



# BOARD REPORT

Friday March 19, 2010

# 2009 PROGRAM REVIEW



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## 2009 Program Report Summary

Strategic planning identified six priorities to address through to 2014: obesity; employment and income; education and literacy; transportation and physical access; substance misuse; and injuries. Focusing on these priorities, Public Health resources were realigned to partner with both private and public sectors to support healthy and sustainable communities. Locally based interdisciplinary Healthy Communities Teams ensure access to core services.

Successes from these partnerships include young people taking a more active role in their communities; initiatives to reduce injury due to falls and motor vehicle crashes; access to physical activity incorporated in municipal planning; restaurants and agriculture partnering to make local food more available; interagency initiatives to address literacy and poverty; policies to reduce tobacco use at sport/recreation events; enhanced infection control and surveillance; coordinated vaccine distribution; comprehensive and inclusive infant and child development strategies; the availability of dental services to children and adolescents not covered by dental plans; and healthy workplace initiatives.

## Healthy Community Development

### Municipal and Public Health Connections

The *Ontario Public Health Standards* emphasize the need to address the determinants of health, reduce health inequities and identify and work with local priority populations.

Through consultation, resource sharing and cross-training, interdisciplinary Healthy Communities Teams worked with municipal staff and councils to support healthy community development. Input was provided to West Grey council when considering the use of ATVs on municipal roads. Owen Sound received support in development of the *Tobacco-Free Sports and Recreation Policy*. North Bruce Peninsula was assisted in the formulation of an *Aging at Home Falls Prevention Strategy*. Saugeen Shores received support for the *Working Together for Healthy Communities* initiative.

The *Building Healthy Communities* workshop, October 2009, looked at how the natural environment affects our health; the relationship between beautification and community identity; and how to improve safety and security through environmental design. Sixty people attended including mayors, CAOs, planners and staff, from 11 municipalities; county planners; school boards and school community council representatives; media; and Public Health staff.

Locally based initiatives are assisting municipalities and community partners in adapting and promoting innovative and fun ways to get people moving. There were 657 participants for *Keeping Pace with the Torch*, the virtual walk across Canada in conjunction with the Olympic Torch Run. Licensed childcare centres, Ontario Early Years Centers, Healthy Beginnings and First Nation programs are using *Have a Ball* resources to support active children. The *PLAY in Bruce Grey* web site, [www.playbrucegrey.com](http://www.playbrucegrey.com), provides a centralized site for communities to share success stories and inform citizens of programs within their area.

### Built Environment

Public Health works in close association with Grey and Bruce County and municipal planning departments to assist decision makers in healthy community development. Through review and commenting on municipal land use plans, Public Health is able to positively influence the impact of the built environment on health. The collection and use of best-practice evidence supports healthy community development in addressing the determinants of health. This can include, but is not limited to, safe drinking and recreational water; air quality; waste disposal; and active and alternate transportation. Guiding principals are found in the Ministry of Health and Long-Term Care, *Ontario Public Health Standards* and the Ministry of Municipal Affairs and Housing, *2005 Provincial Policy Statement*. This included reviews of County Official Plans, Official Plan Amendments, Zoning By-Law Amendments, Plans of Subdivision, Applications for Consent, Minor Variances, Site Plan Approval Applications and Confidential Pre-circulations.

### KidFit Community Advocacy Fund

A grant from the Heart and Stroke Foundation of Ontario *KidFit Community Advocacy Fund* assisted with coalition building and the early planning of specific advocacy efforts to key stakeholders (i.e. schools, municipalities and community organizations). The goal is to establish public policies that encourage and enable children to be active and have access to healthy foods. The toolkit provides physical activity facts, worksheets for self-assessment, a roadmap to policy development and advocacy survival skills. Results of this project support community leaders to positively influence the development of healthy active living policies.

### Nutrition and Food Safety

Public Health provides training to enhance the nutrition component in the programs and services of our community partners. This promotes healthy food preparation, healthy eating, access to local food, environmental awareness and high standards of food safety.

- 60 cooks from area childcare centres and 22 Grey Bruce Eat and Learn School Nutrition Volunteer Coordinators received integrated nutrition and food safety training.
- 60 Bruce and Grey County Children's Aid Society staff participated in interactive nutrition education.
- Community health representatives at Chippewas of Nawash and Saugeen First Nation engaged in a train-the-trainer infant nutrition workshop.
- 30 Community and Social Service staff received training to support behaviour change.
- 95 representatives from workplaces/facilities received nutrition education as a component of the *Food Safety Certification* course.

