

North Bay Parry Sound District Health Unit

**MEDICAL OFFICER OF
HEALTH REPORT TO THE
BOARD OF HEALTH**

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MEDICAL OFFICER OF HEALTH UPDATE

Emergency Health Services (EHS) & Public Health (PH) Modernization Consultation Sessions

Two consultation sessions were conducted by the Ministry of Health (Ministry) recently in North Bay. On the afternoon of Monday January 13, 2020, the modernization panel met with Emergency Health, social services, and municipal representatives to discuss the modernization changes to the EHS sector.

On Tuesday morning of January 14, 2020, the panel met with Board of Health representatives and health unit management from Algoma Public Health, Public Health Sudbury & Districts, and the North Bay Parry Sound District Health Unit, as well as municipal representatives from the three districts to discuss modernization of the PH system.

The Ministry panel was represented on both days by Ms. Alison Blair (Assistant Deputy Minister: Emergency Health Services), Mr. Jim Pine (Special Advisor Public Health Modernization), and Ms. Colleen Kiel (Director: Strategy & Planning). On Tuesday morning for the PH session Dr. David Williams, Ontario's Chief Medical Officer of Health was present via teleconference and Ms. Elizabeth Walker, Director Accountability & Liaison, attended in person.

Emergency Health Services Modernization

There were approximately forty individuals in attendance and a number of people participated via teleconference and webinar. The session began with opening comments from the panel highlighting points from the EHS discussion paper.

What became very clear was that a reset is truly in effect. There was a sense that the panel was being genuine and authentic when stating there is not a predetermined outcome of the discussions and subsequent recommendations. They are listening and relying on the input of all involved to find solutions. However, they emphasized, as Minister Elliot had previously stated, the status quo would not be an option. They also reiterated that there is no intent to merge EHS and PH. The timing of the meetings was simply a logistics imperative.

After the panel's introductory remarks, an informal discussion ensued. Attendees were invited to speak and had the opportunity to provide a verbal presentation or simply make comments or ask questions. It was intended to be more of a conversation and dialogue. Many of the points raised by EHS pertained to the problem of Emergency Medical Services (EMS) units being tied up transferring non-urgent patients. This is particularly problematic in the north where very long distances are involved, potentially tying up crews for an entire shift. This leaves small northern communities vulnerable for true emergencies if only one unit is available per shift. Many of the non-urgent transfers are for diagnostic purposes due to limited resources in the north.

Information was shared by other EHS partners on how they have successfully approached this problem utilizing appropriately outfitted vehicles and staff to perform these transfers without the need for more expensive rigs and overly qualified paramedics for non-urgent transfers. Their talents and expertise are required elsewhere.

Other issues emerged regarding the long wait-times that may occur once the patient arrives at the transfer destination and the receiving institution assumes care of the patient or the time to complete the procedure.

The role of community paramedics was discussed and the success of keeping patients out of hospital with monitoring and surveillance programs of high-risk patients in the community.

Another legal concern emerged regarding the affiliation of paramedics and Ontario Health Teams. Since paramedics are not members of a regulatory college there are potential legal implications that will have to be addressed.

Participants genuinely felt listened to and were grateful for the opportunity to provide input.

Public Health Modernization

The following morning was devoted to discussions surrounding PH modernization with the aforementioned invitees. Approximately fifty were in attendance.

A similar informal format was followed. After initial opening remarks, which again stressed the points that a reset was in effect, they were listening, and the status quo was not an option. The attendees were invited to provide a presentation, make comments, or ask questions. Again, it was more of a conversation and dialogue.

The Health Unit provided a formal presentation emphasizing important foundational, organizational, and capacity principles as well as desired outcomes as outlined in ALPHA's November 2019 statement on public health modernization principles. Four structure and governance models were then presented for consideration. Each was assessed by the Health Unit's management as to the likelihood of achieving provincial/regional, community, and system goals and findings analyzed. Advantages and disadvantages of each were identified.

The proposed models attempted to find a balance between the provincial requirement for consistency/centralized decision-making and the flexibility to have the local authority and capacity to identify and respond to local needs in a timely manner. It was emphasized that whatever structure and governance model the government ultimately decides upon, it must best serve the public health needs of those in our communities.

