



BOARD REPORT

Friday February 18, 2011

PROGRAM REPORT FEBRUARY 2011



101 17th Street East, Owen Sound, ON N4K 0A5 30 Park Street, P.O. Box 248, Walkerton, ON N0G 2V0

OWEN SOUND
519-376-9420

WALKERTON
519-881-1920

WEBSITE: www.publichealthgreybruce.on.ca

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

HEALTHY COMMUNITY DEVELOPMENT

Provincial Bedbug Awareness Campaign.....	Page 1
Youth Active Transportation Project	Page 2

CLIENT SERVICES

New School-Based Clinic Scheduler.....	Page 3
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ENFORCEMENT/RESEARCH/SURVEILLANCE

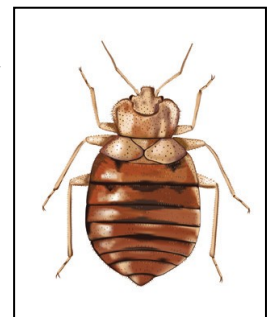
2010 Rabies Prevention and Control	Page 4
2010 Infectious Diseases Outbreak Summary	Page 4

HEALTHY COMMUNITY DEVELOPMENT

Provincial Bedbug Awareness Campaign

In January 2011, the government of Ontario launched a province-wide bedbug education and awareness campaign. The initiative includes a five million dollar funding envelope and the establishment of an information and resource website.

Funding will be available to health units to build on current bedbug education; support outreach services and activities; and to address the needs of the vulnerable populations negatively impacted by infestations. The deadline for applications for this funding was February 10. The Grey Bruce Health Unit has made application and will consult with community partners to determine how these funds can be best used to address local needs.



The website, www.bedbugsinfo.ca, provides comprehensive and consistent bedbug information and resources for the public, stakeholders and health units. As well as acting as a reliable source of information, the website assists health units by offering an alternative to developing local resources.

Youth Active Transportation Project

The Heart and Stroke Foundation awarded the Active & Safe Transportation Committee in South Grey Bruce a \$5,000 Spark Advocacy Grant to support a youth-focused active transportation project. With Public Health as the chair, partners for this project include Grey and Bruce Counties; municipal officials in Hanover and Brockton; Youth Roots; Saugeen Triathlon Club; Saugeen Mobility and Regional Transit; local high schools; and local police. In October 2010, key stakeholders met to explore ways to get youth involved in active transportation. That was followed by an informal presentation at Walkerton District Secondary School to gauge student feedback. The participating youth showed overwhelming support for active transportation initiatives for easily accessible routes in the community.

This pilot project addresses issues common to youth in Grey Bruce including physical inactivity, obesity, safety, motor vehicle collisions and accessibility to recreation and leisure opportunities. Lack of transportation restricts participation in community-based and extra-curricular activities. The limited transportation options for those living in rural areas and small centres means a greater reliance on cars resulting in less physical activity and a greater risk of being overweight or obese. Motor vehicle collisions are the number one killer of teens in Grey Bruce. Safety concerns are a barrier to physical activity as studies show safety issues prevent one in five Canadians from walking and bicycling.

The goals of the project include increasing opportunities for youth in the community to use active transportation to get to the destinations youth visit; improving the safety and acceptability of active transportation routes in south Grey Bruce; and increasing access to physical activity for both recreational and transportation purposes.

The funding will be used to:

- Investigate the current routes youth use in the community
- Complete community audits to determine the current assets and barriers to transportation on these routes
- Report on the findings of the community audit and make suggestions for improvements
- Present the findings to community leaders (municipalities, counties and school boards)
- Based on the audit, work with the community to determine next steps

To be completed by June 2011, the findings from this project will assist the committee in their efforts to ensure support for active transportation initiatives remain a high priority in municipal and county planning.

The ultimate goal of the project is to change attitudes about active and safe transportation at the community, municipal and county level. It is hoped that positive results will see this pilot project expand to other municipalities and encourage the development of a regional transportation plan.



CLIENT SERVICES

New School-Based Clinic Scheduler

New software will increase efficiency and address issues related to bookings in our 11 high school-based clinics. The new system allows clients to self-schedule. It also improves access to client information for the clinic nursing staff.

In the past and depending upon the individual school, there were several different ways students could make a clinic appointment. In some schools, the guidance department or the office staff might book the appointments. Often students would email or phone the nurse or just come to the clinic on the day the nurse was at the school. This practice posed challenges with human resources to support the booking process in the schools as well as concerns with disclosing the client's reason for wanting an appointment.

