



BOARD REPORT

Friday June 18, 2010

PROGRAM REPORT

JUNE 2010



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We work with the Grey Bruce community to protect and promote health.

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HEALTHY COMMUNITY DEVELOPMENT

Healthy Communities Conference 2010: Creating Community Capacity through Awareness Building and Partnership

On May 11 ó 12, the Grey Bruce Health Unit, partnering with the City of Owen Sound, Town of Blue Mountains, Municipality of Meaford, Bruce Grey Catholic District School Board and Bluewater District School Board, hosted *Healthy Communities Conference 2010: Creating Community Capacity through Awareness Building and Partnership*.

A capacity audience of 120, including many community decision makers, were present at the opening reception on the evening of May 11. Keynote speaker the Honourable Margaret Best, Minister of Health Promotion, shared her passion as a champion for health and well-being in Ontario.

Her remarks highlighted the need for individuals, organizations, communities and governments to work together to create a culture of health. The *Grey Bruce Agriculture and Culinary Association* provided a buffet dinner showcasing local food choices.



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Over 190 delegates took part in the full day session May 12. The conference offered an opportunity to network, share ideas and exchange experiences to support Healthy Communities. Presentations included:

- exploring links between healthy environments and local public policy
- strategies to ensure communities support people at highest risk for poor health
- encouraging community leaders to be champions for health promotion
- new ways of developing healthy communities in a rural and small urban context

Southgate, Chatsworth, Grey Highlands Community Team

On May 5, Dr. Lynn and staff from the Southgate, Chatsworth, Grey Highlands (SCGH) Community Team attended the Township of Chatsworth council meeting. The delegation sought and received council's endorsement for an alignment project to assist the implementation of the Healthy Communities strategy within the municipality. The council assigned the CAO/ Clerk to liaise with a Health Promoter.



The goals of the project are to:

- Support community health and well-being
- Develop a shared vision of healthy community development
- Develop a mutual awareness of organizational mandates, strategic plans, governance and decision making
- Increase awareness of the health impact of municipal policy and decision making.

The alignment project began May 25. This is the first project of its type with a smaller, rural municipality. It is expected both Public Health and the Township of Chatsworth will learn and benefit from this experience.

We wish to express our appreciation to Board Chair Bob Pringle for championing this project, both at the council meeting and at the recent Healthy Communities Conference. Mr. Pringle's opening remarks at the Healthy Communities Conference sparked immediate interest from a number of municipalities seeking to participate in these types of formal associations with Public Health.

ENFORCEMENT/RESEARCH/SURVEILLANCE

Health Hazard

The Health Hazard program responds to and deals with a broad variety of issues. The following provide examples of work carried out this year.

Indoor air complaints from tenants and homeowners are frequent. The concerns will often focus on a specific factor, such as mould, although in many cases there are multiple issues affecting indoor air quality. Typically, Public Health will offer advice, and in the case of tenants, investigations may identify problems that can be corrected through discussions with the landlord.

The unseasonable spring weather saw atypical patterns for tree pollen production resulting in a more than usual number of inquiries from the public with regard to outdoor air quality.

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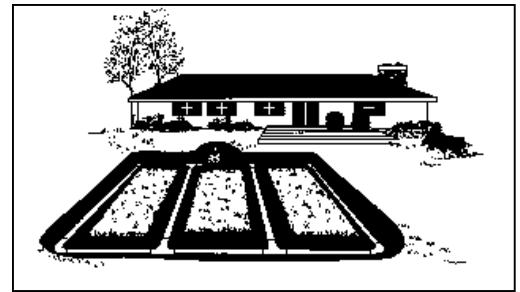
Complaints related to infestations of bed bugs continue to be quite common. Bed bugs are not known to spread disease and are not classified as a health hazard. Nevertheless, Public Health will assist with advice, guidance, resources and identification.

Noxious weeds are a fact of life. However, a recent case highlighted the need for further public education about the risk from Giant Hogweed. Prior to the May long weekend, the traditional start of the outdoor recreation season, a public awareness effort using various media was launched detailing the plant's toxic properties.

