



BOARD REPORT

Friday October 16, 2009



Medical Officer of Health

REPORT TO THE BOARD

Friday, October 16, 2009

Wind Turbine Public Forums

The Grey Bruce Health Unit and the District Office of the Ministry of the Environment held two public information meetings reviewing wind turbines and the possible health risks and effects of this technology. Meetings were held October 1 in Owen Sound, and October 6 in Walkerton, with about 120 people attending each session.

The events were designed to inform about wind turbine power generation and provide a balanced approach to looking at the technology which is in place or coming to select communities across Grey Bruce. The presentations by Dr. R Copes (OAHPP), Rick Chappell (District Manager, MOE) and myself were put together for information and background.

The public question period was largely dominated by the self-described “victims of wind turbines” and the “health over wind” groups of protesters. Unfortunately, residents with questions and those in favour of the technology were unable and unwilling to present their questions/opinions in the open forum. Following the public sessions, several residents in favour of the wind developments came up to offer their opinion and subsequently several others have also contacted us by e-mail stating that they are happy with the new choices for their communities.

In the second meeting we attempted to get the participants to start to think of ways to make the new technology more acceptable in their communities. Thus we asked if the speakers would give us ‘messages’ for the provincial government, the wind energy industry, and their community (municipal government). This was slightly more positive than just hearing the distressed people vent. A summary of the input we received follows:

Government

Improve communication- e.g., How setbacks/noise levels were determined; Why wind turbines for alternate energy? Have a process to communicate with individuals who have questions so that their concerns are addressed. Many wanted more transparency of the government’s relationships with the wind energy industry. Minutes of past forums and consultations should be available for the public including information from third party study – not government or industry. A major concern was with the use of the terms “receptors” in reference to those who have turbines on their properties, “disbenefit” and “not in my backyard” or “nimbyism” in reference to those against wind turbines.

Change legislation – Input from local planning should be included along with the provincial plan. Identify occupational hazards with Ministry of Labour looking into setbacks for barns, workshops, etc. More carbon credits would be achieved by ‘scrubbing’ the coal plants rather than putting up wind turbines. Review cost effectiveness of wind turbines.

Fund Research- Funding research of electrical effects, health effects of numbers and spacing of turbines, sound measurement and alternate green energy options.

There were lots of suggestions as to what should be studied but no real research questions or understanding of how scientific research is conducted. Many “victims” wanted their health complaints studied and they were quite adamant that others should expose themselves to experiencing the same phenomenon.

INDUSTRY

Communication with residents- There was a lot of discontent expressed regarding dismissing health concerns, use of term receptors, difficult contracts to understand (need a lawyer), gag orders on people who have been ‘paid off’, no public disclosure of where and when the turbines will be installed and a general lack of response to concerns.

Process- The practice of initially signing up the large landowners so that the small ones are affected, whether they like it or not, is resented by the smaller landowners. No consideration of future impact over the long term is included in the contracts.

Poor Technology- Many felt there is a need to improve the electrical connections into the distribution system; several felt that this is not being done correctly.

COMMUNITY

Concerns were expressed about community relationships and rifts between those neighbours with turbines and those without.

It was identified that communities need to be educated and knowledgeable about the issues. Local politicians need to “stand up for the well-being of the local communities” but no real suggestions on how this is decided and what would be the goal of the initiatives, as well there is a need to communicate with residents as to the plans for their communities.

OTHER COMENTS (a selection)

- Put wind farms where there are no people.
- Noise of turbines is unlike any other noise; ‘not normal noise’.
- What does unofficial regulation mean?
- Release compensation from disaster relief fund.
- Visual pollution is an issue.
- Come and live in our houses.
- How can wind energy be considered a farming concept?

CONCLUSIONS

There is a minority (possibly about 8%) of residents who are experiencing health effects they attribute to wind turbine exposure. This group is organized, well connected to similar groups across the province and extremely vocal. There is a lot of miss-information or lack of information regarding the industry, government plans and the process of engagement with the wind energy industry. Many communities are deeply divided on the issues with the silent majority accepting the technology and seeing some personal benefit from it while others feel that their whole way of life has been destroyed.

