



BOARD REPORT

Friday, February 28, 2014



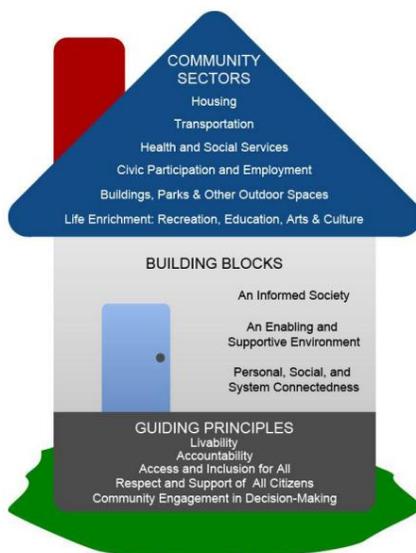
Medical Officer of Health
REPORT TO THE BOARD
Friday, February 28, 2014

Age-Friendly Communities

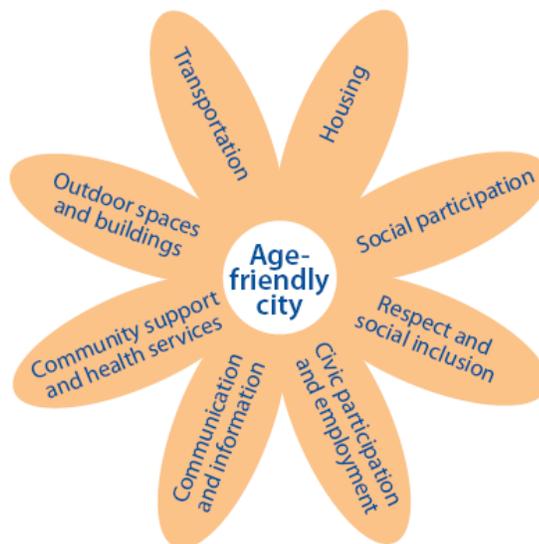
Population aging is a worldwide phenomenon of this century. The World Health Organization (WHO) introduced the concept of ‘age friendliness’ in 2006. Age-friendliness has been defined in terms of a range of domains, such as housing, opportunities for participation, and transportation. Communities that accommodate the needs of older adults in these domains hope to promote healthy, active aging.

A number of organizations have developed resources to aid communities in becoming age-friendly:

- The Murray Alzheimer Research and Education Program (MAREP) established by the University of Waterloo in 2009, has developed a web-based tool to assist in creating age-friendly communities. This evidence based tool is available from <http://afc.uwaterloo.ca/>.
- The Ontario Seniors’ Secretariat has also developed a guide on age-friendly community planning which is available at <http://www.seniors.gov.on.ca/en/afc/guide.php>.
- The [Public Health Agency of Canada](#) developed a guide geared towards Rural and Remote communities entitled *Age Friendly Rural and Remote Communities: A Guide*. I have found this one more practical for a rural community such as ours, than some of the city based guides.



MAREP Model



WHO Model

The 2011 Census for Grey and Bruce counties shows that our population is aging faster than the provincial average. Appended to this report:

2011 Census of Canada: Age and Sex, Bruce & Grey Counties

2011 Census of Canada: Household, Marital and Family Characteristics, Bruce & Grey Counties (Figure 10)

The Owen Sound and Area Seniors' Center together with the Grey Bruce Health Unit and Osteoporosis Canada have organized a Senior's Summit for Grey Bruce on March 5th, 2014. The objectives for the day include:

1. Provide information about services and opportunities available for the 55+ age group through displays and seminars.
2. Provide information in building Age Friendly Communities, including the review of an Age Friendly Community survey and developing strategies to organize and engage seniors on this issue.
3. Promote the development of a Seniors' Council and Local Advisory Committees to act as a network for seniors to advocate, share information and educate others on issues affecting the 55+ population.

We hope to begin to address the age friendly domains as they relate to the Grey Bruce area.

Hazel Lynn

2011 Census of Canada: Age and Sex

Bruce & Grey Counties

On May 29, 2012, Statistics Canada made available its second release from the 2011 Census of Canada. These data include counts by age and sex group, as well as median age. In contrast to previous Census age and sex data, population counts are now available by year for those aged 15 to 19.

