



# **BOARD REPORT**

Friday April 15, 2011



## **HEALTHY COMMUNITY DEVELOPMENT**

### **Healthy Communities Connections**

#### Transportation

The Board of Health resolution 2010-13, *Building Healthy Communities Together: Active and Alternative Transportation to Support Healthy Living in Grey Bruce*, urges municipalities adopt active and alternative transportation as guiding principles in official and master plans, by-laws and land use planning. Decision makers are asked to ensure policy pays special attention to access and equity, especially for children, youth, older adults, people with limited income and others who may be at a disadvantage.

#### Obesity

The *PLAY in Bruce Grey* physical activity initiative received a two year grant from the Ontario Trillium Foundation. The Municipality of Arran-Elderslie is the host agency for administration of the \$115,000 grant with the steering committee, under chair Jayne Jagelewski, Municipality of Saugeen Shores, ensuring that the objectives of the grant are met. *PLAY* coordinator, Catherine Smart, is working with all 17 partnering municipalities to tailor action plans specific to each community. The project will assist the development of physical activity initiatives in each community and to engage local leaders and volunteers. The *PLAY* model was recognized as a best practice by the Physical Activity Resource Centre (PARC).

#### Building Community Capacity

The May 2010, *Healthy Communities Conference - Creating Community Capacity through Awareness Building and Partnership* was hosted by the Grey Bruce Health Unit, City of Owen Sound, Town of Blue Mountains, Municipality of Meaford, Bruce Grey Catholic District School Board and Bluewater District School Board. The keynote address by Honourable Margaret Best, Minister of Health Promotion, highlighted the need for individuals, organizations, communities and governments to work together to create a culture of health. Over 200 participants including municipal and community leaders, land use planners, educators, business, industry, health, social services and community members shared their experiences in developing healthy communities.

During September and October 2010, the strategic campaign “I want to be part of a healthy community...” was rolled out. The goal of the campaign was to engage residents on the importance of healthy communities. A radio campaign sought to educate residents about the built environment, active transportation, local food and alcohol use. Voters were encouraged to have their voice heard during the elections with information and questions to ask candidates posted on the internet and distributed. Municipal candidates received “I want to be part of a healthy community...” election information package. Public Health’s Facebook page *Grey Bruce Gets Healthy* was launched and hosts all of the campaign content.

Following the fall 2010 municipal elections, all municipal leaders received the *Healthy Communities* orientation package, *Municipalities Influencing Health – Together, we build healthy communities*. A variety of suggestions on how municipalities and Public Health can collaborate through community planning, policy development and programs and services were provided. Public Health Community Teams will continue to engage in dialogue with municipal leaders to move these ideas forward. Municipal council presentations took place in Chatsworth, Georgian Bluffs, Meaford, Arran-Elderslie, Huron-Kinloss and Kincardine. Public Health staff participated in the Town of Hanover’s strategic planning process.

Building on the success of linking with local municipalities, an upper tier alignment with the County of Grey was formed. Initial discussion explored how the two organizations can work substantively on sensitive and sometimes conflicting issues. Topics identified for collaboration include GIS mapping; active and alternative

transportation; development of a best practices checklists based on rural needs; tobacco-free outdoor spaces; and development of a Food Charter. Sharing expertise is also seen as an essential component of the alignment. Options being explored include a website/link that allows staff from both organizations to share information; a process for engagement of engineers/developers; and a process for circulation of county level applications to Public Health.

### Workplace

Healthy workplace initiatives included piloting training of *Your Health Matters*, a cancer prevention and screening program, with health care providers at Grey Bruce Health Services and presenting to 70 staff from the Bluewater District School Board. The program is designed to increase awareness of cancer's modifiable risk factors, of screening programs and to motivate participant toward healthy behaviour change.

## **Working with Community Partners**

### Supporting Local Producers

On November 15, over 30 area producers attended *Supporting Local Producers*, a one day workshop to address barriers to having competitively priced local food available in area markets and restaurants while ensuring smaller local producers can remain viable. A partnership, identified as unique in Ontario, involving FarmStart, the Ecological Farmers Association of Ontario, Grey Bruce Local Food Project and the Grey Bruce Health Unit hosted the event.

Sessions included an introduction to direct marketing; the basics of marketing and branding; pricing and promotion; and using social media. A Public Health Inspector addressed food safety and regulatory requirements. A panel discussion put it all together from the field to the consumer. Producers received education and resources to support their business as well as the opportunity to network and problem solve. They also saw that Public Health goes beyond enforcement and is a valuable partner to help ensure the safety of their products.

### Grey Bruce Local Food Project

Public Health provides office space for the Grey Bruce Local Food Project. This jointly funded project by Grey and Bruce Counties is aimed at improving the viability of the farm sector by linking food producers and processors with end users including consumers, restaurants and institutional kitchens. The Local Food Project provides a clearing house for information on the local food system. The website, [www.foodlinkgreybruce.com](http://www.foodlinkgreybruce.com) is the most complete inventory of local food businesses in Grey Bruce. Project coordinators assist farmers and processors with production and processing techniques, regulatory oversight and direct marketing. Public Health partnered in a summer-long media campaign in support of farmers' markets. Held in November, the second *Grey Bruce Food Summit* addressed developing an efficient system for the distribution of local food. Public Health presented the new *Healthy Communities* initiative, particularly linking the role of local food in the *Healthy Communities* framework.

