



***PROJECTS AND SERVICES  
2008 YEAR END  
OUTCOME REPORT***

*Issued: March 24, 2009*

# GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

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## CHRONIC DISEASE PREVENTION

**Program Manager:** Lynda Bumstead

Chronic diseases are the leading cause of death and disability. Within Grey Bruce ischemic heart disease (over 300 deaths per year), stroke (about 100 deaths per year) and lung cancer continue to remain the leading causes of death (Leffley, 2007). The social, economic and personal toll of these chronic diseases is significant within our community.

**Goal:** To reduce the burden of preventable chronic diseases among children, youth and adults through school, workplace and community based strategies

**Major Components:**

1) Healthy Eating and Active Living Action Plan	2) Grey Bruce Partners in Health
3) Communities in Action	4) Research, Reporting and Evaluation
5) Early Detection of Cancer and Prevention of Cancer	

### 1. Healthy Eating and Active Living Action Plan

Strategies	Current Year Activities	Year End Outcomes
Promote Public Awareness and Engagement.	Support <i>Turn Off the Screens, Bike Walk to Work</i> strategies.	42 schools participated in <i>Turn Off the Screens</i> . 20 unique events were offered by municipalities and supported by Parent Advisory Councils.  33 workplaces participated in the <i>Bike Walk to Work</i> . A self directed on-line <i>Bike Walk to Work</i> toolkit was developed and made available to participating worksites.  63 school worksites with the Bluewater District School Board participated in <i>Bike Walk to Work</i> .
Develop key public awareness initiatives to help communities and individuals learn about the benefits of healthy eating and active living.	Write <i>Healthy Measures, Making Health Happen</i> newspaper articles.  Participate in radio and TV interviews.	10 issues of the <i>Body Bulletin</i> were developed and distributed to 138 workplaces.  55 media items (newspaper, radio, TV) highlighting healthy living messages were issued.  Monthly newsletters for the <i>Good Food Box</i> program were developed and distributed.
Support active engagement of individuals, communities, and organizations in program planning and development.	Participate in community forums.	2 Healthy Living presentations were part of the International Plowing Match Lifestyle Program.  The <i>Grey Bruce Agriculture and Culinary Association</i> launched the <i>Grey Bruce Agriculture &amp; Culinary Map</i> highlighting a “Buy Local” campaign.

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<p>Grow healthy children and youth by supporting skill development-</p> <p>Build on existing programs and address critical gaps to:</p> <ul style="list-style-type: none"> <li>~ Improve access to healthy food for children and youth</li> <li>~ Support healthy living in daycares and schools</li> <li>~ Improve food skills and healthy eating practices of youth, parents and caregivers</li> <li>~ Enhance activities that decrease after school “screen time”</li> </ul>	<p>Provide motivational enhancement sessions to support lifestyle change for individuals within local communities (<i>Feeling Great in 2008</i>).</p> <p>Develop and implement <i>Supermarket Tours</i> targeting vulnerable populations.</p> <p>Support the incorporation of healthy eating recipes within local cooking skill programs such as <i>Healthy Beginnings</i>, <i>Community Kitchens</i>, and <i>Community Gardens</i>.</p> <p>Improve access to healthy food choices within the daycare/education setting.</p> <p>Support the <i>Quality Assurance</i> program in daycare settings.</p> <p>Support access to healthy food choices within the community.</p> <p>Support implementation of <i>Daily Physical Activity</i> plans within daycare and elementary school settings.</p> <p>Assist with the development and/or review of curriculum.</p>	<p>400 community members participated in the motivational enhancement session. <i>Feeling Great in 2008</i>, within their local community.</p> <p>33 <i>Supermarket Tours</i> were conducted reaching higher risk individuals.</p> <p>Nutrition education and healthy eating recipes were included in local cooking skill programs such as <i>Healthy Beginnings</i>, <i>Community Kitchens</i>, and <i>Community Gardens</i>.</p> <p>100 cooks/supervisors/ Early Childhood Educators were trained to support healthy active living daycare settings.</p> <p>Grey Bruce daycares were provided nutritional consultation for <i>Quality Assurance</i>.</p> <p>15 communities have <i>The Good Food Box</i> program available with approximately 1,500 people participating each month.</p> <p>60 schools (92%) are supporting increased access to healthy food choices by hosting a school nutrition program.</p> <p>100 students participated in an interactive <i>PLAY</i> skit – a pilot project at Mother Teresa School in Walkerton.</p> <p>500 students participated in the healthy active living program at <i>Roots of Bruce</i> supporting the grade 5 and 6 curriculum.</p> <p>200 teen leaders/teachers/administrators attended a training session to support the delivery of the health promotion curriculum within the Bruce Grey Catholic District School Board.</p>
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<p><b>Build Healthy Communities-</b></p> <p>Grey Bruce residents require workplaces, daycares/schools, homes and neighborhoods that make it easy to eat nutritious foods and be physically active. This strategy supports coordinated, collaborative action by communities, the private sector, individuals and organizations to develop healthy environments for people of all ages by:</p> <ul style="list-style-type: none"> <li>~ Enabling easier access to resources, information and programs</li> <li>~ Addressing barriers to healthy living within community settings</li> </ul>	<p>Update local community profiles, create community health analysis reports, present information to internal and external partners.</p> <p>Implement the Owen Sound pilot project <i>Operation Safe Strong and Clean</i>.</p>	<p>Local community profiles and community health analysis reports were completed and presented to external partners, and geographical teams.</p> <p>Direct alignments were developed during the Owen Sound pilot project:</p> <ul style="list-style-type: none"> <li>~ City Bylaw enforcement &amp; Public Health (PH) Tobacco enforcement</li> <li>~ PH Youth team &amp; City Library youth coordinator &amp; City councilors</li> <li>~ Farmer's Market &amp; PH Inspector</li> <li>~ Farmer's Market &amp; Needle Exchange Program</li> <li>~ City Community Services, City Library &amp; PH injury prevention program;</li> <li>~ PH Chronic Disease Prevention Team &amp; City parking committee</li> <li>~ PH Chronic Disease Prevention Team &amp; City Recreation Advisory Committee</li> <li>~ PH Tobacco program &amp; City Recreation Advisory Committee</li> <li>~ City Public Works &amp; PH Environment Programs;</li> <li>~ City Public Works &amp; PH Needle Exchange Program</li> <li>~ Chronic Disease Prevention &amp; City Health &amp; Safety Committees; PH Emergency Planning &amp; City Chief Building Official &amp; City Fire Chief</li> <li>~ The Owen Sound geographic team was briefed by the City Director of Community Services on City decision making processes and timelines for effective interjection</li> <li>~ PH is providing comments on land use planning and development within the City</li> <li>~ The City has added PH to distribution lists for development and review of the Official Plan and Master Plans</li> <li>~ The City is working with the PH Tobacco Program to explore policy regarding smoke-free recreational spaces</li> <li>~ The City is working with the PH Safe Water Program regarding the development of Blue Flag beaches</li> <li>~ PH has been invited to attend meetings regarding the development of a Transportation Master Plan for the City.</li> <li>~ City workplace wellness programs are being supported by PH Chronic Disease Prevention Team</li> <li>~ The City is exploring banning the use of water bottles within City meetings</li> </ul>
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	<p>Promote the adoption of the <i>Eat Smart</i> restaurant program.</p> <p>Provide skill building opportunities by coordinating in-services in Change Theory and Motivational Interviewing.</p> <p>Support healthy workplace policy development.</p> <p>Support healthy workplace initiatives based on situational assessment of local workplaces.</p> <p>Provide motivational enhancement sessions to support lifestyle change for individuals within local workplaces (<i>Feeling Great in 2008</i>).</p>	<p>~ PH was invited to support the development of bike lanes ~ PH is providing a health perspective to parking issues being explored by a committee of the City</p> <p>10 restaurants recertified for the <i>Eat Smart</i> program</p> <p>3 training sessions were provided to enhance the capacity of partnership agencies to incorporate motivational interviewing within their practice</p> <p>15 workplaces received support in the development of workplace wellness strategies and initiatives</p> <p>45 supervisors at the Meaford Land Forces Central Area Training Centre received a presentation and information package supporting development of policy and procedure related to alcohol/substance misuse and employee performance</p> <p>135 employees/supervisors/human resources received a presentation and information package supporting healthy living while working shift work</p>
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### 2. Grey Bruce Partners in Health (GBPIH)

Strategies	Current Year Activities	Year End Outcomes
<p>Community Based Project Support-</p> <p>Community based projects were funded to strategically address one or more of the following risk factor areas: active living, healthy eating, smoke-free living and stress reduction.</p> <p>Criteria used to award funds include the level of collaboration, geographical reach, addressing barriers to health, and future sustainability plans.</p>	<p>Elicit grant proposals from community based organizations within Grey and Bruce.</p> <p>Provide encouragement and assistance to those requiring support to prepare the grant application.</p> <p>Develop criteria for awarding grants and evaluate applications.</p> <p>Administer grants and offer practical support during the implementation period.</p> <p>Ensure evaluation reports are completed and reported to the Ministry of Health Promotion.</p>	<p>26 local health initiatives were funded by the Ministry of Health Promotion through the <i>Ontario Heart Health Program</i>.</p> <p>The total amount of funding allocated was \$64,375.</p> <p>The criteria used to award funds included level of collaboration, geographical reach, addressing barriers to health and future sustainability plans.</p> <p>53% of funds supported children and youth programming throughout Grey Bruce including <i>Healthy Living Schools, Turn Off the Screens, Youth for the Future, Denormalization of Tobacco, Active 2010</i> and <i>Community Nutrition</i>.</p> <p>78 community partners engaged in GBPIH programming in 2008.</p>

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### 3. Communities in Action

Strategies	Activities	2008 Year End Outcomes
<p>Communities in Action-</p> <p>Implement a detailed physical activity plan for each municipality. While the project will include sport, the main emphasis will be on reaching families who are typically not involved in sport through opportunities for non-traditional physical activities. Planning addresses three approaches to behaviour change: education, policy and environmental approaches with the goals of inclusiveness and engaging all sectors to be part of the movement to create healthy active communities.</p> <p>Funding from this grant will be directed towards:</p> <ul style="list-style-type: none"> <li>~ Assessing community readiness</li> <li>~ Mobilizing Community Action Networks</li> <li>~ Supporting the implementation of locally selected <i>PLAY in Bruce Grey</i> initiatives. <i>PLAY in Bruce Grey</i> is a multi-phased physical activity plan designed to combat obesity by engaging children and families.</li> </ul>	<p>Work with municipalities to create and/or enhance supportive environments in recreational settings and the built environment.</p> <p>Support the development of physical activity plans for each of Grey Bruce municipalities.</p> <p>Develop a community profile by gathering and analyzing local data.</p> <p>Support the <i>PLAY in Bruce Grey</i> initiatives.</p> <p>Support the recruitment of municipal volunteers for the Community Action Networks (CAN).</p> <p>Provide CAN members with training to become community animators.</p> <p>Support municipalities in becoming <i>PLAY Friendly Communities</i>.</p> <p>Engage students to become ambassadors within their school and community to support the implementation of the learned games.</p>	<p>The Heart and Stroke Foundation was identified as a potential sponsor and a grant application for \$25,000 was submitted for the <i>KIDFIT</i> Community Action Grants Program. The grant application was successful and the <i>PLAY</i> Committee is overseeing the development of an Advocacy Toolkit which will be made available to partners in March 2009.</p> <p><i>PLAY in Bruce Grey</i> newsletters were prepared and distributed on a quarterly basis.</p> <p>Best practices were researched to assist in developing a <i>PLAY Friendly Communities Report Card</i>. Two <i>Report Card</i> training sessions occurred in October 2008.</p> <p>Major events were held on Family Day, Canada Day, <i>Turn Off The Screens Week</i> and individual events were organized by participating community groups.</p> <p><i>PLAY in Bruce Grey</i> website <a href="http://www.playbrucegrey.com">www.playbrucegrey.com</a> was developed and launched in September 2008.</p> <p>A Strategic Planning Day was organized; 7 municipalities participated in developing the new vision, mission, value statements and strategic direction to guide the program in 2009.</p>

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		<p><i>PLAY in Bruce Grey</i> resources were distributed to 17 municipalities:</p> <ul style="list-style-type: none"> <li>~ 500 beach balls, 5,000 temporary tattoos, 5,000 stickers</li> <li>~ 1,200 large cling window decals, 2,000 small cling window decals, 1,500 outdoor sign stickers</li> <li>~ 17 vinyl banners, 2 retractable display banners</li> <li>~ 20,000 magnets, 8,000 <i>PLAY</i> pals, 1,975 <i>PLAY</i> t-shirts</li> </ul> <p>“Fitness for all Abilities” training occurred and a network has been established.</p>
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### 4. Research, Reporting and Evaluation

Strategies	Current Year Activities	Year End Outcomes
<p><i>Towards Evidence Informed Practice (TEIP)</i></p> <p>This evaluation strategy serves to support the management and accountability of program planning and implementation. It provides essential data on inputs, resources, implementation processes, reach, and outputs.</p>	<p>Provide staff development training for the <i>TEIP</i> protocol</p> <p>Implement the <i>TEIP</i> protocol for the Owen Sound <i>Operation Safe Strong and Clean</i> pilot project.</p>	<p>55 Grey Bruce Public Health professionals received training on use of the <i>TEIP</i>.</p> <p>A joint initiative with the City of Owen Sound and the Grey Bruce Health Unit in piloting the <i>TEIP</i> protocol for the <i>Operation Safe Strong and Clean</i> pilot project was completed.</p> <p>A final report was submitted for the <i>TEIP</i> protocol for the Owen Sound pilot project <i>Operation Safe Strong and Clean</i>.</p> <p>The <i>Operation Safe Strong and Clean</i> results were presented at the 2008 OPHA conference.</p>

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<p>Research Opportunities –</p> <p>The goal is to evaluate the progress of the Chronic Disease Prevention Strategy through local and provincial research opportunities, monitoring and evaluation.</p> <p>Engage in research opportunities that link Public Health with academic institutions.</p>	<p>Assess the needs of the educational setting</p> <p>Participate in the <i>SHAPES/SHES</i> research project with the University of Waterloo (UW) and the two local school boards</p> <p>Provide results to local community</p>	<p>22 schools participated in implementing the survey tools to assess the school environment and the collected information at the student level.</p> <p>The results of the <i>SHAPES</i> research were launched at a media event; coverage included newspaper, radio, and television.</p> <p>Results were presented to the Bruce Grey Catholic District School Board and the Bluewater District School Board.</p>
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### 5. Early Detection of Cancer and Prevention of Cancer

Strategies	Current Year Activities	Year End Outcomes
<p>Promote Public Awareness and Engagement-</p> <p>Develop key public awareness initiatives to help communities and individuals learn about the benefits of healthy living and healthy environments for the prevention of cancer. This strategy supports active engagement of individuals, communities and organizations in program planning and development.</p>	<p>Engage local students in <i>Sun Safety</i> activities at the International Plowing Match.</p> <p>Adapt and/or supplement national and provincial health communications strategies to meet local needs.</p> <p>Write <i>Healthy Measures, Making Health Happen</i> newspaper articles.</p> <p>Participate in media interviews.</p>	<p>A presentation was made to the Board of Health on Colorectal Cancer.</p> <p>2,500 students participated in the <i>Sun Safety</i> campaign at the International Plowing Match.</p> <p>125 municipal outdoor workers attended <i>Sun Safety</i> presentations.</p> <p>300 women participated in Breast Health presentations in their geographic area.</p> <p>Developed the Grey Bruce breast cancer system service algorithm that identified gaps and addressed areas of collaboration.</p> <p>The Grey Bruce Health Unit is a member of the Southwest Cancer Service Alliance – Prevention and Early Detection Network and supported the development and implementation of the regional breast and cervical screening campaigns.</p>

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### REPRODUCTIVE HEALTH

**Program Manager:** Carrie Griffith

The focus of the reproductive health program is to support the development of healthy lifestyles and parenting skills prior to and during pregnancy.

