

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 June 18

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## SUMMARY INFORMATION REPORT FOR JUNE 2015

### **Recommendation**

*It is recommended that Report No. 040-15 re Information Summary Report for June 2015 and the attached appendices be received for information.*

### **Key Points**

- *Be Brighter with Breakfast* (BBWB) is a comprehensive school health approach aimed at improving breakfast eating patterns among secondary school youth through education, youth engagement activities and creating more supportive environments.
- The Middlesex London Health Unit, the Strathroy-Caradoc Police Service and the Ontario Provincial Police (OPP) are collaborating on a Fentanyl Patch Return Program aimed at reducing the incidence of overdoses due to misuse of fentanyl patches.
- Ministry of Health and Long-Term Care's Healthy Community Fund – Partnership Stream funding has been discontinued.
- Between signing the MOA in May 2014 as a FoodNet Canada Ontario Sentinel Site, and the fiscal year end on March 31, 2015, a number of key operational milestones were achieved in this area.
- Tuberculosis (TB), a reportable disease, continues to rise in our community; the increasing costs associated with TB programs and service is putting pressure on the Infectious Disease Control budget.
- Bill 45, the [Making Healthier Choices Act, 2015](#), which aims to restrict the promotion and sale of e-cigarettes, ban the sale of flavoured tobacco products, and require restaurants with 20 or more locations to post caloric information on their menus and menu boards, received royal assent on May 28<sup>th</sup>, 2015.
- In recognition of World No Tobacco Day, the [Campaign for Justice on Tobacco Fraud](#) issued a media release to increase public awareness and to urge Government leaders to aggressively pursue the lawsuits that have been filed against the Canadian tobacco companies and their international parent companies for alleged tobacco industry conspiracy and fraud.
- The Mobilizing Newcomers and Immigrants to Cancer Screening Programs was a multi-agency, peer-to-peer cancer awareness and screening initiative that intended to develop, deliver and evaluate an evidence-based cancer prevention and screening service delivery model for under/never screened newcomer and immigrant populations in London (funded by the Public Health Agency of Canada).

## Background

This report provides a summary of information from a number of Health Unit programs. Appendices and links will provide further details, and additional information is available on request.

### Be Brighter With Breakfast

Studies show that breakfast is beneficial; however, as children get older often breakfast consumption declines. This was highlighted in the [Feeding our Future](#) report.

The BBWB initiative is a four year comprehensive school health initiative aimed at improving breakfast eating patterns in secondary school youth through [education, youth engagement activities](#) and creating a more supportive environment. In 2013-14, thirteen secondary schools participated in the BBWB initiative. The 2013-14 informal breakfast poll results found a 3.5% increase in breakfast eaters amongst those polled in participating schools. For 2014-15, attention will focus specifically on vegetable and fruit consumption and breakfast “*Eat in Colour ... Add Fruit and Vegetables to your Breakfast*”. To complement the BBWB school initiative, parents are learning about the importance of breakfast through a social media campaign called [Boost your Brain with Breakfast](#). The campaign used Facebook to drive parents in Middlesex London to watch a [short video](#) scripted and produced by a local secondary school.

### Fentanyl Patch Return Program

The Middlesex London Health Unit, the Strathroy-Caradoc Police Service and the Ontario Provincial Police are working together on a new initiative called the Fentanyl Patch Return Program in Middlesex County (see Backgrounder attached as [Appendix A](#)). This type of program, endorsed by the [Ontario Association of Chiefs of Police](#), is being run in various areas of the province to reduce the amount of diverted prescription fentanyl patches for recreational drug use. Fentanyl is a potent, 100 times stronger than morphine and 10-20 times stronger than heroin, pain reducing opioid that is typically prescribed for moderate to severe chronic pain. When used for non-medical purposes, fentanyl has been resulting in significant overdose deaths. The Ontario Office of the Chief Coroner reports that from 2009-2013, 549 deaths have been associated with fentanyl in Ontario and that 36 of those deaths have been in Middlesex-London. This Fentanyl Patch Return Program aims to have physicians, pharmacists and patients working together to promote the safe, effective and responsible use of fentanyl patches. The program is up and running in Strathroy-Caradoc and will be implemented in the remaining County Municipalities in May 2015. The next step is to bring the program to the City of London. Program documents for physicians, pharmacists and patients can be found on the [Health Unit Website](#).

### Middlesex London Healthy Community Partnership

In 2010/11, the Ministry of Health and Long-Term Care (MOHLTC) initiated the Healthy Community Fund – Partnership Stream, a grant to public health units to shift local policy forward to enhance the health of residents. The original vision statement for the Partnership stream was “Healthy Communities working together and Ontarians leading healthy and active lives”. Originally the Ministry identified six areas of priority for a community to select. However, over time the Ministry reduced the priorities of focus to physical activity and healthy eating. Through an in depth community consultation, physical activity was selected as the area of focus and the Middlesex London Healthy Community Partnership was formed. Since 2011, with the administrative support of the Health Unit, the partnership has been active in supporting and advocating for enhanced policies that would enable residents to increase their level of physical activity. Some examples of projects have been the endorsement of the Toronto Charter for Physical Activity, submissions to municipal official plan processes, and increasing awareness about the relationship between individual health and healthy community design. In May 2015, MOHLTC notified Medical Officers of Health that the Partnership Stream would no longer be continuing. The Healthy Communities and Injury Prevention Team will continue to support local policy initiatives that meet the Ontario Public Health Standards requirements supporting physical activity and healthy community design.

