

ALL PUBLIC HEALTH SERVICES DIVISIONS					
#	Measure	Target	Q1-Q2 Results 2019		Comments
<b>OBJECTIVE: Increase Partner &amp; Community Engagement</b>					
P1	% of program managers who report collecting client feedback as regular practice	N/A	61.1%	(11/18)	This result will be used to set the target for the 2019 Q3-Q4 Report.
P2	% of program managers who report having 2 or more partnerships with community groups/organizations	N/A	100%	(17/17)	This result will be used to set the target for the 2019 Q3-Q4 Report.
<b>OBJECTIVE: Increase Opportunities to Improve Practice and Service Delivery</b>					
P3	% of program managers who report identifying targeted health interventions for priority populations	N/A	86.7%	(13/15)	This result will be used to set target for the 2019 Q3-Q4 Report.
P4	% of program managers who report Evidence Informed Practice principles have been adopted	N/A	88.2%	(15/17)	This result will be used to set target for the 2019 Q3-Q4 Report.
P5	% of programs managers who report undertaking at least one Continuous Quality Improvement (CQI) initiative	N/A	94.4%	(17/18)	This result will be used to set target for the 2019 Q3-Q4 Report.
P6	% of vacancies that remain vacant after 3 months of recruitment (by Division)	N/A	EWCDC: 45.5% (15/33) HE: 60% (18/30) HF: 40.5% (17/42)		Due to the April 11, 2019 budget announcement by the Province, select positions were initially held vacant while awaiting further details of the Province's restructuring plans for local public health.
<b>OBJECTIVE: Improve Client Satisfaction with Public Health Services</b>					
P7	% of Our Citizen Survey respondents who rated Public Health Services as "Good", "Very Good", or "Excellent"*	80%	N/A		In 2018, the result for this measure was 75%. 2019 survey underway, data will be available for the 2019 Q3-Q4 Report.

#	Measure	Target	Q1-Q2 Results 2019	Comments
<b>OBJECTIVE: Improve Workplace Culture</b>				
P8	% of Our People Survey (OPS) action plan items completed by Division	100% by Q4 2019	EWCDC <sup>1</sup> : 17.6% (6/34) HE <sup>2</sup> : 31.8% (7/22) HF <sup>3</sup> : 15.6% (7/45)	Many OPS action plan items are 'in-progress' and will be completed by end of Q4 2019.
<b>OBJECTIVE: Improve Employee Training in Public Health Practice</b>				
P9	Cumulative % of staff who completed PHS specific training (OnCore)	100% by Q4 2019	78.1% (346/443)	On schedule to reach target by end of year.
<b>OBJECTIVE: Improve Employee Development</b>				
P10	% of employees who "meet or exceed" PAD goals	N/A	N/A	Data will be generated during the end-of-year PAD review meetings, and available in the 2019 Q3-Q4 report.
<b>OBJECTIVE: Increase Preparedness in the Event of a Public Health Emergency</b>				
P11	% of Public Health Emergency Control Group personnel who have participated in either an exercise, actual emergency activation or training within the past year	100% by the end of Q4	37.8% (14/37)	On schedule to reach target by end of year. A greater number of emergency exercises are planned for Q4 to allow for increased participation.
P12	% of corrective actions completed after an exercise or emergency activation within 12 months of identification	100% by the end of Q4	66.7% (12/18)	Outstanding corrective actions to be completed by end of year. On schedule to reach target.
<b>OBJECTIVE: Increase the use of Population Health Assessment to Inform Planning and Decision-Making</b>				
P13	% of requests for Population Health Assessment products resulting in a public health action or program decision	90%	93.3% (14/15)	N/A
<b>OBJECTIVE: Increase Collaboration with Indigenous Communities</b>				
P14	% of the Indigenous Workplan Initiatives completed	N/A	N/A	The Indigenous Workplan is currently being developed.

#	Measure	Target	Q1-Q2 Results 2019	Comments
<b>OBJECTIVE: Increase Transparency to Protect Community Health</b>				
P15	% of completed inspections with publicly disclosed inspection results	100%	100% (2645/2645)	Inspection/convictions include: <ul style="list-style-type: none"> <li>• Smoke-Free Ontario Act convictions</li> <li>• Food premises – routine and complaint-based inspections;</li> <li>• Public pools and spas – routine and complaint-based inspections;</li> <li>• Recreational camps (overnight camps only) – routine and complaint-based inspections;</li> <li>• Personal service settings – routine and complaint-based inspections;</li> <li>• Licensed child care centres – routine and complaint-based inspections;</li> <li>• Tanning facilities – complaint-based inspections;</li> <li>• Infection prevention and control (IPAC) lapse investigation reports; and,</li> <li>• Beach water quality during the operating season</li> </ul>

