoke-Free Ontario Enforcement Tablet Upgrade 2017	Smoke-Free Ontario Strategy: Enforcement Tablet Upgrade (100%)		-	-	-	-		357	-	357		
Staffing request for Raccoon Rabies Strain in Hamilton	Outbreaks of Diseases: Racoon Rabies Strain (100%)		-	-	-	-		-	-	-		
Vaccine Records Screening and Suspension	Immunization of School Pupils Act - Regulatory Amendments Implementation (100%)		-	-	-	-		-	-	-		
January 1, 2018 to March 31, 2018 Total			**-**	**-**	**-**	**-**	**-**	**167,464**	**-**	**167,464**		
2017-18 One-Time Funding Total			**319,655**	**85,489**	**6,719**	**153**	**-**	**212,408**	**-**	**624,424**		
2018-19 One-Time Funding												
April 1, 2018 to December 31, 2018												
Operating Funding												
Raccoon Rabies Business Case	Immunization/Infectious Diseases: Raccoon Rabies Strain (100%)	327,201	218,408	55,986	4,619	1,716		46,472	-	327,201	-	0.0%
Public Health Inspector Practicum	Public Health Inspector Practicum Program (100%)	10,000	9,220	1,006	809	-		(1,035)	-	10,000	-	0.0%
April 1, 2018 to December 31, 2018 Total		**337,201**	**227,628**	**56,992**	**5,428**	**1,716**	**-**	**45,437**	**-**	**337,201**	**-**	**0.0%**
2018-19 One-Time Funding Total		**337,201**	**227,628**	**56,992**	**5,428**	**1,716**	**-**	**45,437**	**-**	**337,201**	**-**	**0.0%**
Total Expenditures related to 2018		**337,201**	**227,628**	**56,992**	**5,428**	**1,716**	**-**	**212,901**	**-**	**504,665**		

2018 Annual Reconciliation
As of December 31, 2018

Variance Explanation

**** Please provide variance explanations for variances that are greater than 3% (negative or positive).***

Program / Project / Initiative	Source of Funding	Variance Under / (Over)	
		$	%
A	B	C	D
Child Visual Health and Vision Screening	**Mandatory Programs (Cost-Shared)**	**(2,316)**	**-10.0%**
Variance due to correction to classification of AMOH revenue under MOH Compensation Initiative funding.			
[Program / Project / Initiative Name]	**[Sources of Funding]**	**[$]**	**[%]**
Variance Explanation			
[Program / Project / Initiative Name]	**[Sources of Funding]**	**[$]**	**[%]**
Variance Explanation			
[Program / Project / Initiative Name]	**[Sources of Funding]**	**[$]**	**[%]**
Variance Explanation			

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

2018 Annual Reconciliation
As of December 31, 2018

Actual Expenditures by Account
January 1, 2018 to December 31, 2018

Account	Budget (at 100%)	Actual (at 100%)	Variance Under / (Over)	
A	B	C	D = B - C	E = D / B
Salaries and Wages	24,753,810	24,759,795	(5,985)	-0.0%
Benefits	6,567,250	6,432,169	135,081	2.1%
Travel	246,070	234,797	11,273	4.6%
Professional Services	470,670	416,070	54,600	11.6%
Expenditure Recoveries & Offset Revenues	(978,260)	(988,274)	10,014	-1.0%
Other Program Expenditures	7,315,550	7,915,513	(599,963)	-8.2%
Total Expenditures	**38,375,090**	**38,770,070**	**(394,980)**	**-1.0%**
Adjustments	-	-	-	0.0%
Total Adjusted Expenditures	**38,375,090**	**38,770,070**	**(394,980)**	**-1.0%**

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

2018 Annual Reconciliation
As of December 31, 2018

Expenditure Recoveries & Offset Revenues Reconciliation
January 1, 2018 to December 31, 2018

Mandatory Programs	Actual (at 100%)
Interest Income	
Universal Influenza Immunization Program clinic reimbursement	(1,790)
Meningococcal C Program clinic reimbursement	(97,402)
Human Papilloma Virus Program reimbursement	(76,755)
OHIP Billings	(112,672)
Sexually Transmitted Diseases Revenue - Sale of contraceptives	(19,145)
User Fees	(570,138)
Sale of Equipment	(285)
Sale of Service & secondments	(90,583)
Work orders, fines & other revenue	(19,505)
Sub-total Mandatory Programs Expenditure Recoveries & Offset Revenues (A)	**(988,274)**
Reported in Base Funding and One-Time Funding Worksheets	(988,274)
Difference	-
Other Sources of Funding	
Interest Income	
Other (Specify):	
Sub-total Other Programs Offset Revenues (B)	**-**
Reported in Base Funding and One-Time Funding Worksheets	-
Difference	-
Total Expenditure Recoveries & Offset Revenues (C = A+B)	**(988,274)**
Difference	-

