

2019 Annual Service Plan: Healthy Living and Development Program Standards

Chronic Disease Prevention and Well-Being Standard

2018 Accomplishments:

- Work on Active Transportation-Funding from Ont. Municipal Commuter Cycling Program; support Eastern Ontario Active Transportation Summit in Brockville. A staff member received Community Builder Award at summit.
- Rural Recreation Association – hosted 2 recreation summits
- foodcore LGL – developed toolkits for schools and municipalities to support Food Charter implementation; maintain Food Inventory
- Completed Nutritious Food Basket Survey; key message ‘food insecurity is an income-based issue’.
- Healthy Kids Community Challenge – final theme 4 “Power Off and Play” completed. Sustainability activities developed.
- Delivered Healthy Bodies Healthy Minds training to external partners (e.g., Big Brothers Big Sisters, Municipal summer students)
- Received \$15,000 from United Way Leeds & Grenville and \$10,000 from Lanark Community Programs to provide funds to adults with low income in need of urgent dental treatment – 70 clients assisted.

Community Needs and Priorities:

"Our focus will be on promoting and increasing equitable access to physical activity opportunities, healthy food, healthy food environments, maintaining physical and mental health, maintaining oral health, and managing stress based on population data from Lanark, Leeds and Grenville:

- 40.6% of overall population reported being physically inactive during leisure time;
 - 9.7% of households or approximately 6925 households in LGL reported food insecurity;
 - 60.2% of overall population reported eating <5 servings of fruit and vegetables daily;
 - 12.6% of overall population reported fair to poor health;
 - 7.5% reported fair to poor mental health;
 - 21.3% of overall population self-reported quite a bit or extreme life stress;
 - 27.3% reported quite a bit or extreme work stress
 - 28.2% reported having a somewhat weak to very weak sense of community belonging
 - 35.4% of overall population in LGL reported not having dental insurance - the highest proportion in the 65+ age group (55.5%) and 65.1% of those with the lowest income reported not having dental insurance.
- Priorities were determined by monitoring data trends, gathering input from community partners through situational assessments and service requests. We will continue to embed our Health Equity Tool in all programs to ensure we are recognizing and addressing the Social Determinants of Health in the specific programs.

Key Partners/Stakeholders:

"All of our work to prevent chronic disease and promote wellness is done in collaboration with community partners including the following:

1. Promoting physical activity and its link to mental health and stress management
 - o Local Active Transportation Committees -policy creation and implementation to increase active transportation; monthly meetings

- o Leeds Grenville Public Libraries - collaborate on activities to increase physical activity through a variety of library programs and provisions of resources; monthly community coalition meetings
- o Municipal (elected, recreation and planning staff) - support increased physical activity through Official, Transportation, and Recreation Master Plan review and site specific resource support and policy development that promotes supportive environments; minimum quarterly
- o Community Health Centres - implement and promote active living and food system initiatives; monthly meetings of community coalitions
- o Eastern Ontario Active Transportation Network (EOATN) - share research and policy information; monthly meetings

2. Promoting healthy eating, equitable access to healthy foods, and a sustainable food system and their links to healthy minds

- o FoodcoreLGL (North Lanark Community Health Centre; OMAFRA; The Table in Perth; Country Roads Community Health Centre; Two Rivers Food Hub; local farmers) - supports healthy food systems through implementation of Food Charter, maintenance of Food Inventory and creation of toolkits to implement Food Charter; monthly meetings
- o Food Matters Coalition (Butler's Creek Community Garden; Transition Brockville, St. John Bosco School, Gemmell's Garden Centre, Rideau St Lawrence Volunteer Centre;) - supports activities to increase access to food; monthly meetings
- o Gananoque and Area Food Access Network (R.O.L.L. Aid Centre; KEYS Job Centre; Gananoque & Area Food Bank; Gananoque Intermediate & Secondary School; Salvation Army; Gananoque Community Garden; Transition Gananoque; Gananoque Public Library Leeds Grenville Poverty Reduction Alliance - works with community members to increase awareness of food insecurity and support a healthy food system; monthly meetings
- o Community Health Centres - contribute to Registered Dietitian Community of Practice; quarterly meetings

3. Focus on children and youth – mental health, physical activity, healthy eating, oral health

- o Lanark Planning Council for Children and Youth - collaborate on activities to increase children's health through multi-sectoral partnerships (Lanark); monthly meetings
- o Every Kid in Our Community (Leeds and Grenville) - collaborate on activities to increase children's health through multi-sectoral partnerships (Leeds and Grenville); monthly meetings
- o Schools (primary, secondary, colleges and universities) - provide staff training and resources (e.g., Healthy Bodies Healthy Minds); minimum monthly through eBITS
- o Lanark Big Brothers Big Sisters - provide staff training and resources (e.g., Healthy Bodies Healthy Minds); monthly meetings of community coalitions
- o Youth Centres - provide staff training and resources (e.g., Healthy Bodies Healthy Minds); monthly meetings of community coalitions
- o Libraries - provide staff training and resources (e.g., Healthy Bodies Healthy Minds); monthly meetings of community coalitions
- o Girls Inc.- provide staff training and resources (e.g., Healthy Bodies Healthy Minds); monthly meetings of community coalitions

4. Oral health for seniors

- o Community Health Centres - dental services for seniors
- o United Way - funding for dental services for seniors
- o Local dentists and dental hygienists - provide client services

Program 1: Healthy Eating

Objectives:

Board of Health programs and services are designed to address the identified needs of the community, including priority populations, associated with the prevention of chronic diseases.

Community partners are aware of healthy behaviours associated with the prevention of chronic diseases.

Community partners have knowledge of an increased capacity to act on the factors associated with the prevention of chronic diseases and the promotion of well-being including healthy behaviours, healthy public policy, and creating supportive environments.

Community partners, policy makers, and the public, including priority populations, are meaningfully engaged in the planning, implementation, development and evaluation of programs and services for the prevention of chronic diseases.

There is increased public awareness of the impact of risk factors, protective factors and healthy behaviours associated with chronic diseases.

There is an increased adoption of healthy living behaviours among populations targeted through program interventions for the prevention of chronic diseases.

Food premises are in compliance with the Healthy Menu Choices Act, 2015

Description:

Using a comprehensive health promotion approach that includes: assessment of the risk and protective factors; consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental and other relevant sectors; assessment of existing programs and services; and review of the literature and best practices, programs that address healthy living behaviours, healthy public policy and the creation of supportive environments will be developed and implemented to promote healthy eating and access to food. Target populations will be identified by assessing the needs of our communities and by embedding our Health Equity Tool into all programs and resources to ensure we are addressing the Social Determinants of Health. Relevant food premises will also be inspected to ensure compliance with the Healthy Menu Choices Act. For our overall population, 60.2% reported eating < 5 servings of fruit and vegetables daily and 9.7% of households reported food insecurity.

Interventions:

Education and Information to Community

- Provide information on the Website and through social and regular media on the benefits of healthy eating.
- Presentations and/or training to community as part of comprehensive health promotion strategy for healthy eating.

Access to Healthy Food

- Continue with the Nutritious Food Basket (NFB) costing program and communicate results of the cost of NFB as it relates to housing and income through media campaign (social, print, radio, TV media; presentations; web)
- Advocate for access to healthy food for all
- Support recreation facilities in creating healthier nutrition environments through

Community Coalitions

- Foodcore LGL – oversees adoption of the Food Charter for the United Counties of Leeds and Grenville, and the County of Lanark, increases awareness of local food assets, increases awareness of how Food Charter principles can be applied in schools and municipalities.
- Support Food Matters, a coalition that works to increase the knowledge and practical skills to grow, prepare and store food. Support the Gananoque and Area Food Access Network (G&AFAN) to 1) hear and support the voice of those with the food insecure lived experience, 2) increase knowledge of priority population health inequities related to food insecurity, and 3) increase access to healthy food through engagement of community partners, policy-makers, and the public.