Discussions on a wide variety of topics ensued and included, in no particular order and not limited to, the following:

- Why the north is different;
- Indigenous and Francophone populations;
- What programs and services can be regionalized and what should remain local;
- Stable multi-year funding tied to a provincial strategic plan;
- The specialized and unique workforce within public health ;
- Strategies to solve capacity issues especially in the north;
- Existing collaborative efforts in the north and the need to be held accountable. Good will alone may not be enough;
- Social services connections and collaborations;
- The role of Public Health Ontario and its importance especially in the north;

- Public health's role with Ontario Health Teams, mental health and addictions, and municipalities mandate to have Community Safety and Well-being plans;
- Continued relevance of the Capacity Review Committee Report (2006) and recommendations;
- Mergers in the north and the evidence-based rationale;
- Significant municipal financial impact especially in the north of the provincial/municipal funding formula change and the previously 100% funded programs now becoming cost-shared;
- Reduced municipal representation on proposed northern regional boards of health;
- Funding formula relief for the north;
- The importance of local connectivity and personal relationships in order achieve public health's mandate as defined in the Ontario Public Health Standards;
- The public health system remaining financially and administratively separate from the acute care sector system while still having the ability to collaborate; and
- The importance of public health being uniquely positioned to advocate for a more comprehensive health promotion upstream approach when addressing population health issues and the critical need to have the social determinants of health as part of the conversation.

Closing Remarks

The panel closed the public health session by summarizing what they had heard. It was quite evident they were indeed listening and were able to clearly identify and articulate key themes that resonated throughout the conversation. There was a general consensus of being heard.

Following the public health discussion, the panel met in a closed session with the municipal representatives to address their concerns.

Next Steps

This consultation session on the discussion paper was the panel's fourth and they have ten more to complete, which they expect to accomplish by the end of February or early March. Recommendations will then be formulated. The panel committed to following-up, likely through a webinar, with stakeholders to further solicit feedback on the proposed recommendations once arrived at. It is unlikely that any legislative changes will be introduced in the spring pertaining to the recommendations from the consultation process due to time constraints. Perhaps, in the fall, but this is just speculation.

The panel also encouraged all participants to submit written responses to the survey questions. The deadline of February 10, 2020, is a soft one and submissions after that will be accepted.

PROGRAMS AND SERVICES UPDATES

Corporate Services

Building and Maintenance

2019 Priorities Addressed:

- Installed 12 push button automatic doors in North Bay as part of a recommendation by the Accessibility for Ontarians with Disabilities Act (AODA) Committee to increase AODA compliance.
- The Clinical Information office received upgrades in the North Bay office. A pamphlet holder, storage cabinets, and permanent desk upgrade were installed.
- Replaced external damaged light covers in North Bay.
- Replaced one panel of glass in North Bay (Oral Health) as the glass was cracked.

- Installed stainless steel corners through the North Bay office. This will help to stop the wall damage that keeps occurring.
- Upgraded the laundry room to two washers and two dryers due to the increase of usage (North Bay).
- Installed a writeable wall surface to the meeting room in the Burk's Falls office.
- Purchased two new high-efficiency particulate air (HEPA) vacuums for custodial services in North Bay.

Communications

2019 Priorities Addressed:

Media Relations

Throughout November and December, the Health Unit saw a number of media requests regarding the Sharps Buy Back and the Community Sharps Bin, which is to be installed in West Nipissing. The Health Unit also assisted Sudbury in the dissemination of the two Hepatitis A cases in Sudbury.

Communication Plans and Campaigns

Sharps Buy Back: Communications worked with Healthy Living and Sexual Health to promote Sharps Buy Back in North Bay, West Nipissing, and Parry Sound. The campaign resulted in the return of roughly 38,000 sharps in North Bay, 10,800 sharps in West Nipissing, and 11,100 sharps in Parry Sound.

Influenza: November was the start of the 2019 flu campaign. The campaign ran until December 31, 2019, and included Facebook posts, Facebook ads, Twitter posts, Google Ads, radio ads, bus ads, website content, news release, community posters, intranet post, and newspaper ads. Communications is currently working on the final report.

Public Wi-Fi for Public Health Messaging: Communications has been working with Information Technology and Planning and Evaluation to pilot Wi-Fi in the public area of the Health Unit main office to determine if invasive marketing strategies have an immediate positive impact on individuals' health choices. The pilot ran from November 13 to December 31. Clients had access to public Wi-Fi during Health Unit work hours, and those who accessed the Wi-Fi received an immediate text message reminding them to get their flu shot during their visit. Communications is currently working on the final report to determine the effectiveness of this invasive marketing strategy.

Community Sharps Bins: Communications is working with Healthy Living, the Municipality of West Nipissing, and individuals with lived experience on the launch of the Community Sharps Bin in West Nipissing. The bin was installed in early January.