**Goal:** To support healthy pregnancies

**Major Components:** 1) Preconception Education and Skill Development      2) Prenatal Education and Skill Development

#### 1. Preconception Education and Skill Development

Strategies	Current Year Activities	Year End Outcomes
<p>Increase awareness, provide learning opportunities and develop environmental supports.</p> <p>Preconception/early-prenatal classes provide information to people contemplating pregnancy or are less than 18 weeks pregnant. Topics include planning a pregnancy, healthy lifestyle, infant feeding and parenting for both fathers and mothers.</p>	<p>Distribute preconception materials at events, through physician offices and other agencies.</p> <p>Provide appropriate counseling and links to community services.</p> <p>Conduct a pilot project to determine the feasibility to reach people before pregnancy or in the first trimester.</p>	<p>650 people received information about the effects of alcohol on fetal development and the importance of early prenatal care.</p> <p>10 expectant couples attended the pilot series. Participants in the prenatal series were between their 18 and 20th week of pregnancy. All participants rated the sessions as valuable.</p>

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### 2. Prenatal Education and Skill Development

Strategies	Current Year Activities	Year End Outcomes
<p>Provide parents and caregivers with information and support to make positive lifestyle decisions during pregnancy.</p> <p>Support to <i>Let's Grow</i>; a system of care for coordinating children's services for 0-6 year olds across Grey Bruce in a partnership of over 25 different agencies.</p>	<p>Distribute <i>Let's Grow a Healthy Baby</i> prenatal book to prenatal clients.</p> <p>Conduct prenatal classes and workshops, and online prenatal classes on the Public Health website.</p> <p>Develop a needs assessment tool for school boards specific to reproductive health and parenting curriculum.</p> <p>Participate on the Fetal Alcohol Spectrum Disorder (FASD) committee in order to provide local training around the prevention and treatment of FASD.</p> <p>Participate with the Hospital for Sick Children on further research to develop a follow up protocol for children at risk for FASD.</p> <p>Partner with Keystone Children, Youth and Family Services to implement <i>Healthy Beginnings</i>, a Canadian Prenatal Nutrition Program for families at risk during pregnancy and early postpartum.</p> <p>Provide counseling utilizing the Motivation Interviewing technique with clients during their pregnancies.</p> <p>Develop and implement a reproductive health policy within the Grey Bruce Health Unit that supports positive pregnancy outcomes.</p>	<p>60% (780) of expectant families received the <i>Let's Grow a Healthy Baby</i> prenatal book through community partners such as hospitals, physicians and midwives.</p> <p>487 expectant parents attended prenatal classes.</p> <p>71 professionals and 31 parents attended a conference <i>Growing Up Healthy With FASD</i> in the fall of 2008.</p> <p>A protocol was developed to provide follow up service for clients consenting to the study. The first client began participating in the study in December 2008.</p> <p>60 high-risk prenatal families attended <i>Healthy Beginnings</i> sessions held at three sites; Owen Sound, Hanover and Port Elgin.</p>

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**CHILD HEALTH (CH)**

**Program Manager:** Sarah Ellis, Carrie Griffith, Lou D'Alessandro

**Goal:** To promote the health of children and youth

- Major Components:**
- |  |  |
|--|--|
| 1) Parenting Education and Skill Development | 2) Preventable Injury                      |
| 3) Breastfeeding                             | 4) Postpartum Mood Disorder (PPMD)         |
| 5) Pilot Project Moving Forward              | 6) Universal Screening                     |
| 7) Home Visiting                             | 8) Dental Screening and Referral Follow Up |
| 9) CINOT - Children In Need of Treatment     |  |

**1. Parenting Education and Skill Development**

Strategies	Current Year Activities	Year End Outcomes
<p>Develop timely and accessible resources and learning opportunities for parents.</p>	<p>Distribute <i>Let's Grow</i> mail-out packages to families with children newborn to age 6 years; information includes: child health and development topics at key intervals.</p> <p>Provide parents with health information and links to community resources, e.g. Well Baby Centres.</p>	<p>10,101 <i>Let's Grow</i> packages were mailed out to families in Grey Bruce.</p> <p>4,700 parents received health information and links to community resources.</p>
<p>Parenting courses that focus on attachment between the primary caregiver and the infant and other basic parenting skills are co-facilitated by Children's Aid Society of the City of Owen Sound and the County of Grey and the Children's Aid Society of Bruce County.</p> <p>Provide training opportunities on pertinent issues, for both professionals and non-professionals, who are working with families.</p>	<p>Provide parents who are experiencing family crisis' with support, information and links to community resources through <i>Right from the Start</i> and <i>Parents in Action</i>.</p> <p>Provide information and resources to parents through telephone support and website information.</p> <p>Work with the Bruce Grey Children's Alliance to provide a community forum on working with families living in poverty.</p> <p>Work with partners to provide training to the larger community to better engage fathers when providing services</p>	<p>84 parents attended specialized parenting courses.</p> <p>626 families received telephone, office or email information and support about parenting.</p> <p>90 service providers attended the community forum on poverty organized by the Children's Alliance.</p> <p>35 health and social service providers attended training to better engage fathers.</p> <p>A DVD was produced in which fathers talked about their experiences with the community and service providers.</p>

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### 2. Preventable Injury

Strategies	Current Year Activities	Year End Outcomes
<p>The goal of the childhood injury prevention strategy is to reduce the impact of preventable injuries.</p> <p>Develop community awareness campaigns and build capacity to ensure car seat safety and the use of bicycle helmets.</p>	<p>Provide training for staff and volunteers in car seat inspection.</p> <p>Provide car seat inspection checks throughout the year (rotating locations throughout Grey and Bruce).</p> <p>Provide and update website information on choosing appropriate car seats for children.</p> <p>Partner with police to provide roadside safety checks that increase awareness of car seat safety.</p>	<p>58 professionals were trained in car seat installations in 2008.</p> <p>Car seat training was funded jointly by Bruce Power and Cooperators Insurance Company.</p> <p>7 Car Seat Checks Clinics were held throughout Grey and Bruce.</p> <ul style="list-style-type: none"> <li>~ Public Health organized 2 clinics and Cooperators Insurance organized the remaining 5 clinics.</li> <li>~ Over 100 car seats were inspected during the checks.</li> <li>~ approximately 80% of the seats were installed incorrectly.</li> <li>~ 2009 Car Seat Work plan will focus on empowering parents on car seat installation by providing an “in-classroom” training session and a practical installation experience, rather than a check by a professional inspector.</li> </ul> <p>2 roadside checks were done in partnership with local police.</p> <ul style="list-style-type: none"> <li>~ over 60 seats were inspected during the checks with 80% of seats installed incorrectly.</li> <li>~ with the support of Bruce Power, roadside safety checks will be continued in 2009.</li> <li>~ the partnership with local police and OPP and Bruce Power was very positive.</li> </ul> <p>A large number of vehicles can be inspected in a relatively short time, which makes for efficient use of program staff time and resources.</p>
	<p>Develop media campaigns, including radio interviews, newspaper articles, and mail-outs to parents.</p>	<p>Over 130 free bicycle helmet vouchers were distributed to at risk families through the United Way Backpack Program in September 2008. Think First – a Canadian Injury Prevention Organization provided the vouchers.</p> <p>9 car seats were given to families; with funding provided by Bruce Power.</p>

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Strategies	Current Year Activities	Year End Outcomes
	Develop signage for trails to encourage bicycle helmet use.	<p>Bike Helmet Signs were produced and distributed to all elementary schools in Grey and Bruce.</p> <p>Over 100 signs were posted at elementary schools, encouraging children to wear bike helmets.</p> <p>2009 efforts will focus on a wider distribution of the bicycle helmet signs to trails and campgrounds.</p>

### 3. Breastfeeding

Strategies	Current Year Activities	Year End Outcomes
<p>Provide public awareness, education and skill building, community capacity and policy development to support families throughout their breastfeeding experience.</p> <p>Healthy full term infants should drink only breast milk for the first six months of life. Breastfeeding is supported in prenatal classes; parent infant group sessions, and home visits. The Grey Bruce Infant Feeding Survey (2003) indicates that 89% of families initiated breastfeeding, and of those 53% were still breastfeeding at three months.</p>	<p>Worked with community partners to provide breastfeeding celebration events for <i>World Breastfeeding Week</i> (August 2008) and <i>Canada Breastfeeding Week</i> (October 2008).</p> <p>Provide education and skill development for breastfeeding families at prenatal classes, well baby groups and home visits.</p> <p>Provide education opportunities on breastfeeding to health care professionals, social service providers, etc.</p> <p>Participate in the <i>Baby Friendly Community Initiative</i> (designated by the World Health Organization) (BFCl).</p>	<p>19 families participated in <i>World Breastfeeding Week</i> and <i>Canada Breastfeeding Week</i> initiatives. Community partners for this event included M'Wikwedong Native Cultural Resource Centre, local hospitals and the Grey Simcoe Midwives Co-operative.</p> <p>2,064 families received education and skill development about breastfeeding through prenatal classes, well baby groups and one to one consults (telephone, email, office visits).</p> <p>23 Personal Support Workers attended an education session on breastfeeding provided by Public Health.</p>

## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

	Investigate feasibility of repeating Infant Nutrition Survey.	<p>Collaborated with Grey Bruce Health Services and Grey Simcoe Midwives Co-operative to work on <i>Baby Friendly Initiative</i> in hospital and community.</p> <p>Several Health Units across the province have formed a committee to plan an Infant Nutrition Study. In 2008, the group received a grant of \$20,000 to hire a consultant to develop the questionnaire and look for other funding opportunities.</p>
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### 4. Postpartum Mood Disorder (PPMD)

<p>It is estimated that almost 15% of women will suffer from some degree of postpartum depression and other postpartum mood disorders (PPMD) (Best Start Resource Centre, 2007).</p> <p>Provide learning opportunities, resources and community development.</p>	<p>Evaluate the use of a standardized care plan and policy to support families diagnosed with PPMD or suspected to have PPMD</p> <p>Provide families with peer and Public Health Nurse support through well baby groups.</p> <p>Screen for signs and symptoms of PPMD.</p> <p>Provide training for professionals working with families.</p> <p>Provide opportunity for families experiencing PPMD to come together in a “Sharing Circle” and consider next steps.</p> <p>Recruit potential participants for a study which will look at the effectiveness of a telephone based treatment intervention for PPMD.</p>	<p>Public Health Nurses found the policy on PPMD straightforward, easy to use, supportive and helpful in providing care to clients.</p> <p>69 families received information about PPMD at well baby groups in 2008.</p> <p>1,059 women screened for PPMD.</p> <p>55 professionals attended the fall PPMD training.</p> <p>6 parents participated in a “Sharing Circle” facilitated by Public Health and M’Wikwedong Native Cultural Resource Centre.</p>
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## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

### 5. Moving Forward

Strategies	Current Year Activities	Year-End Outcomes
<p>Clients receive intensive counseling utilizing stage-based interventions to empower them to achieve education and employment goals. Barriers such as access to childcare, transportation and school supplies are addressed.</p>	<p>Provide specialized training for PHNs and PSWs in <i>Stages of Change</i> and Motivational Interviewing.</p> <p>Recruit families, assess readiness to change, intervene with stage-appropriate interventions, monitor progress and evaluate outcomes.</p> <p>Identify barriers for families and lead system change. Barriers include transportation, childcare, financial support and access to education/employment resources.</p>	<p>Quarterly Rounds were conducted with Dr. Rob Nolan to continue skill building in the area of behavior change counseling.</p> <p>Community partners worked together through the interagency planning committee <i>Let's Grow</i> to identify systemic improvements to reduce barriers.</p> <p><i>Moving Forward</i> was presented at the Canadian Public Health Association National Conference in Halifax, in June 2008.</p>

### 6. Universal Screening

<p>Healthy Babies Healthy Children links parents to community resources and empowers them to become self-sufficient, caring and informed parents. Comprehensive screening of all families with children, for any risks to healthy child development. Screening can occur prenatal, postpartum and/or during early childhood (i.e. up to 6 years of age).</p>	<p>Liaise with community partners to ensure prenatal screening.</p> <p>Contact families within 48 hours of discharge from hospital for postpartum screening and support of new mothers and babies.</p> <p>Conduct brief assessment for families who may be at risk and provide in-depth assessment for families identified at risk.</p> <p>Complete early assessment and identification of families with children up to 6 years of age.</p> <p>Distribute self-screening tools to families with children newborn to age 5</p>	<p>987 (98%) of pregnant women were screened for risk factors.</p> <p>There were 1,394 live births to Grey and Bruce residents. 1,361 families were screened for risk factors before hospital discharge; 612 (45%) scored at risk. 1,059 families with a newborn were contacted within 48 hours of hospital discharge.</p> <p>1,109 brief assessments were completed and 414 families were referred for in-depth assessment.</p>
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## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

	<p>Complete developmental screening of 3-year-olds at <i>Let's Learn</i> kindergarten registration and identify those requiring refer to community services.</p>	<p>10,101 <i>Nipissing Developmental Screening Tools</i> were mailed out to young families.</p> <p>912 children were screened for growth and development at <i>Let's Learn</i> Clinics.</p> <p>67 children were identified for follow up and referred to community agencies for further assessment.</p>
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### 7. Home Visiting

Strategies	Current Year Activities	Year End Outcomes
<p>Public Health Nurses and Parent Support Workers provide assessment of and education for healthy childhood growth and development, and act as Service Coordinators to link families to appropriate community services. PSWs work one-on-one with families in their homes, modeling effective parenting and enabling them to enhance parenting skills.</p>	<p>Contact all families with a newborn within 48 hours of hospital discharge and complete a telephone assessment. Families are linked to community resources and services as needed, and are offered a home visit by a PHN.</p> <p>Provide post-partum home visits within 2 weeks of discharge from hospital</p> <p>Link families to community resources and services; families identified at risk are referred to the HBHC program.</p> <p>Provide families identified high-risk ongoing home visits.</p> <p>Develop family care plans, coordinate service delivery and evaluate outcomes.</p>	<p>587 (43%) families contacted accepted the offer of a postpartum visit.</p> <p>117 families entered the program prenatal and continued with the program after they had their baby.</p> <p>2,682 visits were provided to high-risk families; the average was 11 visits per family.</p> <p>Public Health Nurses acted as a service coordinator for 100 high-risk families.</p>

## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

### 8. Dental Screening and Referral Follow-up

Strategies	Current Year Activities	Year End Outcomes
Data is used to monitor dental health and identify long-term trends in dental disease, by counting the number of decayed, missing and filled teeth.	<p>Screen and survey all children in JK, SK and grades 2, 4, 6 and 8.</p> <p>Screen preschool children for referrals to <i>Children in Need of Treatment (CINOT)</i>.</p> <p>Submit data for provincial reports.</p>	<p>7,780 JK, SK, gr. 2, gr. 4, gr. 6, gr. 8 children were screened.</p> <p>492 preschool children screened.</p>
<p>First Nation <i>Children's Oral Health Initiative (COHI)</i></p> <p>Data is used to monitor dental health and identify long-term trends in dental disease within the First Nation community, by counting the number of decayed, missing and filled teeth. This program is funded by and data is shared with Health Canada.</p>	<p>Screen all children aged 0-7 years.</p> <p>Submit data for federal reports.</p>	110 children were screened.
<p>Fissure Sealants</p> <p>To reduce the prevalence of dental diseases in children and youth.</p>	Identify children through the screening program that meet age and decay criteria for fissure sealants.	<p>485 children were identified with dental disease.</p> <p>44 sealants were completed.</p>
<p>Fissure Sealants – First Nation <i>COHI</i></p> <p>To reduce the prevalence of dental diseases in children and youth within the First Nation community. This program is funded by Health Canada.</p>	Identify First Nation children that meet criteria for fissure sealants through the screening program.	<p>62 children were referred for fissure sealants.</p> <p>44 sealants were completed.</p>
<p>Individual Oral Hygiene Instruction</p> <p>To reduce the prevalence of dental diseases in children and youth.</p>	Offer one-to-one lessons to students identified through the screening process that would benefit from individual instruction.	<p>683 children were referred to the one-to-one lessons.</p> <p>209 lessons were completed.</p>

## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

<p>Individual Oral Hygiene Instruction – First Nation <i>COHI</i></p> <p>To reduce the prevalence of dental diseases in children and youth within the First Nation community.</p>	<p>Offer oral health lessons and presentations to students and parents/guardians within the First Nations community</p>	<p>Oral Hygiene instruction was completed through presentations at First Nation health centres, daycares, schools and other community events.</p>
<p>Topical Fluoride Clinics</p> <p>To reduce the prevalence of dental diseases in children and youth.</p>	<p>Offer topical fluoride to children identified to be at high-risk for smooth surface dental decay.</p>	<p>776 children were identified high-risk for smooth surface dental decay.</p> <p>143 topical fluoride treatments were completed.</p>
<p>Topical Fluoride Clinics - First Nation <i>COHI</i></p> <p>To reduce the prevalence of dental diseases in children and youth in the First Nation community</p>	<p>Offer topical fluoride, twice yearly, to First Nation community children aged 0 – 7.</p> <p>Offer topical fluoride, four times per year, to First Nation community children aged 0 - 7 with dental decay.</p>	<p>278 fluoride varnish applications were completed.</p>
	<p>Dental Health continued with its ongoing public awareness campaigns: <i>Love Your Teeth, 2 for 2</i> and <i>Smart Snack Week</i>. Daycare centers in the region were visited and oral health instruction was provided to both the parents and pre-school aged children.</p>	

### 9. Children In Need Of Treatment (*CINOT*)

Strategies	Current Year Activities	Year End Outcomes
<p><i>Children In Need Of Treatment (CINOT)</i> is a provincially funded program covering treatment costs for children with urgent dental conditions and whose families have limited financial means and no access to dental insurance.</p>	<p>Refer children identified through screening for treatment.</p>	<p>965 children were referred to <i>CINOT</i>.</p>
<p><i>Non-Insured Health Benefits (NIHB)</i> - First Nation, is a Health Canada funded program covering treatment costs for children with urgent dental conditions and whose families have limited financial means and no access to dental insurance.</p>	<p>Refer children, 0-7, identified through screening for treatment</p>	<p>29 children were referred for <i>NIHB</i>.</p>

## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

### SEXUAL HEALTH AND SEXUALLY TRANSMITTED INFECTIONS (STIs) including Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS)

**Program Manager:** Denna Leach

**Goal:** **sexual** To promote healthy sexuality including the provision of programs that promotes appropriate individual reproductive and health clinics.  
 To reduce the incidence of and complications from all sexually transmitted infections including HIV/AIDS and other blood-borne infections.

**Major Components:** 1) Clinical Services 2) STI Case Management  
 3) Sexual Health Education and the Prevention of Sexually Transmitted Infections 4) Needle Exchange Program (NEP)  
 5) Public Awareness

#### 1. Clinical Services

Strategies	Current Year Activities	Year End Outcomes
<p>Promote healthy sexuality through provision of Contraception, Unplanned Pregnancy Testing and Counseling including STI Testing.</p> <p>Sexual Health Clinics are located in three community sites and seven high schools throughout Grey Bruce. Free condom and low-cost birth control are available. The clinics provide STI counseling, testing, treatment and follow up; and pregnancy testing, counseling, and referral. Counseling is also offered for sexual and reproductive health concerns, relationships, decision-making and healthy choices, as well as abstinence. Pap tests are also available. The clinical services are delivered by Public Health Nurses and Physicians.</p>	<p>To provide clinical services according to MOHLTC Protocols.</p> <p>Provide information/education related to the proper use of contraceptives.</p> <p>Provide low cost/no cost contraceptives.</p> <p>Provide medical diagnosis and treatment related to contraception.</p> <p>Promote clinical services.</p> <p>Provide pregnancy testing at each clinic location.</p>	<p>Contraceptives are provided at 1/3 of the retail costs; when needed they are provided free through the compassionate assistance program.</p> <p>6,689 client contacts occurred at Sexual Health Clinics.</p> <p>4,239 clients came to the clinics for birth control medication.</p> <p>1,254 people were provided with condoms.</p> <p>59 clients were counseled and/or given the emergency contraceptive pill.</p>

**GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT**

Strategies	Current Year Activities	Year End Outcomes
<p>The Sexual Health Program works in partnership with community physicians, agencies, labs and the Public Health Unit’s Healthy Babies Healthy Children Program to provide support services and referrals to those experiencing an unplanned pregnancy. Pregnancy testing is provided free of charge at all Sexual Health Clinics. With each suspected and/or confirmed pregnancy, comprehensive counseling is provided based on all options available. Depending upon the client’s decision regarding their pregnancy, referrals are made accordingly.</p> <p>Regardless of outcome, contraception information is discussed to prevent any future unplanned pregnancies.</p>	<p>Diagnose pregnancy.</p> <p>Provide comprehensive pregnancy counseling related to all options for those testing positive.</p> <p>Encourage self-referral/referral for appropriate medical follow up for those who are pregnant.</p> <p>Provide contraceptive information/methods for those who test negative for pregnancy.</p> <p>Provide STI testing, diagnosis and treatment for clinic clients requesting services including appropriate follow-up.</p> <p>Provide education related to harm reduction and behaviour changes to reduce risks.</p> <p>Provide free hepatitis A and hepatitis B vaccination to eligible individuals.</p> <p>Communicate with community partners regarding clinical services to ensure seamless services are offered in Grey Bruce, including referral.</p>	<p>505 urine and/or serum pregnancy tests provided.</p> <p>45 clients were referred for a therapeutic abortion.</p> <p>35 received post-abortion counseling.</p> <p>A standardized process was developed for physicians regarding abortion referral and support.</p> <p>Referrals for positive pregnancy tests were made to family physicians, clinic doctors, local gynecologists and other clinics, as well as midwives and the Healthy Babies Healthy Children Program.</p>

## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

### 2. Sexually Transmitted Infections (STI) Case Management

Strategies	Current Year Activities	Year End Outcomes
<p>The overall goal of the STI program is to reduce the incidence of and complications from all sexually transmitted infections including HIV/AIDS. Prevention is the primary goal, especially in light of the social and financial costs that an individual may face as a result of contracting an STI, however when a positive case is identified case management is required.</p> <p>Conduct case management for STIs that are classified as reportable to the MHLTC. STI cases are managed by the Public Health in partnership with area physicians, other health care providers and Sexual Health Clinics. Case management includes ensuring that those infected have received treatment and infected partners are contacted for referral treatment. Using consistent measures to manage STIs reduces the spread of infection. Reportable STIs are Chlamydia, Gonorrhea, Syphilis, HIV and neonatal Herpes.</p> <p>Routine screening is also available for Hepatitis B, Hepatitis C and Syphilis. If a client does not show antibodies to Hepatitis B, they are provided with free Hepatitis B injections, if they meet the eligibility requirements.</p>	<p>Case management on all reportable STIs in Grey Bruce including treatment, contact tracing and follow-up. This includes not only clinic clients, but all residents of Grey Bruce who have tested positive for a reportable STI will be investigated by Public Health.</p> <p>Follow up all positive STI reports received from labs by contacting physicians to inquire about treatment/contact tracing.</p> <p>Provide contact tracing when physician does not.</p> <p>Refer for STI testing and treatment.</p> <p>Education related to behaviour changes for risk reduction.</p> <p>Inform clients about eligibility for free Hepatitis A and B immunization.</p> <p>Document all interactions regarding STI cases/contacts on the Ministry reporting program – iPHIS.</p> <p>Provide treatment updates and relevant case management information to health care providers via <i>Public Health Notes</i> and physician's websites.</p>	<p>1,086 clinic clients were tested for Chlamydia and Gonorrhea.</p> <p>165 clinic clients were tested for HIV.</p> <p>109 clinic clients were tested for Hepatitis B and C.</p> <p>STIs made up 45% of all reportable diseases investigated.</p> <p>297 infections were treated in Sexual Health Clinics.                      ~ 234 cases of Chlamydia                      ~ 10 cases of syphilis                      ~ The 53 other STI's treated included: bacterial vaginosis, yeast, molluscum, HPV, gonorrhea.</p> <p>New STI management guidelines were distributed to area physicians and hospitals to support diagnosis and treatment guidelines. (80 copies)</p> <p>500 information cards on Chlamydia and Gonorrhea were distributed in condom bags through our Sexual Health Clinics.</p> <p>10 infectious diseases practitioners who work in institutions received training in managing STIs.</p>

**GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT**

<p>In conjunction with community partners, ensure the provision of health promotion activities, including the provision of condoms aimed at preventing STIs, including HIV/AIDS.</p>	<p>Work with community partners to enhance the current referral system for individuals with HIV infections and their families.</p> <p>Develop a support network to access medical care and/or social agencies for individuals with HIV infections and their families.</p>	<p>A referral process was developed with the Guelph Masai Centre HIV Clinic. The centre offers community based out-patient treatment for those living with HIV/AIDS. Following discussion, space will be allocated to the Masai Centre for an outreach clinic at the Health Unit in Owen Sound for any positive HIV clients from Grey Bruce.</p> <p>3 media events were highlighted for HIV/AIDS for AIDS Awareness week.</p> <p>20 area health care providers including a physician, a midwife, and many nurses attended <i>Beyond the Basics</i>; a presentation geared to health care providers for a broader understanding of the HIV, its transmission, early detection and current treatments.</p> <p>30 youth attended a coffee house presentation about HIV transmission and prevention.</p>
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## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

### 3. Sexual Health Education and the Prevention of Sexually Transmitted Infections

Strategies	Current Year Activities	Year End Outcomes
<p>Sexual health education reduces the number of people at risk for contracting an STI or having an unplanned pregnancy.</p> <p>Education related to sexual health issues and healthy sexuality is delivered to the community based on identification of needs or requests. Sexual health education is delivered one-on-one in the clinic and in groups through presentations to the community. Support and resources are also provided to educators who provide sexual health information in the schools.</p> <p>Sexual health information can also be accessed on the Health Unit website.</p>	<p>Respond to requests for information.</p> <p>Provide sexual health/prevention of STI displays.</p> <p>Consult with educators to support curriculum development and implementation of sexual health education (grades 7-9).</p> <p>Distribute youth resources bookmarks to promote teachers section of Health Unit website.</p> <p>Promote healthy sexuality through education to individuals and groups, upon request.</p> <p>Work with community partners to ensure the provision of programs to the public that promote appropriate individual reproductive and sexual health choices.</p> <p>Update other Health Unit staff annually regarding new birth control methods, trends etc.</p> <p>Provide information through presentations to high-risk groups such as Keystone - Child, Youth &amp; Family Services, Supervised Alternative Learning for Excused Pupils (SALEP), Hincks-Dellcrest Rural Treatment Centre and Pinehill Youth Residence.</p> <p>Maintain current internet web pages and web front page and respond to website requests for information.</p>	<p>15 community educational sessions were provided, reaching over 200 people.</p> <p>14 community requests for information and resources were received. The requests came from the Children's Aid Societies, social services, physicians, youth workers, high-risk parenting groups and parents.</p> <p>7 Sexual Health displays were located at a variety of events including parent evenings and Health Fairs.</p> <p>27 educational sessions were provided to over 900 area high school students to promote sexual health, including healthy relationships.</p> <p>16 contacts were made with school staff to support curriculum implementation regarding sexual health and STIs.</p> <p>280 bookmarks highlighting public health resources were distributed to teachers to support the curriculum.</p> <p>20 internet requests were addressed.</p>

## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

### 4. Needle Exchange Program (NEP)

Strategies	Current Year Activities	Year End Outcomes
<p>There are more than 100 <i>Needle Exchange Programs (NEP)</i> in Canada, 34 in Ontario.</p> <p>The Grey Bruce <i>NEP</i>, called <i>GB Works</i>, was implemented in July 2007.</p> <p><i>NEP</i> programs work on a harm reduction model to reduce the spread of blood borne infections acquired through the sharing of needles and injection equipment; and to reduce the risk of exposure from improperly disposed needles.</p>	<p>Provide sterile injection equipment.</p> <p>Provide information and counseling on safer injection, risk behaviour reduction, safe disposal and community services such as testing and vaccination.</p> <p>Provide referrals to health &amp; social services.</p> <p>Create letter of understanding with all regional enforcement detachments.</p> <p>Review surveillance system for tracking found needles.</p> <p>Distribute <i>Found Needles</i> campaign booklets.</p>	<p>The first needle exchange took place on July 29, 2007. From July 2007 to December 31, 2008, 251 exchanges have taken place. The age of <i>NEP</i> participants range from 18 to 59 years.</p> <p>300 needle exchange flyers were distributed to target groups and agencies throughout Grey Bruce.</p> <p>The Health Unit website was updated to include <i>GB Works</i> program information.</p> <p>4 found needles were picked up for proper disposal.</p> <p>500 <i>Found Needles</i> campaign bookmarks were included in the <i>Let's Grow</i> mail outs distributed to 500 homes with children aged 4-5 year olds.</p> <p>Fact sheets to increase access to vaccinations were developed to educate clients and health professionals.</p> <p>70 caregivers and professionals attended presentations/training sessions on the <i>NEP</i>.</p>

**GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT**

**5. Public Awareness**

<p><i>Far From The Heart</i> teaches teens about rape, sexual assault and healthy relationships.</p> <p>Held once a year, the goal of the <i>Sexual Health Week</i> activities is to increase knowledge and raise awareness about sexual health resources available for parents, educators and youth.</p>	<p>Interactive theatre presentation at high schools in Grey Bruce to explore issues such as date rape and violence.</p> <p>Health messaging/quiz on targetyouth website.</p> <p>Design and distribute health messages fact sheets specific to males as part of a condom package distribution.</p> <p>Provide peer to peer messaging for young men.</p> <p>Design and distribute poster with sexual health messaging for males.</p>	<p>In the spring of 2008, a 2 ½ week, 27 show tour of <i>Far From the Heart</i> reached 1879 young people in schools (grades 7 to 12), an aboriginal centre and in a Section 23 class. This represents about 24.6% of the student youth population of Grey Bruce. Also present were 150 teachers, school counselors, parents and community members. Public Health assisted in the implementation and promotion of the program and in the debriefing sessions at 6 area high schools.</p> <p>1,750 healthy relationship message cards were distributed through our condom packages.</p> <p><i>It's a Guy Thing</i> was this year's sexual health message. The theme addressed issues related to young men's limited access to sexual health care including screening for sexually transmitted infections. Information for the websites, posters and pamphlets were focus tested to appeal to young men.</p> <p>5 media messages including web, newspaper and radio, were sent out to promote young men's sexual health.</p> <p><i>Healthy Sexuality</i> messages went out to all area high schools for their daily announcements during <i>Sexual Health Week</i>. These messages were created in consultation with youth.</p> <p>1,050 pamphlets dealing with sexual and reproductive issues for young men went out to Grey Bruce doctors and clinics for male patients during <i>Sexual Health Week</i>.</p> <p>An additional 350 pamphlets were requested from area hospitals and physicians as they felt this information was valuable to young men.</p>
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# GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

## YOUTH DEVELOPMENT

**Program Manager:** Denna Leach

Adolescents are the only population for which morbidity and mortality has not changed in recent years. Factors that contribute to the ability of youth to achieve maximum health and wellness are highly influenced by good decision-making, risk taking behaviour, youth engagement and opportunity. Research has shown the more assets youth possess the more positive the health outcome.

