



BOARD REPORT

Friday February 19, 2010

PROGRAM REPORT

FEBRUARY 2010



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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

Andrew Barton
Food Safety
Health Hazard Investigation
Emergency Planning

Lou D'Alessandro
Safe Water
Environment
Rabies Control

Susan Shular
Control of Infectious Diseases
Pandemic Planning
Vector Borne Diseases
Tuberculosis Control

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H1N1 RESPONSE

The 2009 combined H1N1/seasonal influenza immunization campaign was the largest ever across the nation. In less than two months, Grey Bruce Health Unit staff responded to the H1N1 pandemic by: restructuring to provide pandemic response while maintaining essential services; organizing and staffing 24 community immunization clinics throughout Grey Bruce; training nurses to administer vaccine; training staff on a new computer system; ordering and packing supplies; administering and distributing vaccine; and inputting data for the Ministry of Health and Long-Term Care.

In Grey Bruce, the annual seasonal influenza immunization rates average between 55,000 and 60,000 doses. At over 107,000 this year, the combined total of influenza doses was almost double the annual immunization rate.

By December 30, 2009, health unit nurses had immunized 11,238 people against H1N1 and 5,251 people against seasonal flu. In addition, over 46,000 doses of H1N1 vaccine and over 44,500 doses of seasonal influenza vaccine was packaged and distributed to physicians, hospitals, long-term care facilities, etc. Following the large community clinics, hundreds of people took advantage of vaccination appointments offered over the holidays.

Vaccine is still available through physician offices, public health and some workplaces.

TOBACCO ENFORCEMENT OUTCOMES – 2009

Smoking in the workplace continues to be an issue in some sectors across Grey Bruce. A employer targeted education campaign will continue in 2010. Tobacco Enforcement and Education Officers received and responded to 177 smoking related complaints from the public in 2009.

Nature of Complaint	#
Smoking in enclosed workplace or public place	106
Tobacco vendor related	11
Smoking on school property	31
Other (drifting smoke in multi-unit dwellings; contraband; smoking at entrances to public buildings)	29

There are currently 212 tobacco retailers in Grey Bruce. In 2009, under-age test shoppers were used in 405 compliance checks. These checks resulted in 51 sales of tobacco products, 26 charges and 25 warnings. The compliance rate for retailers was 87%. Overall, 120 warnings were issued and 91 charges were laid under various sections of the *Smoke-Free Ontario Act (SFOA)*; 74 under Part I and 17 under Part III.

Nature of Charges	#
Smoking in enclosed workplace or public place	52
Sell or supply tobacco to a person less than 19	26
Employers failing to comply with provisions of the <i>SFOA</i>	11
Other (presenting fake ID; failure to post prescribed signage)	2

Of the charges laid in 2009, 35 ended up before the courts, resulting in 28 convictions. Two tickets were quashed and three charges were withdrawn when young offenders opted to complete community service hours under the Informal Diversion program launched last July.

MAKING SERVICES WORK FOR PEOPLE

Public Health is working to improve services for the people of Grey Bruce. The integrated client-based services in our clinic are one example. In the past, public health staff assigned to a program area would provide a specific service such as vaccinations, sexual health and dental programs. Now, staff are cross-trained to support clients and their families with the full scope of public health services.

Clients presenting to the clinic, not only receive the service they intended, but the staff are also able to assist the client in identifying other public health supports that can be beneficial to their health and well-being. Successes to date include young people at the sexual health clinic also receiving dental assessments and vaccinations in the same visit. Young families getting vaccinations additionally have an infant development screen and receive helpful growth and development information.

The ultimate goal is to assist clients to identify and follow through with public health programs and services that can move them towards healthier lifestyles. We have the knowledge, expertise and programs; our aim is to ensure clients know what services are available and to be able to provide those services in an integrated, client-centered way.

CHILDREN'S ORAL HEALTH INITIATIVE

The *Children's Oral Health Initiative (COHI)* was developed as a means to address the disparity between the oral health of First Nation and Inuit and that of the general Canadian population (Health Canada, 2007).

The Grey Bruce Health Unit has been involved in delivery of the *COHI* program in a partnership with the two area First Nation communities. Working with a locally based coordinator, dental screening and preventative care are provided through a combination of school and community based services.

The table indicates the number of children screened and the preventative treatments provided in 2009.