Public Health develops food preparation skills and healthy eating practices programs for priority populations.

- More than 250 people participated in supermarket tours.
- 17 clients at G & B House, a residential treatment and support home for men, received behaviour change nutrition support.
- 60 high-risk prenatal women engaged in bi-monthly cooking sessions.
- 9 sessions were held for aboriginal communities at the Chippewas of Nawash, Saugeen First Nation and M'Wikwedong Native Cultural Resource Centre.

### **Addressing Poverty and Inequities**

#### Access to Nutritious Food

The 2009 *Nutritious Food Basket Survey* indicated the cost of eating for a family of four in Grey Bruce is \$162.14 per week. A family of four is defined as: male (31-50y); female (31-50y); boy (14-18y); girl (4-8y). Eight stores throughout Grey Bruce were surveyed for the cost of 67 foods including vegetables and fruit; orange vegetables and fruit; dark green vegetables; whole grains/whole grain products; non-whole grain products; milk and milk alternatives; meat; poultry; legumes; eggs; and fish.

The survey results provide food costing data for program planning, policy development and to support access to nutritious, safe and personally acceptable foods. The data aids in identifying community issues/needs and provides population health information to communities and stakeholders.

#### Moving Forward

*Moving Forward* addresses issues that prevent marginalized individuals from obtaining adequate education and employment, both are major determinants of health. Sixty clients set goals to improve their education and employment status. Public Health helps to address barriers to their progress including access to transportation, child care, nutritious food and adequate housing. Many of the families are also linked to counseling for mental health, addiction and family violence concerns.

Successes include clients completing high school or Grade 12 equivalency; enrolling in college diploma programs; using on line learning; and preparing for job interviews. Georgian College, the Adult Learning Centre, Ontario Works, Y Employment Services, local businesses and agencies all partner to support this initiative.

### **Healthy Aging**

Ministry of Health and Long-Term Care *Aging at Home Strategy* and the Grey Bruce Prevention of Falls Project achieved 10 innovative partnerships during year two of the project. Fifty-seven Personal Support Workers (PSW) received training and 42 were re-certified in the *Home Support Exercise Program*. A self-screening tool for older adults at lowest risk, a multifactor screen for moderate risk, and a multidisciplinary assessment for those at highest risk was introduced. Capacity in the health care sector was enhanced through educational sessions to Community Care Access Centre Case Management staff, nursing agencies and care partners. A social marketing strategy included a media campaign and presentations to the local Geriatric Nursing Association, the Owen Sound Family Health Team and to municipal committees. A community audit process was developed to be presented at the May 2010, *Building Healthy Communities* conference.

### Seniors Falls Investigation

Grey Bruce was chosen as the rural site for the *Seniors Falls Investigation Methodology* (SFIM) research project under the leadership of Dr. Aleksandra Zecevic, Faculty of Health Sciences, University of Western Ontario. This research supports *Ontario's Aging at Home* and the Grey Bruce Prevention of Falls initiative. The Grey Bruce Health Unit now has two trained investigators. Using comprehensive data on causes and contributing factors to falls, the study will identify deficiencies, including underlying safety problems, and provide recommendations to advance safety and healthy public policy. The project will incorporate information into a comprehensive, anonymous, web-based, Falls Database. Final results will be released in 2010.

### Tobacco-Free Sports and Recreation

The Tobacco-Free Sports and Recreation (TFSR) project was developed to influence communities, schools, athletic associations and teams to implement tobacco-free policies including smoke-free outdoor recreation areas and banning the use of chewing tobacco.

Target audiences including coaches, players, parents and politicians were reached through 14 presentations and distribution of 130 policy toolkits. There were 65 direct participants in the project; 8 volunteers, 47 community partners and 10 Public Health staff.

Outcomes for 2009 include:

- City of Owen Sound implemented a *Smoke-Free Sport and Recreation Spaces* policy, approved March 23, 2009, and installed signage at all playing fields in the city.
- Municipality of South Bruce Peninsula implemented a *Smoke-Free Recreation* by-law in the fall of 2009, and installed signage in all parks and playing fields.
- Municipality of Saugeen Shores developed a policy late in 2009 and is looking at methods of publicizing it that do not involve signage.
- Municipality of Kincardine is currently working towards developing a policy.
- Town of the Blue Mountains created a smoke-free dressing room policy for the arena.
- Organizations that received Tobacco Control Area Network grants for developing and promoting TFSR policies: Saugeen Track & Field Club, Saugeen Triathlon Club, Bruce Peninsula Minor Hockey Association and Notre Dame Catholic School.

