

2023 Status Updates on Public Health Priorities and Action Areas

HEALTH EQUITY PRIORITY

Action Area: Competency Development

Action Area Goal: Enhance staff competency to improve equitable health outcomes in Public Health Services programs by ensuring all staff have the required knowledge and skills to apply equity and anti-racism principles to their work.

In 2023, Public Health Services:

- Provided Indigenous Cultural Competency Training to 30 staff, with an additional 40 currently in progress, to better understand Indigenous communities’ historical and local context to enable them to provide culturally safe services and build meaningful relationships with Indigenous communities;
- Provided Health Equity and Anti-Racism training to 296 staff to ensure they have the foundational knowledge and skills to effectively apply equity and anti-racism principles in their work; and,
- Provided We All Count training to 25 staff and 23 community partners to increase awareness about the core issues facing the equitable and ethical use of data.

Action Area: Data for Equity

Action Area Goal: Enhance the use of data on the social determinants of health to enhance understanding of health inequities in Hamilton and inform Public Health Services program planning.

In 2023, Public Health Services:

- Developed health equity-related key performance indicators for three public health programs to measure progress in reducing health inequities and inform equitable service delivery; and,
- Completed a descriptive analysis of community health status information, including analysis of inequities, to systematically understand local population health trends and identify health inequities, priority populations, and targeted strategies.

Action Area: Community Collaboration

Action Area Goal: Continue to engage priority populations in identifying and addressing health inequities and collaborate with community partners to reduce health inequities through multi-sectoral action.

In 2023, Public Health Services:

- Engaged in comprehensive consultations with the City of Hamilton’s Advisory Committees, community partners, health professionals, and the public to identify issues and opportunities with Hamilton’s current Board of Health governance structure and reported back in Q4 2023 with alternate governance options and recommendations;
- Collaboratively developed the Indigenous Health Strategy with Indigenous leaders and community members, which Council approved in Q3 2023. The strategy identifies service growth opportunities and emphasizes the importance of self-determination and cultural safety in all services provided by Public Health Services; and,
- Continued its Vaccine Ambassador program, which was co-developed by the Hamilton Black Health Community Leaders Forum. Vaccine ambassadors work closely with community partners and use various strategies to share information about vaccines and other public health and community services among Black, Indigenous, and racialized communities.

Action Area: Awareness and Communication

Action Area Goal: Increase public and community partners’ awareness of local health inequities and their structural causes to drive collective action.

In 2023, Public Health Services:

- Distributed two bulletins to over 50 community stakeholders to inform them of the public release of updated community health status information in 2024, including the project’s status, milestones achieved, and upcoming work.

CHILD AND YOUTH HEALTHY GROWTH AND DEVELOPMENT PRIORITY

Action Area: Optimal Perinatal Health

Action Area Goal: Support the healthiest start in life through prenatal education, early identification of individuals at risk for poor mental health during pregnancy and postpartum, support for breastfeeding, and facilitating access to a range of community supports.

In 2023, Public Health Services:

- Facilitated outreach and education on increased prenatal screening to health professionals and organizations on increased early identification for pregnant individuals at risk for poor mental health. This outreach led to 900 prenatal Healthy Babies Healthy Children screens completed; and,
- Initiated virtual breastfeeding sessions in Q4 2023 to extend the reach of prenatal education programs, reaching 12 individuals over two sessions.

Action Area: Infant and Early Years Mental Health

Action Area Goal: Reduce the number of children aged 0 to 6 years at risk for poor social and emotional development through education, early identification, and coordinating access to community supports.

In 2023, Public Health Services:

- Trained 100% of Public Health Services’ Healthy Growth and Development Program staff in using screening tools while awaiting supports and services. These tools support the early identification of poor social-emotional development and overall development, leading to the creation of individualized developmental support plans for children aged one month to six years old. This training resulted in increased assessment and screening of children’s overall development and behaviour, with increased referral to children’s mental health and developmental services where appropriate;
- Initiated play-based therapy sessions to support social and emotional development in children aged 0 to six years. Out of the available 98 spots for children to participate in the Theraplay program, 84.7% were booked; and,
- Implemented the Infant and Early Years Mental Health community pathway to enhance the early identification of social and emotional developmental concerns in children aged 0 to 3.8 years. This pathway focuses on improving access to community supports and optimizing system navigation for those at the highest risk, resulting in 31 families being referred to the Healthy Babies Healthy Children Program. At the same time, Public Health Services is working on the development of a parallel pathway for children aged 3.9 to 6 years for implementation in 2024.