The new software provides a consistent approach at all school clinics by enabling students to self-schedule, 24 hours a day, using a secure web-based system. Students can access the clinic booking scheduler from the Health Unit website or from a link on their school website. Students choose their school from a drop down menu and select the date and time from available clinic appointments. Depending on the student's need, appointments can be made with either the clinic nurse or physician. The system identifies only the vacant appointments, ensuring the confidentiality of clients already booked. Using password access to the scheduler, the nurse will be able to identify all appointments.

An additional feature of the software is an automatic text and/or email reminder to the student prior to their appointment. This reminder reduces the no-show appointments and makes for more efficient use of staff time.

The software gives nursing staff access to all the school clinic schedules to assist in making an appointment for a student who might call to our community clinics.



ENFORCEMENT/RESEARCH/SURVEILLANCE

2010 Rabies Prevention and Control

Grey Bruce is the last major region in Ontario where rabies remains common. Locally in 2010, there were 10 cases of animal rabies reported, all in Grey County. All cases were in skunks; eight clustered in Southgate with the other two in Georgian Bluffs. There was no human exposure associated with any of the cases. The Ministry of Natural Resources conducted a combination of hand and aerial vaccine baiting in those areas following confirmation of each positive report.

Information on the rate of skunk rabies in the area and ways to protect themselves and their pets was distributed to 3,500 residents of Southgate through the annual municipal mail-out. Residents were also advised of their legal requirement to vaccinate their cats, dogs and riding horses against rabies.

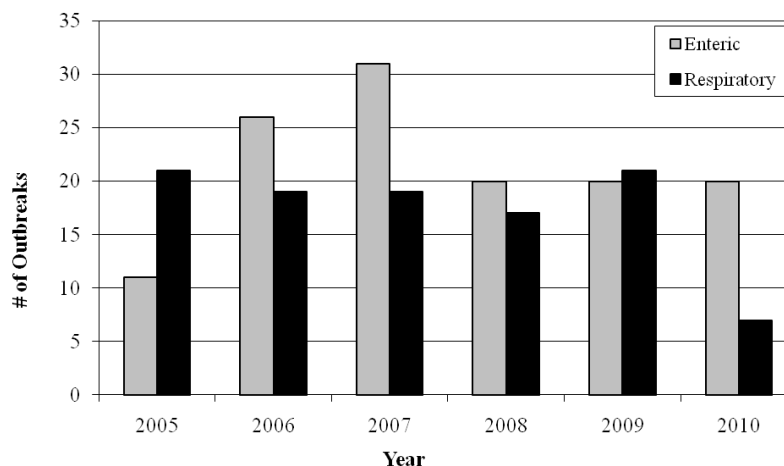
Recognizing this as the last endemic region of terrestrial rabies in the province, the Grey Bruce Health Unit partnered with the local Canadian Food Inspection Agency to develop a *Rabies Protocol for Veterinarians*. The protocol assists veterinary clinics with decisions on reporting. It also guides discussing possible rabies cases or rabies exposures with staff and clients. The protocol was mailed to all veterinary clinics in Grey and Bruce. An electronic version was also circulated to each veterinarian.

2010 Infectious Diseases Outbreak Summary

Public Health investigated 27 outbreaks in Grey Bruce during 2010. Twenty were enteric and seven respiratory. Of the 41 outbreaks in 2009, 20 were enteric and 21 respiratory related.

Hospitals, long-term care facilities, retirement homes, schools and day nurseries are required to notify Public Health of cases and outbreaks of infectious diseases in residents, staff, students or children. Public Health provides consultation and works with the facility to limit the spread of disease. Public Health will also assist to facilitate laboratory testing of specimens. Consultation and working with facilities can include providing education and recommendations on preventative and infection control measures i.e.: hand hygiene, use of protective equipment, increased cleaning measures, enhanced surveillance and immunization.

Grey Bruce Health Unit Outbreak Statistics 2005-2010





Medical Officer of Health

REPORT TO THE BOARD

Friday, February 18, 2011

A provincial workshop regarding Childhood Development was held in Toronto on February 9, 2011. This was a multi-ministerial event with four Assistant Deputy Ministers and almost all health units in attendance.

