



# BOARD REPORT

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## **2008 Year-End Outcome Report**

# 2008 PROGRAM REVIEW



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## 2008 Program Report Summary

**The *Projects and Services Report 2008*, details the status and outcomes of all projects and services.**

The *Ontario Public Health Standards*, effective January 2009, are a comprehensive approach to Public Health in Ontario requiring health units to address the determinants of health and reduce health inequities. They also include protocols for the core services that Public Health provides.

A new integrated approach ensures the principles of need, impact, capacity and partnership are addressed in the planning and allocation of resources to meet the new standards.

For several years the Grey Bruce Health Unit has been adjusting programs, services and organizational structure in order to align with the projected requirements of the *Ontario Public Health Standards*.

## Healthy Community Development

### Operation Safe Strong Clean

*Operation Safe Strong Clean* is a comprehensive Public Health initiative to involve municipal governments and community leaders in the development of healthy sustainable communities. Municipal planning can address a number of determinants of health. For example, in addition to promoting physical activity and social networking, built environments that consider health and safety can support mental health and inclusiveness and will reduce injury.

A six month pilot project, from February to July 2008, to assess and evaluate the integration of Public Health staff with municipal planners confirmed that this type of alignment can successfully incorporate Public Health knowledge into planning and decision making. This pilot initiated an evidence-based land use plan review and commenting process to aid municipal and county planning departments and municipal decision makers. This initiative meets the goals of the Ministry of Municipal Affairs and Housing *2005 Provincial Policy Statement* and the *Ontario Public Health Standards*. The full [Operation Safe Strong Clean](#) report is available on the intranet. As we go forward in 2009, we will focus on training health unit staff, municipal leaders and others from key sectors.

Eight geographic teams are set up across Grey Bruce to assist with the implementation of the *Ontario Public Health Standards* and ensure programs and services are responsive to the needs of each of the seventeen municipalities.

### Addressing Poverty and Inequities

Data from the Ontario *Nutritious Food Basket* helps to monitor food affordability and accessibility. In 2008 for Grey Bruce, the survey identified a 5.5% annual increase in the weekly food cost for a family of four. Grey Bruce results are 3% higher than the provincial average.

This costing information assists program planning, policy development and in supporting and promoting accesses to nutritious, safe and personally acceptable food. The *Good Food Box*, *Community Kitchens*, and *Community Gardens* are examples of community based educational and skill building initiatives to assist families to put nutritious, quality food on their table.

Partners in the *Grey Bruce Agriculture and Culinary Association* are addressing community food security, problems facing the local food system, providing education and awareness of the local food movement and supporting the development of an infrastructure for easier distribution of local products.

### Moving Forward

The *Moving Forward* initiative addresses systemic barriers that prevent marginalized individuals from obtaining adequate education and employment. Education and employment are key determinants of health. A number of partners and local services are working together to change the lives of young families facing poverty. The program uses motivational interviewing to help clients recognize their readiness to change and to develop an action plan to achieve specific goals. Practical support such as transportation, access to adequate childcare, and affordable, appropriate interview clothing are an important aspect of this program. To date, of the 13 participants in the program, three have found employment and five are actively pursuing educational goals. Two clients have received their high school equivalency diplomas.

### Helping Young Families

Over 450 parents attended *Healthy Start* prenatal classes. Fathers now account for nearly 50% of those attending prenatal classes.

Public Health and Keystone Child, Youth and Family Services provide the *Canadian Prenatal Nutrition Program*. Started in 1996, this program targets improving birth outcomes for high-risk babies. Of the 66 women participating in Grey Bruce in 2007 - 2008, none gave birth to a low birth weight baby. This compares to a low

birth weight rate of 2% for provincial participants and 5% nationally. The program offers education and skill building around basic food preparation, cooking and breastfeeding.

The Children's Aid Society of Owen Sound and the County of Grey and the Children's Aid Society of Bruce County are key partners in teaching and supporting parenting skill development in high risk families. In 2008, 66 parents attended 12 weeks of parenting training geared to their level of comprehension and capacity with the goal to improve parenting skills with their children.