## **Youth Engagement**

The Ministry of Health Promotion and Sport provided \$32,000 to bridge local youth initiative funding following suspension of the *Youth Action Alliance* program and prior to the launch of the new youth engagement framework, announced in the summer of 2010. Funding was used for youth engagement/action on health or community identified priority issues. The Public Health Community Teams were instrumental in linking youth initiatives to the funding. Fifteen youth engagement grants from \$1,000 to \$4,000 were issued to community groups, municipalities, schools and organizations to support youth-centered health promotion activities.

Mid-year, the Ministry re-introduced youth engagement projects with funding for a new staff position, making possible the launch of a number of initiatives. The Grey Bruce Youth Health Council is a partnership between the Bluewater District School Board, the Bruce Grey Catholic District School Board and Public Health. Each high school has two students designated as Youth Health Liaisons, responsible for rolling out monthly health campaigns in a fun and interactive way. A *Directors' Cut* workshop offered in December engaged Grade 7/8 students in the writing, directing and editing of videos focusing on health. The videos will be shown on the [www.targetyouth.ca](http://www.targetyouth.ca) website.

### **Addressing Poverty and Inequities**

#### **Bridges Out of Poverty**

*Bridges out of Poverty* training offers the structures, ideas and tools a community needs to prevent, reduce and alleviate poverty. Based on *A Framework for Understanding Poverty* by Dr. Ruby Payne, *Bridges* helps employers, community organizations, social-service agencies and individuals address poverty in a comprehensive way. Using case studies, detailed analysis and charts, 162 staff and community partners engaged in exercises to gain a greater understanding of the importance of aligning programs and services to increase job retention rates, build resources, improve outcomes and support those moving out of poverty.

#### **The Cost of Eating Well in Grey Bruce**

The *2010 Nutritious Food Basket Survey* identified that it cost \$166.64 per week (\$721.55 per month) to feed a reference family of four (two parents, two children) in Grey Bruce. These results were shared at the October *Community Round Table on Food – A Step in the right direction*. Over 35 participants from a variety of backgrounds came together to consider issues related to food accessibility and security. A workgroup was formed to move forward with actions identified from the discussions.

### **Tobacco Cessation**

Public Health has been working with the three local hospital corporations to plan and implement the *Ottawa Hospital Model*. This best practice is a systematic approach to identifying tobacco users, providing users with a brief intervention, offering pharmacotherapy for patients while in hospital and referring patients to Smokers Helpline for follow-up counselling when discharged.

Public Health promoted the *Driven to Quit Challenge* in January and February. In Grey Bruce, 501 people registered for the *Challenge*; a 38% increase from 2009.

*You Can Make it Happen* targeted health professionals including Public Health, family health teams, dental and optometry offices to provide resources for tobacco cessation and to remind professionals the influence they have on patients' motivation for quitting. In September, Public Health, in partnership with the Mental Health Wellness Committee, brought together 35 health care professionals to learn more about providing cessation intervention to clients and about the community resources that clients can access for additional support.

In November, Public Health partnered with the Centre for Addiction and Mental Health to provide *STOP on the Road*, a group counselling session and five weeks of free nicotine replacement therapy to 130 smokers in Grey Bruce. Public Health is now part of the *Smokers' Helpline Fax Referral* program. This program allows staff to fax a client referral to Smokers' Helpline and in return Smokers' Helpline calls the client within three working days. This program is important because evaluation of the Helpline shows that 60% of clients reached by this fax referral program would not have called Smokers' Helpline on their own.

### **Substance Misuse**

Building on the work of the Grey Bruce FOCUS Coalition, the Ministry of Health Promotion and Sport supported development of a local assessment. The report, *Current Priority Issues Regarding Substance Misuse in Grey Bruce and Strategic Directions for Moving Forward (August 2010)*, provides a picture of the critical substance misuse issues in Grey Bruce. The report reviews evidence-based prevention and harm reduction strategies and provides recommendations for moving forward:

- Continue a collaborative approach, while adopting the new *Healthy Communities* framework, to strengthen the network of partners working on substance misuse.
- Address the impact of alcohol consumption on injuries and chronic disease and support the development of a culture where moderation is the goal.
- Enhance evidence-based interventions for people at risk of harm from substance misuse.
- Work towards developing a long-term drug strategy that uses a comprehensive approach of enforcement, harm reduction, prevention and education, and treatment.

### Crystal Meth

With Public Health as a partner, the Grey Bruce Crystal Meth Task Force leads a broad coordinated strategy to reduce crystal methamphetamine production, sale and use in Grey Bruce.

On April 19, over 300 first responders and workers who routinely enter homes in the course of their work attended a public safety and drug awareness session at the Canadian Auto Workers Education Centre in Port Elgin. Health care providers, first responders and home visitors were trained to recognize drugs, drug use, drug labs and the dangers they create.

On April 26, the Town of Hanover enacted *The Grow House and Clandestine Laboratory Abatement By-Law*. The By-Law allows the municipality to recover the cost of emergency personnel and other public sector staff attending these illegal operations, as well as for remediation of buildings to ensure the health and safety of future occupants and neighbouring properties. Other municipalities are encouraged to use similar strategies.

