

A Collaborative Health Promotion Approach

Presented by: Wayne Fletcher
May 31, 2012.

- 2008 – Community coalition approaches Toronto MOH and Board of Health for assistance
- 2009 - Coalition formed to fight bed bugs(2 PHI assigned)
- 2010 – 2 PHI Specialist assigned and 5 pilot projects.

2011 Bed Bug Program

- One time provincial funding
- Emphasize coordination with other local services
- Provide education and awareness
- Provide supports to vulnerable populations

Team: 6 PHI, 3 PHN and 2 managers(PHI, PHN)

Objectives: (environment and person)

- Respond to complaints related to bed bug from the public
- Landlord tenant relationship
- Pest control committee, community capacity building
- Support vulnerable clients - Extreme Cleaning(talk about later)

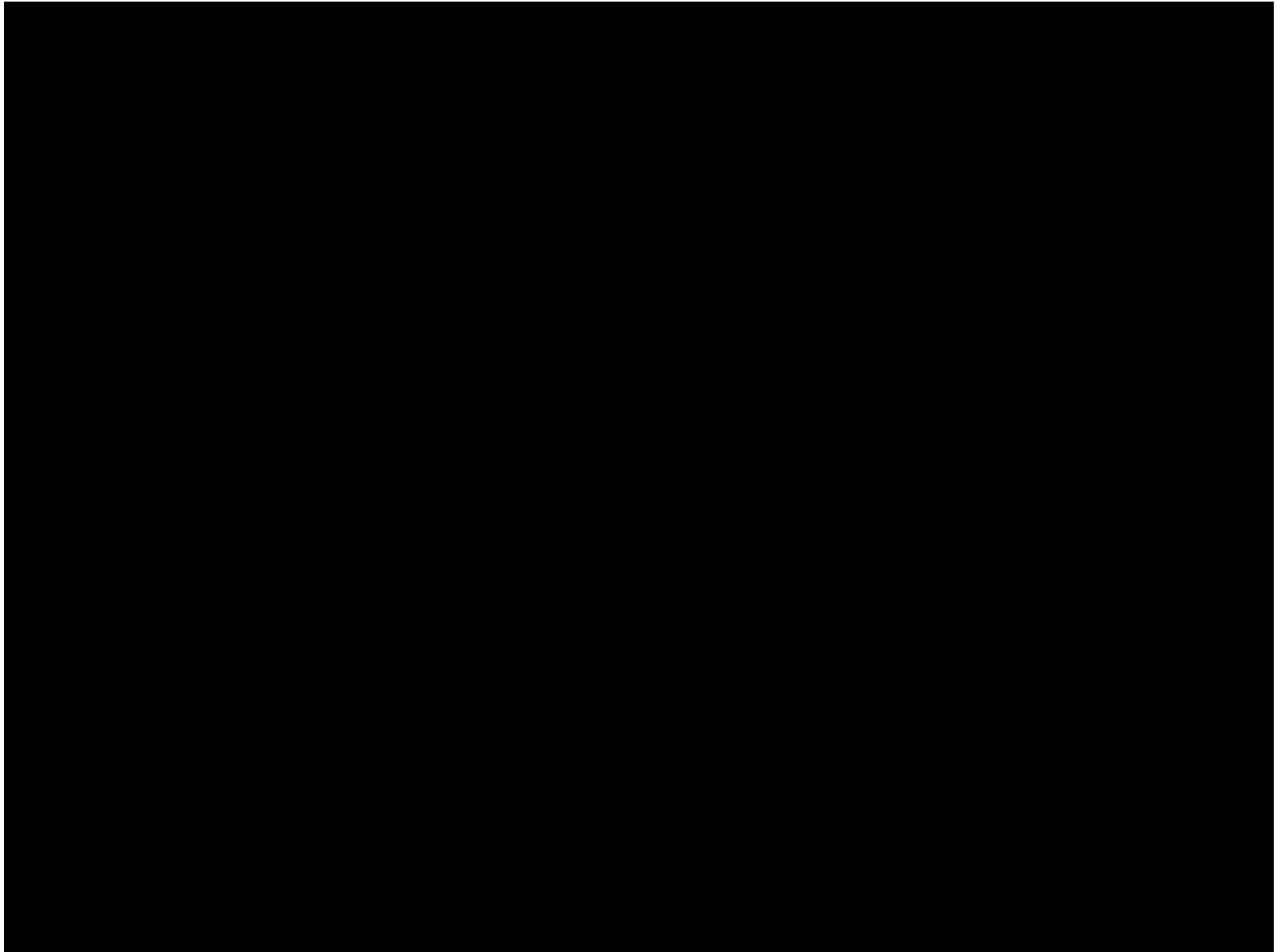
- Nursing interventions –client health assessment, family, agencies
- Advocate on behalf of the client for services(clinics, meals on wheels, social services, nursing agencies)
- Education – tenants, landlords, agency staff, police, fire, teachers, parents, Health fairs, displays, fact sheets(language)

Vulnerable clients

(definition for the purpose of the program)

Clients, due to physical, health, mental or financial reasons, are unable to properly prepare unit for effective pest control treatment, regardless of age, gender, sex, race. Also includes clients suffering from addiction and those who would normally lose their housing as a result of bed bugs

Actual Cases





Seek help in battling bed bugs, Scarborough meeting told

"That's why we have good neighbours," Fletcher suggests, adding the woman, if she's in that situation, could call relatives to help. If you're in a building, Fletcher adds, form a group.



"Call it the bed bug committee, call it the health committee."

Stakeholders That Made The Program Successful

- Landlord
- Tenant associations
- City Departments
- ODSP
- Hospital
- Local clinics
- Social worker Support Agency
- Housing shelter
- Nursing Agencies
- Pest Control Companies
- Extreme Cleaning companies
- Furniture Bank
- Clients family(very important), neighbour

- Interdisciplinary collaboration between PHI and PHN
- Network partnership with several community stakeholders
- Removal of source infestations in multi-dwelling buildings
- Prevention of loss of housing for vulnerable
- Improved health status of client, health equity

- Increase awareness and response to bed bug infestation.
- Proactive approach by landlords in dealing with bed bug infestations – increase calls to Public Health for assistance
- Development of pest control policies in multi dwelling buildings – block inspection, schools, emergency response workers.



- Funding availability
- Bed Bug infestation is a result of several underlining issues(mental illness, disabilities, hoarding, poverty, habits that supports infestation, re infestation)
- Continuous commitment by tenants and landlord to a consistent pest control program

- Seniors building without health clinics or visiting doctor.
- Extreme cleaning – very costly, difficult, labour intensive and time consuming.
- Socio-economics of the community
- Social exclusion of client

Few lessons learnt:

- Social worker needed to support both PHI/PHN and client
- Politically, bed bug not on priority of politicians at this time – community need to continuously advocate for intervention
- Senior population growing and aging – requires more health care resources

Thank you

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