### **Healthy Aging**

Public Health leads the *Aging at Home Falls Prevention Strategy* community partnership, funded by the Ministry of Health and Long-Term Care. In 2008, 57 Personal Support Workers completed training in the *Home Support Exercise Program* and an additional 42 were recertified. The *Aging at Home* program has developed a self-screening tool for low-risk older adults to assist their understanding of how to prevent falls.

Several collaborative efforts are underway to involve communities in promoting physical activity and safe environments.

### **Youth Involvement in Their Communities**

Youth Coalitions are currently in place in four communities across Grey Bruce. The coalitions provide opportunities for youth to take an active role in their communities, participate in local government and inform and influence policies that directly affect their lives. The Peer Leaders have provided leadership in three of these coalitions and were instrumental in recruiting other youth that contributed 1,231 volunteer hours to coalition activities. As well as the youth participants, coalition membership includes municipal politicians, parents, seniors, police, librarians and members of the business community. The Town of Blue Mountains and Hanover built on this initiative by hiring Youth Advisors as municipal employees.

Youth engagement addresses underlying issues around community perceptions of youth and for the youth involved it strengthens character, builds leadership skills and develops a sense of connection with and pride in their communities. The development of these assets will decrease risky behaviours resulting in both a healthier youth population and enriched communities.

The *Youth Action Alliance* program engages youth in local initiatives to prevent tobacco use and teaches advocacy skills to influence policy issues. Advocacy activities were conducted in support of banning flavourings in tobacco products and in support of the smoke-free cars legislation passed in 2008. The Peer Leaders are currently working on increasing awareness around the relationship between tobacco products and mass media and advocating locally for tobacco-free sports and recreation policies.

### **Motor Vehicle Collisions**

Motor vehicle collisions (MVCs) are the leading cause of death for youth aged 15-19 in Grey Bruce. From 2000 to 2003, 79% of the deaths among youth were caused by MVCs. This is significantly higher than the Ontario average of 31% and the national average of 35%.

The Motor Vehicle Crash Prevention Committee includes representatives from local law enforcement, Public Health, concerned citizens, the insurance industry, the Ministry of Transportation, driver training, schools and parents. The committee's objectives include educating parents and youth, changing our built environment to support young drivers and influencing policy.

### **Substance Misuse Prevention**

Alcohol continues to be our number one drug abuse problem in Grey Bruce. However, there is an increasing trend in the non-prescription use of opiates.

The Substance Abuse Action Committee partnered with Grey Bruce Parent Norms Committee for *Drug Awareness Week*. The pilot campaign involves 13 area pharmacies to educate prescription users on the issue and steps they can take to help prevent non-medicinal use of prescription drugs.

- 25,000 information flyers attached to prescriptions
- 150 workplaces in Grey Bruce received the *Body Bulletin*
- 5 media interviews and article release to area newspapers

## Client Based Services

### Prenatal Screening

An increase in prenatal screening and the identification of high-risk families is the result of a coordinated approach involving Public Health, local hospitals, physicians and social services. In 2008, 933 (96%) families received prenatal screening. The ministry standard is 25%.

Public Health Nurses and Lay Home Visitors made over 2,500 visits to high risk families last year. These families require intensive intervention to support parenting skill development and to access basic services including safe housing, nutritious food, financial assistance, domestic abuse counseling and substance abuse prevention programs.

### Vaccine Preventable Disease

The Vaccine Preventable Disease program continued development and delivery of immunization, record maintenance, vaccine management and education programs and services. The total number of people immunized by Public Health in 2008 was 20,075; up 379 from the previous year.

Maintenance of school immunization records and ensuring high rates of immunization are very important in the prevention of disease. Last year 25,060 student records were maintained. Uptake of immunization remained very high with 93% of 17-year-olds complete for vaccination and over 92% of 7-year-olds complete for their vaccination.

Public Health ensures that provincially funded vaccines are stored and distributed to health care providers in physician offices, hospitals, long-term care facilities, First Nations, corrections, nursing agencies and workplaces in accordance with the *Vaccine Storage and Handling Protocol*. Over \$1.5 million worth of vaccines were distributed throughout Grey Bruce in 2008.