Healthy Menu Choices Act

- Inspections of premises to ensure all menus are in compliance with the Act and regulations.

Program 2: Healthy Active Living

Objectives:

Community partners are aware of healthy behaviours associated with the prevention of chronic diseases.

Community partners have knowledge of an increased capacity to act on the factors associated with the prevention of chronic diseases and the promotion of well-being including healthy behaviours, healthy public policy, and creating supportive environments.

Community partners, policy makers, and the public, including priority populations, are meaningfully engaged in the planning, implementation, development and evaluation of programs and services for the prevention of chronic diseases.

There is increased public awareness of the impact of risk factors, protective factors and healthy behaviours associated with chronic diseases.

There is an increased adoption of healthy living behaviours among populations targeted through program interventions for the prevention of chronic diseases.

Youth have decreased exposure to ultraviolet (UV) radiation, including reduced access to tanning beds.

Description:

Using a comprehensive health promotion approach that includes: assessment of the risk and protective factors; consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental and other relevant sectors; assessment of existing programs and services; and review of the literature and best practices, programs that address healthy living behaviours, healthy public policy and the creation of supportive environments will be developed and implemented to promote healthy active living. Target populations will be identified by assessing the needs of our communities and by embedding our Health Equity Tool into all programs and resources to ensure we are addressing the Social Determinants of Health. Tanning salons will be inspected on a complaint basis for compliance with the Tanning Bed Act. For our overall population, 40.6% reported being physically inactive during

leisure time.

Interventions:

Active Transportation

- Work on Walking School Bus Project in Brockville, Prescott, Smiths Falls, and Almonte to create a safe organized option for students and volunteers to participate in walking to school, as well as to increase awareness of the benefits of increased physical activity through active transportation, increase number of students using active transportation methods to get to and from school and increase social connectedness.
- Work with Municipal Active Transportation Committees to:
 - o Develop Active Transportation Plans and committees within individual Municipalities. Promote infrastructure improvements to support increased active transportation
 - o Achieve or update Bike Friendly or Walk Friendly status
- Work with Eastern Ontario Active Transportation Network to:
 - o Liaise with active transportation advisory committees, provincial groups
 - o Build collective capacity
 - o Mobilize support for active transportation
 - o Share resources and information
 - o Advocate to ensure needs of region considered at provincial and federal levels
 - o Work with municipalities to support Active Transportation work using new key messages fact sheets as well as display and presentation materials for a variety of key populations

Nature4Life

- Develop and promote materials for parent/caregivers/families to encourage more time in Nature, through social media, group presentations, individual visits and website
- Community events and presentations promoting Nature4Life to increase awareness of the benefits of outdoor nature play.

Rural Recreation Association

- Support the Rural Recreation Association with municipal recreation departments and physical activity and recreation organizations to:
 - o Provide opportunities to share information, education opportunities and resources.
 - o Provide policy-building and capacity-building opportunities that address specific needs and concerns within the local region.
 - o Plan and host the annual Recreation Summit.
 - o Seek support and develop linkages to professional and provincial organizations.

Education and Information to Community

- Include information on regular physical activity and its benefits on Webpage, through social media, presentations and/or training to community partners and members on specific topics
- Promote OSPAPPH materials to reduce sedentary time through social media

Tanning Beds

- Inspections of tanning bed salons consistent with Tanning bed Protocol.
- Social and other media to the public to increase awareness of the legislation and the risk of using tanning beds.

Program 3: Healthy Bodies Healthy Minds

Objectives:

Community partners are aware of healthy behaviours associated with the prevention of chronic diseases.

Community partners have knowledge of an increased capacity to act on the factors associated with the prevention of chronic diseases and the promotion of well-being including healthy behaviours, healthy public policy, and creating supportive environments.

There is increased public awareness of the impact of risk factors, protective factors and healthy behaviours associated with chronic diseases.

There is an increased adoption of healthy living behaviours among populations targeted through program interventions for the prevention of chronic diseases.

Description:

Using a comprehensive health promotion approach that includes: assessment of the risk and protective factors; consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental and other relevant sectors; assessment of existing programs and services; and review of the literature and best practices, programs that address healthy living behaviours, healthy public policy and the creation of supportive environments will be developed and implemented to promote mental well-being. The Health Unit supports a strengths-based, population health approach to promote Healthy Bodies Healthy Minds through healthy balanced eating, regular physical activity and positive mental well-being for all community members. Target populations will be identified by assessing the needs of our communities and by embedding our Health Equity Tool into all programs and resources to ensure we are addressing the Social Determinants of Health. In our catchment area, 7.5% reported fair to poor mental health, 21.3% self-reported quite a bit or extreme stress and 28.2% reported having a somewhat weak to very weak sense of community belonging.

Interventions:

Information/Education

- Review internal resources for Compliance with Healthy Bodies, Healthy Minds Position Statement and increase awareness of weight bias and stigmatization with staff through training and materials.
- Provide training to Partners re: reducing weight bias and stigmatization through increased awareness of impacts of weight bias and stigmatization in the workplace and in dealing with clients.
- Use of the website and Social Media to increase public awareness of the impacts of weight bias and stigmatization
- Develop youth training materials for HBHM with youth, and share through schools and youth centres.

Program 4: Non-Mandatory Oral Health Program for Adults

Objectives:

Clients participating in the program will achieve improved oral health and less pain.

Description:

This program is meant to serve our most vulnerable population among adults. Good oral health impacts

many components of one's life, their ability to eat, work, learn, their self - esteem and their overall health and well- being. Clients are triaged and while funds exist we are able to support clients into treatment.

Interventions:

Oral Health for Adults Living with Low Incomes

With support from our local United Way of Leeds and Grenville, the Health Unit is able to provide up to \$300 to each eligible clients (low income adult, without insurance in pain and/or has an infection) to access dental care from a local provider while funding lasts Improve oral health status of low income adults that are in pain and/or have infection who cannot afford dental care.

Healthy Growth and Development

2018 Accomplishments:

- **1968 School Fluoride applications provided**

Community Needs and Priorities:

Leeds, Grenville, and Lanark consistently had about 1200 births every year for the past 5 years. About 50% give birth in our region either at home or at one of our three hospitals providing maternity care, and the other give birth in adjacent Health Unit regions.

Some key population indicators influencing our programs are:

- 31.3% history of mental illness among parents of newborns (women & partners) (2017, PHO Snapshots) in LGL and increasing perinatal mental health services and programs to support new mothers and families was identified as a top priority recommendation for the LGL area (CMNRP, 2017).
- 6.9% of children involved with Child Protection Services (sig. higher than ON rate) (2017, PHO Snapshots).
- 13.8% maternal smoking in pregnancy (sig. higher than ON rate) (2016, PHO Snapshots).
- 12.3% infants fed a breastmilk substitute (sig. higher than ON rate) (2016, PHO Snapshots).
- higher percentage of kindergarten children considered vulnerable and at risk on the EDI scores than in Ontario as a whole
- 5% infants with families who have concerns about money (sig. higher than ON rate) (2017, PHO Snapshots).
- 5 local communities with fluoridation (Perth, Smiths Falls, Carleton Place, Brockville and Prescott) - approximately 30% of the population.

With results from our situational assessment, we will develop and implement programs using a comprehensive health promotion approach. We will continue to monitor trends, gather input from community partners and embed our Health Equity Tool to ensure we are recognizing and addressing the Social Determinants of Health. Our focus will be on prenatal education and support, parenting support, and community development.

