



# **BOARD REPORT**

Friday May 20, 2011

# PROGRAM REPORT

## MAY 2011



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

### HEALTHY COMMUNITY DEVELOPMENT

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### HEALTHY COMMUNITY DEVELOPMENT

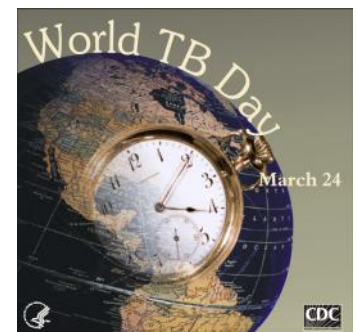
#### **World TB Day**

*World TB Day* is recognized annually on March 24 as a reminder that tuberculosis (TB) continues to be a leading cause of death worldwide.

In 2010, the Grey Bruce Health Unit conducted 30 TB investigations referred by physicians, long-term care facilities, correctional facilities, Citizenship and Immigration, hospitals and other health units. No cases of active TB disease were identified as a result of the investigations. In 2009, the Health Unit was involved in 36 investigations with two cases of active disease; one was non-pulmonary. A recent outbreak of several cases of TB in a long-term care facility in a neighbouring jurisdiction reinforces the fact that TB is not just a disease of the past. It is essential to maintain a suspicion of TB as a possible cause of presenting symptoms. Control relies on the prompt reporting by health care professionals of positive TB skin tests and suspect or active TB cases.

Appropriate screening for TB is important for new staff, residents and volunteers of long-term care facilities and retirement homes, and for staff and volunteers in other facilities including hospitals and correctional facilities.

Ontario health units receive funding to promote the importance of awareness and surveillance of tuberculosis. Grey Bruce is targeting health care providers by offering TB resources and through hosting an infection control forum where guest speakers described the recent long-term home TB outbreak.



## Public Health Units Working to Create Healthy Communities

Efforts to establish public health participation in the planning process received a boost with the release in April of *Public Health and Land Use Planning: How Ten Public Health Units are Working to Create Healthy and Sustainable Communities*.

<http://www.cleanairpartnership.org/files/CAP%20PHLUP%20Background%20Report%20April%202011.pdf>

Co-produced by the Ontario Public Health Association and the Clean Air Partnership, the report highlights the experience of Ontario public health units that are actively engaged in working with local planning departments to incorporate healthy public policy into the planning process. The Grey Bruce Health Unit is cited among health units taking part and with Health Promoter, Jennifer Croft, participating on the report's advisory committee.

In recent years, the planning profession has begun to embrace the concept of healthy communities. This is evident in many documents and communiqués released by the Ontario Association of Professional Planners, including *Planning by Design: a Healthy Communities Handbook* (Ministry of Municipal Affairs and Housing, Ontario Professional Planners Institute, Fall 2009). <http://www.mah.gov.on.ca/Page6737.aspx>.

This policy shift among planners provides opportunities for health units to engage with local planning departments in order to address broader issues of determinants of health in their communities. While many public health units have long been involved in commenting on “traditional” planning concerns such as groundwater protection, there has been little opportunity to contribute opinion and advice on transportation strategies, availability of green space, access to healthy food and a host of other community features that contribute to healthy living.

This being said, planning departments across Ontario have greeted health unit participation in broader health planning issues with mixed levels of enthusiasm. By sharing the experiences of health units engaged in the local planning process, *Public Health and Land Use Planning: How Ten Public Health Units are Working to Create Healthy and Sustainable Communities* provides a toolbox for other health units wishing to move forward in this important area.




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### Grey Bruce Moving ON Strategy

The *PLAY in Bruce Grey* physical activity program is assisting the progress of the Moving ON strategy for our region. The goal is to inspire a shift towards an emphasis on pedestrians and cyclists. Decision makers, planners and engineers are encouraged to provide walkers and cyclists with equal consideration to vehicles when addressing infrastructure change, new development and transportation planning.



Moving ON was launched in Grey Bruce in January 2011 with a presentation by Gil Peñalosa, Executive Director of 8 – 80 Cities. Peñalosa is an internationally renowned livable city consultant and the former Commissioner of Parks and Recreation for the City of Bogotá, Columbia. Peñalosa is passionate about improving quality of life through walking and bicycling and the promotion of parks, trails and other public spaces as places that foster healthier communities. More than 110 participants attended the sessions including elected officials, municipal staff, community organizations and the general public.

As a follow-up in February, over 50 community leaders participated in a WalkAbility Train the Trainer session focusing on raising awareness at the local level, actions moving forward and creating a community of practice.