Action Area: Comprehensive School Health

Action Area Goal: Enhanced school dental screenings and immunization clinics to address deficits of care resulting from the pandemic. Maintain and continually improve partnership and collaboration with local schools and school boards through universal school supports and intensive services to priority schools.

In 2023, Public Health Services:

- Completed dental screening for 22,295 students during the 2022-23 school year to identify urgent dental needs and address deficits of care resulting from the COVID-19 pandemic;
- Completed immunization record screening for 41,611 students during the 2022-23 school year to identify, notify, and promote reporting and/or vaccination for those who do not have an up-to-date immunization record on file with Public Health Services in accordance with the *Immunization of School Pupils Act*;
- Administered 46,668 vaccine doses to grade 7-12 students to catch up on missing immunizations and prevent vaccine-preventable diseases;
- Provided direct public health nurse service to over 100 target schools during the 2022-23 school year to contribute to pandemic recovery efforts and support student mental health; and,

- Achieved a 53% completion rate for National Healthy Schools Certification in target schools, which focuses on promoting and enhancing the health and well-being of students, school staff, and the broader school community.

MENTAL HEALTH AND SUBSTANCE USE PRIORITY

Action Area: Trauma- and Violence-Informed Care

Action Area Goal: Implement an organizational approach to trauma- and violence-informed care through staff training and implementing policies throughout Public Health Services programs.

In 2023, Public Health Services:

- Developed a trauma- and violence-informed care implementation plan to apply an organizational approach to improve staff competency and embed trauma and violence-informed care practices into organizational policies.

Action Area: Community Mental Health Promotion in Middle Years

Action Area Goal: Collaborate across City Divisions and community partners to promote mental well-being and resilience and prevent substance use in youth.

In 2023, Public Health Services:

- Conducted meetings across the Healthy and Safe Communities Department to explore collaborative opportunities in promoting mental well-being and resilience and preventing substance use in youth.

Action Area: Municipal Policies on Substance Use

Action Area Goal: Lead the review and update of the 2011 Municipal Alcohol Policy in collaboration with City departments. Collaborate with community stakeholders and other public health units to apply to Health Canada to decriminalize the personal possession of illegal substances.

In 2023, Public Health Services:

- Established a City-wide, cross-departmental working group to coordinate the revision of the Municipal Alcohol Policy to reflect current legislation, evidence, and local needs.

Action Area: Harm Reduction

Action Area Goal: Coordinate interventions to support safer substance use and decrease adverse events from individuals using alone.

In 2023, Public Health Services:

- Developed the Hamilton Opioid Action Plan, a comprehensive strategy to respond to the toxic drug supply and reduce opioid-related harms and deaths in the community, which Council approved in Q2 2023;
- As a result of the Hamilton Opioid Action Plan, in collaboration with Housing Services, addressed community and Council inquiries by initiating a call for applications to launch a supervised consumption site within a men’s shelter in Hamilton to support safer substance use. No applicants came forward, resulting in the men’s shelter system collectively proposing an alternate plan to embed harm reduction workers into the shelter system. The alternate proposal will be brought forward to Council in 2024 for consideration;
- Developed local guidance to support applicants seeking municipal endorsement for a Consumption and Treatment Services application;
- Developed a 12-month drug checking strips pilot program to support safer substance use with implementation beginning in Q1 2024;
- Responded to 93% (n=3,472) of the Van Needle Syringe Program harm reduction service requests in 2023 to increase access to safe drug use supplies and support safer substance use; and,
- Distributed naloxone to 16 external stakeholders across 57 sites through the Ontario Naloxone Program to enhance community access to naloxone. An additional nine sites are to complete onboarding in Q1 2024.

CLIMATE CHANGE PRIORITY

Action Area: Extreme Heat and Health

Action Area Goal: Participate in local efforts to address excessive indoor temperatures in rental housing and identify ways to expand cooling programming and interventions across Hamilton.