All data from this report are from: Statistics Canada, 2006 Census of Population; and Statistics Canada, 2011 Census of Population.

The Shift to an Older Population

Overall, 158,670 people in Grey Bruce were enumerated in the 2011 Census. While in the previous Census, 50% of the Grey Bruce population was aged 45 and over, currently 54% of the Grey Bruce population are aged 45 and over. In Ontario, 43% of the population is aged 45 and over. Despite this lower proportion of older persons in comparison to our local rate, both geographies are seeing a demographic shift toward larger proportions of older population relative to younger population.

This demographic shift reflects the aging of the last of the baby boom generation, which includes those born from 1946 to 1964. This boom was followed by a baby 'bust,' or a period of lower birth rates, from 1965 to 1981, and an 'echo' of higher birth rates from 1982 to 1995. You can clearly see this boom, bust and echo in the population pyramids that will follow.

Median Age

In 2011, the median ages in Grey and Bruce were 47.3 and 47.0 respectively, while the median age in Ontario was 40.4. Unfortunately, the median age in the Grey Bruce health region is not yet available (this document will be updated once those data are made available). The municipalities with the youngest median age in 2011 are Saugeen 29 at 32.4¹ and Southgate at 41.3, and those with the oldest median age are Northern Bruce Peninsula at 57.3 and The Blue Mountains at 54.2.

¹ Saugeen 29, or Saugeen First Nation had an enumeration rate between 75% and 90%, and data are therefore unreliable.

For more information about Census Data, please contact:

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Produced May 30, 2012



% of Population Aged 0 to 14 Years

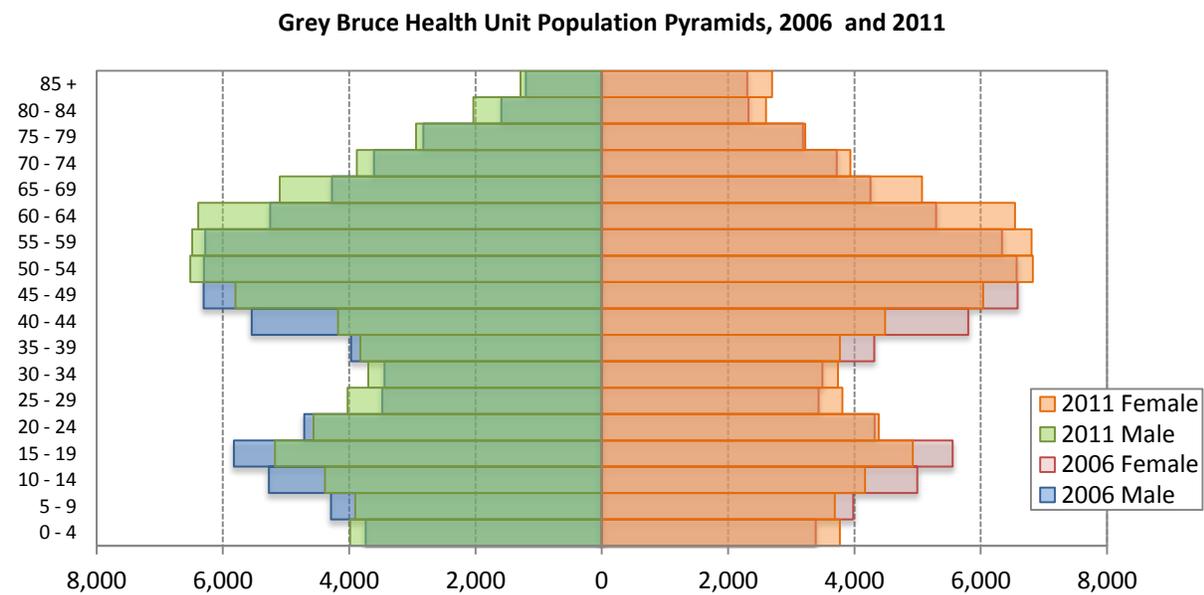
The municipalities with the highest percentages of children (aged 0 to 14) were Saugeen 29 (24.0%) and Southgate (19.6%), while those with the lowest were Northern Bruce Peninsula (9.5%) and The Blue Mountains (10.9%). Only 15.1% of the Grey Bruce population was under 15 years old, compared to 17.0% of the Ontario population.