In addition to responding to these types of situations, the Health Hazard Committee developed a resource guide to be integrated into the *Lets Grow* manual distributed to all new parents in Grey and Bruce. By expanding the Health Hazard prevention components of the manual, we are able to provide some targeted and specific information to residents at a critical time for them and their new families.

Septic Re-inspection Report

A re-inspection program is a positive means to identify and correct unsafe septic systems. Often homeowners neglect their systems and fail to understand the importance of proper care and maintenance. Decisions made by homeowners regarding their septic systems can result in harm to the natural environment by polluting waterways or contaminating drinking water.



Over the past three years Public Health, in partnership with the Municipality of Huron-Kinloss and BMRoss, has worked to ensure the residents of Huron-Kinloss understand the importance of safely and properly maintained septic systems and to identify and correct any unsafe systems. Currently there are 2,800 systems within the municipality. In order to protect ground and surface water sources, the municipality contracted Public Health to undertake private septic system re-inspections. The program confirms properly maintained systems. Unsafe systems are identified and remedial plans put in place. Public education is the key to the program success by ensuring residents better understand how their system works and how these systems affect the natural environment.

Public Health Inspectors/Technicians work on-site to:

- Educate homeowners about their system and how to maintain and/or upgrade their system
- Inspect bed area and tanks
- Take photos of bed area and inside tank
- Undertake property walks to ensure all plumbing is routed to the septic system
- Ensure accurate coordinates of system location using handheld GPS units
- Take water samples, if requested
- Conduct education days throughout summer in partnership with municipality and BMRoss
- Maintain regular communication with municipality on identified high-risk systems
- Share information with Public Health staff to ensure environmental safety

CLIENT SERVICES

Access to Public Health Services for High School Students

Students at Westhill Secondary School in Owen Sound will have access a full range of Public Health services at the school starting September, 2010. New services include contraception; comprehensive pregnancy counselling; sexually transmitted and blood-borne infections; health counselling; referral to other services; and health information for students and teachers. Dental screening and vaccinations services are already available.

Statistics Canada reports the average age of first sexual experience for Canadians, both male and female, is 16.5 years¹. Locating sexual health services in schools increases access and improves outcomes.

Across Grey Bruce, there was a 37% reduction in teen pregnancy rates in the five years following introduction of sexual health services in the schools. The rate dropped to 19.9 per 1,000 female teens 15-19 years old in 2003, from 32 per 1,000 female teens 15-19 years old in 1998. The first school-based clinic was established in 1997.



¹Rotermann, M. *Sex, condoms and STDs among young people*. Statistics Canada: Health Reports, 16(3), 39-45. May 2005.

Grade Seven Hepatitis B Vaccination Program

In 1994, Ontario started a hepatitis B prevention strategy offering a series of hepatitis B vaccinations to all Grade 7 students. The goal is to protect children at an age before they potentially engage in high-risk activities.

Hepatitis B is a virus that can lead to hepatitis, cirrhosis, liver cancer and death. The virus is found in blood, semen, vaginal fluids and saliva. Hepatitis B is most often spread through sexual contact, drug use, sharing equipment for tattoos or body piercing and by transmission from mother to her baby during childbirth.

There is a North American shortage of the hepatitis B vaccine, Recombivax. This vaccine is currently used for the publicly funded Grade 7 school-based vaccination program. A replacement vaccine, Engerix-B, has been ordered but was not available until late May. As a result of the shortage, almost half of the public health units in Ontario will not complete the Grade 7 program this school year. The Grey Bruce Health Unit has enough of a supply of the Recombivax vaccine to complete the 2009/2010 school program.