First Nation Reserve	No. Children Screened	No. Fluoride Varnishes Completed	No. Sealants Completed
Saugeen First Nation	75	150*	36
Cape Croker	66	152*	18

*number is larger than number of children screened as multiple teeth may have fluoride varnishes

In March of 2010, the current agreement with Health Canada expires but initiatives are underway to renew the agreement for another three years.

PART 8 SERVICES SURVEY

Of 35 health units province-wide, 13 (37%) provide Part 8 services to their municipalities. There are 77 municipalities in Southern Ontario that continue to have public health deliver Part 8 service on their behalf.

The following health units supply Part 8 services; including the number of municipalities they serve:

- Huron County Health Unit: 5 of 8 municipalities
- Oxford County Health Unit: 8 of 8 municipalities
- Grey Bruce Health Unit: 8 of 17 municipalities
- Peterborough County-City Health Unit: 9 of 9 municipalities
- Haliburton Kawartha Pine Ridge District Health Unit: 19 of 19 municipalities
- Durham Region Health Department: 7 of 8 municipalities
- Leeds, Grenville and Lanark District Health Unit: 13 of 15 municipalities
- Kingston Frontenac and Lennox and Addington Public Health: 8 of 9 municipalities
- *Northwestern Health Unit
- *Timiskaming Health Unit
- *Algoma Health Unit
- *Porcupine Health Unit
- *Sudbury & District Health Unit

* identifies health units mandated by the province to provide Part 8 services to both organized and unorganized territories in Northern Ontario.

Public health takes great care in overseeing installation of private wastewater systems. Monitoring and ensuring proper system installation lowers the risk of untreated sewage entering both ground and surface water.

HEALTH HAZARD

Environmental Public Health Week, this year January 18 - 24, recognizes the work of certified Public Health Inspectors (PHI) and Environmental Health Officers. Launched in 2003 by the Canadian Institute of Public Health Inspectors, the intent is to promote professions that, when successful, are rarely visible. Only after a problem surfaces is attention paid to core public health services such as ensuring the safety of drinking water, food, recreational water and investigating communicable disease or health hazards.

In the area of health hazards, playground inspections are one example of this type of behind the scenes effort. These inspections are complex and detailed in nature as they try to identify all the design or built elements of the structure that, if present or missing, may allow a child to become injured, or worse. In addition to their standard areas of expertise, three of the Grey Bruce Health Unit PHI's are also certified as playground inspectors. Re-certification is required every three years; with one of our inspectors re-certifying last year. In 2009, 36 playgrounds were assessed and inspected.

Indoor air quality is another area where inspectors warrant recognition. We receive a number of complaints about indoor air quality each year. Although the complaint often concern the presence of mould, the investigation must consider other factors such as ventilation, humidity, penetrating damp and other moisture sources. It is also a good opportunity to look at other related issues that may be adversely affecting indoor air quality such as smoking; often the problem may be resolved with behavioural changes. Recent investigations have also identified structural problems and faulty ventilation systems that, if un-checked, may have contributed to chronic health issues.

These are just two examples of the many areas of responsibility covered by Public Health Inspectors that help to ensure the health and well-being of residents in Grey Bruce.

BUILDING ORGANIZATIONAL CAPACITY FOR COMMUNITY DEVELOPMENT

Public health is committed to enhance capacity within the organization to support community development efforts. Training sessions provide staff with a shared understanding of community development, how it contributes to health and how it fits within the spectrum of services provided by public health. Staff, board and community members are actively engaged in a collaborative strategic planning process; the results were shared with all staff this past fall. As a result, Public Health Community Teams are enhancing their internal capacity by bringing together knowledge, skills and energies that support community development.

Next steps include raising awareness and encouraging dialogue among stakeholders about developing healthy communities in a rural context. A spring conference, May 11 - 12, will bring together experts from various sectors with the aim to share knowledge and encourage integration with the focus on the health of citizens. It is expected this forum will inspire innovative ideas for various collaborations that will enhance the physical and social environments of our rural communities.



Working with you to Protect and Promote Health and Prevent Disease



Medical Officer of Health

REPORT TO THE BOARD

Friday February 19, 2010

Raw Milk Once More.

The judgment regarding the 20 charges against Michael Schmidt was heard in the Provincial Offences Court in Newmarket on January 21, 2010. Three of the charges were laid by the Grey Bruce Health Unit. They pertained to Section 100 of the HPPA.