### Youth Engagement

#### High School Grants

Objectives of the High School Grants program were to improve awareness of tobacco control and health issues and to motivate and support school-based student action to improve peer and school health. Ten high schools in Grey Bruce each received a \$1,000 grant to promote student health and make a tobacco-free, healthier culture the school norm. The grant supported projects were initiated, planned and coordinated by the students. In 6 of the 10 participating schools, the grant funded activities represented the only tobacco focused activities conducted during the school year.

Projects included *Tobacco Awareness Week* events, poster/video contests, guest speakers and “pig’s lungs” demonstrations. The projects engaged 160 students in the planning and implementation and reached a total of 3,957 students with the health promotion activities.

#### Youth Action Alliance

The Youth Action Alliance (YAA) program concluded mid 2009. This very popular program focused on education, advocacy for policy change and facilitating positive youth development through training, employment and volunteer opportunities. Peer Leaders were employed on a part-time basis during the life of the program. In the four years of the program, 25,790 people (mostly youth) were reached directly through

community improvement activities, advocacy initiatives, entertainment/social events, promotional events and educational presentations.

YAA activities generated significant media interest with 213 print articles/photos, radio interviews, guest spots on talk shows and television interviews. The Peer Leaders were responsible for recruiting 50 youth volunteers who logged 2,273 hours in support of the activities.

The Ministry of Health Promotion provided \$18,631 in bridge funding to ensure on-going youth engagement in health promotion activities while the Ministry developed a new youth strategy. This funding supported continuing initiatives focused on youth engagement outcomes. In November 2009, the Saugeen Youth Coalition, in partnership with the Grey Bruce Health Unit, hosted *Inclusion 09 - Youth Summit* at the Bruce County Museum and Cultural Center. The third annual summit brought together local youth and adults to learn and share how they can make Grey Bruce a better place for youth.

### Youth Coalitions

Youth engagement addresses underlying issues around community perceptions of youth. 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. Public Health supports four area youth coalitions established in Kincardine, Owen Sound, Hanover and Saugeen Shores. The youth coalitions planned and implemented locally-based 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.

In October 2009, Hanover was one of 32 Ontario communities to be formally recognized with a provincial *Youth Friendly Community Award*. Known locally as *Youth Roots*, the Hanover group was recognized with a silver designation for meeting 12 of the 16 youth friendly criteria. Two other coalitions in Grey Bruce are working toward completing the youth friendly application process for their community in 2010.

### Youth Website

Designed by youth to educate their peers about health, the [www.targetyouth.ca](http://www.targetyouth.ca) website was updated in 2009 with new content and a re-designed front page. The website has logged more than 822,000 hits.

### Co-op Students/ Volunteers

Co-op students and volunteer youth worked with staff in planning and implementing health promotion initiatives including tobacco-free sports and recreation policies; substance/tobacco-free youth events; a violence prevention youth theatre production; *Drug Awareness Week* activities; Grocery Tour/Cooking Classes for youth; and the *Young Adult Cessation* project.

### **Childhood Injury Prevention**

Most injuries can be prevented through a Public Health approach focusing on the three E's - Education, Engineering and Enforcement. (Safe Kids Canada)

Funding from Bruce Power supported initiatives to reduce childhood injuries through correct use of child safety seats and to support the use of bicycle helmets.

- 56 community partners received training to increase awareness of car seat safety; to improve knowledge and skill in correct car seat installation; and to promote car seat education.
- 88% of 115 car seats examined at roadside checks and car seat clinics were being used incorrectly. The most common mistakes were the wrong seat for the child; locking clip, tether bolt or Universal Anchorage System used incorrectly; and Unintended Flying Objects in vehicle.
- 15 car seats were purchased and distributed to families in need.
- *Keep my Head Safe* bicycle helmet signs were distributed to 38 private campgrounds.

## Motor Vehicle Crash Prevention

Motor vehicle collisions are the number one killer of Grey Bruce teens. From 2000 to 2003, motor vehicle collisions were the leading cause of death for youth aged 15-19 in Grey Bruce; 26 of 33 deaths (79%) were caused by motor vehicle collisions. Public Health, along with our community partners, has undertaken advocacy and local community education initiatives to improve road safety.