Research provided by the Search Institute regarding the 40 Developmental Assets indicates that young people with less than 30 assets are most likely to engage in problem alcohol use, illicit drug use, sexual activity and violence. This research provides a framework for the Health Unit’s youth strategy. Three years ago, our youth strategy was launched by introducing the developmental assets to our community, and since then, we completed community assessments of seven communities within Grey Bruce based on the developmental assets. Youth coalition groups have evolved and are addressing youth health and other youth related issues in their community.

**Goal:** To increase the percentage of youth who meet physical, cognitive, communicative and psychosocial development milestones.

**Major Components:** 1) Asset Building in Communities 2) Community Youth Assessment  
3) Community Development related to GBLTTQ Youth Issues

### 1. Asset Building in Communities

Strategies	Current Year Activities	Year End Outcomes
<p>There are <i>40 Developmental Assets</i>, including support, empowerment, constructive use of time, commitment to learning, positive values, social competencies and positive identity.</p> <p><i>Assets</i> are incorporated into school and community project plans.</p>	<p>Provide student success teacher resources to encourage implementation of <i>Assets</i> into their curriculum.</p> <p>Deliver presentations to organizations, agencies and community groups.</p> <p>Support communities that are starting to use the <i>40 Developmental Assets</i> framework as a means to increase services and resources for youth.</p>	<p>200 <i>Youth Snapshot</i> reports were distributed throughout Grey Bruce to key stakeholders in the community.</p> <p>8 <i>Asset</i> presentations were delivered to approximately 150 people in various groups including the Chamber of Commerce, service clubs, municipalities and at the International Plowing Match.</p> <p>The <i>Asset</i> display board was used 11 times throughout the year at different functions throughout the community.</p> <p>Community mobilization strategies developed in Hanover and Meaford based on the <i>Assets</i> model.</p>

## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

### 2. Community Mobilization/Youth Coalitions Youth Issues

<p>Youth's participation and influence in their communities strengthens character, builds leadership skills and develops a sense of responsibility and pride in their community. These skills will decrease risky behaviours resulting in a healthier youth population and enriched communities.</p> <p>*See page 42 for more information on youth coalitions</p>	<p>Work in partnership with communities to evaluate how Youth Friendly they are using the tool provided by Play Works Partnership.</p> <p>Engage communities in the process of becoming more Youth Friendly by achieving specific criteria listed in the <i>Youth Friendly Community Recognition Program</i>.</p> <p>Promote positive themes about youth, promote youth as resources and encourage community members to become actively involved in supporting youth.</p> <p>Engage youth in community coalitions and/or community development initiatives.</p> <p>Increase awareness about the need to support youth and their involvement in their community through the use of media and other activities.</p>	<p>Youth coalitions are in place, or are planned, for all communities in Grey Bruce. Membership in these coalitions includes mayors, municipal councilors, seniors, parents, local police, librarians, business representatives and youth.</p> <p>~ Youth led coalition events in 2008 included the <i>Bayshore Bash</i> and <i>Coffee for a Cause</i> in Owen Sound, a cycling event from Meaford to Thornbury on August 12 to mark <i>International Youth Day</i>, a <i>Youth Penny Carnival</i> in Saugeen Shores, <i>Sights and Sounds Festival</i> in Hanover and two movie nights on the Bruce Peninsula.</p> <p>~ Coalitions also address the underlying issues around community perception of youth and furthering opportunities for youth participation.</p> <p>Many young people are taking an active role in municipal government, informing and influencing policy that directly affects their lives. The Town of Blue Mountains and Hanover are moving forward with youth advisors as part of their municipal councils. Many communities are introducing youth awards to recognize the contribution of youth.</p> <p>The Grey Bruce <i>Youth Engagement Strategy</i> was featured at the Ontario Public Health Association conference in October 2008.</p>
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## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

### 3. Community Development related to GBLTTQ Youth Issues (Gay, Bi-Sexual, Lesbian, Transgendered, Two Spirited, Queer)

<p>The Health Unit is a GBLTTQ positive space, meaning that people are not judged or discriminated against based on sexual or gender orientation. Individuals who do not feel supported in their sexual identity struggle with the ability to cope and many chose unhealthy behaviour.</p> <p>The Health Unit is a partner in the Action Network, a group of community agencies to support strategies of inclusion.</p> <p>The Health Unit hosts the <i>Pride and Prejudice</i>; a self-directed support group for GBLTTQ youth.</p>	<p>Increase awareness of GBLTTQ issues in Grey and Bruce by providing information and services. Work with community agencies and school boards to further develop the Action Network. Develop strategies to support GBLTTQ Youth and their families in Grey and Bruce.</p> <p>70 promotional posters were distributed for International Day against Homophobia.</p> <p>40 “<i>I think I might be gay</i>”, resources were provided to area hospitals and schools and included links to services available to young people who are struggling with gender identity.</p> <p>Implement <i>National Safe Spaces</i> training.</p>	<p>The GBLTTQ Action Network held 4 meetings. Members include the Bluewater School Board, the AIDS Committee of Guelph, Keystone Child Youth and Family Services, Grey Bruce Health Unit and community members.</p> <p>The <i>Pride and Prejudice</i> support group for GBLTTQ youth continued throughout 2008.</p> <p>A web page supporting LGBT equality has been developed for <a href="http://www.targetyouth.ca">www.targetyouth.ca</a> website.</p> <p><i>National Safe Spaces</i> training was offered to area schools via an AIDS educator.</p>
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## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

### INJURY PREVENTION INCLUDING SUBSTANCE ABUSE PREVENTION

**Program Manager:** Denna Leach

Youth and seniors are two primary target groups that statistically show higher than average rates of preventable injuries in our community. From 2000-2003, Motor Vehicle Collisions (MVC) were the leading cause of death for youth aged 15-19 in Grey Bruce. Twenty-six of thirty-three deaths (79%) were caused by MVCs. This is significantly higher than the Ontario average of 31%, and the national average of 35%. Seniors are also at a greater risk of injury with the rate for Grey Bruce 35% higher compared to the Ontario average.

**Goal:** To goal of the injury prevention program, including substance abuse prevention is to reduce disability, morbidity and mortality caused by alcohol and other substances, as well as falls in the elderly and to prevent drowning in specific recreational water facilities.

**Major Components:** 1) Reduction of Injuries from Motor Vehicle Collisions                      2) Reduction of Injuries from Alcohol and Other Drugs  
 3) Policy Development related to Alcohol and other Drugs                      4) Prevention of Falls/Injury of Older Adults

#### 1. Reduction of Injuries from Motor Vehicle Collisions (MVC)

Strategies	Current Year Activities	Year End Outcomes
Public Awareness	Participation in radio and TV interviews. Coverage included radio, TV, web and newspaper.  Disseminate releases to accompany media events.  Updates for website front page and targetyouth.ca.  Obtain and/or develop resources providing data on injuries among youth used in the MVC backgrounder.  Attend and support school events related to MVC and youth (i.e. <i>Buckle Up Challenge</i> ).  Distribute resources to youth and parents (schools, driver's education, MTO).  Respond to request for information.  Develop presentation to be used by OPP at Driver Education parent night.	Media events occurred to raise awareness of Grey Bruce MVC rates.  Poster campaign targeting car dealerships highlighted MVC rates and the parent's role in communicating with their teen driver.  New Public Service Announcements and 3 radio programs promoted Operation Lookout.  Parents of teen drivers targeted with information included in <i>Body Bulletin</i> insert.  A presentation was created for Driver Education classes highlighting MVC rates and prevention strategies.  <i>Buckle Up Challenges</i> were shared with all area high schools.  2 new Safe Driving Contracts were added to website.  Resources about the new regulations for teen drivers were distributed.

## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

<p>Educating Providers</p>	<p>Consult with Driver Education &amp; O.P.P to discuss current teen MVC data.</p> <p>Distribute “Parents of Teen Drivers” Power Point Presentation to O.P.P involved in Driver Education.</p> <p>Collaborate with Driver Education facilities to promote teen parent participation through the use of the Safe Driving Contract.</p> <p>Developed link with local insurance company to discuss teen MVC data and promote distribution of resources.</p> <p>Participate in opportunities available for professional development and training.</p>	<p>2 meetings were held with the O.P.P. and Driver Education programs.</p> <p>A “Parents of Teen Drivers” presentation was provided to the O.P.P.</p> <p>Attending Ministry of Transportation presentation provided information regarding new legislation and traffic data.</p>
<p>Foster Coalitions and Networks</p>	<p>Include youth motor vehicle safety on agendas to increase awareness to community partners, coalitions and key stakeholders.</p> <p>Share resources related to youth motor vehicle safety with partners.</p> <p>Encourage coalitions and networks to distribute resources on motor vehicle safety to parents and youth.</p> <p>Meet with O.P.P to discuss strategies related to teen MVC.</p> <p>Participate in the Ontario Injury Prevention on-line resource.</p>	<p>A backgrounder highlighting MVC rates in Grey Bruce was presented to existing groups and coalitions including Partners in Public Safety, MADD, Police Services, Bruce Safe Communities and a local insurance company.</p> <p>A MVC prevention group was established with representatives from local law enforcement, Public Health, concerned citizens, the insurance industry, the Ministry of Transportation, Driver Education, schools and a parent. Objectives include educating parents and youth, changing the built environment to support young drivers and influencing policy.</p>

## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

Policy	<p>Develop community strategies to reduce the risks of youth MVC.</p> <p>Identify communities that have developed policy related to motor vehicle safety.</p> <p>Communicate MVC strategy with the Safe Strong Clean Committee via team representative.</p> <p>Explore development of written recommendations from Board of Health for resolution.</p>	<p>The Health Unit promoted the importance of safe roads for new subdivision developments.</p> <p>The alPHA resolution and recommendations to the province regarding the passenger restriction for G1 and G2 licensing was presented to, and supported by, the Board of Health.</p>
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### 2. Reduction of Injuries from Alcohol and Other Drugs

#### Substance Abuse Prevention:

Included in the injury prevention program is substance abuse prevention. “Substance abuse represents a significant drain on Canada’s economy in terms of both its direct impact on the health care and criminal justice systems, and its indirect impact on productivity as a result of premature death and ill health.” (Rehm.J., et. al, 2006, p. 2) In Canada in 2002, the cost of substance abuse was reported at \$39.8 billion, with illegal drugs accounting for \$8.2 billion, alcohol \$14.6 billion, and tobacco \$17 billion (Rehm, 2006). In Grey and Bruce alcohol abuse continues to be our number one drug abuse problem.

#### FOCUS Community Program of Grey Bruce:

Injury prevention and substance abuse prevention programs are supported by the FOCUS project. It is a program designed to develop, co-ordinate and support comprehensive alcohol and other drug abuse prevention programs, implemented through community partnerships, to meet local community needs. FOCUS raises awareness in the community about the harmful effects of alcohol and other drug use, including the relationships of injuries and substance abuse.

Strategies	Current Year Activities	Year End Outcomes
<p>Work with community partners to ensure the provision of programs targeting the public to help reduce injuries caused by the use of alcohol and other drugs.</p> <p>Support to a campaign around <i>Drug Awareness Week</i>.</p>	<p>Partner with Grey Bruce Parent Norms Committee to distribute information.</p> <p>Participate in <i>Drug Awareness Week</i> activities</p>	<p>The Substance Abuse Action Committee partnered with Grey Bruce Parent Norms Committee for <i>Drug Awareness Week</i>. The pilot campaign involved training 13 area pharmacies to educate prescription users on the issues and steps to take to prevent non-medicinal use of prescription drugs.</p> <p>25,000 information flyers were attached to prescriptions.</p>

**GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT**

<p>A number of campaigns specifically aimed at parents and/or youth are utilized to support injury reduction messaging.</p> <p>Programs targeting alcohol as a risk for older adults. The percentage of older Ontarians aged (65+) who drink has gradually been increasing.</p>	<p>Develop and submit media –web tip, <i>Making Health Happen</i>. Participate in radio and TV interviews</p> <p>Partner with MADD to promote the Red Ribbon Campaign (November). Support <i>Operation Lookout</i> a year round public awareness campaign. "<i>Call police if you spot an impaired driver</i>"</p> <p>Respond to requests for information.</p>	<p>5 media interviews and article release were given to area newspapers. A TV interview addressing alcohol as a risk factor was completed.</p> <p>2,642 people received the Drug Free message at the Attack hockey game. ~ 1400 people received a red ribbon launching MADD’s red ribbon campaign. ~ Fatal-vision goggles were used and information regarding the <i>Low Risk Drinking Guidelines</i> was displayed.</p> <p>5 community presentations regarding Substance Abuse prevention were given to area groups including Big Brothers, Early Years and Boy Scouts.</p> <p>100 <i>Talking to your Teen About Drugs</i> booklets were distributed.</p> <p>150 workplaces in Grey Bruce received the <i>Body Bulletin</i>.</p> <p>A workshop for 40 service providers who work with older adults was given to help them identify and support older adults with substance use problems.</p> <p>Based on demand, a third reprint (2000) and revisions to the Grey Bruce pamphlet, <i>Understanding Potential Interactions with Prescription Drugs</i> was completed.</p>
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**GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT**

<p>Skill Building and Education</p>	<p>Attend the Substance Abuse Prevention Network of Southwest and Central West Ontario.</p> <p>Education and Skill Development programs were offered for Children and Youth.</p>	<p>At the Canadian Geriatric Society's annual scientific meeting in Montreal, the <i>Understanding Potential Interactions with Prescription Drugs</i> poster presentation was accepted, presented and well received. The pamphlet was used as a tool to promote older adult understanding of potential interactions between lifestyle substances, over-the-counter products and prescriptions drugs.</p> <p>The <i>What If</i> fables program was presented to children in grades JK – Gr. 6. The presentation reinforced their curriculum on substance use.</p> <p>High school youth experienced a 5 hour, interactive injury prevention, health promotion activity (P.A.R.T.Y. program). This program looks at preventing alcohol and risk related trauma.</p> <p>Grade 7 and 8 students were involved in an interactive presentation by their grade 8 peers on <i>Alcohol and your Brain</i>.</p> <p>150 grade 7 and 8 students were presented with a creative approach using puppets to provide a message of lifestyle choices about the dangers and consequences of drinking and using other drugs. The high school who created the play is a group of marginalized “at risk” young people in our community – SALEP students.</p> <p>The <i>Talking About Mental Illness</i> program was presented to youth Net and TAMI. The program is called <i>Let’s Talk</i>, the high school classroom presentations promoted good mental health with youth and the awareness of risk to mental health with drug use (combined).</p>
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**GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT**

