



Board Report

Friday April 27, 2018



Medical Officer of Health Report to the Board

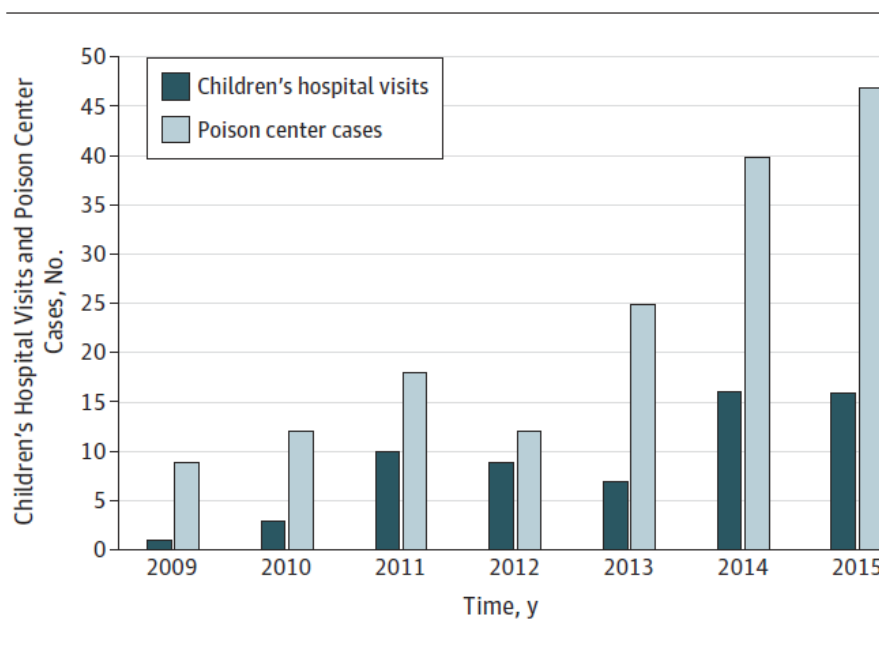
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Effect of Legalization on Pediatric Cannabis Intoxication

High quality evidence regarding the prevalence of pediatric cannabis intoxication is not currently available (Richards et al., 2017). Relatively few studies have been published on the topic, documented cases are rare, and estimates of prevalence are complicated by the illegal nature of the substance in many areas. As a growing number of US states legalize the use of medical and recreational cannabis, emerging evidence indicates that legalization is associated with an increase in pediatric cannabis intoxications (Wang et al., 2017).

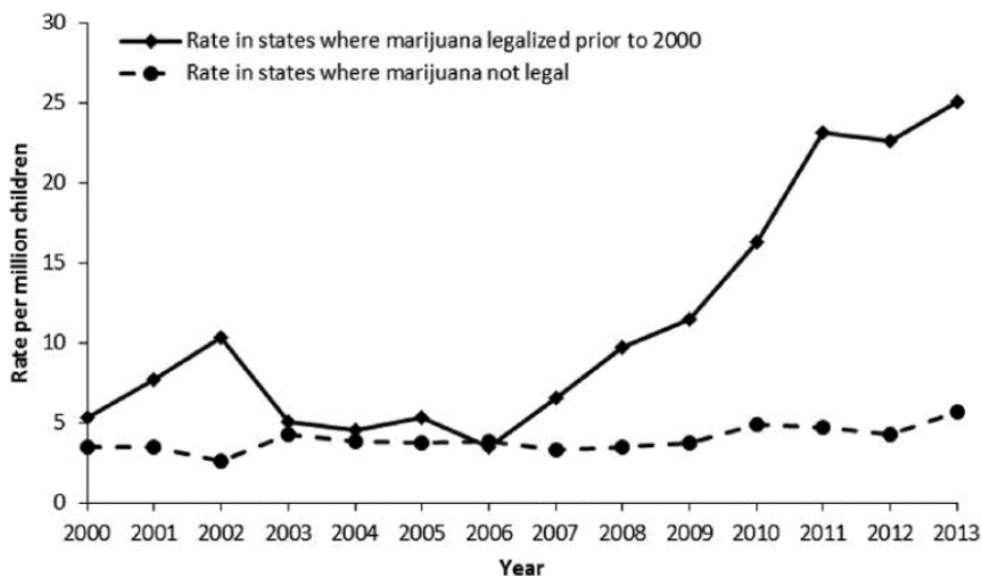
In Colorado, the average rate of cannabis-related hospital visits and calls to poison control centres among children increased significantly in the 2 years after legalization (2014/15) when compared with the 2 years prior to legalization (2012/13) (Figure 1) (Wang et al., 2016).

