



# **Medical Officer of Health: Report to** The Board of Health

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## **Medical Officer of Health Update**

## **COVID-19 Update**

COVID- 19 provincial indicators continue to trend downwards since peaking in December 2022. Locally, cases have followed a similar trend. Cases, outbreaks, hospitalizations, and deaths still occur but to a lesser degree than previously experienced.

The most prevalent lineage in recent weeks is XBB.1.5, followed by BQ.1.1. A new variant (XBB.1.16) originating from India is under observation. In the US, XBB.1.16 has shown a 188% growth advantage over XBB.1.5 in the past several months. However, there is no indication currently that it causes more severe illness.

## **COVID-19 Immunization**

The Spring 2023 COVID-19 vaccination campaign began the first week of April. The focus of this campaign is to promote and provide COVID-19 vaccines to those at <u>highest risk of severe outcomes</u> from COVID-19 who have not had a COVID-19 vaccine or infection for over 6 months. We are also encouraging those in the general population aged 5 and over to stay up to date with COVID-19 vaccination.

The Health Unit is offering COVID-19 vaccine clinics in all five geographic hubs (North Bay, Parry Sound, Mattawa, West Nipissing, and Sundridge), with clinic frequency and hours reflecting demand.

Long-term care homes have become independent with COVID-19 vaccine administration; the Health Unit continues to facilitate vaccine administration arrangements for some retirement homes and other congregate living settings.

## **COVID-19 Recovery Priorities – First Quarter Progress Report**

The Health Unit's previous Strategic Plan spanned 2014-2018. Planning for the 2020-2024 Strategic Plan was hampered by indications that public health in Ontario was going to be restructured, and then planning was put on hold in 2020 as there was no capacity to do this work during the COVID-19 pandemic.

In 2022, the Health Unit was not yet in a position to resume the work on the strategic plan but needed to identify priorities to guide both the resumption of regular work, and the development of new or modified initiatives/programs to address backlogs and emerging issues. Building on the organizational priorities and using data collected from staff, the community, community partners, and programs; the Executive Team and managers developed four recovery priorities (outlined below) to focus on in 2023. As the programs and services offered by the Health Unit are very diverse, some are more involved than others in support of these priorities. Addressing these priorities is part of routine pre-pandemic work for some programs, rather than a new focus post-pandemic.

The preparatory phase of the 2024-2027 Strategic Plan will begin in the Fall of 2023, with the launch planned for Summer or early Fall of 2024.

#### **Nurturing Mental Health Recovery**

Key concepts important for the Health Unit in addressing this priority include improving mental health through the life span; recognizing an amplified need among equity-seeking populations, responding to increased stressors and indirect impacts of the COVID-19 pandemic; promoting resilience and coping; and addressing the social determinants of health.

Select activities that are directed toward this priority include:

- Providing evidence and rationale to community partners to support implementation of the Icelandic model within the Health Unit region (Healthy Schools)
- Implementing a parenting campaign that promotes key messages related to social-emotional competence (Healthy Families)
- Producing a gambling harm reduction campaign (*Think You'll Win?*) in collaboration with community partners (Healthy Living)

#### **Prioritizing Equity-seeking Populations**

Addressing this priority requires internal and external collaboration, and continued integration of this concept into program planning. Service gaps are being assessed and where needs align with public health program delivery, filling and bridging those service gaps. Holistic needs of equity-seeking populations when providing services are also being considered.

Select activities that are directed toward this priority include:

- Preparing contingency planning to respond to vaccine preventable disease outbreak management and control in emergencies and community outbreaks (Vaccine Preventable Disease)
- Creating accessible, supportive, inclusive and safe environments to provide information and promote safer substance use practices and harm reduction program services (Sexual Health)
- Increasing program staff awareness of data to inform development of local healthy public policies and programs specific to infectious diseases (Communicable Disease Control)

#### Getting Children and Youth Back on Track

Healthy social, mental, and emotional growth and development all need to be considered in supporting our children and youth. To make progress on this priority, the Health Unit, in collaboration with partners, is supporting schools and childcare centres, positioning children and youth for better health outcomes, and responding to indirect impacts of COVID-19. New partnerships to support this priority are also being sought.

