



BOARD REPORT

Friday, April 24, 2015

March 31, 2015

Dear Resident,

The Municipality of Kincardine, Grey Bruce Public Health and Bruce Power are working together to provide potassium iodide (KI) tablets to all households and businesses within a 50 kilometre (km) radius of Bruce Power.

Advocated by the Canadian Nuclear Safety Commission (CNSC), this initiative will replace the current practice of having the tablets available for distribution at the Municipal Reception Evacuation Centre. Distribution to households near nuclear facilities is standard practice in many countries, as well as in Quebec and New Brunswick.

Using Bruce Power as a central point for residents within the 50 km radius, distribution will follow a staged approach throughout the year, focusing first with residents living within 10 km of Bruce Power. Distribution pick-up points will follow later in the year for residents within a 50 km radius. There will be ongoing follow-up for seasonal and new residents to the area. Landlords are responsible to ensure that rental units have potassium iodide tablets.

Enclosed is a voucher for residents within a 10 km radius of Bruce Power to redeem potassium iodide (KI) tablets at the Bruce Power Visitors' Centre commencing on April 7. The Visitors' Centre is located at 3394 Bruce Road 20, Tiverton and is open from 8:30 a.m. to 4 p.m. Monday to Friday; closed statutory holidays. For inquiries please call 519-361-2771.

To learn more about this initiative, we invite you to attend one of our information sessions where tablets will also be available for pick up:

- 2 p.m. and 7 p.m. on Thursday, April 23 at the Underwood Community Centre
- 2 p.m. and 7 p.m. on Monday, May 4 at the Bruce Power Visitors' Centre
- 2 p.m. and 7 p.m. on Monday, May 25 at the Whitney Crawford Centre in Tiverton.

Potassium Iodide tablets are to be taken only when instructed by health officials in the unlikely event of a nuclear incident involving a release of radioactive iodine. More information can be viewed online at www.youtube.com/BrucePower4you or www.bepreparedgreybrucehuron.com and in the enclosed fact sheet.

This initiative is one of many to continually improve emergency preparedness in the region. It is all about a safe community becoming safer. Your participation is appreciated.

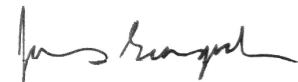
Sincerely,



ANNE EADIE
Mayor, Municipality
of Kincardine



DR. HAZEL LYNN
Medical Officer of Health,
Grey Bruce Health Unit



JAMES SCONGACK
Vice President, Corporate Affairs,
Bruce Power

POTASSIUM IODIDE TABLETS (KI)

Fact Sheet

In the unlikely event of a nuclear incident involving a release of radioactive iodine, one of the health risks is a possible internal exposure of the thyroid gland to radioactive iodine. One way to protect the thyroid from the harmful effects of radioactive iodine is to take potassium iodide (KI). Here are some commonly asked questions about KI tablets:

Q. What is KI?

A. KI (the chemical name for potassium iodide) is a salt of stable (not radioactive) iodine. Stable iodine is an essential nutrient needed in very small quantities for the thyroid gland to function properly. KI comes in tablet form and can be easily swallowed.

Q. How does KI work?

A. When swallowed just prior to or shortly after exposure to radioactive iodine, KI fills up the thyroid with stable iodine so it cannot absorb any other iodine for a period of time. This prevents the thyroid from absorbing harmful levels of radioactive iodine so that the radioactive iodine will not accumulate, and the body will naturally excrete it. This process is also called iodine thyroid blocking.

The thyroid gland does not know the difference between non-radioactive and radioactive iodine and can absorb both. Absorption of harmful levels of radioactive iodine can increase the risk of thyroid cancer later in life, especially in children.

Q. Can KI be used to protect against all forms of radiation?

A. No. KI provides protection only to the thyroid gland and only against internal contamination from radioactive iodine. Radioactive iodine may be found in emissions from nuclear generating stations during an incident. KI will not protect against exposure to other contaminants contained in those emissions.

Q. When should I take KI and how will I know to take it?

A. If possible, KI should be taken before exposure to radioactive iodine during a nuclear emergency. The optimum time is two to six hours earlier. If that is not possible, KI should be taken as soon as possible after first exposure, ideally within three hours. There is no benefit to taking KI if there has been a 24-hour delay.

If there is a threat of a significant exposure to radioactive iodine from a nearby nuclear generating station, the Chief Medical Officer of Health for Ontario will provide instructions through radio, TV, Internet and other available channels on where, when, and by whom KI should be taken.

KI is only to be used during an emergency and when instructed to do so by provincial authorities.

Q. How long are KI tablets good for? How should they be stored?

A. The expiry date is printed on the label of the KI packaging. The KI tablets should be kept sealed at room temperature and away from light.

Q. Are there any side effects from taking KI?

A. The risk of side effects from taking a dose of KI is extremely low for all age groups who have normal thyroid function. The overall benefit during a nuclear emergency outweighs the risks of side effects.

There is an increased risk of side effects for people with thyroid disorders i.e., auto-immune thyroiditis, Graves' disease, iodine deficiency and nodular goiter. These disorders are more common in adults and the elderly and are rare in children.

Rare side effects in other parts of the body, such as gastrointestinal effects or hypersensitivity reaction may occur but are generally mild. People who are sensitive to iodine or who have an existing or previous thyroid disorder or any other concerns should consult their doctor or nurse practitioner prior to taking KI.