Hepatitis B School Clinics Comparison 2007 – 2010

	2007- 2008	%	2008 - 2009	%	2009 - 2010	%
No. of Eligible Students	1,673		1,668		1,565	
No. of Previously Immunized	122	7%	99	6%	83	5%
No. of Doses given: Dose # 1	1,522	98%	1,484	95%	1,364	92%
No. of Doses given: Dose # 2	1,441	93%	1,349	86%	1,165*	79%

*Dose #2 statistics for 2009-2010 school year are as of June 11. Students still in the process of vaccination will receive their second dose in Grade 8.



Medical Officer of Health

REPORT TO THE BOARD

Friday June 18, 2010

**DRAFT RESOLUTIONS FOR CONSIDERATION
at June 2010 alPHa Annual Conference**

Resolution Number	Sponsor	Title	Page
A10-1	Council of Ontario Medical Officers of Health	Amending Regulation 565 To Improve Public Swimming Pool Admission Standards	3
A10-2	Durham Regional Council's Health & Social Services Committee	Privacy and Security of Personal Health Information	8-10
A10-3	alPHa Board of Directors	Governance by Autonomous Boards	16
A10-4	Board of Health Section of alPHa	Healthy, Active Living Across the Lifespan	21
A10-5	Sudbury & District Board of Health	Endorsement and Implementation of a Post-Public Health Research, Education And Development (PHRED) Knowledge To Action (K2A) Model	22-23

A 10-1

The proposed changes to Regulation 565 are part of a Coroners recommendation from 2005. These recommendations primarily affect admission to a Class A pool (one which has a lifeguard) and would require parental/guardian supervision for children under 10 who are non-swimmers and would limit the ratio of bathers to guardians to 4 to 1 or 8 to 1 if the children were wearing lifejackets. There are some suggested exemptions for children who are able swimmers except for children under 6 who would always require a parent/guardian with a ratio of 2 children to 1 adult. Ratios for lifeguards and bathers are presently regulated in regulation 565 and the requirements for a Class B pool (no lifeguard required) are similar to those proposed now for Class A pools. I recommend that this resolution be supported.

A 10-2

This resolution is in response to an incident in Durham Region where personal health information of individuals was saved onto an unencrypted memory stick and subsequently the device was lost. The resolution requests that the Government of Ontario take on the task of mandating, monitoring and resourcing the MOHLTC and Public Health Units for the privacy issues that are indicated. The text of this proposed resolution contains some undefined items such as: mobile devices, secure, privacy impact assessments. The PHU has access to and is responsible for data collection for several government ministries and there needs to be consultation before adding thick layers of privacy requirements which will be costly and cumbersome. However with good planning a faster, well connected and more secure system would be very helpful.

A10-3

This resolution encourages the Government of Ontario to implement the Public Health Unit governance recommendations made by the Capacity Review Committee (CRC) in 2006. Specifically this resolution supports the CRC recommendation #19: Public Health units should be governed by autonomous, locally-based boards of health. These boards should focus primarily on the delivery of public health programs and services. I recommend support of A10-3.

A10-4

This recommendation is encouraging the Province of Ontario to develop a comprehensive strategy that would promote healthy, active living. The preamble recognizes the commitment that the present Ontario Government has made with respect to activity in schools and the Board of Health section of alPHa recommends that this emphasis extend the lifespan. I would recommend support of A10-4

A10- 5

Before the Ontario Agency for Health Promotion and Protection (OAHPP) was established, each public health unit that had a university with a faculty of medical also housed a "PHRED" (Public Health Research Education and Development). These units looked at local practice and evaluations and brought university experts together with practitioners to find best practice, offer seminars and other teaching etc. The provincial funding of these units will be redirected to the OAHPP early in 2011. This resolution requests that alPHa recommend a research model called Knowledge to Action be implemented by the OAHPP when the agency takes over the PHRED functions.

I do have a concern with this as the K2A model is similar to the PHRED one which did not work very well for a smaller health unit which is far away from the larger city unit. I would like to be part of a research and knowledge group that included the health units in our 'mostly rural' group as their practice is much more applicable to Grey Bruce than is big city practice. I think that more than one model should be considered.

Hazel Lynn