Key Partners/Stakeholders:

Our Healthy Growth and Development Program continues to build extensive relationships with community partners. We plan collaboratively, producing community wide shared work plans and guiding documents (i.e.. community plans), as well as co-delivering programs (i.e.. groups) with partners. Our

800 phone number and agency website are used as central intake for various community-wide projects and programs. Some of these key partners include:

Connections Program

Early ON Centres

Daycare Centres

Community Health Centres

Hospitals

Early Years Service Provider Networks (LG/Lanark)

School Boards

Children's Mental Health Agencies

Smoke Free Ontario

Midwives

Family and Children's Services LGL

Healthy Babies Healthy Children

Infant Development Programs

Child Development Centre

Recreation Programs

Employment and Education Centres and Community Hubs

Program 1: Non-Mandatory Oral Health Programs – Children

Objective:

The oral health of children is improved by Dec. 31st, 2019.

Description:

As 70% of our population does not have access to municipal fluoridated water, we provide an universal school based fluoride varnish program for all JK students.

Interventions:

Fluoride Varnish Program for Non HSO-enrolled Children

Every child in JK is offered the opportunity to participate in the school fluoride varnish program. This consists of two applications over the school year. Parents are asked to identify if they wish to participate and if their child is under the HSO program, if so, their numbers are counted under the HSO - PSO stream of the program.

Program 2: Parenting Supporting

Objectives:

Individuals and families are aware of the factors associated with healthy growth and development, and the importance of creating safe and supportive environments that promote healthy growth and development.

Individuals and families have increased knowledge, skills and access to local supports to effectively foster healthy growth and development at different life stages and progress through the transitions between these stages.

Community partners have knowledge of the factors associated with effective programs for the promotion of healthy growth and development, as well as managing the stages of the family life cycle.

Description:

Through the use of multiple strategies, including clinics, group sessions, one on one interactions, partnerships and media, etc. information, education and access to supports will be provided under this program in order to reduce health inequities related to healthy parenting practices and to support individuals and families to increase their knowledge, skills and awareness of the factors associated with a healthy parenting.

Intervention:**Baby Talk**

- The goal of Baby Talk groups is to enable all children to attain and sustain optimal health and developmental potential.
- We deliver this program in partnership with the Ontario Early Years Centres (Early ON Centres) in 8 locations throughout LGL.
- Parents can attend weekly with their babies to receive parenting support and education, from the Registered Early Childhood Educator (RECE) and the Public Health Nurse.
- Activities to promote attachment and child development are delivered by the RECE, then the Public Health Nurse gives teaching on a topic, based on input from/need of the group.
- There is an opportunity to have one on one discussions with the nurse and have questions on a variety of health topics answered

Breastfeeding Clinic

- Infant Feeding/Breastfeeding clinics are offered 1-2x/week or by appointment (determined by the need in each location) in 7 locations across LGL.
- A Public Health Nurse who is trained to provide expert breastfeeding support can help new mothers with any infant feeding questions they may have.
- With 4 IBCLC certified lactation consultants on staff and a dietitian dedicated to healthy growth and development, Public Health Nurses can refer to more in-depth support as needed.

Triple P

- The Triple P (Positive Parenting Program) is one of the most effective evidence-based parenting programs in the world, backed up by more than 35 years of ongoing research.
- Triple P gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior and prevent problems developing.
- Triple P is currently used in more than 25 countries and has been shown to work across cultures, socio-economic groups and in many different kinds of family structures.
- Triple P is delivered at the population level, with parenting education for all parents through media, and at various other levels from a simple tip sheet to answer a basic question to one on one and group sessions targeting the client's needs.
- LGLDHU partners with other community agencies to plan collaboratively co-facilitate and create a seamless network of parenting support where the Health Unit's website and 800 number act as an intake hub.

Provide Information Re: Healthy Growth and Development

Information on growth and development is provided to parents in a variety of ways:

- A variety of information is available on our website
- An e-mail-out package is provided to all new parents when they take their baby home from the hospital

- Another e-mail out package is sent at 15/18 months of age
- Ongoing information is provided through Social Media
- Nutri-Step Screens are distributed through HU and partner programs to assess nutrition and provide information to parents of preschoolers
- A suite of NCAST programs, (NCAST is a leader in the development and dissemination of research based programs to promote nurturing environments for young children) is available to help parents learn how to provide nurturing environments/relationships with their infants/children.
- Advice and Information is provided in a variety of other forms of interactions such as presentations, phone advice, and one on one interactions, etc. using approved resources and guidance documents that ensure consistent and high quality information and practice.

Program 3: Community Collaboration

Objectives:

Individuals and families are aware of the factors associated with healthy growth and development, and the importance of creating safe and supportive environments that promote healthy growth and development.

Individuals and families have increased knowledge, skills and access to local supports to effectively foster healthy growth and development at different life stages and progress through the transitions between these stages.

There is a decrease in health inequities related to healthy growth and development.

Board of Health programs and services are designed to address the identified needs of the community, including priority populations, associated with healthy growth and development.

Community partners have knowledge of the factors associated with effective programs for the promotion of healthy growth and development, as well as managing the stages of the family life cycle.

Description:

Through community partnerships and collaboration, interventions will be delivered under this program which decrease inequities, create awareness and/or behaviour change, increase knowledge skills, knowledge and access to local supports, create safe environments, and increase knowledge of partners to address the needs of the community.

Interventions:

Early Years Service Provider Networks

- The Health Unit actively participates on the two community planning tables consisting of all services providers for children and families plus representation from school boards, daycares, and Ministry of Education and Ministry of Children and Youth Services.
- The Early Years Service Provider networks were formerly known as the Best Start Networks and were the lead planning tables of Lanark and Leeds & Grenville.
- This is the forum for the collaborative planning that happens between agencies. The relationships that have been developed and the level of collaboration is very extensive in relation to other areas of the province.
- These groups work to provide interventions at the community level to improve healthy growth and

development outcomes.

- o Targeted interventions to support the most vulnerable areas of child development as per the EDI (Early Development Instrument).
- o Multi-agency social media activities to support growth and development
- o Updating the referral pathway so that primary care and other partners know where to refer to for concerns within our community
- o Joint projects like “Read to Every Kid” to promote literacy
- o Project to support transportation
- o Collaborative working groups to support the 18 month enhanced well baby visit, Developmental Screening and the early learning program, as well as special needs and French language services

Triple P Working Groups

- The Health Unit is the Lead Agency for Triple P Working Groups in Lanark, and in Leeds & Grenville. These groups consist of all Triple P providing agencies in the 2 regions, and they lead the implementation of the Triple P Community Plans for a) Lanark and b) Leeds and Grenville.
- The Working Groups identify the gaps in service for Triple P across the entire community as a whole, and planned expansion of the Triple P program to include support for parenting where there is divorce/separation.
- Together the partners provide the following services:
 - o co-delivery of general information at welcome to kindergarten and other community events
 - o co-planning and/or delivery of up to 80 group sessions community wide
 - o supporting reporting for grants from the ministry
 - o planning education events for providers
 - o hosting the website and 800 access line
 - o assessing how Triple P is used outside of group sessions and further planning and activities to support these interventions

RNAO – BPSO Postpartum Mood Disorder

- Public health nurses will work with partners to implement the Registered Nurses Association of Ontario (RNAO) Best Practice Guideline (BPG) for Assessment and Intervention for Perinatal Depression in their interaction with families in all the above listed forums.
- The purpose of this BPG is to present evidence-based recommendations for nurses and the inter professional team across all care settings to enhance the quality of their practices to support the reduced incidence of perinatal depression through the implementation of five components of care: routine screening, assessment, prevention, coordinated interventions, and evaluation. In this BPG, perinatal depression refers to a mood disorder occurring during pregnancy and postpartum, up to one year following childbirth.

