

# Public Health Annual Service Plan and Budget Submission 2020

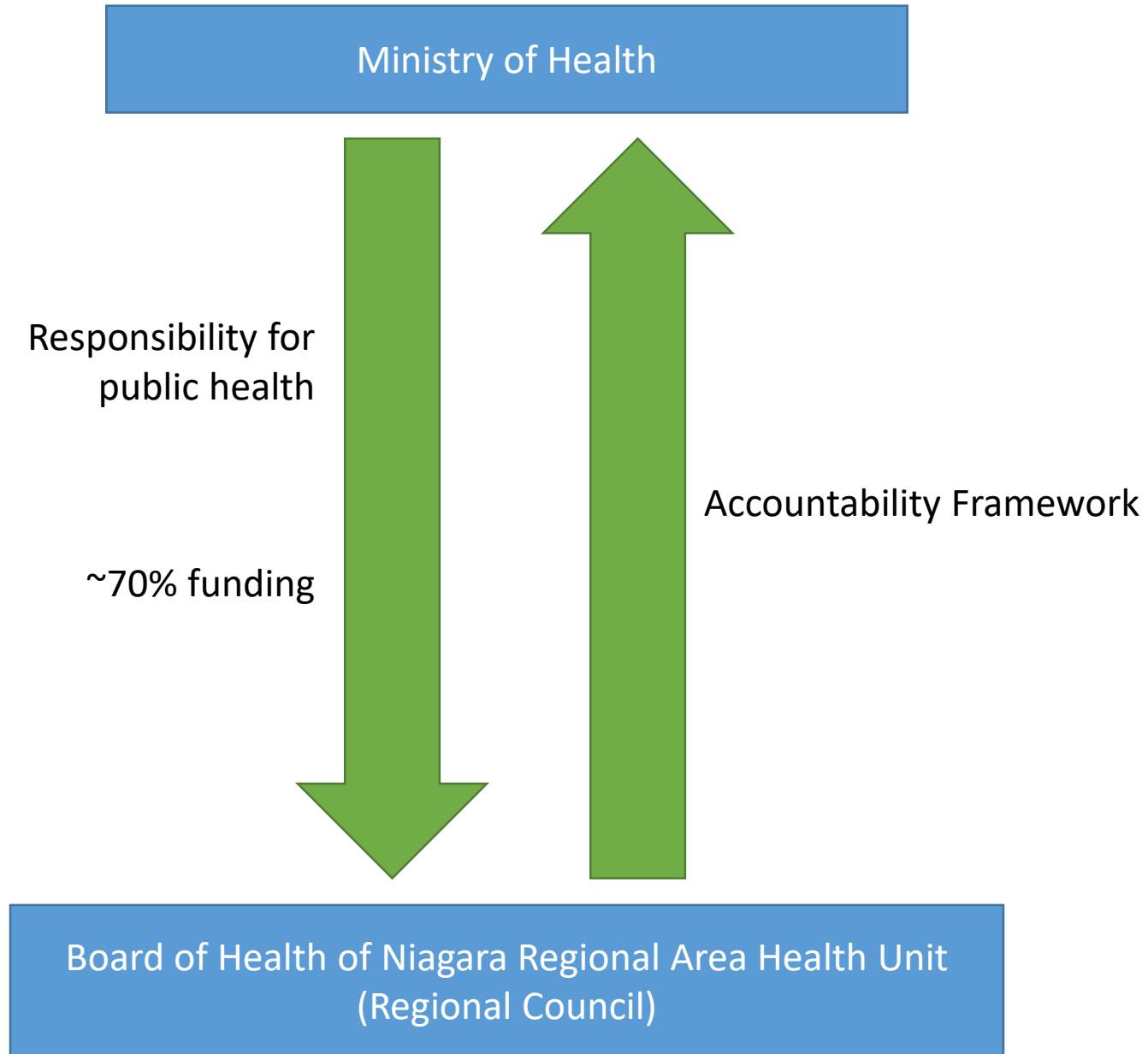
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