



Adam A. Donaldson @adamadonaldson

Apr 3, 2024 · 58 tweets · adamadonaldson/status/1775581914927096237

Coming up at 2 pm, it's this month's Board of Health meeting! (Busy day, huh?) Here's what is on that agenda:



MEETING PREVIEW: Board of Health Meeting for April 3, 2024

This month, the Wellington-Dufferin-Guelph Board of Health will make the seasonal transition... to meeting in-person again! And speaking of seasonal, the big presentation of the month is going ...

<https://guelphpolitico.ca/2024/03/29/meeting-preview-board-of-health-meeting-for-april...>

Chair Bridge has called the meeting to order!

Disclosure(s) of Pecuniary Interest? Nothing this month.

First up, the MoH Report. Mercer says that there are no measles cases locally to report, so she starts with the eclipse. It's important to be aware of the risks between 2 and 4:30 on Monday. It's exciting and historic, and none us will be around for the next one.



Mercer notes that it's important to observe the eclipse safety with either a pinhole camera or the appropriate glasses. Look at an eclipse can lead to significant impacts to your visual abilities.

On school immunisations, 94% of high school students are covered for measles, and similar numbers for younger kids. Getting to all this was a month's long process, as of April 2 only

109 kids on suspension, that's from 7,700 originally in non-compliance back in fall. Mercer credits a lot of mailouts and a lot of robocalls, but at least their now caught up after pandemic delays so it's just the new kids next year they have to worry about. Mercer congratulates the team on their accomplishments.

Mercer acknowledges the Chief Medical Officer's report last week and its focus on addictions. Details: <https://www.cbc.ca/news/canada/toronto/ontario-drugs-alcohol-moore-1.7159701>

Mercer notes that Ontario is losing billions due to the harm of addictions, and it's not just opioids. Tobacco is the #1 cause of deaths, then alcohol. Hospitalizations and ER visits are significant, and the CMOH has highlighted some solutions.

Mercer says that they don't want to take away people's choice, but they also don't want to be offering cannabis to young people who may not understand the risks. She also notes that there's lots of revenue for the province from these products, but have to balance the harms.

We should explore the things that the CMOH report raises and have conversations about them, Mercer says. She points out how Ontario has second lowest taxes on smoking and vapes, and that youth are "price sensitive" or what we used to call "cheap."

Also, it's possible to raise the legal age to buy smoking and vaping products from 19 to 21, especially in case of vaping where people don't see the same risks as cigarettes, or the sale of flavours, which appeals to young people. Also, what are we to do with disposable vapes?

Those vapes have batteries and if they're going straight to landfill then that's being disposed of improperly. Also, we can restrict online ads and age gate are things Mercer would like to see considered.

Alcohol? Big challenge around people who misuse, and is a burden, but it's more than restricting access because accessing treatment is not equal across Ontario. There's no detox centre in Guelph, the nearest is in Kitchener and they've got a long waitlist.

Cllr Goller points out that the City of Guelph does have separate disposal for batteries, and he intends to follow with staff about how best to properly dispose of those vapes and communicate that.

Cllr Busuttill says that she hopes this report generates a conversation about the upstream costs. Bridge adds that if you want to get into recovery, you've got to get into detox first, and that's hard to access, especially if you have limited means.

