

May/June 2005 Volume 15 (3)

DEAR COLLEAGUES,

Summer is almost here and with that comes the ‘other season’ for Grey–Bruce public health programs and services. We gear up for increased activity in drinking water surveillance, summer food establishments, recreational water quality, West Nile Virus, rabies and animal bite investigation, food borne outbreaks, and increased building septic permits. Summer is also a good time to get people interested in exercise, better eating and smoking cessation. Interest in preventing cancer raises opportunities to bring the message of avoiding sun damage to our skin. The debate regarding the use of lawn pesticides and their possible causative role in cancer initiation renews itself each spring. The youth dream of no school, long summer days, travel, the beach and attendance at our high school based clinics increases for May and June.

Along with the seasonal change, this May/June Public Health will be part of the provincial capacity review of all health units in the province. Those of you who may remember the hospital capacity review some years ago remember that this can be a stressful event. It is part of “Operation Health Protection”, the provincial plan to modernize our public health programs, services and surge capacity within the disease surveillance system and the disease prevention strategies.

We have recently initiated the new public health information system (iPHIS). We were one of the first four health units in the province to “go live” and we are working hard to stay alive. iPHIS has the promise of being an excellent system that we hope to be able to connect to other important partners such as public health laboratories, primary care doctors’ groups and, in time, the long-term care and hospital sectors. iPHIS should make our disease surveillance roles much easier.

The announcement that Public Health will take on the responsibility to monitor drinking water safety in smaller water systems is good news but also a large workload in a rural area. Our estimate is that we have about 1200 such systems in Grey–Bruce.

The Board of Health continues to plan for new a administrative building for the Health Unit in Owen Sound. The vision to work in an environmentally admirable building that helps us in our work is very exciting!

In the past few months I attended several community health forums, ‘active community’ groups and other health community meetings. It is evident that there is increased community interest in the aspects of prevention of illness and promotion of health and it is wonderful to see many people walking, riding bikes, choosing to quit smoking and making better food choices. Have a wonderful, safe summer.

Building healthy communities...together

Yours truly,

Hazel Lynn, MD, CCFP, FCFP, MHSc
Medical Officer of Health

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Children Are Drinking Too Many Calories

Sharon Dinsmore, RD
Public Health Dietitian

The types of beverages and the portions consumed by children are tipping the scales in favour of weight gain.

Research has linked childhood obesity with beverage consumption. A U. S. study found that 3- and 4-year olds, at risk of being overweight and already overweight who drank a sweet drink once or twice a day, doubled their risk of becoming seriously overweight 1 year later. (1) Another study examining consumption of sugar-sweetened drinks and childhood obesity concluded that for each additional serving of sugar-sweetened drink consumed, the odds of becoming obese increased by 60%. (2)



In the Grey-Bruce area, a 2004 study found that children were drinking 42% of their vegetable and fruit servings in the form of fruit juice.(3) Canada's Food Guide to Healthy Eating recommends 5-10 servings of fruit and vegetables per day. One serving of fruit equals half a cup of 100% fruit juice. The following chart indicates the recommended amounts of juice consumption for children and youth.

Age of Child	Maximum Amount of Juice Per Day
Less than 6 months	Not recommended
6 months – 1 year	½ cup (125 ml)
1 – 6 years	½ cup – 2/3 cup (125 – 165 ml)
7 – 18 years	1 – 1 ½ cup (250 – 375ml)

American Academy of Pediatrics Guidelines *Pediatrics* Vol.107 No.5 May 2001, pp.1210-1213

Fruit juice can be a healthy choice, but to be considered a fruit serving it must be 100% unsweetened juice. Fruit beverages such as punches and cocktails often contain in excess of 6 teaspoons of sugar per cup (250 ml)! Parents may find drink labels confusing to decipher. Labels usually show pictures of fruit and include statements about added vitamin C, however, often many of these beverages are full of sugar.

Other health issues related to the over consumption of juice include increased risk of tooth decay, and anemia and malnutrition, as juice displaces a child's appetite for more nutritionally dense foods.

Healthy Juice Tips for Children and Parents:

- Choose whole fruit rather than fruit juice.
- Choose only 100% unsweetened fruit juice.
- Watch the portion size.
- Offer milk or water with meals.
- Offer water more regularly to drink.

This summer, 1,000 parents of 3-year-olds will receive information on the amount of sugar in beverages and suggestions to reduce the consumption of sweet drinks. This is a small but important step in helping to improve the health of our children.

References:

1. Jean A. Welse et al. Overweight Among Low Income Preschool Children Associated with the Consumption of Sweet Drinks. *American Academy of Pediatrics*. 2005. Available from: <http://www.pediatrics.org/cgi/full/115/2/e223>.
2. RNAO Nursing Best Practice Guideline *Primary Prevention of Childhood Obesity* March 2005.
3. Tracey Galloway. *Bluewater School Nutrition Project*, 2004.

Prescribing Physical Activity

Betty Perkins, Public Health Nurse
Chronic Disease Prevention Program

Do you have patients you wish were more active? The January 2002 issue of *Canadian Family Physician* reported that counselling interventions for overweight patients could be improved if family physicians added written materials. This written material was especially effective in the form of a prescription.



Go For Green has prescription pads that physicians can order. The next time you have a discussion with your patient about improving their health, you can write the order for 30 minutes of moderate activity. The prescription pads can be ordered from the *Go For Green* website: www.goforgreen.ca.