Parenting Key Messages: Healthy Families is working on a collaborative project with community partners to promote key parenting messages. This will be a four-month campaign, which will launch in early February.

Active 2020 Calendar: Inspired by 30 Days Wild, the Active 2020 Calendar is a hanging calendar, which has health messaging and activities to keep families active all year long. The calendars were completed in December and Healthy Living will be distributing the calendars to community partners. The Health Unit will be supporting this messaging with a monthly social media post promoting the health messaging.

Generic Health Unit Advertising: The Health Unit created targeted messaging and ads to promote services and health messaging across the district. Ads can be found at Memorial Gardens, Pete Palangio Arena, Powassan Sportsplex, West Ferris Arena, Bobby Orr Community Centre, boom ad at the North Bay Regional Health Centre parking lot 5, boom ad at the West Parry Sound Health Centre parking lot 3, North Bay city bus, Laurentian Ski Hill, and Georgian Nordic Ski and Canoe Club.

Check Then Go: Working with Environmental Health, Check Then Go window clings were designed and printed to promote the Health Unit's Inspection Results and Enforcement webpage. Clings will be provided to all inspected premises across the district to be placed at their entrance.

Social Media

Community Gambling Surveys: In November, Communications supported the promotion of two community gambling surveys, led by Healthy Living, meant to gauge views and opinions around gambling in our district. Through social media posts and a Google Ads campaign, the online surveys received a combined total of nearly 1,000 responses. The Google ads had over 800,000 impressions (views) and the Facebook posts had a reach of over 12,000 people.

Flu: The social media portion of the 2019 flu campaign was comprised of 25 Facebook and Twitter posts, social media ads that totalled over 64,000 impressions, and a Google ad campaign that had 53,872 impressions. The posts and ads encouraged individuals in our district to get the flu shot and advertised the Health Unit flu shot clinics around the district.

Christmas: In December, a series of holiday related social media posts were disseminated. The posts covered healthy eating, holiday stress, meal planning to eliminate food waste, low-risk drinking guidelines, and food safety related to turkey thawing.

Emergency Preparedness

Collaborate with municipalities, governments, and emergency management stakeholders to incorporate Health Unit activities into their emergency response planning and education:

- The International Plowing Match was hosted in Verner in September 2019. The report documenting the Health Unit's response has been created and will be posted on the Health Unit's internal intranet.
- Represented the Health Unit at the annual Emergency Community Control Group Exercise hosted by the Township of Nipissing on December 5 at the Nipissing Town Office. Attendees from Ontario Power Generation, Ministry of Natural Resources and Forestry, municipal council, and employees participated in a table top exercise using a spring run-off flooding scenario.
- Represented the Health Unit at the annual Emergency Community Control Group Exercise hosted by the Municipality of East Ferris on November 26 at the Corbeil Town Hall. The table top exercise scenario was focused on Wildland Fire with local evacuations.

Review and revise the Emergency Management, Continuity of Operations, and Disaster Response Plans:

- Revision of the Continuity of Operations Plan continues. Phase 3 of the project, which is the development of Recovery Strategies for Priority 1 activities, is almost complete. Once completed the plan will be posted on the intranet.

Emergency Management training and exercises:

- The Emergency Preparedness Committee has begun making plans for the Emergency Preparedness Week in May 2020. Awareness activities and training opportunities will be occurring during the first week of May.

Information Technology

2019 Priorities Addressed:

Address technology issues, manage network infrastructure for capacity and security.

- New server build for Clinical Software.
- Boardroom video upgrade.
- Installation of new teleconferencing units in meeting room (North Bay).
- Completed upgrade of Oral Health Software.
- Began upgrade process of PS Suite® electronic medical records (EMR) server and data migration.
- Upgrade of Network Threat Detection Software.
- Completed firmware updates to network equipment.

Planning and Evaluation

2019 Priorities Addressed:

Population Health Assessment and Surveillance

Opioid Data: The Overdose Early Warning System continues to evolve based on feedback from community partners. In December, an evaluation of the alert system was conducted and several modifications have been made to the way the data is accessed and presented as a means of making the data useful at a more granular level.

Data Partnerships with Community Agencies: The Health Unit hosted the first data collaborative meeting with community partners in December. Partners included both District Social Services and Administrative Boards, the Children's Aid Society, HANDS, and One Kids Place. The group will continue to meet to work on developing a system to present and report on health equity indicators for our region.