In 2023, Public Health Services:

- Initiated work on developing a forthcoming Heat Response Strategy to prevent and protect local residents, specifically vulnerable populations, from heat-related illnesses and deaths;
- Launched the “Be A Heat-Wave Hero” campaign to educate landlords in the highest-risk areas of the community about extreme heat and heat-related illnesses their tenants may be experiencing;
- Held an education session to inform landlords of the risks and impacts of extreme heat in rental units; and,
- Developed toolkits called “CoolKits” to educate and inform public and private subsidized housing providers about the risks, impacts, and prevention of heat-related illness.

Action Area: Vector-Borne Diseases

Action Area Goal: Coordinate and work with partners to ensure vulnerable groups understand and have the means to be adequately protected from Vector Borne Disease (e.g., Lyme, West Nile, etc.).

In 2023, Public Health Services:

- Informed local conservation authorities that Public Health Services provides signage for Lyme disease to ensure residents using trails understand how to adequately protect themselves from Lyme disease, where two signs were posted on the Spencer Creek Trail; and,
- Collaborated with vaccine ambassadors to develop multilingual health education materials to expand Lyme disease and infection information reach to culturally diverse groups.

Action Area: Data for Climate Change Health Impacts

Action Area Goal: Develop a plan to establish an ongoing weather-related health event monitoring system for the City of Hamilton that works towards more real-time communication.

In 2023, Public Health Services:

- Initiated work on developing a plan to enhance its data surveillance system to monitor individuals presenting with heat-related illnesses in hospitals. Data will be shared with the Public Health Committee by Q2 2024.

Action Area: Climate and Health Education and Awareness

Action Area Goal: Support the Corporate Office for Climate Change Initiatives and others across the City in the development of climate/health promotional material, education/awareness through research, and identification of existing communication channels to priority and at-risk populations.

In 2023, Public Health Services:

- Initiated Collated lists of communication channels, priority neighbourhoods, and at-risk populations served through existing Public Health community services to expand the reach of future communications and education campaigns among priority populations. The Office for Climate Change Initiatives was informed of this outreach to priority neighbourhoods related to extreme heat. Collaboration on identifying priorities between the Office for Climate Change Initiatives and Public Health Services’ Health Hazards and Vector-Borne Diseases Program will continue in 2024. work on developing a plan to enhance its data surveillance system to monitor individuals presenting with heat-related illnesses in hospitals. Data will be shared with the Public Health Committee by Q2 2024.

Monitoring Measures (Ministry of Health 2023 Q3 and Q4 Standards Activity Reports)

#	Measure	Year 2023
CHRONIC DISEASE PREVENTION AND WELL-BEING		
Menu Labelling:		
Q1.1	Percentage of new regulated food service premises inspected in 2023	100% (1/1)
Q1.2	Percentage of 2022 premises that were re-inspected at least one time in 2023	0% (0/0)
Q1.3	Number of inspected premises (new and re-inspected) deemed: In full compliance	1
	In partial compliance	0
	Not in compliance, charges laid	0
Q1.4	Percentage of complaints that resulted in an inspection in 2023	0% (0/0)
Locally Developed Indicators:		
Q1.5	Collaborate with City, school board, and community partners to provide enhanced Active and Sustainable School Travel (ASST) support to 10 priority schools by December 2023	Target met. 12 schools received enhanced ASST support.
Q1.6	Complete at least five educator training and skill-building sessions on physical literacy and activity to increase physical activity in elementary and secondary students by the end of 2023	Target met. 10 training and skill-building sessions were held.
Q1.7	Pilot a comprehensive workplace health promotion program to reduce sedentary behaviour in at least one workplace in 2023	Target unmet due to staffing challenges. Work to be continued in 2024.
Q1.8	Complete asset mapping, including physical activity and food assets, as well as active transportation routes in at least one area of the City experiencing health inequities by December 2023	Target met. Asset mapping completed for two geographic areas.
Q1.9	50% of total food and beverage items on recreation concession menus fit green or yellow choices guideline (i.e., healthier options) by the end of 2023	<u>Food Items:</u> Target met. 50.0% (6/12) <u>Beverage Items:</u> Target met. 50.0% (6/12)
Q1.10	Engage at least 15 community partners in the Hamilton Food Literacy Network (FLN)	Target met. 17 partners engaged in the Hamilton FLN.