RNAO – BPSO Safe Sleep

- Public health nurses will work with partners to implement the Registered Nurses Association of Ontario (RNAO) Best Practice Guideline (BPG) for Safe Infant Sleep in their interaction with families in all the above listed forums.
- This guideline identifies how health-care providers can partner with families to promote safe sleep for infants 0-12 months of age to reduce known risk factors for injury and death.
- It provides evidence-based recommendations for nurses and the inter professional team who provide care, in all health-care settings, to parents/caregivers and families of infants and it is intended to be

applicable to all nursing domains, including clinical, administration, and education.

Program 4: Prenatal Information and Education

Objectives:

Individuals and families are aware of the factors associated with healthy growth and development, and the importance of creating safe and supportive environments that promote healthy growth and development.

Individuals and families have increased knowledge, skills and access to local supports to effectively foster healthy growth and development at different life stages and progress through the transitions between these stages.

There is a decrease in health inequities related to healthy growth and development.

Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with healthy growth and development.

Community partners have knowledge of the factors associated with effective programs for the promotion of healthy growth and development, as well as managing the stages of the family life cycle.

Description:

Through the use of multiple strategies, information and education and access to supports will be provided under this program in order to reduce health inequities related to healthy pregnancy, and to support individuals and families to increase their knowledge, skills and awareness of the factors associated with a healthy pregnancy. This will be achieved through both universal/population-based and targeted/priority population-based interventions. The priority population has been identified as pregnant women in their teens, and women who have low-income/education. The data for these populations is available in the 'community need' section.

Interventions:

Prenatal Classes (In Person and Online)

"Universal prenatal education – Prenatal classes are offered in two ways:

- In-Person – 20 Prenatal class series, consisting of three sessions per series, will be held in seven locations throughout LGL in 2019. These sessions teach pregnant women and their support person(s) about how to take care of themselves and their baby during pregnancy and after delivery, options for medical care and strategies to use during labor and delivery, how to feed their baby, and more, and also connects them with local hospitals for a tour. We also connect them with other local services and supports and services to meet their needs (ex. Financial, housing, labs, birth companions, etc.).
- Online – Online prenatal classes provide an alternative option to in class sessions for those who have transportation concerns, shift/evening workers, or those who prefer not to attend groups, covering the same content, but through use of an online access code. Follow up by phone from a public health nurse ensures that they have the opportunity to ask questions and be connected to other programs and services if that is needed.

Prenatal Education for Young Parents

- A modified version of prenatal classes for teens, adapted for their optimal learning (based on teen-pregnancy data and evidence to support an alternate approach with this population), is delivered through in person sessions.
- This is done primarily in partnership with the Connections Program and the Canadian Prenatal Nutrition Program which is described below. These groups take place in 5 locations on an ongoing basis across LGL, and can be delivered through home visiting within the Healthy Babies Healthy Children Program as well.

Canadian Prenatal Nutrition Program (CPNP)

- The Canada Prenatal Nutrition Program (CPNP) is a community-based program that provides support to improve the health and well-being of pregnant women, new mothers and babies facing challenging life circumstances.
- The goals of CPNP are to improve maternal-infant health, increase the rates of healthy birth weights, and to promote and support breastfeeding.
- The program also aims to promote the creation of partnerships within communities and strengthen community capacity to increase support for vulnerable pregnant women and new mothers. LGLDHU partners with Lanark Community Programs (host agency) to deliver this intervention.
- Participants receive food vouchers and prenatal vitamins (funded through Federal Government through Connections Program). Connections Program hosts weekly groups in 3 locations and through PHN outreach. A Public Health Nurse attends, to provide support and information, to deliver the Young Parents Prenatal Education program, and to assess risk and needs and help clients access the supports and services they may need.

Immunization

2018 Accomplishments:

- **School Immunization Clinics – Menactra – 1400, HPV – 1850, Hep B – 1500**
- **20 Adverse Events Following Immunizations were followed up**
- **81,787 flu doses distributed**
- **111 Annual Fridge Inspections completed**
- **37 Cold Chain Breaks investigated**

Community Needs and Priorities:

- There are 37 licensed child care centres, 5 private schools, 55 Elementary Schools, 16 High Schools and 8 Alternative Schools in Leeds, Grenville and Lanark that must be assessed for compliance with the Immunization for Children in schools and Licensed Child Care settings Protocol.
- There are 118 provider facilities that we distribute publicly funded vaccine to.
- There are 163 fridges that require annual inspections.
- Jurisdictional Wastage by vaccine is: 40%
- Wastage by Holing Point Type is: 11.5%

Local priorities for programs and interventions are determined by:

1. Number of day cares and schools
2. Number of Health Care Providers
3. Results of routine fridge inspections

4. Cold Chain Breaks
5. Report AEFIs
6. Requests for service and programs

Key Partners/Stakeholders:

Internal:

- Sexual Health Team – Assist in the delivery of immunization clinics
- Harm Reduction Team – Assist in the delivery of immunization clinics
- Healthy People Vibrant Communities Team – Assist in the delivery of immunization clinics
- School Team – Assist in the delivery of immunization clinics
- Healthy Growth and Development Team – Assist in the delivery of immunization clinics
- Infectious Diseases Team – Assist in annual fridge inspections and immunization clinics

External:

- Health Care Providers – Order and store publicly funded vaccines, provide vaccines to their clients, report AEFIs and Cold Chain Breaks, report wastage.
- Pharmacies – Store influenza vaccines, provide vaccines, report AEFIs and cold chain breaks and report wastage
- Nursing Agencies - Order and store publicly funded vaccines, provide vaccines to their clients, report AEFIs and Cold Chain Breaks, report wastage.
- Schools - Facilitate and support the hosting of immunization clinics.
- School Boards - Facilitate and support the hosting of immunization clinics.

Program 1: Immunization Monitoring and Surveillance

Objectives:

Timely and effective outbreak management related to vaccine preventable disease.

Health Care Providers report adverse events following immunization to the Board of Health.

Description:

Conduct epidemiological analysis of surveillance data for vaccine preventable disease, vaccine coverage rates and adverse events following immunization. Follow up on all adverse events following immunization and promote the report of such and update and maintain a contingency plan to deploy staff capable of providing vaccine preventable diseases outbreak management and control.

Interventions:

Data Entry and Management of Clinics

Data created in all clinics will be entered and managed according to Panorama Best Practice Guidelines. This will ensure monitoring and reporting will be as accurate as possible.

AEFI Monitoring

Promote the reporting of and conduct case management of all reported adverse events following immunizations. Promotion will be done through website and communiques. AEFIs, will be managed as per the direction from Public Health Ontario and the Infectious Disease Protocol, 2018.

VPD Outbreak Management

Conduct surveillance on vaccine preventable disease in the community and maintain a community wide mass immunization plan in case of an outbreak.

Program 2: Vaccine Administration**Objectives:**

Clients will have up to date immunization according to the publicly funded immunization Schedule, the Immunization of School Pupils Act and the Child Care and Early Years Act.

Description:

Provide publicly funded vaccines through our health unit clinics, school based clinics and our high risk outreach clinics as per the current publicly funded schedule.

Intervention:Health Unit Immunization Clinics

Provide publicly funded vaccines through our health unit clinics (School Catch Up, and Routine (when access to a local HCP is an issue).

School Based Immunization Clinics

Provide the Men C, HPV and Hep B vaccine to grade 7 students throughout LGL.

High Risk Outreach Immunization Clinics

Provide publicly funded vaccines to priority populations through our High Risk Immunization Clinics (Sexual Health Clinics, Methadone Clinics and Smart Works Program).