Health Equity:

Safer and Positive Spaces: Four ['Gender Diverse & Primary Care' training sessions](#) have been scheduled for March/April 2020. These trainings are being facilitated by Rainbow Health Ontario – a provincial program designed to improve access to services and to promote the health of Ontario's lesbian, gay, bisexual, trans, queer and two-spirit (LGBTQ2S+) communities. The goal of these trainings is to assist health care and social service providers in northeastern Ontario in their understanding of the health care needs and barriers faced by LGBTQ2S+ persons, and to improve their skills in providing equitable and comprehensive services to trans communities. Health care practitioners and other health and social service providers across northeastern Ontario received a "Save the Date" in December with registration commencing in January 2020.

To continue improving washroom accessibility, disposal bins have been installed by Building and Maintenance in all men's binary washrooms for access by those who identify to use this space and require an option for disposal of hygiene products. An Inclusive Washroom Procedure and Washroom F.A.Q. sheet for staff have been drafted to outline the organization's commitment to providing safe,

inclusive, and barrier-free washrooms for all and ensuring the right of individuals to use the washroom that corresponds with their lived gender identity and/or gender expression.

Urban Health Outreach: Using the completed report developed by external consultants, the Urban Health Outreach Working Group met with the Nipissing District Homelessness and Housing Partnership (NDHHP) in November to discuss the proposed opportunities for improving health services needs for those who are homeless in North Bay. This meeting identified several interventions already in progress within the community that are addressing the needs as identified in this report. The next step is dissemination of a survey to NDHHP members in January to identify further assets/opportunities, prioritize the proposed interventions not currently in progress, and to gauge the possible involvement by the NDHHP or other regional organizations in their mobilization.

Collection of Client Data: Following an audit of current client forms used by the Health Unit as well as a review of best practices for collecting health equity data both on forms and in surveys, several recommendations have been created by Planning and Evaluation. Planning and Evaluation has collaborated with the Safer and Positive Spaces Committee and Rainbow Health Ontario on recommendations on the collection of information related to names, sex, gender, sexual orientation/behaviour, pronouns, relationships, and family status. Management will be consulted in February on a proposed rollout of these recommendations, prioritizing questions related to geographic residence, sex, and gender first.

Effective Public Health Practice

Knowledge Broker Mentoring Program: In 2020, the Health Unit will be participating in a [Knowledge Broker Mentoring Program](#) with the National Collaborating Centre for Methods and Tools (NCCMT). The program aims to support public health organizations in developing organizational capacity for evidence-informed decision-making (EIDM), and building individual capacity of selected staff to function as internal knowledge brokers in EIDM practice.

An application process is currently underway to select the twelve individuals from the Health Unit that will have the opportunity to participate in the program over a year-long period.

To launch the program, the Scientific Director of the National Collaborating Centre for Methods and Tools (NCCMT) will visit the Health Unit on January 15, 2020. An organizational assessment with managers and executive directors will be undertaken along with an introduction to EIDM to all staff.

Evaluation Guide: Planning and Evaluation created a new [evaluation guide](#) to support programs with their planning and implementation of program and project evaluations. The guide touches on all aspects of evaluation such as what to evaluate, when to evaluate, the different types of evaluation, examples of evaluation frameworks, and special considerations when evaluating.

Public Health Modernization

Discussion Paper Feedback: In December, Planning and Evaluation gathered and collated feedback from managers, staff, and the Board of Health on the discussion questions listed in the Ministry of Health's [discussion paper](#) on public health modernization. In addition to providing a formal Health Unit response to the discussion paper, the feedback also informed our participation in the Ministry's public health modernization consultation meetings in mid-January.

Quality Assurance

2019 Priorities Addressed:

Quality Assurance

Year-end totals for 2019 for Quality Assurance are: 908 documents issued, 254 documents eliminated, and 131 new documents assigned/created.

Quality Issue Reports (QIR)

Year-end numbers for 2019 for Quality Issue Reports are: 74 QIRs completed (closed), 18 at level 0 (near miss), 47 at level 1 (incident did occur but no harm, loss or damage), 9 at level 2. A majority of issues (41 of 74) were classified as impacting professional/organizational standards, 27 were related to people (third party, personnel or client), 2 were related to reputation, and 4 were related to resources (equipment or service delivery).

Policy and Procedure Writing

In follow-up to training received on how to write policies and procedures for compliance and consistency, the Health Unit is moving forward with work required to align the quality management system with best practices, including restructuring governance and operational policies.