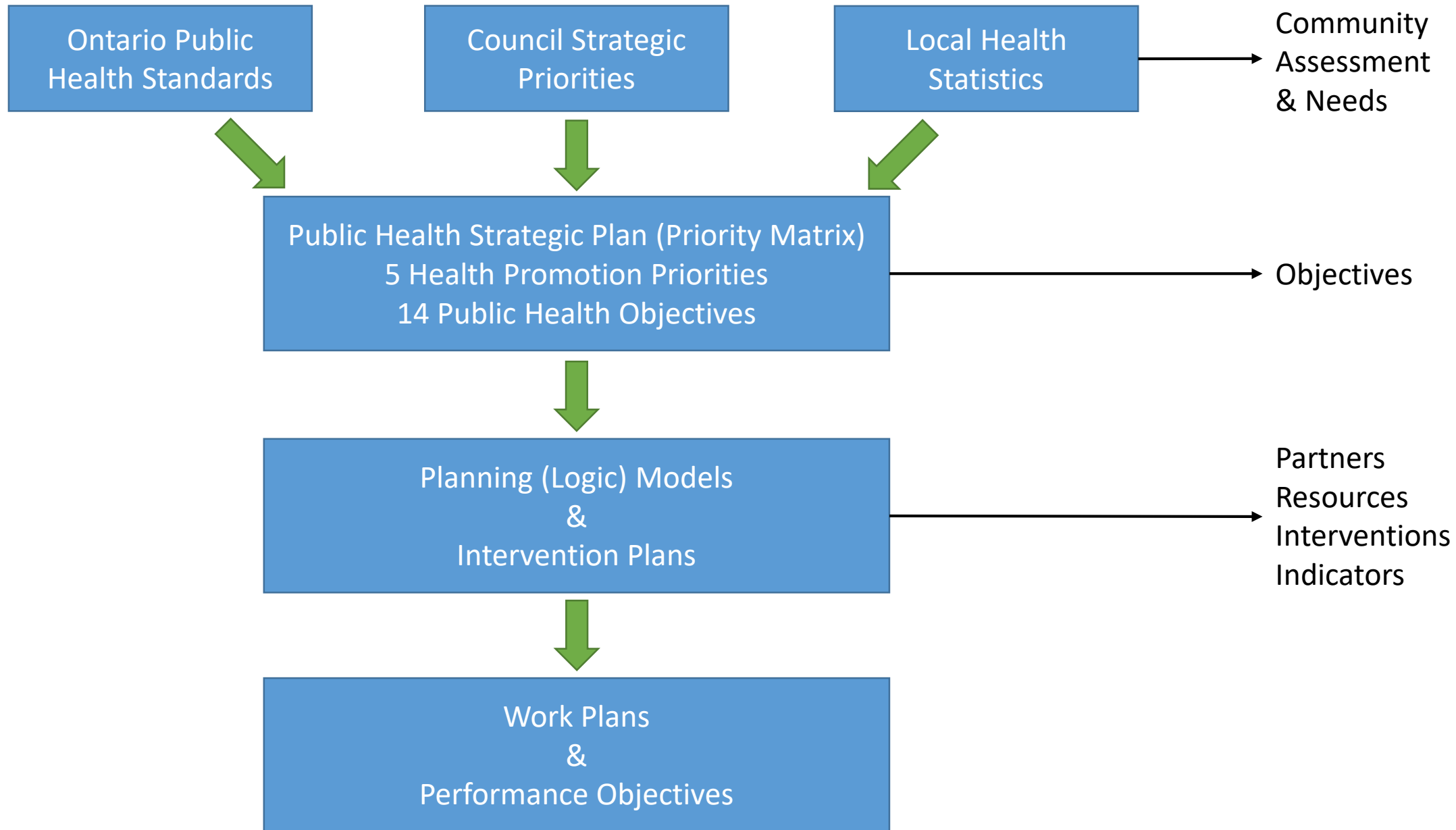
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# Annual Service Plan Template