### Alcohol

Despite municipal alcohol policies, tougher laws, rigid enforcement and teaching on the harms associated with alcohol, the problem remains significant in Grey Bruce. Recognizing that solutions lie in changing the culture of drinking, over 75 community leaders came together in April for the forum *The Culture and Impact of Alcohol Use in Grey and Bruce* in an effort to find ways to balance alcohol use and reduce risks. It was identified that all segments of the community including parents, business owners, educators, health, social services and politicians have a role to play in changing the culture and impact of alcohol use.

Seventeen participants from nine area golf courses completed an *Alcohol Policy Development* workshop addressing risks, liabilities and enforcement of an alcohol risk management policy for customers and staff.

### **Active Transportation**

In October 2010, key stakeholders met to discuss youth involvement in active transportation. Lack of transportation is identified as a major barrier to youth participation across Grey Bruce. With the goal of increasing opportunities for youth to use active transportation, the Heart & Stroke Foundation provided a \$5,000 grant for a travel routes mapping project. Youth will collect local data using GPS units and report back to participating municipalities.

## Falls Prevention

The Southwest Local Health Integration Network (LHIN) funds the *Grey Bruce Falls Preventions and Intervention* project under the *Aging at Home Strategy*.

- 132 clients received a comprehensive assessment and 3-5 visits by Occupational Therapist, Physiotherapist and Registered Nurse.
- 226 clients received the *Home Support Exercise Program (HSEP)*
- 208 PSWs are now trained in HSEP
- 670 clients screened in the pilot study at Grey Bruce Health Services, Emergency Dept. Warton site
- 41 surveys completed by Grey County EMS in their pilot study
- 7965 of the *6 Warning Signs of Falls* self-assessment screening tool distributed
- 5 Community Audits with approximately 200 older adults participating. The results presented at 2010 Healthy Communities Conference.

Initiated in November 2010 as a LHIN priority project and rolling out in 2011, the *Provincial Falls Prevention Project* will formulate an Ontario Falls Prevention Framework and Toolkit to support effective falls prevention interventions for seniors. The aim is to expand upon existing services rather than to create an entirely new program. The *Grey Bruce Falls Preventions and Intervention* is one of the many successful projects contributing to development of the Framework and Toolkit.

## CLIENT SERVICES

### Reproductive Health

Programs assists parents achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborns possible and are prepared for parenting. Positive birth outcomes affect cognitive function and are critical to prevent disabilities. Healthy parent-child attachment is associated with resilience, mental health and the ability to cope with stress. Breastfeeding and healthy infant nutrition are linked to preventing obesity, heart disease, type 2 diabetes, osteoarthritis and protective immunity levels. Public Health provides a range of prenatal programs and services to support families in understanding these critical issues; 443 expecting parents attended these programs in 2010.

### Let's Grow

*Let's Grow* offers a seamless system of services for children and families and brings together agencies working with children aged 0-6. *Let's Grow* acts as the Grey Bruce implementation committee for the provincial *Best Start/Early Learning Initiative*. *Let's Grow* enhances Public Health's ability to respond to community needs and make use of the expertise of community partners to achieve common goals for priority populations.

The *Let's Learn Kindergarten Registrations* are an initiative of *Let's Grow*. More than one in four children in Ontario enters Grade 1 significantly behind their peers. *Let's Grow* partners come together in local schools each fall to offer universal growth and development screening of three-year-olds. Universal screening helps ensure that children have access to assistance and intervention to support early learning. More than 900 children attended registrations in 2010, resulting in over 50 referrals to programs and services. Many of the services provided to families are designed to enhance the child's school readiness.

## Healthy Babies Healthy Children

The goal of Child Health is to enable all children to attain and sustain best health and development possible.

	Ontario 2009	Grey Bruce 2009		Grey Bruce 2010	
	%	No.	%	No.	%
Annual Live Births		1399		1444	
Prenatal Families screened	<b>97.9</b>	1083	<b>97.6</b>	1275	<b>99</b>
Score indicates high-risk	<b>27.4</b>	270	<b>24.9</b>	299	<b>23.5</b>
High-risk Prenatal Families referred to HBHC for support & information		123		119	
Postpartum telephone contact (by consent)					
- Within 48 hrs	<b>78.8</b>	1004	<b>76.5</b>	1041	<b>77.2</b>
- After 48 hrs	<b>21.2</b>	309	<b>23.5</b>	307	<b>22.8</b>
Families recommended to Home Visiting program (following in-depth assessment )	<b>7.9</b>	176	<b>13.8</b>	160	<b>14.4</b>
New families entering Home Visiting Program (a voluntary program)	<b>7.3</b>	162	<b>12.7</b>	148	<b>13.3</b>
Number of families in HBHC program		272		237	
Home visits completed		2512		2464	

## Child Health

Healthy child development is one of the determinants of lifelong health. The goal of the child health program is to enable all children to attain optimal health and development. Healthy Babies Centres and Healthy Beginnings groups are held in community-based locations across Grey Bruce; 2,126 visits to these groups were documented in 2010.