#	Measure	Year 2023
Q1.11	75% of Hamilton Food Literacy Network (FLN) partners report increased knowledge and skills to offer food programming and/or meet their organizational food literacy goals	Target unmet. Emphasis of the Hamilton FLN partners shifted to collaborative projects to advance food literacy goals. 35.3% (6/17)
Q1.12	Use food cost data collected in at least seven stores (online and in-store) using the Ontario Nutritious Food Basket costing tool to monitor food affordability by the end of October 2023	Target met. Food costing was completed in seven stores.
Q1.13	Increase reach to community members of food affordability findings to inform action throughout 2023	<u>Website</u> : 938 unique user visits <u>Email</u> : 43 partners <u>Presentation</u> : 1 community organization

HEALTHY ENVIRONMENTS

Q2.1	What actions were taken by the board of health to mitigate the health impacts of heat and cold?	<ol style="list-style-type: none"> 1. In order to implement the community action response plan, risks regarding extreme heat events were communicated to key stakeholders via the mass notification system. Individuals who did not have access to air conditioning were encouraged to access cool environments. 2. Risks regarding extreme cold events were also communicated to key stakeholders via the mass notification system. Individuals were encouraged to stay out of the cold (especially those who did not have shelter) for the 2022-23 cold season. 3. Collaborated with community partners regarding access to warm places during extreme cold events in 2022-23. 4. Collaborated with landlords of multi-dwelling residence/apartment buildings with residents who were at high risk of health impacts from extreme heat exposure to ensure they had access to a “cooling room” in the building.
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Locally Developed Indicators:

Q2.2	Distribute 230 radon monitors in 2023	99.6% (229/230) Target unmet.
Q2.3	Inspect 100% of premises subject to the <i>Skin Cancer Prevention Act</i> (2013)	100% (31/31) Target met.
Q2.4	Inspect 100% of arenas and facilities requiring indoor carbon monoxide monitoring systems	92.0% (23/25) Target unmet.

HEALTHY GROWTH AND DEVELOPMENT

Locally Developed Indicators:

#	Measure	Year 2023	
Q3.1	90% of breastfeeding client/group interactions that reported increased knowledge, skills, or confidence after interactions with Hamilton Public Health Services staff	97.0% Target met.	
Q3.2	95% of client participants who reported increased knowledge, skills, and/or confidence on all session objectives after attending a group session (e.g., parenting and Canadian Prenatal Nutrition Program)	95.0% Target met.	
Q3.3	18% of eligible individuals received a Healthy Babies Healthy Children (HBHC) screening during pregnancy	21.0% Target met.	
Q3.4	66% of targeted screening strategies are effectively identifying families with risk during pregnancy, postpartum, and early identification	72.0% Target met.	
Q3.5	90% of high-risk clients (after in-depth assessment) who access home visiting services (prenatal, postpartum, and early identification)	90.0% Target met.	
IMMUNIZATION			
Q4.1	Number of school immunization clinics held by the board of health for the grade 7 school-based program including Hepatitis B (HBV), Meningococcal, and Human Papillomavirus (HPV) vaccines (for September 1, 2022 to August 31, 2023)	327	
Q4.2	Number and type of catch-up clinical services held by the board of health for students in grades 8 to 12 for HBV, Meningococcal, and HPV vaccinations (for September 1, 2022 to August 31, 2023)	Catch-up clinic at a school (no routine school-based provided)	0
		Routine school-based clinic (catch-up vaccinations are also provided)	21
		Catch-up clinic at public health unit office location (specific clinic for school-based program)	39
		Appointments for catch-up school-based immunizations at public health unit office location	3,855
		Doses provided to healthcare providers upon request	8,621
Q4.3	Number of hepatitis B, meningococcal, and human papillomavirus vaccine doses administered to students (for September 1, 2022 to August 31, 2023)	Total number of doses of Hepatitis B vaccine administered to students in grades 7 to 12	17,052
		Total number of doses of Meningococcal vaccine administered to students in grades 7	10,837
		Total number of doses of Human Papillomavirus vaccine administered to eligible students in grades 7 to 12	18,799
Q4.4	Percentage of refrigerators that store publicly funded vaccine that received their routine annual inspection as per the vaccine storage and handling requirements	100% (511/511)	
INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL			
Q5.1	Number of infection prevention and control (IPAC) complaints received that triggered an inspection	Total complaints	51
		Triggered inspection	34
Q5.2	Number of verbal and written infection prevention and control (IPAC)-related section 13 health hazard orders issued under the <i>Health Protection and Promotion Act</i>	1	
Q5.3	Number of IPAC lapses by setting	0	
Q5.4	Hepatitis C	82.5%	

