



BOARD REPORT

Friday, February 20, 2009



Medical Officer of Health

REPORT TO THE BOARD

Friday, February 20, 2009

On-Call and Emergency Plan Manuals

The Ontario Public Health Standards 2008 include a new program standard called Public Health Emergency Preparedness.

The protocol associated with this standard gives the purpose: “to provide direction regarding the implementation of measures that will prepare the board of health to respond to emergencies. Defined as “a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, a accident or an act whether intentional or otherwise.”

There are fourteen requirements listed in the protocol. Seven of these protocols require the board of health to have a 24/7 response. Specifically the board is required to have an up to date on call schedule or rota for performing on-call duties.

The Board of Health for the Grey Bruce Health Unit has had such a policy since 2001 with a last revision in August 17, 2007, (IV-50-0 and IV-50-1). That revision aligned our record keeping with the new requirements so that we can report a comparison of 2007 and 2008 after hours calls.

**Grey Bruce Health Unit
2007/2008 On-Call Emergencies Summary**

	2007		2008	
	Number of Calls	Number of Hours Spent	Number of Calls	Number of Hours Spent
Emergency Preparedness	1	0.17	0	0
Environment	0	0	10	2.67
Food Safety	1	0.25	3	2
Health Hazard Prevention & Management	23	13	15	5.62
Infectious Diseases Prevention & Control	114	74.52	131	69.57
Rabies Prevention & Control	30	25.75	82	56.42
Safe Water	50	13.51	114	32.5
Total	219 calls	127.20 hrs	355 calls	168.78 hrs

The Grey Bruce Health Unit uses Hawthorn Answering Service to receive the calls from the field and the on-call manager now carries a blackberry device for receiving calls from Hawthorn. The Medical Officer of Health is available 24/7 by blackberry, home phone, text and e-mail. The majority of the calls are handled by the on-call manager.

GBHU has developed a comprehensive on-call manual which contains the procedures for after hours response, various forms that may be used, and the emergency phone and contact numbers. This manual is updated monthly or as needed. The on-call manual and the Health Unit Emergency Plan are available on the intranet, on a memory stick in the on-call kit, and in hard copy at the health unit. The Health Unit last exercised the emergency plan in 2007 and completed a table top phone exercise in 2008.

Hazel Lynn

Program Report February 2009



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Program Report is issued on a monthly basis to inform our board and community partners of our activities.

The highlighted programs are featured in this issue...

DIRECTOR, HEALTH PROMOTION: Maureen Handley

Lynda Bumstead

Chronic Disease Prevention
Early Detection of Cancer

Sarah Ellis

Healthy Babies
Healthy Children

Carrie Griffith

Reproductive Health
Child Health

Denna Leach

Sexual Health
Injury Prevention
Substance Misuse Prevention

Linda Davies

Tobacco Projects
Smoke-Free Ontario Act
Tobacco By-law Enforcement

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DIRECTOR, HEALTH PROTECTION: Chris Munn

Karen Sweiger

Vaccine Preventable Diseases
Rabies Control
Travel Services

Andrew Barton

Food Safety
Health Hazard
Emergency Planning

Lou D'Alessandro

Safe Water
Dental Services
Environment

Susan Shular

Control of Infectious Diseases
Pandemic Planning
West Nile Virus
Tuberculosis Control

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CRYSTAL METH USE IN GREY BRUCE

Methamphetamine use is a significant Public Health risk with a devastating and far-reaching community impact beyond what is seen with other substance use. Sharing equipment to inject or smoke crystal meth increases the risks of bloodborne infections such as HIV/AIDS and hepatitis B and C. Unsafe sex practices and the associated risk for sexually transmitted infections increase when under the influence of methamphetamines.

The user not only puts their health at risk and in some cases their children, but manufacturing the product puts the community at risk. This includes those who live in the environment or the service providers called to work in the home or to deal with after effects of a lab. Public health nurses, lay home visitors and public health inspectors fall into this category.