Figure 1. Annual Children's Hospital Visits and Regional Poison Centre Cases for Unintentional Cannabis Exposures in Children 9 Years or Younger in Colorado, 2009-2015. From Wang et al., 2016



Between 2000 and 2013, calls to poison control centres related to cannabis exposure among children increased by 2.82 times more in states that had legalized cannabis prior to 2000, than in states where cannabis use was illegal (Figure 2) (Onders et al., 2016).

Figure 2. Annual Number and Rate of Cannabis Exposures among Children Younger than 6 Years in the United States (National Poison Data System), 2000-2013. From Onders et al., 2016



Note that the transitional states are not included in this figure.

Possible reasons behind the increases observed after legalization include: decreased perceptions of risk of toxicity in states where cannabis is legalized, increased use of cannabis in legalized states and expanding markets of cannabis infused edibles in legalized states (Richards et al., 2017; Onders et al., 2016; Wang et al., 2014).

Public Health Interventions Related To Accidental Childhood Ingestion of Cannabis Edibles

Initially, commercial production of edible cannabis products was not authorized under Bill C- 45 *The Cannabis Act*. However, amendments were passed that added edibles containing cannabis to the types of cannabis authorized for sale. As a result, the sale of edibles should be legal in Canada by July 2019 (Munro, 2017).

In the interim, an un-regulated market will continue to sell edibles while they are illegal. These edibles may be of varying quality, potency and labelling, if labelled at all. Unregulated edibles pose the risk of accidental overdose through overconsumption and impaired driving as a result of the delayed effect of edibles. Accidental consumption by children is a serious risk, particularly for edibles that look like candy or treats.

When legal consumption becomes available, the risks of edibles can be reduced through regulation of production and packaging. Recommended prohibition would include products that are appealing to children, such as candies, sweets and sugar-coated and in shapes of humans, fruits or animals. Strict packaging requirements should include standardized generic packaging, a standard serving size; standard amount of tetrahydrocannabinol (THC) and/or cannabidiol (CBD) per product; child-resistant packaging; product warning labels; and, the THC symbol marked directly on the product.

The integration of these products requires an accompanying public education and awareness campaign on the proper use and risks associated with edibles, safe storage and proper disposal programs for expired or unused product. This should include messaging on keeping products locked and out of sight and reach of children and never consuming in front of children as this may entice child consumption as well as use of the product may impair the ability to provide a safe environment for children. Education and awareness must also incorporate recognizing signs and symptoms of overdoses and poisoning and knowing what to do in an emergency. Appropriate specific messaging should target parents, grandparents, other family members, neighbors, friends, and babysitters with regard to accidental consumption by children.

Literature research compiled by Health Data Analyst Shelby Huffman.

Dr. Hazel Lynn

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2017 PROGRAM REVIEW

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Working with the Grey Bruce communities to protect and promote health

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Client Services

Healthy Babies Healthy Children

The Healthy Babies Healthy Children program supports vulnerable families to help children achieve their full potential. Public Health Nurses and Parent Support Workers provide home visiting to families and offer referrals to partner agencies, as needed.

In 2017:

- 56% of the pregnant women screened scored 'with risk' for factors associated with low birth weight and parenting concerns.
- 1,516 babies were born to families in Grey Bruce (1385 in 2016).
- 59% of families screened in the postpartum period identified two or more issues such as isolation, low income, low education, etc.
- 203 families received home visits.
- 80 referrals to other community programs and services were made for families requiring additional support.

Roots of Empathy; Changing the World Child by Child

Roots of Empathy is an evidence-based classroom program that reduces levels of aggression among school children by raising social/emotional competence and increasing empathy. The program takes a universal approach through engaging the entire classroom, including onlookers and bystanders, rather than targeting and isolating the bullies, aggressive children or victims of bullying.

The goals of the program are to foster the development of empathy and emotional literacy; reduce levels of bullying, aggression and violence; promote children's pro-social behaviours; increase knowledge of human development, learning and infant safety; and, prepare students for responsible citizenship and responsive parenting.

In the 2016/17 school year, 13 schools in the Bluewater, Bruce Grey Catholic and Chippewas of Nawash school boards participated in the Roots of Empathy program with 17 volunteer instructors working with 17 families in 17 classrooms (JK to Grade 7).