% of Population Aged 65 Years and Over

In Grey Bruce, 20.7% of population were seniors, compared to only 14.6% of the Ontario population. The municipalities with the highest percentages of seniors were Northern Bruce Peninsula at 31.7% and The Blue Mountains at 28.4%, while those with the lowest were Saugeen 29 at 6.9%² and Southgate at 14.0%.

Age Distribution

The overlaid green and coral pyramid presents 2011 Census population counts, while the underlying blue and rose pyramid presents 2006 Census population counts.

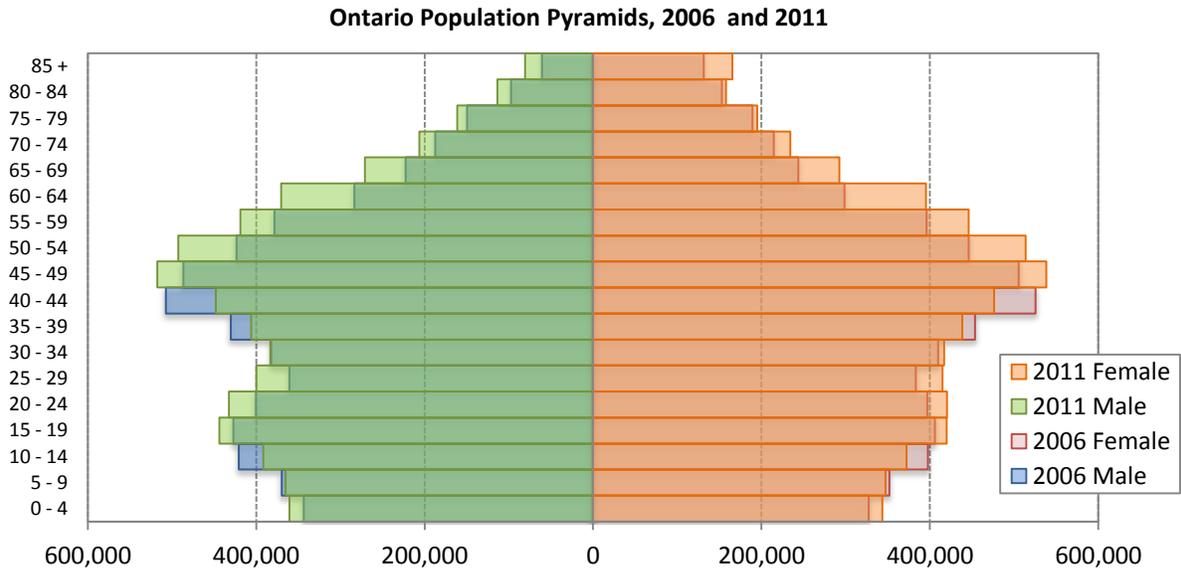


Source: Statistics Canada, 2006 Census of Population; Statistics Canada, 2011 Census of Population.

The overall distribution of the Grey Bruce population is sharply bimodal, meaning that there are two pronounced ‘bumps’ in the distribution of age groups. Whereas in Ontario the bumps are subtle (next page), locally they are pronounced, showing the very low proportion of younger adults in the region relative to the rest of the population.

² Saugeen 29, or Saugeen First Nation had an enumeration rate between 75% and 90%, and data are therefore unreliable.

