



The Regional Municipality of Durham COUNCIL INFORMATION PACKAGE

Friday, July 26, 2024

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- Resolution passed at their Council meeting held on July 17, 2024, urging the Provincial Government to Recognize the Physician Shortage in Frontenac County and Ontario

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- Resolution passed at their Council meeting held on June 20, 2024, regarding the request for creation of a province-wide long-service medal program for police and paramedics, modelled after the existing award for firefighters

7. Miscellaneous Correspondence

There is no Miscellaneous Correspondence.

8. Advisory / Other Committee Minutes

There are no Advisory/Other Committee Minutes

Members of Council – Please advise the Regional Clerk at clerks@durham.ca, if you wish to pull an item from this CIP and include on the next regular agenda of the appropriate Standing Committee. Items will be added to the agenda if the Regional Clerk is advised not later than noon the day prior to the meeting, otherwise the item will be included on the agenda for the next regularly scheduled meeting of the applicable Committee.

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The Regional Municipality of Durham
Information Report

From: Commissioner of Social Services and Chief Administrative Officer
Report: #2024-INFO-47
Date: July 26, 2024

Subject:

Update on Federal Funding received under the Interim Housing Assistance Program

Recommendation:

Receive for Information

Report:

1. Purpose

- 1.1 The purpose of this report is to provide an update on the Regional Municipality of Durham's (Region) federal funding received under the Interim Housing Assistance Program (IHAP) to support asylum claimants between January 1 and March 31, 2024.

2. Background

- 2.1 Since June 2023, the Region has coordinated support for asylum-seekers in conjunction with Community Development Council Durham (CDCD) and other community partners through existing programs.
- 2.2 On March 14, 2024, the Region received \$4.6 million, under IHAP, in reimbursement for interim housing costs for asylum claimants incurred in 2023. The IHAP provides cost-sharing financing to provincial and municipal governments to address interim housing pressures resulting from increased volumes of asylum claimants.
- 2.3 The unexpected influx of new refugee claimants and asylum-seekers in Durham has created a strain on services throughout the Region, leaving refugees entering Durham to face hardship and difficulties in obtaining housing, employment and other important resettlement supports. As of June 30, 2024, three hotel sites are sheltering approximately 424 individuals.

3. Previous Reports and Decisions

- 3.1 [Committee of the Whole Report #2024-COW-24](#), dated June 12, 2024, which provided an update on the Region of Durham's response and sought Council approval for an extension of the agreement with Community Development Council Durham for settlement services for asylum-seekers and refugees through December 31, 2024.
- 3.2 [Finance and Administration Report #2024-F-3](#), dated March 19, 2024, which sought Council approval for an extension of the agreement with Community Development Council Durham for settlement services for asylum-seekers and refugees through June 30, 2024.
- 3.3 [Finance and Administration Report #2023-F-27](#), dated November 14, 2023, which sought Council approval for an extension of the agreement with Community Development Council Durham for settlement services for asylum-seekers and refugees through March 31, 2024.
- 3.4 [Council Information Report # 2023-INFO-81](#), dated September 28, 2023, provides a comprehensive update on the Region of Durham's humanitarian response for asylum-seekers and refugees.
- 3.5 [Council Report #2022-A-22](#), dated June 28, 2022, which sought Council approval on an agreement with Community Development Council Durham for settlement supports related to individuals arriving in Durham via the Canada-Ukraine Authorization for Emergency Travel.

4. Updated Allocations Received from the Federal Government

- 4.1 On April 16th, 2024, the Federal Budget announced a plan to provide \$1.1 billion over three years, starting in 2024-25, to IRCC to extend IHAP. Funding in 2026-27 will be conditional on provincial and municipal investments in permanent transitional housing solutions for asylum claimants.
- 4.2 On July 5, 2024, the Region received notification from IRCC that they were prepared to offer the Region \$2,376,000 in total reimbursement for the expenses incurred from January to March 2024. This amount represents approximately 95% of the total expenses incurred by the Region during this period which is comparable with the Peel Region reimbursement rates.¹
- 4.3 IRCC staff have been in contact with Regional staff, noting that further details will be provided around the expectations for provincial and municipal contributions for future years.

¹ [PowerPoint Presentation \(escribemeetings.com\)](#)

5. Intergovernmental Response and Proposals from Other Municipalities

- 5.1 The City of Toronto coordinated an 'Intergovernmental Roundtable on Asylum' meeting on June 24, 2024. The meeting took place at Toronto City Hall in Council Chambers and included representatives from municipalities that are currently responding to the influx, as well as senior leadership from various ministries both within the federal and provincial government.
- 5.2 During the roundtable meeting, the City of Ottawa and the Region of Peel presented on proposals for consolidated supports and reception centres.
- 5.3 Peel's proposed model for managing asylum claimants includes the establishment of a Regional Reception Centre capable of assisting up to 1,300 individuals monthly. The Centre aims to rapidly assess needs, provide on-site settlement, legal, and health services, and coordinate transitions to receiving municipalities for ongoing support. Additionally, it will offer short-term shelter for up to 200 individuals and respite accommodation for families and couples. Peel seeks funding totaling \$3.6 million for start-up costs of the Centre, \$9.9 million annually for its operation, \$6.4 million for asylum-specific shelters, and \$25.8 million annually for their operation. They also request \$35,735 per asylum claimant in Peel for housing and services upon exit from the Centre, and \$62,000 per claimant in other areas. They also emphasized the need for coordinated federal and provincial efforts to alleviate the strain on municipalities and ensure sustainable support for asylum seekers.
- 5.4 The City of Ottawa is considering using a tent-like sprung structure to accommodate asylum seekers amidst a surge in irregular migration. Council had directed staff to explore this option, highlighting its ability to rapidly provide emergency and transitional housing. These modular buildings feature aluminum arches covered with a weather-resistant membrane and can be customized with amenities like washrooms and kitchens, meeting local building codes. Although some concerns have been raised about the temporary nature of these structures and their effectiveness in addressing long-term housing needs, Ottawa aims to assess potential sites and possibly deploy the facilities by 2025, emphasizing their quick deployment capability and adaptability to varying needs.
- 5.5 Durham staff continue to explore opportunities for a longer-term sustainable model for supporting asylum seekers in our community. Currently, coordinating efforts through the lead local settlement agency (CDCD) and various hotels across the municipality have proven to be sufficient, but not sustainable or preferable for a longer-term response.
- 5.6 During the meeting, participating municipalities reiterated the urgent need for sustainable, up front, allocation-based funding focused on settlement outcomes with clear guidelines and policy parameters.

6. Relationship to Strategic Plan

6.1 This report aligns with/addresses the following strategic goals and priorities in the Durham Region Strategic Plan:

- Goal 2: Community Vitality – To foster an exceptional quality of life with services that contribute to strong neighbourhoods, vibrant and diverse communities, and influence our safety and well-being.
- Goal 4: Social Investment – To ensure a range of programs, services and supports are available and accessible to those in need, so that no individual is left behind.
- Goal 5: Service Excellence – To provide exceptional value to Durham taxpayers through responsive, effective, and fiscally sustainable service delivery.

7. Conclusion

7.1 Staff will continue to meet regularly with counterparts from IRCC to advocate for additional funding for costs incurred by the Region to support asylum seeker claimants.

7.2 Staff will continue to meet regularly with counterparts across the GTHA to coordinate resources, share best practices and approaches to service delivery, and collaborate advocacy efforts for additional funding and policy changes.

Respectfully submitted,

Original signed by

Stella Danos-Papaconstantinou
Commissioner of Social Services

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer

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The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2024-INFO-48
Date: July 26, 2024

Subject:

Program Reports

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 To provide an update on Durham Region Health Department (DRHD) programs and services.