Select activities that are directed toward this priority include:

- Increasing school board/education authority knowledge of the benefits of collaboration with Health Unit to meet shared mandate (Healthy Schools)
- Conducting dental screenings in junior and senior kindergarten and Grade 2 classes in all publicly funded area schools and offering the same to all Indigenous schools (Oral Health)
- Participating in community led Canadian Prenatal Nutrition Program programming across the

• district to help improve the health of pregnant women and new mothers who face challenges that put their health at risk (Healthy Families)

#### **Strengthening Community Development**

Concepts that are key to furthering this priority are advocacy, equity, upstream approaches to social determinants of health, community collaboration, healthy built and natural community environments.

Select activities that are directed toward this priority include:

- Increasing awareness and access to relevant updated population health data for planning and
- health initiatives (Planning & Evaluation)
- Improving health care provider awareness of revised public health processes specific to infectious disease testing, diagnosis, reporting and client education (Communicable Disease Control)
- Developing external Indigenous Wellness Circle (Healthy Living)

## Influenza and Other Respiratory Infections Update

Influenza activity has been reported locally at zero cases (1st week of April) and previously as only sporadic with no ongoing institutional influenza outbreaks throughout March.

Enterovirus/Rhinovirus was the most common circulating non-influenza respiratory virus, with provincial percent positivity at 7.6%.

## **Programs and Services Updates**

## **Corporate Services**

## **Building and Maintenance**

#### Parry Sound

- Office planning meetings continuing for new location.
- Ongoing meetings with furniture provider for final layout.
- Changed the floor mat provider (cost savings).

#### North Bay

- Oral Health staff area reconfiguration meetings ongoing.
- New access cards distributed to all staff.
- Auditing after-hours access of staff to better align with the collective agreements pre-COVID-19.
- Quotes received for change to clinic access for health and safety purposes.
- Meeting rooms and lunchroom reset to pre-COVID-19 configurations.
- Changed floor mat provider (cost savings).

#### COVID-19

• Weekly monitoring of personal protective equipment and cleaning supplies for COVID-19 (sanitizer and disinfectant).

## **Communications**

Communications has returned to in-person media interviews. This has allowed the Health Unit to build its relationship with individual journalists.

In March, the Health Unit launched the second version of Think You'll Win, a gambling awareness campaign. Many people believe inaccurate information about the odds of gambling, so the Health Unit and the Community Counselling Centre of Nipissing are sharing four scenarios that may seem unbelievable but are statistically more likely to happen than winning big.

The Health Unit celebrated Canadian Public Health Week (April 3-7) by disseminating a news release highlighting non-COVID-19 work of the Health Unit in 2022.

Communications supported the harm reduction team to promote safe sharps handling with a news release that was disseminated on April 6.

To align with the Ministry of Health's spring COVID-19 booster vaccine campaign, the Health Unit has once again started promoting COVID-19 vaccine clinics.

## **Emergency Management**

• With the elimination of the Manager of Emergency Management position, distribution of Emergency Management Foundational Standards work to other programs/services continues.

## Information Technology

- Replacement of end of life for virtualization server.
- Backup software major version update.
- Backup storage upgrade.
- Virtual software major version update.
- Firmware updates on all storage systems.

## Planning and Evaluation

#### Population Health Assessment and Surveillance

- Planning and Evaluation continues to support programs with population health assessment requests submitted through our service desk ticket. Population-level indicators on mental health (including protective and risk factors), oral health, food security, alcohol and cannabis use, and tobacco use are currently being analyzed to provide local estimates using nationally coordinated surveys (e.g., the Canadian Community Health Survey, Canadian Health Survey for Children and Youth).
- Work has begun for the next Infant feeding surveillance project. The survey is set to be released in 2024, currently work is focused on reviewing the questionnaire and preparing documents for the Research Ethics Review Committee.
- Progress continues with the re-establishment of the Nipissing Parry Sound Data Collaborative (NPSDC). As new community partners are being engaged, two work groups have been established to focus on updating the terms of reference and creating indicators for accessing health services.
- Information collected through the Overdose Reporting System is sent to more than 160 community partners in weekly updates through the Health Unit's interactive surveillance dashboard. Since January 1, 2023, there have been 46 overdoses/negative drug reactions with four resulting in death within the Health Unit district.