More information on potassium iodide can be found online:

Ministry of Health and Long Term Care
www.health.gov.on.ca

Health Canada
www.hc-sc.gc.ca

Grey Bruce Public Health
www.publichealthgreybruce.on.ca

Be Prepared Grey Bruce and Huron
www.bepreparedgreybrucehuron.com

This fact sheet provides basic information only and is sourced from Ontario Ministry of Health and Long Term Care and Health Canada websites. This information must not take the place of medical advice, diagnosis or treatment. Always talk to a health care professional about any health concerns you have and before you make any changes to your diet, lifestyle or treatment.



Innovation at work

POTASSIUM IODIDE TABLETS (KI) Voucher

CONTACT INFORMATION

First and last name: *(please print)*

Address: *(include fire number if available and postal code)*

Number of residents at address: _____

Ages: *(Please check the ages of the residents. If there is more than one resident for an age category please indicate how many on the line beside).*

- 0 to 3 _____
- 4 to 17 _____
- 18 to 40 _____
- 41 and over _____

Disclaimer: This information will only be used for the distribution of potassium iodide tablets.

- Occupants of the residence listed above decline potassium iodide tablets at this time.
(please complete name and address details and return in self-enclosed envelope).

www.bepreparedgreybrucehuron.com
www.publichealthgreybruce.on.ca



Innovation at work

RESIDENCE WITHIN 10 KM RADIUS

2014 Program Review



101 17th Street East, Owen Sound, ON N4K 0A5
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www.publichealthgreybruce.on.ca

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

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CLIENT SERVICES

Healthy Babies Healthy Children

The Healthy Babies Healthy Children (HBHC) program is a prevention and early detection initiative for vulnerable families at risk for challenges to healthy child development. Public Health Nurses and Parent Support Workers provide a blended home visiting program to support families and work with key community organizations to ensure effective service integration. In 2014:

- 51% of woman screened during the prenatal period scored ‘with risk’ for one or more issues such as isolation, low income, low education, etc.
- 56% of families screened in the postpartum period scored ‘with risk’
- 429 families received home visiting services with a total of 2,986 home visits conducted in Grey Bruce
- 96 referrals were made to a variety of community programs and/or services to access additional support for families

Infectious Diseases

In 2014, there were 487 reportable diseases (not including sexual health) investigated to identify the source of illness, prevent the spread and to provide consultation and resources.

There were 66 outbreaks investigated and managed:

- 44 respiratory
- 22 enteric

Hospital emergency departments, long-term care facilities and schools report clusters of high levels of illness to Public Health. Advisories are issued to area health care providers. Illness surveillance (respiratory) is reported weekly to Public Health Ontario.

Tuberculosis (TB) reporting, assessment and management included one active TB case carried over from 2013 and 10 latent TB infections. No medical surveillance was required.

There were 239 inspections of personal service settings, which include tattoo/body piercing studios, hair dressing/barber shops, electrolysis, acupuncture and various aesthetic services. The *Be Spa Safe* campaign let the public know how to protect themselves while enjoying spa services.

There were 28 funeral home inspections.

Infection Control

Annual infection control audits included dental, reprocessing, environmental, sexual health and hand hygiene audits. Public Health participates on the infection control committees at area hospital and long-term care facilities.

Integrated Preschool Speech and Language Services

The Integrated Preschool Speech and Language program provides community-based assessment and treatment services to children from birth to June of their Junior Kindergarten year. The program is provided at no cost and does not require a doctor's referral. Of the 643 children registered with the program in 2014, 552 received services. Of those, 216 received an initial assessment. Another 222 children were on the waiting list to receive their initial assessment. The Ministry has provided additional one-time funding in 2015 to address the waitlist.

Parent/guardian engagement is vital to successful outcomes. Parents of children on the waitlist are encouraged to take part in an information session offering general strategies while they wait to be seen by a Speech Language Pathologist. In 2014, 41 parents attended information sessions.

Parents/guardians of children who have seen a Speech Language Pathologist are invited to a training session to supplement their child's therapy. Parents are directed to one of six parent-training sessions that best suits their child's needs. In 2014, 89 parents attended training sessions.

In 2015, the program is promoting early literacy, early referrals and strategies to engage parents in our parenting programs. Additionally, we will be participating in the Ontario Special Needs Strategy. The goal is to provide a coordinated approach to connect children with special needs to services as early as possible.

Infant Hearing Screening Program

Undetected hearing loss can affect a child's speech and language development. All newborn babies in Ontario have their hearing screened either in hospital or in a community setting. Most deaf or hard of hearing children whose hearing loss is identified early, and who receive the support they need, can have the same chance to develop speech and language skills as hearing children but may need to learn speech and language differently.

Communicative Disorder Assistants in the Preschool Speech and Language program offer infant hearing screening in the community. In 2014, the program received referrals from three Grey Bruce area hospitals, five out-of-area hospitals, two midwife offices, a children's treatment centre as well as 16 parent self-referrals. From these referrals, 429 infants had their hearing screened in 10 community clinic sites. This is a 76.5% increase from 2013 when only 243 children were screened.