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

2018 Annual Reconciliation
As of December 31, 2018

Funding Received from the Ministry

Programs/Sources of Funding	Cashflow Received in 2018	Prior Year Adjustments Processed in 2018	2018 Adjustments Processed in 2019	Other		Funding Received from the Ministry
				$	Please Specify	
A	B	C	D	E	F	G = SUM (B:E)
2017-18 One-Time Funding (April 1, 2017 to March 31, 2018)						
Operating Funding						
Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (100%)	21,137	3,863	-			25,000
Needle Exchange Program Initiative (100%)	128,851	-				128,851
Panorama - Immunization Solution (100%)	138,890	1,210				140,100
Public Health Inspector Practicum Program (100%)	10,000	-				10,000
Outbreaks of Diseases: Clinic and Promotion Campaign Evaluation (100%)	59,024	976				60,000
Smoke-Free Ontario Strategy: Enforcement Tablet Upgrade (100%)	(4,845)	10,845				6,000
Outbreaks of Diseases: Racoon Rabies Strain (100%)	209,711	(311)				209,400
Immunization of School Pupils Act - Regulatory Amendments Implementation (100%)	50,010	(10)				50,000
2017-18 One-Time Funding Total (A)	**612,778**	**16,573**	**-**	**-**		**629,351**
Base Funding (January 1, 2018 to December 31, 2018)						
Mandatory Programs (Cost-Shared)	23,330,300					23,330,300
Chief Nursing Officer Initiative (100%)	121,500					121,500
Electronic Cigarettes Act: Protection and Enforcement (100%)	51,453	447				51,900
Enhanced Food Safety - Haines Initiative (100%)	78,300					78,300
Enhanced Safe Water Initiative (100%)	42,300					42,300
Harm Reduction Program Enhancement (100%)	250,000					250,000
Healthy Smiles Ontario Program (100%)	1,612,529	(52,229)				1,560,300
Infection Prevention and Control Nurses Initiative (100%)	90,100					90,100
Infectious Diseases Control Initiative (100%)	1,111,200					1,111,200
MOH / AMOH Compensation Initiative (100%)	80,648		6,364			87,012
Needle Exchange Program Initiative (100%)	217,375	(15,375)				202,000
Small Drinking Water Systems Program (Cost-Shared)	41,100					41,100
Smoke-Free Ontario Strategy: Prosecution (100%)	10,000					10,000
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)	374,200					374,200
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%)	285,800					285,800
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%)	268,949	7,851				276,800
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	100,000					100,000
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	80,357	(357)				80,000
Social Determinants of Health Nurses Initiative (100%)	180,500					180,500
Vector-Borne Diseases Program (Cost-Shared)	776,500	(21,600)				754,900
Base Funding Total (B)	**29,103,111**	**(81,263)**	**6,364**	**-**		**29,028,212**
2018-19 One-Time Funding (April 1, 2018 to March 31, 2019)						
Operating Funding						

2018 Annual Reconciliation
As of December 31, 2018

Funding Received from the Ministry

Programs/Sources of Funding	Cashflow Received in 2018	Prior Year Adjustments Processed in 2018	2018 Adjustments Processed in 2019	Other		Funding Received from the Ministry
				$	Please Specify	
A	B	C	D	E	F	G = SUM (B:E)
Immunization/Infectious Diseases: Raccoon Rabies Strain (100%)	245,400		81,800			327,200
Public Health Inspector Practicum Program (100%)	7,500		2,500			10,000
2018-19 One-Time Funding Total (C)	**252,900**	**-**	**84,300**	**-**		**337,200**

