Public Health
Annual Service Plan and Budget Submission 2020

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Ministry of Health

Responsibility for public health

~70% funding

Accountability Framework

Board of Health of Niagara Regional Area Health Unit (Regional Council)
Accountability Requirements
- Organizational Requirements
- Accountability Agreement

Plans to Fulfill
- Strategic Plan
- Annual Service Plan & Budget

Performance & Funding Reports
- Quarterly Reports
- Annual Report
Annual Service Plan Template

• Community assessment
• Program plans, including
  • Community needs and priorities
  • Key partners and stakeholders
  • Program description
  • Program objectives
  • Intervention descriptions
• Budget allocations and summaries for each Standard and program
• One-time funding requests
• BOH membership
Annual Service Plan Template

• Community assessment ✓
• Program plans, including
  • Community needs and priorities ✓
  • Key partners and stakeholders ✓
  • Program description ✓
  • Program objectives ✓
  • Intervention descriptions ✓
• Budget allocations and summaries for each Standard and program
• One-time funding requests
• BOH membership
Public Health Objectives

1. Reduce the risk of **preventable cancers** among Niagara Region residents
2. Reduce the number of **intentional and accidental injuries** and deaths
3. Decrease the misuse and abuse of prevalent **substances**
4. Increase the number of children who meet their **developmental milestones** from conception to school age
5. Increase the number of **school age children** who maintain positive **physical and mental health**
6. Increase the number of **parents/caregivers** who maintain positive **physical and mental health**
7. Increase the proportion of **parents** that trust NRPH for parenting programs and information
8. Reduce the reported instances of infection caused by **microbial contamination**
9. Reduce the reported instances of **enteric pathogen** related disease
10. Reduce the reported instances of **vector borne disease**
11. Decrease the rate of **chlamydia** in males 15-29 years of age
12. Decrease **respiratory infection hospitalizations** among children aged 6 months to 13 years
13. Improve our **Quality Improvement maturity** from Progressing to Achieving
14. All internal and external health related **data is of good quality** and easily accessible to inform decision making
Example: Infectious and Communicable Diseases Prevention and Control

Infectious and Communicable Diseases Prevention and Control

A. Community Needs and Priorities

1. Potentially high disease incidence by demographic characteristics:
   - Influenza/Bronchitis (influenza-like illness) (increased cases from 31 to 357, 2017 to 2018)
   - Influenza A: Influenza A (H1N1) (cases from 48 to 257, 2017 to 2018)
   - Influenza B: Influenza B (cases from 122 to 55, 2017 to 2018)
   - Influenza A: Influenza A (H3N2) (cases from 38 to 148, 2017 to 2018)

2. Disease transmission by direct contact and hospitalization:
   - Coronavirus: Community-acquired (increased cases from 24 to 107, 2017 to 2018)
   - Coronavirus: Community-acquired (increased cases from 10 to 25, 2017 to 2018)
   - Coronavirus: Community-acquired (increased cases from 5 to 15, 2017 to 2018)
   - Coronavirus: Community-acquired (increased cases from 4 to 10, 2017 to 2018)

3. Other communicable and notifiable diseases:
   - Mumps (cases per 100,000 population, 2017 to 2018)
   - Poliomyelitis (cases per 100,000 population, 2017 to 2018)
   - Rubella (cases per 100,000 population, 2017 to 2018)
   - Varicella (cases per 100,000 population, 2017 to 2018)

4. Incidence trend:

NPHS compiled a comprehensive database to determine the most common communicable diseases and notifiable communicable diseases in the region. Their analysis is based on the most comprehensive databases available and the frequency of occurrence in the region.

First, they identified that the number of cases of communicable diseases is not as high as previously thought. In addition, the data suggests that the number of communicable diseases is decreasing across the region.

Niagara Region, Canada
**B. Key Partners/Stakeholders**

Please provide a high level summary of the specific key internal and external partners you will collaborate with to deliver on this Standard. Include a description of the contribution/role of these partners in program and service delivery, the mechanism for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), and frequency of engagement. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard.

**Internal partners:** Infectious Disease Program, Sexual Health and Environmental Health work collaboratively to support many cross divisional activities and in partnership with other internal divisions and/or disciplines such as the Medical Division, Organizational and Foundational Standards Division, Emergency Medical Services, Family Health (Dental Program), Corporate and Public Health Communications/Web Communications, Information Technology (IT) and Public Works. Internal collaboration and communication occurs on a regular basis via internal committee/working groups, such as: IPAC committee, Outbreak Management, Vector Borne and our Respiratory Reduction committee. Membership may include representation from other divisions such as epidemiologist, data coordinator, legal, communications and other disciplines across the department when applicable.

