



BOARD REPORT

Friday June 17, 2011

Program Report June 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

Hanover & West Grey Public Health Community Team	Page 1
Photovoice Project-<i>What Does It Mean To Be Healthy?</i>	Page 2
Bedbug Pilot Project	Page 2

CLIENT SERVICES

Sporadic Disease Investigations	Page 3
School Suspensions 2010-11	Page 3

ENFORCEMENT/RESEARCH/SURVEILLANCE

Small Drinking Water Systems	Page 4
Smoke-Free Ontario Act	Page 4

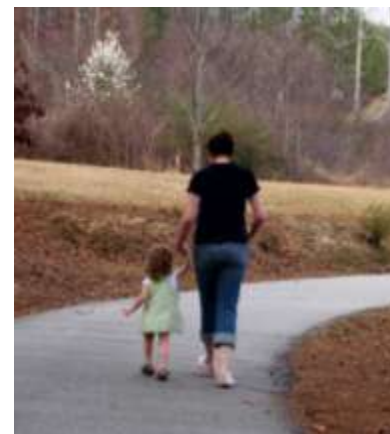
HEALTHY COMMUNITY DEVELOPMENT

Hanover & West Grey Public Health Community Team

Dr. Lynn and five staff from the Public Health Community Team for Hanover and West Grey attended the Town of Hanover council meeting on May 2. Their presentation on “Building Healthy Communities Together” included information on Hanover and comparisons with municipalities in Grey Bruce and Ontario. The delegation acknowledged the excellent leadership shown by Mayor Kathi Maskell and the Town of Hanover in their work with youth, physical activity and substance use.

Building on the existing community strengths, efforts will focus on healthy public policies to ensure:

- Walking and biking are an easy choice.
- Local food choices are readily available.
- Tobacco-free outdoor spaces are established.
- The culture of alcohol is one of moderation.
- There is access to safe housing.
- Health care providers are implementing falls prevention activities.



Photovoice Project-*What Does It Mean To Be Healthy?*

Photovoice is a research approach where participants photograph their community to identify strengths and issues. In the *Grey Bruce Healthy Communities Partnership* photovoice project, *What Does it Mean to be Healthy?*, youth address their own experiences using pictures to show the reality of their everyday lives. Youth were asked to use photographs to depict the things that they feel make it easy to be healthy and the things that make it difficult to be healthy. They considered the message that they wanted the picture to send and what they wanted decision makers in their community to know. The images and accompanying narratives provide evidence and become tools for the youth to be involved in changing public policy.

By contributing in the process, the youth take on a co-researcher role in the collection, analysis and presentation of the data. Participants choose the images that they feel best represent their experiences. They put the images in context through stories and dialogue about what the photographs mean to them. Guided by a facilitator, the participants work through a process to identify and sort the data into categories of issues and themes.

The pictures are presented in a way that educates and inspires. Youth are given a voice to make statements and to speak to community leaders with whom they may otherwise feel they could not communicate. Success can be seen when policy makers respond to the issues put forth by the youth. Even more meaningful is the way the photovoice process engages and transforms the youth. They begin to see that the issues shaping their lives also influence the lives of their families, friends and neighbours. It gives them a chance to develop skills and build confidence as advocates for their community. Results of the project will be presented at the *Grey Bruce Healthy Communities Partnership* fall symposium September 29, 2011.

Bedbug Pilot Project

As reported to the Board earlier this year, the government of Ontario has launched a province-wide bedbug education and awareness campaign including a five million dollar funding envelope.

The Grey Bruce Health Unit received approximately \$55,000 to collaborate with both Grey County Housing and Bruce County Housing to carry out a Pilot Pre-Treatment Program for vulnerable tenants.

Bedbugs are of increasing concern throughout North America and Grey Bruce has not been immune to the problem. Vulnerable tenants, including the frail elderly and those living with physical and/or mental disabilities are often those most adversely affected. This group is simply not capable of dealing with the cleaning, laundry and clutter removal necessary to make the infestation treatment process effective. The result is a cycle of re-infestation and re-treatment that is both expensive and a misery for the tenant.

Building and adapting from programs currently run by Seaton House, Toronto, and Good Shepherd Centres, Hamilton, pre-treatment services will be provided to vulnerable tenants in a pilot site. The effectiveness of pre-treatment will be evaluated in relation to both the need to re-treat and the satisfaction reported by tenants. If favourable, the results will be used to advocate for local funding to sustain a permanent program in assisted housing and to promote the concept as a cost-effective option to private landlords.



