

TO: Board of Health

FROM: Dr. Lynn Noseworthy

SUBJECT: MOH Update

DATE: April 16, 2015

#### A. Administration and Human Resources

The early part of any new year finds the staff of the AHR department immersed in the year just ended, and the year just begun. Numerous reports are due in the first two months of the year, including statutory reporting to Canada Revenue Agency on a number of requirements, including T4s, HST and charitable activities, to OMERS, to our funding ministries for the fourth and final quarter of the year, as well as several other legislative reporting requirements, the details of which are outlined below.

#### 1. Public Sector Salary Disclosure

The Health Unit reported eleven employees who earned more than \$100,000 in 2014, including:

Medical Officer of Health, Directors of Administration and Human Resources, Communicable Disease Control, Oral Health, Chronic Disease and Injury Prevention, Family Health/Chief Nursing Officer, Environmental Health, and Managers of Human Resources, Environmental Health and Communicable Disease Control.

For purposes of comparison, we reported nine employees earning more than \$100,000 in 2013.

- 2. Privacy
- 2.1 Personal Health Information Protection Act (PHIPA)
  The Health Unit received and responded to six requests under PHIPA in 2014.
- 2.2 Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) The Health Unit received and responded to five requests under MFIPPA in 2014.

#### 3. One-Time Funding Requests

The Health Unit received approval for several one-time funding requests as part of its 2014 grant request. Due to the lateness of the provincial grant approval (November 2014), extensions were granted to the end of March 2015, to complete the work associated with most of these requests. Through some of the one-time grants, significant work has been undertaken on a multi-year basis, related to enhanced compliance with Accessibility for Ontarians with Disabilities Act (AODA), implementation of some recommendations from a Risk Assessment conducted in 2013, and improving public access to services, enhancing staff safety and privacy, and maximizing space utilization in the Port Hope office.

## B. "Little Chefs of CKL" a Cooking Skills Program for Children in the City of Kawartha Lakes (CKL)

#### Introduction

"In our current food environment where processed convenience foods are readily available, expensive and often unhealthy, becoming food literate is a life skill that enhances resilience. Through youth and new parents, we have an opportunity to begin to influence a new generation of healthy eating" (A Study of Food Literacy).

Helping children and youth to become healthy eaters goes beyond teaching Canada's Food Guide. Food shopping, meal planning, and meal preparation are life skills children and youth need throughout their lives. However, as Family Studies is no longer mandatory in schools and fewer families cook at home, there are fewer opportunities for children and youth to build basic food preparation and cooking skills. Food skills are needed to prepare nutritious, safe, and culturally appropriate meals. They include food shopping, understanding nutrition labels, food budgeting, menu planning, use of kitchen equipment, safe handling of food, and many more. The CKL Food Charter, draft CKL Food Action Plan, and a recent research report "A Study of Food Literacy" conducted on CKL youth all supported and have shown the need for cooking skills programs for children, youth, adults and seniors in our community.

In order to address the need for more cooking skill programs, the HKPR District Health Unit and Community Care CKL partnered in bringing a cooking skills program to two rural Communities of CKL. The program was designed for children ages 6 - 13. A one-time funding for this project was obtained from "Foodland Ontario".

### The Program

The purpose of this program was to teach children about healthy cooking skills, benefits of eating local food and to learn how to grow food. The classes were taught by a Registered Dietitian and a Public Health Food Worker. Ontario grown food was used for cooking and a copy of a local farms map was provided and discussed with the participants to help raise awareness of local food. Food from the local community garden was also used for cooking. Partnerships were formed with Little Britain United Church and Bethany United Church to run these programs in their kitchen facilities. In July 2014, the program ran in Little Britain and in August 2014, the program took place in Bethany. Each program was four days long and every day a special lesson plan was delivered and children prepared a healthy meal and ate with their peers. On the last day, each program had a celebration, where parents were invited to join the class and children cooked a healthy meal and served it to their families. Each child (24 in total) received a certificate of completion, as well as a

cooking kit which consisted of a take home bag (a donation from Valu-mart), Chef hat and aprons (Donation from Aprons'N More, Lindsay), cutting board, measuring cups and spoons, cookbook of all recipes, Canada's Food Guide and many other handouts from Foodland Ontario. The graduates of the program:

- Were able to prepare 8 healthy recipes
- Had the knowledge of where to purchase Ontario grown/local food
- Were able to grow herbs and at least one vegetable and one fruit

## Participant Feedback

#### Children:

- "I learned a lot"
- "It was an excellent program"
- "I was surprised to find out where food comes from. I didn't know so much of it was local."