2. Highlights

- 2.1 DRHD reports for April – June 2024 include the following key highlights:

- a. Health Analytics, Policy & Research – Health Analytics Information Products and Health Policy & Equity updates;
- b. Health Protection – Emergency Management, Food Safety, Healthy Environments, Part 8 Ontario *Building Code* (Sewage Systems) and Safe Water updates;
- c. Healthy Families – Durham Health Connection Line, Healthy Babies Healthy Children, Healthy Families and Infant & Child Development updates;
- d. Healthy Living – Healthy Living, Oral Health and *Smoke-Free Ontario Act, 2017* updates;
- e. Infectious Diseases – Immunization and Infectious Diseases Prevention & Control updates; and

- f. Paramedic Services – Administration, Community Paramedicine, Logistics, Operations and Quality & Development updates.
- 2.2 Boards of health are required to “superintend, provide or ensure the provision of the health programs and services required by the [Health Protection and Promotion] Act and the regulations to the persons who reside in the health unit served by the board” (section 4, clause a, HPPA). In addition, medical officers of health are required to “[report] directly to the board of health on issues relating to public health concerns and to public health programs and services under this or any other Act” (sub-section 67.(1), HPPA). Accordingly, the Health Information Update is a component of DRHD’s ‘Accountability Framework’, which also may include program and other reports, Health Plans, Quality Enhancement Plans, Durham Health Check-Ups, business plans and budgets; provincial performance indicators and targets, monitoring, compliance audits and assessments; RDPS certification; and accreditation by Accreditation Canada.

3. Relationship to Strategic Plan

- 3.1 This report and the program updates included align with the following strategic goals and priorities in the Durham Region Strategic Plan:
- a. Goal 1 – Environmental Sustainability:
 - 1.4 Demonstrate leadership in sustainability and addressing climate change.
 - b. Goal 2 – Community Vitality:
 - 2.2 Enhance community safety and well-being.
 - 2.3 Influence the social determinants of health to improve outcomes for vulnerable populations.
 - 2.4 Support a high quality of life for all through human services delivery.
 - c. Goal 5 – Service Excellence:
 - 5.1 Optimize resources and partnerships to deliver exceptional quality services and value.
 - 5.2 Collaborate for seamless service experience.
 - 5.3 Demonstrate commitment to continuous quality improvement and communicating results.

4. Conclusion

- 4.1 Program Reports are provided to update Regional Council (DRHD's board of health) on public health programs and activities as a component of DRHD's Accountability Framework.

5. Attachment

Program Reports for the period April – June 2024

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

ABBREVIATIONS

- ACP – Advanced Care Paramedic
- AP – Automatic Prohibition
- AQHI – Air Quality Health Index
- CCC – Child Care Centres
- CCHS – Canadian Community Health Survey
- CE – Continuing Education
- CLB – Canada Learning Bond
- CP – Community Paramedicine
- DA – Dental Assistant
- DC – Durham College
- DCDSB – Durham Catholic District School Board
- DCHC – Durham Community Health Centre
- DDSB – Durham District School Board
- DH – Dental Hygienist
- DHCL – Durham Health Connection Line
- DoPHS – Diseases of Public Health Significance
- DRHD – Durham Region Health Department
- DRSSD – Durham Region Social Services Department
- DYDAC – Durham Youth Drug Awareness Committee
- ECCC – Environment and Climate Change Canada
- FV – Family Visitor
- HART – Health Analytics & Research Team
- HBHC – Healthy Babies Healthy Children
- HCP – Health Care Provider
- HKPRDHU – Haliburton, Kawartha, Pine Ridge District Health Unit
- HOC – Health Operations Centre

- HPD – Health Protection Division
- HPE – Health Policy & Equity
- HPPA – *Health Protection and Promotion Act*
- HSO – Healthy Smiles Ontario
- HWIS – Heat Warning & Information System
- ICD – Infant & Child Development
- ID – Identification
- IMS – Immigration Medical Surveillance
- IPAC – Infection Prevention & Control
- KI – Potassium Iodide
- LD – Lyme Disease
- LH – Lakeridge Health
- LTCH – Long-Term Care Homes
- MOH – Ontario Ministry of Health
- NGS – Nuclear Generating Stations
- OAGO - Office of the Auditor General of Ontario
- OBC – Ontario *Building Code*
- OHD – Oral Health Division
- OPHS – *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability*
- OW – Ontario Works
- PCP – Primary Care Paramedic
- PHI – Public Health Inspector
- PHN – Public Health Nurse
- PHO – Public Health Ontario
- PHU – Public Health Units
- PIPE – Partners in Parenting Education
- PPH – Peterborough Public Health

- PPM128 – Policy/Program Memorandum 128
- PSRN – Public Safety Radio Network
- PSS – Personal Service Settings
- PVNCCDSB – Peterborough, Victoria, Northumberland and Clarington Catholic District School Board
- RDPS – Region of Durham Paramedic Services
- RH – Retirement Homes
- SDOH – Social Determinants of Health
- SFOA – *Smoke-Free Ontario Act, 2017*
- SMILE – Supporting Mothers’ and Infants’ Learning Experience
- TB – Tuberculosis
- TEO – Tobacco Enforcement Officers
- WNV – West Nile Virus
- YVPN – Young Vulnerable Parents Network



Health Analytics, Research & Policy

Report for April – June 2024

Health Analytics Information Products

The Durham Region Cancer Data Tracker was updated in June with the most recently available data. This interactive dashboard provides an in-depth overview of cancer in Durham Region and is available at durham.ca/cancerstats. Key trends include:

- No changes in most common cancers overall and by sex.

Top Five Cancers in Durham Region (2010-2020)

Five Most Common Cancers

Breast	Lung	Prostate	Colorectal	Lymphoma
14%	13%	11%	10%	5%

Five Most Common Cancer Deaths

Lung	Colorectal	Breast	Pancreas	Prostate
25%	10%	8%	6%	5%

- There has been no significant increase in incidence rates for common cancers in Durham Region.
 - Incidence rates for non-Hodgkin lymphoma, leukemia, myeloma, and brain/central nervous system are at a statistically significant decline since 2010.
 - Incidence rates for lung, prostate, colorectal, and ovary continue the statistically significant decline identified in the previous update.
- Incidence for age standardized and age specific rates were lower in 2020, possibly due to delays related to COVID-19 pandemic closures.
- Mortality rates have been stable over the last decade for all ages and sexes.

- Regional trends in mortality rates for 2010 to 2020 are similar to 2010 to 2018.

[Mental Health in Durham Region: Data from the CCHS](#) was released at the end of June. The report is focused on the mental health of Durham Region residents, specifically: self-perceived health and mental health, depression and suicide, chronic mental health conditions, and mental health care needs. Data are presented from the 2015, 2015 to 2016, and 2019 to 2020 CCHS, which is a cross-sectional survey of Canadians ages 12 and older.

Report highlights:

- 62 per cent of Durham Region residents perceived their mental health as excellent/very good, 27 per cent perceived their mental health as good, and 11 per cent* perceived their general health as fair/poor.
- Durham Region residents reported the following conditions, as diagnosed by a health professional:
 - 9 per cent* reported having a mood disorder such as depression, bipolar disorder, mania or dysthymia, and
 - 10 per cent reported having an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder.
- In 2019 to 2020, 17 per cent of Durham Region residents consulted mental health professionals about their emotional or mental health.

*Please interpret with caution due to high sampling variability.

Three updated infectious disease infographics provide quick summaries for HCPs and community partners about infectious diseases in Durham Region. These infographics summarize disease trends and case characteristics, highlight common symptoms and risk factors, and emphasize treatment best practices.

- [LD](#)
There were twice as many LD cases in 2023 (113) than in 2019 (66).
- [Rabies](#)
Post-exposure prophylaxis, including rabies vaccine, was provided in 14 per cent of rabies exposure investigations.
- [WNV](#)
The most common symptom is headache, reported by 73 per cent of cases.

Health Policy & Equity

Health equity work supports DRHD staff by building capacity across all programs to apply a health equity lens to programs and approaches, establishing internal and external collaborative partnerships to advance health equity initiatives, supporting priority populations in cross-program initiatives, and developing departmental policies and processes intended to advance health equity.

Due to the SDOH, health inequities disproportionately affect certain populations over others, putting some people at an increased risk for adverse health outcomes and preventing them from reaching their full health potential. Health inequities are not well monitored or understood due to limitations/gaps in data collection and reporting. In collaboration with HART, HPE staff is developing a plan to improve the collection and use of sociodemographic data across DRHD programs to get a better understanding of health inequities at the local level. HPE launched a staff survey in April to assess staff knowledge of factors that influence health and the value of using sociodemographic data at a program level. More than **250** DRHD staff members responded to the survey which will help to inform an implementation plan.