 Led by the Centre for Addictions and Mental Health and supported by Planning & Evaluation and Healthy Schools, individual elementary and secondary school recruitment in our district continues for participation in the Ontario Student Drug Use & Health Survey (OSDUHS) for the 2022/23 school year. Data acquired from the oversampling of local schools will enable the Health Unit to better analyze mental health, substance use, and well-being indicators for youth in our district.

#### **Health Equity**

- A needs assessment has been initiated to determine what is needed at the Health Unit to strengthen and support current health equity work across groups and topics. Facilitated discussions are currently being planned and will take place throughout April and May. The goal of this work is to determine how to align health equity work across existing intersectional groups and topic areas and strengthen both efficiency and coordinated action on shared intended outcomes.
- In collaboration with community partners providing trusted community spaces, the Health Unit is planning a limited number of COVID-19 vaccine clinics to reach individuals who are under housed, transient or experiencing homelessness; individuals who use substances; and newcomers to Canada.

#### Planning

• The Health Unit is currently completing the 2023 Annual Service Plans (ASP) which are a requirement of the Ministry of Health. Programs are completing the template and Planning and Evaluation will collate and review the results for completeness.

#### **Effective Public Health Practice**

The Health Unit's participation in the Knowledge Broker Mentoring Program with the National Collaborating Centre for Methods and Tools (NCCMT) will come to an end in April when the Health Unit hosts the final two-day workshop. Twelve staff from multiple programs and disciplines participated over the last three years and will be supported by the NCCMT for an additional six months beyond the final workshop. The purpose of the program is to develop organizational capacity for evidence-informed decision making (EIDM) and build the individual capacity of staff to function as internal Knowledge Brokers or mentors in EIDM practice. The following research questions were the focus of the development of two rapid reviews:

- What is the effectiveness of community-based strategies to mitigate inequities faced by vulnerable priority populations during emergency situations (e.g., pandemics, state of emergency, climate events)?
- What are evidence-based school, community or public health strategies to prevent, delay or decease substance use in 12-24 years olds?

#### **Quality Assurance**

#### **Policies and Procedures**

• A total of 64 policies, procedures, and associated documents were processed between February 1 and March 31, 2023: 24 documents issued, 13 new numbers assigned, and 32 documents archived.

#### **Quality Issue Reports (QIR)**

- A total of 27 QIRs were completed (closed) between February 1 and March 31, 2023. Six were level 0 (near miss, no harm, loss, or damage), sixteen were level 1 (incident did occur but no harm, loss, or damage), and five were level 2 (temporary or minor harm, loss, or damage recovery in days/weeks).
- Nineteen QIRs were classified as related to professional/organizational standards, seven were related to resources, and one was related to reputation.

## **Clinical Services**

## Communicable Disease Control

The Communicable Disease Control (CDC) program monitors trends of reportable infectious diseases to detect an increase or cluster of cases (outbreaks); monitors disease incidence trends to provide an indication of the need for intervention and success of interventions; identifies groups of persons at highest risk of disease, behavioral risk factors and etiology of infections; and provides timely dissemination of surveillance findings.

#### Tuberculosis

The number of latent tuberculosis (TB) infections reported to the Health Unit increased in 2022 with 54 infections reported, exceeding two standard deviations above the 5-year average (51.3 cases). Individuals with latent TB infection do not feel sick and do not have any symptoms and cannot spread TB. If they do not get treatment, however, they may develop active TB disease in the future and can spread the disease to others. Individuals with latent TB infections can start treatment to prevent active TB in the future. Only one out of fifty-four individuals (1.8%) with latent tuberculosis infections reported in 2022 started preventive treatment in 2022. Overall, an increased prevalence of individuals with tuberculosis infections, unless preventively treated, will increase the likelihood of having more active tuberculosis disease in the future. Amongst active tuberculosis cases reported over the past 10 years, the top five behavioral and social risk factors reported include: having lived in an endemic country, being a smoker, having known contact with a case, travel to an endemic area, and substance use.