“Any person who fails to obey an order made under this Act is guilty of an offence.” R.S.O. 1990 c. H.7, s. 100(1)

The three Grey Bruce Health Unit charges alleged that Michael Erdmann Schmidt, operating as Glencolton Farms at L44 C3, Glenelg Township, 393889 2nd Concession Rd. Durham, Ontario:

“On or about the 20th day of October, 2006 did commit the offence of failing to obey the written Order of the Public Health Inspector Susie McLeod dated 17 February 1994 made pursuant to section 13(1) of the Health Protection and Promotion Act, R.S.O. 1990 c. H. 7 by storing and displaying unpasteurized milk and milk products contrary to s. 100(1) of the said Act.”

These 3 charges were the same and were consolidated into one for the court proceedings.

Overview of Ruling by His Worship P. Kowarsky, Justice of the Peace

“Michael Schmidt is the Canadian Crusader for the introduction of legislation legalizing the sale and distribution of raw milk. However, the power of legislative adjustment is vested in the Legislature; it is beyond the jurisdictional authority of this court. Is it time to abolish or amend the legislation which requires the pasteurization of all milk destined for distribution and sale? Only the Legislature has the authority to answer this question, and, if deemed necessary, to act accordingly. The legislation under consideration has its roots in The Health Protection Act of 1938. The legislation continues to be an integral part of our law; its declared purpose being the health protection and safety of the people of Ontario.

Do all the people of Ontario still require this protection seven decades later in light of technical advances throughout the world in milk farming and agriculture? This is not my decision to make; rather it is the decision of the Legislature.

Is it my task to rule on the comparative health risks and hazards related to the consumption of unpasteurized milk and milk products as opposed to pasteurized milk and milk products? The answer, of course, is negative. That is not my role as the presiding justice. Is the prohibition against selling and distributing raw milk fair and just legislation? I have no authority to pronounce on this.

During the course of these proceedings, prior to the commencement of the trial, the defendant brought a constitutional challenge, in which he claimed that his rights under section 7 of the Charter of Rights and Freedoms had been infringed. I allowed two expert witnesses on either side of the debate as to whether unpasteurized milk is or is not safe for human consumption.

Two internationally renowned expert witnesses gave strong supportive evidence for each side of the debate. The defendant's experts testified that unpasteurized milk is perfectly safe and healthy. On the other hand, the Crown's expert witnesses testified that such milk is a health hazard. I am convinced that if I had allowed 22 expert witnesses on each side, the result would have been the same – a draw, as far as the court is concerned. But not only is it beyond my jurisdiction to declare a winner, it is not the determination of this issue which is the task of this court.

The ultimate issue for this court is to determine whether the defendant broke the law, and if so, to what extent he should be punished under the punitive segments of the legislation concerned. Essentially, this requires an extensive examination of the law, its meaning and intention in the context of all the circumstances of this case.”

There follows many pages of comments regarding the HPPA, the Milk Act and many other rulings of different types of court cases which I have had trouble to connect logically with the case that was being heard. The Justice of the Peace then found Mr. Schmidt not guilty of the Grey Bruce charges as well as all the other charges.

*“In that case ownership of the cows remained vested in the defendant. In my view, the establishment of the **cow-share** program creates a sharing of ownership of the cows amongst the members, which is quite different from the leasing program. Consequently, I find that the defendant did not breach the Order as alleged, and that the Prosecution has failed to prove the *actus reus* of the Grey-Bruce charges beyond a reasonable doubt, and there will be a finding of “not guilty”.”*

Mr. Schmidt had launched a constitutional challenge but since the Justice of the Peace found the defendant not guilty it was not necessary for him to rule on the constitutional challenge.

Closing Remarks

“I wish to make it perfectly clear that my decision to acquit the defendant on all charges –

- in no way stands for the proposition that henceforth it is legal to market unpasteurized milk and milk products in the province of Ontario;*
- in no way purports to undermine or invalidate the milk marketing legislation in this Province, which has been held to be valid legislation by the Ontario Divisional Court in **Allan v. Ontario (Attorney General)**(supra);*
- in no way supports either side of the debate on whether the consumption of unpasteurized milk or milk products is healthy or constitutes a health hazard;*
- in no way condones the activity of any person who disobeys a valid order made by any court or government tribunal in this Province.”*

Hazel Lynn