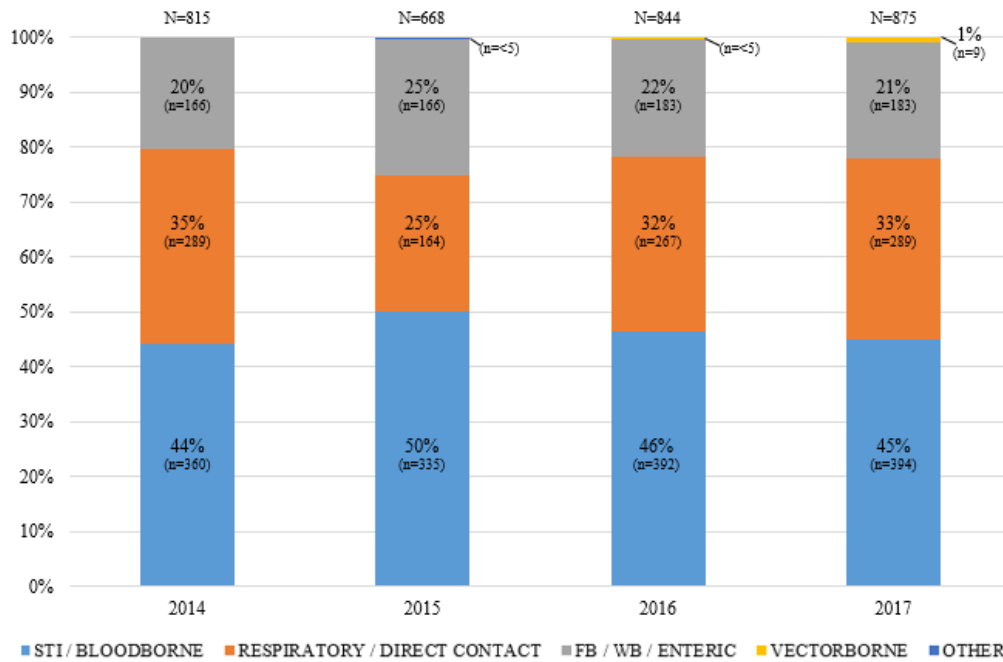
Infectious Diseases

Case Management

The Infectious Diseases team managed 875 individual/sporadic cases of reportable disease, including 394 sexually transmitted infections, an increase of 31 cases from the previous year. Responses were provided to 304 phone inquiries regarding infectious diseases from health care facilities, daycares, labs, schools and the public.

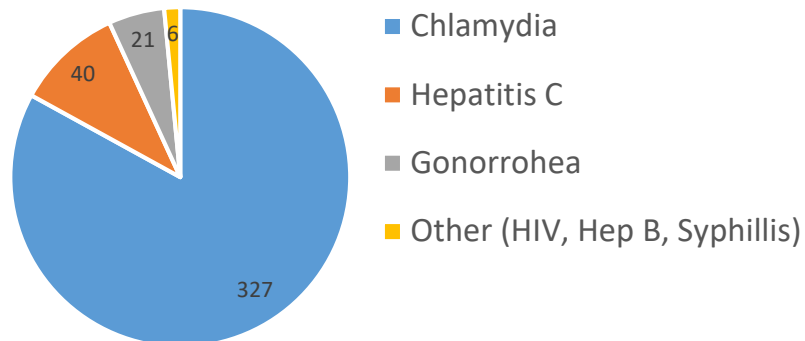
The chart depicts the number of cases and types of reportable diseases managed by the health unit from 2014 to 2017.

Annual Cases of Reportable Diseases by Type
(number and proportion of cases)