	<p>Ensure Smart Serve training provided locally</p> <p>Develop/implement <i>Low Risk Drinking Guidelines</i> (LRDG) intervention tool. Provide intervention LRDG to clinic youth. Distribute LRDG materials</p> <p>Collaborate with GB Parent Norms re: Katy Hutchinson</p> <p>Connect with and support OSAID ambassadors in all Grey Bruce high schools</p>	<p><i>Smart Serve</i> courses were offered at Georgian College.</p> <p><i>Low Risk Drinking Guidelines</i> and alcohol as a risk factor for chronic diseases workshops, presentations and displays were presented to the community and health care providers. Media interviews involved radio, TV, and newspaper articles.</p> <p>Presentations to health care providers on the use of the <i>Alcohol Assessment Tool</i> and <i>Low Risk Drinking Guidelines</i> were provided.</p> <p>The <i>Low Risk Drinking Guideline</i> information package and resources were presented at the International Plowing Match.</p> <p>90 adults and 2,500 students attended the <i>Walking After Midnight</i>, presentation that highlighted the risks underage drinking present to parents and youth in Grey and Bruce.</p> <p>7 adult advisors, of local Ontario Students Against Impaired Drivers (OSAID) groups, attended a leadership conference to offer support and training.</p> <p>22 teachers from two school boards attended a workshop entitled <i>Talking to Students About Drugs</i>.</p>
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## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

### 3. Policy Development related to Alcohol and Drugs

Strategies	Current Year Activities	Year End Outcomes	C
<p>The Health Unit supports the development of substance abuse prevention policies in schools, workplaces and municipalities. Policy can influence health by providing support for positive practices.</p>	<p>Provide resources to support Municipal Alcohol Policies (MAP)</p> <p>Provide licensed establishments with direction to develop solutions, house and staff policies through the <i>Safer Bars</i> training workshops for workplaces and municipal employees and those who sponsor special events.</p> <p>Community and political advocacy</p>	<p>14 out of 17 MAPs were reviewed.</p> <p>15 people attended a workshop on <i>Alcohol Policy Development</i> and <i>Smart Serve</i>. This workshop was organized from community requests (area museums). Museums recognize the importance of having trained Smart Serve staff and policies in place for the workers and customers during special occasion permit events on site.</p> <p>Letters to local newspapers and to area politicians along with media messaging raised awareness of the issues of substance use in Grey and Bruce Counties.</p>	C





## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

<p>Youth Action Alliance (YAA) teach young people the skills needed to work on policy related tobacco control issues. Activities engage youth in local action to prevent tobacco use as well as activities that reduce second-hand smoke exposure, refer to cessation services, and increase awareness of tobacco issues. Twenty paid Peer Leaders (PLs) and at least an equal number of volunteers are mentored and supported by Youth Advisors to create, plan and implement tobacco control activities in various communities across Grey Bruce.</p>	<p><b>Policy and Action</b>                  ~ Teach PLs the advocacy skills needed to work on policy related tobacco control issues (e.g. letter writing, post card campaigns, attending all-candidates meetings during elections).</p> <p><b>Public Education</b>                  ~ Provide presentations to peers and younger students about the health effects of tobacco products.</p> <p><b>Tobacco Industry Denormalization</b>                  ~ Create awareness about the tobacco industry's tactics to hook young smokers.                  ~ Mobilize youth advocates against manipulation by media/tobacco companies and hold promotional and social events to raise issues in their local communities and influence their peers not to smoke.</p> <p><b>Media Relations</b>                  ~ Solicit earned media for activities.</p> <p><b>Community Improvement</b>                  ~ Plan two spring "Butt Pick-Up" activities at area high schools.</p> <p><b>Training</b>                  ~ Receive mandatory province-wide training through the Youth Advocacy Training Institute as well as extensive local training.</p> <p>Participate in the Tobacco Control Area Network (TCAN) and SW Area Youth Coalition.</p>	<p>20 area youth worked a total of 5,259 hours as Peer Leaders in 2008.</p> <p>8 advocacy activities were implemented.</p> <p>158 people participated in 3 community improvement events.</p> <p>1,889 people attended 17 educational presentations.</p> <p>1,258 people attended 8 promotional events.</p> <p>1,580 people attended 8 entertainment/social events with a tobacco control message.</p> <p>3,800 educational and promotional items were distributed.</p> <p>41 media development activities were implemented resulting in the following earned media mentions:                  ~ 39 print articles and photographs.                  ~ 26 radio spots.                  ~ 11 TV spots.                  ~ 8 internet news spots.</p>
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## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

<p>Youth Health Coalitions engage youth volunteers in activities that promote understanding of how, through collective action, they can positively effect change to influence the health of youth in their community; to present a collective voice for youth on health issues; and to advocate for, and participate in the development of strategies to address issues that determine health.</p>	<p>Recruit and link interested youth volunteers with each other and supportive adults in geographically based coalitions.</p> <p>Provide training opportunities, and support youth-driven activities.</p> <p>Launch a youth friendly web site <a href="http://www.targetyouth.ca">www.targetyouth.ca</a> that addresses the health concerns of youth, update monthly.</p> <p>Hold a <i>Grey Bruce Youth Summit</i> in the fall of 2008 to provide training and networking opportunities for both youth and adult volunteers.</p>	<p>5 paid Peer Leaders provided leadership for three youth coalitions.</p> <p>35 volunteers were recruited and became routine participants in area. Youth Coalitions, as well as participants in community-based health promotion and tobacco control activities.</p> <p>1,231 volunteer hours were contributed to these activities.</p> <p>The website <a href="http://www.targetyouth.ca">www.targetyouth.ca</a> was launched in April 2008 and received 508,407 hits in 2008.</p> <p>The <i>Grey Bruce Youth Summit</i> was held in Hanover in the fall of 2008 and attended by 37 adults and 36 youth.</p>
<p><i>Not to Kids!</i> is a partnership of public health agencies, community members, school boards and retailers. Currently there are 30 public health agencies across Ontario working together to keep kids tobacco-free, reduce the access to tobacco for those under the age of 19, and influence social norms around supplying tobacco to children.</p>	<p>Participate in province-wide projects to support and complement the Ontario Tobacco Strategy activities addressing social norms around youth access to tobacco.</p> <p>Educate the community to change the social norms about the acceptability of supplying tobacco to youth utilizing electronic, broadcast and print media.</p> <p>Attend coalition meetings and participate in chew/spit working group</p>	<p>The <i>Not to Kid's!</i> projects included the development of retailer education binders supported by the MHP and distributed to retailers across the province.</p> <p>The purpose of the committee was reviewed at an annual retreat and the Terms of Reference revised to focus on gaps in the SFO strategy in order to avoid duplication.</p>

## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

### 2. Tobacco Cessation

The goal of tobacco cessation is to reduce smoking in Grey and Bruce in order to eliminate tobacco-related illness and death. Major approaches include implementing a behaviour change-counseling model using motivational interviewing; research and evaluation of program interventions; and capacity building. Interventions to achieve the goal include individual and group tobacco treatment interventions; training of health professionals; providing access to free Nicotine Replacement Therapy (NRT); and health promotion campaigns to increase awareness about resources available to support quit attempts.

Strategies	Current Year Activities	Year End Outcomes
Smoking Behaviour Change Support aims to reduce the number of adults and youth who smoke daily. Information and education on the benefits and methods for quitting smoking and smoking cessation programs are provided based on the stages of change.	<p>Integrate linkage and referral to smoking cessation supports into all program activities.</p> <p>Promote youth smoking cessation in partnership with high school guidance counselors and Leave the Pack Behind organization that targets young adults.</p>	<p>Keystone received a grant to provide cessation services; the Health Unit participated as member of the advisory committee (linking referrals).</p> <p>The Health Unit is a member of SW TCAN Cessation Committee.</p> <p>The <i>Smoker's Helpline</i> promoted at all activities and events.</p> <p>Youth <i>Quit Kits</i> were provided to guidance departments on request.</p> <p>A Youth Advisor attended TEACH training in smoking cessation counseling.</p>
<i>Driven to Quit</i> Challenge encourages Ontario adults who are daily smokers to quit smoking for the month of March with the support of a non-smoking "buddy". The overall goal of the campaign is to continue to build awareness around the cessation support services available to smokers.	<p>2008 theme – <i>Quit Smoking-Win a Hybrid!</i> ~ Promote access to <i>Driven to Quit</i> website, <i>Smokers Helpline</i>, and tobacco treatment services.</p> <p>Issue news releases, participate in media interviews and web page submissions.</p> <p>Apply for media grant of \$1,500 ~ Purchase radio ads to run during challenge.</p> <p>Distribute <i>Driven to Quit</i> materials across Grey Bruce; community distribution of 1,000 brochures and 200 posters to laundromats, physicians' offices, pharmacies, and hospitals and 1,500 steering wheel flyer reminders.</p>	<p>437 residents of Grey Bruce entered the <i>Driven to Quit</i> Challenge in 2008.</p> <p>Participated in radio talk show and earned media events based on release.</p> <p>Purchased 68 paid radio ads with grant money and participated in a joint media buy with other Health Units in the southwest for a total of 72 ads regionally.</p> <p>The <i>Driven to Quit</i> poster was sent in PDF format to 150 workplaces through the <i>Body Bulletin</i> reaching 20,000 subscribers.</p> <p>Distributed posters, brochures, and steering wheel flyer reminders in communities across Grey Bruce.</p>

## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

### 3. Protection from Second-Hand Smoke

Goal is to eliminate involuntary exposure to secondhand smoke (SHS) in order to eliminate tobacco related illness and death. Major approaches include limiting retail marketing and youth access to tobacco products, protecting the public and workers from second-hand smoke and reducing tobacco industry marketing practices. Interventions to achieve the goals include social marketing, inspection of premises, vendor compliance testing, education and progressive enforcement of the *Smoke-Free Ontario Act* (SFOA).

Strategies	Current Year Activities	Year End Outcomes
<p>Youth Access Compliance and Enforcement conduct inspections (in accordance with MHP protocols) and uses progressive enforcement to decrease sales to minors and deter minors from attempting to purchase tobacco products. An effective compliance strategy employs a balance of inspection, education and progressive enforcement.</p>	<p>Maintain a Health Unit area tobacco vendor inventory.</p> <p>Recruit annually youth between the ages of 15 and 17; provide orientation for and obtain consent from parents; train test shoppers for compliance testing of retailers.</p> <p>Complete compliance inspections of retailers monthly (by test shoppers) with a complete census of all vendors (214) twice a year.</p> <p>Conduct additional inspections in response to a previous history of non-compliance and in response to complaints.</p>	<p>The vendor inventory database was updated.</p> <p>4 new Test Shoppers recruited and trained.</p> <p>245 inspection visits to vendors for youth access compliance with test shoppers were completed.</p> <p>2 warnings regarding selling to minors were issued to retailers.</p> <p>17 charges for selling or supplying tobacco to a person less than 19 were laid.</p> <p>The overall compliance rate increased to 94% (compared with 86.2% in 2007); representing the percentage of retailers who did not sell tobacco to test shoppers during compliance testing.</p>
<p>Display, Handling and Promotion Inspections are conducted to support restrictions on point-of-sale marketing, restricted signage and tobacco promotion as outlined in the SFOA and regulations.</p>	<p>Conduct annual inspections of all tobacco vendors for appropriate signage, point of sale restrictions and tobacco display and promotion. Additional inspections conducted, as required, to ensure the correction of non-compliance observed during previous inspections and to investigate complaints.</p> <p>Provide data to MHP to evaluate progress in reducing tobacco industry marketing practices</p>	<p>The retail display ban provisions of the SFOA came into effect March 31, 2008.</p> <p>200 inspection/education visits were made to tobacco vendors regarding the display ban.</p> <p>4 warnings regarding tobacco promotions were issued.</p> <p>100% compliance was achieved by vendors with provisions of the display ban.</p>

## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

<p>Smoke-Free Workplace and Public Place Inspections and Enforcement to deter smoking in enclosed workplaces and public places. Compliance may be influenced by the time of day, location and the type and function of the premise.</p>	<p>Establish and maintain a complaint driven system re: smoking in workplaces, enclosed public places and prohibited places or areas. All premises required to be smoke-free may be subject to an inspection.</p> <p>Maintain a worksite inventory of high-risk premises in Grey and Bruce.</p> <p>Investigate all complaints.</p> <p>Issue verbal warning if there is non-compliance.</p> <p>Re-inspect within 5 working days.</p> <p>Lay charges if there is a continued non-compliance.</p> <p>Encompass all operating hours for enforcement schedules - Monday to Saturday, with some Sunday enforcement.</p> <p>Work with vice-principals to educate students, issue warnings or lay charges as appropriate for smoking on school property infractions.</p>	<p>225 complaints from the public were received.</p> <p>57 complaints received were not covered by SFOA regulations (e.g. drifting smoke in multi-unit dwellings, contraband tobacco).</p> <p>All complaints were responded to or investigated.</p> <p>111 workplace/public place inspections were completed.</p> <p>20 high school inspections were completed.</p> <p>31 warnings were issued re: smoking in enclosed or prohibited workplace/public places.</p> <p>63 Part I charges were laid.</p> <p>7 Part III charges were laid.</p> <p>29 charges came to trial with 19 convictions and 2 acquittals registered. 8 trials held over until 2009.</p>
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## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

<p>Education of Owners and Operators of Premises regarding SFOA. This includes workplaces, schools, public places and tobacco vendors to ensure that staff, students and patrons do not smoke indoors or in other restricted areas (work vehicles, on school property, within 9 m. of an entrance to a health care facility), and that they follow all other provisions of the legislation (posting signage, removing ashtrays, etc).</p>	<p>Provide education to all new owners/operators of premises regarding SFOA and their obligations.</p> <p>Provide education, educational materials, and signage.</p> <p>Work with employers and proprietors to support employee smoking cessation and the development of smoke-free workplace policies.</p> <p>Disseminate retailer-training materials produced by <i>Not to Kids!</i></p> <p>Distribute a newsletter 1-2 times yearly to retailers.</p> <p>Provide education sessions to school bus company owners/operators regarding SFOA and their obligations under the Act.</p> <p>Provide yearly education regarding SFOA to Principals or Vice-Principals.</p> <p>Provide consultation to local school boards on tobacco related policy.</p>	<p>19 workplaces requested consultation/support in developing smoke-free worksite policies.</p> <p>231 premises were sent educational mailings.</p> <p>4 group education sessions held with 26 participants (including school bussing company).</p> <p>Updated <i>Not to Kids!</i> materials disseminated to all retailers.</p> <p>Each high school principal or VP was visited in the fall and then as required to maintain partnerships.</p> <p>Bluewater District School Board tobacco policy was reviewed and recommendations were made.</p>
<p>Education of the Public Regarding SFOA and Regulations. This includes providing regular enforcement, the application of fines and positive media coverage relating to the enforcement activities to assist in increasing compliance with the SFOA legislation.</p>	<p>Educate the public about the problems of: youth and adult tobacco use, the legislation restricting the display of tobacco industry products and restricting youth access.</p> <p>Meet with local officials, community leaders, businesses, schools and youth groups to build understanding regarding youth access legislation, restricting point-of-sale marketing and tobacco promotion.</p> <p>Generate earned media to address and support compliance with the provisions of SFOA. Collaborate and coordinate media campaigns within the TCAN or across area boundaries.</p>	<p>The Health Unit participated in provincial and regional TCAN campaigns to increase public awareness (<i>Display Ban Implementation; Tobacco Free Sports and Recreation</i>; advocacy against flavoured tobacco products).</p> <p>Met with two municipal councils, Saugeen First Nation and community agencies to build understanding.</p> <p>2 media development activities resulted in 2 TV, 3 internet, 9 radio and 11 newspaper spots.</p> <p>Paid media campaign implemented in December to publicize <i>Smoke-Free Cars</i> legislation.</p>

## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

<p>Tobacco Enforcement Agencies Network provides a forum for effective communication between agencies regarding illegal tobacco in Grey and Bruce.</p>	<p>Conduct quarterly (or as required) meetings.</p> <p>Share information of importance to member agencies and other relevant enforcement agencies as needed and determine lead agency for enforcement.</p> <p>Conduct periodic joint enforcement visits with Ministry of Revenue.</p> <p>Address and make recommendations on issues affecting tobacco control.</p> <p>Coordinate enforcement activities as needed, following Joint Agency Group Investigation Framework as a guideline.</p>	<p>The SW TCAN took on leadership of this committee and expanded membership to all of SW region.</p> <p>Participated in regional meeting regarding contraband tobacco issues.</p> <p>In conjunction with the Ministry of Revenue, conducted 2 joint inspections of high-risk retailers.</p>
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## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

### SAFE WATER

**Program Manager:** Lou D'Alessandro

Public Health is mandated to reduce the incidence of water-borne illnesses and injury prevention. By taking appropriate action to protect public health when adverse test results are received from community drinking water systems, testing bathing beaches for bacterial contamination and posting signs to alert the public if adverse conditions exist, providing water quality information to owners of private water systems and inspecting public bathing facilities to assess whether they are operating within the prescribed regulations and provide the operator with injury prevention strategies.