Oral Health Services

Assessment and Surveillance

Public Health screened 5311 children at elementary schools for dental decay. Of the children screened, 11% or 602 students were eligible for the Children in Need of Treatment (CINOT) program covering the cost of urgent dental treatment for children 0-12 years old whose families could not otherwise afford the service. An additional 164 students received needed dental treatment from the CINOT expansion program for 13-17 year olds. Through these programs over 700 children with no dental coverage received urgent dental treatment through Ministry funding of \$282,700.

Dental Hygienists responded to 444 individual requests from parents for dental screenings for their children. This screening identifies children requiring further intervention, including oral hygiene instruction, fluoride treatment, professional cleaning and sealants, and/or restorative treatment.

Additionally, Public Health screened 173 children in six childcare centres in areas where elementary school screenings revealed higher rates of decay. Focusing on childcare centres assisted in making early referrals, supported oral health messaging to parents and engaged partnerships with childcare providers in promoting oral health.

Over 2300 bookmarks promoting oral health services were provided to the United Way for their backpack campaign to ensure families were aware of programs for those without dental coverage.

Healthy Smiles Ontario

Healthy Smiles Ontario offers a provincially funded dental program to families who meet the income eligibility criteria. Through this program 602 children including 237 new clients, 17 years and under, were provided with a free dental plan.

Preventive and Restorative Clinics

There were 262 new clients who attended Oral Health Preventive and Restorative Clinics in Owen Sound, Wiarton, Walkerton and Markdale. The clinics are for those who are unable to access a community practitioner based on availability of a provider, ability to pay or because the provider does not accept the programs administered by the Public Health, e.g. CINOT, Healthy Smiles Ontario, or those administered by social services. Dental Hygienists provided 5034 preventive services including topical fluoride, pit and fissure sealants, scaling, polishing and oral health education. Dentists are contracted through Public Health to provide restorative clinic services; 229 children received restorative services in 2014.

Preventive Initiatives

Targeted prevention strategies to reduce the rate of decay are undertaken in certain communities and risk groups based on dental screening and oral health data reports. One initiative provides fluoride varnish through the Healthy Babies Healthy Children home visiting program. Parent Support Workers offer families of children 0-6 years fluoride varnish treatments. In 2014, the program expanded its reach by offering fluoride varnish at Parent Mutual Aid sites. Over 90 children received topical fluoride treatments in their home or at a Parent Mutual Aid site.

Although fluoride varnish is effective, municipal water fluoridation continues to be the most equitable and cost effective means to improve oral health. In 2014, Owen Sound residents voted in a plebiscite to continue to support municipal water fluoridation.

Preventing dental decay really begins before teeth even erupt with the practice of good oral hygiene. In 2014, a new campaign was launched during oral health month to educate parents and caregivers to schedule their child's first dental visit by their first birthday. Media, including radio, Facebook and YouTube, promoted the message to parents. Dental professionals and agencies who work with parents were also provided with posters and materials. Forty dentists surveyed on the impact of the campaign identified a slight increase in requests for oral health examinations for children by their first birthday. The second phase of this campaign targeting similar messaging to family physicians, nurse practitioners and midwives will run in 2015.

Aboriginal Children's Oral Health Initiative

Since January 2006, Public Health has collaborated with Health Canada to implement the Children's Oral Health Initiative (COHI). The program works to improve oral health for First Nation children living on reserve. Dental screening and preventive services including fluoride varnish applications and sealants for permanent molars were provided to 130 children of the Saugeen First Nation and Chippewas of Nawash Unceded First Nation. Children needing further dental treatment were referred to a dentist with coverage through Health Canada's Non-Insured Health Benefits.

Staff attended the Aboriginal Headstart program to provide oral health education to mothers and expectant mothers, participated in the annual health fairs at both communities and offered oral health presentations at the community childcare centres.

Sexual Health and Harm Reduction Programs

The manner in which sexual health services are provided in the community was significantly restructured in 2014. Two key principles guided the process:

- Public Health's fundamental role is providing education and working with partners to create and sustain community-based initiatives to promote and improve healthy sexuality.
- Individual health care (including care related to sexual health) is best achieved through a comprehensive primary care system rather than fragmented services that cannot consider total client need.

In line with these principles, the Sexual Health program is evolving into the Youth Health program with an expanded mandate to work with schools and the broader community to promote and support overall youth mental wellness and physical health. Sexual health will remain a component of this work and sexual health clinical services will be provided to the extent needed. The emphasis will be on population health-based prevention strategies, rather than one-to-one treatment services.

The *Youth Mental Health and Addictions Champions* project is an example of a population-based initiative. Supported by the Registered Nurses' Association of Ontario, this project in six pilot health units trains peer leaders who recruit and train champions to develop strategies that support mental wellness and reduce potential for addiction. In Grey Bruce, the project is facilitated by Public Health Nurses and implemented in five high schools. By early 2015, 12 leaders and 30 champions will be trained and providing a range of activities in the pilot schools.

Sexually Transmitted Infections (STI)

Chlamydia continues to be the most commonly reported STI in Grey Bruce, as it does throughout North America. The significant increase in gonorrhoea represents an upward trend in this illness throughout North America. Of particular concern is the prevalence of multi-drug resistant strains of gonorrhoea. This compounds the difficulty of treating the illness leading to both increased spread and the potential for serious complications among ineffectively treated cases.

