

TO: Board of Health

FROM: Dr. Lynn Noseworthy

SUBJECT: MOH Update

DATE: June 18, 2015

A. Municipality of Brighton Water Main Leak Emergency April 17 to May 1, 2015
(See the attached report at the end of these updates)

B. Skin Cancer Prevention Act (Tanning Beds)

From November 2014 to March 2015, Lorne Jordan (Tobacco Control Officer) was tasked with preparing an orientation package for tanning bed vendors that would bring them into compliance with the *Skin Cancer Prevention Act*, which was in effect since May 2014. This was a part-time endeavor in addition to his role as a Tobacco Control Officer.

With the assistance of the Communications Department, and the cooperation of Niagara Region Health Unit et al., he developed a comprehensive PowerPoint training aid for tanning bed vendors, which is now available on the Health Unit website.

Mr. Jordan ordered the four types of required signage for vendors and the public, and developed a “Short Form Wording” Master List of all of the charges under the *Skin Cancer Prevention Act*, with fines and victim surcharge adjustments. He also presented an orientation session on enforcement of the *Skin Cancer Prevention Act* to Public Health Inspectors at an Environmental Health Department meeting. The required signs/placements, short form wordings, and vendor education summary/PowerPoint were covered during the orientation.

A “Fact Sheet” was developed for vendors, with a link to the PowerPoint presentation, and then the signs were distributed to all vendors in the HKPR District. Mr. Jordan explained the materials to each vendor, ensuring they were aware of their new responsibilities.

Environmental Health inspectors have been designated to enforce the *Skin Cancer Prevention Act* by the Ministry of Health and Long-Term Care.

C. Workplace Health Program 2015

The objective of the Workplace Health Program at the HKPR District Health Unit is to increase the number of workplaces within our region that have adopted a comprehensive workplace health approach (CWH) to improving health.

CWH is an evidenced-based approach to making change within a workplace environment. A CWH approach (See Figure 1.) includes an organizational commitment to addressing four dimensions, including Occupational Health and Safety, Health and Lifestyle Practices, Organizational Social Responsibility and Organizational Culture.



Figure 1. OWHC model of CWH

Initiatives within each of these dimensions should be implemented using a continuous improvement model, such as Plan, Do, Check, Act, which includes a significant employee engagement and participation piece. For more information on the model visit www.owhc.ca or www.solutions2workstress.ca

The activities of the workplace health program at HKPR are divided into two distinct target groups, intermediaries and workplace leaders. Intermediaries are best defined as stakeholder organizations that support workplace health and safety. Examples include the Ontario Workplace Health Coalition, Public Health, Workplace Safety and Prevention Services, Public Services Health and Safety Association and the Canadian Mental Health Association. These organizations represent opportunities for collaboration. The second target group focuses on building the capacity of individual workplaces and the leaders within them.

Intermediary focused initiatives:

Community of Practice (COP)-HKPR's Workplace Health Program is the founding member, and key facilitator of a Public Health, Workplace Health Practitioner, COP. This group represents up to 26 Health Units and provides mutual support, professional development and opportunities for collaboration.

Ontario Workplace Health Coalition (OWHC)-HKPR participates on the Board of Directors of the OWHC. This group serves as a unifying structure across the province, helping to facilitate communication among workplace health stakeholders and promoting the importance of using a comprehensive approach to creating healthy and safe workplaces in Ontario. HKPR represents the public health approach to CWH on this Board. Participation on this Board has provided HKPR with access to specialized expertise.

Workplace Leadership focused initiatives:

Workplace Wellness in Northumberland (WWIN) - WWIN is a group of workplace leaders from organizations within Northumberland that plan annual events for other workplace leaders in the community. This group has a sustainable pot of money that they use to coordinate large annual workshops on CWH related topics relevant to local employers. Membership includes SABIC Innovative plastics, Northumberland Hills Hospital, Christian Horizons, Central East CCAC, and the Northumberland United Way.

Monthly e-newsletter (solutions2workstress.ca)-This monthly e-newsletter has 385 subscribers and provides information on CWH related topics of interest to employers within the HKPR region. To learn more about the newsletter, see the archived list on our website.