**Goal:** To reduce the incidence of water-borne illness in the population

**Major Components:** 1) Regulated Ministry of Environment Drinking Water Systems      2) Private Drinking Water  
3) Recreational Water Facilities      4) Beaches

#### 1. Regulated Ministry of Environment Drinking Water Systems

Strategies	Current Year Activities	Year End Outcomes
Monitor drinking water according to MHP Protocol following the SDWA, 2002 O.Reg 170/03 and 252/05.	<p>Respond to adverse regulated water systems.</p> <p>Investigate, consult and take appropriate measures with the owner/operator of the regulated water system when adverse results are indicated.</p> <p>Inspect and re-inspect water systems.</p> <p>Utilize media for community advisories i.e. Boil Water Orders.</p>	<p>397 Adverse Water Quality Incident (AWQI) reports were received in 2008 (in consultation with the MOE). The Safe Water program is mandated to respond to all AWQI within a 24-hour period. This includes any combination of telephone contact with the operator, onsite visits and/or the taking of audit samples by Public Health.</p> <p>0 Boil Water Orders issued by Public Health in 2008. Through consultation with GBHU program staff, operators were able to issue their own precautionary advisement to system users as mandated by the Ministry of Environment legislation.</p> <p>15 precautionary advisories issued by owner operators .</p>

## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

### 2. Private Drinking Water

Strategies	Current Year Activities	Year End Outcomes
<p>Provide advice to communities in meeting the objectives as outlined in the SDWA for Bacterial, Chemical and Radionuclide.</p> <p>Promote drinking water issues in the media and website.</p> <p>Respond to water related complaints.</p>	<p>Consult with clients on drinking water.</p> <p>Conduct monthly follow up on private adverse drinking water results to private residence.</p> <p>Submit articles on drinking water to <i>Public Health Notes, Making Health Happen, Healthy Choices</i> and website.</p> <p>Respond to media request on topical issues i.e. E. coli.</p> <p>Provide educational materials to clients i.e. Well Wise.</p>	<p>Owners of Private Drinking Water Systems received water quality information from Public Health assisting them to meet objectives of the SDWA. Drinking water issues promoted in the media and website and all water related complaints were responded to.</p> <p>706 client consultations on drinking water were provided.</p> <p>Notification of adverse sampling results, including letters with educational pamphlets to all private water system users who requested consultation was completed.</p>

### 3. Recreational Water Facilities

Strategies	Current Year Activities	Year End Outcomes
<p>Inspect and monitor Recreational Water Facilities as mandated.</p> <p>Respond to recreational water complaints.</p>	<p>Apply risk management and injury prevention strategies to swimming pools, spas, water slides and wading pools.</p> <p>Complete inspections based on complaints</p>	<p>Public Health inspected and monitored Recreational Water Facilities using risk management and injury prevention strategies and investigated all recreational water complaints.</p> <p>315 compliance inspections were made and 60 re-inspections were completed.</p>

### 4. Beaches

Strategies	Current Year Activities	Year End Outcomes
<p>Prioritize and identify recreational beaches to be sampled and determine sampling frequency.</p>	<p>Review the historical data and inventory of beach sites prior to the beginning of bathing season.</p> <p>Apply MOHLTC Beach Management Protocol.</p> <p>Promote the "Blue Flag" program to enhance the quality and safety of public beaches.</p>	<p>There was a significant reduction in the number of beaches required to be inspected in 2008 versus 2007.</p> <p>15 beach areas in Grey Bruce were monitored. There were no adverse samples; as a result no beach postings were required.</p>



## GREY BRUCE HEALTH UNIT - PROJECTS & SERVICES - 2008 YEAR END OUTCOME REPORT

### 2. Education and Communication

Strategies	Current Year Activities	Year End Outcomes
<p>Provide reports on health hazards in the community.</p> <p>Development of new resource material for program.</p> <p>Promote climate change issue awareness, adaptation strategies and impact reduction practices.</p> <p>Provide municipalities with updated information when by-laws are being formulated for managing environmental health issues.</p> <p>Work with local government agencies and other appropriate agencies in identifying and resolving health hazards for staff doing home visits.</p> <p>Develop a coordinated approach to program development and delivery.</p>	<p>Annual review of policies and procedures.</p> <p>Analysis statistics and emerging issues.</p> <p>Provide consultation and education activities.</p> <p>Report to the community any health conditions known to be caused by health hazards.</p> <p>Develop, as required, new fact sheets.</p> <p>Provide analysis of and share information from government or other appropriate agencies with municipalities.</p> <p>Provide educational material and presentations (MOH refers information to HH Manager who informs area PHIs).</p> <p>Work with community partners and chronic disease program staff to promote action..</p> <p>Work with the Public Health Promotion Division to develop cross program projects to address natural, social and built environment issues in order to promote <i>Operation Safe, Strong and Clean</i> (OSSC) communities</p>	<p>Reviews of policies and procedures were carried out to assess compliance with new Ontario Public Health Standards.</p> <p>Several emerging or re-emerging issues demanded time in 2008. Included in these were lead exposure, bed bugs, potential impact from wind farms and proposed expansions of other business activities.</p> <p>Consultation, education and reports continued to be important parts of our response to emerging and established issues.</p> <p>When possible, reports were prepared in conjunction with community partners (such as the Bed Bug fact sheet developed by Public Health and the City of Owen Sound).</p> <p>In 2008, information was provided on new responsibilities when responding to the clean up of drug operations.</p> <p>The PHI continuous professional education process included (in part) this type of information flow.</p> <p>Relationship strengthened in several areas included <i>Eat Smart</i>, Food Handler Certification training, planning commenting process and other OSSC activities.</p> <p>The prevention of Health Hazards continued to be an important component of building safe communities.</p>

## PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008

### 3. Emergency Measures

Strategies	Current Year Activities	Year End Outcomes
<p>Work with CEMC to conduct simulated emergency exercises.</p> <p>Work with CEMC at the county level to increase public awareness related to emergencies, particularly during Emergency Preparedness Week.</p> <p>Provide Pandemic Influenza Emergency Management.</p> <p>Investigate and respond to emergency situations, natural or man-made disasters.</p> <p>Provide appropriate response to possible, suspected or confirmed bioterrorism incidents.</p> <p>Ensure communications between CEMC, Public Health and hospitals on roles and responsibilities during emergencies.</p> <p>Develop a coordinated approach to program development and delivery.</p>	<p>Work with CEMC and hospitals to develop plans for use during emergencies.</p> <p>Work with Grey and Bruce County Emergency Response Coordinators to set up public education campaigns i.e. Emergency Preparedness Week (second week of May).</p> <p>Develop Pandemic Influenza Emergency Management Plan including policies and procedures and logic model.</p> <p>Maintain emergency response kits.</p> <p>Provide staff training on their roles, health and safety protocols, personal protective equipment and barriers.</p> <p>Work with CEMC to conduct simulation exercises.</p> <p>Test pandemic influenza emergency management plan, communication equipment and supplies.</p> <p>Maintain multidisciplinary team of GBHU staff with CISM training.</p> <p>Work with CEMC for possible combined funding, e.g. JEPP funding.</p> <p>Work with CEMC of Grey and Bruce to develop telephone notification service to county residents during an emergency.</p> <p>An equipment and supply inventory was taken as part of the move to the new Health Unit site.</p> <p>The fan-out procedure is continuously updated.</p> <p>Opportunities for possible funding were explored.</p>	<p>Most agencies had developed emergency plans and were working on updating them.</p> <p>Education was given at one specialist and several other community events.</p> <p>The existing emergency plan did not require any substantial changes.</p> <p>Emergency Response Kits were maintained on an ongoing basis.</p> <p>An update on the effects of the <i>Ontario Public Health Standards</i> (which includes a new standard for Emergency Preparedness) was given at the 2008 PD day.</p> <p>A fan-out emergency test was conducted in 2008.</p> <p>A telephone notification service continues to be desirable despite the significant financial barrier – new technology may make this more achievable in the future.</p>

**PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008**

## PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008

### VACCINE PREVENTABLE DISEASES / IMMUNIZATION

**Program Manager:** Karen Sweiger

Promote immunization awareness and ensure that any person residing in Grey and Bruce Counties have access to immunization for the administration of provincially funded and non-publicly funded vaccines.

**Goal:** To reduce or eliminate the burden of vaccine preventable diseases  
**Major Components:** 1) Immunization Clinics 2) Assessment & Surveillance  
 3) Vaccine Storage, Handling & Distribution 4) Travelers  
 5) Education/Promotion 6) Influenza Campaign

#### 1. Immunization Clinics

Strategies	Current Year Activities	Year End Outcomes
Promote & provide provincially funded immunization programs to any eligible person at <ul style="list-style-type: none"> <li>• health unit clinics</li> <li>• school based clinics</li> <li>• community based clinics</li> <li>• outreach clinics to priority populations</li> </ul>	Provide regularly scheduled community based immunization clinics in Owen Sound, Walkerton and Port Elgin.  Provide immunization services in 104 schools, including private and Mennonite.  Provide annual immunization clinics at each of the 14 secondary schools.  Provide Hepatitis B and Meningitis C vaccinations to over 2,000 grade 7 students.  Offer HPV vaccine to all Grade 8 females.  Provide annual community based influenza vaccination clinics.	20,075 people were immunized in 2008; up 379 from 2007.  4,109 vaccinations were administered to individuals at Health Unit clinics.  181 community clinics were held.  Holyrood site was used to provide 4 vaccinations clinics for Mennonites.  1,724 vaccinations were given at secondary schools (includes Adacel, MMR, polio, tetanus/diphtheria).  90% of Grade 7 students were given Hepatitis B in the 2007-08 school year; the highest in Ontario (provincial average is 77%).  86% coverage of Grade 7 students for meningococcal C.  Second year for HPV campaign for Grade 8 females, 53% completion of 3 doses, compared to provincial average of 49%.  15 influenza clinics were held throughout Grey and Bruce, with Lucknow and Durham sites added  8,287 people were immunized against influenza.

## PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008

<p>As part of contingency planning for emergencies, capable staff required to be deployed, to provide mass immunization in the event of a community outbreak.</p>	<p>Investigate all reported cases of vaccine adverse events following immunization by health care providers and report to the Ministry, as appropriate.</p> <p>Provide routine immunization information to parents and health care professionals.</p> <p>Provide opportunity for health unit nurses/program assistants to participate in mass immunization clinics.</p>	<p>2 adverse events following immunization were reported on iPHIS.</p> <p>Nurses and Program Assistants participated in the first mass influenza immunization clinic. Approximately 1,800 people were vaccinated at the clinic held at the new site of the Health Unit.</p>
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### 2. Assessment & Suspension Process

Strategies	Current Year Activities	Year End Outcomes
<p>Assess &amp; maintain records &amp; reports on the immunization status of children enrolled in: licensed childcare programs as defined in the <i>Day Nurseries Act</i>, children attending schools in accordance with the <i>Immunization of School Pupils Act</i>; and all immunizations administered at health unit clinics. Current immunization status of all students attending day nurseries or schools is imperative during an outbreak to determine the level of protection and determine exclusions.</p> <p>Comply with the requirements of the <i>Immunization of School Pupils Act</i> to suspend students without sufficient immunization records.</p> <p>Participate in Panorama. IRIS, BIOS, and iPHIS computer data based systems will be converted to Panorama. All individuals to have electronic health care record by 2015.</p>	<p>Enter and maintain records into the IRIS on all students in Grey and Bruce (over 26,000).</p> <p>Enter all vaccinations administered by Health Unit staff into IRIS computer system.</p> <p>Run immunization coverage reports and provide to MOHLTC at end of school year.</p> <p>Provide hepatitis B &amp; HIV coverage reports to MOHLTC .</p> <p>Check and maintain valid exemptions—medical or philosophical.</p> <p>Work with Boards of Education to gather student immunization information through <i>Let's Learn</i> clinics, new student entry/transfer.</p>	<p>15,462 active student records were maintained on IRIS for elementary schools.</p> <p>8,558 active student records were maintained on IRIS for secondary schools.</p> <p>93% of 17 year olds have completed their vaccination.</p> <p>92% of 7 year olds completed their DPTP-MMR vaccination.</p> <p>94% of 7 year olds completed DPT, Polio &amp; MMR vaccination.</p> <p>1,060 active student records maintained on IRIS for licensed daycare children.</p> <p>Weekly immunization information from schools was received.</p> <p>2 rounds of suspension were completed.</p> <p>All surveys related to Panorama, IRIS dictionary, readiness surveys were completed.</p> <p>Reports were run for suspect or confirmed outbreaks in day nurseries and schools.</p>

## PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008

	<p>Set up two suspension rounds—March &amp; May to assess all schools, and suspend students who are incomplete.</p> <p>Participate in biweekly teleconferences on Panorama.</p> <p>Attend 2 information sessions with Panorama team.</p> <p>Work with Health Unit IT to complete technical surveys.</p> <p>Rigorous assessment of student records upon notification of an outbreak of a designated disease at a school/day nursery.</p> <p>Update computer database of Health Unit staff immunization.</p>	
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### 3. Vaccine Storage, Handling & Distribution