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

2018 Annual Reconciliation
As of December 31, 2018

Annual Reconciliation by Sources of Funding

Programs/Sources of Funding	Q4 Expenditures (at 100%)	Actual Expenditures (at 100%)	Variance Under / (Over)		Actual Expenditures (at provincial share)	Approved Allocation	Eligible Expenditures	Funding Received from the Ministry	Due to / (From) Province
			$	(%)					$
A	B	C	D = B -C	E = D / B	F = C * Prov. Share	G	H = MIN(F,G)	I	J = I - H
2017-18 One-Time Funding (April 1, 2017 to March 31, 2018)									
Operating Funding									
Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (100%)		24,577			24,577	25,000	24,577	25,000	423
Needle Exchange Program Initiative (100%)		128,773			128,773	128,851	128,773	128,851	78
Panorama - Immunization Solution (100%)		140,100			140,100	140,100	140,100	140,100	-
Public Health Inspector Practicum Program (100%)		10,000			10,000	10,000	10,000	10,000	-
Outbreaks of Diseases: Clinic and Promotion Campaign Evaluation (100%)		57,750			57,750	60,000	57,750	60,000	2,250
Smoke-Free Ontario Strategy: Enforcement Tablet Upgrade (100%)		3,824			3,824	6,000	3,824	6,000	2,176
Outbreaks of Diseases: Racoon Rabies Strain (100%)		209,400			209,400	209,400	209,400	209,400	-
Immunization of School Pupils Act - Regulatory Amendments Implementation (100%)		50,000			50,000	50,000	50,000	50,000	-
2017-18 One-Time Funding Total (A)		**624,424**			**624,424**	**629,351**	**624,424**	**629,351**	**4,927**
Base Funding (January 1, 2018 to December 31, 2018)									
Mandatory Programs (Cost-Shared)	32,164,014	32,164,014	-	0.0%	24,123,011	23,330,300	23,330,300	23,330,300	-
Chief Nursing Officer Initiative (100%)	121,500	121,500	-	0.0%	121,500	121,500	121,500	121,500	-
Electronic Cigarettes Act: Protection and Enforcement (100%)	52,236	52,236	-	0.0%	52,236	51,900	51,900	51,900	-
Enhanced Food Safety - Haines Initiative (100%)	78,559	78,559	-	0.0%	78,559	78,300	78,300	78,300	-
Enhanced Safe Water Initiative (100%)	42,856	42,856	-	0.0%	42,856	42,300	42,300	42,300	-
Harm Reduction Program Enhancement (100%)	250,002	250,002	-	0.0%	250,002	250,000	250,000	250,000	-
Healthy Smiles Ontario Program (100%)	1,560,301	1,560,301	-	0.0%	1,560,301	1,560,300	1,560,300	1,560,300	-
Infection Prevention and Control Nurses Initiative (100%)	90,100	90,100	-	0.0%	90,100	90,100	90,100	90,100	-
Infectious Diseases Control Initiative (100%)	1,174,970	1,174,970	-	0.0%	1,174,970	1,111,200	1,111,200	1,111,200	-
MOH / AMOH Compensation Initiative (100%)		86,380			86,380	87,012	86,380	87,012	632
Needle Exchange Program Initiative (100%)	204,504	204,504	-	0.0%	204,504	202,000	202,000	202,000	-
Small Drinking Water Systems Program (Cost-Shared)	60,122	60,122	-	0.0%	45,092	41,100	41,100	41,100	-
Smoke-Free Ontario Strategy: Prosecution (100%)	10,005	10,005	-	0.0%	10,005	10,000	10,000	10,000	-
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)	403,075	403,075	-	0.0%	403,075	374,200	374,200	374,200	-
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%)	308,568	308,568	-	0.0%	308,568	285,800	285,800	285,800	-
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%)	278,911	278,911	-	0.0%	278,911	276,800	276,800	276,800	-
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	100,000	100,000	-	0.0%	100,000	100,000	100,000	100,000	-
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	81,305	81,305	-	0.0%	81,305	80,000	80,000	80,000	-
Social Determinants of Health Nurses Initiative (100%)	180,500	180,500	-	0.0%	180,500	180,500	180,500	180,500	-
Vector-Borne Diseases Program (Cost-Shared)	1,017,497	1,017,497	-	0.0%	763,123	754,900	754,900	754,900	-
Base Funding Total (B)	**38,179,025**	**38,265,405**	**(86,380)**	**-0.2%**	**29,954,998**	**29,028,212**	**29,027,580**	**29,028,212**	**632**
Total 2018 Annual Reconciliation (A+B)		**38,889,829**			**30,579,422**	**29,657,563**	**29,652,004**	**29,657,563**	**5,559**
2018-19 One-Time Funding (April 1, 2018 to March 31, 2019)							**Surpluses to be Carried Forward to March 31,2019**		
Operating Funding									

2018 Annual Reconciliation
As of December 31, 2018

Annual Reconciliation by Sources of Funding

Programs/Sources of Funding	Q4 Expenditures (at 100%)	Actual Expenditures (at 100%)	Variance Under / (Over)		Actual Expenditures (at provincial share)	Approved Allocation	Eligible Expenditures	Funding Received from the Ministry	Due to / (From) Province
			$	(%)					$
A	B	C	D = B -C	E = D / B	F = C * Prov. Share	G	H = MIN(F,G)	I	J = I - H
Immunization/Infectious Diseases: Raccoon Rabies Strain (100%)	327,201	327,201	-	0.0%	327,201	327,200	327,200	327,200	-
Public Health Inspector Practicum Program (100%)	10,000	10,000	-	0.0%	10,000	10,000	10,000	10,000	-
2018-19 One-Time Funding Total	**337,201**	**337,201**	**-**	**0.0%**	**337,201**	**337,200**	**337,200**	**337,200**	**-**

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

2018 Annual Report and Attestation

Program Outcome Indicators

Please refer to the technical instructions provided with the Annual Report and Attestation template to enable the board of health to report on program outcome indicator results. Section numbers in this worksheet refer to section numbers in the technical instructions.