Agent/Disease	2013	2014
Hepatitis B	3	8
Hepatitis C	32	34
Chlamydia	270	265
Syphilis	2	5
Gonorrhoea	6	25

Cases of sexually transmitted infections reported in Grey Bruce

Harm Reduction

Community uptake expanded significantly in 2014 with individual client use increasing by 222% and safe injection supply provision increasing by 138%. While the data could reflect an increase in substance use, they more likely relate to the four additional partner distribution sites opened throughout Grey Bruce in 2014. This expansion greatly increased public access to safe injection supplies.

The Harm Reduction program will expand in 2015 to include the distribution of opioid overdose prevention kits. These kits include the drug naloxone, which users can administer to their peers to reverse the effects of an overdose. The Ministry has endorsed this augment to current harm reduction strategies and is distributing naloxone through the provincial pharmacy.

	2013	2014
New clients	57	127
Needles/syringes provided	27,285	37,866
Used needles/syringes returned	27,532	31,581

Grey Bruce needle exchange program

Tobacco Cessation

STOP

Run in partnership with the Centre for Addiction and Mental Health, the Smoking Treatment for Ontario Patients (STOP) program delivers free smoking cessation treatment. Participants learn quitting strategies and receive five weeks of free nicotine replacement patches; eliminating the financial barrier to purchasing these products. Participants are contacted five weeks and six months post enrollment to see how they are coping in their quit attempt.

Sixteen STOP workshops were held with 177 participants, including 10 workshops to support the three hospital corporations in Grey Bruce adopting smoke-free outdoor grounds policies. That is a significant increase from the three workshops with 34 participants held in 2013.

Grey Bruce Tobacco Cessation Community of Practice

The Grey Bruce Tobacco Cessation Community of Practice (Cessation CoP) provides individuals working on tobacco cessation a means to network, solve problems and share knowledge/resources around local tobacco cessation efforts. The Cessation CoP offered two training sessions in 2014; a regional southwest cessation meeting via videoconference and, in partnership with RNAO, a prenatal/postpartum smoking cessation workshop attended by Cessation CoP members, Public Health staff and area health care providers.

On May 31, marking World No Tobacco Day, the three hospital corporations in Grey Bruce rolled out smoke-free grounds policies. This best practice identifies tobacco users, provides users with a brief intervention, offers pharmacotherapy for patients while in hospital and refers patients to the Smokers' Helpline for follow-up when discharged.

Youth Tobacco Use Prevention

Youth tobacco use prevention supports community-based, youth-led tobacco reduction and cessation efforts targeting youth and young adults. The percentage of youth ages 12-18 that have never smoked a whole cigarette is a provincial accountability agreement indicator. Preventing youth from experimenting with smoking is a key intervention to prevent them from smoking as adults. The Ministry used data collected over 2009-2010 to set a baseline for Grey Bruce at 77.1%. The target was set at 79.4% for future years. Grey Bruce exceeded the target in 2011-2012 at 85.4%. We continue to work to improve upon this percentage of youth that have never smoked a full cigarette with a new baseline of 89.5%.

In collaboration with several community partners, three smoke-free outdoor movie nights were held in Meaford, Hanover and Blue Mountains attracting 925 participants. These events provide a platform to discuss tobacco depiction in movies, especially in movies rated for children. Twenty-three youth volunteers set-up interactive booths offering activities for younger participants. Parents were asked to take part in a smoke-free movie survey.

Youth engagement communication strategies included pigs lungs demonstrations to approximately 150 elementary students in Ontario DARE (Drug Abuse Resistance Education program), maintaining and promoting the local Target Youth website and providing training for 13 high school youth to act as peer leaders in their school and community.

Work continued on a collaborative initiative launched in 2013 to deliver culturally oriented youth tobacco use prevention events to the Saugeen First Nation. Youth held a cigarette butt clean up on the reserve followed by a workshop to plan a local effort to educate the public on the effects of cigarette butts on the environment. A tobacco education workshop, attended by 40 parents and children, learned the dangers and legal implications of supplying tobacco to minors.

Vaccine Preventable Diseases

Grey Bruce Health Unit continues to play a leadership role in the development of the Panorama integrated immunization database. Staff took a lead role in provincial workgroups and developed guidance documents to support the province-wide implementation of the program.

Public Health distributed 1525 vaccine orders worth over \$3,200,000 to local physicians, health-care providers, hospitals and long-term care facilities. Cold chain inspections to ensure storage protocols are being followed were undertaken at 146 health care locations storing publicly funded vaccine.

Public Health offered 38 community immunization clinics in Owen Sound and Walkerton as well as 49 clinics serving local Mennonite and Amish communities; clinics provided 1592 immunizations.

Public Health distributed 53,450 doses of influenza vaccine to hospitals, long-term care facilities, physicians, workplaces and pharmacies. The 40 local pharmacies participating in the Universal Influenza Immunization Program administered 13,089 doses of influenza vaccine to clients between October and December 2014. Public Health supported health care providers with resources about influenza and health complications of the disease.

Public Health provided monthly RSV (Respiratory Syncytial Virus) vaccine injections to 45 local infants from November to April to protect at-risk infants from the virus.

Public Health annually reviews the records of all children enrolled in the 40 licensed childcare centres in Grey and Bruce, assessing immunization records for 813 children. Immunization records for elementary or secondary school children were not reviewed in 2014 due to implementation of the Panorama system.