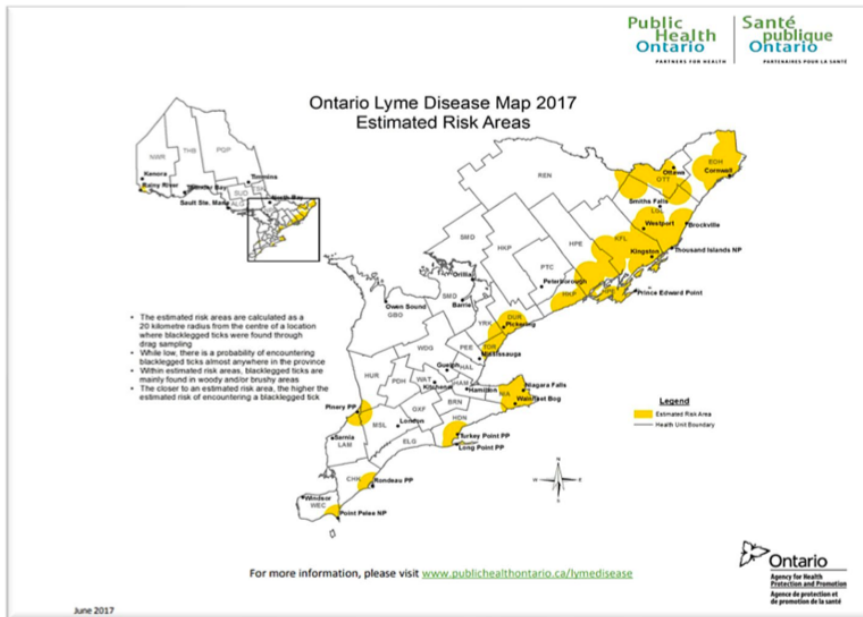
Consent agenda item: Vaccine Wastage for 2023. No one wants to pull this report, so it's approved unanimously.

Next, Vectorborne Disease Update 2023/2024 Planning, meaning diseases you catch from an insect like ticks or mosquitos. Mercer notes that it was fairly warm winter, and that means more ticks this summer!

Apparently, there's a bit of show and tell at the meeting itself with ticks. (Sadly no video)

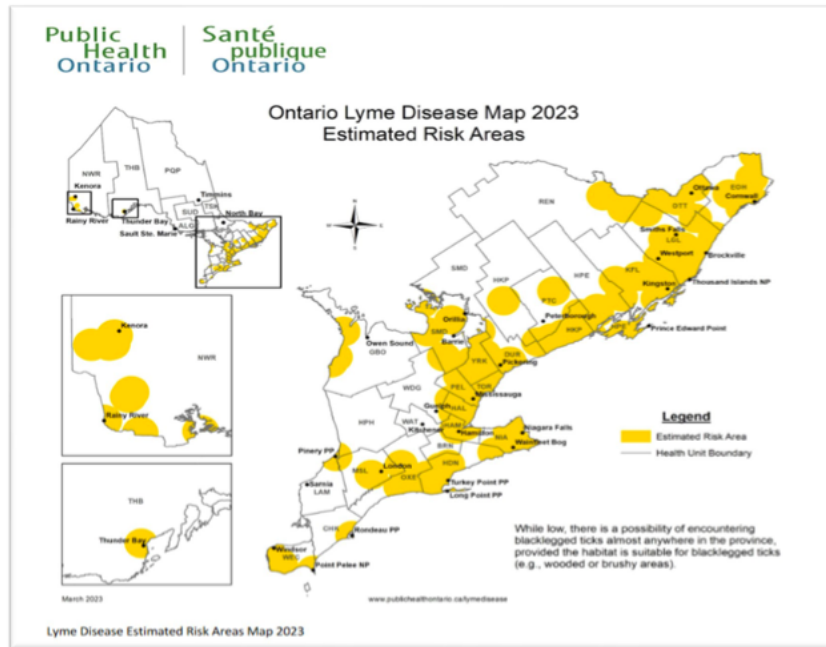
Three new diseases from ticks added to reporting in 2023, but none of them have been reported in the area yet. The primary concern now is Lyme disease.

Figure 1a. Ontario Lyme Disease Map Estimated Risk Areas in 2017.



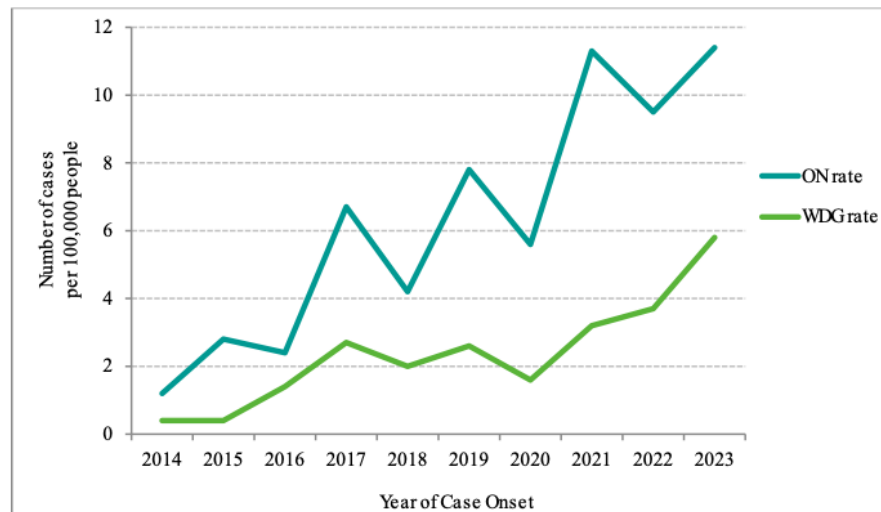
Vector-borne Disease Update: Advancing Strategies for