1.0. CHRONIC DISEASE PREVENTION AND WELL-BEING

1.1 Provide locally developed indicators and associated results, where possible, to monitor the success of chronic disease prevention and well-being programs.

- % of elementary and secondary schools with a School Travel Plan – Result: 50.9% (80/157)
- % of targeted immigration service providers who reported using the information disseminated in the e-health communique for action – Result: 88.1% (37/42)
- % of tobacco retailers with tobacco sales convictions – Result: 16% (57/356)
- % of complaints related to tobacco control and sales that were responded to within 24 hours – Result: 100% (253/253)
- % of tobacco retailers in compliance with display, handling and promotion sections of the SFOA at time of last inspection – Result: 98.3% (350/356)
- % of electronic cigarette retailers in compliance with the Electronic Cigarette Act – Result: 94.7% (180/190)
- % of tobacco vendors in compliance with youth access legislation at the time of last inspection – Result: 84.3% (300/356)
- % of tobacco retailers inspected once per year for compliance with display, handling, and promotion sections of the Smoke-Free Ontario Act – Result: 100% (356/356)
- % of smokers that have attended a Tobacco Cessation Clinic at least once after registering – Result: 65.9% (1,704/2,585)

Data collection for the following indicators commenced in January 2019. Results will be available for the 2019 Outcome Indicators Report.

- % of targeted community partners with increased knowledge, skills and/or confidence following chronic disease prevention education
- % of elementary and secondary schools that have active transportation policies
- % of key partner agencies that reported using Nutritious Food Basket information for action or decision-making

2.0. FOOD SAFETY

2.1. Proportion of food premises that shift between moderate and high risk based on annual risk categorization assessment

Number of food premises that shift from high to moderate risk	140
Total number of food premises that shift from moderate to high risk	38

Board of Health Comments (as needed)

2.2. Percentage and number of Salmonella and E. Coli foodborne outbreaks investigated for which a probable source was identified

Number of locally acquired Salmonella and E. Coli foodborne outbreak(s) where a probable source was identified	1
Total number of Salmonella and E. Coli outbreak(s)	1
Number of locally acquired Salmonella and E. Coli foodborne outbreak(s) where a probable source was identified/Total number of Salmonella and E. Coli outbreak(s)*100	100.00%

In addition, note the type of setting where the outbreak occurred (e.g., hospital, long-term care home, day care, restaurant, home).

2018 Annual Report and Attestation

Program Outcome Indicators

This Salmonella outbreak occurred at a local restaurant.

Board of Health Comments (as needed)

2.3. Incidence of reportable Salmonella, Campylobacter and E. Coli foodborne illness cases

As per the technical instructions, the ministry will be collecting the data for this section.

3.0. HEALTHY ENVIRONMENTS

3.1 Provide locally developed indicators, where possible, to monitor the success of healthy environments programs.

Data collection for the following indicators commenced in January 2019. Results will be available for the 2019 Outcome Indicators Report.

- % of assigned milestones completed from the Bay Area Climate Change Partnership project
- % of assigned milestones completed from the Air Quality Task Force Action Plan 2019

4.0. HEALTHY GROWTH AND DEVELOPMENT

4.1 Provide locally developed indicators, where possible, to monitor the success of healthy growth and development programs.

- % of pregnancies in Hamilton screened by Healthy Babies Healthy Children – Result: 12.9% (706/5,489)
- % of first time, pregnant youth (≤ 21 years of age) who accessed the Nurse Family Partnership program – Result: 97.1% (136/140)
- % of pregnant women who reported being more confident in their ability to breastfeed after attending prenatal classes – Result: 71.1% (138/194)
- % of pregnant women in Hamilton who registered for Hamilton Public Health Services prenatal classes – Result: 9.8% (537/5,489)

5.0. IMMUNIZATION

As per the technical instructions, the ministry and Public Health Ontario will be collecting the data for this section.

6.0. INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

As per the technical instructions, the ministry will be collecting the data for this section.