Telephone, email and drop-in consultations support families to monitor and address their child's health and development. In 2010, 749 individual consultations were provided at the request of parents. Group education, delivered in partnership with Children's Aid Society, was provided to 63 professionals and 316 parents, including a 12-week series for parents at risk.

## Oral Health Services

Public Health screened 7,166 children at elementary schools for dental decay under the provincial oral health protocol. Screening also identifies children in need of coaching in oral hygiene, requiring fluoride treatment and/or referral to a dentist for restorative treatment.

Of the children screened in schools, 857 were eligible for the *Children in Need of Treatment (CINOT)* program covering the cost of basic dental treatment for children 0-12 years whose families could not otherwise

afford the service. In 2009, CINOT expanded include those 13-17 years whose families met income eligibility. In 2010, 84 youth received services under the expanded delivery plan. An additional 468 children were screened at the parent's request; of those, 329 children or 70% were eligible for CINOT.

Free dental care is important in our community as about 45% of people living in Grey Bruce have no public or private dental insurance, that compares with about 32% of people across Canada. Dental screenings show younger children in Grey Bruce have higher decay rates and higher numbers of decayed, missing and filled teeth than provincial averages for the same age. (Mackie A., *Grey Bruce Oral Health Status Report: 2005-2010*. Owen Sound)

Several strategies were undertaken by the Oral Health Team in 2010 to deal with dental decay rates. Dental Health Educators provided individual oral health training to 146 children, offered 27 group education sessions and distributed 31 resources packages to support healthy oral practices. No-cost Public Health preventive clinics offering scaling, polishing, sealants and fluoride treatments opened in Owen Sound, Markdale and Walkerton. The new clinics provided services to 383 clients in addition to over 200 topical fluoride/varnishes given to children in the schools.

In October 2010, the province launched *Healthy Smiles Ontario* (HSO). The program offers a range of preventative and restorative dental services to children up to age 17 who meet family income eligibility. This initiative supports plans to offer additional preventive clinics in Hanover and Warton in 2011 and, with the hiring of a dentist, full dental services.

### Needle Exchange

*GB Works* Needle Exchange Program reduces the risk associated with intravenous drug use including the spread of diseases such as HIV and hepatitis. In Ontario, Needle Exchange Programs are a mandatory public health program in areas where injection drug use is recognized as a problem.

There are four *GB Works* needle exchange sites in Grey Bruce; Hanover, Walkerton and two in Owen Sound.

The number of participants and new clients has increased consistently since the start of the program in 2007. At each exchange, clients meet with trained personnel to discuss the importance of their health as it relates to safe injection practices. Intervention can include referral to other health and social service programs.

<b>Needle Exchange Activity Report 2008-2010</b>				
	<b>2007 August to December</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Exchanges	58	195	268	532
New clients	19	24	51	65
Exchanges to males	41	152	208	437
Exchanges to females	17	42	60	95
Average age of NEP clients	44.069	40.232	35.0448	32.218
Needles distributed	10, 175	30, 191	26, 279	31,140
Needles returned	5, 531	24, 406	15, 875	20, 810

### **Vaccine Preventable Diseases**

Public Health inspected 128 facilities in Grey Bruce that store publicly funded vaccine. Vaccine must be kept at constant temperatures to maintain strength and viability; exposure and waste can result from mechanical (fridge) failure or human errors. Rates for vaccine waste/exposures were down significantly from 87 incidents in 2009 to just 58 in 2010. Enhanced education and surveillance on behalf of facilities and Public Health are credited with the decline.

Public Health filled 1,567 orders for vaccine. This amounts to over \$3 million worth of vaccine distributed to health care providers across Grey Bruce; one million dollars more than was dispensed in 2009.

School-based clinics prevent disease by immunizing large numbers of students at specific grade levels. In the Grade 7 cohort, 79% of students received the Meningococcal C vaccine and 76% Hepatitis B. Human papillomavirus (HPV) immunization rates for Grade 8 females were 61%; down 10% from 2009. Efforts will be made to ensure vaccine rates for school-based clinics increase during 2011.

Twenty-three hundred Grey Bruce residents accessed Public Health clinics receiving both adult and infant immunizations and travel related vaccines. As well, 350 travel packages were compiled with recommendations for travel vaccines.

Over 5,000 doses of influenza vaccine were given to the public through 12 community immunization clinics. Public Health provided over 53,000 doses of influenza vaccine to doctors, family health teams and health care providers across Grey Bruce.

Over 25,300 immunization records for students in daycare, elementary and high schools are assessed and maintained by Public Health. School suspension notices for elementary school children were not administered in 2010 due to H1N1 activities. However, 44 secondary school students were suspended for incomplete and/or overdue immunizations.

### **Infectious Diseases Prevention and Control**

The goal is to prevent or reduce the burden of infectious diseases of public health importance. The *Health Protection and Promotion Act* identifies approximately 70 reportable diseases based on the seriousness of impact, potential spread and preventability. Public Health has a 24/7 system in place to receive and respond to reports of infectious diseases. Of 437 after-hours calls received in 2010, 80 were related to infectious diseases.