Hazel Lynn

PROGRAM REPORT

OCTOBER 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

Oral Health Services

Denna Leach

Sexual Health

Injury Prevention

Substance Misuse Prevention

Linda Davies

Tobacco Projects

Tobacco Control Act

Tobacco By-law Enforcement

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DIRECTOR, HEALTH PROTECTION: Chris Munn

Karen Sweiger

Vaccine Preventable Diseases

Rabies Control

Andrew Barton

Food Safety

Health Hazard Investigation

Emergency Planning

Lou D'Alessandro

Safe Water

Environment

Susan Shular

Control of Infectious Diseases

Pandemic Planning

Vector Borne Diseases

Tuberculosis Control

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HEALTHY COMMUNITIES

The *Ontario Public Health Standards* place a great deal of emphasis on the social determinants of health and mandates health units to work in concert with community partners; “public health not only acknowledges the impact of the determinants of health but also strives to influence broader societal changes that reduce the health disparities and inequities by coordinating and aligning its programs and services with those of other partners.” Similarly, the role of municipalities in addressing community health is reflected in Ontario’s *Provincial Policy Statement* (Ministry of Municipal Affairs and Housing, 2005). The *Policy Statement* is built on the principle that “strong, liveable and healthy communities enhance social well-being and are economically and environmentally sound.” Additionally, the Ontario Professional Planners Institute released a 2007 position paper *Healthy Communities, Sustainable Communities* focusing on the links between public health and land use planning with an emphasis on urban design, active transportation and green infrastructure. To that end, Public Health is building partnerships with municipalities to support healthy community development.

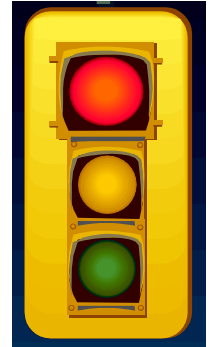
A deputation to Town of Saugeen Shores council on August 24, 2009, was a first step towards initiating an enhanced partnership between the municipality and the Grey Bruce Health Unit. Council acknowledged the benefits of working together as both organizations’ mandates support healthy public policy to positively influence the environments where people live, work, play and learn. Meetings are planned this fall with health unit and municipal staff to identify common areas for collaboration.

REVISED GREY BRUCE HEALTH UNIT PANDEMIC INFLUENZA CONTINGENCY PLAN

The World Health Organization's declaration of the H1N1 influenza pandemic in June 2009 led to the review of many response plans and resources including the Grey Bruce Health Unit's *Pandemic Influenza Contingency Plan*.

The 2006 version of the plan was comprised of five levels of response: *Preparation, Response Levels 1, 2 & 3, and Recovery*. To improve clarity, the *Response* levels have been merged into two levels. A *Yellow Alert* indicates a novel strain has been identified but local disruption remains minimal; this is a stage of heightened readiness. A *Red Alert* indicates a high level of response is required to deal with the local situation.

All contact information for community partners and organizations are now maintained in *Appendix B* of the *Emergency Response Plan*. This password-protected, confidential list is updated regularly and available for any emergency situation, including a Pandemic. The *Emergency Response Plan* can be found on our website and links to a variety of fact sheets, resources and useful links.



ENHANCED SURVEILLANCE DIRECTIVE FOR SYPHILIS

Between January 1 and June 30, 2009, cases of syphilis in Ontario increased by 66% compared with the first six months of 2008.

The new enhanced surveillance directs syphilis cases must now be entered into the provincial infectious disease database within one business day of notification. Follow up must include relevant travel history, all known information on contacts, a complete listing of risk factors and the stage of syphilis.

The analysis of the detailed data will assist with timelier prevention strategies. Recent cases are being analysed for geographic linkages, co-infection with HIV and if specific populations are being affected. The enhanced surveillance will increase our ability to intervene in a more effective way and reduce transmission.