- 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**

Please provide a short summary of the following:

a) The key data and information which demonstrates your communities' needs for public health interventions to address infectious and communicable diseases.

Under the Health Protection and Promotion Act, Ontario Regulation 559/91, NRPD provides critical and time sensitive follow up and surveillance of 60 plus reportable diseases to the Medical Officer of Health in order to prevent further spread of communicable disease.

In 2018, the top five reportable diseases in Niagara included chlamydia, influenza, gonorrhoea, hepatitis C, and campylobacter enteritis. All of these diseases other than Hepatitis C saw increases in the number of cases compared to 2017.

In 2019, the following reportable diseases increased or continued to demonstrate increased prevalence:

1. Preventable diseases by recommended vaccination:

- Invasive Streptococcus Pneumonia (increase of cases from 29 in 2017 to 52 in 2019)

2. Diseases transmitted by direct contact and respiratory routes:

- Invasive Haemophilus Influenza [all types] (increase in cases from 10 in 2018 to 15 in 2019)
- Influenza A (increase in cases from 404 in 2017 to 697 in 2019)
- Influenza B (decrease in cases from 114 in 2017 to 66 cases in 2019)
- Invasive Group A Streptococcus (increase in cases from 34 in 2017 to 54 in 2019)

3. Enteric, foodborne, and waterborne diseases:

- Campylobacter Enteritis (increase in cases from 95 in 2017 to 125 in 2019)
- Cryptosporidiosis (increase in cases from 7 in 2017 to 32 in 2019)
- Cyclosporiasis (increase in cases from 4 in 2017 to 19 in 2019)
- Salmonellosis (decrease in cases from 91 in 2017 to 66 in 2019)
- Verotoxin-producing E. coli (including HUS) (increase in cases from 2 in 2017 to 15 in 2019)
- Yersiniosis (increase in cases from 8 in 2017 to 11 in 2019)

4. Sexually transmitted and blood borne infections:

- Chlamydia (increase in cases from 1551 in 2017 to 1713 in 2019)

b) Your board of health's determination of the local priorities for a program of public health interventions that addresses infectious and communicable diseases.

NRPD completed a life course analysis to determine the most common diseases by age and sex resulting in emergency department visits, hospitalizations, and deaths. This analysis also looked at the most common reportable diseases by age and sex. Two main priorities were identified related to infectious diseases.

First, it was identified that the number one reason children 9 years of age and under go to the emergency department is respiratory infections. In addition, one of the top reasons that children under 9 years of age are hospitalized is related to influenza and pneumonia. As a result, one of the priorities is to reduce hospitalizations related to respiratory infections in children. In 2016, 38.7% of all acute upper respiratory infection emergency department visits occurred in children under 10 (4,639 visits) and 19.3% of influenza and pneumonia emergency department visits occurred in children under 10 (797 visits). Emergency department data is only available from January to June for 2019; however, it shows that similar patterns are still occurring. In 2019, 34.6% of all acute upper respiratory infection emergency department visits occurred in children under 10 (1,907 visits) and 20.6% of influenza and pneumonia emergency department visits occurred in children under 10 (498 cases). In addition, 66.7% of all hospitalizations due to acute upper respiratory infections occurred in children under 10 (132 visits) and 15.7% of influenza and pneumonia hospitalizations occurred in children under 10 (186 visits). In the first half of 2019, children under 10 were responsible for 57.1% of acute upper respiratory infection hospitalizations (68 visits) as well as 20.3% of influenza and pneumonia hospitalizations (129 visits). In 2020, NRPD will continue to address this priority through health promotion and protection initiatives, as well as by collaborating with community stakeholders.

Second, it was identified that chlamydia infection rates continue to rise, specifically in those aged 15 to 29 years. As a result, the second priority is to reduce chlamydia infection and re-infection rates in Niagara. Overall, chlamydia rates have increase in Niagara from 253.3 per 100,000 population in 2013 to 354.1 per 100,000 population in 2018. In 2018, over 80% of cases occurred in those aged 15 to 29. This trend continues to be seen in 2019. In addition, ON-Marg-stratified analyses have shown where inequities exists in Niagara related to chlamydia infection rates. In 2020, NRPD will continue to address this priority through health promotion initiatives, as well as through health protection initiatives (e.g., clinics).

## **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, Sex Trade on My Terms, Niagara Detention Centre.

## P 1) Vector-Borne Diseases Program

### **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).*

#### i 1) 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

#### i 2) 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 (business or fixed income, source of social assistance, student or full-time program etc.)