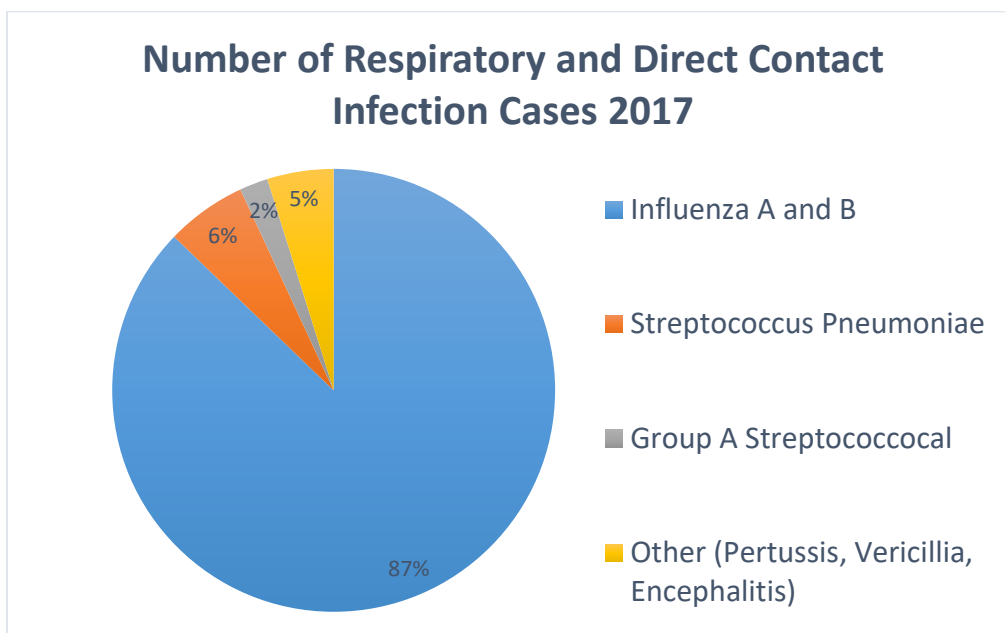


Sexually Transmitted Infections (STI)/Bloodborne infections represent the largest proportion of reportable diseases, with chlamydia making up 327 (83%) of 394 STI/Bloodborne cases.

Number of Sexually Transmitted Infection and Bloodborne Infection Cases 2017



Respiratory/direct contact reportable diseases comprised the second largest proportion of reportable diseases with Influenza (A and B) making up 252 (87%) of 289 cases.



Outbreaks

Follow-up was carried out on 50 confirmed outbreaks; 37 respiratory and 13 gastrointestinal. There were 61 outbreaks in the previous year. In addition to the confirmed outbreaks, follow-up was carried out on 9 suspect respiratory and 3 suspect gastrointestinal outbreaks as well as monitoring 29 other outbreaks of self-limited illnesses in daycare facilities.

The team collaborated with community partners to deliver the following:

- Outbreak management presentation to health care professionals at an infection control workshop.
- Review of exclusion lists and infection control practices for 60 daycare supervisors.
- Newsletter article for long-term care and retirement homes providing an overview of outbreak prevention and management strategies.
- Created and distributed an outbreak management checklist.
- Radio campaign to encourage visitors of long-term care and retirement homes to postpone visiting if ill.

In 2018, the health unit will continue to work with community partners as staff actively participate in infection control meetings with each hospital corporation and attend infection prevention and control committees at long-term care facilities and retirement homes.

Inspections

Regulatory inspections were conducted for 243 personal services facilities including tattoo/body piercing, manicure/pedicure, hair and other esthetic services and 49 child care facilities. Inspection reports are available on our website.

Infection Prevention and Control Lapses

In accordance with Ministry protocol, two potential Infection Prevention and Control lapses were investigated. One was associated with a tattoo/body piercing establishment, the other with a foot care clinic.

Oral Health

Assessment and Surveillance

During the 2016/17 school year, 5,086 children received dental screening including 4,338 students screened at publically funded schools and 748 students seen at private, Mennonite and Amish schools. Of those screened, 12% or 586 students were identified as requiring urgent care.

Screening is carried out in junior and senior kindergarten and Grade 2. Results of the Grade 2 screening determine if additional grades require screening. This year, children at 46 publicly-funded schools will be screened, 6 schools at the high risk level (Grades 4, 6, 8), 5 schools at the medium risk (Grade 8) and 35 schools at the low risk level (no additional screening required).

To promote early identification of decay and access to treatment among young children, 374 children in 12 childcare facilities were screened. Dental screening was provided to another 296 children as requested by a parent or guardian.

Healthy Smiles Ontario

Healthy Smiles Ontario provides free preventive routine and emergency dental services for eligible children and youth 17 years and under. The program is designed for lower-income families. Over 600 children were enrolled in Healthy Smiles Ontario through public health in Grey Bruce. This does not include those accessing the program through their dentist or directly through Service Ontario.

Funded by Healthy Smiles Ontario, preventive dental clinics were held in Owen Sound, Markdale, Wiarton and Walkerton. There were 1,947 client visits in the four clinics including 272 new clients. In total 5,875 preventive services were provided by dental hygienists, including topical fluoride, pit and fissure sealants, scaling and polishing. Oral health education is also a vital component of preventive clinic visits.