Program 3: Community Based Immunization Outreach (excluding vaccine administration)**Objectives:**

Improved knowledge and confidence in our immunization programs and services and clients can get accurate and reliable information on vaccine safety, efficacy and risks.

Description:

Work to improve public knowledge and confidence in immunization programs and services. This will be done through media, social media, consultations, memos and presentations.

Interventions:Knowledge Exchange with Health Care Providers

Provide timely information to HCPs to equip them with the knowledge to deliver their immunization services according to the current publicly funded immunization schedule.

Public Education and Awareness Raising

Provide information on vaccine safety, efficacy, and risks to the public through Immunization Week activities, website, social media and media in order to keep them well informed with accurate and reliable information.

Program 4: Vaccine Management**Objectives:**

Effective inventory management for all provincially funded vaccines.

Description:

Promote and provide comprehensive information and education on effective inventory management for publically funded vaccines. Address the prevention, management and reporting of vaccine wastage and cold chain incidences and ensure that vaccines are stored and handle according to the Vaccine Storage

and Handling Protocol, 2018.

Interventions:

Inventory Management and Vaccine Distribution to HCPs

Provide publicly funded vaccine to all eligible health care providers in Leeds, Grenville and Lanark and monitor usage and wastage as per the Vaccine Storage and Handling Protocol, 2018.

Adverse Storage Condition Monitoring and Management

Provide education, conduct inspections and follow up on all adverse storage incidences that occur in Leeds, Grenville and Lanark as per the Vaccine Storage and Handling Protocol, 2018.

School Health – Oral Health

2018 Accomplishments:

- **4024 Children Screened**
- **Caries Free rate: JK- 87%, SK-81%, Grade 2 – 66% (includes active and treated caries)**
- **Referrals to CAS: 0**
- **Healthy Smiles Ontario: 212 screened, 158 identified with urgent needs.**
- **64 offered in clinics, 97 flouride applications offered in clinics**

Community Needs and Priorities:

Total of 55 schools in Leeds, Grenville and Lanark will receive oral health screening.

- 4 School Boards
- Mostly rural schools
- 5 Fluoridated Municipalities (Smiths Falls, Brockville, Prescott, Carleton Place, Perth) - approximately 30% of population.
- 2017/2018 LGL caries- free rates for the following grades: JK- 85%, SK – 79%, Grade 2 – 65%
- 2017/2018 Children in need of urgent care: 151.

Key Partners/Stakeholders:

Internal:

Healthy Growth and Development Team - Work with them on resource development, information dissemination, and optimizing opportunities to reach families of our shared target group. Ad hoc on their committee and collaborate with them as needed.

Healthy People Vibrant Communities - Work with them to raise awareness on the link between oral health and learning, working and playing. Adhoc on their committee and collaborate with them as needed.

External:

Local Dental Professionals - Ensure there is a strong link and communication with our communities dental care providers to facilitate a smooth and quick referral pathway. Frequency of engagement depends on specific client needs or when there is a program and/or policy change that will impact on them.

School Board & Local Schools - Ensures the smooth implementation of our school base oral health surveillance.

Program 1: Healthy Smiles Ontario**Objectives:**

Children and youth from low income families will have improved access to dental care.

Description:

Implement the Healthy Smiles Ontario program as per the Oral Health Protocol, 2018 to eligible children 0-17 years of age.

- Program Eligibility Assessment and Client-Level Oral Health Navigation (e.g., clinical and financial eligibility determination, client enrollment support into the various streams of Healthy Smiles Ontario, assistance with finding a dental home);
- Post-Screen Notification and Follow-up;
- Oral Health Service Delivery (e.g., clinics providing oral health services to Healthy Smiles Ontario clients);
- Promotion and Education (i.e., Oral Health and Healthy Smiles Ontario).

Interventions:Provide Clinical Services to HSO Eligible Children

Provide HSO services to eligible children through public health dental clinics.

Oral Health Navigation for HSO Clients

Facilitate and support clients through the HSO application process and obtaining services through local dental offices or through our public health dental clinics.

Promote the HSO program to all children and youth 0-17 years of age.

Program 2: Oral Health Surveillance and Assessment**Objectives:**

The Board of Health achieves timely and effective detection and identification of children and youth at risk of poor dental health outcomes, their associated risk factors and emerging trends.

Description:

This program will focus on surveillance activities in order to monitor the oral health status of children living in Leeds, Grenville and Lanark.

- Pre-Screen Notification Activities
- School Risk Determination
- Screening and Surveillance

Intervention:Oral Health Screening

To ascertain the oral health status of children attend JK/SK and grade 2 throughout Leeds, Grenville and Lanark by conducting and reporting on oral screening in schools throughout Leeds, Grenville and Lanark.

*As per the Oral Health Protocol, 2018 & the Population Health Assessment and Surveillance Protocol, 2018

School Health - Vision

2018 Accomplishments:

- Website developed
- Social media messages developed
- Equipment purchased (1 kit)
- Staff training completed

Community Needs and Priorities:

Total of 55 schools in Leeds, Grenville and Lanark to receive vision screening.

- 4 School Boards
- Estimate approximately 1400 SK students
- 26 local optometrists
- Given the population of children aged 4 to 5 years in LGL in 2016, about 17% of this population received at least one vision care service from a GP, an optometrist or an ophthalmologist.

Key Partners/Stakeholders:

Internal:

Healthy Growth and Development Team - Work with them on resource development, information dissemination, and optimizing opportunities to reach families of our shared target group. Ad hoc on their committee and collaborate with them as needed.

External:

Optometrists - Ensure there is a strong link and communication with our communities vision care providers to facilitate a smooth and quick referral pathway. Frequency of engagement depends on specific client needs or when there is a program and/or policy change that will impact on them.

School Board & Local Schools - Ensures the smooth implementation of our school base vision program.

Program 1: Vision Health

Objectives:

The Board of Health and parents/guardians are aware of the visual health needs of SK students.

Description:

Conduct school based vision screening to schools throughout Leeds, Grenville Lanark for all SK students.

This program will help facilitate the early identification of vision issues and will help ensure the awareness of the need for follow up examination. The screening will be conducted as per the Child Visual Health and Vision Screening Protocol, 2018

Interventions:

School Vision Screening

Conduct school based vision screening as per the Child Visual Health and Vision Screening Protocol, 2018.

School Health - Immunization

2018 Accomplishments:

- ISPA Audits – 96% compliance for 7 yo, 83% compliance for 17 yo
- 21 evening ISPA sessions were held

Community Needs and Priorities:

ISPA Compliance for all JK in 2017/2018 School Year - 85.5%
ISPA Compliance for all 7 year olds in 2017/2018 School Year - 96%
ISPA Compliance for all 17 year olds in 2017/2018 School Year - 62%
Daycare information is currently not up to date in our panorama system

Key Partners/Stakeholders:

External:

- Schools - Promote the reporting immunization records to the HU and assists in immunization record audits and suspension activities and facilitating school clinics.
- School Boards - Promote the reporting immunization records to the HU and assists in immunization record audits and suspension activities.
- Parents/Guardians: Work together to implement ISPA and CCYE process, maintain records, and share information on immunization.
- Daycare Providers: Work together to gain access to immunization records for children attending licence daycares in LGL.

Program 1: Immunization for Children in Schools and Licenced Child Care Settings

Objectives:

Timely and effective detection and identification of children susceptible to vaccine preventable diseases, their associated risk factors and emerging trends.

Children have up to date immunization according to the current publicly funded immunization schedule for Ontario, and in accordance with the ISPA,1990 and the Child Care and Early Years Act, 2014.

Description:

Implement the Immunization for Children in School and Licenced Child Care settings Protocol, 2018 for all children and youth in LGL attending a licensed day care and school setting.