#### i 3) 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 2) Communicable Disease

### **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 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
- Promotion/prevention
- 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 month to 13 years by 2020
- Prevent further transmission of diseases of public health significance through infection prevention and control measures and disease surveillance
- By 2023, reduce the number of reported potential infections caused by microbial contamination by 2%
- Reduce the rate of microbial contamination in facilities providing client/residents services

### **Intervention Descriptions:**

*Briefly describe the following public health intervention(s).*

#### i 1) Policy Enforcement

The focus of this intervention is to assist institutional facilities in managing and controlling declared outbreaks. Early recognition of cases signalling 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 course of an outbreak. In 2019, NRPH provided outbreak management support to 58 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, NRPH intends on maintaining its 100% inspection completion 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 on-going 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 136/18.

All IPAC complaints (or concerns identified through referral/surveillance) connected to PSSs, regulated healthcare providers, or non-regulated 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. NRPH 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 2019, 53 PSS, 14 regulated healthcare provider, and 19 IPAC investigations involving non-regulated facilities were initiated. Working in partnership with local municipalities, NRPH is committed to build on past successes centred on the early detection, assessment, and inspection of all previously uninspected 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, NRPH will be launching a new medi-spa initiative that will aim to determine services and the necessity to routinely inspect these previously uninspected settings for IPAC best practice compliance tied to their provision of medical aesthetics. Additionally, upon request, NRPH will continue to provide regulated health care professionals with the opportunity for onsite IPAC education.

## i 2) Surveillance

In 2019, NRPH&ES released a business intelligence disease reporting dashboard to allow for near real time reporting of diseases of public health significance. Such timely surveillance will support the detection of increasing disease trends at a local level. In addition, all DOPHS will be entered into our electronic medical record database, which allows for granular risk factor data collection and reporting. This additional data collection method will enhance reporting functionality and complement our existing provincial IPHIS database.

As a result of surveillance and risk factor analysis, NRPH&ES is conducting research on the prevalence of group A streptococcus in the persons who use drugs and underhoused population. Surveys will be completed on approximately 300 participants and swabs collected on throat and wound. Emm typing and whole genome sequencing will be completed by NML.

## i 3) Consultation

NRPH acts as an IPAC consultative resource to owners/operators, both informally and formally. Informally, through in-person consultations provided during the course of routine PSS inspections and IPAC investigations, and more formally through the development or adaptation of available resources/tools to which are distributed to targeted audiences. Additionally, through the provision of training sessions, NRPH educates attendees on current IPAC best practice documents and all applicable legislated requirements. NRPH utilizes strategic opportunities available through health promotion campaigns and initiatives to continue to create further public awareness (e.g. use of social media, billboard(s), and primary care screens in physician waiting rooms). Public disclosure allows for transparency and public awareness regarding routine inspections, complaints, investigations, and potential legal action tied to improper IPAC practices. NRPH will risk assess all identified lapses in IPAC, and attempt to influence operational/behavioural changes towards compliance through education, with the potential for enforcement when educative approaches fail to yield expected results. The appropriateness of legal action through use of health protection and promotion orders, or Part I or III provincial offences will be balanced and representative of the IPAC issues identified.

NRPH&ES will continue to provide expertise and support to educate primary care, long term care homes, child care and other community partners related infection prevention and control best practices, disease transmission, outbreak control measures and exclusion to prevent further transmission of disease.

## i 4) Case Management

Public Health Nurses follow up and provide case and contact management as per Appendix A: Disease Specific Chapters and Appendix B Provincial Case Definitions.

## i 5) Collaboration

Building on 2019 interventions where Public Health provided physician detailing to over 100 health care providers and protected 563 children 13 and under with the flu vaccine (2018/2019 flu season), our efforts in 2020 will focus on:

- Continuing to improve access and increase coverage in children and their families through the strategic placement and targeted advertising of Public Health influenza vaccination clinics (as of Jan. 7/2020 Public Health has protected 654 children)
- Calling on local immunizers to give a strong recommendation for children to get the influenza vaccine in order to prevent disease transmission
- Providing on-going support to primary care offices with patient resources for influenza (e.g. digital files for screens in waiting rooms, parent infographic, office signage, practice reminders)
- Liaising with external partners to explore opportunities to infiltrate flu messaging and infection prevent and control best practices into their daily programming (e.g. child care providers, school boards, pharmacies)

## i 6) Health Teaching

With limited resources in Niagara and an increase in LTBI and medical surveillance cases, NRPH&ES will continue to explore the provision and operationalization of a TB clinic to alleviate unnecessary respirologists referrals and decrease local LTBI and MS pressures. Academic detailing to primary care will also be a strategy to support the knowledge gap in family practices/walk-in-clinics in order to address unnecessary referrals to respirologists for LTBI treatment and MS completion.