Clinical Services

Communicable Disease Control

The Infection Prevention and Control Protocol, 2019 provides direction to boards of health regarding surveillance, inspection, investigation, education, enforcement, and reporting requirements with respect to infection prevention and control (IPAC) in settings, to minimize the risk of contracting blood-borne and other types of infections with an emphasis on personal service settings and licensed child care settings (Infection Prevention and Control Protocol, 2019). The Communicable Disease Control (CDC) program's focus within this protocol is with licensed childcare settings and providing education to operators and staff on appropriate IPAC policies and practices and preparing for outbreaks, including the detection of outbreaks. In 2019, the CDC program received 19 reports of gastro enteric (typically vomiting and diarrhea) outbreaks that were occurring in licenced childcare settings; this is very similar to the average number of outbreaks (18) reported in licenced childcare settings over the last three years. It is likely that the number of outbreaks are under-reported as there are approximately 75 licensed childcare centres inspected, but only 14 different childcare centres reported outbreaks. CDC provides recommendations around IPAC practices to implement during outbreaks in order to limit the extent and impact of the outbreak, including reminders about hand hygiene and its importance in stopping the transmission of infection.

In response to a request from a community partner, the CDC program developed a train-the-trainer half-day workshop to be provided early in the New Year. By the end of the session, participants will have the proper knowledge, techniques, and materials to successfully teach others about hand washing and cleaning and disinfection in the childcare setting. Hand washing promotion probably reduces diarrhea episodes in childcare settings in high-income countries by about 30%; consulting with childcare setting operators on hand hygiene policies and procedures is among the requirements of the IPAC protocol. Since 2014, the CDC summer student has offered Healthy Hands hand hygiene activities in childcare centres that accept the invitation for presentations. These sessions, led by the CDC summer student, are one-time only whereas the train the trainer session will provide knowledge to the childcare centre staff to provide on-going lessons in hand hygiene to the children in the childcare centres.

Nursing Practice

Registered Nurse (RN) Prescribing:

The Nursing Practice Manager has been involved in a provincial workgroup related to implementation of RN prescribing practices and processes in health units. This workgroup, facilitated by the Ontario Public Health Nurse Leaders, developed a checklist that outlines considerations for implementing RN prescribing in public health units. A review of the literature and use of a change management framework was undertaken to guide the development of this checklist. Moving forward, it will be important for public health units to have structures in place to support the success of RN prescribing which includes: prerequisite education/experience, clinical mentorship/training, ongoing competence support, implementation planning and evaluation. Currently, regulations related to RN prescribing is going through legislative review and approval from the provincial government.

Student Placements:

The Health Unit has 14 confirmed student placements for the 2020 winter semester. Students are enrolled in Dietetics, Masters of Public Health, Masters of Arts and Sociology, Bachelor of Science in Nursing Programs, and the Preventative Medicine Program through the University of Ottawa. Third-year nursing students will also be completing public health projects in collaboration with the Vaccine Preventable Diseases and Communicable Disease Control programs. The student placement program at the Health Unit has grown significantly as a result of strong partnerships and collaboration with academic institutions. It is well known that supporting students contributes to workforce development as it provides leadership opportunities to staff and builds public health competencies in students.

Oral Health and Vision Screening

The program is on track with oral health and vision screenings.

There is currently a seven months wait time for our adults in the Dental Clinic. The wait time for children/youth is three months for the dentist and five months for the hygienist.

We are pleased to announce that a registered dental hygienist and a certified dental assistant II have been hired to provide services in the Parry Sound area. These services include oral health and vision screenings in the schools, preventive services, and navigation through Healthy Smiles Ontario (HSO) and Ontario Seniors Dental Care Program (OSDCP). This will allow increased access and equitability for our community members in that area.

We are equally pleased to advise that one registered dental hygienist and two certified dental assistants II have been hired in the North Bay office to provide services through the OSDCP. We are assisting seniors with phase I of OSDCP, which is to provide help/guidance with the application process. Recruitment efforts for a part-time Dentist continues. In the interim, the program is investigating creation of service agreements with dentists and denturists to ensure treatment will be provided to our seniors.

Sexual Health / Clinical Information

Harm Reduction: Sharps Buy Back Campaign

The Sharps Buy Back campaign, launched by the Health Unit was a success. Roughly, 38,000 sharps (e.g. needles or syringes) were returned to the Health Unit's North Bay site and roughly 10,800 sharps were

returned to the Alliance Centre in West Nipissing during the month of November. The campaign also ran in Parry Sound from mid-November to December 18, 2019, where roughly 11,100 sharps (e.g. needles or syringes) were returned to the Health Unit's Parry Sound office. The primary audience for Sharps Buy Back was individuals who use drugs. As such, the initiative also aimed to connect people with harm reduction and health services offered through the Health Unit and other service providers.