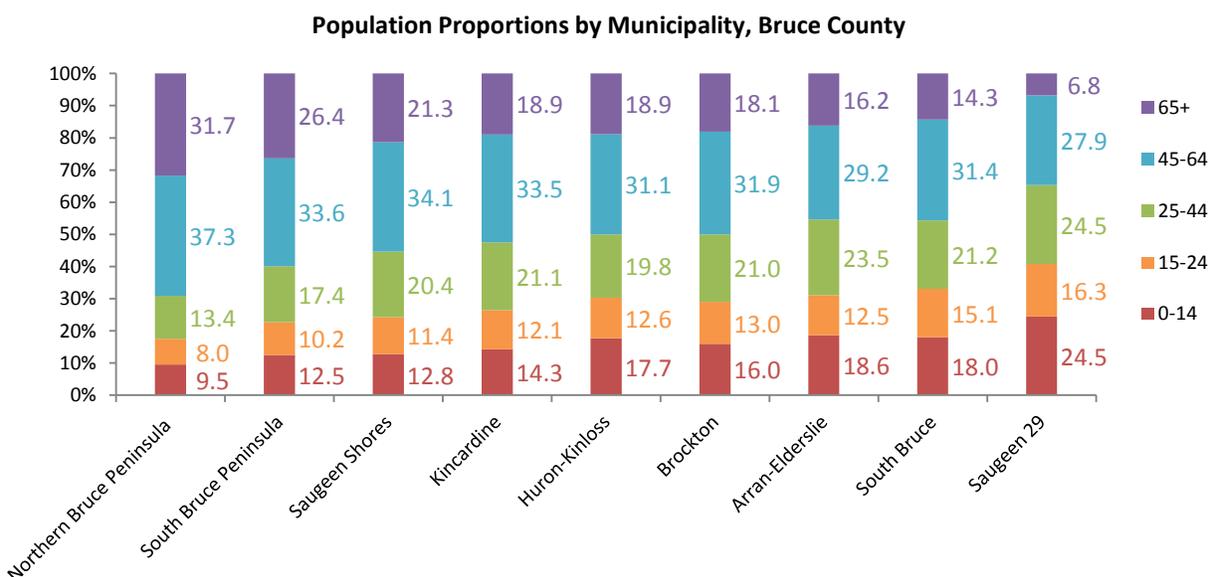
As well, you can see the local shift in age distribution from 2006 to 2011 in the middle-age group (40 to 59), reflecting that they are aging without a net in or outmigration. However, rather than a similar pattern with the younger age bump, it's clear that youth in the 15 to 29 age groups are experiencing a net outmigration, very likely for education and employment opportunities outside of Grey Bruce.



Source: Statistics Canada, 2006 Census of Population; Statistics Canada, 2011 Census of Population.

Population Proportions by Municipality

The following two figures present the populations of each municipality by proportion from each major census age group. Each figure presents municipalities in order from those with the largest proportion of population aged 45 and over (the two oldest age groups combined) to those with the smallest proportion of people in that age group.