An additional, 92 restorative services were provided by a dentist. The restorative clinic was relocated from Markdale to Owen Sound for the latter half of 2017.

Promotion and Preventive Initiatives

In 2017, there was a focus on promoting Healthy Smiles Ontario to high-school-aged youth through a locally developed "Chews a Healthy Smile" campaign. Sugarless gum

with a message affixed to the package was distributed to youth groups, schools and at youth events.

To help reduce rates of dental decay, fluoride varnish is provided to young children through several targeted approaches including the Healthy Babies Healthy Children home visiting program and through partnerships with primary care providers. Dental Health Educators also offer fluoride varnish at parent mutual aid sites.

Children's Oral Health Initiative

The Children's Oral Health Initiative is an early childhood tooth decay prevention program for First Nations children aged 0 to 7, parents and caregivers and pregnant women. The program provides oral health promotion and preventive services, such as fluoride varnish and sealants. There were 77 children in the program at Saugeen First Nation and 45 children at Neyaashiinigiing with 115 fluoride applications provided.

Promotional activities included education at community events and health fairs, a children's colouring contest, presentations at daycares and provision of oral health information to pregnant and new mothers.

Oral Health Status Report

Grey Bruce Health Unit released a summary report in 2017 on oral health in Grey Bruce, including promotion activities, clinic services, oral health status, oral health behaviours and access to oral health services. The report covers data from 2013 to 2016. Additionally, two focused reports were produced looking at oral health screening in schools and adult oral health behaviours, status and service access.

Harm Reduction

Needle Exchange Program - GB Works

The Needle Exchange Program provides clean needles and supplies for people who use drugs to decrease the risk of communicable diseases from shared needles and equipment. The program also includes safe disposal of needles and other supplies.

Five new sites were established in 2017, making a total of 13 sites across Grey Bruce. Additional sites enhance access for the program. A total of 243 new clients were served in 2017.

Visits to Needle Exchange Program sites decreased 15% in 2017 to 1,628, down from 1,907 in 2016. However, the quantity of supplies distributed increased 6% compared to 2016 with 99,119 needles distributed in 2017. Over 41,000 needles were returned through the program, slightly less than 2016. The Owen Sound Public Health site distributed 70% of needles and took in 83% of the sharps returned.

Naloxone

Naloxone can temporarily reverse the effects of an opioid overdose. The Naloxone Program provided training and distributed 329 naloxone kits in 2017. Reports indicate 59 kits had been used in an overdose situation. Of these, 47% also called to 911. Postcards to promote awareness and access to naloxone were shared with local

emergency responders for distribution. Kits are also available in select local pharmacies.

Public Health works with community organizations to expand naloxone sites using a train-the-trainer model. Eligible organizations receive training and then provide training and naloxone kits directly to their clients. One expanded site was established in 2017.

Overdose Awareness Day

Each year, August 31 marks International Overdose Awareness Day. In 2017, Public Health partnered to recognize this day with a barbecue at a local homeless shelter. Overdose awareness bracelets were distributed and naloxone kits and training was available. The event attracted local dignitaries and media.

Local Opioid Response and Surveillance

The Opioid Working Group, of the Community Drug and Alcohol Strategy, leads the response to the opioid crisis locally. Members includes physicians, paramedic services, police, addictions treatment and local hospitals.

Activities of the Opioid Working Group include development of a “Call to Action” information guide on the role municipal leaders can play in addressing the opioid crisis; presentations at 11 municipal and two county councils on the harms of opioids; and a presentation to Bruce County Medical Associates on local harm reduction activities.

The Opioid Working Group facilitated discussion on responding to a potential surge in overdose deaths with a focus on development of an early warning system.

Public Health’s epidemiology department continues to monitor data as it becomes available. Monthly Opioid Reports for Grey Bruce outlining preliminary opioid-related emergency department visits are distributed to local community partners.

A “Bring it Back” medication return campaign was carried out in partnership with local pharmacies and hockey teams. The campaign encouraged the return of unused medication to participating pharmacies in exchange for tickets to local hockey games.

Thirty-six education sessions were held on harm reduction and naloxone use, with a total of 384 participants. In partnership with Owen Sound Police Services, a Safe Nightlife education session was offered for local bars on how to keep their facilities safe.