Immunization for Hepatitis B, Human Papillomavirus (HPV) and meningococcal disease were offered to all Grades 7 and 8 students. The 2-dose Hepatitis B immunizations were given to 2426 students. The 3-dose HPV immunizations were administered to 1591 students. Meningococcal vaccine was provided to 2648 students. A pertussis (whooping cough) outbreak at three Owen Sound schools resulted in 600 doses of vaccine given to students and teachers.

HEALTHY COMMUNITIES

Emergency Preparedness

A new comprehensive Emergency Response Plan was developed in 2014, integrating the former Pandemic Plan and aligning with the provincial emergency planning. The new document is an “all hazards” plan incorporating the Incident Management System (IMS). The update also includes a business continuity component, as recommended from the accreditation process.

Staff attended Municipal Emergency Control Group meetings and Emergency Exercises. Our own annual Emergency Exercise with senior staff and management addressed a drinking water scenario that tested the Emergency Response Plan and our ability to scale up a response to meet situational demands.

In late 2014, a new major project was launched in conjunction with the Municipality of Kincardine and Bruce Power to address changes to the Nuclear Facilities Regulatory framework. Several improvements are planned including new communication tools for residents around Bruce Power and an enhanced system for the distribution of Potassium Iodide (KI) pills. This initiative will be ongoing until the end of 2015.

Food Safety

Inspections

Public Health Inspectors fulfilled the accountability agreement requirement of inspections every four months of high-risk food premises. New in 2014 was a requirement for semi-annual checks of moderate-risk food premises. High and moderate-risk food premises prepare and handle foods where the risk of food-borne illness is more likely. Frequent inspection of these premises is important to ensure adequate monitoring for possible risks of food-borne illness to the population.

All year round High-Risk Food Premises: 3 inspections/year	Round 1: Jan-April	Round 2: May-August	Round 3: September-December
# inspections	267	280	261
# premises	267	281	261
Compliance rate	100%	99.6%	100%

All year round Moderate-Risk Food Premises: 2 inspections/year	Round 1: January-June	Round 2: July-December
# inspections	525	492
# premises	525	492
Compliance rate	100%	100%

Low-Risk Food Premises: 1 inspection/year	January-December
# inspections	570
# premises	759
Compliance rate	75%

Investigations

In addition to routine food premises inspections, Public Health Inspectors investigated 26 food premises complaints, 8 food product complaints and 7 food-borne illnesses. These rates continue to decline as a result of increased inspection frequency over several years. In 2014, 10 provincial offence tickets were issued for a variety of infractions.

Temporary Food Events

Grey Bruce has many fairs, festivals and special events throughout the year. To facilitate notification of events, a new online application form was developed for organizers and vendors. The forms are available on the website and can be completed online. The applications also include resources to assist in the planning of events to ensure compliance with food safety regulations.

Farmers' Markets

It is no surprise the local food movement is growing in Grey Bruce. Consumers want local products and local markets. In 2014, Public Health Inspectors delivered educational packages to individual market vendors. Product labelling was the focus during inspections of markets. A letter distributed prior to the farmers' market season detailed minimum labelling requirements for food products being sold. Labelling assists when responding to and informing customers of a compromised product.

Food Handler Certification

The Food Handler Certification course teaches safe food handling, preventing food-borne illness, potentially hazardous foods, basic microbiology, sanitation, food allergies and pest control. The training continues to be in record demand with 23 courses held last year, graduating 359 participants. The self-study online course also remains popular with 166 participants. The 525 food handlers certified is an increase of 134 from 2013.

Food Safety Regulations Training Partnership

Local food production and consumption helps support small and medium-sized businesses, ensures food security, creates food literacy and promotes healthy eating habits. Regulations governing food span three levels of government, 30 regulatory agencies, over 50 acts of parliament, hundreds of sets of regulations and thousands of pages of guidelines and policy. Business operators are expected to know and comply with regulations but there are no training courses that offer an overview of the food regulatory systems. Recognizing the need for this type of training, the Grey Bruce Health Unit collaborated with Georgian College, Grey, Bruce and Simcoe Counties to develop a Food Safety Regulations Training program. Launched in fall 2014, the twelve-hour course will help food-business owners better understand and navigate the regulatory environment affecting their businesses.

Food Disclosure

In 2014, the Grey Bruce Health Unit expanded its online food disclosure system with *Check It!* This food inspection disclosure provides easy access to local food premises inspection reports. Disclosure systems benefit both the public and food premises operators. Public access to inspection reports promotes increased compliance with food safety standards and reduces the risk of food-borne illness.

Healthy Environments (formerly Health Hazards)

Above-Standard Housing Project

Initiated in 2013, the Above-Standard Housing Project looks to improve the quality of existing rental housing stock in Grey Bruce by engaging with property owners, tenants and regulatory/service agencies to address substandard housing conditions. In 2014, activities included a survey of local regulatory agencies that deal with municipal property standards. The results indicated a keen interest within this sector to learn more about the relationship between housing and health and to explore ways in which regulatory agencies can work together to better resolve issues. As a follow-up, an information workshop for regulators is planned 2015.

Also in 2014, the Above-Standard Housing Project partnered with RentSafe. Overseen by the Canadian Partnership for Children's Health and Environment and partially funded by a Trillium grant, RentSafe is a provincial collaborative of agencies with interests in improving housing conditions for low-income tenants. Grey Bruce is providing a rural perspective as well as leadership in developing a template for tenant engagement.

