HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

TO: Board of Health

FROM: Dr. Lynn Noseworthy

SUBJECT: MOH Update

DATE: May 21, 2015

A. Board of Health Highlight in Health Matters
Health Matters is a newsletter the Health Unit distributes to health care providers in all three counties. The spring issue of Health Matters will feature a short article that outlines the composition of the Board of Health and also explains its governance role.

B. Health Promoter Sue Shikaze Has Been Named as Minden's Pan Am Games Torch Bearer
Minden's torch bearer for the Pan Am Games has been announced, and it's Sue Shikaze, Health Promotor, Chronic Disease & Injury Prevention, HKPR District Health Unit. Sue is also the chair of Communities in Action and the Cycling Coalition. Nominations for torchbearers opened in October, and Sue's name was put forward. The local community planning team made the final decision. She'll be carrying the torch through Minden on June 4.

C. Communicable Disease Control (CDC) Nurses to Attend Tuberculosis (TB) Clinic
CDC Nurses working in the area of TB will be attending a TB clinic in June at the Toronto Western Hospital to learn more about TB management. Dr. Michael Gardam and Dr. Kamran Khan will be in attendance to teach and share their knowledge. This exciting and beneficial opportunity was arranged by Shawn Woods, Manager, Communicable Disease Control, Epidemiology & Evaluation Department.

D. Rapid Risk Factor Surveillance System (RRFSS)
The Rapid Risk Factor Surveillance System (RRFSS) is a telephone based survey surveillance system. RRFSS was originally piloted in 1999 by the Durham Region Health Department and soon after was joined by the Haliburton, Kawartha, Pine Ridge (HKPR) District Health Unit and the Simcoe Muskoka District Health Unit joined in 2000. Through RRFSS, the Health Unit collects data from HKPR residents on health status, modifiable risk factors, perceptions and knowledge related to health-related risk factors/behaviours, and key demographic information.

Participating in RRFSS provides the Health Unit with local data, which can be analyzed at the county level. Participation in RRFSS gives HKPR departments the ability to create survey modules that are specific or unique to the HKPR district. Additionally, there is flexibility with

RRFSS, as participating health units are able to select their own survey content and, if needed, change their survey content prior to each 4 month period of data collection. The data are provided in a relatively timely manner—within 4 – 5 months of the most recently completed survey cycle (provided quarterly).

With other data sources, the data for the HKPR District are often based on small sample sizes, the result of which is increased variability around the estimate. For example, with Statistics Canada's Canadian Community Health Survey (CCHS), reliable estimates at the Health Unit level require two years of data collection, and cannot be released publicly if the variation (coefficient of variation) is larger than a specific value (33.3%). With RRFSS, the Health Unit obtains a greater sample size, which decreases the statistical variability (uncertainty) of an estimate. With RRFSS, the Health Unit is able to ask the same module over multiple years (consecutive or alternate) to obtain improved estimates, in addition to trends, while the CCHS may only collect the data over a 1 or 2 year period before alternating to different content.

On an annual basis, an internal HKPR RRFSS committee (designated staff from each department) review the available survey modules that are available to be asked in the upcoming survey year. The modules are prioritized within departments and mutually agreed upon by the internal HKPR RRFSS committee. Modules have different numbers of questions and the time required to ask certain modules is greater than others. The internal HKPR RRFSS committee is required to choose modules and questions based on a certain number of questions being asked in a given amount of time. For example, at the internal RRFSS meeting to select the 2015 content for HKPR, there was an average of 127 questions selected for the year, which could take an estimated 26 minutes to administer. From the initial 127 questions, the committee was able to reduce the average number of questions asked to 78, which was estimated to be closer to an 18 minute survey.

For the 2015 survey year, the HKPR District Health Unit has purchased 1200 completed surveys from the Institute for Social Research (ISR) at York University, which conducts the telephone survey. The 1200 completed surveys are spread out across the year, with approximately 400 completed surveys performed every 4 months. The average survey duration (survey time) purchased by the Health Unit is 18 minutes. For the survey year of 2015, the cost for purchasing the completed surveys from ISR is $55,546. This is an increase from previous years, due to a contractual/settlement at York University. To offset this increase, the Health Unit reduced the survey length purchased from the 20 minutes in previous years to 18 minutes for the 2015 survey. The Health Unit has opted not to send an advanced notice letter to HKPR District residents, and has opted not to have ISR perform analysis on the data, both of which would be an additional cost to the Health Unit.