The partnership continued with Withdrawal Management Services, Hope Grey Bruce and Grey Bruce Health Services to offer a weekly harm reduction support group. Discussions include harm reduction strategies and client access interventions as they identify their readiness to seek treatment options or other supports.

Sexual Health

The goal of the Sexual Health program is to prevent or reduce the burden of sexually transmitted infections and bloodborne infections and promote healthy sexuality by offering sexual health services to priority populations such as clients without access to a

primary health care provider and those interested in anonymous testing. Services include pregnancy testing and counselling, Sexually Transmitted Infection testing and treatment, contraception and healthy sexuality counselling.

Nurses had 1,003 appointments at the Walkerton and Owen Sound community-based sexual health clinics, including 245 new clients. The number of appointments was down from 2016 due to a change in the program from school to community-based services.

Low cost contraceptive options were provided to local family health teams and community health centres for clients requiring that option. Local physicians were also provided with free medications to treat clients with sexually transmitted infections.

Nurses worked with local boards of education on healthy sexuality including gender identification and provided curriculum consultations and teaching resources. Sexual Health staff contributed an article in a local publication addressing support for children with gender related questions. Grey Bruce Health Unit displayed the pride flag during Pride Week in June.

As a member of Violence Prevention Grey Bruce, the Sexual Health program supported initiatives to examine the impact of human trafficking at the Grey Bruce level.

Comprehensive Tobacco Control

The *Public Health Unit Tobacco Control Program Guidelines* outline the requirements in planning and implementation of Smoke-Free Ontario programming. This strategy is multi-level and comprehensive aiming to eliminate tobacco-related illness and death through preventing experimentation in youth, supporting cessation and protecting the health of people from exposure to second-hand smoke. Tobacco control planning and implementation occurs both at the local health unit and regional Tobacco Control Area Network.

Tobacco Cessation

Efforts focused on supporting local tobacco cessation providers through various strategies. The 90 member Grey Bruce Tobacco Cessation Community of Practice is managed through an electronic listserv and receive information about upcoming meetings, training opportunities, cessation campaigns, new cessation tools and resources. New in 2017, a spring and fall newsletter was shared with members. An *Equity-Informed Approach to Tobacco Treatment with Priority Populations* workshop was hosted by public health in conjunction with the Program Training and Consultation Centre.

Pilot partnerships were established with Diabetes Grey Bruce, Mental Health Outpatient Services, Grey Bruce Health Services and the Wiarton Medical Clinic. Nicotine replacement therapy (patches, gum, lozenges and inhalers) were provided to these partners in the summer and fall of 2017 to support 11 low income individuals wanting to quit smoking. These partnerships allow the public health to reach individuals who would not have access to cessation support and to no-cost nicotine products.

Local midwives were provided training on brief interventions with their clients who use tobacco. Follow-up surveys indicated that all midwives had implemented tobacco use and cessation interventions with their clients.

In partnership with the Program Training and Consultation Centre and Perth District Health Unit, a campaign was undertaken to increase the number of smokers accessing the Smokers' Helpline. Drawing on various media, the campaign used testimonials from local residents to encourage quit attempts and peer support during quit attempts.

Direct tobacco cessation services were provided to Grey Bruce residents through the Healthy Babies Health Children and Harm Reduction programs. Staff received additional training through the TEACH Project. Through these programs, 16 clients received ongoing support and no-cost nicotine replacement therapy.

A STOP on the Road cessation workshop was held in December in partnership with the Centre for Addiction and Mental Health. Twenty two individuals were provided with cessation information, quit strategies and no-cost nicotine patches.

Provincial cessation campaigns, including the young adult wouldrather and the First Week Challenge Contests, were supported locally through promotional materials and social media. Quit contests and challenges can increase intention to quit.

Youth Tobacco Use Prevention

Preventing youth from experimenting with smoking during adolescence is key to prevent them from smoking as adults. The target for Grey Bruce was set at 79.4%. The most recent data reported Grey Bruce had exceeded its target at 85.2%.

In collaboration with Town of the Blue Mountains, a smoke-free movie event was held in July where participants learned about the dangers of tobacco depiction in movies rated for children and youth. Social media and print promotion was conducted throughout the year to gather broader support for smoke-free movie ratings.

Public health continued to collaborate with Saugeen First Nation and the Lake Huron Centre for Coastal Conservation to deliver culturally oriented youth tobacco use prevention events.