**EPIDEMIOLOGY WELLNESS & COMMUNICABLE DISEASE CONTROL DIVISION**

#	Measure	Target	Q1-Q2 Results 2019	Comments
<b>OBJECTIVE: Increase Collaboration in the Development of a City-Wide Drug and Opioid Strategy</b>				
P16	% of partner organizations who are satisfied with the Hamilton Drug Strategy	90%	89% (65/73)	The Hamilton Drug Strategy will continue to improve its methods of engagement (i.e. format of workgroup meetings, increasing diversity within the group).

#	Measure	Target	Q1-Q2 Results 2019		Comments
<b>OBJECTIVE: Increase Community Partnerships to Deliver Targeted Harm Reduction Services</b>					
P17	% of eligible external stakeholders providing naloxone through the Ontario Naloxone Program	60%	35.5%	(11/31)	The Harm Reduction program is continuing to work with partners to expand naloxone distribution in the community. The program actively seeks out and helps agencies with the application process and to meet the requirements for distribution.
<b>OBJECTIVE: Increase Access to Harm Reduction Supplies</b>					
P18	% of Needle Exchange Van service requests responded to	90%	83.3%	(2132/2558)	Demand for the services of the Needle Exchange Van continue to rise, however, the program does not have the capacity and resources for the van to make more stops during the hours of services.
P19	% of naloxone kits distributed that were used by clients	27%	31.6%	(2043/6466)	2019 data has demonstrated an improvement in usage of naloxone kits among clients. In 2018 Q1 and Q2, 25% of naloxone kits distributed were used by clients.
<b>OBJECTIVE: Increase Testing and Appropriate Treatment of STIs</b>					
P20	% of confirmed HIV cases where follow up was closed and complete within 2 months	75%	93.3%	(14/15)	HIV causes significant health impacts on clients and the community and warrants timely follow-up counselling, connection to appropriate care and partner notification.
P21	% of confirmed gonorrhea cases who received first line treatment	80%	79.8%	(170/213)	In 2018, the result for this measure was 75.4%.

Additional Monitoring Measures		Trend				Comments	
M1	Sexually Transmitted & Blood Borne Infections		2016	2017	2018	2019	Since 2006, the City of Hamilton there has been a continued rise in reported sexually transmitted infections. In response, a Sexual Health Clinic review is underway to improve services and implement targeted health promotion efforts for identified priority populations.
		Q1-Q2	1113	1147	1216	1393	
		Total	2215	2374	2638	TBD	
#	Measure	Target	Q1-Q2 Results 2019		Comments		
<b>OBJECTIVE: Increase Mental Health Promotion</b>							
P22	% of identified Mental Health Promotion strategic actions that are complete	25%	N/A		The Mental Health Strategy is being finalized. Data will be available for the 2019 Q3-Q4 Report.		
<b>OBJECTIVE: Increase Access to Immunization</b>							
P23	% of 7 year olds vaccinated for all Immunization of School Pupil's Act (ISPA) designated diseases	95%	92.9%	(5399/5810)		Includes vaccines for Measles, Mumps, Rubella, Diphtheria, Tetanus, Pertussis, Polio, Meningitis C, and Varicella	
P24	% of 17 year olds vaccinated for all Immunization of School Pupil's Act (ISPA) designated diseases	95%	92.1%	(5811/6309)		Includes vaccines for Measles, Mumps, Rubella, Diphtheria, Tetanus, Pertussis, Polio, and Meningitis C	
P25	% of school-aged children who have completed immunizations for hepatitis B	75%	71.2%	(4236/5946)		Hep B is not mandated under the ISPA.	
P26	% of school-aged children who have completed immunizations for meningococcus	90%	89.1%	(5297/5946)		N/A	
P27	% of school-aged children who have completed immunizations for Human Papilloma Virus (HPV)	65%	61.5%	(3659/5946)		HPV is not mandated under the ISPA.	