State of the Environment Report

Published in 2014, the *State of the Environment Report* is a first step in assessing local environmental conditions. The report looks at air and water quality, climate change and land use patterns. It is intended to inform and engage the public and stakeholders regarding local environmental challenges as well as guide environmental protection/enhancement initiatives. The report will be formally updated every five years.

Key activities include addressing air quality data gaps identified in the report through expanded localized air quality monitoring to validate results from the existing single point monitoring station. Work is underway looking at the potential effects of and measures to prepare for climate change in Grey Bruce. Additional strategies include using the report for raising public awareness about local environmental challenges, developing a *State of the Environment Report* webpage/social media presence and investigating making the report a local collaboratively produced document.

Population Health

Grey Bruce Healthy Communities Conference

The May 2014 Healthy Communities conference *Collaborative Partnerships Making Healthy Change Happen* attracted over 200 participants. Keynote speaker Paul Born introduced the concept of deepening community. Born describes the four pillars of deep community: sharing our stories, taking the time to enjoy one another, taking care of one another and working together for a better world. The conference facilitated conversations on the health assets of rural communities at the individual, community and organizational level. On a self-addressed postcard, participants identified actions that they personally would take within six months. The postcards were mailed out in November 2014 to prompt participants to evaluate if they had taken action.

Grey Bruce Community Conversations

In collaboration with Tamarack an Institute for Community Engagement, Grey Bruce was a rural site for the national research project *A 1000 Conversations to Shape our Future*. The project aims to engage others in a discussion about what community means to them. Over 400 people came together in 47 local community conversations to talk about community and share their experiences. It is hoped the insight into the policies and programs gained from these discussions will fuel a movement for positive societal change. A summary report released in 2015 will highlight the patterns and insights that emerged through the conversations.

2014 Municipal Election Strategy

Local municipal governments play an essential role in determining community health. Decisions by elected officials can have a significant impact on the health of their residents. With this in mind, all 255 municipal candidates across Grey Bruce received a *Health in All Policies* resource package that highlights important community health issues and the actions, at the local level, to improve these concerns. Candidates were asked to initiate conversations and to connect with their constituents, community leaders and other stakeholders in a first step towards making positive changes for a healthier community. Following the election, orientation sessions were held for Bruce and Grey County councils.

Bruce Grey Food Charter

The *Bruce Grey Food Charter* is a statement of values and principles communities can use to define food and agriculture goals and guide development of a community's food policy. Currently, a local food charter is being developed in partnership with the Bruce Grey Poverty Task Force and the Trillium Foundation. Community members are invited to share their desires and concerns around food and agriculture to ensure those concepts are included within the common vision and set of principles. This will help to create a unique, local,

community food charter. The final version of the charter will be endorsed in 2015. Adoption of the *Bruce Grey Food Charter* by the local municipal councils, organizations and programs will guide food and agriculture decision-making within the community.

Watch Your Step National Fall Prevention Conference

The Grey Bruce Falls Prevention and Intervention Program was showcased at the *Watch Your Step* 2014 National Fall Prevention Conference held in Toronto May 27-28. Over 400 participants from across Canada and internationally gathered to share information and the latest research in the area of falls prevention. The full program and presentations are available on the conference website www.watchyourstepcanada.com.

Amber Schieck, Health Promoter, did a poster and oral presentation *Falls Prevention Training and Education in College Programs: Utilizing Community Partnerships to Support a Sustainable Falls Prevention Strategy in Grey Bruce, Ontario*. This presentation highlighted how the Grey Bruce Falls Prevention strategy aims to address the needs of older adults at risk of falling by building capacity for frontline workers through falls prevention training and education in college Personal Support Workers and Practical Nurses programs.

Rethink Your Drinking

Rethink Your Drinking is an alcohol awareness campaign to help change the way we think about and use alcohol. Promoted by nine health units in Southwestern Ontario, the messaging asked individuals and communities to look at their relationship with alcohol, including why, when and how much alcohol is consumed. The campaign supported *Canada's Low-Risk Alcohol Drinking Guidelines* and centred around seven themes: Cancer Matters, Zero Matters, Everything Matters, Choice Matters, Sex Matters, Time Matters, and Size Matters. An evaluation was undertaken and the results will be available in 2015.

Municipal Alcohol Policy

Municipal and county representatives worked with Public Health to develop the Grey Bruce Municipal Alcohol Policy template. The model was presented to the Board of Health in January 2014. Activities to promote the use of the template included presentations at public information sessions, Operational Plan briefings, Bruce Safe Communities meeting and conversations with municipalities across Grey Bruce.

National Drug Drop Off Events

Six local police services in Grey Bruce hosted a *Drug Drop Off* event May 11, in their community. This was a follow-up to a successful 2013 single-community initiative spearheaded by Public Health and Partners In Public Safety (PIPS). The latest effort collected 14 kg of un-used medications (1500 pills; 330 ml of medications).

Nutritious Food Basket

The 2014 Nutritious Food Basket survey identifies it costs \$782.82 a month to feed a family of four in Grey Bruce; up from \$775.37 a month in 2013. The annual survey measures the cost of basic healthy eating based on the prices for representative food products. Provincially, the cost has risen 4.5% from last year.