7.0. SAFE WATER

7.1. Recreational Water: Percentage of re-inspections of spas per year

Number of re-inspections of spas	11
Total number of re-inspections and inspections of spas	90

2018 Annual Report and Attestation

Program Outcome Indicators

(Number of re-inspections of spas/Total number of re-inspections and inspections of spas)*100%	12.22%

Board of Health Comments (as needed)

7.2. Recreational Water: Percentage of recreational water premises with no critical infractions in the last year (pools, spas, wading pools, splash pads, and receiving basins for water slides)

Number of Class A pools with no critical infractions	18
Total number of Class A pools	49
(Number of Class A pools with no critical infractions/Total number of Class A pools)*100%	36.73%
Number of Class B pools with no critical infractions	50
Total number of Class B pools	77
(Number of Class B pools with no critical infractions/Total number of Class B pools)*100%	64.94%
Number of spas with no critical infractions	14
Total number of spas	21
(Number of spas with no critical infractions/Total number of spas)*100%	66.67%
Number of wading pools with no critical infractions	1
Total number of wading pools	11
(Number of wading pools with no critical infractions/Total number of wading pools)*100%	9.09%
Number of splash pads and receiving basins with no critical infractions	5
Total number of splash pads and receiving basins	63
(Number of splash pads and receiving basins with no critical infractions/Total number of splash pads and receiving basins)*100%	7.94%

Additional Reporting Information:
- Include inspections conducted during the reporting year
- Include total number of each recreational water facility as per the inventory in the reporting year

Board of Health Comments (as needed)

8.0. SCHOOL HEALTH

8.1 Provide locally developed indicators, where possible, to monitor the success of school health programs.

2018 Annual Report and Attestation

Program Outcome Indicators

- % of all JK, SK and Grade 2 students who received an oral health screening in all publicly funded schools – Result: 92.1% (14,608/15,867)
- % of all JK, SK, Grade 2, 4, 6, 8 students who received an oral health screening from high intensity schools – Result: 87.1% (1,721/1,977)

Data collection for the following indicators commenced in 2019. Results will be available for the 2019 Outcome Indicators Report.
- % of targeted schools with completed annual action plan activities per school year
- % of eligible children enrolled in Healthy Smiles Ontario who accessed the service

Data collection for the following indicators will commence in September 2019. Results will be available for the 2019 Outcome Indicators Report.
- % of SK students who received a vision screening from all schools in Hamilton
- % of SK students who screened positive who received a comprehensive eye exam by last notification

9.0. SUBSTANCE USE AND INJURY PREVENTION

9.1 Provide locally developed indicators, where possible, to monitor the success of substance use and injury prevention programs.

- % of needles distributed that are returned to the harm reduction program – Result: 56% (672,771/1,200,937)
- % of eligible external stakeholders providing naloxone through the Ontario Naloxone Program – Result: 19.4% (6/31)
- % of Needle Exchange Van service requests that were responded to – Result: 93.1% (3,354/3,603)
- % of naloxone kits distributed that were used by clients – Result: 18.0% (568/3158)

Data collection for the following indicators commenced in 2019. Results will be available for the 2019 Outcome Indicators Report.
- % of planned activities in relation to public health that are implemented for the harm reduction, prevention, treatment and social justice work groups of the Hamilton Drug Strategy
- % of partner organizations who are satisfied with the Hamilton Drug Strategy

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

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item (A)	Yes, No, N/A *If Yes, go to the next question in column A (no further details required) If No or N/A, go to column C* (B)	Validation/Explanation *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* (C)	Action Plan/Mitigation *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* (D)
1.0 Delivery of Programs and Services			
1.1 Did the board of health deliver programs and services in accordance with the Ontario Public Health Standards?	Yes		
1.2 Did the board of health comply with programs provided for in the *Health Protection and Promotion Act* ?	Yes		
1.3 Did the board of health undertake population health assessments that included the identification of priority populations, social determinants of health and health inequities, and measure and report on them?	Yes		
1.4 Did the board of health publicly disclose results of all inspections or other required information in accordance with the Ontario Public Health Standards?	Yes		
1.5 Did the board of health prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from, emergencies with public health impacts, in accordance with ministry policy and guidelines?	Yes		
1.6 Did the board of health collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities, and report and disseminate the data and information in accordance with the Ontario Public Health Standards?	Yes		
1.7 Does the board of health have a strategic plan that establishes strategic priorities over 3 to 5 years? Did the plan include input from staff, clients, and community partners, and is a process in place to review the plan at least every other year?	Yes		
1.8 Did the board of health develop and implement a program of public health interventions in accordance with the Chronic Disease Prevention and Well-Being Program Standard, using a comprehensive health promotion approach as outlined in the *Chronic Disease Prevention Guideline, 2018* (or as current), that addressed chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the public health unit population?	Yes		