#	Measure	Target	Q1-Q2 Results 2019	Comments
<b>OBJECTIVE: Improve Accountability of Vaccine Management in the Community</b>				
P28	% of publicly funded vaccine doses that are wasted annually	< 5%	7.2% (7745/107494)	The target was not reached due to the high number of flu vaccine returns from community health care providers despite multiple reminders from PHS.
P29	% of inspected vaccine storage locations that meet storage and handling requirements	95%	100% (115/115)	N/A
P30	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	100% by the end of Q4	26% (118/453)	It is expected that 100% of refrigerators will receive an inspection by the end of Q4, as has been achieved in prior years.
<b>OBJECTIVE: Increase Compliance with the Infectious &amp; Communicable Diseases Prevention &amp; Control Standard</b>				
P31	% of iGAS cases where follow-up initiated within 24 hrs of notification to PHS	100%	100% (30/30)	N/A
P32	% of contacts of active Tuberculosis (TB) where follow up completed	80%	76.4% (81/106)	Follow-up relies on contacts to complete TB skin testing. Even if the health unit has successfully initiated contact investigation and provided testing directly to the client, in some situations, contacts can no longer be located.
P33	% of licensed day nurseries which receive an annual infection control inspection	95% by the end of Q4	76.1% (178/234)	Inspected on a yearly basis. The program is on schedule to reach target by the end of the year.
P34	% of personal service settings inspected annually	95% by the end of Q4	42.5% (343/807)	Inspected on a yearly basis. The program is on schedule to reach target by the end of the year.
P35	% of Hepatitis A cases where follow-up initiated within 24 hrs of notification to PHS	100%	N/A	No Hep A cases were reported between Jan 1 – Jun 30, 2019.

#	Measure	Target	Q1-Q2 Results 2019		Comments
P36	% of animals investigated that are current on their rabies vaccinations at the time of a reported bite	50%	Total: 53.2%	(304/571)	N/A

**HEALTHY ENVIRONMENTS DIVISION**

#	Measure	Target	Q1-Q2 Results 2019		Comments
<b>OBJECTIVE: Promote the Development of Built Environments to Support Health</b>					
P37	% of elementary and secondary schools with a School Travel Plan	62%	62%	(98/158)	For 2019, 20 new schools were engaged as planned.
P38	% of elementary and secondary schools with a school travel plan that have active transportation policies	50%	22.4%	(22/98)	Additional efforts (e.g., formation of a corporate/community working group, advocating for Active & Sustainable School Travel at Board of Trustees and School Councils) are planned to increase the overall number schools with active transportation policies
P39	% of total food items on City of Hamilton Recreation concession menus that fit green choice guideline	10%	3.3%	(4/123)	Public Health Services continues to work with the Recreation Division to advocate for more "green choice" menu items. No corporate policy currently requires these choices to be present.
<b>OBJECTIVE: Promote the Development of Natural Environments to Support Health</b>					
P40	% of assigned milestones completed from the Bay Area Climate Change Partnership project	65%	83.3%	(5/6)	N/A
P41	% of assigned milestones completed from the Air Quality Task Force Action Plan 2019	30%	7.7%	(1/13)	8 / 13 air quality action plan milestones are in progress.

#	Measure	Target	Q1-Q2 Results 2019				Comments
<b>OBJECTIVE: Reduce Risk of Vector Borne Disease Transmission to Hamiltonians</b>							
	Additional Monitoring Measures		Trend				Comments
M2	Animal Bites		2016	2017	2018	2019	The raccoon rabies outbreak has been active since 2015. Public awareness through program efforts may be contributing to the decreasing number of animal bites reported.
		Q1-Q2	730	714	690	669	
		Total	1508	1543	1502	TBD	
M3	Tick Submissions		2016	2017	2018	2019	A combination of public awareness and education activities and the declaration of an "Estimated Risk Area" for black-legged ticks in Hamilton has resulted in a higher number of ticks being submitted from the public. Tick populations are expected to continue to grow over time due to climate change.
		Q1-Q2	229	667	425	524	
		Total	296	892	567	TBD	
<b>OBJECTIVE: Increase Capacity in Chronic Disease Prevention Among Community Members</b>							
P42	% of targeted community partner staff with increased knowledge, skills and/or confidence following Chronic Disease Prevention education (physical literacy & food and nutrition program training)	70%	N/A		Data will be available for the 2019 Q3-Q4 Report.		
P43	% of targeted immigration service providers who report using information disseminated in the e-health communique for action	70%	73.8%	(31/42)	N/A		
P44	% of key partner agencies that report using Nutritious Food Basket information for action or decision-making	60%	67%	(10/15)	N/A		



#	Measure	Target	Q1-Q2 Results 2019		Comments
<b>OBJECTIVE: Reduce Non-Compliance with Guidelines and Laws that Govern Food &amp; Water Safety</b>					
P45	% of special events requiring an inspection that were inspected	100%	100%	(25/25)	N/A
P46	% of recreational water premises requiring re-inspections due to water safety concerns	< 20%	7.2%	(16/222)	Includes Class A, B, and C recreational water premises.
P47	% of inspections among high-risk and moderate-risk premises that resulted in an infraction	N/A	38.4%	(98/255)	N/A