Harm Reduction: Community Sharps Bin in West Nipissing

On January 10, 2020, the Health Unit presented West Nipissing with a community sharps bin. The community sharps bin is located at the corner of Main Street and Queen Street, and is available 24 hours a day, seven days a week. The Health Unit follows Best Practice Recommendations for Canadian Harm Reduction Programs. As such, the Health Unit's needle exchange program distributes sterile needles and drug use supplies to clients in the quantities requested to reduce the risk of contracting blood-borne infections, such as HIV, hepatitis B and C.

Vaccine Preventable Diseases

The primary focus for the Vaccine Preventable Diseases (VPD) program for the next three months will be the annual assessment of immunization records for school-aged children. A total of 16,299 records have received an initial assessment and 1,303 (619 of 5,907 secondary school students and 612 of 10,392 elementary students) requests for missing information have been sent out. Clinics have and will continue to be offered to ensure students have access to the vaccines they are missing. Suspension day for secondary school students is Wednesday January 15 – of the 691 students who received notices of missing information, 98 students (15.9% of those who received requests for information / 1.7% of the total number of secondary students) remain at risk of suspension if their records are not updated by the morning of January 15. Elementary student suspension dates are March 11 and 25. A total of 612 of 10,392 or 5.9% of all elementary students are at risk of suspension in March if their immunization information remains incomplete in our records.

The influenza immunization campaign got off to a rocky start due to limited availability of influenza vaccine, most notably the High-Dose Fluzone for individuals sixty-five years of age and older. Clients and health care providers were frustrated regarding the lack of availability in the early days of the campaign. By the end of November, supply issues had been resolved. With influenza activity now on the rise, we anticipate we may see an increase in demand for the vaccine over the next few weeks. Our supply is adequate to meet this surge.

Community Service

Healthy Families

Promoting Social and Emotional Competencies in Parents and Children

Early childhood experiences affect **brain** development and form the foundation for all future learning, behavior, and health. Brain cells form connections when caregivers read and respond positively to infant/child cues and emotions. In turn, emotional well-being and social competence provide a strong foundation for emerging cognitive abilities.

Experiencing stress is an important part of healthy child development. Unfortunately, the development of neural connections dedicated to emotional regulation and cognitive skills can be impaired when

exposed to stress at high levels for or significant periods of time, in the absence of supportive relationships to help calm them.

Parents have a key role in supporting their children's social and emotional development. Parenting is not always easy and in order for adults to be there for children it is important for them to make time to take care of their own social and emotional health.

Key Messages Public Education Campaign

Healthy Families has been working in collaboration with community partners to design a public education campaign to promote positive parenting across Nipissing and Parry Sound districts. The four-month campaign will launch in February with public events planned at EarlyON centers in Parry Sound on February 11 and North Bay on Feb 12. The campaign consists of a four key messages that focus on promoting the social and emotional health of young children and their caregivers. These messages are:

- Connect with your child
- Recognize emotions
- Let your child play
- Take care of yourself

Key messages will be profiled on colorful campaign materials which include a webpage, short vignettes, social media, posters, postcards, pens, full size display banners and billboards that will be distributed throughout the four-month campaign. These messages will be expanded with additional content in late 2020, early 2021. An evaluation of the campaign will also be completed.

Healthy Living

Climate Changes Everything: Food for Thought

In collaboration with the Georgian Bay Biosphere Reserve, the Parry Sound & Area Food Collaborative, and the Mary Street Centre, the Health Unit hosted "Climate Changes Everything: Food for Thought," a speaking event with the former Environmental Commissioner of Ontario. Over 70 Parry Sound residents attended on November 21 at the Mary Street Centre in Parry Sound. The speaker highlighted the relationships between climate change, our food systems, and our health. The educational session also addressed the topics of food security, health equity, agriculture and ecosystems. There were over 40 minutes of questions from an engaged audience; the recording is available at www.parrysoundareafood.com.

Let's Talk Substance Use Day

In collaboration with the AIDS Committee of North Bay & Area, the North Bay Regional Health Centre, and the West Parry Sound Regional Health Centre, the Health Unit hosted the "Let's Talk Substance Use Day" at the Charles W. Stockey Centre in Parry Sound. The event was a full day of workshops focused on topics related to substance use. These workshops provided service providers and community partners who interact with clients who use substances with general knowledge and understanding on a wide variety of topics, including opioids, methamphetamine, safer substance and sharps handling, drug-related stigma, concurrent disorders, trauma, and client interactions. Over 50 participants from the Parry Sound district attended the workshop on December 17, including representatives from mental health and addictions, enforcement, health care services, municipal employees, and health promotion.