**External partners:** NRPH&ES works closely with acute care centres, long-term care homes and retirement homes by attending monthly IPAC meetings and outbreak management meetings when required. In addition, an annual in-service is provided to support these institutions regarding IPAC best practices.

Inspections where applicable, presentations, and PH consultation are available to support community partners such as schools, child care, health professionals or other social service agencies as requested.

OMAFRA, Ministry of Natural Resources and Forestry, SPCA, CFIA, MOECC, PHO, Ministry of Education, Canadian Wildlife Health Centre, Municipalities, PHOL, Municipal Fire Services, Niagara Regional Police, Other Public Health Units (PHUs); Ministry of Health and Long-Term Care (MOHLTC); Regulated Colleges in Ontario including the College of Physician and Surgeons of Ontario (CPSO) and Royal College of Dental Surgeons of Ontario (RCDSO); Niagara’s Municipalities (e.g. By-Law and Licensing); FARMS; Employment and Social Development Canada (ESDC); Service Canada are consulted as needed as a result of investigations, inspections or the need for consultation.

**Outreach nurses** work with many community partners/organizations on a weekly basis to support marginalized clients who access social service agencies. Examples include Start Me Up Niagara, Southridge, CASTLE, Sea Trade On My Terms, Niagara Detention Centre.
Program Description:
Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities.

The vector-borne program serves to protect residents and visitors from vector-borne diseases and rabies throughout Niagara, working with key stakeholders and community partners to address the following components:
• Vector-borne monitoring and surveillance
• Vector-borne promotion, prevention, and education
• Rabies control activities

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.
• Reduce the rate of illness related to vector-borne disease

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i1) Surveillance
Surveillance of vector-borne disease presence through several means. For mosquito borne infections such as West Nile and Eastern Equine Encephalitis, NRPH sets up traps in all municipalities to determine the number, species and level of mosquito infectivity. All positive pools are followed up with more in-depth investigation of mitigation options including enhanced standing water monitoring. Other sources of information will include vector borne disease reports from other susceptible animal populations such as birds and horses.

For tick borne surveillance, NRPH invites the public and health professionals to provide tick specimens for identification by our staff. If a black legged tick is identified, this is followed-up with the client in order to assess for risk of transmission, health teaching on prevention strategies and referral to their health care provider when appropriate. Active tick drags are also carried out to enhance detection.

i2) Disease and health event investigation
The rabies control program involves the commencement of the investigation of all reported animal biting reports within a 24 hour period. The program also involves the surveillance of rabies activity in the animal populations utilizing data from Ministry of Natural Resources and Forestry and the Canadian Food Inspection Agency to determine possible future interventions. The health unit also enforces the mandatory rabies vaccination of dogs, cats, ferrets and certain classes of wildlife. In situations where the individual is unable to afford the cost of rabies vaccination, the health unit will issue a voucher to reduce the cost of the vaccination to the pet owner. The individual, to be eligible, must self-identify financial hardship to the investigating officer why their finances are in a difficult state (e.g., loss of income, a source of social assistance, student, fulfilling a program, etc.).

i3) Health Teaching
Niagara has consistently been identified as a risk area for black legged ticks and there has been much confusion related to Lyme disease at various interaction points with Niagara physicians. As a result, NRPH is planning a continuing medical education event “Embedding Knowledge of Lyme Disease” for Primary Care in 2020. Dr. Eva Piessens, Division of Infectious Diseases, HHS Juravinski Hospital and Dr. Samir Patel, Clinical Microbiologist. Deputy Chief, have been secured to provide their clinical infectious disease expertise at an upcoming CME event in May of 2020.
P.3 Communicable Disease

Program Description:
Describe the program, including the populations to be served. If a priority population has been identified for this program, please provide data and informational details that inform your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities.

The communicable diseases program serves to reduce or eliminate the burden of communicable diseases related to infection prevention and control practices in a variety of settings. This is achieved by working with key stakeholders and community partners to address the following components:
- Outbreak control in institutions and the community
- Prevention and control
- Routine personal service setting inspections
- Case management of diseases of public health significance and surveillance to monitor local disease trends

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

- Decrease respiratory infection hospitalizations by 5% among children aged 6 months to 13 years by 2020
- Prevent further transmission of diseases of public health significance through infection prevention and control measures and disease surveillance
- By 2025, reduce the number of reported potential infections caused by microbial contamination by 20%
- Reduce the rate of microbial contamination in facilities providing client/resident services

Intervention Description:
Briefly describe the following public health intervention(s).