Interventions:

Daycare Immunization Record Assessments

Receive, assess and maintain records for children attending a licenced daycare establishment in our area. Promote the online reporting tool to ensure timely receipt of immunization records.

Immunization School Pupils Record Assessment

Receive, assess and maintain records for children attending all schools in our area. Promote the online reporting tool to ensure timely receipt of immunization records.

Program 2: Awareness and Education

Objectives:

HCPs, parents, students, schools and the public will be more aware of the importance of immunization.

Description:

Share information with HCPs, parents, students, schools and the public through a number of strategies regarding vaccine safety, efficacy and risks.

Intervention:

Provide information to Parents and Students Regarding Vaccine Safety, Efficacy and Risks

Information will be shared through our website, radio, classroom and school support resources, social media, videos, letters and announcements. Topics will include pertinent information on the vaccines outlined in the current public funded vaccine schedule.

School Health – Other

- **New Team Created – Healthy Schools Team**
- **New Educator Website**
- **Updated resources for school support**
- **Began a school situational assessment**

2018 Accomplishments:

Community Needs and Priorities:

Priorities are set at the individual school level using school wellness survey results and the interests of school boards, principals, teachers, parents and students. Each school nurse works collaboratively with their school using the Foundations for a Healthy School Framework to implement activities suitable to meet their needs. Their practice is additionally guided by the Health Unit's Child & Youth Strategic Framework aimed to enhance protective factors within the main themes of: Physical Activity, Healthy Eating, and Mental Well-Being and Resiliency.

- There are 5 private schools, 55 Elementary Schools, 16 High Schools, 8 Alternative High Schools. Total of 84 schools.
- 4 School Boards
- Mostly rural schools with higher proportion of bussed kids.

LGL data shows:

- Low levels of physical literacy and physical activity among some children
- Alcohol, energy drinks binge drinking and cannabis use are the four most common form of substances used by LGL youth

Youth surveyed in Leeds, Grenville & Lanark:

- 26 % students grades 9-12 in the last 12 months tried cannabis OSDUHS, 2017
- Upward trend from grade 9 (21.5%) to grade 12 (59.7 %) OSDUHS, 2009
- Bongs, joints or edibles are most used

- 32 % first used in Elementary School
- 42% reported consuming v/f 5 or more times/day
- 58% reported consuming v/f 4 or less times/day
- 2017 Ontario Student Drug Use and Health Survey - The three top reported symptoms experienced by students in 2017 were: feeling restless, feeling nervous and feeling that nothing could cheer them up.

Key Partners/Stakeholders:

Internal

- Substance Misuse Team: SFO – Prevention, cessation and enforcement
- Healthy Growth and Development – parenting support, prep for kindergarten.
- Sexual Health Team – School based sexual health clinics
- Harm Reduction Team – Overdose prevention/harm reduction program and assist with harm reduction messaging.
- Infectious Diseases Team – Outbreak Management activities
- Healthy People Vibrant Communities Team – Collaborate on cross activities.
- Healthy Environments Committee- Collaborate on cross activities.
- Healthy Babies Healthy Children- Support for teen moms attending school.

External

- School Community (including staff, students and parents) – partnering with planning, implementation and evaluation of healthy school programs, immunization programs, oral health programs and prep for vision screening.
- School boards – Help facilitate work with schools, establish policy and provides direction on school related issues.
- Police Services –collaborate on related topics
- Mental Health and Addictions Agencies - Collaborate on related topics
- Local Municipal Drug Strategy Committees - Collaborate on related topics
- Best Start Network - Collaborate and coordinate planning of similar activities
- Children and Youth Planning Tables - Coordinate planning of similar activities
- Youth Centres, Big Brothers Big Sisters- Collaborate on joint activities (after school clubs, youth engagement programs)
- Municipalities- Collaborate on school based initiatives (active routes to school).
- Food Systems partners – Collaborate on school based initiatives (breakfast clubs, school gardens)
- Ministry of Transportation- Collaborate on school based initiatives (party smart events, road safety)
- First Responders – Collaborate on school based initiatives (party smart events, road safety)
- Interval House- Collaborate on school based initiatives (party smart events)
- Victim Services- Collaborate on school based initiatives (party smart events)
- Youth Justice Partners - Collaborate on school based initiatives (party smart events)
- Green Communities Canada - Funding support for our Walking School Bus project
- Ontario School Health Manager Network- Collaborate and coordinate on similar activities

Program 1: Healthy Schools

Objectives:

School boards and schools are aware of relevant and current population health needs impacting their schools.

School boards and schools are meaningfully engaged in the planning, development, implementation and evaluation of public health programs and services relative to school-aged children.

School-aged children, youth and their families are aware of factors for healthy growth and development.

Description:

Provide school based programs and services based on local need and that fit within the Foundations for a Healthy Schools Framework. Each school will work with PHN to implement programs that address their unique needs and strengths.

Interventions:Work with Local Schools to Address Topics of Mandate and Need

Elementary Schools mainly focus on Healthy Eating, Physical Activity and Active Transportation. High Schools mainly focus on mental health promotion and risky behaviours.

School team is made up of school nurses that both provide services to the school, but each are also designated as a knowledge broker for each topic area listed in the standard. This helps them stay current on the evidence and link to similar initiatives happening in the community.

Continuation of the Enhancing Healthy Adolescent Development (EHAD) Project

Transition the activities from this three year project into the sustainable structure of our Healthy Schools Team. The purpose to continue to build on initiatives that promote youth health and raise the profile of youth related issues in our agency and community such as making our Youth Strategy Framework for LGL available to partners, encourage youth engagement principles in our work, develop a Youth Counsel for the agency.

Substance Use and Injury Prevention**2018 Accomplishments:**

- Fentanyl Response information for schools and community
- Naloxone Distribution (Jan 1- Dec 4, 2018) 1) Nasal spray kits: # distributed to clients through HU locations – 109, # distributed to community agencies – 1,235. 2) Nasal spray refills: # distributed to community agencies – 46. 3) Injectable kits distributed to community agencies – 100
- Smoke Free Ontario Act inspections: 98.5% compliance for tobacco (2nd round); 88.2% for ECA
 - Approximately 1700 inspections with 41 charges and 141 warnings issued
- Smoking Cessation - ~ 1200 clients screened; 193 Priority Population Clients referred; 179 STOP clients seen
- 153 students and 11 high school staff from across LGL engaged in 10 interactive training sessions on tobacco and vaping. Information will be shared using a peer to peer model.
- Chronic and Wellbeing/Substance Use & School Program Collaboration on Cannabis Education:
 - School Presentations – 9 schools across Lanark, Leeds and Grenville – 145 participants
 - Facebook Live Presentation – 20312 likes/views/shares
- Creation and Distribution of Municipalities and Cannabis: A Public Health Perspective
- Promotion of Lower Risk Cannabis Use Guidelines via Social Media
- 5 Active Municipal Drug Strategies across Lanark, Leeds and Grenville with Planet Youth in Lanark taking on the Icelandic Project Model.

Community Needs and Priorities:

Priorities are guided by population data related to our programs; community partner input; requests for service and service delivery data.