Figure 2b. Ontario Lyme Disease Map Estimated Risk Areas in 2023.



The good news is that we're not going up as fast the provincial average, but the bad news is that we're going up.

Figure 3: Incidence Rates of Laboratory-Confirmed Lyme Disease in Ontario and Wellington-Dufferin-Guelph, 2014-2023



Data Source: Integrated Public Health Information System, Public Health Ontario Infectious Disease Query.
Updated: Feb 20, 2024

If you encounter ticks and are concerned, you can walk into a Public Health office, or you can submit online at [.wdgpublichealth.ca/ticks](https://wdgpublichealth.ca/ticks)

WDGPH is looking at three priority groups for exposures, including homeowners, people enjoying outdoor rec and work exposure. The homeowners is a new one, people in the backyard doing gardening or hanging out on the patio are reporting ticks.

To combat the rise in ticks and to make people more aware, public health is looking at landscaping, signs for trails and parks, and outreach to municipal partners with info to share with outdoor staff.

Public Health will also be launching a vector borne disease dashboard in the next few months so you can see the data for yourself when it comes to ticks and mosquitos. It will be similar to other disease surveillance sites run by WDGPH.

Goller asks if there's a program similar to the larvicide program for ticks. Phil Wong, Director of Health Protection says now, ticks are literally a different animal.

Cllr Caton asks about the Clean and Green clean-up, is that an opportunity to raise awareness? Wong says yes, and he will take her up on that opportunity.

Motion to receive the report for information approved unanimously.

Next, Injury Surveillance and Prevention. Julian Martalog, Manager of Health Analytics, explains that this explains the trends in ER visits for injuries and deaths caused by injuries. He says there's a concerning increase in injury rates across community.

More than half the people rushed to the ER are going because they fell and most of them fall at home. In kids that's a sports injury or home accident, and for young adults that road accidents and self-harm are leading causes of injury.

Martalog says that this report is meant to provide a starting place for injury prevention. The challenges are significant, but community partners and other ongoing work put WDG in a good position to create more safety.

Wanna see the injury dashboard? Check it out here: <https://bi.wdgpublichealth.ca/injury-trend-dashboard/>

Motion to receive the report for info passed unanimously.

Adopting the Quality and Impact Performance Framework. Dr. Matthew Tenenbaum, Associate Medical Officer of Health, explains that this is meant to help show the impact of public health on all its various endeavours and share that with the community. Sometimes its obvious, but...

...sometimes its not. This will help PH orient its own programming so that they know they're being effective, but also making it clear about outcomes to both the funders (like the Ministry of Health) and the broader community (you). It will streamline processes, and save time/💰

Tenenbaum says that this process let them have challenging conversations about what makes a program effective and how they can be made better. He says that they're still pulling data and refining things, and there will be more to share as the tool matures.

Tenenbaum has been asked if any thing like this has been tried before. He says there's no formal set of standards province-wide, but one of the reasons they're doing this is to make a case to ONgov that it can be done.

Motion to receive the report for info approved!

Next, Rabies Program Benchmarking Project. Doesn't happen so much in humans, but happens a lot in animals and it can be fatal for humans in those rare cases. Mercer says they reviewed the program to see if there's any way they can improve.

Paul Medeiros, Manager of Environmental Health, says that they found that the program was well run, but there's still room for improvement. There were six recommendations:

1. Implement an online animal bite reporting form to directly upload information to InputHealth, Hedgehog, or other internal databases.
2. Refine the process regarding clients calling CCS about animal bites.
3. Establish a consistent process between EH and Health Analytics.
4. Better tracking of detailed indicators for dashboard development.
5. Conduct an annual program review to ensure standards are met.
6. Share more information about rabies investigations with the public and partners to promote understanding of the rabies program.