Additional Monitoring Measures		Trend				Comments	
		2016	2017	2018	2019		
M4	Food Handler Certifications					The Food Safety team was tasked with finding efficiencies for the food handler certification program. Based on a program review, exam size and exam times offered were adjusted to align with regular business hours. The changes instituted resulted in savings for the program and a corresponding decrease in the number of certifications issued.	
		Q1-Q2	1439	1521	854		887
		Total	2572	2390	1607		TBD
M5	Red Signs Posted		2016	2017	2018	2019	No access to hot water, unsanitary conditions, and presence of pests were the most common causes of restaurant closures in the first-half of 2019.
		Q1-Q2	11	14	18	23	
		Total	25	23	50	TBD	
M6	Food Inspections/Enforcement		2016	2017	2018	2019	In January 2017, enforcement of the Healthy Menu Choices Act began, resulting in more food safety inspections completed in 2017. Since then, the Food Safety team has incorporated these requirements into their routine inspections. In 2019, Residential Care Facility food inspections were transferred to the Food Safety team which also contributed to the growing number of inspections over time.
		Q1-Q2	2827	2931	3072	3300	
		Total	5351	6141	6536	TBD	
M7	Food Complaints		2016	2017	2018	2019	The Food Safety team is receiving more complaints compared to previous years because the responsibility for follow-up of suspect foodborne illness complaints was transferred from the Infectious Disease Program to Food Safety team. This does not necessarily represent more food complaints received.
		Q1-Q2	152	98	258	234	
		Total	249	214	523	TBD	

Additional Monitoring Measures		Trend				Comments	
M8	Water Inspections/Enforcement		2016	2017	2018	2019	The Province of Ontario issued a revised public pool regulation in January of this year with an effective date of July 1st, 2018. This change reduced the number of inspections required for seasonal recreational water facilities.
		Q1-Q2	363	394	343	331	
		Total	884	884	797	TBD	
#	Measure	Target	Q1-Q2 Results 2019		Comments		
<b>OBJECTIVE: Improve Safe-Food Handling Knowledge</b>							
P48	% of food handler exam writers who passed the exam	90%	84%	(745/887)		Past practices did not flag where exam writers were experiencing problems. An evaluation has been implemented to help determine what exam writers are struggling with to improve this indicator.	
<b>OBJECTIVE: Increase Compliance with Laws that Govern Smoking</b>							
P49	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	90%	89.3%	(326/365)		2019 Q1 & Q2 SFOA youth compliance inspections resulted in 39 convictions.	
P50	% of tobacco retailers inspected once per year for compliance with display, handling, and promotion sections of the Smoke-Free Ontario Act	100% by the end of Q4	40.5%	(148/365)		The Ministry of Health and Long-Term Care's Tobacco Information System (TIS) has been updated to a new version, which may be impacting 2018/19 statistics during the reporting period. The program is on track to complete the required inspections.	

Additional Monitoring Measures		Trend				Comments	
		2016	2017	2018	2019		
M9	Smoke Free Ontario Act Tobacco Inspections (Legal Enforcement)	Q1-Q2	795	709	771	448	Electronic cigarettes first became regulated under the Electronic Cigarette Act (2015), it was then combined under the revised Smoke-Free Ontario Act in 2017. The Tobacco Control Program has been working to educate the public on the act and enforce its requirements with vendors and is likely the reason why the number of enforcement activities continues to decline over time.
		Total	1465	1271	1390	TBD	
M10	Smoke Free Ontario Act Tobacco Inspections (Complaints)	Q1-Q2	138	102	122	77	Refer to M9 above
		Total	274	213	218	TBD	
M11	Smoke Free Ontario Act Electronic Cigarette Inspections (Legal Enforcement)	Q1-Q2	180	205	165	227	Refer to M9 above
		Total	544	427	299	TBD	
M12	Smoke Free Ontario Act Electronic Cigarette Inspections (Complaints)	Q1-Q2	15	5	9	4	Refer to M9 above
		Total	17	8	16	TBD	
M13	CoH By-Law No. 11-080 Prohibiting Smoking within City Owned Parks and Recreation Property (Legal Enforcement)	Q1-Q2	44	34	12	23	Refer to M9 above
		Total	73	60	25	TBD	
M14	CoH By-Law No. 11-080 Prohibiting Smoking within City Owned Parks and Recreation Property (Complaints)	Q1-Q2	9	9	5	23	A new data collection system capturing complaints, as well as the changes in provincial legislation (SFOA, 2017), may have resulted in a higher number of complaints submitted from the public compared to the past.
		Total	28	25	28	TBD	