YOUTH ENGAGEMENT BRIDGE FUNDING

The Ministry of Health Promotion is developing a new youth engagement framework targeted for roll out in spring 2010. In the meantime, the Ministry has made bridge funding available to local health units to facilitate continued youth engagement in health promotion activities around tobacco use reduction and related chronic disease prevention. The Grey Bruce Health Unit will receive \$18,631 this fall to support the continuation of some of the work previously funded through the Youth Action Alliance program.

The funding will be used to support the work of youth coalitions in Kincardine, Owen Sound, Hanover and Saugeen Shores. The area youth coalitions will plan and implement community-based activities and events throughout the fall. Scheduled for November, the second annual *Youth Summit* will bring youth and adults together to explore issues of importance to youth. Our youth-focused website www.targetyouth.ca will be updated with new content and a redesigned front page. Co-op students and volunteer youth will work with staff on a variety of health promotion initiatives.

HURON-KINLOSS SEPTIC RE-INSPECTION

In the spring of 2007, the Municipality of Huron-Kinloss initiated Huron-Kinloss Community Septic Inspections (H-KCSI). This program is a proactive step addressing the possibility of septic system effluent affecting surface and groundwater quality. The project was developed in response to requests from property owners and is designed to complement the existing water quality monitoring program that tests bacteria levels in tributaries flowing into Lake Huron.

The Grey Bruce Health Unit is under contract with the municipality to conduct the re-inspection of on-site private sewage systems. In 2009, the H-KCSI targeted residents of Bruce Beach, Point Clark, Kinlough and properties west of Hwy. 21 to Lake Range Drive. The project targets approximately 400 re-inspections annually. By the end of August, the total of inspections stood at 275 sites visited. The systems are graded as a high, medium or low risk. There were 13 high risk systems identified with six classed as an environmental hazard and seven as structurally unsafe. Ninety-seven systems were deemed medium risk due to age and the remaining 155 were classed as low risk.

The high risk systems are in the process of either being replaced or repaired to meet the *Ontario Building Code* standards. Five high risk systems being replaced received financial assistance through grant opportunities available through the local Source Water Protection Committee.

PRENATAL CLASSES

Prenatal education is offered in a variety of formats, including prenatal education classes, home visits and provision of resources such as the book *Let's Grow a Healthy Baby*.

In 2008 and 2009, a comprehensive evaluation of the Healthy Start prenatal classes took place. This included an in-class component to see what participants felt about the classes immediately following completion and a post-class component conducted approximately six weeks after participants had delivered their baby.



Preliminary findings indicate:

- Two thirds of participants attended classes in Owen Sound. The vast majority of participants were referred to the program by their family doctor.
- 95% of respondents felt somewhat or very prepared for birth immediately following the class whereas, only 85% indicated they felt somewhat or very prepared for birth when answering the post-class survey.
- Just over 97% of respondents felt somewhat or very prepared for parenting immediately following the class whereas, only 72% felt somewhat or very prepared for parenting when answering the post-class survey.
- Both groups felt that labour and delivery and breastfeeding were the most important topics covered.

Further analysis of the information and a comprehensive report will be used to assist future program planning.

EMERGENCY RESPONSE IN ACTION

A tornado touched down on August 21, 2009 in several communities in Grey Bruce including: Durham in West Grey, Markdale in Grey Highlands and the Blue Mountains. The tornado caused considerable damage and one fatality. The majority of clean-up operations were carried out by the municipalities and volunteers. Public Health staff was on hand to take their position at the Emergency Operations Centre, although, in this case, our role was limited to queries about the evacuation centre and production of food for volunteers. Our role would have been significantly larger if more sizeable infrastructure damage had occurred.