Public Health is participating on a steering committee to assess the nature and extent of the problem, engage community stakeholders and identify opportunities for action. Funded by the Grey Bruce Community Health Corporation, a consultant's report on findings and recommendations is expected in March. Financial support to address the recommendations is currently being sought. Bruce County has allocated \$15,000 and meetings are set with Grey County to discuss possible contributions.

AGING AT HOME: FALLS PREVENTION

Funded by the Ministry of Health and Long-Term Care, Public Health is leading the planning, development and coordination of the *Aging at Home: Falls Prevention* strategy. Partners include the Southwest Community Care Access Centre (CCAC), Closing the Gap, Grey Bruce Health Services, Grey Bruce District Stroke Centre, Para Med, Victorian Order of Nurses, Red Cross, Community Coalition for the Prevention of Falls in Older Adults, Osteoporosis Canada, City of Owen Sound and the Owen Sound Family Health Team.

Outcomes during Phase I:

- Training of 57 new personal support workers (PSWs) and recertification of 42 PSWs in the Home Support Exercise Program
- Development of a self-screening tool for older adults at lowest risk, a multi-factor screen for moderate risk and a multi-disciplinary assessment for those at highest risk
- Enhancing capacity of the health care sector by providing educational sessions to CCAC case management staff, nursing agencies and care partners
- Implementation of a social marketing strategy that includes an earned media campaign and presentations to the local Geriatric Nursing Association, Owen Sound family health team and to municipal councillors
- Development of a community audit process that will be piloted in two communities during Phase 2

Owen Sound and Walkerton will host a Falls Prevention forum in March. Older adults will participate in self-screening, obtain supportive information and offer feedback on the community audit tool.

CANCER IN GREY BRUCE 1986 - 2004

A report on cancer in Grey Bruce from 1986 to 2004 was released to the media on January 29. The report focuses on the number of new cases and the number of deaths due to five common and/or screenable cancers: lung, colorectal, breast, prostate and cervical. Cancer is the second leading cause of death in Grey Bruce after heart disease, and the number of new cases diagnosed each year is increasing. Data in the report will guide Public Health programs and services to help reduce the incidence of preventable cancers in our area.

REPRODUCTIVE HEALTH

Prenatal education increases breastfeeding initiation and specific health behaviours during pregnancy. Education also increases parents' knowledge and confidence with their birth. Public Health makes prenatal education available through group sessions, learning materials and one-to-one home visits.

In 2008, over 450 parents attended *Healthy Start* prenatal classes. Last year, 65 parents identified as at higher risk of having low birth weight babies accessed *Healthy Beginnings*, a prenatal group session focusing on healthy nutrition and lifestyle for families. Fathers account for nearly 50% of those attending prenatal classes.

In addition to prenatal education through group sessions, 933 pregnant women were screened for risk factors that would qualify them for the Healthy Babies Healthy Children program. The screening provides another opportunity for education and additional support through home visiting during the family's pregnancy and post-partum period.

HEALTHY BABIES HEALTHY CHILDREN 2008 REPORT

Healthy Babies Healthy Children (HBHC) 2008 report shows Grey Bruce consistently exceeds the provincial standard for prenatal screening. Effective partnerships between Public Health, local hospitals and delivering physicians assist to achieve these results. The earlier a family can be screened for risk factors, the sooner Public Health can put supports into place to assist the family in having the healthiest baby possible.

The number of at risk families in the postpartum period remained relatively constant over the past three years. These families require intensive intervention to support parenting skill development and to access basic services such as safe housing, nutritious foods, financial assistance and substance abuse prevention programs. The number of at risk families will be monitored closely in 2009 to assess the impact of the declining economy.

Public health nurses and lay home visitors made over 2,500 visits to high risk families last year. In 2009, HBHC will create opportunities to meet families outside of the home and link them with community resources. Alternative visit locations will be used, including Ontario Early Years Centres and local libraries.