HPE staff continues to collaborate with DRSSD staff on initiatives that support residents experiencing low income, build staff capacity, and improve access for staff to resources that address health equity and the SDOH. HPE staff attended **four** Mobile ID and Benefits Access Hubs and provided residents with information and resources to support healthy families and healthy living. HPE and DRSSD also provided virtual learning sessions to DRHD and DRSSD staff about organizations that support residents experiencing low income, including Durham Community Legal Clinic and Prosper Canada. More than **260** staff across the two departments attended these virtual learning sessions.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health



Health Protection

Report for April – June 2024

Emergency Management

DRHD, in collaboration with Durham Emergency Management, other Regional departments and municipal partners, participated in the two-day Regional exercise on May 7 and 8 utilizing a virtual HOC. This virtual model, built within the Microsoft Teams environment, replicates the physical HOC. The evaluation of the exercise highlighted the virtual model's effectiveness in remote coordination, information sharing, adaptability to emergency scenarios, and situational awareness. The Microsoft Teams platform also integrated stakeholders, enabled real-time decision-making, and facilitated multi-agency coordination.

An After-Action Report has been prepared that includes recommendations for improvements related to training, processes and communication protocols. Regular multi-day emergency exercises focusing on response procedures were recommended to test and refine emergency response capabilities.

Potassium Iodide Tablet Program

It was National Emergency Preparedness Week from May 5 to 11, which aimed to ensure people are ready for an emergency. DRHD launched its second communication campaign of the year to raise awareness of the availability of KI tablets to anyone living or working within 50 kilometers of either Pickering or Darlington NGS. The awareness campaign included a news release, radio ads, social media posts, as well as ads at the GO train station, in newspapers and on Durham Region Transit buses.

DRHD continues to pre-distribute KI tablets to institutions (CCC, hospitals, LTCH, schools and youth detention centres) and first responders located within the Detailed Planning Zone which is a 10 kilometer radius around both the Pickering and Darlington NGS.

Food Safety

Staff has been working diligently on completing food safety inspections, as per the [Food Safety Protocol, 2019](#). From April to June, staff completed **541** high-risk inspections,

576 moderate-risk inspections, and **451** low-risk inspections. A total of **284** re-inspections, and **60** inspections or re-inspections generated by a complaint were completed. Staff is on track to complete **100 per cent** of required inspections in the subsequent round for all high-risk inspections and has achieved **100 per cent** completion of moderate-risk premises.

Staff processed **134** special events and farmers' market co-ordinator applications and had **840** special event vendor interactions. Using the risk assessment tool and updated special events procedure, staff inspected **12** special events that were deemed higher risk.

There continue to be a lot of questions about food safety received through DHCL, with **644** inquiries related to food safety of **1,641** total calls.

A vlog on home canning was filmed in April to address the increased number of inquiries around safe canning processes. Canning foods has gained popularity over the last few years both at home and in food premises and canned products are now increasingly found at special events and farmers markets. The film shoot was successful and work is underway to edit the vlog before posting it on [durham.ca](https://www.durham.ca).

Staff collaborated with PHO to develop and host an all-day in-person workshop on canned/fermented foods and related special considerations (including verified recipes, product lab results, and food safety plans) on April 11. **Seven** other PHU in the province sent representatives to participate and **25** staff members from DRHD were in attendance. This workshop received excellent feedback and is being adopted by PHO for use at other PHU.

Healthy Environments

Air Quality Health Index and Adverse Air Quality Alerts

In summer 2023, Durham Region, along with most of Ontario, experienced very poor air quality due to wildfires. AQHI levels during these wildfire events were considered high-risk, and the Ministry of Environment, Conservation and Parks, in conjunction with ECCC, issued special air quality statements to alert the public to risks.

DRHD leveraged existing community partner distribution lists to notify organizations who serve at-risk populations that may be vulnerable to the effects of poor air quality. Information about health risk mitigation measures was provided to help community service agencies better prepare for poor air quality and take appropriate action to protect at-risk client groups.

In 2024, the process of receiving and distributing notification of air quality alerts to community partners and the public was formalized. HPD utilizes a variety of media such as website updates, social media messaging and news releases to inform residents of poor local air quality events as well as risk mitigation measures to help residents protect themselves and those in their care from the effects of poor air quality. This health

messaging is amplified during extreme heat events, when air quality can deteriorate and risks can increase.

Heat Warning & Information System

As part of Ontario's harmonized HWIS, HPD collaborates with ECCC to provide advance notice of extreme heat conditions to municipalities, community partners and the public from May 15 to September 30. A heat warning is issued when the weather is forecasted to reach a maximum temperature of 31°C or greater and/or a humidex of 40 or greater for two consecutive days.

The HWIS allows local community agencies and municipalities to activate their heat response plans in advance of extreme heat. In the past year, community partner subscriptions to the HWIS more than doubled. DRHD also uses social media, news releases and a dedicated heat webpage to share information on how to recognize and respond to heat illness, conduct wellness checks during a heat event, and low-cost ways to stay cool in a hot indoor setting. A 2022 time-series analysis found that implementation of the Ontario HWIS system was associated with a decline in emergency department visits for heat-related illness, adjusted for maximum daily temperature, in some populations.

On April 16, in advance of the heat season, DRHD hosted its annual HWIS forum for community partners, which included a review of Durham Region's HWIS, resources for developing a heat response plan for various settings, and a special presentation by Dr. Lilia Yumalugova on lessons learned from the lived experiences of at-risk populations during the 2021 British Columbia heat dome.

Part 8 Ontario *Building Code* (Sewage Systems)

From April to June, HPD conducted the following activities related to Part 8 of the OBC: received **75** building permit applications for sewage systems, processed **18** building addition applications, and reviewed **24** planning applications. PHIs investigated **six** complaints related to private sewage systems and issued **one** Order to comply.

A total of **154** inspections related to sewage system building permits and installations and **one** inspection related to planning applications and activities were conducted. HPD staff attended pre-consultation meetings in each municipality regarding planning applications. From January to March, HPD staff attended or provided comments for **14** pre-consultation meetings. Staff also responded to questions from the public and sewage system installers regarding sewage systems and planning applications.

The 2024 Lake Simcoe Maintenance Inspection program began in May and there have been **90** inspections completed in Brock and **50** inspections completed in Uxbridge.

Safe Water

Bathing Beach Monitoring Program

As per the [Operational Approaches for Recreational Water Guideline, 2018](#), HPD collects bacteriological water samples from public beaches to determine if they are safe for swimming in accordance with the [Recreational Water Protocol, 2019](#).

Throughout the summer, DRHD tests waters at public beaches as part of its beach monitoring program. Tests carried out at all local beaches include testing water samples for high levels of bacteria to let beach visitors know which beaches are safe for swimming.

Currently, HPD is monitoring and sampling **14** local beaches weekly. To date, **seven** advisories have been issued. HPD will also continue to monitor and respond to any reports of suspected blue green algae.

New for the 2024 beach monitoring season, DRHD has added inspection results for public beaches on the [Check&GO! Durham](#) disclosure website.

In addition to public beaches, Check&GO! Durham provides access to online, real-time inspection results and legal activities for: CCC, convictions under the [HPPA](#) and [SFOA](#), food establishments, PSS, recreational camp facilities, recreational water facilities (public swimming pools, spas and splash pads) and small drinking water systems.

Drinking Water

On June 17, the MOH requested additional information from HPD, which was then distributed to all PHU. The request came from the OAGO as part of its investigation into non-municipal drinking water, including small drinking water systems and private well water. The audit request covered various aspects, such as internal policies, compliance questions on inspection timeframes, budget allocations, work backlog, information on Airbnbs and short-term rentals, private well advice for homeowners, staffing inquiries, and laboratory and outbreak-related questions. HPD has prioritized completing this request and aims to provide the necessary information directly to the OAGO by July 10.

HPD continues to post monthly social media messaging for well water owners focusing on well water types, interpretation of sample results and water treatment. The public is also directed to DRHD's new [Private Well Water Manual](#), available on [durham.ca](#).

In conjunction with the Municipality of Clarington, a staff education session was provided focusing on well types, types of water treatment, water sampling and related documentation forms.

Recreational Water

HPD completed all mandatory recreational water inspections in accordance with the [Recreational Water Protocol, 2019](#). To date, HPD has conducted **337** routine

recreational water inspections and issued **31** Section 13 Orders under the HPPA to close the facility due to the presence of health hazards.

Respectfully submitted,

Original signed by

Anthony Di Pietro

Director, Health Protection Division



Healthy Families

Report for April – June 2024

Durham Health Connection Line

DHCL provides access to public health information to the community. PHNs provide assessment, health education, counselling and referrals to community services for residents or those looking for services in Durham Region. Inquiries are addressed on the telephone or through email. From April to June, DHCL responded to **3,230** inquiries.