Departments at the HKPR DHU use the RRFSS data to complete situational assessments, inform program planning, and communicate local data to staff, stakeholders, and the public about risk factors and perceptions of risk. Some examples of how the different departments at the Health Unit use the RRFSS data are indicated below:

- The Health Unit commonly uses RRFSS as the only mechanism to obtain local data related to public perception of health-related topics. HKPR has asked questions to gauge public opinion and support for a smoking bylaw, support for a smoking ban in multi-unit dwellings, support for provincial tobacco legislation, support or opposition for smoke free public places, and support for water fluoridation.

- The Epidemiology and Evaluation Services uses the RRFSS in Health Unit publications, including the *InFocus* reports on the healthy eating and active living (HEAL report, 2011), the *InFocus* report on alcohol (2012), and the *InFocus* report on the social determinants of health (SDOH report, 2015). Often, data from other sources do not meet the needs of a project or the data contain a high degree of statistical variation and cannot be released at the County or Health Unit level. The RRFSS data allow Epidemiology and Evaluation Services to analyze data at the county level data and monitor trends as required under the Population Health Assessment Protocol and the Ontario Public Health Standards (OPHS, 2008).
- Communication Services (CS) has used the RRFSS data to develop a better understanding of the health behaviours, knowledge and attitudes of HKPR residents in order to strengthen the messaging and tactics of any campaigns developed for program staff. CS has used the RRFSS data to obtain local data on the percentage of residents who use the Health Unit's website to find health information, to determine how residents have heard of a service, and residents' satisfaction with the services. For example, CS utilizes the information about website usage to identify areas in which the Health Unit needs to strengthen the content of the website or look at ways, and to whom, we need to increase promotion of the site as a source of health information for local residents.
- The Environmental Health (EH) Department has used RRFSS data in its 2012 Rabies Program Situational Assessment for program planning. As a result, the HKPR DHU has focused on providing information, education and awareness to pet owners about the significance of the rabies vaccine in protecting their pets, family members and public at large. EH developed a multi-pronged communication campaign intended to increase public awareness of the legislative requirement to have pets vaccinated against rabies and to increase public awareness of the need and benefit of rabies vaccination of pets. EH is continuing to partner with local veterinarians to offer annual Low Cost Rabies Clinics (LCRC) in the HKPR district.
- The Family Health (FH) department uses the RRFSS data when completing situational assessments on various Family Health topics. For instance, RRFSS data for Postpartum Depression (PPD) have been used to complete a situational assessment and support program planning. The RRFSS data showed the Family Health department that most people have heard about PPD, but could not correctly identify the difference between the Baby Blues and PPD. FH aims to include this information in media releases as well as prenatal and other group activities to improve awareness for women to seek help earlier, so families know when a mother is at a stage that requires medical attention. Additionally, in order to inform program planning, FH has investigated vitamin D supplementation and the number of pregnant women who saw a provider in the first 3 months.
- The Chronic Disease and Injury Prevention Department (CDIP) has used RRFSS data to establish program priorities and campaign messaging. The data obtained from these survey modules have been used for presentations, grant proposals, and to create and support campaigns that would lead to policy development. For example, the RRFSS module on smoke free multi-unit dwellings was useful to CDIP, which wanted landlords and municipalities to know that there was a demand for smoke-free housing and that they

would be supported if they chose to implement a smoke-free policy. Additionally, CDIP has used the survey module on tobacco-free outdoor spaces to show that there was support for municipalities to move forward with policy development.