Two hundred fifty-five cases of reportable diseases in Grey Bruce residents were investigated to determine the source of illness, prevent spread to others and to provide consultation and resources. Local data is reported promptly to a secure provincial website in order to identify clusters, increases in disease and multi-jurisdictional involvement.

Twenty-seven respiratory and enteric outbreaks were confirmed, managed and recommendations provided for future infection control. Nineteen outbreaks occurred in long-term care facilities, four in daycares, three in the community and one in a hospital setting. Influenza surveillance data is reported weekly to the Ministry of Health and Long-Term Care. Schools report daily to Public Health when student absenteeism is 10% or greater.

There were 162 inspections and six re-inspections of daycares, hospitals, long-term care facilities, retirement homes, funeral homes, homes for special care, group homes and personal service settings including tattoo parlours.

Public Health hosted an educational day in partnership with Huronia Practitioners of Infection Control (HUPIC) with 67 health care participants and 22 vendors with displays taking part. Designated Officer training was held for 45 emergency service agencies. Emergency service workers are notified in the event they may have been exposed to an infectious disease to ensure appropriate action can be taken.

In 2010, 104 local infectious disease articles were reported in the media; 27 media interviews were conducted; 28 hand washing, 56 Tuberculosis (TB) skin testing, 5 personal protective equipment and 2 Body Art DVDs were distributed.

### **Sexual Health**

Sexual health clinics are located in two community sites and ten high schools across Grey Bruce. A new clinic opened at an Owen Sound high school in 2010 and additional sites are planned. School clinics overcome transportation issues by providing access to services for the students while also demonstrating a setting supportive to addressing issues related to healthy sexuality.

Providing low cost contraception, counselling and testing is a mandate of the Grey Bruce Health Unit. Offering contraception at a third the cost of retail is a service that many young people, and those without a drug plan, appreciate and is a key strategy supporting a decreased risk of an unintended pregnancy.

Clinics also provide sexually transmitted infection counselling, testing, treatment and follow up.

In 2010:

- 7,789 client contacts at all sexual health clinics
- 4,132 clients came to the clinic for birth control medication
- 1,607 people were provided with condoms
- 87 clients were given the emergency contraceptive pill
- 691 pregnancy tests, both urine and serum, were provided with 78 positive tests and 613 negative (every intervention allows nurses to support risk prevention)

Referrals for positive pregnancy tests were made to family physicians, clinic doctors, local obstetricians/gynaecologists, other clinics, midwives and the *Healthy Babies Healthy Children* program.

### **Sexually Transmitted Infections**

Follow-up investigations and consultations were provided for 325 reportable infections including chlamydia, gonorrhoea, syphilis and HIV. Chlamydia remains the most commonly diagnosed and reported sexually transmitted infection (STI) in Canada, with rates increasing. Numbers in Grey Bruce are consistent with this trend, with 311 positive cases. Follow-up treatment to all positive cases and contacts is important to reduce the incidence and transmission of infection.

Education is an essential strategy to decrease infection rates. The community and high school-based clinics promote reducing the risks of STI through instruction, prevention and condom use. Additionally, 25 agencies and community sites in Grey Bruce receive condoms for at-risk clients to access free of charge. Condoms are provided in every needle exchange kit.

In 2011, a campaign will be launched in high schools, the college and area bars to increase awareness of infection and the need for testing. As well, an outreach program for area physicians, midwives and nurse practitioners will offer free treatment for clients tested through primary care facilities.

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## ENFORCEMENT/RESEARCH/SURVEILLANCE

### **Monitoring Heights and Weights of Ontario School Children**

The Grey Bruce Health Unit was one of two health units in Ontario to work with the Association of Local Public Health Agencies (alPHa) to pilot the process of collecting height and weight measurements of elementary school children. Six Grey Bruce schools took part in this project with a 60% participation rate amongst the Grade 2 children. Trained dental health teams carried out all measurements. The Ontario Agency for Health Protection and Promotion was responsible for the project's data transfer, analysis, reporting and archiving. The evaluation provided recommendations on planning and implementation, education, communication, consents and process to assist the second phase of the project.

### **Health Hazard Prevention and Management**

#### Wind Turbines

The Medical Officer of Health and Public Health staff consulted with relevant experts, agencies, local residents and politicians to gather information about potential adverse health and psychosocial impacts associated with industrial wind farms. This consultation resulted in a report from the Medical Officer of Health and a subsequent resolution from the Board of Health (January 21, 2011) asking the government of Ontario to conduct further research on potential impacts.

#### Bedbugs

Though not a "health hazard" as strictly defined in the *Health Protection and Promotion Act*, bedbugs create untold misery for those living with an infestation. Reports of bedbug infestations and requests for advice and information increased in Grey Bruce in 2010, as they did in most other parts of the province. Public Health provided one-on-one consultation with tenants and landlords, presented information via print and web-based resources and responded to media inquiries. With new funding from the government of Ontario for 2011, additional initiatives targeted specifically towards vulnerable populations are planned.