On May 10, 2023, the program will host a TB Education evening for local health care providers featuring an Associate Medical Officer of Health from Toronto Public Health and Co-Author of the Canadian Tuberculosis (TB) Standards. Topics will include highlights from the updated TB Standards, new treatment regimens, positive TB skin tests, and active TB. The session is open to all health care providers, physicians, occupational health nurses, and infection prevention and control (IPAC) practitioners.

## **Professional Practice**

The Professional Practice Manager, Personal Health Information Lead has focused on three key areas:

- Student placements,
- Transition to Public Health Orientation for staff, and
- Staff consultations related to privacy and professional practice.

For the January intake of students (January to April) the Health Unit hosted a total of twelve (12) nursing students, one (1) nurse practitioner, two (2) Master of Social Work students, three (3) education and one (1) administrative student. Note, the number of student placements that the Health Unit was able to support over the last semester has returned to pre-pandemic levels.

The Transition to Public Health Orientation program was initiated and is currently supporting nine employees from various programs for public health skills enhancement. Privacy and professional practice consultations are ongoing. Examples of consultation topics are: how to manage requests for corrections of client records, how to manage ongoing consent with non-healthcare agencies, and how to manage disclosure from other healthcare agencies that were not requested by public health (e.g., vaccine records for adults outside of an outbreak).

## Oral Health and Vision Screening

#### **Oral Health Program**

The Health Unit Dental Clinic improves access to dental services by providing oral health care including preventive services, treatment, and follow-up to: 1) eligible children 0-17 years who meet the criteria for the Healthy Smiles Ontario program; 2) adults in receipt of Ontario Works, Ontario Disability Support Program, Indigenous individuals with Non-Insured Health Benefits, or who meet the Health Unit financial eligibility criteria; and 3) seniors who meet the eligibility requirements of the Ontario Seniors Dental Care Program.

Oral Health is an important part of the health care system since poor oral health is linked to serious health conditions such as respiratory infections, heart disease and stroke, diabetes, poor nutrition, osteoporosis, and rheumatoid arthritis. Furthermore, the impacts of poor oral health extend beyond medical concerns and can affect learning potential, employability, work attendance and performance, self-esteem, and social relationships.

**Healthy Smiles Ontario:** In 2022, 2,070 children had an oral health screening in a school in the district. Two hundred and seventeen children were referred to a dentist for non-urgent areas of decay. Eight hundred and twenty-eight children were seen by a dentist at the Health Unit Dental Clinic, and 315 received preventative services with a registered dental hygienist.

**Adult Clinic:** The demand for service in the low-income adult dental program far exceeds the capacity, which created a wait list that grew to wait times of over 2 years. As a result, beginning in January 2023, the difficult decision was made to move to an urgent care model. Moving forward, to be eligible for the low-income dental care program, clients must have:

- severe dental pain that cannot be managed with over-the-counter pain medication.
- oral/facial trauma.
- facial swelling.
- dental pain that worsens at night, or when lying down.

AND

• meet the after-tax income based on household size.

In 2022, 502 adults were treated by a dentist at the Health Unit Dental Clinic, and 216 received preventative services with a registered dental hygienist.

**Seniors Clinic**: The Ontario Seniors Dental Care Program (OSDCP) aims to address the dental needs of seniors 65+ who meet low-income eligibility criteria. Through this program, eligible seniors receive dental care services at the Health Unit Senior's Clinic, or though one of the participating dental care providers in the community. In 2022, 476 seniors were seen by the dentist at the Health Unit Senior's Clinic, 546 seniors received services through one of our partnering dental providers, and 320 seniors

received preventative services from one of our registered dental hygienists. In addition, in 2022, 135 seniors were approved to receive dentures through OSDCP.

#### **Vision Program**

Visual health is an important part of a child's overall health, contributing to a child's coordination, independence, play, and learning. The Ontario Association of Optometrists recommends that all children have their first eye exam at six months old, again at three years old, and every year after that (covered by OHIP). Health units are mandated to provide vision screening to all senior kindergarten (SK) children in the school setting each year. While this school screening does not replace the need for a full exam by an eye doctor, it may help to detect risk factors for certain vision disorders. In 2022, 362 SK students in the district had a vision screen, and 102 were referred to an optometrist for follow-up.