The Grey Bruce Health Unit has participated in some of the early projects on all day learning and has been involved with the early year planning through our Let's Grow initiative, Ontario Early Years Centers, Best Start and other projects. A summary of the day follows – thanks to Dr. Vera Etches for her work on this.

The alPHa Winter Symposium followed on February 10 & 11. The attending Medical Officer's of Health and Board Members also discussed the role of public health in early childhood development; one of the most important determinants of health.

Public Health Supporting Early Learning and Care

Goals

This workshop was held to bring together leaders in public health, to explore the opportunities to support childhood development arising from the "Pascal Report" and to craft a vision for public health's contribution to Ontario's early learning and care initiative. In addition, the session was intended to scope and share the evidence of models to support early childhood development used internationally and across Ontario, as well as models for public health service integration as the Best Start transformation moves forward.

Background

Public health staff has been involved in the Best Start initiative in a variety of ways at the local level across the province and is interested in ensuring this work is informed and supported by evidence and provincial level strategies. The February 9th workshop was created to provide a forum for dialogue among public health leaders in reproductive and child health, with Dr. Pascal and with key provincial partners in a range of ministries: Education, Children and Youth Services, Health Promotion and Sport, and Health and Long-Term Care, for the purposes stated above (see Goals).

Key Messages From Presentations:

- Arlene King (Chief Medical Officer of Health, Ministry of Health and Long-Term Care) opened with comments about the healthy outcomes achieved for society when focusing on children's health with an ecological perspective. She asserted that the many factors required for lifelong health are not in the control of parents, and healthy outcomes require cross-sector initiatives, using data for evidence and for evaluation research. "Children's health is everyone's business."
- Valerie Sterling (President, Association of Local Public Health Agencies) reinforced that the public health perspective is incredibly important in early learning and care and reminded us the CMOH stated we cannot afford NOT to invest in children's health. Public Health is a strong partner and must be included in the developing the system to support children's development with schools, child care etc.
- Sue Makin (Healthy Families Director, Toronto Public Health) presented an overview of the legal mandate for public health work set out in the Ontario Public Health Standards (OPUBLIC HEALTHS), and reinforced that child development is a determinant of health, requiring comprehensive health promotion approaches. Public Health programs for children go beyond the Healthy Babies, Healthy Children (HBHC) program and include foundational standards to support surveillance and evaluation. She recognized the challenges (e.g. funding) facing implementation of the OPUBLIC HEALTHS, and that there are diverse approaches based on local needs.
- Chris Mackie and Debbie Sheehan (Associate Medical Officer of Health and Director Family Health Division, Public Health Services – City of Hamilton) with Anne Biscaro, (Director Family Health Division, Niagara Region Public Health) reviewed the evidence of impact of a variety of international approaches to supporting early childhood development. Their review demonstrated that through integrated systems of primary care, public health and early childhood education are achieving significant improvements in outcomes for children and society. They highlighted that fidelity to the intervention approaches is critical to achieve the expected outcomes. Universal and targeted programs are both important, and concerns about development should be addressed as early as possible in the life cycle.
- Paul Roumeliotis (Chair, Council of Medical Officers of Health) introduced Jean Clinton (Associate Clinical Professor, Department of Psychiatry and Behavioural Neuroscience, McMaster University) and reminded us that adopting the perspective of the life-course trajectory being set in childhood is a useful public health approach. He noted harmonization of services as important for optimal impact in the early years. Jean Clinton reviewed some of Ontario's 18-month Well Baby visit strategy successes; for example, positive relationship building between public

health and public health physicians and the fact that parents strongly value the 18-month dialogue and assessment with primary care providers.