On September 2, the Municipality of Grey Highlands declared an emergency as part of the process dealing with the tornado damage. The fire department was also dealing with a dump fire. Just two days later, fire and police services, the Municipality of Grey Highlands, the Ministry of the Environment (MOE) and the Grey Bruce Health Unit (along with other agencies) were once again working together when faced with the fire at the Chapman's Ice-Cream plant in Markdale. Good preparedness on the part of Chapman's and brave work by up to 100 fire fighters resulted in no injuries although there was significant property damage. Potential direct environmental health effects were from the smoke plume and water run-off. Secondary issues included the security of the water system, which was heavily taxed to fight the fire and could not maintain chlorine levels, contact time or water pressure. People surrounding the blaze were evacuated. The smoke plume was modeled and air samples were taken by the MOE. A *Boil Water Advisory* was placed on the water system. In this situation, our working in the same building with the MOE proved to be extremely beneficial.

Also on September 2, the Health Unit issued a *Do-Not-Use Water Advisory* for residents who use water directly from Irish Lake in Grey Highlands. A complaint to the MOE led to taking a sample, which detected the presence of cyanobacteria, otherwise known as blue-green algae or toxic algae. This is a good example of an environmental issue that can have a direct impact on human health. Again the linking and communication with the MOE was enhanced by the two organizations now working out of the same building.

This series of events clearly demonstrates how the various agencies involved with Emergency Response work together. With the exception of biological emergencies, the Public Health does not often take a lead role, but our presence is an important part of the overall picture.



Working with you to Protect and Promote Health and Prevent Disease



The Grey Bruce Health Unit
and
The Owen Sound Olympic Torch Relay Committee
present
"Keeping Pace with the Torch"

All residents of Grey Bruce are invited to accept the challenge to "Keep Pace with the Torch" by walking a portion of the Olympic Torch Relay route between October 30th, 2009 and February 12th, 2010. While the entire torch route covers a distance of 45,000 km participants are asked to form teams of five and cover 1/10 of the distance by the time the torch travels throughout Canada and arrives back in Vancouver for the start of the Olympics.

The program will launch on October 30th, 2009. Individuals are encouraged to form teams of a minimum of 5 people to carry the torch and complete the journey. Each team will complete 4500 km of the torch relay in the 106 days the torch will travel across the country. This is the equivalent of each team covering 42.5 km per day or approximately 8.5 km per person for a five person team. Remember - these totals include all steps taken during the day and also include step equivalents earned by participating in alternative activities during the challenge such as swimming, dancing or raking leaves.

Each team should designate a team leader who will keep track of the team's progress. This data will be entered weekly on the Keeping Pace website at www.keepingpace.ca All you need to participate is a team captain, four other team members, a team name and lots of energy.

How To Get Started

- Form teams of five people. Each team should select a captain and a team name
- Register your team, worksite, school, by completing the registration form at www.keepingpace.ca
- Register by online by October 23rd, 2009 (Please note that this site will not be fully functional until mid October).

How the Program Works

- Each team captain will need to log on to the Keeping Pace website weekly to ensure their team totals is entered into the system. For this challenge, distance will be recorded in kilometres but steps taken can be converted using the conversion chart located on the website. All participants can follow the cumulative progress of all teams within Grey Bruce by clicking on the Olympic Torch Route map
- Schools and worksites may have many teams competing and are encouraged to develop incentives for their location e.g. team spirit, most improved pacer, etc.
- The website has a certificate that can be printed for each team member upon completion of the Keeping Pace challenge.

More Information

- Information about pedometers is available on the website. Pedometers can be used to track your daily steps and can help you reach your goal.
- You can also participate without a pedometer. Measure your daily walking route or design a one kilometre loop. Record your distance and send the totals in to your team captain.
- School and worksites are encouraged to design routes indicating the number of kilometres and post them on the bulletin board for all participants to use. Many local community trails have the distance in kilometres posted.

When starting a walking program it is important to start slowly and gradually increase your number of steps per day over a number of weeks. To be active, the eventual goal is 10,000 steps per day (~8km) for healthy adults and 13,000- 16,000 for children.

For more information about the program please contact Jason Wepler, Health Promoter at the Grey Bruce Health Unit, at 519-376-9420 or by emailing j.weppler@publichealthgreybruce.on.ca

For technical support of the Keeping Pace website please contact Administration at keepingpacetorch@gmail.com