In May, over 150 teen drivers and parents participated in *Think and Drive*, an interactive experience to raise awareness for teen drivers. Presentations included discussions on parent and teen responsibilities; negotiating a parents and teen driver contract; the risks of multiple teen passengers; the new G1 and G2 legislation; how claims affect insurance rates; and safe driving practices. There were interactive displays including the OPP's Rollover Simulator, give-a-ways, food and a Grand Prize of \$600 towards a participating youth's driver education or vehicle insurance.

*One Teen Driver...One Teen Passenger...One Year*, a community petition to promote passenger restrictions was sent to the Honourable Jim Bradley, Minister of Transportation.

Opinions on two pieces of legislation before the House; Bill 118 – *Countering Distracted Driving and Promoting Green Transportation Act 2008*, and Bill 126 – *Road Safety Act 2008*; were provided to the Standing Committee on General Government, Legislative Assembly of Ontario.

## Substance Misuse Prevention

### Crystal Meth

In response to the concern over the use of Crystal Meth in our community, stakeholders joined together to gain more information on the extent and impact of the problem. At a special meeting in Walkerton, March 27, 2009 the Grey Bruce Crystal Meth Steering Committee presented a report to guide future action *Crystal Meth...A Profile of its Use in Grey and Bruce Counties, the Associated Challenges, and Recommendations for Action*.

As part of the recommendations of the report, the Crystal Meth Task Force was established and now is leading a comprehensive coordinated strategy to tackle the issue of Crystal Meth in our community.

## FOCUS

Public Health was the lead agency for the FOCUS project for the past 10 years. Originally the funding supported Owen Sound and Brockton, but was later expanded to cover all of Grey Bruce. The goal of the FOCUS project was to prevent and reduce problems, including injuries and chronic diseases, associated with alcohol and other drug use. Over 20 community projects supported by the FOCUS initiative were implemented in 2009.

Grey Bruce was one of 22 sites across the province chosen for this program due to the higher rates of alcohol related motor vehicle crashes, injuries and deaths compared to most of Ontario; higher rates of binge drinking (defined as five or more drinks on one occasion); and alcohol being identified as the number one drug abuse problem. Alcohol abuse is on the rise; the percentage of people engaging in binge drinking in Grey Bruce has nearly doubled to 34% in 2007 from 18% in 2001.

More than 200 community projects were implemented from 1999 – 2009 supporting policy initiatives and education and skill development for children, youth, parents, seniors and professionals. We thank the over 40 community groups and agencies that provided their expertise, energy and assistance.

## Grey Bruce Partners in Health

The *Healthy Ontario Communities Fund* replaced the *Grey Bruce Partners in Health* coalition in 2009. Since its inception in 1998, *Grey Bruce Partners in Health* played a pivotal role in funding projects that engaged children and youth to be more active (*Turn Off the Screens, Peaceful Playgrounds, PLAY Bruce Grey, Have a Ball*); reached the most vulnerable within our community (*Good Food Box, Community Kitchens, Community*

*Gardens, Mental Illness and Smoking Initiative, Basic Shelf Cookbook*); supported smoke-free environments (*Tobacco-Free Sports and Recreation*); connected with employers and employees (*Healthy Workplace Guidelines, Healthy Meetings Guidelines, Body Bulletin*); engaged youth to have a voice (annual *Youth Summit*, [www.targetyouth.ca](http://www.targetyouth.ca) website).

These successes can be attributed to the commitment of partners who dedicated time and resources to support the coalition and the community projects. *Grey Bruce Partners in Health* demonstrated the power of strong collaborative partnerships in developing uniquely rural programs.

## Client Based Services

### Infection Prevention and Control

One of the key responsibilities of Public Health is to ensure accurate and timely information is provided to those who need it in our community. Dissemination of the *Best Practice* documents for specific settings such as personal services, long-term care homes and day nurseries comprised the major activity in the core service area of Infection Prevention and Control in the first half of 2009. These documents relate to the new *Ontario Public Health Standards*. Consultation and guidance was available to each of these settings as they incorporated new and critical information into their practice and procedures.

Follow-up investigations and consultations were provided for 722 infectious disease reports; including 303 Sexually Transmitted Infections (STI).

Chlamydia remains the most commonly diagnosed and reported sexually transmitted infection in Canada, with rates increasing nationally. Grey Bruce numbers are consistent with this trend, with 295 positive cases.