Counts of Bruce County & Municipalities' Population by Age Group³

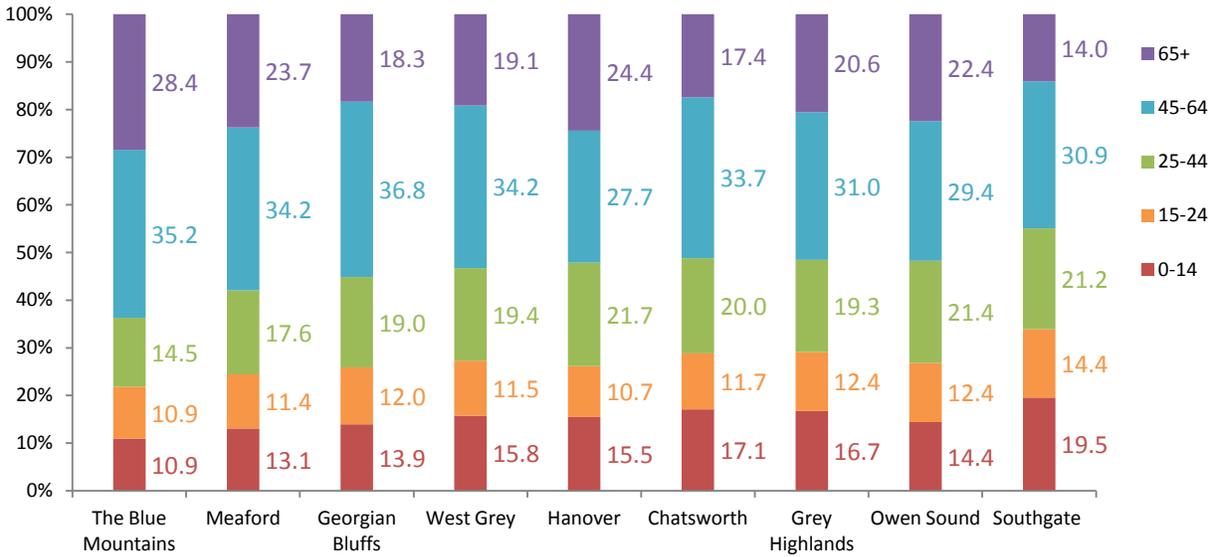
	0-14	15-24	25-44	45-64	65+	Total ⁴
BRUCE	9965	7970	13,365	21,550	13,255	66,102
Northern Bruce Peninsula	355	300	500	1395	1185	3744
South Bruce Peninsula	1050	860	1465	2825	2220	8413
Saugeen Shores	1620	1450	2580	4320	2695	12,661
Kincardine	1600	1355	2365	3750	2120	11,174
Huron-Kinloss	1205	855	1345	2115	1285	6790
Brockton	1505	1230	1985	3010	1705	9432
Arran-Elderslie	1270	850	1600	1990	1100	6810
South Bruce	1025	855	1205	1785	810	5685
Saugeen 29⁵	180	120	180	205	50	726

³ Note: Neyaashiinigmiing 27, or Cape Croker First Nation, was not fully enumerated and has unreliable data that is not presented by age and sex breakdown.

⁴ Age groups have combined randomly rounded five-year age group totals, therefore they will not sum to the total.

⁵ Saugeen 29, or Saugeen First Nation had an enumeration rate between 75% and 90%, and data are therefore unreliable.

Population Proportions by Municipality, Grey County



Counts of Grey County & Municipalities' Population by Age Group

	0-14	15-24	25-44	45-64	65+	Total ⁶
GREY	13,935	11,095	18,175	29,855	19,520	92,568
The Blue Mountains	705	700	935	2270	1830	6453
Meaford	1450	1265	1955	3795	2635	11,100
Georgian Bluffs	1450	1245	1975	3830	1910	10,404
West Grey	1935	1415	2385	4195	2350	12,286
Hanover	1160	800	1625	2075	1830	7490
Chatsworth	1100	755	1285	2170	1120	6437
Grey Highlands	1590	1180	1840	2945	1955	9520
Owen Sound	3130	2695	4635	6370	4855	21,688
Southgate	1405	1035	1525	2220	1010	7190

For More Information

Detailed information about Population and Dwelling Counts, and Population by Age and Sex can be found in the [Census Profiles](#) at the Statistics Canada website. Click the link provided to search for data by census subdivision (municipalities, towns and cities), census division (counties), federal electoral district, province or territory, and country (Canada).

⁶ Age groups have combined randomly rounded five-year age group totals, therefore they will not sum to the total.

Seniors' Household Living Arrangements by Census Family Status

The total number of seniors living in private households in Grey Bruce is 30,105.

Figure 10. Proportion of seniors in private households by census family status, by Municipality



Seniors in Census Families

In Grey Bruce, there are 21,500 seniors living in census families, or 71.4% of all seniors living in private households.

Program Report February 2014



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WEBSITE: www.publichealthgreybruce.on.ca

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

CLIENT SERVICES

Hospital Liaison Pilot Page 1-2

HEALTHY COMMUNITY DEVELOPMENT

Aboriginal Youth Tobacco Project Page 2

ENFORCEMENT / RESEARCH / SURVEILLANCE

Fan-Out Procedure Page 3

Evaluation Support Request Form Page 3

Amendments to Specification of Reportable Diseases Page 4

CLIENT SERVICES

Hospital Liaison Pilot

Starting in January, a liaison Public Health Nurse (PHN) began attending the Owen Sound hospital three mornings a week. The liaison PHN meets with and screens all new moms. An *In-Depth Assessment* (IDA) is undertaken with any moms identified as ‘with risk’ and a home visit is offered and encouraged.