If patients are having difficulty fitting activity into their day, suggest active commuting. It's a great way for people to accumulate the 30 minutes of moderate activity required to improve their health and lower the risks of chronic diseases. Active commuting involves choosing modes of transportation that require human power such as walking, biking and propelling a wheelchair.

For distances up to 5 km, cycling is recognized as the fastest of all modes from door to door, including walking, driving a car or taking the bus. (Ontario Ministry of Transportation Bicycle Policy Review) For reasonably short trips, walking can also be extremely fast and convenient. Time is not spent on going to the garage, starting the car, and finding a parking spot.

Here are suggestions if you start hearing commuting excuses:

- **I'm out of shape.**
Start slow and ride at an easy pace.
- **It takes too long.**
The more you ride/walk the faster you will go.
- **It's just too far.**
Ride to a co-worker's home then walk to work together.
- **There are no showers.**
Ride/walk to work at an easy pace to stay cool and dry. Ride/walk home at a fast pace to get a workout.

Suggest to your patient that they take part in the annual Bike/Walk Challenge for an extra incentive to get started. Jolley's Alternative Wheels will be hosting clinics in Owen Sound, and Martin's Bicycle Shop will be doing the same in Southampton.

Active commuting is the simplest and most pleasurable way to get healthier while saving the environment.



West Nile Virus – 2005

*Debby Minielly, Public Health Nurse
Infectious Diseases Program*

It's that time of year when we're preparing for West Nile Virus. Bird surveillance began on May 9 and mosquito trapping begins mid-June. Physicians and infection control practitioners will soon receive correspondence from the Public Health Division of the Ministry of Health and Long-Term Care regarding human surveillance. We understand that the case definition used last season will be revised slightly. Once we receive this information, our reporting form will be modified accordingly.

REMINDER

Older Adults' Substance Use and Misuse: Heightening Our Sensitivity and Awareness Workshop



- Date: Tuesday, May 24, 2005
- Time: 1:00 p.m. – 4:00 p.m.
- Place: Rusty Gull Restaurant
195 24th Street West
Owen Sound, Ontario
- Audience: Frontline health and social service providers who work with older adults
- Content: Information to assist in assessing the potential for problematic substance use in older adults
- Presenters: Randi Fine
Executive Director, Older Persons' Mental Health and Addictions Network of Ontario
- Margaret Flowers
Director of Older Persons Unique Solutions (OPUS), Centre for Addiction & Mental Health
- Registration: No fee but registration is limited - register by contacting Public Health at 519-376-9420 or 1-800-263-3456, ext. 440

ADVANCE NOTICE

Ontario College of Family Physicians Presents a Workshop on Violence Against Women



Please mark your calendars for the afternoon of **September 28th** to participate in this training session designed to increase family physician's knowledge and skills in the prevention, identification and management of victims of domestic violence.

This workshop will assist physicians in overcoming barriers to identification and treatment by providing participants with practice and educational tools, and facilitating an understanding of the factors associated with intimate partner violence.

The Ontario College of Family Physicians has approved **3 Main-Pro C credits** for this training opportunity. More information will follow shortly, by mail.

Artificial Tanning

*Helen Risteen, PHN
Chronic Disease Prevention*

Loraine Marrett for Cancer Care Ontario presented the following facts at the Artificial Tanning Symposium held on April 15th in London, Ontario:

- The melanoma rate in young women aged 20-44 is 1.4 times that in young men and nearly 1/3 of melanomas occur in this age group.
- Broad-spectrum UVR is carcinogenic, regardless of the source (both solar and tanning bed equipment).
- Both the amount and pattern of UV exposure is relevant to the risk of developing skin cancer.
 - **The higher the total lifetime exposure**, the greater the risk of all types of skin cancer.
 - **The more intermittent the pattern of exposure**, the greater the risk for melanoma. Therefore, melanoma risk is, surprisingly, less for outdoor workers than indoor workers.
- Use of tanning equipment, especially at younger ages increases skin cancer risk.

In March 2005, the World Health Organization (WHO) recommended that no person under the age of 18 use artificial tanning equipment.

The Vitamin D Debate

*Helen Risteen, PHN
Chronic Disease Prevention*

How much UV exposure is necessary for adequate vitamin D production?

- Both UVA and UVB rays cause tanning – only UVB spectrum is responsible for vitamin D production. Current tanning equipment emits mostly UVA radiation (the equivalent of a UV Index of 60) with only small amounts of UVB radiation.
- Exposure to sunlight around noon for five to ten minutes two to three times a week between the months of May to October, provides enough vitamin D to the body, even at our latitude. This period of exposure time represents about one third the amount of time needed for tanning.
- The vitamin D accumulated during the summer months, combined with a healthy diet, is usually sufficient to last through the winter months for those with fair skin. People with darker skin will need more exposure time to get the same effect.
- It is recommended that breast-fed babies receive a daily supplement of vitamin D. As well, elderly people who remain indoors most of the time, and whose diet may be deficient in vitamin D, should have a vitamin D supplement.

A tan is not a “healthy” look. A tan is a reaction of the skin to an assault from UV and implies damage to DNA.

It's time to **Slip, Slap, Slop!**

- **Slip** on clothing long sleeves and pants
- **Slap** on a wide brimmed hat, (3” or 8 cm brim)
- **Slop** on sunscreen (30 SPF for children and 15 SPF or more, for adults)

References:

Weinstock, M., (2005, April). Vitamin and Tanning Presentation presented at the Artificial Tanning Symposium, London, Ont.

Grey Bruce Health Unit

PUBLIC HEALTH  **notes**