Since 2005, community partners have almost doubled the STI cases they have found by implementing routine screening with their own patients. All family physicians, Emergency room departments, nurse practitioners and midwives were given the new *Canadian Guidelines on Sexually Transmitted Infections*. Over 600 pamphlets providing an algorithm on case management and contact tracing were distributed through *Public Health Notes*.

Public Health's two community and seven high school based clinics throughout Grey Bruce promote reducing the risks of sexually transmitted infections through education, prevention and condom use. Additionally, 20 agencies and community sites in Grey Bruce have been provided condoms for at-risk clients to access free of charge.

Thirty-six clients were contacted and treated, as needed, for Tuberculosis. Two clusters of Pertussis in a rural community were managed, with 12 positive cases identified and numerous additional undiagnosed cases suspected.

A total of 41 confirmed outbreaks, 20 enteric and 21 respiratory, were identified and managed. Of these, 34 occurred in long-term care homes, 4 in day cares, 1 in a hospital and 2 in the community.

A significant portion of work was related to influenza activity. During the first wave of the H1N1 pandemic, 12 laboratory confirmed cases of pH1N1 were reported and investigated. During the second wave 36 cases were reported as laboratory confirmed. The total number of influenza case reported and investigated during the season was 205. The majority of these reports were received between October 25 and November 21, during which time the Public Health Lab estimated a 99% probability that positive cases were of the pH1N1 strain. In comparison, 36 cases of influenza were reported in 2007 and 66 in 2008.

## Vaccine Preventable Diseases

Grey Bruce had the third highest immunization rates in the province for tetanus, diphtheria, pertussis, polio, measles, mumps and rubella in children 7 to 17 years of age during the 2007/08 school year. Perth Health Unit was at 96.4%; Thunder Bay at 95.05%; and Grey Bruce at 94.18%; with the over-all provincial rate 78.56%.

In 2009, Public Health immunized over 26,000 people, up 6,065 injections from 2008. The injections included the H1N1 and seasonal flu vaccine clinics held in the fall and a mumps campaign for post-secondary students in early 2009. It was the second year for the Human Papillomavirus (HPV) campaign for Grade 8 girls; with a 65% coverage rate for the three dose vaccine. School based Hepatitis B and Meningococcal C vaccination programs continued for Grade 7 students.

Over 25,000 immunization records for elementary, secondary and day nursery students were assessed and maintained through various activities including follow-up with parents, physicians, schools and other health units.

Almost two million dollars worth of vaccine was distributed to physicians, hospitals, long-term care facilities, corrections facilities, nursing agencies and workplaces. Annual inspections were conducted in all sites housing publicly funded vaccine.

## Sexual Health

Providing clients with low cost contraception is a major strategy supporting reducing the rate of unintended pregnancy. In the first six months of 2009, there were 3,722 client contacts accessing Sexual Health counseling, education and contraception services with 2,436 contacts specifically related to contraception.

## Needle Exchange Program

GB Works *Needle Exchange Program* reduces the harmful effects of drug use including the spread of diseases such as HIV and hepatitis. Following the one year pilot completed in 2009, the community advisory group and the Board of Health endorsed continuing the program. Two Public Health and two satellite sites will continue for 2010. From January 2008 to December 2009, 14,575 needles were returned. Clients range in age from 18 to 59 years, with 40 new clients in 2009.

## Child Development

The goal of child health is to enable all children to attain and sustain optimal health and developmental potential.

### Early Identification Screening Services

A comprehensive approach to screening at critical stages of development, from prenatal through to school entry, identifies potential problems and risk factors and leads to early intervention.

Almost 98% (1,061) of prenatal women were screened using the Larson tool, with 25% (263) scoring at risk. Of those, 123 prenatal women were referred to Healthy Babies Healthy Children program, which provides ongoing support from a Public Health Nurse and Lay Home Visitor for those at high-risk.

Following birth, 99% (1,324) of newborns were screened prior to hospital discharge. Of those, 7% (92) families received in depth assessment and were provided with health teaching, counseling and referral to other programs and services.

Postpartum, 77% (1,003) parents of newborns were contacted within 48 hours and assessed for the need for further follow up. As a result, 269 families received ongoing health teaching and support.