Tobacco use continues to be a problem

- 24.4% of population in LGL reported currently smoking cigarettes -- 37.8% within the lowest income group compared to 15.5% within the highest income group.
 - The highest proportion of individuals smoking is in the 25-44 year age group (33.2%) and the 45-64 year age group (28.9%). - In 2017, approximately 11% of students in grades 7-12 reported using an e-cigarette in the past 12-months: 15% in secondary schools and 2% in primary.
 - A higher proportion of individuals living in urban settings reported being a current cigarette smoker than those in rural settings (28.2% vs. 20.0%).
- Alcohol use exceeds low risk drinking guidelines
- 8.6% of adult population reported exceeding the Low Risk Drinking Guidelines.
 - Reports of exceeding low risk drinking guidelines were more common among men than women, among individuals in younger age groups, and among those living in rural rather than urban settings.
- Cannabis use is common
- 23% of overall population in LGL reported using marijuana in the past 12 months; highest proportion (48.1%) in 12-24 year age group compared to other ages (15.9%-20.0%)
- Injury is common
- 19.5% of overall population reported being injured in the past 12 months
 - 36.5% reported being injured due to a fall in the past 12 months; higher proportion of those 65+ year (62.3%) and 12-24 year age group (45.5%) than other age groups
 - Increasing trend for ambulatory visits to hospital for injury due to falls between 2003 and 2014
- Naloxone Distribution (Jan 1- Dec 4, 2018)
1. Nasal spray kits: # distributed to clients through HU locations – 109, # distributed to community agencies – 1,235.
 2. Nasal spray refills: # distributed to community agencies – 46
 3. Injectable kits distributed to community agencies – 100

Key Partners/Stakeholders:

All of our programs and services are provided in collaboration with external Partners including: Prevention of smoking and smoking cessation and adherence to the SFO ACT

- police services/boards - collaborate with bylaw enforcement; Tobacco Enforcement Officers are in regular communication
- Ministry of Finance inspector, Federal Tobacco Inspectors - collaborate with bylaw enforcement; Tobacco Enforcement Officers are in regular communication
- Hospitals, Community Health Centres, Family Health Teams, Pharmacists, Physicians - collaborate on prevention and cessation activities; regular communication re: NRT clients
- Social services - collaborate on social determinant of health issues, e.g., poverty, housing, access to health services; monthly community coalition meetings
- COPD community of practice group - collaborate on research and best practices related to cessation; quarterly meetings
- Schools - collaborate on bylaw enforcement and prevention messaging and activities; weekly communication with Tobacco Enforcement Officers

Promotion of safer substance use and prevention of problematic use and promotion of mental health strategies for substance use prevention.

- Lanark County Mental Health, Lanark Leeds Grenville Addictions and Mental Health, Children’s Mental Health of Leeds Grenville, Open Doors Lanark County Children’s Mental Health - collaborate on projects related to substance use prevention, harm reduction and wrap around client services; monthly meetings of Situation Tables
- Interval House-MOU to provide sexual health services and NSP supplies in safety of interval house setting; regular communication for product supply
- Municipal (elected and staff, e.g., bylaw) - participate in Municipal Drug Strategies; monthly meetings

- Youth Centres and Services, Connect Youth - collaborate on substance use prevention activities; monthly community coalition meetings
 - Schools - collaborate on prevention of substance misuse activities and overall health promotion activities and programming; regular communication with School PHN and Health Promoter
 - HARS (Aids)-MOA for distribution of harm reduction supplies and naloxone; regular communication for product supply
 - Justice and Probation services - collaborate on wrap around services for clients; monthly meeting of Situation Tables
 - Ontario Works - distribution of health messaging and training supports for clients; monthly meeting of community coalitions
 - Community Health Centres , • First Responders (EMS, Fire, Police) MOA for distribution naloxone for the purpose of administration, • Change Healthcare- Methadone Program- also provide NSP services- MOU for HU to provide sexual health and immunization services on site; regular communication for product supply
- Prevention of Injuries: Brockville cycle Advisory committee - support active transportation initiatives; monthly meetings
- o Community and Primary Health Care - falls prevention messaging and exercise support; as needed
 - o Mills community support - collaborate on situational assessment of older adults; monthly meetings
 - o Police services and police boards - collaborate on road safety messaging, substance use prevention (e.g., impaired driving); monthly community coalition meetings
 - o Schools - collaborate on injury prevention initiatives; regular communication with School PHN and Health Promoter
 - o Walking school bus/ Green communities Canada - promote safe active transportation activities and provide resources; monthly meetings depending on initiative
 - o Road safety – Ontario provincial Road safety Challenge grants - collaborate on media messaging; based on schedule of grant application and media campaigns
 - o Local municipalities - collaborate on Municipal Drug Straggles; monthly meetings

Program 1: Smart Works Program

Objectives:

Increase effectiveness, quality, and consistency of harm reduction program services across the Tri-county

Increase adoption of healthy behaviours among the population regarding injection drug use to prevent and reduce exposure to blood-borne infections.

(HIV, HCV, HBV, and other harms)

Identify targets for improvement at the individual program and systems levels Increase awareness and knowledge of opioid overdose prevention strategy

Increase access to naloxone kits for those at risk of opioid overdose

Increase access to family & friends for those at risk of opioid overdose

Increase in community organization trained to provide their at risk clients with naloxone kits

Increase in first responders trained to administer naloxone in order to respond to opioid overdose

Increase public awareness and education related to prevention of substance use, harm reduction, treatment and enforcement. Increase community capacity to respond to drug and opioid related

challenges.

Description:

Interventions will be aligned with those identified in the Ontario Harm Reduction Distribution Program Best Practice Recommendations Guide 1 & 2

Guide 1 focuses on up-to-date scientific evidence available about the distribution of injection and smoking equipment, safer drug use education, and overdose prevention. Guide 2 focuses on program delivery models, injection-related complications, testing services, vaccination services.

This will be achieved by collaborating with and engaging healthcare providers, community and other relevant partners and priority populations.

Interventions to include distribution to individuals who currently use opioids, have used in past or family/friends of individuals who are at risk of opioid overdose.

Health Unit led naloxone training and ongoing distribution to eligible community organizations that meet the criteria of the Harm Reduction Program Enhancement

Health unit led naloxone training and ongoing distribution to eligible first responders who meet the criteria of the Expansion of Ontario Naloxone Program to Fire & Police Services. Engaging community partners to work collaboratively on a local opioid response that is coordinated and integrated and that systems and structures are in place to adapt/enhance based on local need. This will include reviewing situational assessment, ongoing evaluation of local response plan, ongoing surveillance that includes an early warning system allowing for timely identification of and response to a surge in opioid overdoses.

Interventions:

Program 2: Smoke Free Ontario

Objectives:

1) Tobacco and vapour vendors and other organizations that are subject to the Smoke-Free Ontario Act, 2017 are in compliance with the Act. 2) Youth have reduced access to tobacco and vapour products. 3) Community partners, policy-makers, and the public, including priority populations, are meaningfully engaged in the planning, implementation, development and evaluation of programs and services for preventing injuries, and substance use and harm reduction.

Description:

1) Enforcement of the Smoke Free Ontario, 2017 Act, in accordance with the Tobacco, Vapour and Smoke Protocol, 2018. This includes inspection of all tobacco and vapour retailers; workplaces, enclosed public places and other specified places that are required to be smoke-free/vape-free; restricting youth access to tobacco and vapour products; responding to all non-compliance complaints; and, inspecting for signage. The compliance strategy includes education, inspection and progressive enforcement; maintaining the Tobacco Inspection System database and public disclosure of inspection results. 2) Prosecution related to the enforcement of the Smoke-Free Ontario Act, 2017 pertaining to violations related to: selling and/or supplying tobacco or vapour products to persons under age 19; the sale of tobacco and vapour products in undesignated places; unlawful packaging, health warnings and signs for tobacco; selling flavoured tobacco products; selling tobacco in vending machines; and unlawful smoking of tobacco or vaping. 3) Using a comprehensive health promotion approach that focuses on consultation and collaboration with local, regional and provincial stakeholders; assessment of existing programs and services; and review of the literature and best practices, strategies to decrease smoking

and vaping rates in priority populations and increase the number of community partners working to implement local public policies will be developed and implemented. Target populations will be identified by assessing the needs of our communities and by embedding our Health Equity Tool into all programs and resources to ensure we are addressing the Social Determinants of Health. For our overall population, 34.4% reported currently smoking cigarettes.