Policy Enforcement
The focus of this intervention is to assist institutional facilities in managing and controlling declared outbreaks. Early recognition of cases signaling outbreaks and swift actions are essential for effective outbreak management. Timely specimen collection, communication, and the appropriate infection prevention and control measures have the potential to make a significant impact in the control of an outbreak. In 2023, NRPHP provided outbreak management support to 53 respiratory and 34 enteric outbreaks. The outbreak performance dashboard now includes LTCF and retirement homes. This data is analyzed annually and informs our practice. Public disclosure of outbreaks includes LTCF and retirement homes and has been well received by the stakeholders.

In addition, NRPHP intends on maintaining its 100% inspection compliance rate connected to its 815 personal service setting (PSS) premises in 2020, with a continued focus on educating owners/operators on all applicable IPAC best practices. With the Ministry standard set as a minimum of one routine compliance inspection per annum, Niagara will continue to risk assess each premise on an ongoing basis, adjusting when necessary, the need to perform additional routine inspections in excess of the minimum requirement. These routine inspections will also be supplemented by the need to perform follow-up inspections, complaint-triggered inspections, and site visits prompted by owners and operators, all with the intention to achieve and maintain continued compliance with Ontario Regulation 138/18.

All IPAC complaints (or concerns identified through referrals/surveillance) connected to PSSs regulated healthcare providers, or nonregulated facilities will be risk assessed and investigated for IPAC best practice compliance. The same approach applies to complaints received during 24/7 on-call period, with a risk assessment used to determine appropriate follow-up action and timelines. NRPHP follows up with each type of facility implicated in an IPAC complaint until full IPAC compliance is achieved. Furthermore, for investigations involving regulated healthcare providers and PSS, subsequent visits are completed at predetermined timelines in order to verify continued IPAC best practice adherence. Each investigative response will be initiated within 24 hours to minimize the potential risk of exposure to both clients and staff. Notification of the investigation will be made to all relevant stakeholders, both internal and external, to the organization. Investigative findings will be disclosed to the public in an effort to promote informed decision-making prior to visiting one of these facilities for a client service. In 2018, 53 PSS, 14 regulated healthcare provider, and 14 IPAC investigations involving nonregulated facilities were initiated. Working in partnership with local municipalities, NRPHP is committed to building on past successes centred on the early detection, assessment, and inspection of all previously unvisited PSS facilities (including those that are home-based) in an effort to mitigate and/or eliminate potential IPAC deficiencies. This collaborative approach is also of benefit when dealing with chronically non-compliant owners/operators in the community, particularly in municipalities that require business licensing.

In 2020, NRPHP will be launching a new media-based initiative that will aim to determine services and the necessary to routinely inspect these previously unvisited PSS settings for IPAC best practices compliance tied to the provision of medical attention. Additionally, in 2020, NRPHP will continue to provide updated health care professional with the opportunities for acute IPAC education.
13) Collaboration

Building on 2020 successes where Public Health provided a data sharing platform to over 100 public health care providers and protected 586 children from influenza, NPHiH's efforts in 2023 will focus on:

- Continuing to improve access and coverage in children and their families through the strategic placement of public health information messaging and promotion in vaccination clinics (e.g., Jan 7/2023 - Public Health has protected 586 children)
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14) Health Promotion

In 2023, NPHiH will continue to leverage existing relationships with local and regional health care providers to promote PAC best practices through educational sessions with health care providers. Public Health will continue to engage in partnerships with local health care providers to promote PAC best practices through educational sessions with health care providers. Public Health will continue to engage in partnerships with local health care providers to promote PAC best practices through educational sessions with health care providers.
P.1) Sexual Health

Program Description:
Describe the program including the population(s) to be served. A priority population has been identified for this program, please provide data and information as to what informed your decision, unless previously reported. Please identify the specific requirements under the Standard that the program will address, describe how a health equity lens has been incorporated, barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities.

As per Requirement #8 of the CFPHS, the Sexual Health Program seeks to reduce or eliminate the burden of sexually transmitted and blood borne infections (STIBBs) to Niagara residents. 55% of all chlamydia cases and 54% of all gonorrhea cases were diagnosed at the NRP's General Health Clinics (GHC). GHC Outreach Nurses provide STIBBI testing, STI treatment, venipuncture, point of care testing, immunizations, dispensing and administration of medication (oral and injection), low cost contraception, and pregnancy tests.

Sexual Health Program provides everyone equal opportunity to resolve health issues regardless of their social position or other socially determined circumstances. Sexual Health Clinics provide non-judgemental and free STI testing and treatment for clients diagnosed with a sexually transmitted infection or have been named as a contact of an infected. No health card is required for testing and treatment.