The Health Unit has recently been updating the RRFSS survey results that are publicly available on the Health Unit's website. Some examples of publicized results can be found by navigating to the following URLs:
www.hkpr.on.ca/Portals/0/PDF%20Files/PDF%20-%20Epi/RRFSS_2012_FAS%20InFo.pdf
www.hkpr.on.ca/Portals/0/PDF%20Files/PDF%20-%20Epi/BMI%20Trend%20NEW%202014.pdf
www.hkpr.on.ca/Portals/0/PDF%20Files/PDF%20-%20Epi/General_Health_Trend_2002_13.pdf
www.hkpr.on.ca/Portals/0/PDF%20Files/PDF%20-%20Epi/RRFSS_2012_Cell%20Phone%20Texting%20InFo.pdf
www.hkpr.on.ca/Portals/0/PDF%20Files/PDF%20-%20Epi/RRFSS_2012_Falls%20InFo.pdf
http://www.hkpr.on.ca/DataStats/OralHealth.aspx
www.hkpr.on.ca/Portals/0/PDF%20Files/PDF%20-%20Epi/RRFSS_2012_ArtifTanning.pdf

E. Environmental Health Administration and Human Resources

Environmental Health will welcome three Public Health Inspector (PHI) Practicum Candidates and three West Nile Virus/Beach Sampling Students on 11 May 2015.

PHI Practicum Candidates complete twelve months field training to apply for their certification exam as a Public Health Inspector with the Canadian Institute of Public Health Inspectors. Our students will be placed in each of Haliburton, Lindsay and Port Hope office locations. They will be mentored by Public Health Inspectors.

Environmental Health received written thanks to Cammie McDuff, Admin Assistant - Haliburton office for her helpfulness with Part 8 file related searches.

F. Safe Water

The Municipality of Brighton declared a State of Emergency for a water main break on 17 April 2015. The water main break caused the shutdown of the municipal water system. A municipal-wide Boil Water Advisory (BWA) was issued to the entire Town of Brighton. In addition, 32 Boil Water Orders (BWO) were issued to food premises in the Town of Brighton. After the water main was repaired the BWA and BWOs were rescinded once the water system tested as satisfactory.

Hamilton Township/Creighton Heights experienced a water main break resulting in a BWA affecting approximately 50 households. The BWA was rescinded when the break was repaired and the water system tested as satisfactory.

G. Rabies

Animal Control By-Law planning meeting in Lindsay
Board of Health Meeting presentation (April 16, 2015) - Rabies Program Update and Rabies Specimen Collection System were presented to the BOH

H. Public Health Emergency Preparedness

Public Health Inspectors attended the Emergency Readiness Basics for the Food Industry in Toronto on March 10, 2015

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I. Legal

Public Health Inspectors participated in an Enforcement Training session in Lindsay from April 28 – 30, 2015

EH worked collaboratively with our Tobacco Control Officer to issue two charges for tobacco related offenses in a food premise.

Trial of HKPR vs. Barth took place on 4 May 2015. The Justice of the Peace has reserved judgment until July 2015.

J. Pan Am Games TO2015

Environmental Health has been working closely with TO2015 Pan Am Games Catering, Cleaning and Waste Division and emergency preparedness. Public Health Inspectors have been working Wintergreen Maple Products (on-site caterer), Pinestone Resort & Conference Centre (satellite athlete accommodations), Minden Wild Water Preserve (event host) and surrounding food premises to ensure food safety compliance. Food premises' Small Drinking Water Systems have been inspected to ensure compliance with Provincial law. Food Handler Certification courses have been scheduled in May 2015 for the Pam Am Games food services. Public Health Inspectors will be a visible presence throughout the games to ensure food safety and infection control compliance are maintained.

K. Alcohol and Youth

In June of 2010, Chris Skinner of Waterdown died on the floor of his friend's living room of acute alcohol poisoning. Skinner had consumed a deadly amount of alcohol after attending two home parties, where adults were both present, and in one home, even an active participant in the drinking games with the youth that night. According to a toxicology report, Skinner's blood alcohol level was nearly five times the legal limit.

In 2012 an inquest took place to look into the death 17 year old Chris.
http://www.hamilton.ca/NR/rdonlyres/C3EEAC66-ED15-4013-B430-B9EAAB16CE3F/0/Feb04EDRMS_n403977_v1_BOH13004__Response_to_Recommendations_fr.pdf.

The purpose of the inquest was to identify opportunities for public education, with the hopes of preventing similar tragedies. To meet that end, the inquest called for Hamilton Public Health Services (HPHS) to develop a local media campaign with 8 recommended foci.

One of the prevention pieces created by HPHS under this call for action was a "Strategies for Parents to Prevent Underage Drinking" booklet.