Healthy Babies Healthy Children Program

The HBHC program is a voluntary home visiting program that supports families who screen with risk to strengthen the parent-child relationship and improve child development outcomes.

Families in the HBHC program work with a PHN and FV to develop and implement a family service plan to support the parent-child relationship. To complement the goals in the family service plan, FVs help parents practice and develop confidence in parenting using the PIPE curriculum during home visits. PIPE is an interactive and relationship-based curriculum that focuses on topics such as emotional communication and regulation skills, parent-child attachment and relationship building, and emotional stability for learning using play. Using PIPE, FVs provide information and concepts on a parenting skill, model the activity, coach parents as they conduct the activity, and offer feedback and reinforcement of the positive interaction.

Between April to June, FVs completed **507** home visits and **466** joint home visits with PHNs for a total of **973** visits. During these home visits, **117** PIPE activities were completed with clients in the HBHC program.

Healthy Families

Baby Steps

Baby Steps is a collaborative program between the Healthy Families program and DCHC. It is a free weekly program that supports vulnerable new parents with infants

aged 0 to 10 months. Health education and support around maternal mental health, infant sleep, nutrition, growth and development, and connection to community agencies is offered in an informal supportive environment.

In 2024, **two** series were completed, reaching **21** parents.

SMILE Prenatal Classes

Pregnancy and childbirth are pivotal life events, and this transition period is often coupled with many worries and high levels of anxiety.

Access to adequate prenatal education is especially important to vulnerable parents/families to help mitigate existing barriers and risk factors. Documented benefits of prenatal education include improved maternal mental health, increased likelihood of having a vaginal birth, increased rates of breastfeeding, easier transition to parenting, increased confidence with infant care and connecting with other expectant parents and appropriate community supports.

SMILE prenatal classes are available to expectant parents and support persons under 26 years of age, referred by a community agency, living with low income or other identified risks. These are free, two-hour interactive sessions taught by a PHN which run once a week for four weeks. Topics covered include self-care during pregnancy, understanding labour and birth, comfort measures for labour, newborn care, and community resources.

In 2024, **two** SMILE series have been completed reaching **12** prenatal clients and **10** support people. Post series evaluations have shown that **100 per cent** of clients who completed a SMILE series indicated that they felt more prepared for labour, birth and caring for their infants.

Young Vulnerable Parents Network

In January, the YVPN was established and **two** YVPN meetings have been held to date. There are currently **10** community partners active on the YVPN. The objectives of this network are to build relationships and improve communications among service providers and to facilitate linkages to community information and resources for young and/or vulnerable parents in Durham Region.

Infant & Child Development Program

The ICD program is a voluntary service that partners with families to promote the healthy growth and development of children between the ages of birth to school entry and who have a developmental concern. Local residents can self-refer to the program or be referred by a service provider. ICD consultants partner with families to plan developmental intervention goals and establish ways to achieve these goals within the child's routines using a family-centered, strengths-based approach.

2024 Q2 Program Reports – DRHD

From April to June, the ICD program offered service to approximately **595** children and provided approximately **1,046** appointments to support modeling, parent coaching, and family education.

Respectfully submitted,

Original signed by

Kavine Thangaraj
Director, Population Health Division
Chief Nursing Officer



Healthy Living

Report for April – June 2024

Healthy Living

Comprehensive School Health

Schools are important settings for comprehensive health promotion among children and youth. Education and health are closely linked. Good health supports successful learning and successful learning supports health. A healthy school refers to any school that is using multiple strategies to influence students choosing healthy options and establishing lifelong healthy behaviors. These behaviors may reduce cancer, depression, heart disease, high blood pressure, obesity, osteoporosis, type 2 diabetes, stroke, bike and traffic injuries, and injuries related to substance misuse.

PHNs work closely with local school communities to promote the health and wellbeing of children and youth by supporting them to adopt a healthy school approach. Schools are encouraged to identify priority health topics and are supported by PHNs to develop and implement a comprehensive plan using strategies and activities in the five broad areas that contribute to a healthy school. These five areas include curriculum teaching and learning, school and classroom leadership, student engagement, social and physical environments, and home, school and community partnerships.

Embracing the healthy school approach benefits the entire school community including students, staff and parents. Benefits include improved academic success, better physical, psychological, and social health, better school attendance, improved relationships with teachers and peers, more parent involvement in school activities, and the development of skills that support healthy choices. Through this comprehensive approach, individual healthy behaviours are influenced and the environment where children, staff and parents live and learn is improved.

During this past school year, PHNs supported schools on a variety of health topics, the most prevalent being mental health promotion, vaping, healthy eating, and physical activity. All five of the components of the comprehensive school health approach were used in addressing these health topics. In addition, PHNs utilized multiple strategies

including building capacity of educators, building capacity of students and student leaders, collaboration with community partners, meetings with administrators and educators, parent engagement activities, school team meetings and policy review and development.

For the 2023-2024 school year, **1,520** school interactions occurred representing significant and meaningful collaboration between PHNs and members of school communities. A total of **227** local public schools utilized PHN services this year, including all the **186** elementary schools, **33** secondary schools and **eight** alternative schools.

PHNs completed school assessments with **225** schools at the beginning of the school year. Assessments provide relevant data to support the planning and implementation of healthy school strategies.

PHNs completed a total of **56** health action plans during the 2023-2024 school year. The health action plans served as a road map to guide each school team throughout the year.

Kindergarten readiness was supported by PHNs through planning and implementing welcome to kindergarten events. The focus was to enhance parent engagement and support student transition to school. PHNs provided information and interactive educational activities for families to learn about relevant health topics. A total of **290** school interactions occurred related to kindergarten readiness initiatives and **148** welcome to kindergarten events were supported.

PHNs also supported **six** transition to high school events.

Ongoing collaboration occurred with school board partners. DRHD facilitated **six** advisory committee meetings with DDSB (**three**) and DCDSB (**three**), **four** teleconferences occurred with Kawartha Pine Ridge District School Board and PVNCCDSB. Staff attended **eight** joint health unit meetings with HKPRDHU and PPH to plan and coordinate collaboration on school focused projects and address emerging school needs. This ensures consistency in eastern school boards that receive supports from all three PHU.

Durham Youth Drug Awareness Committee - The Leader in Me: Awareness to Action Conference

Commencing in 2014, DYDAC began holding an annual conference for students in Durham Region secondary schools to learn and share about substance use and health initiatives to address this within their schools. DYDAC is a collaborative committee that includes representatives from DCDSB, DCHC, DDSB, DRHD, Durham YMCA, and Pinewood Centre of LH. During this one-day conference, students and educators attend a variety of sessions on health topics including vaping, substance use, mental health, and gaming/technology use. At the end of the day, students and educators meet with their school's assigned PHN to begin planning youth-led health initiatives at their school.

The annual DYDAC conference, titled The Leader in Me: Awareness to Action, was held on October 17, 2023, at DDSB. A total of **20** secondary schools registered, which included approximately **100** students and **20** educators. Conference attendees represented **four** school boards and schools from the following municipalities: Ajax (**three**), Clarington (**two**), Oshawa (**six**), Pickering (**three**), Uxbridge (**one**) and Whitby (**five**). The conference included a combination of keynote speakers and interactive sessions provided by community partners.

Pre and post evaluation surveys were completed with students and educators for the conference day:

- A total of **98 per cent** of students indicated that the conference event increased their knowledge of substance use prevention strategies.
- All educators indicated that the DYDAC conference was an effective way to engage students about the topics of substance use.
- A total of **95 per cent** of educators indicated that after the DYDAC conference, they felt confident supporting students to use many different strategies to promote health within their school.

Following the conference, school health action plan activities were implemented in school communities for the remainder of the school year and reached a variety of audiences, including students, staff, and parents/guardians. Action plans included but were not limited to activities such as poster displays, school-based communication, social media campaigns, guest speakers, and presentations.

Through DYDAC school health action plans, health information related to substance use and the connection between mental health and substance use, was made available to approximately **22,454** people. The next DYDAC conference is planned for November 6 at DDSB.