Healthy Schools

School Brings LGBTQ Awareness to the Forefront

A healthy school is a place where students have many opportunities – in the classroom, and in every aspect of their school experience – to foster their healthy physical, mental, social, and intellectual development. Healthy schools work with partners from the health and education sectors, and with those from the broader community, to support students to develop healthy habits that will last a lifetime.

On December 16, 2019, the Health Unit collaborated with Conseil scolaire catholique Franco-Nord to host a former Ontario Hockey League (OHL) and professional hockey player, and first professional hockey player to publicly come out as gay. As an LGBTQ advocate, they speak at schools, corporations, conferences and events. Their presentations to schools focus primarily on self-love and self-care, language use and its impacts, and LGBTQ mental health and well-being.

They presented at École secondaire catholique Élisabeth-Bruyère, located in Mattawa, with approximately 50 students from grades 7 to 12 in attendance. Their second presentation was at École secondaire catholique Algonquin, in North Bay. Approximately 550 students from grades 7 to 12 participated in this presentation. Both presentations concluded with a breakout session for student leaders, facilitated by the speaker. Peer influencers were challenged to survey their students regarding their school's climate, to better understand the way that students feel at their respective schools. Based on these results, the student leaders are expected to create activities and plan events that will meet the needs of the student body, and that will help to create a positive culture change within the schools.

“Inclusion is not a strategy to help people fit into the systems and structures which exist in our societies. It is about transforming those systems and structures to make it better for everyone. Inclusion is about creating a better world for everyone” -- Diane Richler, Past President, Inclusion International

Finance

On December 9, 2019, the Health Unit received approval of Ontario Seniors Dental Care Program capital grant requests of \$185,000 for North Bay and \$76,200 for Parry Sound. The grant request for West Nipissing was not approved. The funds approved are 100% provincially funded for building, renovations, and equipment. The funds must be spent by March 31, 2020.

The Finance department have been assisting programs and services to facilitate the corporate sponsorships approved in 2019, ensuring that all purchasing policies have been adhered to.

The process to complete the 2019 year are in progress to ensure that the fourth quarter report will be filed by January 31, 2020. The Annual Service Plan for 2020 has been received from the Ministry for completion by March 2, 2020.

The auditors completed the interim audit work the first week of January with no issues reported.

Human Resources

Compensation

Employee & Labour Relations

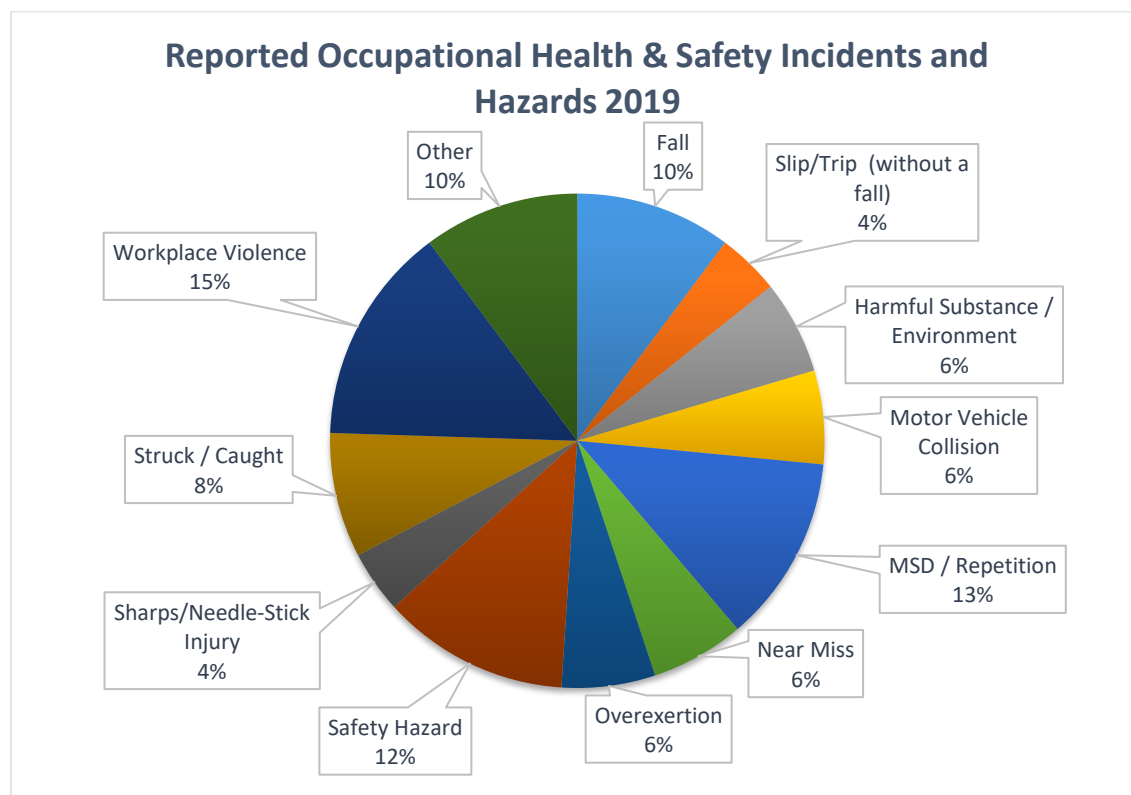
The Joint OPSEU/ONA/Management Committee meeting that was scheduled for December 13, 2019, was rescheduled to January 22, 2020.