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item (A)	Yes, No, N/A *If Yes, go to the next question in column A (no further details required)* *If No or N/A, go to column C* (B)	Validation/Explanation *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* (C)	Action Plan/Mitigation *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* (D)
1.9 Did the board of health enforce the *Skin Cancer Prevention Act (Tanning Beds), 2013* in accordance with the *Tanning Beds Protocol, 2019* (or as current)?	Yes		
1.10 Did the board of health conduct routine inspections of all high and moderate risk fixed food premises as per the *Food Safety Protocol, 2019* (or as current)?	Yes		
1.11 Did the board of health develop and implement a program of public health interventions that promoted healthy built and natural environments in accordance with the Healthy Environments Program Standard?	Yes		
1.12 Did the board of health develop and implement a program of public health interventions in accordance with the Healthy Growth and Development Program Standard, using a comprehensive health promotion approach as outlined in the *Healthy Growth and Development Guideline, 2018* (or as current), that supported healthy growth and development in the public health unit population?	Yes		
1.13 Did the board of health complete inventory counts as specified in the *Vaccine Storage and Handling Protocol, 2018* (or as current)?	Yes		
1.14 Did the board of health conduct routine inspections of small drinking water systems and recreational water facilities as per the *Recreational Water Protocol, 2019* (or as current) and *Safe Drinking Water and Fluoride Monitoring Protocol, 2019* (or as current)?	Yes		
1.15 Did the board of health develop and implement a program of public health interventions in accordance with the School Health Program Standard, using a comprehensive health promotion approach as outlined in the *School Health Guideline, 2018* (or as current) to improve the health of school-aged children and youth?	Yes		
1.16 Did the board of health develop and implement a program of public health interventions using a comprehensive health promotion approach, as outlined in the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current) and the *Tobacco, Vapour and Smoke Guideline, 2018* (or as current), that addresses risk and protective factors to reduce the burden of substance use in the public health unit population?	Yes		

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item (A)	Yes, No, N/A *If Yes, go to the next question in column A (no further details required)* *If No or N/A, go to column C* (B)	Validation/Explanation *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* (C)	Action Plan/Mitigation *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* (D)
1.17 Did the board of health develop and implement a program of public health interventions using a comprehensive health promotion approach, as outlined in the *Injury Prevention Guideline, 2018* (or as current), that addressed risk and protective factors to reduce the burden of preventable injuries in the public health unit population?	Yes		
2.0 Fiduciary Requirements			
2.1 Did the board of health comply with the terms and conditions of the Public Health Funding and Accountability Agreement?	Yes		
2.2 Did the board of health place the grant provided by the ministry in an interest bearing account at a Canadian financial institution and report interest earned to the ministry?	Yes		
2.3 Did the board of health report all revenues it collected for programs or services in accordance with the direction provided in writing by the ministry?	Yes		
2.4 Did the board of health report any part of the grant that was not used or accounted for in a manner requested by the ministry?	Yes		
2.5 Did the board of health repay ministry funding as requested by the ministry?	Yes		
2.6 Did the board of health ensure that expenditure forecasts were as accurate as possible?	Yes		
2.7 Did the board of health keep a record of financial affairs, invoices, receipts and other documents, and prepare annual statements of their financial affairs?	Yes		
2.8 Did the board of health comply with the financial requirements of the *Health Protection and Promotion Act* (e.g., remuneration, informing municipalities of financial obligations, passing by-laws, etc.), and all other applicable legislation and regulations?	Yes		
2.9 Did the board of health use the grant only for the purposes of the *Health Protection and Promotion Act* and provide or ensure the provision of programs and services in accordance with the *Health Protection and Promotion Act*, Ontario Public Health Standards, and the Public Health Funding and Accountability Agreement?	Yes		

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item (A)	Yes, No, N/A *If Yes, go to the next question in column A (no further details required)* *If No or N/A, go to column C* (B)	Validation/Explanation *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* (C)	Action Plan/Mitigation *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* (D)
2.10 Did the board of health spend the grant only on admissible expenditures?	Yes		
2.11 Did the board of health comply with the *Municipal Act, 2001,* and ensured that the administration adopted policies with respect to its procurement of goods and services?	Yes		
2.12 Did the board of health conduct an open and competitive process to procure goods and services?	Yes		
2.13 Did the board of health ensure that the administration implemented appropriate financial management and oversight to ensure the following were in place? a) A plan for the management of physical and financial resources; b) A process for internal financial controls based on generally accepted accounting principles; c) A process to ensure that areas of variance were addressed and corrected; d) A procedure to ensure that the procurement policy was followed across all programs/services areas; e) A process to ensure the regular evaluation of the quality of service provided by contracted services in accordance with contract standards; and, f) A process to inform the board of health regarding resource allocation plans and decisions, both financial and workforce related, that are required to address shifts in need and capacity.	Yes		
2.14 Did the board of health have financial controls in place that met the specified attributes and objectives as per *Schedule D* of the Public Health Funding and Accountability Agreement?	Yes		
2.15 Did the board of health negotiate and have in place service level agreements for corporately provided services?	Yes		
2.16 Did the board of health have and maintain insurance?	Yes		
2.17 Did the board of health maintain an inventory of all tangible capital assets developed or acquired with a value exceeding $5,000 or a value determined locally that is appropriate under the circumstances?	Yes		
2.18 Did the board of health dispose of an asset which exceeded $100,000 in value, and with the ministry's prior written confirmation?	N/A	No assets exceeding $100,000 in value were disposed of in 2018.	