Tax Clinic at a Local High School

Students who have money saved for post-secondary education have increased odds of pursuing a higher education. Many students who are eligible for the CLB do not apply. A PHN supported a high school located in a priority neighbourhood by partnering with DRSSD to coordinate **one** self-file tax clinic for students and families. The event was promoted at a parent-teacher night as well as during a lunch hour, encouraging students to register. Local feeder elementary schools were also invited to participate. In lead up to the self-file tax clinic, students in **four** classes (careers, business marketing, centre for success program), which included approximately **75** students, received a presentation with information about the importance of tax filing, the CLB, and Registered Education Saving Plans.

Students who had expressed interest in the event attended during school hours. DRSSD representatives guided students through a free software program.

Overall, the feedback was positive, and the clinic contributed to an increase in knowledge and confidence. Some highlights include:

- A total of **10** individuals participated in the clinic and **nine** were able to file a tax return.
- An estimated **\$4,675** in benefits and credits were unlocked.
- A total of **62.5 per cent** of respondents felt knowledgeable or very knowledgeable about filing taxes post-clinic compared to only **10 per cent** pre-clinic.
- A total of **75 per cent** of respondents felt confident or very confident about filing their own taxes post-clinic compared to only **10 per cent** pre-clinic.
- Barriers identified to self-filing in the past were related to not knowing how to file, lack of access to technology, unaware of benefits of filing and a lack of access to documents/ID.
- All respondents felt it was easier to file their taxes because of the school organizing the clinic.
- All respondents were either satisfied or very satisfied with their experience of filing their taxes (**75 per cent** very satisfied).
- Some students filed taxes for multiple years.

Vision Screening

Approximately one in four school aged children have potential vision problems which, if left untreated, may interfere with proper visual development, and may be misdiagnosed as having learning and/or behavioral problems. Often, there are no clear indications that a child is struggling with their vision. Early detection and treatment of these issues are crucial for optimizing learning capabilities, underscoring the importance of early intervention to ensure children maintain healthy eyes. In Ontario, statistics reveal that three per cent to five per cent of children risk losing vision in one eye due to untreated eye conditions, while 15,000 children struggle with reading difficulties because they may not recognize their need for corrective lenses.

For the 2023-2024 school year, PHNs completed vision screening with **8,147** senior kindergarten students in **186** public elementary schools. Of those screened, **3,340** students were referred to an optometrist. Furthermore, **33** students who met the automatic referral criteria received support from PHNs to promptly seek eye examination from an optometrist. Vision screening was also extended to include students in private elementary schools. PHNs provided vision screening in **24** local private elementary schools.

Youth Vaping

According to the 2023 [Ontario Student Drug Use and Health Survey](#), approximately **14 per cent** of Canadian youth aged 15 to 19 reported vaping in the past 30 days and **35 per cent** of youth indicated they have tried vaping at some point in their lives. Furthermore, incidences of vape use within the past year increases with each grade,

from **five per cent** in Grade 8 to **22 per cent** in Grade 12. The 2022 [Canadian Tobacco and Nicotine Survey](#) revealed that **30 per cent** of youth aged 15 to 19 have tried vaping and this increases to **48 per cent** in the young adult phase. These statistics highlight the concerning prevalence of vaping among Canadian youth.

Given the health risks associated with vaping, schools play a crucial role in prevention. To address this growing concern, DRHD continues to collaborate with school boards and community partners to engage in efforts to protect youth from the harms of vaping through a comprehensive school approach.

DRHD, in partnership with HKPRDHU and PPH, hosted **two** presentations on vaping and cannabis use among students during PVNCCDSB's professional development days in April. The presentations reached **53** Grade 5 educators and focused on the harms of vaping and cannabis and strategic learning initiatives through curriculum supports available for school use. All participants indicated that they are better equipped to address vaping issues with students as a result of attending the educational session.

During the 2023-2024 school year, PHNs partnered with elementary and secondary schools to improve students' awareness of the risks related to vaping and nicotine use. They provided **five** educational sessions for secondary student leaders and educators during the DYDAC conference in October. In addition, PHNs completed **204** school interactions to raise awareness about vaping and tobacco-free living.

Oral Health

For 2024, OHD noted the following achievements, demonstrating a commitment to improving oral health outcomes and delivering exceptional services to the community.

The following highlights provide an overview of key activities:

Comprehensive Dental Services: Over **2,600** unique clients have received services through OHD. The DRHD Dental Clinic provided dental services to **300** HSO clients and **2,300** Ontario Seniors Dental Care Program clients through **3,300** appointments. Delivery of dental care services in Durham Region's four LTCH is on hold at this time, but it is anticipated that this will resume in early 2025. The Brock Community Health Centre project has been postponed until spring 2025.

Dental Benefits Claims: OHD processed **1,984** dental benefit claims between January and June, amounting to **\$484,615** in fees paid.

Dental Care Needs: OHD identified **2,196** children with urgent dental needs and **2,334** children with non-urgent dental needs.

Denture Lab: Denture care services were delivered by denturists in the Dental Clinic's denture lab. Over **140** denture care services were delivered by DRHD denturists.

Education: In addition to service-oriented activities, OHD actively contributed to education and knowledge-sharing initiatives. OHD provided one-day student

placements for **19** DH students and **50** DA students from DC, offering valuable practical experience. OHD conducted **three** public health education sessions for **38** DH students, **39** DA students and **23** dental office administration students. OHD maintained representation on the DC Dental Programs Advisory Committee, fostering collaboration and contributing to the program's continued excellence.

HSO Facilitation: OHD staff successfully supported **225** clients to navigate through the HSO application process, ensuring they could access necessary dental care. This initiative plays a vital role in breaking down barriers to oral health services.

Oral Health Education and Promotion: Staff conducted oral health education sessions for **7,164** students at **43** high-risk schools, equipping them with the knowledge and tools necessary for maintaining good oral hygiene. Staff provided oral health promotion to **2,332** children and **172** seniors at **48** community events, empowering them to make informed decisions about their oral health. Furthermore, staff provided **54** dental screenings and oral health education to **155** children in CCC and EarlyON Child and Family Centres.

Oral Health Screenings: OHD screened **47,704** children in the 2023-2024 school year and identified **8,505** children as clinically eligible for preventive dental services. All children enrolled in HSO by OHD initiated treatment within 16 weeks of enrollment.

OW Program Support: Staff provided oral health education and assessments to **51** recipients of OW in collaboration with DRSSD. This initiative ensures that individuals in need receive appropriate oral health care and support.

Social Media Engagement: To reach a wider audience, OHD effectively utilized social media platforms to promote oral health information and program updates. OHD reached **149,777** individuals, achieved **183,632** impressions and **3,854** engagements via Facebook, Instagram and X (formerly known as Twitter).

These accomplishments reflect OHD's dedication to improving oral health outcomes and its commitment to education and collaboration. By leveraging resources effectively, DRHD continues to make a positive impact on the oral health of local residents.

Smoke-Free Ontario Act, 2017

TEO re-initiated youth test shopping surveillance for the 2024 season. All tobacco and vapour product vendors are test shopped during the year by a student under the age of 19 who attempts to purchase products. If the vendor sells tobacco or vapour products to the minor, the operator and owner of the store are subsequently charged with selling or supplying tobacco or vapour products to a person who is less than 19 years old. Two or more convictions may lead to an AP, issued by the MOH, where the vendor is prohibited from selling tobacco products for a minimum of six months.

TEO respond to all complaints received with respect to smoking or vaping in all enclosed workplaces and other prohibited areas that are covered under the SFOA such

as hookah lounges, hospitals, multiunit dwellings, outdoor recreation playground areas and schools.

From January 1 to April 30, TEO completed a first round of tobacco youth access inspections resulting in a compliance rate of **96 per cent**. A total of **352** stores were tested, and **13** stores failed the youth access inspection. A total of **18** charges were issued for supplying tobacco to minors under the SFOA along with **13** warning letters issued. There are currently **four** APs from the MOH for tobacco vendors in Durham.

From April 1 to June 30, TEO conducted **83** youth test shopper inspections for vapour products and **127** display and promotion inspections. A total of **three** charges were issued for supplying vapour products to minors under the SFOA and **13** charges were issued for stores selling improperly packaged vapour products. TEO continue to observe non-compliance with stores selling high levels of nicotine in vapour products and flavours, resulting in **six** seizures of these products at local stores.

TEO conducted **122** compliance inspections for display and promotion for tobacco retailers. TEO conducted **65** inspections in enclosed workplaces and other prohibited areas.