#### Parents:

- "Children look forward to the program every day."
- "We want this program to come back."
- "Because of this program my 6 and 8 year old girls are helping more in the kitchen now."

#### C. Cessation Campaigns for 2015

The Healthy People Team of the Chronic Disease and Injury Prevention Department plays a key role in promoting cessation campaigns to the residents of HKPR District Health Unit. We work in partnership internally with the Family Health Department, the Communicable Disease Department and the Oral Health Department. Externally we partner with health care providers, mental health organizations and services providers, Sir Sandford Fleming College (SSFC), workplaces, Tobacco Control Area Networks, Centre for Addiction and Mental Health, Smokers' Helpline/Canadian Cancer Society and schools.

The Canadian Cancer Society's *Driven to Quit Challenge* is a health promotion campaign designed to motivate Ontario tobacco users to quit smoking or other forms of tobacco for the month of March 2015, for the chance to win a car or cash prizes. Participants are encouraged to sign up with a buddy and take advantage of the free support services of Smokers' Helpline to help them with their quit attempt. Everyone who registers for the *Driven to Quit Challenge* will receive discount coupons towards the purchase of Nicotine Replacement Therapy.

## For our communication campaign:

- A communication release was issued for The Driven to Quit Challenge 2015 and local newspapers and radio stations were given details of this challenge to be promoted. A radio interview was completed with Moose FM.
- Presentations and/or displays were given to the Ontario Early Years Centre and Sir Sandford Fleming College.
- The Sir Sandford Fleming College Health Fair was attended to promote Driven to Quit Challenge and support the youth leaders for the Leave the Pack Behind young adult tobacco cessation program.
- Driven to Quit posters were circulated to physicians, dentists, pharmacists, libraries and municipalities within the HKPR district.

- Digital posters were distributed throughout the Health Unit and to all relevant community partners who work with youth and adults.
- This contest was promoted on the televisions in our lobbies and on our lawn signs.

To date (March 23, 2015) we have 71 registrants, which is similar to the number of registrants for York Region (a region with a much larger population than HKPRD). Our registrations are up by 25% this year.

Secondly, Leave The Pack Behind is an age-tailored, comprehensive tobacco control initiative for young adults in Ontario. It is evidence-based and currently the best practice in smoking cessation for this age group (18 to 29 years). Leave The Pack Behind provides free, easily accessible do-it-yourself programs and services that have been developed by young adults for young adults.

Leave The Pack Behind's annual contest entitled *wouldurather...* is run in January and challenges all Ontario young adults to quit, reduce, or stay smoke-free for their chance to win cash prizes up to \$2,500. To participate in this 6-week long contest, young adults between the ages of 18-29 or any Ontario post-secondary student can sign up at <a href="www.wouldurather.ca">www.wouldurather.ca</a> from December 1<sup>st</sup> until January 25<sup>th</sup>, 2015. Additionally, **free**, full-course 8-week treatment of nicotine-replacement therapy, in the form of patches and gum, is provided to any eligible contestant who wishes to try these aides.

All contestants must register with a "buddy" and will receive motivational emails from Leave The Pack Behind throughout the 6 week contest period.

For the communication campaign:

- Digital posters were distributed throughout the Health Unit and to all relevant community partners who work with youth and adults.
- Presentations and/or displays were given to the Ontario Early Years Centre and Sir Sandford Fleming College.

Province-wide the *wouldurather*... campaign has had 13,569 young adults signed up to quit, reduce or stay smoke-free with over 4,600 smokers registered as both non-smokers and smokers can enter to win. A *Leave the Pack Behind* evaluation report has been released and seventy-eight youth in HKPR District have entered into the contest. Quit contests are a fun and a motivational method to encourage smokers to think about quitting.

#### **D.** Safe Communities

Northumberland has become the 27<sup>th</sup> community in Ontario to be designated a Safe Community. The Safe Community project is an initiative of *Parachute*, a national not-for-profit organization dedicated to preventing injuries and saving lives. Earning a Safe Community designation is not easy, as a county must meet certain criteria and show a commitment to working with *Parachute* to promote safety and injury prevention in its area.

The first step to Northumberland being designated a Safe Community began in September 2013 when 65 participants met to discuss and explore the concept. Since then, municipal leaders, the local Ontario Provincial Police, the Haliburton, Kawartha, Pine Ridge District Health Unit and a number of other local agencies have worked together to move forward with

the project. In June 2014, Northumberland County council endorsed the Safe Community project.