Bedbug infestations are an ongoing source of misery for vulnerable populations

CLIENT SERVICES

Sporadic Disease Investigations

Investigations are undertaken in cases of diseases reportable under the *Health Protection & Promotion Act*. From January 1 to April 30, 2011, there were 105 investigations of Grey Bruce residents with confirmed disease. That compares with 68 investigations during the same period last year. This does not include any cases associated with outbreaks in facilities. Diseases investigated this year include campylobacter, cryptosporidium, invasive group A streptococcal infection, hepatitis C, influenza A & B, pertussis (whooping cough), salmonellosis, streptococcal pneumonia and yersiniosis.

Follow-up is made by telephone with the infected individual and often with physicians and other health care practitioners. Information about the individual's current health status, risk factors, exposure and travel history and the risk of spread to others is collected and reported to the Ministry of Health and Long-Term Care.

Case investigations aim to determine the source of illness (e.g., contaminated food or water, vectors, animals, infected persons) to prevent further spread of disease. Significant contacts are also identified so these individuals can be advised as to signs of infection and of measures that can minimize their risk of developing disease such as vaccination or the use of preventative antibiotics.

Education for those infected, their contacts and the community at large is key to reducing rates of disease. Strategies include teaching and awareness of proper hand hygiene, respiratory etiquette, vaccination, staying home when ill and reporting illness to employers.

School Suspensions 2010-11

Over 25,300 school and day nursery pupils' immunization records were assessed and maintained in 2010. The process includes issuing suspension notices for un-immunized elementary school children. Due to re-allocation of resources in response to H1N1, these notices were not delivered in 2010. As a result suspensions increased in 2011.

Over the last five years there has been steady reduction in the number of questionnaires sent to parents. The questionnaire identifies the student's current immunization status on record with Public Health and asks if the student has received the indicated required vaccines. This decrease is due to the work of nurses in suspension prevention activities. Nurses attempt to contact the families, health care providers and schools of the students at risk of suspension before notices are sent out. Frequently, the children come from some of the most vulnerable families in our community. Public Health's proactive contact with these families assists students to access the vaccines they require to stay healthy and to stay in school.

Year	Questionnaires sent to parents	Suspensions mailed to parents	Number of students suspended
2005/2006	4448	652	130
2006/2007	4199	651	111
2007/2008	3789	601	90
2008/2009	2377	631	108
2009/2010	3753	238	44
2010/2011	2574	808	136

ENFORCEMENT/RESEARCH/SURVEILLANCE

Small Drinking Water Systems

This is the final year for the first stage of the implementation of the Small Drinking Water System (SDWS) Regulations. This means we have just over six months to complete the remaining visits, conduct risk assessments and issue directives to about 500 SDWS in Grey Bruce.

The Regulations came into force late in 2008 as part of the process to that ensures that all public drinking water systems in Ontario are capable of providing safe water. The Ministry of the Environment regulates larger systems; it is the responsibility of Public Health to regulate SDWS. There are approximately 800 SDWS across Grey Bruce. All require visits to assess their level of risk and issue a directive. The directive functions as an extension of the regulation and includes site specific details such as sampling frequency. The first year of conventional regulatory visits will be in 2012.

Although the SDWS program has been operating for two years, some time was spent training, setting up systems and developing the Risk Categorization Assessment Tool (RCat). Two inspectors have completed approximately 300 directives; more than many Health Units have in total. Due to the large number of systems in our jurisdiction, completion would be difficult without making changes. Starting in April, we have temporarily assigned four additional inspectors to this program. Our evaluation has also been increased and we will look at any other refinements that may be required to ensure that we achieve the Ministry mandate by the end of the year.



Smoke-Free Ontario Act

The first round of tobacco compliance checks was conducted in March and April. Test shoppers visited 111 retail outlets resulting in six sales to minors. Tobacco Enforcement Officers issued five charges and one warning.

A letter of support for Bill 186, *Supporting Smoke-Free Ontario by Reducing Contraband Tobacco Act, 2011*, was sent to the Premier. This Bill amends the *Tobacco Tax Act* taking several important steps to further control contraband tobacco. It is well known that ready access to tobacco products, particularly inexpensive contraband, increases smoking initiation, youth access and tobacco use in general. Bill 186 fulfills some of the key recommendations of the Tobacco Strategy Advisory Group by requiring those who produce or process, sell or distribute raw leaf tobacco to be registered vendors. Bill 186 creates a tax-paid marking for fine-cut tobacco; a new fine structure; authorizes police and other appropriate personnel to seize unmarked tobacco products in plain view; and increases government authority to create agreements with First Nations for on-reserve tobacco sales.