Rabies occurs in a 2-1 ratio dogs to cats, but it pops up in all kinds of animals, Medeiros says. Horses are not unusual for rabies, and last year they even had an exposed rooster.

Motion to receive the report for information approved!

Next, Naloxone Distribution. Camille Loucks, Manager Clinical Services is presenting, who notes that WDG has been part of this program from its inception and it's a very important part to the region's harm reduction strategy.

The kits are free, but public health and their partners do like to make sure that people know how to use them properly. Loucks also notes that part of the job is reducing stigma so that people can feel comfortable seeking help.

She also notes a wellness fair in Wellington County coming up in May, and the Drug Strategy is doing a harm reduction session at the Museum and Archive also in May.

Busuttill asks about partnerships with school boards and the U of G. Loucks says that's handled separately. Caton asks about liability if transit drivers carried it. Loucks says she doesn't believe there's a liability there since it's fairly safe, especially nasal version.

Gardhouse asks if there's a best before date. Loucks says there is, because it's a medication. They also don't tolerate high heat or high cold, so you can't just leave it in your car.

Motion to receive the report for info approved!

Next, Artificial Intelligence for Enhanced Public Health Outcomes.

A resolution is being brought to the Association of Local Public Health Agencies by staff members at a couple of different public health authorities to ask the Ministry of Health to look at ways that A.I. can be used to help deliver public health programs and services

WDGPH already uses A.I. for the chatbot, which can answer basic questions and provide basic information any day, any time. Mercer says they have an opportunity to start a conversation about using A.I. as a tool at public health.

Full Resolution:

TITLE: Artificial Intelligence for Enhanced Public Health Outcomes

SPONSOR: SMDHU, WDGHU

WHEREAS artificial intelligence (AI) has the potential to revolutionize public health by improving disease surveillance, health promotion, health protection, and service delivery; and

WHEREAS AI-driven technologies can significantly aid in the analysis of large datasets, leading to more accurate and/or rapid identification of public health trends and outbreaks; and

WHEREAS the integration of AI in public health can enhance health promotion and health protection interventions; and

WHEREAS ethical considerations, including data privacy, bias, and transparency, are paramount in the deployment of AI technologies in public health; and

WHEREAS there is a growing need for public health professionals to be equipped with knowledge and skills in AI to effectively utilize these technologies; and

WHEREAS collaboration between local public health agencies, technology experts, and policymakers is essential for the responsible and effective implementation of AI in public health; and

WHEREAS there is an opportunity to leverage AI for addressing health disparities and promoting health equity across different populations;

WHEREAS a proactive approach would position public health agencies as beneficiaries of the technological evolution and as contributors to the ethical and impactful use of AI in improving public health and wellbeing.

NOW THEREFORE BE IT RESOLVED that aPHa write to the Ontario Minister of Health to provide background information on the transformational possibilities of AI tools in the future delivery of Public Health programs and services.

AND FURTHER that aPHa call for increased academic investment in data stewardship, AI research, training, and development focused on public health applications and post-

secondary educational programs through the Ontario Minister of Colleges and Universities;

AND FURTHER that aPHa acknowledge the transformative potential of Artificial Intelligence (AI) and other emerging technologies as pivotal tools for the future across all sectors of industry and society, and support public health agencies carefully leveraging these tools to enhance health outcomes, improve service delivery, and increase operational efficiency.

AND FURTHER that a copy of this resolution be sent to the President and Chief Executive Officer of Public Health Ontario and to the Chief Medical Officer of Health of Ontario.

Mercer says that we saw how something like email was able to radically change business, and there's an exciting opportunity here to help guide how A.I. is going to change things. It's not a matter of if, but when, and we need to react now in order to use A.I. to enhance work.

Motion to receive the report for info approved!

Motion to approve the aPHa resolution passed!

Now, the board will move into closed session to hear the Human Resources Committee verbal report. Bridge says nothing's going to come out of that, so this meeting is essentially over.



@threadreaderapp unroll please!