Statistic	2008	2007	2006
Pregnant women screened prenatally Ministry Standard 25%	96% (933)	98% (1076)	97% (935)
Pregnant women scoring at risk	25% (232)	25% (274)	30% (273)
Live Births	1394	1365	1313
Families scoring at risk on postpartum screen	612	627	540
Families contacted after hospital discharge Ministry Standard 100%	96% (1321)	99% (1341)	98% (1266)
Families contacted within 48 hours of hospital discharge	1049	1121	1013
Families receiving postpartum home visit Ministry Standard 75%	51% (543)	54% (609)	58% (595)
Average visits per family per year	11	10	10
Family visits by public health nurses and parent support workers	2582	2422	2809

LEGISLATION PROHIBITS SMOKING IN MOTOR VEHICLES WITH CHILDREN

On January 21, 2009, the *Smoke-Free Ontario Amendment Act 2008* came into effect. This legislation prohibits persons from smoking or having lighted tobacco in a motor vehicle if another person younger than 16 years is inside. The law protects children from the harmful health effects of exposure to second-hand smoke.

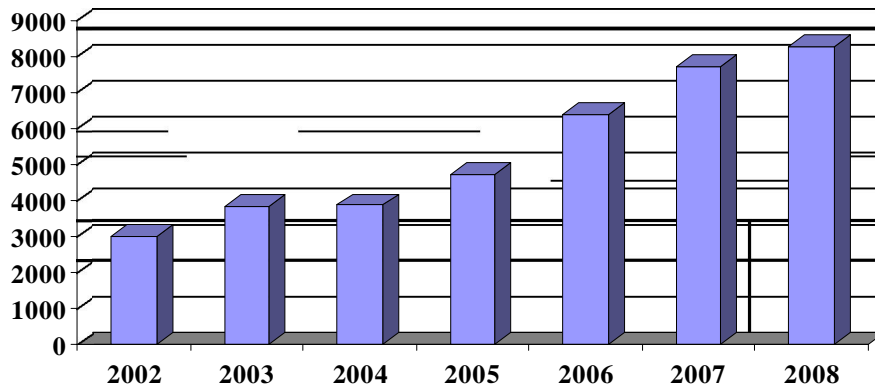
Public Health support included news conferences in Owen Sound and Walkerton with a panel comprised of local police, the Medical Officer of Health and youth advocates. Media events are part of a comprehensive public education campaign targeting parents. High levels of public support for this legislation suggest most Ontarians will voluntarily comply with the new law.

Police officers will enforce the law, which applies to both moving and stationary motor vehicles. A police officer can issue a set fine of \$125 (excluding costs) with a maximum fine of \$250. Police must witness the infraction themselves to lay charges, and they have the authority to stop a vehicle to determine compliance.

INFLUENZA CAMPAIGN

In 2008, nurses in the Vaccine Preventable Diseases (VPD) program provided influenza vaccination to 8,286 Grey Bruce residents, 550 more injections than last year. VPD staff distributed over 57,000 doses of influenza vaccine to hospitals, medical offices, long-term care facilities, correctional facilities, nursing agencies and workplaces.

Number of Influenza Vaccine Doses Administered by Health Unit Nurses, 2002 - 2008



News releases, media interviews, purchased media, displays and presentations to health care professionals and the public were all used to promote influenza vaccination. Fifteen community clinics were offered in addition to providing influenza immunization at the Owen Sound and Walkerton Health Unit offices and the Plex in Port Elgin.

Ontario is one of the only jurisdictions in the world to offer universal influenza vaccination. Research by the Institute for Clinical Evaluative Sciences suggests that the universal program annually prevents 300 deaths, 1000 hospitalizations, 30,000 visits to the emergency department and 200,000 visits to doctors' offices. Influenza-related deaths in Ontario have decreased by 74% compared to only 57% in the other provinces combined.

ENVIRONMENT PROGRAM UPDATE

Sewage permit applications accounted for almost half of all environment program activities in 2008, followed by municipal planning, compliance requests and building alterations. Compliance requests are likely to increase this year due to economic trends. Upgrading and sales of second homes used as recreational properties is expected to increase and reduced bank interest rates will stimulate the sale of lower priced cottages. Demand for sewage permits should remain constant in the southern Bruce County and Lake Huron municipalities as the local nuclear facility is currently in a re-start phase and is actively recruiting employees.

Environment Program Activity 2008