A broad assortment of successful awareness and educational campaigns were offered throughout the year including radio and television interviews, media releases, presentations, participation in community events, reports and newsletters. All of these activities enhanced community awareness of the importance of immunization in preventing disease and contribute to the high immunization rates seen locally.

### Children In Need of Treatment

In 2008 the Ministry of Health Promotion introduced a new province-wide data management program for the *Children In Need of Treatment* (CINOT) program. Due to start up and training issues, the program totals for 2008 are not yet available. Preliminary indicators show a slight increase in the CINOT budget for the 2007-08 school year compared to the previous school year. More children may have been referred to the CINOT program than in the previous year. This increase may be the result of the current economic down turn and reflects the rise in the number of children whose families are now without benefits. This trend is expected to continue in 2009.

### **Oral Health Care for Senior Adults and the Frail Elderly**

In June 2008 the Public Health Dental team, in conjunction with the Directors of Care at retirement homes, nursing homes and homes for the aged, completed an oral health assessment in these facilities throughout Grey Bruce. This survey identified the need for improved oral health care within these long-term care facilities. A majority of Directors of Care (70%) felt there is a need for dental screening at their facility to determine the oral health care needs of residents.

### **Children's Oral Health Initiative**

The *Children's Oral Health Initiative* (COHI) is a co-operative partnership between the two local First Nations, Public Health and Health Canada. The program is funded entirely by Health Canada. The Dental team offers services to First Nations children from newborn to seven years. The program at the two First Nations sites has been very successful and since inception has seen an over 80% uptake. There are approximately 60 participants from Saugeen First Nations and over 50 participants at Cape Croker.

### **Infectious Disease**

Follow up investigations and consultations were provided for 561 infectious disease reports including Sexually Transmitted Infections (see below). Thirty-seven outbreaks of infectious disease were declared and managed. Of those, 20 were enteric and 17 were respiratory illness. Long-term care facilities were hit the hardest with 27 outbreaks; daycares had seven; there were two in the community; and one took place in a hospital.

Eighteen reports of tuberculosis positive skin tests were investigated; five people started on treatment for latent TB infection.

A variety of educational and awareness methods were used to promote infection control. These activities included web tips and fact sheets, physician updates, media articles, interviews and talk-shows. In addition, 48 infection control training sessions were held.

### **Vector Borne Diseases**

The West Nile virus program was renamed Vector Borne Diseases in 2008. The program now consists of activities required to monitor and control all vector borne diseases. This includes collection of birds, mosquitoes and larva for viral testing, the investigation of possible human cases of vector borne diseases, tracking local vector/virus activity and consulting with health care professionals.

### **Sexual Health**

Sexual Health Clinics are located in three community sites and seven high schools throughout Grey Bruce. In 2008, 7,000 contacts were made with individuals for health counseling, education and contraception services. Sexually Transmitted Infections made up 257 of all reportable diseases investigated. This includes 234 cases of Chlamydia and 10 cases of syphilis reported in 2008. We are currently experiencing a resurgence of syphilis across the province.

### **Needle Exchange**

The *Needle Exchange Program* reduces the harmful effects of drug use including the spread of diseases such as HIV and hepatitis. From July 2007 to December 2008, 20,350 needles were returned. Clients range in age from 18 to 59 years.

### **Rabies**

Animal bites/scratches to humans resulted in 579 investigations by Public Health Inspectors with 52 people receiving rabies post-exposure treatment. In August 2008, there was a change to the bat protocol. Post-exposure treatment is provided only when there has been direct exposure of a bite or scratch from a bat. Two events for health care providers were held in Owen Sound and Hanover updating information on rabies.

## Enforcement

### Food

Fourth quarter figures are pending, but it appears 2008 food premises inspections rates were similar to 2007 with about an 80% completion. Internal and external pressures on this service have been high due to a variety of emerging issues including food re-calls, which take priority over inspection of lower risk food premises. The 2008 attendance for Food Certification increased over the previous year in both the two-day course and the *In Good Hands* on-line course for which we proctor the exam. The increase reflects greater public and media interest resulting from several large-scale food re-calls. This health unit participated locally in the national food re-calls.