#	Measure	Target	Q1-Q2 Results 2019		Comments
<b>OBJECTIVE: Increase Access to Tobacco Cessation Services</b>					
P51	% of smokers that have attended a tobacco Cessation Clinic at least once after registering	68%	65.3%	(905/1385)	Client appointment attrition has been identified as a Continuous Quality Improvement project for 2019 to improve tobacco cessation services provided at Public Health.
<b>OBJECTIVE: Increase Capacity in Injury Prevention</b>					
P52	% of schools who have a concussion policy implemented	90%	100%	(162/162)	N/A

<b>HEALTHY FAMILIES DIVISION</b>					
#	Measure	Target	Q1-Q2 Results 2019		Comments
<b>OBJECTIVE: Increase Access to Vision Health Care for School-Age Children</b>					
P53	% of SK students screened from all schools in Hamilton	N/A	N/A		Vision screening was piloted during the 2018/2019 school year in 2 schools. 99 Junior Kindergarten students were eligible, of those 81 were screened and 54 were referred to a comprehensive eye exam. Efforts are in place to begin vision screening for all other schools in the 2019/2020 school year.
P54	% of SK students who screened positive received an eye exam by last notification	N/A	N/A		Vision screening will begin in 2019/2020 school year.
<b>OBJECTIVE: Increase Access to Dental Care for Low Income Individuals</b>					
P55	% of eligible children enrolled in Healthy Smiles Ontario who accessed the service	N/A	N/A		Data to be provided by the Ministry of Health and will be available for the 2019 Q3-Q4 Report
P56	% of eligible children enrolled in Healthy Smiles Ontario	N/A	N/A		Data to be provided by the Ministry of Health and will be available for the 2019 Q3-Q4 Report

#	Measure	Target	Q1-Q2 Results 2019		Comments
<b>OBJECTIVE: Improve Parenting Skills for Clients</b>					
P57	% of targeted community partner staff with increased knowledge, skills and/or confidence on all session objectives following child health education (in-service training session)	90%	82.5%	(94/114)	Safe Sleep and Nutrition sessions were held for community partners. The Safe Sleep session had the lowest percentage increase in knowledge, skills and/or confidence. Based on feedback given by community partners, the session will be revised to better meet their needs.
P58	% of client participants with increased knowledge, skills and/or confidence on all session objectives following child health education (group session)	90%	90.8%	(227/250)	Includes these group sessions: <ul style="list-style-type: none"> <li>• Car Seat Clinics</li> <li>• Canada Prenatal Nutrition Program</li> <li>• Feeding young Children – Client Session</li> <li>• Feeding Your Baby – Client Session</li> <li>• Parenting – Client Session</li> <li>• Parenting – Group Triple P</li> <li>• Parenting – Parenting with Love</li> <li>• Parenting – Triple P Discussion Group</li> <li>• Prenatal classes</li> <li>• Safe Sleep – Client Session</li> </ul>
P59	% of Nurse Family Partnership (NFP) clients who graduate from the program	40%	46.8%	(22/47)	Graduation rate is based on 2016 cohort, as the program duration is 2 years.
<b>OBJECTIVE: Improve Parenting Skills for Clients</b>					
P60	% of targeted community partner staff reached with reproductive health public health messaging	60%	N/A		There were no prenatal sessions in Q1-Q2.

#	Measure	Target	Q1-Q2 Results 2019	Comments
P61	% of targeted community partner staff with any increased knowledge, skills and/or confidence on all session objectives following reproductive health education (e.g. in-service training session)	90%	N/A	There were no prenatal sessions in Q1-Q2.
P62	% of client participants with increased knowledge, skills and/or confidence on all session objectives following reproductive health education (group sessions)	90%	92.2% (261/283)	Includes: <ul style="list-style-type: none"> <li>• Canada Prenatal Nutrition Program (CPNP)</li> <li>• Maternity Home – Client Session</li> <li>• Prenatal Classes</li> </ul>
<b>OBJECTIVE: Improve Mental Wellbeing for Children and Youth</b>				
P63	% of Counselling and Therapy (C&T) clients with improved emotional behavioural T-Scores by domain	N/A	N/A	C&AS implemented a comprehensive assessment system in May 2019. Data is currently being collected and will be available by year end.
P64	% of clients who report positive outcomes after receiving services	N/A	N/A	C&AS implemented a comprehensive assessment system in May 2019. Data is currently being collected and will be available by year end.