The outreach nurses provide a suitable alternative to clients that may be socially isolated, have mental health or addictions issues, are homeless, have limited transportation, or lack an Ontario Health card. Outreach reduce barriers to accessing service by bringing service to them. Outreach nurses work with many community partners/organizations, assisting clients with STI testing, treatment.

Program Objectives:
Describe the expected outcomes of the program and what you expect to achieve, while specifying timelines.
- Decrease the rate of chlamydia infections and repeat infections in youth and young adults 15-29 years of age by 10% by 2023
- Increase the access to copper IUDs for emergency contraception through insertion at the GHC, to young females < 25 years of age, contraceptive uptake at the age of 40 in order to decrease the rate of unintended pregnancies in Niagara by 2023
- Increase the access to IUDs through insertion at the GHC to young females < 25 years of age or outreach clients up to the age of 46 in order to decrease the rate of unintended pregnancies in Niagara by 2023

Intervention Descriptions:
Briefly describe the following public health interventions:

1) Outreach

Three outreach nurses work within the Sexual Health Program. One of the outreach nurses is designated as a Social Determinant of Health Nurse working primarily with the HIV drug use population and

2) Delegated Functions

GHC nursing led clinic, functioning with use of Medical Directors and the AMOH/MAOH. The AMOH/MAOH are able to delegate controlled acts to the GHC at the clinic in order to provide STIBBI testing, dispensing of medications, including STI treatment, emergency contraception, contraception, and referrals to other healthcare providers.

3) Health Teaching

One-on-one counselling/talk sessions regarding sexual health, birth control and STIBBIs is provided to clients accessing services provided at the GHC. Also, outreach nurses and health promoters provide educational presentations regarding sexual health, birth control, and STIBBIs to community agencies and groups.

4) Social Marketing

Social media and targeted health promotion campaigns have been identified as strategies to increase screening and testing in order to prevent further spread of disease. Some of the recent social media campaigns used include:
- Create ongoing tweets to advertise the Sexual Health Centre
- Share campaign messages through social media (Twitter, Facebook, Instagram, YouTube) and dating site apps
- Promote all-of-spectrum testing on Twitter and Facebool
- HIV awareness week and AIDS day posters for Twitter
- Currently working with REACT to promote STI testing on their Instagram
- Currently working on posting “Nice Niagara” at GHC New Location” promotion on Facebook/Twitter in the next few weeks
Summary: Infectious and Communicable Diseases Prevention and Control

• Community Needs & Priorities
  • Follow up and surveillance of 60+ reportable diseases in order to prevent further spread of communicable disease
  • Top reason children nine years or age or younger are hospitalized is for respiratory infections (influenza and pneumonia)
  • Chlamydia infection rates continue to rise in 15 to 29 year olds
  • Increase in enteric, foodborne, and waterborne diseases since 2017
• Key Partners/Stakeholders
  • Acute care centres
  • Long term care & retirement homes
  • Ministries (Natural Resources and Forestry, Education, Health)
  • Public Health Ontario
  • Primary care
  • Local Area Municipalities
  • Niagara Regional Police
  • Employment and Social Development Canada
  • Start Me Up Niagara
  • Detention centres
  • School boards
  • Child care
Program and Interventions

• Vector-Borne Diseases
  • Surveillance
  • Disease and health event investigation
  • Health teaching

• Sexual Health
  • Outreach
  • Delegated Functions
  • Health teaching
  • Social marketing

• Communicable Disease
  • Policy enforcement
  • Surveillance
  • Consultation
  • Case management
  • Collaboration
  • Health teaching
  • Social marketing
## Budget Request

<table>
<thead>
<tr>
<th>Cost shared program-based funding (70%/30%)</th>
<th>$33,589,821</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program-based funding (100% funded)</td>
<td>$ 2,477,000</td>
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</table>
## One-Time Funding Requests

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Base Funding Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital: Mobile Dental Clinic</td>
<td>$575,455</td>
</tr>
<tr>
<td>Capital: Time and Attendance Software Upgrade to “Software as a Service”</td>
<td>$310,000</td>
</tr>
<tr>
<td>Capital: Smoke-Free Fleet Replacement</td>
<td>$139,710</td>
</tr>
<tr>
<td>Capital: Energy Efficient Lighting Upgrade (200 Division Street, Welland)</td>
<td>$120,000</td>
</tr>
<tr>
<td>Public Health Inspector Practicum Program</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

**Total One-Time Funding Request** | **$1,165,165**
Recommendation

• That the Board of Health (BOH)/Regional Council APPROVE the 2020 Annual Service Plan (ASP) and Budget Submission to the Ministry of Health.