### Health Hazard

The number of health hazard complaints received in 2008 increased significantly, due in large part to the ongoing issue of bed bugs. Governments and industry across Canada and globally are noting an increase in this re-emerging nuisance.

The relatively cool summer was the most significant contributing factor for the good air quality in our region last year. Going against the trend of the last number of years, we experienced fewer smog alerts and fewer days of poor air quality.

### Emergency Preparedness

Introduced in late 2008, the new *Ontario Public Health Standards* creates a new standard for Emergency Preparedness. In response, the Grey Bruce Health Unit struck a new staff committee to implement the changes mandated by the new standards. Work will continue through 2009. Public Health continues to play a role in municipal emergency planning and exercises.

### Regulated Drinking Water Systems

A regulated drinking water system can range from a large municipal water treatment plant to the single water well servicing a campground. By law, all regulated systems are required to undertake measures to protect the quality of their water. In 2008, Public Health responded to 397 reports received to through the Ministry of Environment Spills Action Centre of adverse water incidents occurring in regulated drinking water systems.

### Private Drinking Water Supplies

The number of water sample submissions to the Public Health Lab, from Grey Bruce residents who obtain their drinking water from a private well, was comparable to previous years. Preliminary summaries indicate approximately 60% of samples had no significant evidence of bacteriological contamination; 20% had significant evidence of bacteriological contamination (total coliforms); 10% had evidence of sewage contamination (*E. coli*); and 10% of the samples were not able to be tested due to reporting and submission errors. Inspection staff responded to 706 private water inquires in 2008.

### Beach Sampling

From June to September 2008, 26 beaches were sampled in the *Beach Monitoring Program* across Grey Bruce. None of the beaches were posted as unsafe. The lack of beach posting indicates the excellent overall quality of recreational water in Grey Bruce.

### Huron-Kinloss Enhanced Beach Sampling

In 2008 the municipality of Huron-Kinloss engaged Public Health to provide an enhanced beach sampling program for two additional Lake Huron beaches located in the former Huron Township. All beaches were sampled on a weekly basis.

### **Blue Flag**

The *Blue Flag* program in Canada is run by the independent non-profit organization Environmental Defense. The purpose of this international initiative is to award an eco-label status to beaches that meet water quality, environmental education, environmental management, safety and services criteria as set out by *Blue Flag*. This criterion also parallels municipal activities governed by the *Planning Act* and those found under the *Operation Safe Strong Clean* initiative.

Beaches granted *Blue Flag* status must re-apply annually to maintain their standing. Kincardine Station Beach and Sauble Beach have successfully attained and maintained full *Blue Flag* status. In 2008, two additional local beaches, Northwinds Park and Little River Park in the Town of the Blue Mountains, successfully received full *Blue Flag* accreditation.

### **Recreational Water**

The inspection of swimming pools and spas by Public Health is mandated under the *Health Protection and Promotion Act*. Inspected facilities are those used by the general public and that are communally used by residents in hotels, motels, resorts, condominiums, apartment buildings and certain bed and breakfast locations. There were 315 routine inspections conducted requiring an additional 60 re-inspections.

### **Environment**

Environment program activities were dominated by sewage permit requests. Permit applications were almost half of all program activities followed by municipal planning, compliance requests and building alterations. The economic trend in 2009 should see an increase in compliance requests. The sale and upgrading of second homes used as recreational properties tends to increase during times of slow economic growth. Lower lending costs and reduced interest rates tend to stimulate the sale of lower priced cottages resulting in an increase in compliance requests.

The demand for sewage permits is expected to remain constant for the Lake Huron municipalities in southern Bruce County. It is anticipated that the re-start of the Bruce Power nuclear facility and their active staff recruitment will maintain a vibrant local economy and applications will continue unabated.

### **Smoke-Free Ontario: Workplace/Public Place**

Public Health responded to and/or investigated 225 complaints from the public in 2008. Complaints were predominantly related to smoking in enclosed or restricted workplaces and public places. Of these, 57 were related to issues not covered by the *Smoke-Free Ontario Act* such as drifting smoke in multi-unit dwellings and contraband tobacco. Investigations resulted in 31 warnings and 70 charges. Of the 21 charges that went to trial, 19 convictions and 2 acquittals were registered. Education of owners/operators of premises along with regular enforcement results in decreased incidence of smoking in enclosed workplaces and public places.