Screening for children entering school is provided in 43 community sites across Grey Bruce. Children are screened for communication, social development, fine and gross motor development, problem solving and dental health. Of the 800 children screened, 60 children were identified for referral and follow up to support

their readiness to begin school. *NutriStep*, the provincial nutrition and physical activity screening tool for 3-5 year olds was also available in nine pilot sites. A dietetic intern worked with parents to complete the self-assessment questionnaire. Of the 91 children surveyed: 2% were high-risk and referred on for clinical nutrition counseling; 12% were moderate-risk and received counseling that encouraged the family to make some changes to support their child's growth and development; and 78 % were low-risk and had the option of receiving supportive written information.

#### Early Years Resources for Parents

More than 11,000 *Let's Grow* mail-outs were distributed to parents on a regular basis throughout their child's early years with information on child development from birth to 5½ years. The material includes screening tools to assist parents in assessing their child's vision, hearing, speech, language, communication, gross motor, fine motor, cognitive and social/emotional development. The mail-out includes information on local services and programs to provide parents with links to learning materials, professional services and parenting groups.

Three hundred ninety-six parents enrolled in prenatal classes where they received information on labour and delivery; child growth and development; infant feeding; and parenting.

New parents made 1,351 visits to post partum support groups. In addition to the opportunity to share their experiences with other new parents, they received information focusing on nutrition, breastfeeding and infant development.

Ninety-seven parents attended parenting classes specially designed to meet their learning needs and to support them in providing a safe and nurturing environment for their children.

Over 580 parents and caregivers contacted Public Health by phone, office visit or email with questions and concerns regarding child health.

#### **Children in Need of Treatment**

Public Health screened 8,734 children at elementary schools for dental decay, their need for oral hygiene instruction and if they require fluoride treatments. Of children screened at school, 1,218 were eligible for the *Children in Need of Treatment* (CINOT) program covering the cost of basic dental treatment for children in families that could not otherwise afford the service. Four hundred thirty-eight pre-school children received dental screening on request from parents; 43% of these children were eligible for CINOT.

Beginning January 2009, the Ministry of Health Promotion expanded the CINOT program to include children 13 to 17 years of age. Under the expanded eligibility, 84 children in this age group received CINOT services.

#### **Smoking Cessation**

##### Driven to Quit

The annual *Driven to Quit Challenge* is a province-wide, multi-faceted campaign/contest that targets tobacco users. The objectives of the *Challenge* are to increase awareness of the risks of smoking and the benefits of quitting; the availability of supports for cessation; and to increase the proportion of smokers contemplating, preparing, and taking action to quit. An extensive provincial multi-media campaign was augmented locally using a \$1,500 grant from the Canadian Cancer Society. The *Challenge* is funded by the Ministry of Health Promotion and implemented in partnership with the Canadian Cancer Society, Tobacco Control Area Networks (TCANs) and Public Health Units.

Locally, 342 Grey Bruce smokers entered the contest; one entrant was the regional winner of a \$2,000 Canadian Tire gift certificate. Local promotion included purchase of 84 radio ads; 200 posters and 1,050 brochures were distributed by Peer Leaders and volunteers to laundromats, clinics, pharmacies and health care professionals' offices; 150 workplaces received pay stub inserts and posters electronically; and 1,000 reminder flyers and packages of *Driven to Quit* gum were distributed by restaurants and retailers two weeks before the contest deadline. Media releases resulted in five radio interviews and two print articles.

### The Ottawa Hospital Model

Hospitalization provides a unique opportunity to identify and engage smokers, initiate cessation treatments and facilitate follow-up and support. The Ottawa Hospital Model (OHM) offers a team-based approach that ensures the consistent delivery of smoking cessation services in the hospital setting. Public Health supports the implementation of the OHM in Grey Bruce and the development of a supportive community model. In 2009, training sessions were held for community-based health care providers and hospital-based leaders and managers. Project leaders have been assigned in two of the three hospital corporations in Grey Bruce. Project partners include Keystone, the hospital corporations, Pfizer and community-based health care providers. This model shows significant improvements in cessation rates with a one-year quit rate in 46% of the Ottawa participants.

## **Enforcement**

### **Drinking Water Systems**

#### Communal

A regulated drinking water system can range from a large municipal water treatment plant to the single water source servicing a designated facility that caters to the elderly or to children.

Regulated systems are required to undertake measures to protect the quality of their water. Public Health responded to 162 reports, received from the Ministry of Environment Spills Action Centre, of adverse water incidents occurring in these drinking water systems. In the early 2000s, the number of adverse water quality reports exceeded 1,100. The current number of reported events is less than 15% compared with those reported six or more years ago. The trend to fewer adverse water incidents is attributed to mandatory operator training and enhanced regulatory surveillance.