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item (A)	Yes, No, N/A *If Yes, go to the next question in column A (no further details required) If No or N/A, go to column C* (B)	Validation/Explanation *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* (C)	Action Plan/Mitigation *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* (D)
2.19 Did the board of health ensure that the grant was not carried over from one year to the next, unless pre-authorized in writing from the ministry?	Yes		
2.20 Did the board of health maintain a capital funding plan which included policies and procedures to ensure that funding for capital projects was appropriately managed and reported?	Yes		
2.21 Did the board of health comply with the Community Health Capital Programs policy?	Yes		
3.0 Good Governance and Management Practices			
3.1 Did the board of health operate in a transparent and accountable manner, and provide accurate and complete information to the ministry?	Yes		
3.2 Did the board of health ensure that members were aware of their roles and responsibilities, and emerging issues and trends, by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for board members?	Yes		
3.3 Did the board of health carry out its obligations without a conflict of interest and disclose to the ministry an actual, potential, or perceived conflict of interest?	Yes		
3.4 Did the board of health comply with the governance requirements of the *Health Protection and Promotion Act* (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations?	Yes		

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item (A)	Yes, No, N/A *If Yes, go to the next question in column A (no further details required)* *If No or N/A, go to column C* (B)	Validation/Explanation *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* (C)	Action Plan/Mitigation *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* (D)
3.5 Did the board of health comply with medical officer of health appointment and reporting requirements of the *Health Protection and Promotion Act* , and the ministry's *Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation* ? This includes, but is not limited to, having or ensuring: a) The appointment and approval of a full-time Medical Officer of Health at a minimum of a 0.8 full-time equivalent (28 to 32 hours or 4 days per business week on-site at the public health unit); b) The appointment of a physician as Acting Medical Officer of Health at a minimum of a 0.8 full-time equivalent (28 to 32 hours or 4 days per business week on-site at the public health unit), where there was no Medical Officer of Health or Associate Medical Officer of Health in place; c) The Medical Officer of Health reported directly to the board of health (solid line relationship) on matters of public health significance/importance; d) The Medical Officer of Health was part of the senior management team; e) Staff resopnsible for the delivery of public health programs and services reported directly to the Medcial Officer of health without any need to report to intermediaries (solid line relationship); and, f) Compliance with eligibility criteria under the Medical Officer of Health and Associate Medical Officer of Health Compensation Initiative.	Yes		
3.6 Did the board of health ensure that the administration established a human resources strategy which considered the competencies, composition and size of the workforce, as well as community composition, and included initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce?	Yes		
3.7 Did the board of health ensure that the administration established and implemented written human resource policies and procedures which were made available to staff, students, and volunteers?	Yes		
3.8 Did the board of health ensure all policies and procedures were regularly reviewed and revised, and included the date of the last review/revision?	No	Human Resource policies and procedures are maintained by the City of Hamilton Human Resources division and may or may not be regularly reviewed and revised.	Review and revision of these policies will be completed by the City of Hamilton Human Resources Division in accordance with their timelines.

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item (A)	Yes, No, N/A *If Yes, go to the next question in column A (no further details required) If No or N/A, go to column C* (B)	Validation/Explanation *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* (C)	Action Plan/Mitigation *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* (D)
3.9 Did the board of health engage in community and multi-sectoral collaboration with LHINs and other relevant stakeholders in decreasing health inequities?	Yes		
3.10 Did the board of health engage in relationships with Indigenous communities in a way that was meaningful for them?	No	PHS has partially met this requirement by participating in the development of the City-led Hamilton Urban Indigenous Strategy in 2018. This involved taking part in working circles that focused on Indigenous relations. This City-led Strategy will be used to guide the development of a PHS Indigenous Health Strategy - please see action plan.	An Indigenous Health Strategy Specialist was hired in 2019 to lead the development of a PHS strategy to address Indigenous health issues in Hamilton. A key component of shaping and developing the PHS Indigenous Health Strategy will be consultation and meaningful engagement with Indigenous communities to identify existing health issues / gaps and actions to address them.
3.11 Did the board of health provide population health information, including social determinants of health and health inequities, to the public, community partners, LHINs, and health care providers in accordance with the Foundational and Program Standards?	Yes		
3.12 Did the board of health develop and implement policies or by-laws regarding the functioning of the governing body, including: a) Use and establishment of sub-committees; b) Rules of order and frequency of meetings; c) Preparation of meeting agenda, materials, minutes, and other record keeping; d) Selection of officers; e) Selection of board of health members based on skills, knowledge, competencies and representatives of the community, where boards of health were able to recommend the recruitment of members to the appointing body; f) Remuneration and allowable expenses for board members; g) Procurement of external advisors to the board such as lawyers and auditors (if applicable); h) Conflict of interest; i) Confidentiality; j) Medical officer of health and executive officers (where applicable) selection process, remuneration, and performance review; and, k) Delegation of the medical officer of health duties during short absences such as during a vacation/coverage plan.	Yes		

