



## The Culture and Impact of Alcohol Use in Grey and Bruce

Grey Bruce has an alcohol problem. We see it with youth drinking to excess; drinking and driving; alcohol fuelled disputes; wrong personal choices made under the influence and alcohol related chronic diseases. All of this is common in Grey Bruce.

The problem remains despite municipal alcohol policies, tougher laws and enforcement and teaching on the harms associated with alcohol. A local health survey shows that in 2002, 64% of drinkers were low-risk drinkers; by 2008, that number had fallen to below 60%. About 40% of residents in Grey Bruce are consistently over-using alcohol.



Progress has been made in dealing with drinking and driving and related injuries. Still, injury and fatality rates from motor vehicle collision in Grey Bruce are higher than provincial average. Local self-reported rates for drinking and driving are 3.9 % and for recreational vehicles 7.8%.

High alcohol use is also linked with injuries during leisure activities and with falls in the elderly. The injury/death rate in Grey Bruce is 40.4 per 100,000; almost double the provincial rate 22.3 per 100,000.

Many people also do not make the known connection of alcohol over-use with cancer and heart disease. Grey Bruce has higher than provincial rates of bowel cancers. People who drink too much alcohol are more likely to have hypertension and obesity; both major problems in Grey Bruce.

A 2006 study identified that, on average, about 40 babies in Grey Bruce are exposed prenatally to alcohol through their mother's drinking, with probably 20 very significantly exposed and at substantial risk for Fetal Alcohol Spectrum Disorder (FASD). FASD is the commonest cause of developmental delay in Canadian children and it is totally preventable!

The solutions lie in changes in the culture of drinking.

On April 22, 2010, a forum, *The Culture and Impact of Alcohol Use in Grey and Bruce*, examined how the region can find a balance in the use of alcohol and reduce risks. Speakers identified that the entire community including parents, business owners, educators, health and social services, and politicians have a role to play in changing the culture and impact of alcohol use.

### West Grey/Hanover Public Health Community Team

On March 24, the Ontario Trillium Foundation sponsored a community roundtable in Durham to explore the question "What would it take to make Durham the most vibrant community in Ontario?" The roundtable was a chance to share ideas for improving the quality of life in Durham and to identify ways to move forward that vision. With West Grey Mayor Kevin Eccles in attendance, participants included the not-for-profit, business, education, municipal and health sectors, including three public health staff.

Five priorities were identified and action plans were created to address:

1. Actively engaging youth
2. Need for local opportunities for education, training and skill development
3. Creating the state for "good" jobs
4. Jobs-creation, pay and entrepreneurship
5. Poverty and volunteers

## Oral Health Services: Rates of Decay in Children

öDental caries is the most common chronic disease in children aged 5-17 years. If left untreated, research suggests it can affect the growth of adult teeth; with poor dental health and disease persisting into adulthood.ö (Ministry of Health Promotion)



The table identifies the incidence of one or more teeth showing sign of decay as observed by Public Health Dental Hygienists in Kindergarten and Grade 2 students, for the 2009-2010 school year. This data, along with reports from previous years, helps to identify priority populations and to target community-based preventive clinics.

School Area	<u>Kindergarten</u> Number of children screened (per cent with evidence of decay)	<u>Grade 2</u> Number of children screened (per cent with evidence of decay)
Owen Sound	534 (15%)	280 (25%)
Bruce Peninsula	132 (17%)	73 (14%)
Saugeen Shores	224 (14%)	100 (10%)
Central Bruce	162 (19%)	63 (16%)
East Grey	214 (18%)	133 (20%)
Lower Shoreline	134 (13%)	66 (12%)
South Bruce/Grey	274 (22%)	147 (27%)
South East Grey	406 (28%)	202 (36%)

## ENFORCEMENT/RESEARCH/SURVEILANCE

### Monitoring Heights and Weights of Ontario School Children

The Grey Bruce Health Unit is working with the Association of Local Public Health Agencies (alPHA) to collect routine height and weight measurements of elementary school children. This pilot project of Grade 2 children is taking place in six selected schools in Grey Bruce. Measurements are taken in the school during the time the Grey Bruce Health Unit staff visit for regular oral health screening. The trained dental health team carries out all measurements. Children are not weighed and measured in front of their classmates. They are not told their measurements. Only non-identifying information is recorded by health unit staff. Neither the parents/guardians nor the school know the information about any child. Parents/guardians receive a letter of information and are asked to complete a consent form to have their child participate.



Children remove their shoes and heavy outdoor coats, so they can be weighed and measured in their normal indoor clothing. Due to equipment limitations, only children that can stand un-aided to have their height and weight measured are able to participate. This means that some children, who may have a physical disability or injury, may not be able to take part.

(continued...)

This pilot is testing the measurement process and evaluates the project before it is rolled out across the province. Monitoring trends in heights and weights over time will assist health professionals to better understand how to promote healthy weights in children. The Ontario Agency for Health Protection and Promotion (OAHP) is responsible for the project's data transfer, analysis, reporting and archiving.

## 2009 Food Safety Audit Report

In view of the impact of pH1N1, the *2009 Food Safety Audit Report* indicates the Grey Bruce Health Unit's (GBHU) performance was good. Most health units saw a decline in routine inspections due to cancellations during the height of the pH1N1 response. The trend was the same locally although not as evident, with a 9% reduction in inspections compared to the previous year. Legal action matched 2008 levels and there was a slight increase in food handler training.



A total of 2,080 inspections were carried out in 2009 (compared to 2,281 in 2008) including 801 high-risk and 802 medium-risk inspections. During these visits, 337 *Critical Control Point Audits* were completed. An additional 194 re-inspections were required to correct problems found at the initial inspection.

During 2009, Public Health Inspectors issued six food safety related tickets. No orders or closures were required.

Reflecting the economic downturn, 2009 saw fewer new premises openings and more premises closures compared to recent years. The number of food premises in Grey Bruce increased by nine in 2009. In 2008 saw an increase of 54.

The GBHU certified 240 food handlers in 2009, a slight increase from the 234 certified in 2008. The *In Good Hands* on-line course continues to increase in popularity. In 2009, it made up 35% of the total number of certifications.

Changes to reporting protocols introduced in 2010 will impact on the food safety audits. The Ministry of Health and Long-Term Care now require semi-annual reports with an enlarged data set. A new electronic data capture and reporting system being put into service will allow for more detailed and timely audits in the future.

## CLIENT SERVICES

### Zostavax

Public Health clinics are now offering the vaccine *Zostavax*®. Recently licensed in Canada, *Zostavax*® prevents shingles, a viral infection that causes a painful blistering. Shingles rash usually last several weeks but an accompanying and often debilitating pain can persist long after the blisters are gone—sometimes for months. There is no cure for shingles. The risk of getting shingles sharply rises after 50 years of age; of those 85 years of age, it is estimated that up to half will have had shingles at some point in their lives (CDC).

The current recommendation is for one dose of *Zostavax*® for people 60 and older, whether or not they have had a previous shingles occurrence. As it has to be stored at -15°C or lower, the vaccine requires a special freezer unit. As a result of these storage requirements, many area physicians are unable to stock the vaccine. The Grey Bruce Health Unit began offering the vaccine January. Cost for the shot is \$170. To mid-April, 74 doses have been administered.