TEO continue to respond to complaints regarding students vaping on school property. This year, TEO have investigated **25** complaints, issued **15** warning letters, and served **seven** charges to students vaping on school property. In addition, TEO have issued **one** charge to a student smoking cannabis on school property, issued **three** warnings for smoking tobacco and **one** warning for smoking cannabis on school property.

DRHD's Smoke-Free Enforcement Coordinator is working with the DCDSB to ensure that its policies align with the changes to [PPM128](#) with respect to enforcement relating to electronic cigarettes, recreational cannabis, and tobacco. DRHD developed a Smoke-Free Enforcement Protocol in collaboration with DCDSB and DDSB to support schools with procedures when responding to students that are caught smoking or vaping on school property. The protocol is currently under review and being updated to address legislative changes. PHN's will collaborate with HPD staff to assist with a social media campaign for September that will provide clear messaging around vaping and the PPM128 policy.

Additionally, to assist schools in the fall with the new PPM128 policy, extra metal signage and stickers have been delivered to DDSB and DCDSB to post at schools.

Specialty vape stores and tobacconist stores continue to operate in Durham Region. As of June 30, there are **67** registered specialty vape stores and **four** tobacconist stores.

The Durham Region [Smoking and Vaping By-law #28-2019](#) has been in effect since June 24, 2019, and TEO continue to enforce the by-law within prohibited facilities.

Respectfully submitted,

Original signed by

2024 Q2 Program Reports – DRHD

Anthony Di Pietro
Director, Health Protection Division

Original signed by

Maryam Pezeshki
Director, Oral Health Division

Original signed by

Kavine Thangaraj
Director, Population Health Division
Chief Nursing Officer



Infectious Diseases

Report for April – June 2024

Immunization

In accordance with the [OPHS](#), DRHD promotes and provides provincially funded immunization programs and services to eligible persons, including underserved and priority populations, to reduce or eliminate the burden of vaccine preventable diseases.

Immunization catch-up clinics are provided for residents experiencing challenges accessing publicly funded routine vaccines, including residents without Ontario Health Insurance Plan coverage or individuals who have no or limited access to an HCP. Immunization catch-up clinics are offered throughout the year, including evening and weekend clinics. An increased number of catch-up clinics were offered by DRHD from January to June to support students requiring routine vaccines as per the [Immunization of School Pupils Act](#).

Between January to June, DRHD provided **58** immunization catch-up clinics across Durham Region, including one clinic in collaboration with the Pickering Welcome Centre. At these clinics, a total of **4,593** vaccines were administered to **2,117** residents.

Infectious Diseases Prevention & Control

Child Care Centres

From April to June, a total of **319** inspections were completed in CCC, including **143** environmental inspections and **176** kitchen inspections. The Wee Care Newsletter spring/summer edition was sent to operators on April 11, which included information on IPAC measures, measles, extreme weather safety and rabies.

Diseases of Public Health Significance

In accordance with the OPHS and [O. Reg. 135/18: Designation of Diseases](#), HPD is responsible for the management of cases and contacts of DoPHS. Between April and June, **287** DoPHS were reported to HPD. These include: influenza (**166**), salmonella (**31**), campylobacter (**26**), LD (**22**), giardiasis (**10**), cryptosporidiosis (**seven**), food poisoning, all causes (**four**), cyclosporiasis (**four**), carbapenemase-producing

enterobacteriaceae (**three**), legionellosis (**three**), shigellosis (**three**), typhoid fever (**three**), amebiasis (**two**), paratyphoid fever (**two**), and verotoxin-producing *E. coli* (**one**).

Infection Prevention and Control Lapses

For the period of April to June, there were **11** IPAC lapse investigations. There were **six** posted IPAC lapses in PSS. Regulated health facilities were part of **three** investigations. A medical clinic was noted to have an IPAC lapse due to reprocessing issues. An IPAC lapse report was posted and a referral was made to the College of Physicians and Surgeons of Ontario.

Outbreak Summary

Outbreaks are investigated in accordance with the OPHS.

From April to June, **87** outbreak investigations were conducted; **38** of these were COVID-19 outbreaks (**18** in LTCH, **10** in RH, **six** in hospitals, **four** in congregate living settings). The other **49** outbreaks were respiratory (**28**) and enteric (**21**). The number of respiratory outbreaks by type of facility is: **17** in LTCH, **seven** in RH, **three** in hospitals and **one** in a congregate living setting. The number of enteric outbreaks by type of facility is: **14** in CCC, **three** in LTCH, **two** in hospitals, **one** in RH and **one** in a congregate living setting. Some confirmed causative agents identified included: coronavirus (non-COVID-19), enterovirus, influenza A, metapneumovirus, norovirus, parainfluenza, respiratory syncytial virus, rhinovirus and rotavirus.

Personal Services Settings

From April to June, **284** inspections were completed in PSS. For PSS, common infractions include improper cleaning and disinfection, single-use items not discarded after use, and items not in good repair. New devices and services being offered continue to involve more staff resources. DRHD issued **10** charges for repeat violations of [O. Reg. 136/18: Personal Service Settings](#).

DRHD is preparing for a large special event showcasing personal service vendors that will be travelling to multiple PHU throughout the year. The special event will be held in Pickering in the fall and it is estimated that the event will have over **35** personal service vendors offering tattoos and piercings. DRHD is in contact with the event coordinator and other PHU where the special event will also be held.

Rabies Prevention and Control

From April to June, DRHD investigated **485** animal bite reports which is an increase from 406 reports investigated for the same time period in 2023. During this time, DRHD provided **56** residents with anti-rabies treatment. DRHD submitted **nine** animals involved in a human exposure for testing and none were positive for rabies.

DRHD issued **one** charge to an animal owner for failing to immunize their pet against rabies, pursuant to the [Reg. 567: Rabies Immunization](#). In June, HPD had **five** cases

that went to court as a result of charges laid prior to April, of which, **three** resulted in convictions with fines ranging from \$180 to \$1,160. The larger fines signal that the courts are less tolerant of animal owners who do not comply after all efforts are made by PHIs to gain compliance.

Vector-Borne Diseases

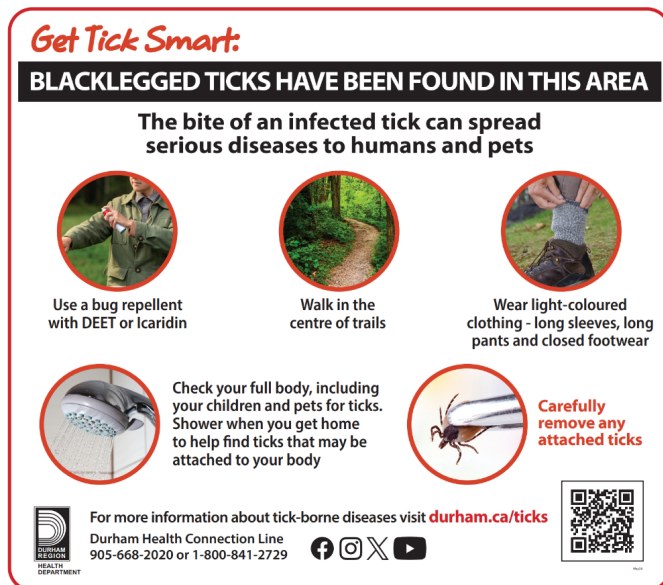
The WNV prevention and control program began its seasonal activities in mid-May. The program includes weekly surveillance of potential breeding sites for WNV vector mosquitoes which has resulted in **2,230** site visits and **167** larvicide treatments. The first of three rounds of scheduled regional roadside catch basin larviciding was completed on June 14. The second round commenced on June 24, and as of June 28, **90,386** roadside catch basins have been treated. In addition, **61** private back yard catch basins and **440** catch basins on Region-owned properties were also treated. The adult mosquito trapping activity has resulted in a total of **1,397** mosquitoes being captured, and **159** pools of mosquitoes tested. To date, **one** positive mosquito trap site was identified in Oshawa. At this time, there have not been any human cases of WNV reported to DRHD.

Mosquitoes can also transmit other viruses, including the Dengue virus, which can cause a febrile illness known as Dengue fever. Dengue fever is found throughout the world, but mainly occurs in tropical and subtropical areas. It can cause flu-like symptoms and in severe cases can be fatal. In Ontario, Dengue fever (without hemorrhagic manifestations) is not a reportable DoPHS and as such the number of cases of Dengue fever are unknown. There have been **zero** cases of Dengue fever (with hemorrhagic manifestations) reported to DRHD or reported in Ontario since 2002 when it was made a DoPHS.