## Sexual Health/Clinical Information

#### Sexual Health Update:

As part of the pandemic recovery work to re-integrate public health nurses into school settings to offer sexual health promotion and clinical services, nurses are collaborating with secondary school principals to plan to have public health nurses back in schools in September 2023. Aligning with the Health Unit's priority of Getting Children and Youth Back on Track, nurses have attended events at secondary institutions connecting with students to improve awareness of trusted adults in the school setting and share information about available sexual health services.

#### Harm Reduction/Clinical Information/Needle Syringe Program Update:

An activity report is submitted to the Ontario Harm Reduction Distribution Program each year. This data is collected through the core and fixed satellite sites for needle syringe programs across the district and community disposal bins. Data submitted for 2022 indicates that the total number of needles given out and the district's estimated return rate is higher than in previous years at 85.1%. In addition to the existing eight community sharps bin, an additional bin for individuals to safely dispose of used harm reduction supplies after hours has been installed and used outside the Health Unit office in North Bay.

## Vaccine Preventable Diseases

#### **National Kids Vaccination Day**

On March 15 and 16, the program hosted March Break vaccine clinics for National Kids Vaccination Day at both the North Bay and Parry Sound offices. The day was filled with kid-centric activities including games, face painting, photo booth, colouring, reading, snacks, and three therapy dogs to help kids through the process. A draw prize was presented to one lucky participant. In all, the clinic reached over 100 kids, helping to increase vaccine coverage rates for students within our district.

#### **Childcare Vaccine Record Annual Review**

The annual vaccine record assessment for all registered childcares was completed by the program during the first week of April.

An annual assessment is a review of immunization records for all staff working in childcares and the children registered in childcare. In total, 1,777 records were assessed and follow up was conducted with childcares. This does not include 381 records that were assessed as part of rolling registration in childcares.

#### Grade 7/8 Vaccination Program

April and May mark the start of the second round of Hepatitis B (HB), Human Papilloma Virus (HPV) vaccine program for students in Grade 7 and 8 this year. Program staff will visit all 44 schools with grade 7 and 8 students across the district to provide the second and final dose of these vaccines.

While these vaccines are not required, they are highly recommended. The HPV vaccine is known as an effective prevention for head and neck cancers as well as cervical and penile cancers. This program is typically offered as a publicly funded program in Ontario for students in grade 7, however, the eligibility has been extended for all students through to the end of secondary school until August 2023, because of the COVID-19 pandemic. Program staff will continue to vaccinate as many students as possible until that date.

## **Community Services**

## Environmental Health

In implementing Ontario Regulations 493/17: Food Premises Regulations, public health inspectors (PHIs) for this quarter, have issued 12 Part I offence notices (tickets) to food operators totalling \$3,215. An additional nine Part III offence notices (Summons) were also served. In promoting safe food handling, PHIs provided five courses of which 106 attendees were certified and proctored 16 successful exams.

To date, PHIs have also issued one ticket to a recreational water operator (swimming pool) under Ontario Regulation 494/17 and issued section 13 closure orders under the *Health Protection and Promotion Act* (HPPA) to four pools and two spas. An additional two recreational water operators were provided warnings by means of violation letters.

Tobacco enforcement officers (TEOs) have issued seven Part I offence notices (tickets) to two students, one proprietor, and four employees under the *Smoke-Free Ontario Act*, 2017 (SFOA). Additionally, 30 warnings have been provided by TEOs.

## **Healthy Families**

The Healthy Families program continues to provide individual and group services to clients including Breastfeeding Clinics, Healthy Babies Healthy Children (HBHC) postpartum phone calls, HBHC Blended Model Home visiting for families facing multiple risk factors, developmental screening and referral, Family Health Information Line, online parenting and prenatal education, and participation in delivery of high-risk prenatal group education.