New in 2017, a partnership with Chippewas of Nawash First Nation offered tobacco use prevention education to local youth. The youth developed and promoted an art contest that addressed the use of sacred tobacco versus commercial tobacco. Open to all ages, the contest attracted 55 entries.

Work continued with the Southwest Tobacco Control Area Network and provincial smoke-free partners to support proposed plain and standardized packaging for all tobacco products. The goal is to have plain and standardized packaging by 2020. This included social media campaigns, local youth attending rallies in Ottawa, two school events, Dundalk International Youth Day and the Owen Sound Summer Streetfest.

Vaccine Preventable Diseases

The Vaccine Preventable Diseases program reviews the immunization status of all children enrolled in licensed child care programs in accordance with the Child Care and Early Years Act. In 2017, nurses assessed 596 children's immunization records from 41 child care centres in Grey Bruce. Parents of children with incomplete immunization records were notified of required vaccines. The immunization status of child care staff were also assessed for compliance with Medical Officer of Health recommendations.

Immunization records for all children attending school were assessed by nurses in accordance with the Immunization of School Pupils Act. As a result of this assessment, 1,695 letters were sent to parents requesting additional information on the child's immunization status. Of those, 636 students were issued suspension orders for incomplete immunization records and 51 students were suspended from school. Most students were back in class within 2 to 3 days of the suspension being ordered. The goal is to ensure optimal disease protection for all school children.

Immunization of School Pupils Act coverage rates for Grey Bruce students

Birth Year (Age)	# children of this birth year attending school in Grey Bruce	% children up to date with immunizations for: diphtheria, measles, mumps, polio, rubella and tetanus
2009 (7 years)	1586	98.87%
2000 (17 years)	1376	95.06%

Public health provides school based vaccine services for children in elementary and secondary schools throughout Grey Bruce, including public schools, separate schools, private schools and parochial schools. Nurses administered 2,385 doses of Hepatitis B vaccine, 2,645 doses of Human Papillomavirus Vaccine and 1,488 doses of meningococcal vaccine at more than 250 school clinics. Coverage rates for school based vaccines in Grey Bruce consistently exceed the provincial average.

Public health provides community based immunization clinics for clients who do not have a primary health care provider and for priority populations such as clients accessing homeless shelters and Mennonite/Amish populations. These community based clinics administered 1,262 immunizations to 805 clients in 2017.

The Vaccine Preventable Disease program initiated a pain mitigation strategy in 2017. Research indicates that vaccinations can be upsetting, causing unnecessary stress and anxiety for some children and may result in parents to delay or avoid vaccinations, leaving their children without protection from serious disease. Pain mitigation strategies employed during clinic and school based immunizations included promoting breastfeeding, positioning the child securely and using distraction techniques. All of these pain mitigation strategies help to minimize stress during immunization. Pain mitigation was also added to the immunization best practice guidance document.

Respiratory Syncytial Virus (RSV) can pose a serious threat to newborn infants. Grey Bruce Health Unit offered RSV vaccine to 30 families in 2016/2017. A total of 116 injections were administered to vulnerable infants. This program is coordinated by Ministry of Health and Long-Term Care and hospital partners including Sick Kids, London Health Sciences and Grey Bruce Health Services.

Reports of adverse events following immunization are rare, but all health care providers are required to report adverse events to public health. In 2017, 9 reports of adverse events were received and entered into a provincial database which examines each event and looks to enhance vaccine safety for all.

Public health is required to inspect the fridges of all health care providers who administer publicly funded vaccines. In 2017, 108 fridges were inspected. Nurses also monitor vaccine inventory and approve vaccine orders for health care providers.

The Vaccine program works closely with local health care providers to ensure they have the most up to date immunization information and research. In 2017, seven outreach presentations were made to over 54 local health care providers on topics including influenza, high risk and school vaccines and the publicly funded vaccine schedule.

Grey Bruce continues to lead the province in the use of information technology to improve immunization record reporting and systems integration. In 2017, Grey Bruce piloted the parent immunization reporting system used by health units across the province.

Healthy Communities

Creating Healthy Communities for All Taking Action for Population Health Outcomes

Working with partners throughout Grey Bruce, public health takes a leadership role to move current research into practice to create change that will positively impact overall health and well-being. In anticipation of the updated 2018 Ontario Public Health Standards, program plans and priorities have been aligned with Ministry objectives.