Interventions:

Protection and Enforcement

1) Inspections - Conduct mandatory youth access inspections: non- seasonal vendors

- Conduct mandatory inspections – seasonal vendors
- Conduct mandatory annual tobacco and vapour vendor display and promotion inspections
- Conduct mandatory annual inspections of schools
- Conduct inspections of controlled smoking areas
- Conduct complaint-based inspections for bars and restaurants
- Conduct complaint- based inspections of hospitals
- Conduct complaint- based inspections of workplaces and public spaces

2) Education to the Public - • Provide information via media, social media to increase awareness of the risks of tobacco and vapour products. 3) Training to PHU staff - Participate in training to keep up to date with ministry mandates and to meet regional needs. 4) Database Management - Synchronize TIS data within 24 hrs of inspection

- Conduct data verification for TIS data
- Maintain vendor database
- Maintain inspector database
- Record percent of inspectors with foundations training

5) Collaborative Enforcement Activities - Participate in joint sessions with police, by-law, Ministry of Finance, Fire Prevention officer etc. to improve collaboration on enforcement opportunities and issues.

Prosecution

Legal consultation and Prosecution - Participate in joint sessions with police, by-law, Ministry of Finance, Fire Prevention officer etc. to improve collaboration on enforcement opportunities and issues

Tobacco Control Coordination

1) Participate in TCAN meetings - Attend TCAN meetings and share information among community partners

- Participate in TCAN initiatives. 2) Information and Education - Public information and education using media, social media, website, presentations to interested groups
- Training sessions to health care providers.

Youth Tobacco Use Prevention

1) Policy Development - Recruit and work with community partners to develop tobacco free policies within region. 2) Education - Work with youth to increase accurate knowledge among youth and young adults regarding harm of tobacco and vape products. Work with youth influencers and service providers to help increase resiliency/protective factors to reduce substance use.

Program 3: Comprehensive Tobacco Control

Objectives:

Residents have an increased awareness of smoking cessation services and activities
There is an increase in the number of residents participating in smoking cessation activities

Description:

Using a comprehensive health promotion approach that focuses on consultation and collaboration with local, regional and provincial stakeholders; assessment of existing programs and services; and review of the literature and best practices, strategies to decrease smoking will be developed and implemented. Target populations will be identified by assessing the needs of our communities and by embedding our Health Equity Tool into all programs and resources to ensure we are addressing the Social Determinants of Health. For our overall population, 34.4% reported currently smoking cigarettes.

Interventions:Cessation

- Promote provincial and regional cessation activities to LGL residents through media and social media
- Provide smoking cessation sessions to priority residents with NRT
- Train staff to provide smoking cessation counselling

Program 4: Substance Use – Information and Education**Objectives:**

There is a reduction in population health inequities related to injuries and substance use. Community partners are aware of healthy behaviours associated with the prevention of injuries, including healthy living behaviours, healthy public policy and creating supportive environments. There is increased public awareness of the impact of risk and protective factors associated with injuries and substance use. There is an increased adoption of healthy living behaviours and personal skills among populations targeted through program interventions for preventing injuries, preventing substance use, and reducing harms associated with substance use.

Description:

Using a comprehensive health promotion approach that includes: assessment of the risk and protective factors; assessment of existing programs and services; and review of the literature and best practices, information that addresses healthy living behaviours, healthy public policy and the creation of supportive environments will be developed to provide education and information on substance use. Target populations will be identified by assessing the needs of our communities and by embedding our Health Equity Tool into all programs and resources to ensure we are addressing the Social Determinants of Health. For our overall population, 8.6% of adults reported exceeding the Low Risk Drinking Guidelines and 23% reported using cannabis in the past 12 months.

Interventions:Cannabis

- Promote Canada's Lower Risk Cannabis Use Guidelines through presentations, community events, radio, print and social media and individual/client interactions when appropriate.
- Support legislation requirements as directed.

Illicit and Non-prescribed Substances

- Harm Reduction messaging related to Substance Use
- Injury education – safe locked storage.
- Partner Collaboration to reduce harms
- Surveillance

Alcohol

Promote Canada’s Alcohol Low Risk Drinking Guidelines through presentations, community events, radio, print and social media

Program 5: Substance Use – Community Collaboration

Objectives:

Community partners, policy makers and the public, including priority populations, are meaningfully engaged in the planning, implementation, development and evaluation of programs and services for preventing injuries and substance use, and harm reduction.

Use mental health promotion strategies that reduce stigma and increase mental health literacy for communities

Description:

Using a comprehensive health promotion approach that includes: assessment of the risk and protective factors; assessment of existing programs and services; and review of the literature and best practices, information that addresses healthy living behaviours, healthy public policy and the creation of supportive environments will be developed to provide education and information on substance use. Target populations will be identified by assessing the needs of our communities and by embedding our Health Equity Tool into all programs and resources to ensure we are addressing the Social Determinants of Health. For our overall population, 8.6% of adults reported exceeding the Low Risk Drinking Guidelines and 23% reported using cannabis in the past 12 months.

Interventions:

Municipal Drug Strategy (e.g., alcohol, cannabis, opioids)

- Work with municipalities to implement their Municipal Drug Strategies.
 - o Promote awareness of risks using substances (e.g., alcohol, cannabis, opioids)
 - o Provide opportunities to share information, education opportunities and resources.
 - o Provide policy-building and capacity-building opportunities that address specific needs and concerns within the local region.
 - o Seek support and develop linkages to professional and provincial organizations.
 - o Identify and strengthen community protective factors for mental health. Use strategies that foster supportive, respectful environments.

Program 6: Injury Prevention – Information and Education

Objectives:

There is an increased adoption of healthy living behaviours and personal skills among populations targeted through program interventions for preventing injuries, preventing substance use, and reducing harms associated with substance use.

Description:

Using a comprehensive health promotion approach that includes: assessment of the risk and protective factors; assessment of existing programs and services; and review of the literature and best practices, information that addresses healthy living behaviours, healthy public policy and the creation of

supportive environments will be developed to provide education and information on injury prevention. Target populations will be identified by assessing the needs of our communities and by embedding our Health Equity Tool into all programs and resources to ensure we are addressing the Social Determinants of Health. For our overall population, 19.5% reported being injured in the past 12 months and 36.5% reported being injured due to a fall in the past 12 months.

Interventions:

Falls Prevention

Promote awareness of falls prevention in older adults through presentations, community events, radio, print and social media

- Use mental health promotion strategies by assisting individuals to identify and strengthen and protective factors

Road Safety

Promote awareness of road safety through presentations, community events, radio, print, social media and signage. Promote awareness of cannabis use and driving safety

Program 7: Injury Prevention – Community Collaboration

Objectives:

There is an increased adoption of healthy living behaviours and personal skills among populations targeted through program interventions for preventing injuries, preventing substance use, and reducing harms associated with substance use.

Description:

Using a comprehensive health promotion approach that includes: assessment of the risk and protective factors and consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental and other relevant sectors, programs and services that address healthy living behaviours, healthy public policy and the creation of supportive environments will be developed and implemented to collaborate on injury prevention strategies. Target populations will be identified by assessing the needs of our communities and by embedding our Health Equity Tool into all programs and resources to ensure we are addressing the Social Determinants of Health. For our overall population, 8.6% of adults reported exceeding the Low Risk Drinking Guidelines and 23% reported using cannabis in the past 12 months.

Intervention:

Falls Prevention

- Continue to partner with local agencies for fall prevention messaging and support.

Road Safety

- Working with municipalities to promote road safety for vulnerable road users (pedestrians, cyclists) through municipal planning.