#### Other Complaint and Issue Response Activities

Activities in the area of health hazard prevention and management were wide-ranging. The following provides an overview of the type and frequency of health hazard issues responded to by staff:

<b>Health Hazard Issue/Complaint Response July 1 – December 31, 2010*</b>	
<b>Issue</b>	<b>Number of Reports/Responses</b>
Indoor Air Quality	10
Housing	7
Sanitation	4
Infestation	3
Garbage	1
Found Needles	1

\*Comparable data for the first half of 2010 is unavailable due to migration to the new *Health-Space* data management system on July 1, 2010. The data in this table also represent only reports that required an inspection. Many additional reports were received and resolved by staff on Public Health's *Help Desk* telephone line. *Help Desk* data will be available beginning in 2011.

## **Safe Water**

### Communal Drinking Water Systems

Regulated drinking water systems vary in size from large municipal water treatment plants to smaller systems servicing a designated facility. Regulated systems are required to undertake measures to protect the quality of their water.

In 2010, the Grey Bruce Health Unit responded to 139 Adverse Water incidents from the Ministry of the Environment Spills Action Centre. This was down slightly from 162 reports in 2009, and represents a longer term downward trend 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*. 2010 was year two of the three year phase-in of the new program. An electronic risk categorization tool (RCat) was rolled out and Public Health Inspectors conducted risk assessments and issued associated directives on approximately 250 systems. Time was also spent assessing the list of designated systems; based on review of criteria, closing and duplications, the total was reduced to 820 systems from 1,620.

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

The Ministry of Health and Long-Term Care offers residents of Ontario free testing of their private water systems for *E. coli* and total coliforms. Public Health supports this initiative by offering advice and consultations. Residents typically will seek advice if they receive notification of an adverse sample. We responded to 214 enquiries between January and June, for an estimated yearly total of 428, on par with the 424 received in 2009.

### Beach Sampling

From June to September 2010, eight public beaches in Grey Bruce were sampled according to the provincially mandated beach monitoring program. Each beach was sampled approximately 14 times, and in order to produce the geometric means, about 700 individual samples were taken. Due to the weather patterns, which included a number of storms bringing short periods of heavy rain in 2010, we posted beaches on 13 occasions.

### Blue Flag

The *Blue Flag* program in Canada is operated by the independent non-profit organization Environmental Defence. In 2010, there were four *Blue Flag* beaches in Grey Bruce; Kincardine Station Beach, Sauble Beach, Northwinds Park and Little River Park. All four were affected by beach postings at some point during the 2010 season.

### Pools, Spas and Wading Pools

Due to the risk of infectious disease and injury, public facilities are inspected regularly by Public Health. In 2010, 302 routine inspections and re-inspections of these facilities were conducted.

## **Vector Borne Disease**

Tick submissions were up from two in 2009 to 16 in 2010. The increase is attributable to a public education campaign, physician notices and active surveillance conducted by Public Health. Of the 16 submissions, three ticks were identified as *Ixodes scapularis*, the type known to carry the bacteria that causes Lyme disease. These ticks were further analyzed by the National Microbiology Laboratory in Winnipeg and found to be free of the Lyme disease bacteria.

## Rabies

Animal bites/scratches to humans resulted in 540 investigations across Grey Bruce with 30 people receiving post-exposure rabies treatment.

There were 39 confirmed animal rabies cases reported in Ontario in 2010. This is the fewest since rabies testing became established and is the first time in over 50 years that there were no confirmed rabies cases in pets or livestock. Skunks and bats were the only species confirmed with rabies. Grey Bruce had ten rabid animal reports in 2010; all were skunk and represent all the rabid skunk reports in the province. The Ministry of Natural Resources estimates numbers may be even lower in future as a result of the high density management baiting done in response to each of the cases.

## Environment

Land use planning and management activities included comments pertaining to municipal planning applications across Grey Bruce and the review of on-site sewage treatment system applications under the *Ontario Building Code* in six municipalities.

2010 Environment Program Activities		
Municipality	On-Site Sewage Permits	Planning Comments
Arran-Elderslie	n/a	8
Blue Mountains	n/a	9
Georgian Bluffs	60	58
Huron-Kinloss	72	17
Kincardine	29	32
Meaford	40	28
Northern Bruce Peninsula	95	18
Owen Sound	n/a	2
South Bruce Peninsula	n/a	19
Saugeen Shores	35	20
Brockton	n/a	0
Chatsworth	n/a	1
Grey Highlands	n/a	4
Hanover	n/a	2
South Bruce	n/a	1
Southgate	n/a	2
West Grey	n/a	4
<i>Total</i>	333	225

Environment Team members were also actively engaged in a Septic System Re-inspection Program in Huron-Kinloss and sat on the Early Response Technical Review Committee as part of the local Drinking Water Source Protection process.

**Tobacco Enforcement**

Tobacco Enforcement and Education Officers responded to 245 smoking related complaints/inquires throughout 2010.

Nature of Complaint	Number
Smoking in enclosed workplace or public place	88
Tobacco vendor related	15
Smoking on school property	20
Other (multi-unit dwelling, retail signs, contraband, Ministry of Revenue referrals, supply to underage)	122

Enforcement

Eleven young offenders accessed the *Informal Diversion* program in 2010 in lieu of a formal court charge. Of these youth, six completed the program and two have still to finish their community service hours.

There are currently 196 tobacco retailers in Grey Bruce. There were 403 tobacco retail checks with test shoppers. These checks resulted in 23 sales to minors with an overall 94% compliance rate for tobacco retailers.