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item (A)	Yes, No, N/A *If Yes, go to the next question in column A (no further details required)* *If No or N/A, go to column C* (B)	Validation/Explanation *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* (C)	Action Plan/Mitigation *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* (D)
3.13 Did the board of health ensure that by-laws, policies and procedures were reviewed and revised as necessary, and are reviewed at least every two years?	No	PHS has partially met this requirement. Council Procedures (By-law No. 14-300) and Council Code of Conduct (By-law No. 16-290) were updated within the last two years. In addition, PHS department policies have a review schedule of every two years and will be up to date by the end of 2019. Policies and procedures that are reviewed and revised by other City of Hamilton departments will be done in accordance with their timelines.	Finance & Administration, Information Technology, and Human Resource policies will be reviewed by the respective City of Hamilton departments in accordance with their timelines.
3.14 Did the board of health provide governance direction to the administration and ensure that the board of health remained informed about the activities of the organization regarding the following? a) Delivery of programs and services; b) Organizational effectiveness through evaluation of the organization and strategic planning; c) Stakeholder relations and partnership building; d) Research and evaluation; e) Compliance with all applicable legislation and regulations; f) Workforce issues, including recruitment of medical officer of health and any other senior executives; g) Financial management, including procurement policies and practices; and, h) Risk management.	Yes		
3.15 Did the board of health have a self-evaluation process of its governance practices and outcomes that are completed at least every other year?	Yes		
3.16 Did the board of health ensure that the administration developed and implemented a set of client service standards?	Yes		
3.17 Did the board of health ensure that the medical officer of health, as the designated health information custodian, maintained information systems and implemented policies/ procedures for privacy and security, data collection and records management?	Yes		
4.0 Public Health Practice			
4.1 Did the board of heath ensure that the administration established, maintained, and implemented policies and procedures related to research ethics?	Yes		

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item (A)	Yes, No, N/A *If Yes, go to the next question in column A (no further details required) If No or N/A, go to column C* (B)	Validation/Explanation *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* (C)	Action Plan/Mitigation *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* (D)
4.2 Did the board of health designate a Chief Nursing Officer and meet specific requirements under Schedule B of the Public Health Funding and Accountability Agreement? This includes but is not limited to: a) The Chief Nursing Officer role was implemented at the management level or participated in senior management meetings; b) The Chief Nursing Officer reported directly to the medical officer of health or Chief Executive Officer; and, c) The Chief Nursing Officer articulated, modelled, and promoted a vision of excellence in public health nursing practice, which facilitated evidence-based services and quality health outcomes in the public health context	Yes		
4.3 Did the board of health use a systematic process to plan public health programs and services to assess and report on the health of local populations, describing the existence and impact of health inequities and identifying effective local strategies to decrease health inequities?	Yes		
4.4 Did the board of health employ qualified public health professionals in accordance with the *Qualifications for Public Health Professionals Protocol, 2018* (or as current)?	Yes		
4.5 Did the board of health support a culture of excellence in professional practice, ensuring a culture of quality and continuous organizational self-improvement?	Yes		
5.0 Other			
5.1 Did the board of health have a formal risk management framework in place that identified, assessed, and addressed risks?	Yes		
5.2 Did the board of health produce an annual financial and performance report to the general public, as well as its Strategic Plan?	Yes		

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

2018 Annual Report and Attestation

Certification by the Board of Health

Chair, Board of Health	
Name	
(Signature) (Date)	

Medical Officer of Health / Chief Executive Officer	
Name	
(Signature) (Date)	

Chief Financial Officer / Business Administrator	
Name	
(Signature) (Date)	

Medical Officer of Health / Chief Executive Officer and Chief Financial Officer / Business Administrator:

- certify that the Annual Reconciliation worsheets with all the supporting documents are accurate financial statements attributable to the public health programs for the period specified and that the supporting documents are available for audit.
- certify that the attached Audited Financial Statements have been reviewed and approved by the Board and are in accordance with GAAP reporting standards.