In Northumberland, the Safe Community project will focus on three key areas that were identified as priorities. These key areas are: falls prevention, on road/off road safety promotion and addressing incidents of self-harm and interpersonal violence.

## E. Food Safety

City of Kawartha Lakes Enforcement actions:

- A chip truck in Manilla was ordered closed by a Public Health Inspector due to lack of proper grey-water disposal. This establishment has since been re-inspected and opened and subsequently closed for one week due to unsafe operation including no water supply and unsafe disposal of liquid waste. The CKL Sewage System Department was notified and sought assistance with regard to sewage disposal. The Health Unit is working with the CKL Sewage System Department.
- Another establishment was issued a ticket due to temperature abuse of food; this action is being contested by the premises owner and is scheduled for court on 15 June 2015.

#### F. Safe Water

- The Ministry of Environment and Climate Change (MOECC) routine drinking water testing of Mariposa Estates identified elevated levels of sodium. This result was reported to the Health Unit. A Public Health Inspector issued a notice to Mariposa Estate drinking water system operator and consumers about elevated sodium in drinking water. This notice directs consumers with sodium sensitivities (e.g. hypertension, low-sodium diets) to consult with their health care provider.
- During routine maintenance in February a worker accidentally spilled non-potable mechanical oil into the Fenelon Falls water reservoir. Public Health Inspectors collaborated with MOECC and the Fenelon Falls Water Treatment Plant Operator to address the spill which could have potentially contaminated the treated water reservoir. It was determined that the community was not at risk as the operator shut down the system preventing system wide contamination. Public Health Inspectors assessed the health risk to the community, from the source of the oil, and possible contamination risk to the distribution system. The reservoir was cleaned and re-opened after satisfactory test results were confirmed, in accordance with MOECC protocols.

## G. Rabies

A Public Health Inspector was obstructed while investigating an animal bite incident.
This was treated as obstruction under the Health Protection and Promotion Act. The
animal owner was charged with obstruction, failure to comply with an Order, and
failure to immunize a dog against rabies. This is before the Provincial Offences Court
in Lindsay.

 Worked with the Ministry of Health and Long-Term Care to coordinate the new Rabies Sample Submission process with the Ontario Veterinary Technician Association. Three Veterinary technicians have been identified to support HKPR needs for rabies sample submission to the Canadian Food Inspection Agency Animal Disease Laboratory in Ottawa.

## H. Infection Control and Outbreak Management

Management staff from EH and CDC have started working together to identify areas of service delivery overlap. Areas for enhancement include:

- EH/CDC Response to enteric outbreaks: Process map to be developed related to suspect enteric illness reports.
- Ticks/Lyme disease management: A workgroup has been struck to review Vector Borne Diseases. Deliverables include a process map related to how ticks are managed to ultimately produce a process for a CDC/EH joint procedure. Tick dragging survey conducted in 2014 identified 4 of 5 samples tested positive for the Lyme disease vector. Staff attended the Lyme disease workshop in Toronto.
- Suspect Food Poisoning: Process map to be developed related to suspect food poisoning reports.

## I. Public Health Emergency Preparedness

- HKPR multi-disciplinary emergency preparedness committee met on March 31. This inaugural meeting confirmed the committee's terms of reference, and produced the following action items:
  - Revise HKPR fan-out process to include a feedback loop mechanism to ensure fan-out complete, fan-out policy and procedure, and staff training.
  - o Internal communication plan through Health Unit Happenings
  - Hazard Identification Risk Assessment conducted: cyber attack, weather events (freezing rain), infectious disease outbreak identified as significant risks to public health functions
  - Continuity of Operations Plan (COOP): initiated a COOP development process to identify priority service areas during emergency events.
- HKPR emergency response training needs are being identified
- Northumberland County Emergency Exercise (with Municipality of Brighton, Townships of Alnwick-Haldimand and Cramahe) scheduled for 13 March.
- TO 2015 Pan Am Games emergency/mass gathering planning underway with CDC and EH Department, Central East Local Health Integration Network, and Municipality of Minden Hills.
- Municipality of Port Hope declared a state of emergency on Family Day regarding a frozen water intake line. EH on-call manager attended Emergency Operation Centre meeting. Issue was resolved the same day with no impacts to water quality. Emergency declaration rescinded the following day.

#### J. Environmental Health Administration and Human Resources

- Environmental Health has confirmed six summer student positions (x3 practicum and x3 WNV/Beach) with funding through one-time grants (PHI Grant, Food Safety grant, Safe Water grant). One student per program area (Practicum and WNV/Beach) will be based out of the Haliburton, Lindsay, and Port Hope offices. All students start on May 11, 2015.
- Conducted an Environmental Health (EH) and IT visioning exercise to discuss IT needs for EH service delivery over the next 5 years.