During the creation of the booklet staff at HPHS realized that the then newly released Low Risk Alcohol Drinking Guidelines (LRADG), when promoted as is, did not align with the messaging they wanted to give to parents (ie delaying initiation) and was missing important messaging around parental mentoring and role modeling. HPHS brought these concerns forward and a special meeting of the Public Health Injury Prevention Manager's Alliance Collaboration was held to focus on Alcohol Low Risk Drinking Guidelines and Youth.

Seventeen Health Units and Parents Against Drugs (PAD) were present for that meeting, with all sharing their views on the LRADG and their relation to youth. The meeting concluded with the decision to form a working group to focus on the LRADG's as related to two underage youth target groups; 10-14 & 15-18, with the primary emphasis being messaging for parents.

For the last year and a half, the Low Risk Alcohol Drinking Guidelines for Youth (LRADGY) Working Group (and its subgroups) has worked to complete;

- ✓ An environmental scan of existing resources related to Low Risk Alcohol Drinking & youth
- ✓ Examination of current literature reviews completed by Public Health Units
- ✓ The creation of a best practice resource list
- ✓ An adaption of Hamilton's Strategies for Parents to Prevent Underage Drinking booklet, for the 15-18 age group, to include harm reduction skill building activities, for parents to engage in with their youth, to open the conversation on 6 key parental strategies (Communication, Discipline, Parental Monitoring, Parental Modelling, Parent/Child Relationships, Provision of Alcohol)
- ✓ A parental education Infographic for the 10-14 age group, adapted from Australia's Drinkwise DELAY card http://drinkwisewebsite.s3.amazonaws.com/2011/11/Parents-5-point-plan-_DELAY_Drinkwise-Wallet-Card.pdf, which pictorially highlights tips to help delay a child's alcohol use.

At present, both products, the 6 Parental Strategies Tip Sheets and the Infographic, have been reviewed and edited by York Region's Health Educator and are now in the final stages of completion by the Kingston, Frontenac and Lennox and Addington Public Health Unit's Communications Department. The LRADGY Implementation and Evaluation working group is finalizing its plan for the marketing and evaluation of the products, and upon completion, both the Infographic and Tip Sheets will be available on e-Health for all Health Units to access.

L. Nicotine Replacement Therapy Program

Nicotine Replacement Therapy (NRT) has shown to almost double quit rates for individuals trying to quit smoking. NRT helps manage withdrawal symptoms while cutting back and quitting smoking by replacing the cigarettes with a pure form of nicotine into the body. The cost of a one week supply of one type of Nicotine Replacement Therapy (NRT) can range up

to approximately $55.00. Some individuals use long acting and short acting NRT combined to assist with their attempt to quit and manage their withdrawal symptoms. This could double or triple the weekly cost of NRT, creating a barrier to access for individuals trying to quit smoking.

The Chronic Disease and Injury Prevention (CDIP) Department applied In February 2014 for one-time funding in the amount of $30,000 from the Ministry of Health and Long-Term Care (MOHLTC). The funds were approved in November and were designated to improve access to NRT as part of comprehensive tobacco treatment. An application to extend the funds was submitted and approved early 2015, and then the program was rolled out.

The tobacco team collaborated with community partners to develop a voucher program to help distribute the NRT. Participants could access cessation support through the health Unit by group or individual sessions. Through these sessions, individuals were given vouchers for up to 12 weeks of free NRT that could be taken to one of the 12 participating pharmacies for a consultation with a pharmacist and redemption of appropriate NRT product.

Through this initiative, the tobacco team was able to reduce a barrier to smoking cessation by increasing access of NRT to 63 people within our community. Throughout the program, a variety of behavior changes were noted which included changes such as making vehicles and homes smoke free, setting quit dates, reducing to quit and quit attempts. We were also able to reach some of our priority population including people with low economic status, chronic illness, mental health and substance use/misuse and young adults. Data will also be collected at two and six months' time where we can measure more outcomes from this NRT program initiative.

In the end, success of this program goes to the dedication of the tobacco team and community partners' commitment to the "no wrong door" approach to increasing access to cessation support. Thanks to our partners, we were able to combine NRT with smoking cessation support, disseminating almost $24,000 in NRT. Partner and public interest in the program has continued, therefore the CDIP Department has applied for this funding again in hopes of continuing to increase access to NRT in our community, in turn lessening the barrier to smoking cessation.

Respectfully submitted,

A. Lynn Noseworthy
Medical Officer of Health