#	Measure	Year 2023				
	Percentage of reported confirmed sexually transmitted and blood-borne infection (STBBI) cases where treatment and follow-up were conducted according to the <i>Infectious Diseases Protocol, 2018</i> (or as current)				(127/154)	
		Gonorrhea			86.6% (420/485)	
		Syphilis			86.2% (119/138)	
		Total			85.7% (666/777)	
Q5.5	Number of catch basins treated with larvicide per round	Round 1			46,061	
		Round 2			43,262	
		Round 3			45,418	
Q5.6	Number of mosquito traps set per week				20 traps 12 weeks	
Q5.7	Total number of cases with acquired drug-resistance for tuberculosis (TB) identified in the public health unit jurisdiction				0	
Q5.8	Board of health activities related to Latent Tuberculosis (TB) Infections	<ul style="list-style-type: none"> Public Health Nurses (PHNs) receive reports of TB infections that are identified through Immigration Medical Surveillance (IMS) and/or other TB screening methods. All received reports are reviewed and risk assessed to identify those individuals who are at a high risk of TB activation. All high-risk individuals receive health teaching, which promotes the initiation of TB Preventative treatment (TPT) and are offered referral to the local TB clinic. Clients who initiate the treatment for TBI are monitored by PHNs for the duration of their treatment. Clients are assessed for their current treatment status, side effects, compliance with medications, bloodwork, and adherence to scheduled medical appointments. If applicable, PHNs contact the client to provide health teaching and promote the continuation and completion of the treatment. For individuals who have challenges in picking up medications from our public health unit, PHNs will help facilitate medication delivery to the client's home. This strategy addresses any transportation barriers and facilitates treatment completion. Hamilton Public Health Services continues to work closely with the local TB Clinic to support 3HP therapy by delivering directly observed therapy (DOT) for those identified as appropriate for the shortened regime. As part of the World TB Day health promotion campaign, our program also used social media platforms to promote our local website and bring awareness to TBI. During Fall 2023, our program also developed a health promotion strategy to enable primary care physicians to treat clients for latent TB. Once approved, the implementation of this comprehensive health promotion/physician engagement strategy will begin in 2024 and continue through 2025. 				
Q5.9	Number of rabies exposures investigated, broken down by species/category of animal and type of exposure (e.g., bite, non-bite, or bat)		Bite exposures	Non-bite exposures	Bat exposures	Total # Investigations
		Dog	663	398		1,061
		Cat	212	198		410
		Bat		149	19	168
		Livestock				0
		Wildlife	51	83		134
	Rodent	21	7		28	
Q5.10			Vaccinated	Unvaccinated		Total # Investigations