More than just reflecting the cost of food, the Nutritious Food Basket assists our understanding of the health of our community. In reviewing the Nutritious Food Basket, the Bruce Grey Poverty Task Force compiled a 15-item wish list to address poverty in the region. The major pillars of the list address income security, adequate housing, food security, transportation and dignity. Each is an important component for an individual to achieve their full health potential.

NutriSTEP Research Project

NutriSTEP is a standardized nutrition screening tool for toddlers and preschoolers. Primary care is identified as integral partners in the successful roll-out and implementation of the NutriSTEP program.

Dietetic Intern Jenessa Dalton, completed a research study on the local use of NutriSTEP looking at barriers to its use and factors that supported its implementation including how primary care sites interpret results, provide feedback to parents and initiate referrals. Half of the 10 primary care sites in Grey Bruce have not used NutriSTEP. The main barriers to its use were lack of time and lack of target client group. Factors that supported its use were education/training, IT support, nutrition expertise, ease of use and inter-professional collaboration. Results and implications for practice will be presented in 2015. The final poster summarizing the results was submitted to Dietitians of Canada to present it at their annual 2015 conference.

Building Capacity

Real Food for Real Kids and *Physical Literacy* workshops were presented to over 200 staff from local childcare and Ontario Early Years Centres. These initiatives are aimed at providing a supportive healthy living environment in childcare centres and community settings across Grey Bruce.

Bridges Out of Poverty

Two *Bridges Out of Poverty* training sessions were held for staff and partners. The *Bridges* program helps individuals living on no income or low income to build their resources to improve their situation. Additionally, staff now have the opportunity to take the training by using the new on-line training module developed in the fall of 2014.

Comments on Official Plans

Public Health continues to provide comments for Official Plan reviews. In 2014, three municipalities received comments from a multidisciplinary team. An evergreen reference document has been developed to support the comment process.

Research

Grey Bruce participated in two Locally Driven Collaborative Projects: *Healthy Rural Communities Tool Kit: A Guide for Rural Municipalities* and *Collaborative leadership and knowledge translation practices used by Public Health to engage community service providers in falls prevention*. Results from both projects will be available in 2015.

Rabies Control

This was the second year in a row that no cases of terrestrial Arctic strain rabies were identified in southern Ontario. As a result, this portion of the province meets the World Health Organization criteria as declared free of Arctic strain rabies. However, the bat strain rabies remains endemic in southern Ontario. No cases of bat rabies were identified in Grey Bruce in either wildlife or domestic animals. The disease was identified in adjacent Huron County, indicating that Grey Bruce remains vulnerable.

In addition to the cat and dog bite incidents (see table), a small number of potential exposures associated with other animal species are also investigated each year.

Public Health is exploring ways to improve its risk assessment process related to animal-human exposures. Currently, a significant proportion of biting dogs and cats are placed in confinement when the risk of the

animal being rabid is negligible. Rationalizing this process could reduce the resources spent to investigate exposures.

Year	Species	Incidents Investigated	Year	Species	Incidents Investigated
2013	Dog	301	2013	Cat	168
2014	Dog	310	2014	Cat	168

Dog and cat bite investigations in Grey Bruce

Safe Water

Beaches

Beach water quality was worse than normal in Grey Bruce with 13 occasions when beaches were posted; no beaches were posted in 2013. Looking at the longer-term, it is difficult to see if this is a developing pattern, or simply usual variations in weather conditions. Weather is the main factor affecting beach water quality. We will continue to look at trends to indentify if there is a longer-term problem.

Public Health had discussions with and made presentations to municipal staff and councillors. These resulted in requests for further training of municipal staff and for more sampling locations. In addition, we are currently looking at new technology to improve beach management and health protection at recreational waters.

Pools

This was the third year for provincial accountability agreement performance indicators, but with a negotiated reduction of the target from 100% to 95% in 2014. This would have allowed us to miss or be late for one inspection. The diligence of staff, improved the data monitoring and a revised scheduling process for inspections resulted in a 100% inspection rate.

Reporting Year	Performance Indicator	Completion Rate
2011	Baseline established	52%
2012	75%	88.5%
2013	100%	88%
2014	95%	100%

Spas

Public spas were subject to a new type of accountability measure called a monitoring indicator based on the same inspection, data recording and monitoring system as pools. The target, set at 100%, was achieved.

Reporting Year	Monitoring Indicator	Completion Rate
2013	24% (Baseline established)	70%
2014	100%	100%

Small Drinking Water Systems

Only the high-risk Small Drinking Water Systems are monitored under our accountability agreement. A new inspection scheduling and monitoring module was developed and continues to be improved. In 2014, we achieved a completion rate of 100%.

Reporting Year	Performance Indicator	Completion Rate
2013	100%	93%
2014	100%	100%

Tobacco EnforcementYouth Access

Youth access to tobacco products is a Ministry accountability agreement, as measured by the percentage of tobacco vendors in compliance with legislation under the *Smoke-Free Ontario Act*. The target is 90% or greater compliance. Tobacco Enforcement and Education Officers (TEEOs) conducted 341 tobacco retail checks resulting in six sales to minors, 11 charges and an overall compliance rate of 98.2%.