There were 141 warnings issued and 56 charges under the *Smoke-Free Ontario Act*. Thirty-one charges went before the court resulting in 20 convictions, 4 dismissals and 7 adjournments.

Section	Wording	Charges	Warning
3(1)	Sell or supply tobacco to person less than 19	18	18
3.1(1)(a) 3.1(1)(b) 3.1(2)	Display tobacco in contravention to the provisions of <i>Smoke-Free Ontario Act</i>	2	11
3.1(3)	Promote sale of tobacco products	----	3
26(6)	Fail to post age restrictions or health warning signs	----	7
9(1)	Smoke in enclosed public place or workplace	16	15
9(2)	Smoke in prohibited place	11	12
9(3)(a)	Employer fail to comply with provisions of <i>Smoke-Free Ontario Act</i>	7	39
10	Fail to post "No Smoking" signs	1	30
18(4)	Obstruct inspector	----	1
5(3)	Fail to comply with provisions of <i>Smoke-Free Ontario Act</i> with respect to sale of cigarillos	1	5
<i>Total</i>		<i>56</i>	<i>141</i>

### **Emergency Preparedness**

The *Grey Bruce Health Unit Pandemic Influenza Contingency Plan* was updated and simplified in 2009 ahead of the onset of the H1N1 pandemic. In 2010, the plan was reviewed in light of lessons learned from the pandemic and up-dates were started to the *Emergency Response Plan* to incorporate the *Pandemic Plan* into the document.

In 2010, staff took part in separate emergency exercises with Grey and Bruce Counties. Both were enhanced exercises, using shared scenarios, running concurrently with lower tier participation. These joint exercises were a great way to test communications and assumptions between the different levels of government, Public Health and other groups that operate at both levels. In addition, Public Health attended individual municipal exercises and continue to be involved in Emergency Planning at the municipal and county levels.

Members of staff participated in Basic Emergency Management training, public education events and Emergency Preparedness Week activities.

### **Food Safety**

All food premise inspections switched to the *HealthSpace* data management system on July 1, 2010. Details relating to violations and observations are entered at the time of inspection and a report generated onsite for the owner of the food premise.

Preliminary figures show approximately 1,790 visits, including inspections and re-inspections, were conducted at food facilities throughout Grey Bruce. One order under the *Health Protection and Promotion Act* was issued to temporarily close a food establishment due to failure to comply with the *Food Premises Regulation*.

The *Food Safety Certification Course* continues to be very successful with 11 courses offered and 158 participants receiving certification. These two day courses are run at various venues throughout Grey Bruce. The self study on-line *In Good Hands* food course continues to be popular with 143 participants receiving certification. The number of *In Good Hands* participants has doubled every year since 2008.

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## **BOARD OF HEALTH 2010 RESOLUTIONS**

### **[GBHU Motion 2010-104 All Terrain Vehicle Safety](#)**

The Grey Bruce Board of Health support alPHA's position on the appointment of a select committee to study the use of non-automobile modes of transportation on highways and private properties in Ontario, and to offer recommendations for ensuring the safety of Ontarians who use such modes of transportation.

### **[GBHU Motion 2010-105 Childhood Immunization](#)**

The Grey Bruce Board of Health support resolution #55-10 from Sudbury and District Health Unit advocating the Federal Government for a national vaccine registry to collect, analyze, share and report immunization information, particularly in early childhood.

### **[GBHU Support for Bill 100; Paved Highway Shoulders](#)**

The Grey Bruce Board of Health support Private Members Bill 100, *Public Transport and Highway Improvement Amendment Act, 2010*, which calls for paved shoulders on provincial highways and the associated signage that warn vehicles of their requirement to share the road with pedestrians and cyclists.

[GBHU BOH Letter to Minister of Industry re 2011 Census](#)

The Grey Bruce Board of Health request the Honourable Tony Clement, the Minister of Industry, re-consideration of the decision to drop the mandatory long-form census questionnaire.

[GBHU Resolution 2010-66, MMA in Ontario, Support of MLHU](#)

The Grey Bruce Board of Health support the recommendations from Middlesex-London Health Unit regarding keeping mixed martial arts (MMA) illegal in Ontario.

[GBHU Resolution 2010-48, Artificial Tanning, Support Various HU](#)

The Grey Bruce Board of Health endorse the resolutions regarding the harmful effects of artificial tanning and supports the Canadian Cancer Society (Ontario Division) call for government action.

[GBHU Resolution 2010-47, Labelling of Caffeine Content in Prepackaged Foods, Support of MLHU](#)

The Grey Bruce Board of Health endorse the recommendations from Middlesex-London Health Unit to Health Canada and the Federal Minister of Health regarding their report *No. 051-10, Labelling of Caffeine Content in Prepackaged Foods*, dated April 15, 2010.

[GBHU Resolution 2010-46, Semi-Privatization of LCBO, Support of SMDHU](#)

The Grey Bruce Board of Health endorse the letter dated April 21, 2010 from Simcoe Muskoka District Health Unit regarding the semi-privatization of the Liquor Control Board of Ontario.