DRHD continues to promote [eTick.ca](https://www.eTick.ca) which is a free online service where professionals identify ticks using photographs sent in by members of the public. Local residents can have ticks identified by submitting a photo to this website.

This year, a total of **26** human cases of LD have been probable or confirmed involving local residents, which is up from **15** at this time last year. Communication to community partners will throughout the season, including regular media releases, a variety of social media messaging on various platforms, and a weekly summary report of WNV mosquito testing results will be posted on durham.ca/wnv.

DRHD communicated the opportunity to order the new Tick-Borne Disease signs to all municipalities and community partners. As of June 30, signs were distributed to Ajax (**12**), Brock (**37**), Camp Samac (**10**), Central Lake Ontario Conservation Authority (**10**), Oak Ridges Trail Association (**32**), Pickering (**93**), Scugog (**five**) and Uxbridge (**15**). DRHD will continue to supply the signs to municipalities and community partners who have yet to submit their orders. The sign advises members of the public to keep safe when outdoors and includes a QR code linking to durham.ca/ticks for more information.



World Tuberculosis Day – March 24, 2024

DRHD recognized World TB Day on March 24 to promote public awareness about TB, a disease which is preventable and curable but remains an epidemic in much of the world. World TB Day is an opportunity to highlight DRHD's services in supporting the treatment of TB infections and preventing the development of active TB cases in the community.

To recognize World TB Day, a [FAX about...](#) was sent to local HCPs promoting this year's theme 'Yes! We Can End TB'. Information on current rates of TB infection in Durham, the updated Canadian TB Standards and where to access publicly funded TB medications at designated local pharmacies was also shared with HCPs.

In addition, World TB Day messages were shared through DRHD's social media platforms. Official World TB Day hashtags and graphics were utilized, while promoting the availability of treatment for eligible groups.

TB health promotion to community HCPs remains important to manage elevated levels of active TB cases, TB infection, and clients undergoing TB IMS. From January to June, **21** cases of active TB have been managed (compared to 13 for the same period in 2023), **256** cases of TB infection have been managed (compared to 137 for the same period in 2023), and there were **229** clients undergoing TB IMS (compared to 178 for the same period in 2023).

Respectfully submitted,

Original signed by

Kavine Thangaraj
Director, Population Health Division
Chief Nursing Officer

2024 Q2 Program Reports – DRHD

Original signed by

Anthony Di Pietro

Director, Health Protection Division



Paramedic Services

Report for April – June 2024

Administration

RDPS is currently involved in recruitment activities for a Program Assistant and process improvements to address staff absences and injuries. Additionally, RDPS continues to address staff accommodations.

RDPS continues to improve monitoring with the installation of a monitor in the scheduling area and it is currently waiting the arrival of the router box to displace camera footage.

Community Paramedicine

From April to June, RDPS onboarded **136** new clients into the CP Program, and **36** new clients into the Primary Care Outreach Program.

RDPS was chosen as one of the six best performing CP programs and has been identified for an expansion program involving LTCH.

A total of **29** CP clients were put on remote patient monitoring software. RDPS continues to collaborate with LH Oshawa, where CP staff support post-surgical patients at home. The goal is for early release of these patients with CP support.

Logistics

After significant upgrades at RDPS stations and to the ambulance fleet over the past year, RDPS completed the PSRN transition to a new radio system on June 26.

RDPS Logistics has posted a job for a second permanent Logistics Stock Keeper (Coordinator) which is expected to be filled by the end of July. This will bolster RDPS resources and allow for continued growth.

Logistics took possession of **three** newly upfitted and re-designed Chevrolet Tahoe SUVs from Rowland Emergency and is in the final stages of commissioning them to be deployed on the road as command vehicles.

RDPS Logistics partnered with one of its drug suppliers to implement a program to return select expired medications for a credit, which will result in cost savings. The program started at the end of June.

On June 19, RPDS began distribution of new summer polo shirts as a new uniform item.

Operations

RDPS welcomed Patricia Sawh-Dunnigan into an Acting Superintendent role, and Tony Romano to a full-time Investigator role in Professional Standards. The hiring process for a full-time and two acting Superintendents has also begun.

The 2023 ACP class has completed its preceptorship and started its consolidation period. The ACP selection for the 2024 class has commenced.

The MOH has completed the transition from the Fleetnet radio system to Land Mobile Radio Network as a part of the provincial PSRN upgrade, resulting in improved radio reception within the region.

RDPS is in the initial stages of transitioning to Medical Priority Dispatch System to prioritize call response more accurately.

Quality & Development

RDPS completed Ambulance Call Report reviews, facilitated Return to Practice education for **four** paramedics returning from extended leave of absences, completed delivery of spring CE content, and developed educational content for the fall CE session.

Staff attended **36** community outreach events and attended Durham Region's 50th Anniversary Doors Open Event.

RDPS successfully recruited **one** full-time ACP, **two** part-time ACPs, and **45** part-time PCP positions. Onboarding education was delivered for new hires and a 'Recruitment Recognition' ceremony was held in Council Chambers. Staff also monitored field placements for **15** PCP students from DC.

Over **92** clients were rostered with Home and Community Care for the Palliative Treat and Refer program.

Respectfully submitted,

Original signed by

Troy Cheseboro
Chief/Director



Interoffice Memorandum

Date: July 26, 2024

To: Health & Social Services Committee

From: Dr. Robert Kyle

Subject: Health Information Update – July 21, 2024

Health
Department

Please find attached the latest links to health information from the Health Department and other key sources that you may find of interest. Links may need to be copied and pasted directly in your web browser to open, including the link below.

You may also wish to browse the online Health Department Reference Manual available at [Board of Health Manual](#), which is continually updated.

Boards of health are required to “superintend, provide or ensure the provision of the health programs and services required by the [Health Protection and Promotion] Act and the regulations to the persons who reside in the health unit served by the board” (section 4, clause a, HPPA). In addition, medical officers of health are required to “[report] directly to the board of health on issues relating to public health concerns and to public health programs and services under this or any other Act” (sub-section 67.(1), HPPA).

Accordingly, the Health Information Update is a component of the Health Department’s ‘Accountability Framework’, which also may include program and other reports, Health Plans, Quality Enhancement Plans, Durham Health Check-Ups, business plans and budgets; provincial performance indicators and targets, monitoring, compliance audits and assessments; RDPS certification; and accreditation by Accreditation Canada.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

*“Service Excellence
for our Communities*

UPDATES FOR HEALTH & SOCIAL SERVICES COMMITTEE

July 21, 2024

Health Department Media Releases/Publications

tinyurl.com/c9d43jn

- Durham Region Health Department weekly beach report (Jul 11)

tinyurl.com/mr45kn3a

- Pneumococcal Vaccine Program Transition (Jul 12)

tinyurl.com/rwxw3ysw

- Ontario Listeriosis Outbreak Linked to Plant-based Mill Recall (Jul 12)

tinyurl.com/mccbhtzn

- Blue-green algae found in water samples in Lake Scugog (Jul 18)

tinyurl.com/45ypycbe

- Durham Region Health Department weekly beach report (Jul 18)

GOVERNMENT OF CANADA

Canadian Food Inspection Agency

tinyurl.com/4hyx4s2v

- Statement by Minister Holland on the new CDC requirements for dogs entering the U.S. from Canada (Jul 17)

Environment and Climate Change Canada

tinyurl.com/yne79zjz

- Canada releases first results from rapid extreme weather event attribution system (Jul 9)

tinyurl.com/yfwdk8zh

- Government of Canada updates efforts to protect the environment and communities by addressing “forever chemicals” (Jul 15)

Health Canada

tinyurl.com/y5b55tcc

- All dental care providers can now provide care under the Canadian Dental Care Program (Jul 8)

tinyurl.com/5dwd2swp

- Supporting Canada’s health workers by improving health workforce research, planning and data (Jul 11)

tinyurl.com/bdf9xf3m

- Strengthening the Health Care System in Canada (Jul 12)

tinyurl.com/455986px

- New contribution program will focus on adapting to climate change to protect health (Jul 18)

tinyurl.com/5wjszr57

- Public Advisory – Health Canada is warning Canadians about the potential risks of using homemade sunscreens (Jul 19)