#	Measure						Year 2023	
	Rabies vaccination status data for all dogs, cats, ferrets, horses, cattle, and sheep investigated following reported human exposures (i.e., vaccinated, vaccinated non-compliant, unvaccinated, exempt or unknown)		As per O. Reg. 567	Non-compliant		Exempt from vaccination	Unknown status	
		Dog	471	2	119	8	462	1,062
		Cat	146	1	93	5	165	410
		Ferret						0
		Horse	2					2
		Cattle					1	1
		Sheep						0
Q5.11	Rabies post-exposure prophylaxis (PEP)	Count of Suspected Rabies Exposures, in 2023					Number	
		Rabies PEP was not indicated					1,628	
		Started rabies PEP but discontinued given rabies testing results					2	
		Prescribed PEP and were not previously vaccinated					128	
		Received a shortened course of PEP due to previous pre-exposure prophylaxis					6	
		Total					1,764	
FOOD SAFETY								
Q6.1	Total number of all fixed <i>year-round</i> food premises in operation in 2023						2,999	
Q6.2	Total number of all fixed <i>seasonal</i> food premises in operation in 2023						176	
Q6.3	Percentage of year-round high-risk food premises inspected once every four months while in operation						100% (627/627)	
Q6.4	Percentage of year-round moderate-risk food premises inspected once every six months while in operation						100% (1,550/1,550)	
Q6.5	Total number of re-inspections for fixed year-round food premises						840	
Q6.6	Total number of food safety complaints received that triggered an investigation						460	
Q6.7	Total number of tickets issued per section number	Number of Tickets					Section Number	
		1					12	
		2					22	
		1					32	
		1					20 (1) (a)	
		1					25 (2)	
		4					26 (1)	
		3					27 (1)	
		2					7 (1) (a)	
		1					7 (3) (c)	
		2					7 (1) (g)	
Total Number of Tickets					18			
Q6.8	Total number of summonses issued per section number						0	

#	Measure	Year 2023				
Q6.9	Total number of written section 13 orders (protection from pests) issued under the <i>Health Promotion and Protection Act</i> (HPPA)	25				
Q6.10	Percentage of Salmonella and E. Coli food-borne outbreaks investigated for which a probable source was identified	0% (0/0)				
SAFE WATER						
Recreational Water:						
Q7.1	Percentage of Class A (general public admitted) (seasonal and year-round) pools inspected while in operation	100% (44/44)				
Q7.2	Percentage of Class B (apartment/hotel with 6+ units) (seasonal and year-round) pools inspected while in operation	100% (69/69)				
Q7.3	Number of all Class C recreational facilities in operation	80				
Q7.4	Number of wading pools in operation	9				
Q7.5	Percentage of spas (seasonal and year-round) inspected while in operation	100% (19/19)				
Q7.6	Number of re-inspections for Class A, B, C facilities, and spas	40				
Q7.7	Percentage of recreational water facility complaints that triggered an investigation	100% (2/2)				
Q7.8	Total number of tickets issued by section number	0				
Q7.9	Total number of summonses issued by section number	0				
Drinking Water:						
Q7.10	Percentage of adverse water quality incidents (AWQIs) that had an initial response by the board of health within 24 hours	100% (17/17)				
Q7.11	Total number of written section 13 orders under the <i>Health Protection and Promotion Act</i>	0				
SCHOOL HEALTH						
Q8.1	List of all clinics that were used in 2023 for the provision of clinical service delivery to Healthy Smiles Ontario (HSO) clients as per the HSO Schedule of Services and Fees	Clinic Name	Clinic Location	Clinic Type	Types of Activities / Treatment Provided	Clinic Hours of Operation
		Public Health Dental Clinic	110 King St. W., 3rd Floor, Robert Thompson Building	Public Health Unit Dental Clinic	Screenings, case management, preventive services, restorative services, and emergency dental services. This site also serves low-income adults and OSDCP clients.	Monday through Friday: 8:30 AM-4:30 PM
		East End Preventive Dental Clinic	247 Centennial Parkway North	Public Health Unit Preventive Clinic	Screenings, case management, and preventive services.	Every Tuesday & one Friday per month: 8:30 AM-4:30 PM
		Upper James Preventive Clinic	891 Upper James St.	Public Health Unit Preventive Clinic	Screening, case management, and preventive services.	Every Thursday & most Fridays: 8:30 AM-4:30 PM