<http://www.hkpr.on.ca/InfoSet/Adults/WorkplaceHealth/HowWeCanHelp.aspx>

Healthy Workplace Month campaign- October is Healthy Workplace Month, and marks the beginning of HKPR's annual media campaign on a CWH related topic. Last year, we focused on the Psychological Health and Safety in the Workplace National Standard.

Annual Workplace event-Each year the Workplace Health Program hosts a workshop for local employers. This year the topic was 'Respect Matters' and the Keynote Speaker was Paul Kells (www.paulkells.com). The focus of this workshop was the important role that organizational culture plays in workplace health and safety. We had 60 registrants participate.

Free Networking meetings-The workplace health program provides free bi-monthly networking meetings in our Lindsay and Port Hope offices on a variety of CWH related topics. So far this year, we've held meetings on the topics of Healthy Eating at Work in collaboration with HKPR's Nutrition program, and Mental Health at Work in collaboration with the Canadian Mental Health Association. Employer participation varies greatly, depending on the level of interest in the topic, but generally we have 6-20 participants per meeting. Mental Health and the Psychological Health and Safety National Standard are our most popular topics.

Consultations-The workplace health program provides support to workplaces upon request. Our support consists of referrals to resources and evidenced based best practice. The most common request is to provide presentations to workplace leaders. The most requested topic is the Psychological Health and Safety National Standard.

D. Strategic Priority -Social Determinants of Health

The Social Determinants of Health Action Committee (SDHAC) is responsible for moving the social determinants of health strategic priority forward.

One aspect of this work is support for the implementation of the Health Equity Impact Assessment (HEIA). HEIA is a decision support tool which walks users through the steps of identifying how a program, policy or similar initiative will impact population groups in different ways. HEIA surfaces unintended potential impacts. The end goal is to maximize positive impacts and reduce negative impacts that could potentially widen health disparities between population groups; in short, more equitable delivery of the program, service, policy etc. In preparation for the HEIA roll-out and to ensure a consistent level of knowledge among committee members, a hypothetical Health Equity Impact Assessment was completed by the group using the example of the Good Food Box.

SDHAC acts as a forum for discussion around HEIA implementation. Presentations have been provided for each department by the Social Determinants of Health (SDOH) nurses, departments have been asked to choose an area to complete one HEIA, and support has been offered. The intention is for at least one HEIA to be completed by each department in 2015. Management has been asked to support the completion of this work.

A sub-group of the Committee met to finalize the 2015 operational plan with a focus on an internal communication plan. SDHAC is now submitting a proposal to the Executive Committee for a small amount of Health Unit funding for creative internal and external promotion of SDOH work to support the communication plan.

Kristina Nairn, Social Determinants of Health Nurse and Vidya Sunil, Epidemiologist, presented to the INFocus report and the Social Determinants of Health strategic priority to the Board of Health in January. Social Determinants of Health messaging is the basis of the ReThink Health campaign and the Municipal Engagement Strategy as well.

E. Strategic Priority – Communication

The Strategic Priority Communications Working Group has met a number of times to review a draft plan, identify actions, and recognize completed actions to date. There was a discussion about prioritizing the remaining actions, collaboration amongst program staff, and finalizing the communications plan for presentation to the Executive Committee in July.

A sub-committee of the Working Group has started meeting to review enhancing communication with health care providers.

Another meeting will be scheduled in the late summer/early fall.

F. Strategic Priority – Mental Health

The Health Unit wide Strategic Priority Mental Health Working Group met for the first time in November 2014. The Group, comprised of representatives from every department in the Health Unit, was established to implement the action plan created by the Management Committee, to make recommendations to the Executive Committee about mental health promotion within the organization and to recommend next steps after the 2014-2016 plans are implemented.

The Working Group created three smaller workgroups, who are responsible for implementing various activities of the action plan:

- Group One - Training
 - Will focus on staff straining around mental health and mental health promotion and how to incorporate it into our daily work.

- Will work with the Workplace Stress subcommittee and implement Mental Health First Aid training, as suggested by the Guarding Minds @ Work results. This two-day training will be for all staff and will take place later this fall and winter.
 - Group Two – How to Incorporate Mental Health Into Our Work
 - This group is looking at reviewing our current Health Equity Impact Assessment Tool (HEIA) to ensure that the mental health components we feel are important to assess are included.
 - Group Three – Stigma and Priority Populations
 - This group is looking at implementing two anti-stigma campaigns around mental health; one for staff, and one for the community at large.
 - This group will also be identifying priority populations/high risk groups.
 - This group will also be creating a resource for staff to use that will outline local mental health and mental illness resources in our communities.