Public Health Agency of Canada

tinyurl.com/3f3dat6m

- Government of Canada Announces Finalists of the Type 2 Diabetes Prevention Challenge (Jul 12)

GOVERNMENT OF ONTARIO

Ministry of Finance

tinyurl.com/4a7ypcdy

- Ready-to-Drink Beverages and Large Beer Pack Sizes Available in Grocery Stores Sooner Than Planned (Jul 15)

Ministry of Health

tinyurl.com/2envvx73

- Ontario Bolstering Nursing Workforce in Emergency Departments (Jul 10)

OTHER ORGANIZATIONS

Canada's Premiers

tinyurl.com/53bd49mk

- Premiers focus on key issues facing Canadians (Jul 16)

tinyurl.com/bddj55c5

- Premiers discuss ways governments can work together to better support Canadians (Jul 17)

Canadian Beverage Association

tinyurl.com/mtbs7un8

- Expanding Ontario's deposit system is the most effective way to increase beverage container recovery: Report (Jul 15)

Canadian Institutes of Health Information

tinyurl.com/4vpe4kd9

- Nine research teams to tackle new and existing threats to lung health (Jul 18)

Canadian Medical Association

tinyurl.com/muxt3jp8

- Statement – As premiers host summer meeting, Canada’s medical associations urge action to stabilize health system (Jul 15)

Financial Accountability Office of Ontario

tinyurl.com/3pf5888j

- FAO releases Expenditure Monitor 2023-24: Q4 (Jul 17)

International Vaccine Institute

tinyurl.com/a2kkbkjt

- Foreign Affairs Minister Mélanie Joly announces Canada’s intention to join International Vaccine Institute during official visit to headquarters in Republic of Korea (Jul 18)

Ombudsman Ontario

tinyurl.com/2truuj3u

- FLS Commissioner urges Ontario to respect law; make all out-of-home advertising bilingual (Jul 12)

Public Health Ontario

tinyurl.com/bdhfrfvz

- PHO Connections (Jul 17)

World Health Organization

tinyurl.com/5n6ft8t3

- WHO prequalifies the first self-test for hepatitis C virus (Jul 10)



FRONTENAC

County of Frontenac

2069 Battersea Rd.
Glenburnie, ON K0H 1S0

 Corporate Services Department Legislative Services Division	
Date & Time Received:	July 22, 2024 8:43 am
Original To:	CIP
Copies To:	
Take Appropriate Action	<input type="checkbox"/> File <input type="checkbox"/>
Notes/Comments:	

T: 613.548.9400
F: 613.548.8460

Sent Via Email

19 July 2024

Hon. Doug Ford (Premier of Ontario)
Hon. Sylvia Jones (Ontario Minister of Health)
Dr. Kieran Moore (Chief Medical Officer of Health)
John Jordan, MPP (Lanark-Frontenac-Kingston)
Ted Hsu, MPP (Kingston and the Islands)
Association of Municipalities of Ontario (AMO)
Ontario Medical Association (OMA)
Eastern Ontario Warden's Caucus (EOWC)
All Ontario Municipalities

Re: Frontenac County Council Meeting – July 17, 2024 – Request for the Provincial Government to Recognize the Physician Shortage in Frontenac County

Please be advised that the Council of the County of Frontenac, at its regular meeting held July 17, 2024, passed the following resolution, being Motions, Notice of Which has Been Given, clause a):

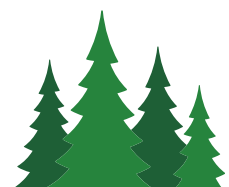
Motions, Notice of Which has Been Given

a) Request for the Provincial Government to Recognize the Physician Shortage in Frontenac County

Motion #: 133-24 Moved By: Deputy Warden Vandewal
Seconded By: Councillor Saunders

Whereas the state of health care in Ontario is in crisis, with 2.3 million Ontarians lacking access to a family doctor, emergency room closures across the province, patients being de-rostered and 40% of family doctors considering retirement over the next five years; and,

Whereas it is becoming increasingly challenging to attract and retain an adequate healthcare workforce throughout the health sector across Ontario; and,



Whereas Ontario municipal governments play an integral role in the health care system through responsibilities in public health, long-term care, paramedicine, and other investments; and,

Whereas the percentage of family physicians practicing comprehensive family medicine has declined from 77 in 2008 to 65 percent in 2022; and,

Whereas per capita health-care spending in Ontario is the lowest of all provinces in Canada, and,

Whereas a robust workforce developed through a provincial, sector-wide health human resources strategy would significantly improve access to health services across the province;

Now Therefore Be It Resolved That the Council of the County of Frontenac urges the Province of Ontario to recognize the physician shortage in Frontenac County and Ontario, to fund health care appropriately, and ensure every Ontarian has access to physician care.

Carried

Should you have any questions or concerns, please do not hesitate to contact me at 613-548-9400, ext. 302 or via email at jamini@frontenacounty.ca.

Yours Truly,



Jannette Amini, Dipl.M.M., M.A. CMO
Manager of Legislative Services/Clerk

Copy: File

2069 Battersea Road, Glenburnie, ON K0H 1S0

T: 613.548.9400 | F: 613.548.8460 | frontenacounty.ca

 Corporate Services Department Legislative Services Division	
Date & Time Received:	July 24, 2024 1:20 pm
Original To:	CIP
Copies To:	
Take Appropriate Action <input type="checkbox"/> File <input type="checkbox"/>	
Notes/Comments:	

June 20, 2024

SENT VIA EMAIL

Hon. Doug Ford MPP
Premier of Ontario
Premier's Office, Main Legislative Building
Queen's Park, Toronto, Ontario

Dear Premier,

As I know you will agree, Ontario's paramedics, police officers and firefighters are our frontline heroes, regularly putting themselves at risk to protect the rest of us.

In recent months, local resident, paramedic and former volunteer firefighter, Charles Shaw, has been advocating for paramedics and all police officers to receive the same long-service medal as exists today for firefighters and Ontario Provincial Police officers.

Our Town Council agrees with Mr Shaw, and passed the below resolution unanimously requesting the province create such medals. Here is the resolution:

Resolution 2024-206

Whereas paramedics, firefighters and police officers are our frontline heroes, regularly putting their own health and safety at risk to help others in need;

Whereas the Ontario Fire Services Long Service Medal was created in 1971 to honour firefighters who have served the public for twenty-five years or more and the Governor General's Fire Services Exemplary Service Medal was created in 1985 and 'honours members of a recognized Canadian fire service who have completed 20 years of service, ten years of which have been served in the performance of duties involving potential risks;

Whereas the Ontario Provincial Police Long Service and Good Conduct Medal honours OPP officers who have served for twenty years or more and the Governor General's Police Exemplary Service Medal, created in 1983, 'recognizes police officers who have served in an exemplary manner having completed 20 years of full-time service with one or more recognized Canadian police forces;

Whereas many non-OPP police services have similar local long-service medals within their forces, but there is not a province-wide long-service medal for non-OPP police officers;

Whereas the Governor General's Emergency Medical Services Exemplary Service Medal, created in 1994, recognizes 'professionals in the provision of pre-hospital emergency medical services to the public who completed 20 years of exemplary service, including at least 10 years in the performance of duties involving potential risk;

Whereas there is no province-wide long-service medal for paramedics in Ontario;

Therefore, The Corporation of the Town of Bradford West Gwillimbury Council:

- 1. Endorse the creation of a province-wide long-service medal for police and for paramedics, modelled after the existing such award for firefighters;*
- 2. In furtherance of this resolution, that the Mayor write to the Premier, Minister of Health, Solicitor General, Minister of Citizenship and our local MPP urging them to work collaboratively to create such awards; and*
- 3. That a copy of this resolution be sent to all Ontario municipalities.*

I believe this is a relatively simple but important measure your government could take to honour our paramedics and police officers, as we already honour our firefighters. I understand the creation of such an award would involve several different ministries, and I hope you might instruct your cabinet to work together to create this award.

Thank you very much for your consideration.

Sincerely yours,



James Leduc
Mayor
Town of Bradford West Gwillimbury

cc

Hon. Sylvia Jones, Minister of Health
Hon. Michael Krezner, Solicitor General
Hon. Michael Ford, Minister of Citizenship and Multiculturalism
Hon. Caroline Mulroney, MPP for York—Simcoe
Cllr Jonathan Scott, Town of Bradford West Gwillimbury
Mr. Charles Shaw
Ontario's Municipal Councils