[GBHU Resolution 2010-13 Active Transportation](#)

The Grey Bruce Board of Health urge upper and lower tier municipalities to incorporate healthy public policy into official and master plans, bylaws, and land use planning approvals which supports increasing active and alternative transportation while reducing motor vehicle dependency.

*THAT* policy decisions are made with special attention paid to creating access and equity for all residents, especially children, youth, and older adults, people with low or limited income and others who may normally be at a disadvantage.

*THAT* an increase in active and alternative transportation and decrease in motor vehicle dependency may be accomplished by, but not limited to:

- Providing opportunities for and promoting intensification of residential and employment areas
- Providing opportunities for a mix of land uses where homes are in proximity to workplaces, shopping, entertainment and daily amenities
- Increasing the connectivity of and options for alternative transportation including public/mass transit, car pooling, walking, cycling, etc., both within and between municipalities and regions; and, where appropriate, provide and improve the necessary amenities to support alternative transportation (e.g. bicycle racks and storage in safe well-lit areas, benches for resting)
- Increasing walking and cycling opportunities through the development of a connected trail network and improving existing trail accessibility
- Improving sidewalk quality and connectivity throughout communities
- Improving safety and providing aesthetically pleasing built and natural environments for alternative transportation. This might be accomplished by creating or modifying playgrounds and green space, implementing traffic calming measures, creating bike lanes and retro-fitting existing infrastructure
- Improve pedestrian safety by requiring sidewalks in all development areas including residential, commercial, and industrial, creating raised pedestrian islands to ease street crossings, using pedestrian friendly traffic signals, reducing the widths of roads, driveways, and intersections, separating pedestrians from vehicles with curbs and street trees, and reducing vehicle speed

*BE IT FURTHER RESOLVED THAT* the Grey Bruce Health Unit will work with upper and lower tier municipalities to support the development of healthy public policy and will provide information to encourage individuals and organizations to use the infrastructure and services available.



Medical Officer of Health

## **REPORT TO THE BOARD**

Friday, April 15, 2011

The Ontario Public Health Organizational Standards were released March 2011. The purpose of this document is to establish the management and governance requirements for all Boards of Health and public health units.

The full document is available on line at: <http://www.health.gov.on.ca/en/pro/programs/publichealth/orgstandards/default.aspx>

Page 13 of the Board Operations section lists the policies that the Board of Health must develop and implement. The Grey Bruce Health Unit Board does have most of these in place and drafts of outstanding polices will be presented for discussion April 15<sup>th</sup> and May 20<sup>th</sup>.

The Ontario Public Health Organizational Standards will be a companion document to the Ontario Public Health Standards (2008) and it is planned that in future revisions the two documents will be merged. The public health system in Ontario is moving to an accountability agreement system through which the provincial funding will be granted to Boards of Health. Reporting on the organizational accountabilities will begin in 2012.

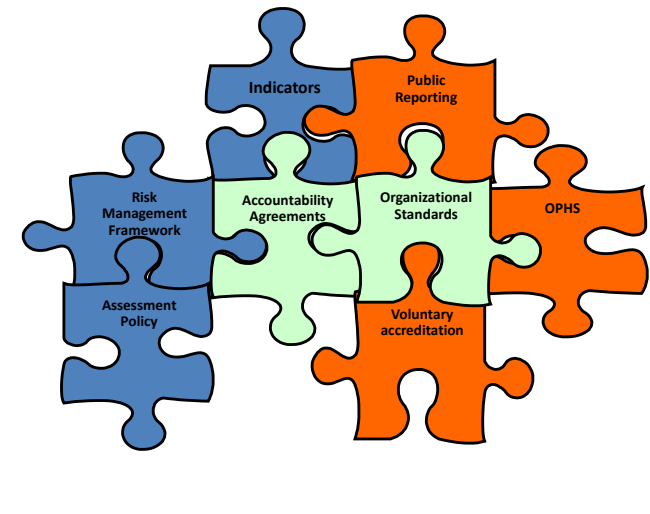
## Relationship with Accountability Agreements

- The Organizational Standards will be enabled through Accountability Agreements.
- Boards of Health are encouraged to use 2011 to plan for local implementation of the Organizational Standards.
- Reporting on achievement of the Organizational Standards will begin in 2012.

January – March 2011	April – June 2011	July – September 2011	October – December 2011	January – December 2012 - 2013
Organisational Standards released	Organisational Standards – Planning and Implementation			Org Standards Measurement
AA Template & Indicators Drafted Consultation with BOHs & PHUs	Finalize AA Template & Performance Indicators	BOH signing of AAs	Initiate Baseline Data Collection	Monitoring and Measurement Begins
	Identify Board-specific indicators as needed.		Negotiate targets on all performance indicators for Years 2 & 3.	

## Performance Management Components

**Objectives:**  
Alignment with MOHLTC strategic objectives; improved organizational and programmatic performance; continuous quality improvement and enhanced accountability.



The Performance Management Framework outlines the processes of reporting and assessing what will be coming. One of the ways to make this quality assurance system happen is to have the organization undertake an accreditation assessment with a continuing quality assurance emphasis. Thus we have started the process of a voluntary accreditation with “Accreditation Canada.”

I am including the weekly information memos that have been developed to keep the staff up to date with the process.

Hazel Lynn