Strategies	Current Year Activities	Year End Outcomes
<p>Ensure that provincially funded vaccines are stored and distributed to health care providers in physician offices, hospitals, long-term care facilities, First Nations, corrections, nursing agencies, and workplaces, in accordance with the Vaccine Storage and Handling Protocol, 2008.</p> <p>Promote vaccine inventory management in all premises where provincially funded vaccines are stored.</p>	<p>Educate health care providers in procedures for proper vaccine usage, storage and handling.</p> <p>Promote vaccine inventory management in all premises where provincially funded vaccines are stored.</p> <p>Distribute vaccines in an equitable and timely manner that adheres to proper vaccine management, including storage &amp; handling practices.</p>	<p>114 fridges were inspected annually.</p> <p>108 fridge failure reports and investigations were completed.</p> <p>All fridge temperature logs were checked prior to release of vaccines to stakeholders.</p> <p>Twice daily monitoring of fridge temperatures of Health Unit fridges, once weekly monitoring of computer data pucks were completed.</p> <p>Over \$1.5 million worth of vaccines were distributed.</p>

**PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008**

	<p>Ensure cold chain maintenance in fridges where vaccines are stored by inspecting at least annually</p> <p>Investigate all cases of cold chain incidents in health care settings within 24 hours (or next business day)</p> <p>Conduct on-site inspection and orientation for newly enrolled vaccine provider prior to them distributing vaccine</p> <p>Meet data requirements for the Ministry Bioinventory System Protocol (BIOS)</p> <p>Participate in Panorama biweekly teleconferences and surveys related to BIOS</p> <p>Meet physical requirements and maintenance of refrigerators at Health Unit</p> <p>Educate health care providers in procedures for proper vaccine usage, storage &amp; handling</p> <p>Instruct health care providers to return vaccines that cannot be used to Public Health</p>	<p>1,470 vaccine orders processed.</p> <p>New refrigerator were received from MOHLTC to accommodate increase of vaccines; e.g. HPV.</p> <p>The annual maintenance of refrigerators completed for Owen Sound and Walkerton.</p> <p>Fridge alarms and the on-call system were tested and activated to ensure functioning 24/7.</p>
<p><b>4. Travelers</b></p>		
<p>Promote immunization and provide travel health information to reduce the risk of disease when travelling internationally.</p>	<p>Provide travel information, requirements, recommendations and immunizations based on computer generated reports.</p> <p>Provide travel consultation.</p> <p>Provide immunizations at Health Unit clinic.</p> <p>Organize in-services for health care professionals on travel.</p>	<p>Prepared 734 travel packages.</p> <p>Provided travel immunizations at community clinics in Owen Sound, Walkerton and Port Elgin.</p> <p>Circulated travel display panel.</p> <p>2 evening presentations were conducted by a travel specialist for healthcare providers in Hanover and Owen Sound, in April.</p>

## PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008

### 5. Education/Promotion

Strategies	Current Year Activities	Year End Outcomes
<p>Promote awareness of immunization and key elements:</p> <ul style="list-style-type: none"> <li>~ Importance of immunization</li> <li>~ Diseases that vaccines prevent</li> <li>~ Recommended immunization schedules</li> <li>~ Introduction of new provincially funded vaccines</li> <li>~ Promotion of childhood and adult immunization, including high-risk programs</li> <li>~ Importance of maintaining a personal immunization record for all family members</li> <li>~ Vaccine safety</li> <li>~ Legislation related to immunizations</li> </ul>	<p>Promotion of <i>National Immunization Awareness Week</i> in April.</p> <p>Promotion of new HPV campaign for Grade 8 females.</p> <p>Continue to provide education on the three new publicly funded vaccines (chickenpox, meningitis C and pneumococcal).</p> <p>Create colourful immunization abstract for National Immunization Conference in Toronto.</p> <p>Presentations to Early Year Centres, HBHC team, school displays, nurse practitioners.</p> <p>Participate in media activities.</p> <p>RFSS telephone module.</p> <p>Creation of sticker for yellow card reminding people to update tetanus/diphtheria.</p> <p>Distribution of immunization pamphlets, resources.</p> <p>Distribution of resource package for undecided parents.</p> <p><i>Public Health Notes</i> are produced 4 times a year.</p>	<p>Partnered with all daycares for colouring contest promoting immunization.</p> <p>HPV was added to the web under Hot Topics, a display board, HPV extension in <i>Public Health Notes</i>, school newsletters and <i>Body Bulletin</i>, were completed.</p> <p>The immunization campaign, <i>Love them, Protect them, Immunize them</i> abstract viewed by 11,000 people who attended the national conference.</p> <ul style="list-style-type: none"> <li>~ 34 radio/TV spots.</li> <li>~ 21 press releases.</li> <li>~ 17 presentations.</li> <li>~ 29 immunization display opportunities.</li> <li>~ 7 Board of Health reports.</li> </ul> <p>Physicians/medical clinics are using new immunization stickers on yellow cards.</p>

## PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008

### 6. Influenza Campaign

Strategies	Current Year Activities	Year End Outcomes
<p>Promote influenza immunization, organize Public Health unit clinic, and distribute influenza vaccine to Grey Bruce healthcare providers to reduce the morbidity and mortality related to influenza.</p>	<p>Provide annual community based influenza vaccination clinics.</p>	<p>15 influenza clinics throughout Grey &amp; Bruce, with Lucknow and Durham sites added..</p>
	<p>Facilitate prequalification of external agencies.</p>	<p>8,287 people were immunized against influenza.</p>
	<p>Provide summary of physician package to physicians and link to website.</p>	<p>53,991 doses of influenza vaccine were distributed to healthcare providers, nursing agencies, and workplaces.</p>
	<p>Distribute influenza publicly funded vaccine.</p>	<p>3,848 doses of pneumococcal vaccine were distributed.</p>
	<p>Complete monthly surveys for MOHLTC.</p>	<p>32 media articles promoting influenza were released.</p>
	<p>Sign vaccine utilization reports for reimbursable and non reimbursable providers and submit to MOHLTC within 10 days of clinics.</p>	<p>Education was provided to physicians, nursing agencies, and workplaces (<i>Public Health Notes</i> article on influenza).</p>
	<p>Promoted new study (Dr. J. Kwong) evaluating Ontario's Universal Influenza Immunization Program (UIIP).</p>	
	<p>Participate in weekly influenza teleconferences.</p> <p>Participate in UIIP survey.</p>	

The demand for immunization services continues to increase due to the shortage of family physicians and wait times accessing physicians. Additional community clinics have been provided and the number of clients attending the clinics has increased. Human Papillomavirus (HPV) school vaccination program for grade 8 female continues in its second year. This HPV vaccine consists of three doses to be administered in over 70 schools. The influenza research study of the UIIP (Universal Influenza Immunization Program) for Ontario provides evidence of the success of publicly funded influenza vaccine, and reduces health care costs.

## PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008

### CONTROL OF INFECTIOUS DISEASES

**Program Manager:** Susan Shular

Infectious disease remains an important cause of both morbidity and mortality in the community. New organisms emerge and other organisms develop increased virulence or antibiotic resistance and become a new burden for public health infectious disease control programs. Surveillance, case-finding, contact tracing, assurance of high levels of immunization, good infection control and risk assessment techniques all work together to achieve effective control of infectious diseases.

**Goal:** To reduce the incidence of infectious diseases of public health importance

- Major Components:**
- 1) Prevent the Occurrence of Infectious Diseases
  - 2) Manage the Spread of Infectious Disease through Surveillance, Investigation and Consultation
  - 3) Increase Knowledge and Awareness of Infectious Diseases

#### 1. Prevent the Occurrence of Infectious Diseases

Strategies	Current Year Activities	Year End Outcomes
<p>Ensure appropriate input into hospital infection control (IC) programs.</p> <p>Ensure infection control programs are in place in all nursing homes and homes for the aged, day nurseries and personal service settings.</p> <p>Ensure surge capacity for IC is in place within the Health Unit.</p>	<p>Consult with health care providers (HCP) as required.</p> <p>Respond to request for educational materials and in-services.</p> <p>Provide updated information regarding infectious diseases to health care professionals, institutions and the community through direct contact, the media, health unit website, etc.</p> <p>Perform facility inspections as per the MOHLTC mandate.</p> <p>Promote influenza vaccination of health care workers.</p> <p>Provide training and practice in case management.</p> <p>The physicians' web site was maintained.</p>	<p>259 consultations were provided to Infection Control Practitioners, Infection Control Committees, physicians, various health care workers (front line) etc regarding infection prevention and control issues.</p> <p>48 education sessions were provided.</p> <p>Promotion of the newly created resources provided by the region infection control network (SWOICN) including:</p> <ul style="list-style-type: none"> <li>~ Hand hygiene DVD.</li> <li>~ PPE DVD</li> <li>~ Cough etiquette DVD.</li> <li>~ MRSA/VRE resource.</li> <li>~ E-newsletter.</li> </ul> <p>Participated in Southwest Infection Control Network meetings and initiatives.</p> <p>Participated in HUPIC meetings as well as assisted to plan annual workshop.</p> <p>Outbreak management workshops were provided to 22 LTC supervisors and HCPs from 13 facilities.</p>

**PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008**

		<p>28 infection control meetings were attended at LTCs, corrections, hospitals, etc.</p> <p>Performed annual, and as needed, compliance inspections of designated facilities, as per the HPPA requirements.</p> <p>Influenza vaccination coverage rates for health care staff were collected, collated disseminated and reported to the MOHLTC.</p> <p>5 grave disinterments were overseen.</p> <p>Feedback was provided for OPHS disease specific protocols.</p> <p>The case management module was developed and a training session provided June 24/08 to Health Unit staff:</p> <ul style="list-style-type: none"> <li>~ Ensure ongoing practice opportunities.</li> <li>~ Self learning module to be part of orientation for new PHNs &amp; PHIs as well as annual updates to be part of annual skill maintenance for HU professional staff.</li> </ul>
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## PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008

### 2. Manage the Spread of Infectious Disease Through Surveillance, Investigation and Consultation

Strategies	Current Year Activities	Year End Outcomes
<p>Receive and investigate reports of reportable and non-reportable infectious disease.</p> <p>Establish and maintain a multi-strategy surveillance system.</p> <p>Provide information and direction during emergency response situations.</p>	<p>Investigate and follow up reports of infectious diseases with in 24 hours of notification.</p> <p>Ensure public health management of persons found to be infected with an infectious disease as well as contacts of persons found.</p> <p>Investigate and follow up disease outbreaks.</p> <p>Enter reportable disease information into iPHIS surveillance system.</p> <p>Manage school surveillance and tracking.</p> <p>Monitor ECADS alert system.</p> <p>Monitor CIOSS alerts.</p> <p>Provide timely and appropriate notification regarding the detection/presence of infectious diseases in the region.</p> <p>Respond to situations of significance in the region/province.</p> <p>Plan for pandemic influenza.</p> <p>Maintained the on-call resources and information on an ongoing/weekly basis.</p> <p>The Physicians Web Site was updated as required.</p> <p><i>Making Health Happen</i> article was submitted and a web tip was submitted.</p> <p>Contact lists for stakeholders were updated and disseminated.</p>	<p>312 reportable disease reports were received resulting in 425 investigations being completed.</p> <p>165 consultations were provided regarding non-reportable diseases.</p> <p>12 complaints responded to for various infectious disease issues in the community.</p> <p>Provided support to managers on-call as required (i.e. updates provided at Friday 'Rounds', BlackBerry connection with program manager and MOH).                      ~ Each case was provided information related to the disease detected including prevention of further spread.                      ~ Each case follow-up of contacts was completed and appropriate testing/control measures were recommended.</p> <p>2 Hepatitis C information series were offered for clients and families (4 evenings per session).</p> <p>37 outbreaks (20 enteric and 17 respiratory) were declared and managed; 27 in LTC facilities, 7 in day cares, 1 in a hospital and 2 in the community.</p> <p>All reportable diseases were entered into iPHIS in accordance with reporting standards.</p> <p>Participated in monthly iPHIS teleconferences hosted by Ministry of Health and Long-Term Care (MOHLTC).</p> <p>Received and disseminated information contained in bulletins and weekly notices.</p> <p>Oriented all new iPHIS users regarding policies and procedures, etc.</p>

**PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008**

		<p>Transferred all iPHIS users to 'One ID' system. Identified and assessed needs of iPHIS users and planned/provided training as needed.</p> <p>On 12 occasions schools reported absenteeism greater than 10%.</p> <p>Notices/alerts were sent to hospitals, physicians, Infection Control Practitioners as indicated by surveillance system alerts (topics included measles, gastrointestinal illness, respiratory and Listeria).</p> <p>Participated in Measles outbreak teleconferences and disseminated information, as required.</p> <p>Participated in Listeria outbreak teleconferences and disseminated information, as required.</p> <p>Tattooing and piercing information was developed and distributed in response to identified local risk.</p> <p>Co-chaired multi agency Pandemic planning and information session.</p> <p>2 presentations were provided.</p> <p>Supported the pandemic plan development with hospitals and Long-Term Care facilities.</p>
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## PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008

### 3. Increase Knowledge and Awareness of Infectious Diseases

Strategies	Current Year Activities	Year End Outcomes
<p>Provide public health education regarding infectious diseases and infection control.</p>	<p>Maintain current internet web pages and web front page. 7 web tips were submitted. The Physicians website was maintained.</p> <p>Develop new internet resources based on new research and identified needs.</p> <p>Provide updated information regarding infectious diseases to health care professionals, institutions and the community through direct contact, the media, health unit website, etc.</p> <p>Respond to request for educational materials and in-services.</p> <p>Seek opportunities to inform other HU employees re infectious disease issues/concerns.</p> <p>The annual presentation to the Board of Health was completed. Submitted program updates to BOH as per schedule.</p>	<p>Fact sheets were updated to incorporate new information received from MOHLTC, PIDAC, SWOICN.</p> <p>4 media articles were submitted, 5 talk shows performed. 25 media inquiries were received and responded to, 44 media 'hits' were tracked and 48 education sessions were provided.</p> <p>Participated in two joint planning and coordination meetings with the VPD team.</p> <p>Participate in 'General Staff Meetings' on a quarterly basis and provide updates.</p>

Public health professionals must remain vigilant in the surveillance of known and unknown infectious diseases on an international, national and local level. It is through surveillance and monitoring of infectious disease trends in the population that we can gauge the impact of these diseases on human health over time, as well as effectively plan prevention and intervention strategies to reduce disease in the community.

## PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008

### TUBERCULOSIS CONTROL

**Program Manager:** Susan Shular

Since Tuberculosis is only transmitted by people with active disease, early recognition and treatment of active cases is one of the best ways to stop it from spreading.