The OPSEU and ONA collective agreements both expire on March 31, 2020, so we are in the process of preparing for negotiations which will be held in the next few months.

Occupational Health and Safety

Influenza immunization clinics were completed for personnel resulting in a 99.4% completion rate. In 2019, we tracked all ergonomic interventions completed by the Public Health Nurse, Occupational Health. A total of 62 ergonomic interventions were completed including regular check-ins, “pro-active” reviews of basic ergonomic principles, assistance with the setup of sit/stand workstations during new staff orientation, and in-depth ergonomic assessments when staff reported issues.

Staff reported a total of 49 occupational health and safety incidents and hazards in 2019. Below is a summary:



Note: Staff encountered three workplace violence incidents while working in the community, requiring police intervention.

Professional Development

Internal professional development sessions recently coordinated by Human Resources include:

Date	Professional Development Session	Number of Participants
November 14, 2019	Basic Life Support Certification (BLS-CPR)	9
November 14, 2019	Oxygen Therapy and Airway Management	2
November 22, 2019	Basic Life Support Certification (BLS-CPR)	10

Staffing

The following temporary positions were recently filled. These vacancies were created because of a retirement, resignations, and an internal transfer:

- Program Administrative Assistant, Casual effective November 25, 2019
- Program Administrative Assistant, Casual effective December 9, 2019
- Program Administrative Assistant, Casual effective December 30, 2019
- Program Manager, Communicable Disease Control (1.00 FTE) effective date to be determined until November 20, 2020
- Public Health Nurse, Sexual Health and Clinical Information (1.00 FTE) effective date to be determined until November 20, 2020

The following permanent positions were recently filled. These positions were created with new funding related to the Ontario Seniors Dental Care Program, internal transfers, resignations, and retirements.

- Public Health Nurse, Sexual Health and Clinical Information (1.00 FTE) effective November 15, 2019
- Registered Dental Hygienist, Oral Health and Vision Screening (1.00 FTE) effective November 29, 2019
- Payroll and Benefits Coordinator, Human Resources (1.00 FTE) effective December 9, 2019
- Public Health Nurse, Communicable Disease Control (1.00 FTE) effective December 19, 2019
- Public Health Nurse, Sexual Health and Clinical Information (1.00 FTE) effective December 19, 2019
- Public Health Inspector, Environmental Health (1.00 FTE) effective December 23, 2019
- Public Health Nurse, Healthy Families (0.80 FTE) effective December 30, 2019
- Program Manager, Oral Health and Vision Screening (1.00 FTE) effective January 6, 2020
- Senior Registered Dental Hygienist, Oral Health and Vision Screening (1.00 FTE) effective January 6, 2020
- Program Manager, Sexual Health and Clinical Information (1.00 FTE) effective January 6, 2020
- Certified Dental Assistant – Level II, Oral Health and Vision Screening (0.51 FTE) effective date to be determined
- Registered Dental Hygienist, Oral Health and Vision Screening (0.51 FTE) effective date to be determined

The recruitment of a Nursing Practice Manager, a Bilingual Program Administrative Assistant, and a Certified Dental Assistant – Level II is currently under way. We continue our efforts to recruit a Program Administrative Assistant, a Clinic Dentist, two Public Health Nurses and a Human Resources Assistant.

The 1.02 FTE net increase in permanent positions is the result of the new funding for the Ontario Seniors Dental Care Program.

Approved by

Jim Chirico, H.BSc., M.D., F.R.C.P. (C), MPH
Medical Officer of Health/Executive Officer
North Bay Parry Sound District Health Unit