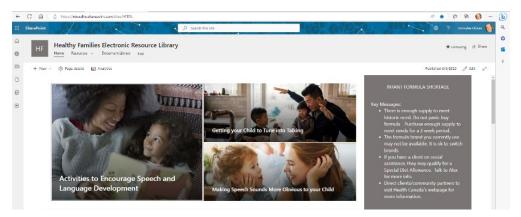
Service metrics	2023 Quarter 1 (January – March)
Births to resident families	139
HBHC postpartum follow-ups	105
HBHC with-risk home visits, total number of visits	167
Active families, HBHC	37
Families on HBHC waitlist at end of March	35
Breastfeeding Clinic encounters	33
Online Prenatal	2
Triple P (online parenting program)	4
Family Health Information Line	223

Population-based activities are focusing on infant and child mental health promotion, parenting, trauma-informed care, resilience, and the impact of Adverse Childhood Experiences (ACEs) on adults who are parenting young children. These concepts are informing activities to support responsive relationships, strengthen core skills, and reduce sources of stress for families within Healthy Families interventions and in collaboration with community partners.

Healthy Families program spotlight: Electronic Resource Library (ERL)

Accessing and distributing current, evidence-based resources meets the Health Unit's mission of providing trusted support and information. It also demonstrates the values of accountability and excellence.

To support the vision of a healthy life for everyone in our communities, the Healthy Families program partnered with the Information Technology team to create an Electronic Resource Library – SharePoint Site. This site allows staff to access the most current, evidence-based information from their work cell phone, iPads, and laptops while working remotely (in client's homes, with community partners, off-site office spaces). Healthy Families Electronic Resource Library – Home (sharepoint.com)



As the ERL is a SharePoint site, it can be shared with other Microsoft 365 users in the community. This allows for potential viewing access to community partners, which would support the use of approved Health Unit resources for a variety of Healthy Families-related topics in other settings.

The Healthy Families ERL lead recently participated in an environmental scan led by York Region. The goal of the scan was to better understand how other health units are managing their resources to inform York Region's processes going forward. The North Bay Parry Sound District Health Unit Electronic Resource Library – SharePoint site was noted as a creative and viable solution to a common problem. The scan results will be shared province wide.

## Healthy Living

#### Update on 2022 Cost of Eating Well Correspondence

In follow up to the February presentation to the Board of Health on food insecurity and the <u>2022 Cost of</u> <u>Eating Well</u> report, a <u>letter to the province</u> was sent, as well as a tailored correspondence package to municipalities asking for their support with this advocacy. The Health Unit's letter to the province was shared, as well as a sample resolution and letter that municipalities could edit and/or sign off on and send to the province demonstrating their support for our key messaging related to the health consequences of food insecurity and the need for income solutions. To date, we have received correspondence that eight municipalities have passed a resolution related to food insecurity: West Nipissing, Papineau-Cameron, Bonfield, East Ferris, Machar, Armour, Ryerson, and the Town of Parry Sound. We are hopeful additional municipalities will take action and join this advocacy in the coming weeks.

Over the past month, several public policy changes related to income have been announced with the new provincial and federal budgets (i.e., increased income for low-income seniors through the Guaranteed Annual Income System program, increased minimum wage in Ontario as of October 2023, 'grocery rebate' payment being administered via the GST credit system for low-income households). While these are very positive, income-based policy measures that target low-income households, no changes were announced related to increasing social assistance rates in Ontario. This demonstrates the importance of ongoing advocacy about extremely high food insecurity rates among these households, and the associated health consequences.

#### **Indigenous Wellness Circle**

In 2023, Healthy Living began working with community partners in the development of the Indigenous Wellness Circle (IWC) to support the Health Unit in its work towards engaging with Indigenous communities to foster the creation of meaningful relationships, starting with engagement and collaborative partnerships. This work is a requirement of the Ontario Public Health Standards and is rooted in the need for Indigenous public health to be planned and implemented by Indigenous peoples.

By acknowledging the diversity and uniqueness of each Indigenous client, community, and organization within the districts' catchment area, 16 diverse individuals from trusted partners came forward to gather in circle and discuss interest in being a guiding voice for Indigenous public health and wellness. This structure has been modelled from many leading health organizations such as The College of Physicians of Canada. Now meeting monthly, the goal of the Circle is to act as an "advisory table" for the Health Unit, incorporating Indigenous Ways of Knowing, methodologies, as well as legislation in the decision-making processes as the Health Unit moves towards establishing an organizational Indigenous Engagement Strategic Plan.