Vendor Education

Twenty-five participants attended tobacco vendor workshops designed to help retail staff understand their responsibilities under the *Smoke-Free Ontario Act*. The workshops reviewed the importance of preventing tobacco sales to minors and emphasized the consequences of breaking this law. Employers/owners were given information and resources on how to meet their responsibilities of due diligence including how to create a policy and train staff to prevent the sale of tobacco products to minors.

This was the second year for the *Who is 25?* campaign. This education initiative involves test shopping to determine if clerks are asking for I.D. from shoppers who are over 19 but not yet 25. Under the *Smoke-Free Ontario Act*, clerks are required to ask for I.D. from anyone that looks younger than 25. The test shopper used in the campaign was between 19 and 25 years old and legally eligible to purchase tobacco products. Clerks that asked for I.D. and correctly calculated the test shopper's age were issued a green card. Clerks that asked for I.D. but did not correctly calculate the shopper's age were issued a yellow card. Clerks that did not ask for I.D. were issued a red card.

	2013	2014
Vendors Test Shopped	126 (70%) of the 180* vendors in Grey Bruce	154 (91%) of the 169* vendors in Grey Bruce.
Green Cards Issued	88 (70%)	83 (54%)
Yellow Cards issued	34 (27%)	3 (2%)
Red Cards Issued	4 (3%)	68 (44%)

*Remaining vendors were not test shopped either because they were closed for the season or in the town where the test shopper lived.

The 2014 *Who is 25?* campaign showed an increase in red cards. This may be due to the difference in appearance of the test shopper. All vendors receiving red or yellow cards in 2014 received a follow up educational visit. This campaign was well received by retailers and is a good reminder for vendors that they need to ask for I.D. as is very difficult to “guess” a shopper’s age. In addition, the annual Tobacco Retailer Newsletter included the results and provided more information.

Enforcement

Tobacco Enforcement and Education Officers undertake progressive enforcement based on the Ontario Public Health Standards and Ministry directives. In 2014, there were 143 warnings and 39 charges issued resulting from 187 investigations.

In addition to enforcement, officers work to increase public awareness of comprehensive tobacco control through health communication strategies. Activities included the distribution of workplace packages and presentations on employee/employer responsibilities under the *Smoke-Free Ontario Act*. A presentation on electronic cigarettes and contraband tobacco products was made to the principals of the Bluewater District School Board. Officers were active in working with Grey County, the three local hospital corporations and the public in the development and implementation of smoke-free by-laws and policies.

Grey County By-Law

On October 27, 2014, Grey County Council passed a by-law to regulate smoking in or near municipal property. The by-law prohibits smoking within a nine-metre radius of any entrance or exit of county and lower tier municipal buildings in Grey County. The nine-metre radius does not extend to any private property unless the consent of the owner has been granted and does not include a highway as defined in the *Highway Traffic Act*. The by-law will be enforced by Grey Bruce Health Unit staff and municipal by-law enforcement. Tenants in Grey County social housing units prior to October 27, 2014 are exempt; however, when the unit changes occupant the new by-law will be enforced.

Public Health received funding through the Southwest Tobacco Control Area Network to purchase and distribute signs to the county and lower tier municipalities to help educate the public on this new by-law.

Smoke-Free Ontario Act Amendments

The provincial government enacted several amendments to the *Smoke-Free Ontario Act* with the goal to reduce smoking rates. Despite significant progress in curbing the use of tobacco products, 13,000 people in Ontario die each year as a result of tobacco-related disease. The government is committed to a smoke-free Ontario and especially in preventing young people from taking up smoking. Changes to the *Smoke-Free Ontario Act* prohibit the use of tobacco products on:

1. Outdoor restaurant and bar patios. (Legions with existing uncovered patios prior to November 18, 2013 will not be required to go smoke-free.)
2. Outdoor playgrounds and within 20 meters of the playground
3. Outdoor municipal sporting areas, spectator areas and within 20 metres of the sporting area or spectator areas.

The sale of tobacco will be prohibited on premises licensed under the *Independent Health Facilities Act*, post-secondary campuses, schools, day nurseries and licensed private-home day care, whether or not children are present.

Presentations on their new regulatory requirements were made to municipalities and businesses in the late fall. New signs provided by the Ministry for patios, playgrounds and sports fields were distributed.

Vector-Borne Disease

There were no human cases of West Nile Virus (WNV) in Grey Bruce. There were 11 probable/confirmed cases in Ontario down from 57 probable/confirmed cases in 2013. The difference is due to prolonged cool and wet weather that limits mosquito populations.

There was one human lab confirmed case of Lyme disease as a result of a positive tick. Active surveillance for ticks through drag sampling was not conducted due to a lack of ticks identified in the previous years and weather conditions. Of 17 ticks submitted to the National Microbiological Lab, five were identified as *Ixodes scapularis* (black legged tick). One tick was positive for *Borrelia burgdorferi* (the bacteria that causes Lyme disease). This is the first lab confirmed positive tick in Grey Bruce since surveillance began in 2009.

A surveillance program for Eastern Equine Encephalitis virus (EEEV) was not conducted due to the lack of animal/bird cases identified in Grey Bruce since 2011. Future mosquito trapping is warranted in response to positive equine or human cases.

An education campaign including a mail out on the diagnosis, testing and treatment for West Nile Virus and Lyme disease as well as the protocol for submission of suspect ticks was distributed to local health care providers.