Related to other infectious diseases, NRPH supports 121 long-term care facilities and 192 childcare facilities. Examples of interventions planned in 2020 are educational in-services to LTCF, child care and home care on best practice infection prevention and control in order to prevent occurrence of outbreaks in such institutions.

In 2020, NRPH will continue to leverage previously established relationships with local post-secondary institutions to promote IPAC best practise through educational sessions with dental hygienists, dental assistants and dental office admin students. Furthermore, NRPH will continue to engage health care professionals by promoting IPAC best practices through quarterly dental newsletter submissions and monthly physician newsletter contributions. For 2020, presentations/meetings will occur within acute care settings, with additional attention focused on IPAC practices performed by OBGYN's as this was identified as a need in 2019.

## i 7) Social Marketing

Annually, NRPH utilizes various social media streams to increase awareness of infection prevention and control best practices such as hand hygiene, cough etiquette and staying home if ill. Messaging is targeted to the time of year such as outbreak season or audience based on the circulating pathogen and awareness/education required.

In 2020, our ongoing respiratory reduction strategy will build upon prior year activities including ongoing physician engagement. Promotional materials, social media and resources for parents and kids will increase awareness/knowledge on respiratory etiquette and importance of vaccination

### P 3) Sexual Health

#### **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*

As per Requirement # 8 of the DPHS, the Sexual Health Program serves to reduce or eliminate the burden of sexually transmitted and blood borne infections (STI/BBI) to Niagara residents. 52% of all chlamydia cases and 54% of all gonorrhea cases were diagnosed at the NRPH's Sexual Health Clinics. (SHC). SHC and Outreach Nurses provide STI/BBI 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 every client equal opportunity to reach optimal health and potential 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 infection. No health card is required for testing and treatment.

The outreach nurses provide a suitable alternate 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 Objective:**

*Describe the expected objectives of the program and what you expect to achieve, within specific 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 our SHC, to young females < 25 years of age or outreach clients up to the age of 40 in order to decrease the rate of unplanned pregnancies in Niagara by 2023
- Increase the access to IUD/IUSs through insertion at our SHC, to young females < 25 years of age or outreach clients up to the age of 40 in order to decrease the rate of unplanned pregnancies in Niagara by 2023

#### **Intervention Descriptions:**

*Briefly describe the following public health intervention(s).*

##### i 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 IV drug use population and sex

##### i 2) Delegated Functions

SHC is nursing led clinic, functioning with use of Medical Directives under the AMOH/MOH. The AMOH/MOH are able to delegate controlled acts to the PHNs at the clinic in order to provide STI/BBI testing, dispensing of medications including STI treatment, emergency contraception, contraception and referrals to other health care providers.

##### i 3) Health Teaching

One on one counselling/health teaching regarding sexual health, birth control and STI/BBIs is provided to clients accessing services provided at the SHC. Also, outreach nurses and health promoter provide educational presentations regarding sexual health, birth control, and STIs/BBIs to community agencies and groups.

##### i 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:

- o Create on-going tweets to advertise the Sexual Health Centre
- o Share campaign message through social media (Twitter, Facebook, Instagram, YouTube) and dating sites/apps
- o Promote all opportunistic testing events on Twitter and Facebook
- o HIV awareness week and AIDS day posts for Twitter
- o Currently working with REACT to promote STI testing on their Instagram
- o Currently working on posting "Niagara Fall SHC 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

Cost shared program-based funding (70%/30%)	\$33,589,821
Program-based funding (100% funded)	\$ 2,477,000

# One-Time Funding Requests

Project Title	Base Funding Request
Capital: Mobile Dental Clinic	\$575,455
Capital: Time and Attendance Software Upgrade to “Software as a Service”	\$310,000
Capital: Smoke-Free Fleet Replacement	\$139,710
Capital: Energy Efficient Lighting Upgrade (200 Division Street, Welland)	\$120,000
Public Health Inspector Practicum Program	\$ 20,000
<b>Total One-Time Funding Request</b>	<b>\$1,165,165</b>

# Recommendation

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