## **FoodNet Canada Ontario Sentinel Site: Highlights from 2014-2015**

Since May 2014, MLHU has been the Ontario sentinel site for the Public Health Agency of Canada (PHAC) FoodNet Canada (FNC) program. As of March 31, 2015, MLHU completed the first fiscal year of the three-year agreement with PHAC. A number of key operational milestones were achieved in 2014-2015, and MLHU is now fully operational as the Ontario sentinel site. The first fiscal year of participation in FNC is felt to have been a successful one, with benefits realized both locally and provincially. PHAC is pleased with the quality of effort delivered by MLHU, and the progress made to date as a sentinel site. [Appendix B](#) provides additional information about highlights and early successes.

## **Increasing Tuberculosis Activity and Workload in Middlesex-London**

Tuberculosis (TB) prevention and control is a public health responsibility of utmost importance. There are approximately 1,640 cases of new, active TB reported annually in Canada, including 624 from Ontario, and, on average, nine from Middlesex-London. In 2014, MLHU followed 17 new active cases and, in 2015 to date, seven new active cases have been identified, including two multi-drug resistant cases. The Infectious Disease Control Team (IDCT) performs case investigation and contact tracing for all potentially infectious active and suspected active TB cases as well as targeted screening for refugee populations. With each new active case reported, measures are established immediately to curtail spread and all close contacts are tested for TB infection. The TB workload has grown significantly since 2009 and the IDCT has responded by undergoing a team-wide, data-driven workload redistribution process resulting in more team resources being dedicated to TB management and follow-up. However, as client rosters continue to increase, particularly for physician and Public Health Nurse-led TB clinics, increasing logistical costs and nursing time put pressure on the IDC budget. Despite further assistance from within the team, there remains an inability to dedicate resources to TB health promotion activities, as listed in the Ministry of Health and Long Term Care's TB Prevention and Control Protocol and recommended in the latest Canadian TB Standards. Additional information regarding the increase of TB activity in the City of London and in Middlesex County is available in [Appendix C](#). Financial impact will be presented to the Finance and Facilities Committee in July.

## **Bill 45 – The Making Healthier Choices Act – 2015 Update**

On May 28<sup>th</sup>, 2015, Bill 45, the [Making Healthier Choices Act, 2015](#), received royal assent. The *Act* enables the enactment of the *Healthy Menu Choices Act, 2015* (Schedule 1) and the *Electronic Cigarettes Act, 2015* (Schedule 3) and enables the amendment of the *Smoke-Free Ontario Act* (Schedule 2). A brief summary of each schedule is outlined on [Appendix D](#).

## **Campaign for Justice on Tobacco Fraud**

The provinces and territories are suing or have initiated lawsuits against the Canadian tobacco companies and their parent companies for tobacco-related health care costs incurred by the governments. Trans-national tobacco companies have been proven in courts of law to have committed conspiracy, fraud and negligence; they have lied about tobacco risks, nicotine addiction, nicotine manipulation, targeting and promoting their products to youth, the risks of 'light' and 'mild' cigarettes and second-hand smoke.

[Campaign for Justice on Tobacco Fraud](#) is a national non-profit organization that aims to reduce the disease and death caused by tobacco industry products by supporting litigation against the trans-national tobacco companies for their corporate misbehavior. Attached as [Appendix E](#), is a news release that was issued to the media which profiled:

- a) That a letter from the Campaign, attached as [Appendix F](#), with over 60 signatures by health and legal experts was sent to the Attorney Generals and Health Ministers of the provinces urging for aggressive pursuit of the litigation; and,

- b) Results of a National Poll, attached as [Appendix G](#), that reveal that less than one percent of Canadians are aware of the provincial lawsuits, highlighting the need for greater public awareness about the role that the tobacco industry has played in the tobacco epidemic that public health is attempting to remedy.

More information is available on the [Campaign's website](#).

### **Mobilizing Newcomers & Immigrants to Cancer Screening Programs**

In June 2011 the Mobilizing Newcomer and Immigrants to Cancer Screening Partnership MNICSP was formed to develop, deliver and evaluate an evidence-based cancer prevention and screening model for breast, cervical and colorectal cancers targeted to newcomer and immigrant under/never screened populations in London, Ontario. Funded by the Public Health Agency of Canada, the project ran from June 2011 to November 2014. The partnership, led by the South West Regional Cancer Program included the Canadian Cancer Society Elgin-Middlesex, London InterCommunity Health Centre, and the Middlesex-London Health Unit. Two established immigrant groups, the Arabic and Spanish-speaking populations, and two emerging newcomer groups, the Iraqi and Nepalese were identified as target populations. A team of Peer Educators were employed from the target communities to conduct community-based focus groups to identify barriers to cancer screening and to test the content of the education modules and materials under development. The Peer Educators delivered a series of culturally appropriate education modules in their preferred spoken language. Local family physicians, nurse practitioners, cancer screening and treatment staff and specialists were invited to participate in three knowledge exchange events to enhance cultural their competency. To sustain the project, the Canadian Cancer Society Elgin-Middlesex has incorporated the model into their volunteer program and the resources developed and tested are available for adaptation and use in other communities. The [Project Tool Kit](#) is available online and has been shared with like-minded organizations across Canada



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