The third phase of the Moving ON strategy is to develop and pilot a Walkable Communities process for change. With the Town of the Blue Mountains and Saugeen Shores as leads, both communities held public forums to identify ways to improve local walking/cycling conditions. Working with the *Grey Bruce Healthy Communities Partnership*, plans are being developed to move the suggestions forward to create municipal policy that will support walkability.

## **CLIENT SERVICES**

### **No Dental Coverage? No Worries!**

The *Grey Bruce Oral Health Status Report: 2005–2010* (Mackie, 2010) identifies about 32 per cent of Canadians do not have dental insurance. Numbers are significantly higher in Grey Bruce; 45 per cent of residents do not have dental coverage. Dental screenings across Grey Bruce also show younger children have a higher number of decayed, missing and filled teeth as well as higher rates of decay than other areas of the province.

In the fall of 2010, the province launched Healthy Smiles Ontario (HSO) to address this important public health issue. However, the promotional materials for this program identified the financial restriction of earning less than \$20,000 in order to qualify. As a result, the program had a very limited uptake with only 36 clients enrolled for HSO locally from October 2010 to February 2011. It was identified that due to misunderstandings of how the process works and uncertainty on whether or not they qualify, clients were not contacting the Health Unit to access HSO or any of the other free oral health services.

To address this, the Health Unit launched *No Dental Coverage? No Worries!* a local campaign to supplement the provincial marketing. Running in April as part of Dental Health Month, the campaign promoted Healthy Smiles Ontario as well as other preventive and restorative dental programs offered by the Health Unit. By mid-April, inquiries to the dental program and scheduled appointments had increased four-fold. Services are available at Public Health clinic sites and can also be arranged to be provided at participating local dentists' offices.

### **Campaign Messages:**

- Slogans: "No Dental Coverage? No Worries! We have free services for every young smile."
- "Don't worry about whether or not you qualify for the free programs, simply call us and let us help you."

### **Campaign Strategies:**

- News release April 5, 2011
- Earned media opportunities
- Radio ads on local stations during April and May
- Facebook ad running mid-April to mid-May
- Poster and bookmark distributed across Grey Bruce to all Ontario Early Years Centres, day cares, pharmacies, physicians' offices, ER departments, CAS, Housing Departments, Food Banks, etc.
- Newsletter inserts (hard copy and/or electronic) created and sent to all Grey Bruce schools, Good Food Box sites, churches, farming associations, United Way, etc.



## Secondary School Clinics Complete for 2011

Immunization clinics for secondary school students were completed in February and March. The clinics provide an opportunity for students to receive a booster dose of DTaP, which is first given in early childhood to prevent diphtheria, tetanus and pertussis (whooping cough). The booster gives adolescents added protection from these diseases. Students may also be eligible to receive the meningococcal C vaccine.

It is important to note that while overall immunization coverage rates for secondary school children in Grey Bruce remain very high, declining enrolments are impacting the number of children immunized at school clinics. The school board estimates that enrolment will continue to decline for at least another five years. The provincially funded immunization schedule is complex and often updated or revised; as a result we see nurses having to administer more vaccines, to fewer students at very specific time intervals.

## ENFORCEMENT/RESEARCH/SURVEILLANCE

### 2011 Lyme Disease Surveillance Plan

Lyme disease is an infection caused by the bacteria, *Borrelia burgdorferi*. In Ontario, these bacteria are spread by the bite of blacklegged ticks (a.k.a. deer ticks), *Ixodes scapularis*. Lyme disease is a reportable disease under the *Health Protection and Promotion Act*. The prevalence of Lyme disease is relatively low in Grey Bruce. White tailed deer are a potential reservoir of Lyme disease as they harbour ticks and since Grey Bruce has a large number of deer, surveillance is warranted to monitor any potential cases.

The 2011 Lyme disease surveillance plan will include active and passive surveillance.

#### Passive Surveillance

- Ticks found on a human or suspected of biting a human are submitted to the Public Health Laboratory for species identification and testing for *Borrelia burgdorferi*.
- As dogs are closer to the ground and more likely to be attractive to ticks as possible hosts, they are at risk of tick exposure and the potential of Lyme disease. By establishing a baseline of positive test results for *Borrelia burgdorferi* exposure, an increase from the baseline value would likely reflect an increase in actual exposures. Data is being collected from two veterinarian clinics in Grey Bruce in a program to voluntarily report tick specimen laboratory submissions and subsequent test results to the Health Unit twice a year.

#### Active Surveillance

- This method involves drag sampling in areas where ticks are known to inhabit and human interaction is likely to occur. The purpose of drag sampling is to catch as many ticks as possible for species identification and testing.