- Heather Manson and Lorraine Telford (Director Health Promotion, Chronic Disease and Injury Prevention, and Reproductive, Child and Youth Health Specialist, Ontario Agency for Health Protection and Promotion, OAHPP) described the purpose and mandate of OAHPP and gave examples of work related to early learning and care. OAHPP roles include: research support (e.g. implementation evaluations), surveillance expertise, integrated system analyses and options, and addressing identified training supports for work across sectors. They reinforced the need for, and value of, a population health approach for children across multiple sectors under a comprehensive vision.
- Vera Etches and Denise Hebert (Associate Medical Officer and Manager, HBHC, Ottawa Public Health) presented findings from a survey of local public health units' experiences with the local implementation of Best Start initiatives to date. The key elements that respondents sought to include in the vision of public health's role in a system to support early childhood development are: the public health system is a cornerstone; collaboration is highly valued (the majority of health units are moving towards higher levels of integration with local partners); a clear provincial vision and accountability measures/performance outcomes drive comprehensive services that benefit all families.
- Charles Pascal (Special Advisor on Early Learning to the Premier of Ontario) reinforced how implementing early learning is essential and makes social and economic sense. A provincial framework will be delivered in late spring and public health is clearly a central partner in most areas – being active in the local networks, being “leaders among leaders” and contributing to system management within a provincial framework and operational contracts. He challenged all sectors to go beyond collaboration as that doesn't always result in the kind of system change that is required to reach the goals presented in the report to the Premier in June 2009.
- Robin Williams (Medical Officer of Health, Niagara Region Public Health) moderated the final panel which included Jim Grieve (ADM Education and Child Care), Jean Lam (ADM Ministry of Health Promotion and Sport), Allison Stuart (ADM Public Health Branch MOHLTC), Nancy Matthews (ADM Ministry of Children and Youth Services), and Heather Manson from OAHPP to "connect the dots." Every panelist expressed gratitude for the contribution of public health, (e.g. as a leader, as a broker, bringing evidence to decisions), and the importance of continuing to work together for children. The Internal Advisory Panel to Charles Pascal, where public health is engaged, will be a key forum for ongoing provincial collaboration. Panelists underlined the importance of the use of data to establish and evaluate interventions to support early childhood development for long-term benefits.

- Both Arlene King and Charles Pascal closed the day reaffirming the need to take action to champion child health and well-being, which will mean re-examining further the public health role in a seamless system of universal, evidence-informed early learning and care that meets all children’s needs and which is built on solid relationships between partners at the local level.

Key Points From Participant Discussions:

- Public Health faces the following challenges as it defines its role in a system for early learning and care:
 - Funding and resources
 - Convincing decision-makers to invest in higher upfront costs for a system to support the early years when the significant returns are seen in the future
 - Defining “core” evidence-informed services and ensuring consistency between early childhood development (ECD) programs across the different health units/BSCFC while also meeting local needs
 - There is a need for new data, data linkages and outcome/evaluation measures
 - Helping partners understand the public health role/potential contribution
- Opportunities for the Public Health role include:
 - Be active and be a partner/leader/broker
 - Collaborations/linkages between child care, primary care, public health and other essential services sectors are essential
 - Public Health’s way of working is in partnership
 - Build on the strengths of Public Health: collaboration, population level, long-term perspective, knowing their communities, systems thinking, leadership from within, and evidence-based approaches
 - Think about what integration really means for Public Health
 - Explore and be open to new ways of reaching/supporting families (multiple pathways and comprehensive approaches)
 - Improve surveillance
 - Address lack of data
 - Contribute to the development of a provincial framework

Summary

The partners in the workshop with public health strongly identified that public health services are ideally suited to be delivered within Best Start Child and Family Centres (BSCFC) and that public health partnerships make a significant contribution to positive outcomes for children and families.

Questions remain about the fit of public health in an integrated system, and about what changes to the current systems can be accommodated.

A common vision was identified as desirable and, using an appreciative inquiry exercise, table groups developed possible vision statements. Below are summative vision statements from this exercise. The initial statements begin to form a vision for public health in BSCFC (and beyond).

- No matter what circumstance, public health addresses the conditions such that every child and family has the support needed to reach full potential (i.e. a vision where society cares about children and provides stability through the social determinants of health).
- The child and family drive the services, and are central to seamless and accessible services.
- A vision that common (and concrete) language and measures for outcomes exists: public health brings the population health assessment and surveillance view, and we also have the life-trajectory view. Public health is essential to "...ensuring that Lola has what Lola needs" (Lola being any child).
- Public health is integrated within the community; it is positioned and has the capacity to impact families across the spectrum.
- Putting children first, we have all communities supporting and empowering families.
- Leveraging our respective strengths across sectors we will ensure every child will develop to their full potential.

Next Steps:

A more comprehensive summary of the day will be made widely available. alPHa will continue to engage the public health field, and work with provincial partners, to create a common vision, functions, foci, outcomes, and descriptions for public health core roles in an integrated system of services for children and families.

Information generated from the day will be shared with the External Reference Group and further discussions will occur at the Internal Reference Group guiding Charles Pascal in Ontario's implementation of the strategy for early learning and care.

Hazel Lynn