#### K. Panorama Inventory

HKPR Health Unit staff in the Communicable Disease Control, Epidemiology and Evaluation Department (CDC,E&E) are continuing to implement Panorama and prepare for the launch of the next module dedicated to province-wide management of vaccine inventory of publicly funded vaccine. Staff will be attending three days of "Train the Trainer" training mid-April and will be training all of our CDC and some of our Environmental Health (EH) staff in June on the new system. HKPR Health Unit will go live with the new inventory module on June 15, 2015.

HKPR staff were invited, as a small select group, to attend the launch of the Panorama Inventory modules at the Ontario Government Pharmacy, late in March and one of our CDC managers had the opportunity attend.

### L. Enforcement of the Immunization for School Pupils Act (ISPA)

This year's Immunization of School Pupils Act (ISPA) program is underway and is only being applied to the 2007 birth cohort (grade 2). Communication has been sent to all school board directors, elementary school principals and health care providers. First notice letters were mailed out to parents/guardians on March 23rd. Consequently, there has been an increase in phone calls and walk-ins across our office locations for parents to update their child's immunization information with the Health Unit.

## M. Infectious Diseases & Outbreak Management

This has been a very challenging outbreak season for us, with a large increase in the number of facilities' outbreaks compared to recent years. This is largely due to the mismatch of the influenza A component of the flu vaccine. We are continuing to see flu activity re: both A and B strains.

#### N. Pan Am Games

Our epidemologists are heavily engaged in preparation for surveillance activities during the Pan Am Games and are also representing HKPRDHU on the Ontario Provincial Surveillance Working Group for The Games. As part of Pan Am surveillance planning, all area hospitals are now part of the Acute Care Enhanced Surveillance program where in real time the Health Unit will receive information on the symptoms of patients presenting to the emergency room. For detailed info on the system, please visit <a href="http://www.kflaphi.ca/wp-content/uploads/ACES">http://www.kflaphi.ca/wp-content/uploads/ACES</a> Brochure for-KFLAPHI.pdf.

As you know, HKPRDHU has one Pan Am event (Canoe/Kayak-Slalom) occurring in our jurisdiction on July 18 and 19<sup>th</sup> in Minden.

# O. Health Care Worker Flu Immunization Coverage for Long-Term Care Homes and Hospitals

The Ministry of Health and Long-Term Care (the ministry) has been collecting seasonal influenza immunization rates for HCWs of LTCHs since 1999 and for hospitals since 2000. Last year's (2013-14 season) HCW influenza immunization median rates were 78% (increase of 4% from the previous year) for LTCHs and 55.4% (increase of 4.8% from the previous year) for hospitals.

For the 2014-15 season, please find below the LTCHs and Hospital flu immunization rates for HKPR District Health Unit compared to the previous season.

	1	1
LTCHs	2013-14 STAFF	2014-15 STAFF
Burnbrae Gardens	46%	95.6%
Warkworth Place (formerly Comm Care)	81%	89.7%
Hope Street Care (formerly Comm Care)	95%	87.0%
Extendicare - Cobourg	94%	90.4%
Extendicare - Port Hope	95%	<b>V</b> 88.9%
Golden Plough Lodge	51%	<del></del> 50.2%
Maplewood	91%	<b>∀</b> 78.6%
Regency Manor	93%	¥ 80.5%
Streamway Villa	99%	94.2%
Caressant Care - Mary Street	65%	71.6%
Caressant Care - McLaughlin Road	60%	66.9%
Case Manor Care Community	76%	78.6%
Extendicare - Lindsay	86%	91.3%
Fenelon Court	76%	<b>V</b> 50.6%
Frost Manor	85%	90.1%
Pinecrest	69%	73.9%
Victoria Manor	46%	69.0%
Extendicare - Haliburton	92%	¥ <sub>83.8%</sub>
Highland Wood	84%	- <sub>ī</sub> 83.3%
Hyland Crest	89%	<b>V</b> 76.9%
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	2013-14	2014-15
Hospitals	Staff Rates	Staff Rates
Campbellford Memorial Hospital	68.0%	<b>√</b> 65.0%
	69.0%	
Northumberland Hills Hospital		68.3%
	50.0%	
Ross Memorial Hospital		49.6%
Minden Hospital Site	78.0%	<b>√</b> 66.6%
Haliburton Hospital Site	91.0%	<b>↓</b> 66.3%

Respectfully submitted,

A. Lynn Noseworthy Medical Officer of Health