Although the IWC roles and responsibilities are still in the formative stage, they may include, but not be limited to the following:

- Advocate for, support and contribute to accessible, relevant, and high-quality, culturally safe services, free from racism for Indigenous communities and clients.
- Review internal working documents that impact Indigenous clients, communities, and/or partnerships.
- Recommend (and, as required, inform the development of) Indigenous health frameworks and resources, implementation strategies, and assessment approaches.
- Look for opportunities to promote and support activities and education initiatives that relate to Indigenous health. This may include collaboration with other committees and organizations on initiatives that intersect with the work of the Indigenous Wellness Circle.
- Use documents that have incorporated Indigenous voices (e.g., Truth and Reconciliation Commission of Canada: Calls to Action, Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, Out of Sight; Produced by the Brian Sinclair Working Group, In Plain Sight: Addressing Indigenous-specific

Racism and Discrimination in B.C. Health Care) at the forefront of the work to implement recommendations and prioritize educational objectives.

## **Healthy Schools**

#### Promoting Active School Travel Through Community Partnerships

Active school travel is the process of commuting to and from school using any form of human powered transportation, such as walking, cycling, roller blading, skateboarding, scootering, or using a wheelchair. Active school travel is important for students, as it <u>improves physical activity</u>, <u>mental health</u>, <u>emotional regulation</u>, <u>community connections</u>, <u>and academic performance</u>. Additionally, active school travel reduces traffic congestion and improves air quality. In the most recent <u>ParticipACTION report card</u>, the Active Transportation grade in Canada increased to a C- from a D- in 2020.

On March 22, 2023, the Healthy Schools team supported the City of North Bay and Nipissing Parry Sound Student Transportation Services with organizing <u>Crossing Guard Appreciation Day</u>. The day included distribution of active school travel information across traditional media, social media, and in school communications, as well as a reception at which new high vis stop signs designed to improve pedestrian safety were presented to the local crossing guards. Crossing Guard Appreciation Day was used to promote respect for Crossing Guards working in dangerous conditions, to promote safe driving, and to raise awareness about the benefits of active school travel. The event was circulated through <u>local media</u>, and had a strongly positive community response.

Crossing guards are a critical component of active school travel. The presence of crossing guards makes <u>students twice as likely to use active travel</u>, and <u>increases the number of students who cross roads at</u> <u>supervised sites</u>. Crossing guards are community partners crucial to injury prevention work, as they model safety and safe crossing behaviour for youth, which gives students the skills to make safe and predictable crossing decisions in the future. This initiative worked towards the OPHS Healthy Schools Program standards, which seek to increase adoption of healthy-living behaviours among youth and to increase parental awareness of factors for healthy growth.

The Healthy Schools team will see the halting of the school-focused nurse positions on June 30 with the discontinuation of funding from the Ministry of Health for this initiative. These positions were instated August 2020 to support COVID-19 in schools and continued through recovery to support the return of school health programming.

#### Finance

The Annual Service Plan (ASP) financial components were filed with the Ministry of Health in early April. The planning components of the ASP are being completed by mangers and will be filed with the Ministry in early May.

The auditors conducted their annual audit, both in-house and virtually, the week of March 27.

The accounting system is currently shut down as it undergoes an upgrade to the cloud based Dynamic 365. This upgrade will bring us up to date with the latest software and allow for work to be done without having to use a virtual private network (VPN) when working remotely. The upgrade will also allow for more frequent upgrades (quarterly/ semi-annually) as they are released from Microsoft. It is anticipated that the system will go-live April 24. Training sessions on the new system was provided by Finance to managers and administrative assistants the week of April 17.

The last Ministry of Health funding notices for 2022 were released late in March. They included confirmation of the Medical Officer of Health Compensation Initiative as applied for in September 2022. Additionally, written confirmation was received advising of extension of the School-Focused Nurses Program to June 30 this year and mitigation funding for 2023, at the previous year's rate. A separate letter was also received advising that Infection Prevention and Control (IPAC) Hub funding is extended for another 12 months to March 31, 2024. Communication from the Ministry regarding the amount of funding approved is pending.

## **Human Resources**

## **Compensation**

The negotiated salary increases effective April 1, 2023, have been implemented.

The update of the integrated Finance/Human Resources information system to a cloud-based system continues. The first payroll using the new system is scheduled for the beginning of May.