The *Smoke-Free Ontario Amendment Act 2008* was enacted January 21, 2009 to protect children from the harmful effects of exposure to second-hand smoke in motor vehicles. The amendment prohibits persons from smoking or having lit tobacco in a motor vehicle when someone under 16-years-old is in the vehicle.

### **Tobacco Retailers: Display Ban and Youth Access Compliance**

The ban on retail display of tobacco products came into effect March 2008. Over 200 inspection/education visits related to the display ban were made to tobacco vendors resulting in 100% compliance. Tobacco vendors also achieved a 94% youth access compliance rate with the under-age test shoppers. This is a significant improvement compared with the 2007 compliance rate of 86%. There were 17 charges for selling or supplying tobacco to a person under 19 years.

## **2008 Administration Overview**

### Finance Department:

- Balanced 2008 budget with a small surplus
- Created an attendance system allowing the health unit to cost out sick time used, overtime earned and the amounts owing for outstanding vacation and overtime
- Implemented accounts receivable and invoicing software
- Implemented bank reconciliation software
- Started implementation of a centralized resource room which including a computerized inventory system

### Human Resources Department:

- Revised new employee orientation manual and implemented an electronic version
- Negotiated two Collective Agreements
- Settled an OPSEU strike
- Completed and implemented Performance Management Guidelines
- Facilitated Internal Equity Development to our job evaluation process, evaluation tool and terms of reference; updating process and documentation as necessary
- Reviewed job descriptions (49) with management for internal equity purposes
- Assessed performance appraisal systems
- Implemented an electronic WHMIS training system

### IT Department:

- Put into operation an online room and A/V resource booking system
- Implemented new inventory system
- Provided staff with a self-paced Internet WHMIS training and testing
- Build new integrated security Intranet sever and converted information to new server
- Developed Wellness Centre data collection software
- Researched and installed a high speed microwave link connecting phone and network systems between the Walkerton and Owen Sound sites
- Deployed secure branch office virtual private network system
- Developed new building network and phone system specifications and are continuing to monitoring implementation
- Replicated integrated Internet Domain Name Service infrastructure between Owen Sound and Walkerton
- Implemented high security internal wireless network
- Build centralized print server service
- Upgraded public Internet web server system
- Developed and implemented Windows software update server

- Installed and programmed card access system server
- Installed 3 camera building security video recording system
- Converted over 30 program staff to notebook computers giving more flexibility for field operations
- Upgraded management to BlackBerry systems
- Installed permanently mounted video projectors in meeting/class rooms
- Rewired Walkerton site to new network and phone system requirements
- Upgraded Walkerton e-Health line for videoconferencing
- Created Internet social networking presence for program staff to communicate with clients
- Converted environment and water files to digital format for program staff to access from the field
- Rolled out the new Health Space System

## **2008 Media Overview**

It may be regarded that 2008 was an anomaly for the Grey Bruce Health Unit with a number of exceptional events influencing media coverage. The year started off with a significant multi-jurisdictional rabies alert. The construction and opening of the new building and the associated media coverage, both in support of and against, was significant. The OPSEU strike and the union's on going public campaign against the administration created considerable coverage. A nation-wide meat re-call and the trial of raw milk advocate Michael Schmidt also garnered noteworthy media attention.

This health unit's own monitoring identified 781 media reports related to this organization. This is an electronic review only of local media and does not account for media outlets that do not publish on the internet, including many weekly papers and local broadcast outlets.

In 2008 we issued 72 news releases as well as 30 media advisories and responded to 320 inquiries, both solicited and non-solicited, from media outlets. Staff participated in 82 media newsmagazine/talk show format interviews.

We provided 64 editorial submissions to local newspapers. There were 104 topics presented on our website front page. We participated in 16 purchased media campaigns.

The *Physicians Notes* publication was issued quarterly with a distribution of over 600.

This was the first year for an electronic version of the *Annual Report*.