G. Environmental Health Administration and Human Resources

Congratulations to Parvez Rahaman on his Certification with the Canadian Institute of Public Health Inspectors. Parvez joined HKPR as a student sampling mosquitoes for the West Nile Virus and later as a Public Health Inspector (PHI) practicum student to complete his field training in accordance with the Canadian Institute of Public Health Inspectors Board of Certification requirements. Parvez currently fills a contract PHI position in Lindsay.

H. Food Safety Program

The Ministry of Health and Long-Term Care (MOHLTC) requested assistance to conduct recall effectiveness checks of the Canadian Food Inspection Agency (CFIA) recall and food safety investigation of sliced apples and products containing sliced apple from Sun Rich Fresh Foods Inc. due to possible *Listeria monocytogenes* contamination. HKPR Public Health Inspectors (PHIs) conducted recall effectiveness checks with distributors, retailers and food service establishments such as hotels, restaurants, cafeterias, and institutions that serve vulnerable populations (e.g., hospitals, long-term care homes, retirement homes, licensed day nurseries) throughout the HKPR area. No cases of illness were reported to HKPR.

In summary:

Total number of effectiveness checks to complete	70
Total number of effectiveness checks completed:	70
Number of inspectors involved in completing the effectiveness checks:	8
Total number of food premises at which product was found for sale:	1

The safe food handling course continues to grow in popularity within HKPR area. To date, PHI's have trained 460 safe food handlers; equal to all food handlers trained in 2014.

The Public Health Inspector responsible for the school nutrition program in Northumberland County attended the Volunteer Appreciation Breakfast at St. Mary's School to celebrate the success of the 22 breakfast/snack programs in Northumberland County. This was an opportunity to celebrate established linkages with community partners.

I. Safe Water Program

The City of Kawartha Lakes (CKL) Lindsay water supply reported an elevated sodium level at 24 mg/L, which is slightly above the Ontario Drinking Water Standard of 20 mg/L. This is the second elevated sodium level occurrence with this water supply. Elevation in sodium requires the owners of a public (regulated) water system to notify users of this occurrence and seek medical advice from their health care provider if they are on a sodium restricted diet. The notice was distributed to users along with the municipal tax bills, but failed to specify the actual level. It is unusual for surface water supplies to have elevated sodium levels unless they have been impacted by salt deposition (e.g. road salt).

The Lindsay office received calls from the public and a request for an interview from local media. The average North American consumes 5000 mg of sodium per day. The majority of sodium intake comes from processed foods like cereals, prepared meals in grocery stores and restaurants (e.g. one fast food hamburger can have 1100 mg of sodium). In the case of the elevated sodium level in the Lindsay water supply, 2 liters of water would contribute only 48 mg of sodium by comparison.

HKPR is modifying future elevated sodium notices to state the actual amount of sodium found in the water.

J. Health Hazard Program

City of Kawartha Lakes (CKL) Development Services Municipal Law Enforcement Officers worked collaboratively with Lindsay Office Public Health Inspectors (PHIs) regarding a rental property in Lindsay with a broken sewer line flooding the basement apartment with sewage. PHIs worked with the landlord, CKL Fire Department and HKPR Family Health Department to identify temporary housing options for affected tenants until the matter resolved. The landlord found other suitable accommodations for affected tenants.

K. Vector Borne Disease/Rabies Program

Mosquito trapping for West Nile Virus sampling starts in June.

We have received 30 tick submissions to date as part of passive Lyme disease surveillance. Active tick surveillance with Ontario Parks is planned for summer.

L. Legal

HKPR vs. Graham (Rabies file # RA14-110-00009). Mr. Graham did not appear for court. The Justice of the Peace decided on a trial of absentia for 22 September 2015.

HKPR vs. Barth trial held on May 1, 2015 at Cobourg Provincial Offences Court. Written decision and sentencing is set for 8 July 2015.

Respectfully submitted,

A. Lynn Noseworthy
Medical Officer of Health