## **Employee & Labour Relations**

A joint OPSEU/ONA/Management Committee meeting was held on March 23, 2023. The next meeting is scheduled for June 23, 2023. The bumping process related to an ONA position that was eliminated in January 2023 has been finalized. Since there were vacant permanent nursing positions, this did not result in a nurse being laid off.

Human Resources, in collaboration with Planning and Evaluation, have recently finished collecting feedback from the Management Team, Executive Team, and all staff regarding the implementation of the hybrid workplace model. A hybrid workplace model is defined as a *flexible workplace arrangement that includes both in-office and remote work (The Conference Board of Canada, 2022).* Human Resources will be working with Planning and Evaluation to analyze the data and provide a summary of next steps based on the data collected and best practice as it relates to hybrid workplace models for healthcare organizations.

## Occupational Health and Safety

Work continues to integrate and align our emergency colour code protocols into the existing operational procedure format. The priority areas to be transferred are:

- Code Blue Adult Medical Emergency and Code Pink Child/Pediatric Medical Emergency (including updates to AED maintenance)
- Code White Violent/Behavioural Situation (aligning with existing de-escalation principles and workplace violence procedure)
- Code Red Fire (general updates)
- Code Green Evacuation (general updates)

Occupational Health and Safety is also refreshing the Worker Awareness and Supervisor Awareness learning modules for staff and management to complete, and we are preparing to offer Naloxone training to all staff.

The Internal Mental Health Working Group is promoting various factors related to psychological health and safety in the workplace as per the <u>CSA Standard on Psychological Health and Safety</u>. To date we have promoted the following factors to all staff via posters in the staff washroom stalls and through the

internal Intranet page: Balance, Civility and Respect, Clear Leadership and Expectations, Engagement, Growth and Development and Involvement and Influence.

## Professional Development

Internal professional development sessions recently coordinated by Human Resources since the last report include:

Professional Development Session	Date	Number of Participants
De-escalation Training	March 13, 2023	13
De-escalation Training	March 23, 2023	13
De-escalation Training	April 5, 2023	7

## Staffing

Human Resources continues to schedule casual nurses, COVax Assistants and COVID-19 Clinic Assistants to work at COVID-19 immunization clinics across the district.

The following temporary positions were recently filled. These vacancies were created as a result of work related to COVID-19, a leave of absence, and an internal transfer:

- Public Health Nurses (2.00 FTE), Communicable Disease Control from March 6, 2023, to September 8, 2023
- Program Administrative Assistant (Casual) effective March 6, 2023
- COVID-19 Vaccine Inventory Clerk (0.57 FTE) from April 1, 2023, to June 30, 2023
- Community Health Promoter (1.00 FTE), Healthy Living from May 1, 2023, to July 5, 2024

The following permanent positions were recently filled. These vacancies were created because of a resignation, a retirement, program restructure and internal transfers.

- Public Health Nurse (0.90 FTE), Healthy Families effective February 13, 2023
- Public Health Nurse (1.00 FTE), Communicable Disease Control effective February 17, 2023
- Management Administrative Assistant (1.00 FTE), Quality Assurance effective March 13, 2023
- Quality, Research and Evaluation Analyst (1.00 FTE), Planning and Evaluation effective March 27, 2023
- Bilingual Community Health Promoter (1.00 FTE), Healthy Schools effective April 3, 2023
- Certified Dental Assistant, Level II (0.80 FTE), Oral Health and Vision Screening effective April 3, 2023
- Public Health Inspector (1.00 FTE), Environmental Health effective April 4, 2023
- Public Health Nurse (1.00 FTE), Healthy Families and Sexual Health effective April 7, 2023

The recruitment of the following permanent and temporary positions is currently under way:

- Executive Assistant, Office of the Medical Officer of Health/Executive Officer (1.00 FTE)
- Executive Assistant to the Executive Directors (1.00 FTE)
- Service Desk Technician, Information Technology (1.00 FTE)
- Community Health Promoter, Healthy Living (1.00 FTE)
- Student Public Health Inspectors, Environmental Health (2)

There has been no net increase in permanent positions, however there were some positions eliminated and new positions created as outlined in the *Operational Plan and Financial Budget Proposal, 2023.* 

Approved by

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