**Goal:** To reduce the incidence of Tuberculosis

**Major Components:**  
 1) Early Identification, Isolation and Curative Treatment of Tuberculosis  
 2) Increase Knowledge and Awareness of Tuberculosis

#### 1. Early Identification, Isolation and Curative Treatment of Tuberculosis

Strategies	Current Year Activities	Year End Outcomes
<p>Investigate all reports of possible cases of TB.</p> <p>Ensure that all persons with active TB complete the prescribed course of medication.</p> <p>Ensure the provision of anti-TB drugs as required.</p>	<p>Investigate/consult all reports of TB.</p> <p>Follow-up on cases and contacts.</p> <p>Monitor pt. adherence with prescribed drug regimens.</p> <p>Maintain an inventory of TB Medication from the Government Pharmacy.</p> <p>Enter cases into iPHIS surveillance system.</p> <p>Remain current regarding TB info and research.</p> <p>Revise and develop policies and procedures, forms and contribute to revision of Medical Directives.</p> <p>Annual review and update of policies and procedures was completed.</p>	<p>18 reports of positive skin tests were investigated.                      ~ 5 persons started on treatment for latent TB infection (LTBI)</p> <p>Followed up with 3 new TB medical surveillance clients as well as 3 other current clients.                      ~ 1 client was discharged from medical surveillance                      ~ 2 of the new clients required the services of the TB-UP (TB treatment for Uninsured Persons) program</p> <p>1 case of pulmonary TB is being followed.</p> <p>All clients on TB medications were provided with teaching and monitored for compliance.</p> <p>Distributed anti-TB medications to hospitals, correctional facilities and clients.</p> <p>8 Atypical Mycobacterium cases were entered into iPHIS, as per reporting requirements.</p> <p>Attended MOHLTC TB teleconferences and web-based training.</p>

**PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008**

**2. Increase Knowledge and Awareness of Tuberculosis**

<b>Strategies</b>	<b>Current Year Activities</b>	<b>Year End Outcomes</b>
<p>Provide public health education on TB.</p>	<p>Consult with health care providers as needed. Consultations were provided as appropriate.</p> <p>Respond to requests for educational materials and in-services.</p> <p>Provide updated information regarding TB to the community through the media, Public Health website, etc.</p> <p>Promote world TB Day.</p> <p><i>Public Health Notes</i> were submitted and new teaching aids now available were also promoted.</p> <p>Fact sheets were posted on web site.</p>	<p>Produced and distributed teaching DVD (include skin testing techniques, how to read tests and reporting responsibilities). Along with a one page companion guide with visual step by step instructions.</p> <p>2 radio talk shows were performed, a web tip was submitted and 2 <i>Making Health Happen</i> articles were submitted.</p>

## PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008

### ENVIRONMENT

**Program Manager:** Lou D'Alessandro

Public Health operates the Environment Program with the intention of preventing or reducing the incidence of water borne illnesses related to sewage and private sewage systems. The Environment Program is a 100% user pay service operated and administered by Public Health. The *Building Code Act* governs the program and staff members prescribe to Part Eight of the *Ontario Building Code*. Since 1998, Public Health has maintained agreements to operate this program within ten of the local municipalities.

**Goal:** To prevent the spread the disease by minimizing the effects of sewage contamination in both ground and surface water

**Major Components:** 1) Sewage System Permitting Process under Ontario Building Code      2) Septic Re-Inspection

#### 1. Sewage System Permitting Process under *Ontario Building Code*

Strategies	Current Year Activities	Year End Outcomes
Implement the <i>Ontario Building Code</i> (OBC), Alternative Solutions, Division C, part 2 to ensure the safe and complete decommissioning of sewage systems in the event of municipal sanitary sewer construction and/or the safe and complete construction or replacement of an existing on site sewage system.	<p>Provide structure for processing.</p> <p>Review applications.</p> <p>Issue permits.</p> <p>Evaluate installed systems.</p>	<p>404 sewage system permits were issued.</p> <p>~ This figure represented 47% of the total activities generated by the Environment program.</p> <p>~ The program operated with one less municipality than the previous year.</p>
<p>Development Plan Review - Niagara Escarpment Commission (NEC) to ensure that the <i>Ontario Building Code</i> and Public Health standards are observed in respect to development permit proposal review for private lands within the legislated control area of the NEC.</p> <p>Implement the municipal sewage system management agreement, the Environment Program will provide comment and direction on documents and applications.</p>	<p>Review applications for development control permits.</p> <p>Provide written assessments related to Part 8 of the OBC.</p>	<p>19 Niagara Escarpment Commission (NEC) applications were reviewed and commented on.</p> <p>~ Private sewage permits were issued to all applications.</p> <p>~ NEC applications account for less than 2% of overall program activities.</p> <p>202 municipal planning documents were reviewed.</p> <p>~ Planning review attributed for 23% of overall program activity and was the second leading income source.</p>
Complaint Investigation promote environmental health and enforce OBC compliance through the investigation and resolution of sewage system related complaints.	<p>Review complaints.</p> <p>Provide resolution.</p>	<p>12 complaints were received.</p> <p>~ These complaints were generally due to private on site sewage system failures and in most of the cases the resolution was achieved by the issuance of a work repair permit to the system.</p> <p>~ Complaints represented less than 1% of overall program activities.</p>

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<p>Record Search to promote environmental health and provide solicitors, acting on behalf of potential property purchasers, with information regarding sewage system installation records and outstanding work/issues related to the OBC and/or its predecessor legislation.</p>	<p>Provide file search, review and response,</p>	<p>158 compliance request applications were received, which, generated approximately the same level of revenue as the previous year.                  ~ Compliance requests accounted for 18% of the program overall activities.</p>
<p>Building Alteration Review to evaluate OBC Part 11 renovation proposals as related to the performance level of existing buildings.</p>	<p>Review applications and provide responses</p>	<p>74 building alteration permits were issued.                  ~ These permits most often served as a precursor to a new sewage system application.                  ~ These permits comprised of less than 10% of all program activities.</p>
<p>Promote environmental health through the re-inspection of sewage systems to ensure compliance with the OBCA and the OBC as related to operation and maintenance of sewage systems, including identification and resolution of unsafe systems.</p>	<p>Re-inspect selected systems in a defined area.                   Provide year end report.</p>	<p>Huron Kinloss continued to contract Public Health for its septic re-inspection program.                   356 on site re-inspection visits were conducted.                   These onsite visits determined that 214 risk assessments be classified low risk, 129 medium risk, and 13 high-risk. The high-risk assessments were given a grace period of time to rectify their deficiencies.</p>

The *Building Code Act* requires the Environment Program to operate on a neutral revenue basis. There has been an adjustment to the staffing levels to compensate for the revenue expectations in 2008 in order to keep the program budget balanced. Historical factors/trends such as decreasing numbers of sewage related permits and increasing numbers of compliance requests are taken into consideration in budget planning.

## PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008

### VECTOR-BORNE DISEASES

**Program Manager:** Susan Shular

The purpose of the Vector-borne Disease (VBD) program is to reduce or eliminate the spread of West Nile virus (WNV) and Lyme disease (LD) in Grey and Bruce counties thereby protecting its residents.

**Goal:** To reduce the incidence of VBD in Grey and Bruce.

- Major Components:**
- 1) Monitor VBD Activity in the Area and Take Appropriate Action
  - 2) Increase Knowledge and Awareness of VBD

#### 1. Monitor VBD Activity in the Area and Take Appropriate Action

Strategies	Current Year Activities	Year End Outcomes
Provide a surveillance system for the detection of VBD in the region.	Collect and submit dead birds for viral testing.  Collect mosquitoes and larva for identification and viral testing, as required.  Submit ticks for identification and viral testing.  Investigate positive human cases of WNV and LD and enter into iPHIS system.  Track VBD activity in the region.  Provide consultation and current data to health care professionals.  Assess and report to the public the risk of VBD in Grey and Bruce.  Biweekly MOHLTC teleconferences were attended and biweekly WNV planning and implementation committee meetings were also held.	17 birds were collected and submitted for viral testing. 3 birds tested positive for WNV.  No positive mosquitoes were identified.  All ticks tested were negative for Lyme disease.  No human cases were reported.  Degree days analyzed in the region indicated the risk for WNV was very low. Monthly reminders/updates were provided to infection control practitioners and physicians.  2 media releases were prepared and released.

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### 2. Increase Knowledge and Awareness of VBD

<p>Provide public health information on VBD.</p>	<p>Inform the public regarding VBD protection and prevention activities such as the use of DEET, appropriate attire while outdoors and the reduction of standing water which acts as a mosquito breeding ground.</p> <p>2 web tips were submitted.</p> <p><i>A Making Health Happen</i> article was submitted and an insert was provided for <i>Body Bulletin</i>.</p> <p>A display was maintained in the Health Unit lobby.</p> <p>Pamphlets, children's activity sheets and posters were distributed to recreational facilities/camps, tourist centres, conservation areas, schools and day cares.</p> <p>The website was updated.</p> <p>Provide updated information regarding VBD activity in the region to the community through the media, Public Health website, etc.</p>	<p>Participated in 1 radio talk show.</p> <p>3 press releases were issued; 12 media inquiries were responded to and 15 media 'hits' were tracked.</p>
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<p>Communicate the annual reporting/notification process outlined in O. Reg. 557 under the HPPA.</p>	<p>Provide rabies information to the public promoting mandatory rabies vaccination of dogs, cat, and riding horses.</p> <p>Maintain a Raccoon Rabies Contingency Plan. The raccoon rabies contingency plan was updated and planned.</p> <p>Assisted with a major investigation involving distribution of PEP to over 400 people in Ontario. Activities included teleconferences in Jan-Feb 2008 about case investigation, media and worked with CFIA.</p> <p>Provide updated post-exposure guidelines to physicians, hospitals and Health Unit staff.</p> <p>Participate in MOHLTC teleconferences about rabid dog (Toronto) investigation which involved Bruce County dog vendor.</p> <p>One of three Health Units participating in iPHIS teleconference on rabies.</p> <p>Participate in developing new rabies module for RRFSS.</p> <p>Draft letters to hospitals about reporting animal bites.</p> <p>Draft letters to send to veterinarians about reporting process to Public Health.</p> <p>Meet annually with CFIA and Grey Bruce Veterinarian Association to discuss rabies.</p> <p>Create Board of Health resolution about accessibility and affordability of rabies vaccination.</p>	<p>The PEP guidelines were updated in August 2008 to reflect the new bat protocol.</p> <ul style="list-style-type: none"> <li>~ Letters sent to hospitals, physicians, nurse practitioners, &amp; CFIA informing them of the new bat protocol.</li> <li>~ In-service to PHIs about changes to bat protocol.</li> </ul> <p>Provided suggestions/feedback to change iPHIS reporting on rabies.</p> <p>Provided input for epidemiologist for rabies module.</p> <p>A letter was signed by Medical Officer of Health for hospitals to report animal bites by telephone and fax on weekends as soon as possible; by fax during the week.</p> <p>Letters were sent to veterinarians about reporting under Reg. 557.</p> <p>On April 28, we met with CFIA, Federal Veterinarian and members of the Grey Bruce Vet Association, along with MOH, and 2 Board of Health Members.</p> <p>The resolution was distributed to local and Ontario politicians, 34 health units, CFIA, College of Veterinarians, etc.</p>
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## PROJECTS AND SERVICES INVENTORY - GREY BRUCE HEALTH UNIT 2008

### FOOD SAFETY

**Program Manager:** Andrew Barton

Food is considered a major source of exposure to pathogenic agents worldwide. Modern day food controls are responsible for saving millions of lives. Public Health Inspectors provide comprehensive and effective food safety services, including risk assessment and inspections, response to complaints and recalls, collection and dissemination of information and the provision of Certified Food Handler courses.

**Goal:** To increase the safety of the food supply to the residents of Grey and Bruce.

**Major Components:** 1) Risk Assessment, Inspection, Complaints and Recalls 2) Information Strategies  
3) Certified Food Handler Training

#### 1. Risk Assessment, Inspection, Complaints and Recalls

Strategies	Current Year Activities	Year End Outcomes
Assess all food premises and determine their risk status based on Ministry HACCP protocol (Hazard Analysis & Critical Control Points).	Maintain an inventory of high, medium and low risk premises. The inventory was updated throughout the year.	Over 2,600 routine food inspections were carried out.
Routinely inspect all food premises to the frequency determined by their risk status.	Inspect food premises based on risk and hours of operation. Ongoing daily tracking.	53 complaints were investigated and resulted in 25 subsequent inspections during 2008.
Maintain and update premise information on a Computer Information System.	Maintain daily tracking for annual submission of statistics from the computer information system.	Information and consultation was provided to organizers of all special events. Further advice is given when requested.
Monitor and/or respond to all food recalls, alerts and notices.	Investigate complaints and provide follow-up inspections as necessary.	Inspections were carried out at approximately 99 special events.
Provide the MHP with local food safety data.	Liaise with other agencies. Liaison carried out during response to inspections, complaints, referrals and on an on-going basis.	Grey Bruce Health Unit was responsible for the local response to CFIA's food re-calls. 2008 was a particularly busy year with approximately 100 small, and 2 significant events.
Respond to all food related complaints.	Ensure routine public health inspection of all special events or community events involving the service of food to the public.	
	Ensure inspection and/or consultation with event coordinators to ensure that food is being prepared safely, particularly for large events.	
	Respond to food re-calls with phone calls or inspections as necessary.	

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### 2. Information Strategies

Strategies	Current Year Activities	Year End Outcomes
<p>Monitor the incidence of food poisoning in Grey and Bruce.</p> <p>Participate in South West Region Project Working Group.</p> <p>Develop and maintain promotional material on the Public Health website.</p>	<p>Access numbers through iPHIS (Integrated Public Health Information System) and the Computer Information System.</p> <p>Develop multi-program projects for use within South West Region.</p> <p>Promote food safety awareness for Farmers' Market and special occasion vendors and the general public. Develop policies and procedures for working with these groups.</p> <p>Distribute fact sheets and resource materials. Distribution of resources was ongoing. Food safety resources continued to be made available.</p> <p>Work with PH nutritionist to set up meeting(s) with local coordinators.</p> <p>Provide information and application forms to event coordinators (in office and on website). Information and forms were distributed as requested.</p>	<p>iPHIS monitoring is ongoing.</p> <p>Grey Bruce continued to support collaboration with Health Units in the South West region in order to benefit from a shared work load.</p> <p>Food safety information was given to the media for their use when requested.</p> <p>The <i>Eat Smart</i> program received renewed attention. New arrangements were made to increase the nutrition element in Food Safety training, and through <i>Eat Smart</i>.</p>
<p>Work with Child Nutrition Program/Breakfast Club Coordinators to ensure food is handled safely for the population served.</p> <p>Provide food safety information to community at large, non-profit groups, teachers for grades 7 and 8.</p> <p>Maintain up-to-date program resources and promotional material.</p>	<p>Work with child Nutrition Program/Breakfast Club Coordinators to ensure food is handled safely for the population.</p> <p>Provide Food Safety Workshops to the general public and volunteer food handlers.</p> <p>Develop fact sheets or resource materials as the demand arises. Current Fact sheets updated and augmented, where necessary.</p> <p>Provide food safety in-services for community organizations upon notification from the MHP and/or CFIA</p>	<p>Food safety workshops were provided for food handlers in high-risk situations.</p> <p>Workshops were provided for food handlers in high-risk situations.</p> <p>Joint inspections were also conducted with CFIA and OMAFRA where unsatisfactory sample results had been obtained.</p>

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**3. Certified Food Handler Training**

<b>Strategies</b>	<b>Current Year Activities</b>	<b>Year End Outcomes</b>
<p>Provide food handler training courses for high and medium risk premises.</p> <p>Work with the MOHLTC and South West Region Project Working Group to develop a Food Safety Re-certification Course.</p>	<p>Work to create a new <i>Food Safety Re-certification Course</i> for people who have already taken the full certification course. Review other health units' re-certification materials. Create material for re-certification course.</p> <p>Provide <i>Food Safety Certification</i> and <i>Food Safety Re-certification Courses</i>.</p>	<p>New <i>Food Safety Re-certification Course</i> was completed.</p> <p>40 re-certifications were completed.</p> <p>234 people were trained under the Certified Food Handler level, which included 51 proctored exams for the on-line <i>In Good Hands</i> course.</p>