The liaison PHN tells each new mom about the Healthy Babies Healthy Children (HBHC) program as well as other services that are available to her and her family through both Public Health and in the community. The newborn *Let’s Grow* package is given to every mom.

The liaison PHN works with the hospital nurses to ensure they are able to complete screens on the days the PHN is not attending. The liaison PHN also keeps hospital nurses current on any new information/developments including supporting the *Baby-Friendly Initiative*.

The goals of this project include improving the quality of completed screens; initiate an IDA for ‘with risk’ clients within 48 hours, as per the HBHC protocol; and to direct PHNs to limit follow-up to clients assessed as requiring support.

(continues...)

This change also ensures that calls to families identified as not being ‘with risk’ can be discontinued, providing PHNs with more time for healthy community development activities within their geographic teams. The HBHC protocol is met by advising these new moms about programs that are available and by providing the *Let’s Grow* package.

This pilot will run for six months and then will be reviewed to see if it is providing the desired outcomes.

HEALTHY COMMUNITY DEVELOPMENT

Aboriginal Youth Tobacco Project

In 2013, the Grey Bruce Health Unit partnered with Cancer Care Ontario, M’Wikwedong Native Cultural Resource Centre and Saugeen First Nation to raise awareness and educate aboriginal youth on the dangers associated with tobacco products.

The first campaign was held in June during the National Fast Pitch Championships in Owen Sound with the focus on the culture of chewing tobacco in sports. The youth set-up an interactive tobacco booth and provided tobacco education material to each baseball team.

The second campaign was held in the fall with 25 aboriginal youth attending a one day tobacco workshop hosted by Public Health and Saugeen First Nation. This campaign focused on social supply and tobacco ingredients. Youth developed an advocacy campaign of videos addressing four key messages: Peer Pressure, Trying to Fit In, What’s in a Cigarette and Older Influences. The videos were launched at a community feast attended by 160 community members and will be posted on YouTube and targetyouth.ca later this year.



ENFORCEMENT / RESEARCH / SURVEILLANCE

Fan-Out Procedure

The *Public Health Emergency Preparedness Protocol* requires an annual exercise of the emergency notification system including the fan-out process for alerting staff. Certain aspects can be tested during a desk-top exercise. However, a genuine situation provides a more thorough trial by incorporating all aspects of the process including situational awareness, media notifications, internet/social media and telephone.

Following a significant snowfall on January 6, Environment Canada issued a rare blizzard warning predicting further snow, very high winds and unusually low temperatures for the next two days. On the morning of January 7, conditions had deteriorated significantly. After reviewing the situation and following subsequent discussions with managers, director and acting MOH, the decision to close the office was made at 7:45 a.m. Notifications were posted on the automatic phone line, web-site and on local radio stations. On January 8, a similar process took place, although that decision was made at about 6:45 a.m., as information on conditions came earlier in the morning.

Feedback following the event noted that on both days the fan-out took under 30 minutes to complete. This is a very credible time, especially for a manual process. A subsequent review identified the fan-out may be quicker using an automatic system which would free up time for managers to conduct other tasks. However, this would have to be balanced against any additional costs and possible limitations in flexibility. These options will be explored.

It was identified that an earlier decision on January 7 would have been useful but it was also noted there were inherent delays in getting information, such as road closures, which contributed to the capacity to assess conditions. Fan-out, website and media announcements all worked well, but the automated phone system proved problematic and required on-site response by IT. The phone issue will be reviewed. There was a significant use of BlackBerry text and emails among the management group to obtain a broader picture of events each morning. This situational awareness was praised by all and contributed to the decision to close.

The experience confirmed the reliability of the fan-out and notification procedures and the lessons learned from this event will assist in refining the protocols.