#	Measure					Year 2023
		Portable Preventive Clinics	School and community settings	Portable Preventive Dental Equipment	Preventive services.	Last clinic in schools in January 2020. 2 scheduled schools in Spring 2020 were cancelled due to the COVID-19 pandemic. Plan to resume in Spring 2023.
Q8.2	Percentage of students screened who were found to have clinical need for preventive services (i.e., clinically eligible for Healthy Smiles Ontario-Preventative Services Only [HSO-PSO]) (HSO-PSO))					28.6% (6,375/22,295)
Q8.3	Percentage of students screened who were found to have emergency and/or essential needs requiring immediate clinical treatment (i.e., clinically eligible for Healthy Smiles Ontario, Emergency and Essential Services Stream [HSO-EESS])					8.1% (1,809/22,295)
Q8.4	Percentage of students screened and found to be clinically and financially eligible for Healthy Smiles Ontario-Preventative Services (HSO- PSO) who were then enrolled in HSO-PSO					1.3% (292/22,295)
Q8.5	Percentage of students screened and found to be clinically and financially eligible for Healthy Smiles Ontario, Emergency and Essential Services Stream (HSO-EESS) who were then enrolled in HSO-EESS					3.3% (734/22,295)
Q8.6	Percentage of children screened and enrolled by the board of health in the Healthy Smiles Ontario - Emergency and Essential Services Stream (HSO-EESS) who have initiated treatment within 16 weeks of enrolment					90.3% (401/444)
Q8.7	Percentage of students whose parent/guardian received at least one notice/request for immunization information under the <i>Immunization of School Pupils Act</i> (ISPA) assessment process					43.2% (38,482/89,000)
Q8.8	Percentage of students suspended under the <i>Immunization of School Pupils Act</i> (ISPA)					0% (0/89,000) Due to the ongoing COVID-19 response work and the remaining deficits of care, ISPA exemptions were placed on hold for the 2022-23 school year. All students were still screened via the ISPA.
Q8.9	Most requested and/or supported topics of consideration in schools					<ol style="list-style-type: none"> 1. Mental health promotion (inclusive of violence and bullying prevention and life promotion/suicide prevention) 2. Physical activity and sedentary behaviour 3. Healthy eating behaviours
Locally Developed Indicators:						
Q8.10	Percentage of targeted schools who incorporated a comprehensive school health plan as outlined by the Healthy Schools approach in their School Improvement Planning/School Annual Plans.					School improvement planning processes were not yet reinstated.

#	Measure	Year 2023
Q8.11	Percentage of target schools that completed Healthy Schools Certification	53%
Q8.12	7% of cases reported to Children's Aid Society as a result of not accessing dental care	1.8% Below target, as increasing cases not accessing dental care are related to financial barriers rather than child protection issues.
Q8.13	100% of publicly funded schools who received Hamilton Public Health Services' oral health assessments.	100% Target met.
SUBSTANCE USE AND INJURY PREVENTION		
Locally Developed Indicators:		
Q9.1	100% of Van Needle Syringe Program requests that were responded to	93% Target unmet. Program data continues to highlight the demand for services for mobile needle exchange services in Hamilton.
Q9.2	Number of new eligible stakeholders providing naloxone by the Ontario Naloxone Program	7 Target of increasing by 10 providers in 2023 unmet. Lengthy contract approval process for tracking this indicator.

Monitoring Measures (Ministry of Health Annual Report and Attestation)

#	Measure	2022-23	Epidemiological Interpretation	Comments
IMMUNIZATION				
A1.1	Percentage of grade 7 students whose vaccinations are up-to-date for Hepatitis B, Meningococcal, and Human Papillomavirus (12- and 13-year-olds)			
	Hepatitis B	66.4% (4,088/6,154)	The percentage of grade 7 students continues to show a slight trend upwards from the 2021-22 school year (63.4%) but remains below pre-pandemic levels.	During the 2022-23 school year, Hamilton Public Health Services focused school-based clinical services on catch-up of the grade 8 cohort at the same visit for grade 7 vaccinations. Grade 8 students were prioritized for administration as they would be aging out of elementary/middle school vaccination clinics. Due to limitations in health and human resources available in base funding model, some grade 7 students were delayed for catch-up in grade 8. Data remains lower than during the
	Human Papillomavirus	58.4% (3,597/6,154)	There has been a leveling off of grade 7 students with up-to-date Human Papillomavirus vaccinations from 2021-20 (58.5%).	

#	Measure	2022-23	Epidemiological Interpretation	Comments
	Meningococcal	78.2% (4,814/6,154)	This represents the proportion of the grade 7 student cohort with up-to-date Meningococcal vaccinations. These rates are below historical averages of 94 to 99% (2015-16 to 2018-19).	2018-19 school year which was the last full year of school-based clinics prior to the pandemic and is the best comparator for past versus current status. Lower numbers may indicate that there remains post-pandemic vaccine hesitancy that requires public health intervention.