#### Small Drinking Water Systems

In 2009, the Ministry of Health and Long-Term Care took over authority for Small Drinking Water Systems (SDWS) under the *Health Protection and Promotion Act*. Across the province Public Health Units are conducting an initial on-site full risk assessment on every individual system. The sunset date to complete these on-site risk assessments is December 31, 2011.

There are an estimated 18,000 SDWS in Ontario. Grey Bruce has approximately 1,400 systems, second only to Simcoe Muskoka for the jurisdiction with the highest number of small drinking water systems in the province.

#### Private Drinking Water Supplies (non regulated)

The number of water sample submissions to the Public Health Lab, from Grey Bruce residents who obtain their drinking water from private water supplies was lower in 2009 than in previous years. Public Health responded to 424 private water inquiries in 2009; this represents a 40% decrease in the number of inquiries compared to 2008. Since 2001, there has been a steady decline in the number of drinking water quality submissions and inquiries.

### **Recreational Water**

#### Beach Sampling

From June to September 2009, seven public beaches in Grey Bruce were sampled according to the provincially mandated *Beach Monitoring Program*. None of these beaches were posted as unsafe throughout the bathing season reflecting the overall quality of recreational waters along the shores of Grey Bruce.

### Enhanced Beach Sampling

In 2009, the Town of South Bruce Peninsula and the Municipality of West Grey engaged Public Health to provide an enhanced beach sampling service. Six additional beaches located in Grey Bruce were sampled on a weekly basis.

### Blue Flag

The Blue Flag program in Canada is run by the independent non-profit organization Environmental Defence. The purpose of this international initiative is to award an eco-label status to beaches that meet standards for water quality, environmental education, environmental management, safety and services. These benchmarks also parallel municipal activities governed by the *Planning Act* and those found under the Healthy Communities 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 2009, the Town of the Blue Mountains initiated the process for Northwinds Park and Little River Park to receive full Blue Flag accreditation commencing in 2010.

### Pools, Spas and Wading Pools

Facilities that are monitored by Public Health are those used by the general public or are communally used by residents in hotels, motels, resorts, condominiums, apartment buildings and certain bed and breakfast locations. There were 330 routine inspections conducted with an additional 37 facility re-inspections.

### **Environment**

Sewage permits dominate Environment Program activities with 408 sewage permit applications received in 2009; 50% of all staff activity is related to processing applications. The trend of permit applications in 2009 showed sustained levels from 2008. Government incentives allowed property owners the opportunity to upgrade their primary or secondary homes. Lower lending costs combined with reduced interest rates stimulated the sale or repair of cottages resulting in an increase in both permit and compliance requests.

As a result of the on going activity related to development at Bruce Power, the demand for sewage permits is expected to remain constant for the Lake Huron municipalities in southern Bruce County.

### **Food Safety**

Over 2,000 food premise inspections were completed.

Our *Food Handling Certification* program continues to be very successful with 156 food handlers being certified through the two day classroom based course. An additional 84 participants received certification following training through the on-line *In Good Hands* program. Totals are up from previous years and continue to show a trend towards participants favouring the on-line course.

Food re-call activity was down from 2008 with manufacturers and the Canadian Food Inspection Agency initiating fewer re-calls and requesting less assistance from Public Health. Statistics over the last six years show an overall trend of increasing number of food re-calls but within two year cycles of varying lower and higher activity.

### **Health Hazards**

Bed bugs continue to be a concern and challenge across Grey Bruce. Public Health developed additional resources to meet the increasing volume of inquiries from the public, municipalities and community groups including partnering with the City of Owen Sound to develop a pamphlet for tenants and landlords.

Two public meetings were held in consultation with the Ministry of the Environment to discuss wind farm development within the two counties. These forums were meant to provide information to the public on health concerns and safety risks linked to wind turbines. The public voiced their concerns over potential development

projects. Other parties including provincial groups such as the Ontario Agency for Health Protection and Promotion are now actively involved with this issue.

To promote the value of active transportation, two bicycles and helmets were made available for staff to borrow for use during lunch and as a means to commute to local meetings.

Public Health is partnering with local fire departments in joint inspections of immigrant farm worker accommodation. The intent of this trial is to improve communications, to facilitate the approval process and ultimately ensure safe housing conditions for the workers. Attempts are on going to try to streamline this process.