Evaluation Support Request Form

In the fall of 2013, staff and managers were introduced to the *Evaluation Support Request Form* to help plan evaluation activities. It asks users to identify key elements of the program/project they are planning to evaluate (e.g. target group, desired project/program outcomes and activities). It also assists users through the various steps to incorporate an evaluation component in planning (e.g. evaluation questions, intended use of findings, methods, resources required and timelines). Staff report the tool easy to use and helpful in taking them through the planning process. The Program Evaluator meets with staff to discuss the completed forms and to begin more comprehensive planning. This process assists staff to develop their evaluative capacity as they build evaluation into their planning prior to the program or project implementation, rather than thinking of it as an afterthought once the program is underway or complete. Including program staff in conducting evaluations is one step towards embedding evaluative thinking into the culture of the organization.

The *Evaluation Support Request Form* is the first of many planning tools that we plan to bring forward. Tools to help with Quality Improvement and project planning are currently being reviewed and tested.

Amendments to Specification of Reportable Diseases

Amendments to *Ontario Regulation 559/91 Specification of Reportable Diseases* under the *Health Protection and Promotion Act* (HPPA) and subsequent changes to the *Ontario Public Health Standards* came into effect December 4, 2013.

The amendments include the addition of the following: Acute Flaccid Paralysis (AFP) and Paralytic Shellfish Poisoning (PSP), and the deletion of: Cytomegalovirus infection, congenital; Neonatal herpes; Hepatitis D (Delta hepatitis); Fatal Familial Insomnia, Gerstmann-Straussler-Scheinker Syndrome; and KURU Transmissible Spongiform Encephalopathies (but not Creutzfeldt-Jakob Disease, all types).

Included is the updated list of diseases that are reportable to the Grey Bruce Health Unit under the HPPA.

REPORTABLE DISEASES LIST

519-376-9420 or 1-800-263-3456 or after hours number

Diseases marked with an * and outbreaks in institutions should be reported **IMMEDIATELY** to Public Health. Other diseases are to be reported the next working day.

Acquired Immunodeficiency Syndrome (AIDS)	* Listeriosis
Acute Flaccid Paralysis (AFP)	Lyme Disease
Amebiasis	Malaria
* Anthrax	* Measles
* Botulism	* Meningitis, acute
* Brucellosis	* i. bacterial
Campylobacter enteritis	ii. viral
Chancroid	iii. other
Chickenpox (Varicella)	* Meningococcal disease, invasive
Chlamydia trachomatis infections	Mumps
* Cholera	Ophthalmia neonatorum
* Clostridium difficile associated disease (CDAD) outbreaks in public hospitals	* Paralytic Shellfish Poisoning (PSP)
Creutzfeldt-Jakob Disease, all types	Paratyphoid Fever
* Cryptosporidiosis	Pertussis (Whooping Cough)
* Cyclosporiasis	* Plague
* Diphtheria	* Poliomyelitis, acute
* Encephalitis, including:	Psittacosis/Ornithosis
* i. Primary, viral	* Q Fever
ii. Post-infectious	* Rabies
iii. Vaccine-related	* Respiratory infection outbreaks in institutions
iv. Subacute sclerosing panencephalitis	* Rubella
v. Unspecified	Rubella, Congenital Syndrome
* Food poisoning, all causes	Salmonellosis
* Gastroenteritis, institutional outbreaks	* Severe Acute Respiratory Syndrome (SARS)
* Giardiasis, except asymptomatic cases	* Shigellosis
Gonorrhoea	* Smallpox
* Haemophilus influenza b disease, invasive	* Streptococcal Infections, Group A invasive
* Hantavirus pulmonary syndrome	Streptococcal Infections, Group B neonatal
* Hemorrhagic fevers, including,	Streptococcus Pneumoniae, invasive
* i. Ebola virus disease	Syphilis
* ii. Marburg virus disease	* Tetanus
* iii. Other viral causes	Trichinosis
* Hepatitis, viral	Tuberculosis
Hepatitis, viral	* Tularemia
* i. Hepatitis A	Typhoid Fever
ii. Hepatitis B	* Verotoxin-producing E. coli infection indicator conditions including
iii. Hepatitis C	Haemolytic Uraemic Syndrome (HUS)
Influenza	* West Nile Virus Illness
* Lassa Fever	* Yellow Fever
* Legionellosis	Yersiniosis
Leprosy	