### **Emergency Preparedness**

Public Health staff played a small but important role in two significant local emergencies in 2009. Both the Durham tornado and the fire at the Chapman's Ice Cream plant in Markdale required activation of Municipal and First Responder Plans. In both cases the Public Health role was advisory.

The first Emergency Preparedness exercise held since the new *Ontario Public Health Standards* came into effect was conducted in conjunction with the 2009 Professional Development Day. Health Unit staff participated through use of the geographic team model. Key goals of this exercise were to promote awareness and facilitate teamwork in preparation for the H1N1 pandemic influenza immunization campaign.

The *Pandemic Plan* was reviewed and updated before the onset of the H1N1 pandemic response.

Public Health continues to be involved in the Emergency Planning at the county and lower tier municipal level.

The *Hazard Identification and Risk Assessment (HIRA)* was completed to identify and assess the relevant hazards and risks to the public's health.

### **Pandemic H1N1 Response**

All sectors of the Grey Bruce Health Unit were involved in the response to the 2009 H1N1 pandemic. The *Grey Bruce Health Unit Pandemic Influenza Contingency Plan* was reviewed and revised in the summer of 2009 in anticipation of a second wave of H1N1 coming in the fall. To increase clarity, the new version blended the previous three Alert Phases into two: Yellow Alert indicates a novel strain has been identified but local disruption remains minimal; and Red Alert indicates a high level of response is required to deal with the situation locally.

A new electronic *School Absenteeism Tracking System (SATS)* was developed and put into place with both the Bluewater District and the Bruce Grey Catholic District School Board. The daily reporting of student absenteeism in both elementary and secondary schools, along with the daily information profiling emergency room visits at area hospitals, provided surveillance of illness as it was occurring throughout Grey Bruce.

### **Rabies**

Animal bites/scratches to humans resulted in 425 investigations across Grey Bruce with 30 people receiving post-exposure rabies treatment.

Ontario continues to experience a trend towards record low numbers of rabies reports in wildlife. In 2009, 50 confirmed rabies cases were identified province-wide; the fewest number of reports since the 1950s. Sixty percent of these cases were rabid bats.

Grey Bruce had nine rabid animal reports in 2009; representing 18% of all rabid animal reports in Ontario for the year. Ministry of Natural Resources provides enhanced baiting programs in the vicinity of where these animals were located.

## Smoke-Free Ontario Act

### Legislation

Public Health is responsible for the enforcement of the *Smoke-Free Ontario Act (SFOA)* in all workplaces and enclosed public places. On January 21, 2009, the *Smoke-Free Ontario Amendment Act 2008* came into effect prohibiting persons from smoking or having lighted tobacco in a private vehicle, whether moving or stationary, if another person who is less than 16 years old is inside. Enforced by police, this law protects children from the harmful health effects caused by exposure to second-hand smoke.

### Enforcement

Public Health received and responded to 177 smoking related complaints from the public. Smoking in the workplace continues to be an issue across Grey Bruce. Overall, 120 warnings were issued and 91 charges were laid under various sections of the *Smoke-Free Ontario Act* (74 under *Part I* and 17 under *Part III*). Of the charges laid, 35 went to court, 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 in July 2009.

Nature of Complaint	Number
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

### Limiting Youth Access to Tobacco Products

There are currently 212 tobacco retailers in Grey Bruce. Under-age test shoppers were used in 405 compliance checks. These checks produced 51 sales of tobacco products resulting in 26 charges and 25 warnings. The compliance rate for retailers was 87%.

Nature of Charges	Number
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 SFOA	11
Other (presenting fake ID, failure to post prescribed signage)	2

### New Response to Young Offenders

An informal diversionary program was launched July 1, 2009 for first-time young offenders of the *Smoke-Free Ontario Act* (youth under age 16). Each year, approximately 15-20 young offenders are issued *Part III* charges and must attend youth court for tobacco related offences. Often, it is a parent that incurs the burden of the fines resulting from a conviction.

The program puts young offenders on a more positive path. Instead of facing charges, youth are given the option of completing 20 hours of community service. If the youth makes no effort to complete the community service, a Tobacco Enforcement and Education Officer moves forward with *Part III* charges, which may be laid up to six months after an offence is committed.

Partners that provide community service opportunities include the Salvation Army, Habitat for Humanity, the Cape Croker Administration office, the City of Owen Sound and the Grey Bruce Health Unit. In 2009, three young offenders successfully completed the program.