Strengthening Community Action

Working with:

- Bruce County Housing to engage community members from the Old Durham Road complex in Walkerton to support community-building, developing relationships and enhancing health and wellbeing.
- Grey County Housing and members in the Owen Sound Alpha Street and the Meaford Victoria Village communities to create healthy neighbourhoods and build partnerships to engage the residents.
- Southgate Youth Action Committee, Bruce Peninsula Youth Coalition, Youth Roots of Grey Bruce, Kincardine and Area Youth Action Council and supporting committees to support youth engagement.
- Community leaders to increase capacity to sustain healthy public policy.

- Partners to improve capacity to deliver the Good Food Box and community access to affordable, fresh produce.
- Bruce Grey Poverty Task Force to strengthen community advocacy in response to local poverty, food insecurity, housing, transportation and health equity issues.
- Bruce Grey Sustainability Network and Bruce Grey Poverty Task Force to support the Fall Food Gathering.

Developing Personal Skills

Empowering Individuals

Providing education and skill building opportunities:

- 300 adults and youth attended the Grey Bruce We C.A.R.E. Share event, organized by 14 community partners, to support mental health in Grey Bruce.
- 30 Grey Bruce families shared their personal narrative as a means to support Breastfeeding Friendly communities.
- 30 faith communities welcomed breastfeeding families into their communities.
- 29 Early Childhood Educators were trained in the importance of physical literacy and given tools and activities to integrate physical literacy into their programming. Public health staff were trained to be physical literacy facilitators for future workshops.
- Engaged 1,399 older adults and/or care providers at health fairs; 532 older adults at community presentations; and older adults through CHAPS clinics on risk of falls and fall prevention.
- Delivered the Canada Prenatal Nutrition Program in Hanover and Owen Sound in partnership with Keystone Child, Youth, & Family Services.

Where we learn

- 200 youth leaders and adult leads from 12 schools within both the Bluewater and the Bruce Grey Catholic District School Boards were trained as Mental Health Champions.
- The Youth Mental Health & Addiction Champion Project was presented at the National Healthy School Community Forum.
- The Healthy Schools Toolkit was updated to guide schools to create a healthier school environment in a planned, integrated and holistic way.
- 14 schools participated in the School Food Environment project to identify common food practices in schools and highlight best practices.
- The new *Practical Guide for Menu Planning and Supportive Nutrition Environments in Child Care Settings* was introduced to more than 25 childcare centre cooks during the annual workshop.
- Fall prevention display kits were created for Bruce County libraries.

Where we live

- South East Grey Healthy Kids Community Challenge *Choose to Boost Veggies and Fruits* engaged the community to support healthy eating strategies.
- Working with the Town of Hanover Age Friendly committee to develop and implement an action plan to address local needs.

- Supported the Grey Bruce Council on Aging in their work with municipalities to develop a coordinated region-wide approach to age friendly communities.
- Working to establish the South Bruce Safe Communities committee and Parachute Canada Safe Communities designation.
- Supported the Bruce Peninsula Safe Communities committee in receiving Parachute Canada Safe Communities designation.
- *A Grandparents Guide to Supporting Breastfeeding* was adapted and distributed to raise understanding of the benefits of breastfeeding.
- *A Call to Action: Working Collectively to Prevent Falls across the Lifespan* paper and municipal falls assessment checklists were created to support safe community practices related to falls and injury prevention.
- Provided fall prevention, low-risk drinking guidelines and nutrition education at community health fairs.
- Completed the 2017 Nutritious Food Basket surveillance to determine the cost of eating well in Grey Bruce. *Hungry for Action* advocacy infographics were updated and used to support awareness of the cost of eating well and local food insecurity.
- Supported OSHaRE community meal program evaluation through multi-stakeholder focus groups.

Where we play

- PLAY received an Ontario Sport and Recreation Community Fund grant to refresh the brand, promote play across the lifespan and engage recreation staff, coaches and parents in physical literacy and physical activity.
- *Getting Started with Healthy Eating in Your Recreation Setting* resource packages from the Ontario Dietitians in Public Health workgroup were distributed to municipal leaders and community recreation partners to support healthy eating in recreation settings.

Reorienting the Health Care System

- Fall prevention training delivered to Personal Support Worker and Registered Practical Nursing students and healthcare staff across Grey Bruce.
- The updated Registered Nurses' Association of Ontario Best Practice Guidelines for fall prevention were shared at two health care provider events.
- Finding Balance banners and material were displayed at public health clinics and at Grey Bruce Health Services Owen Sound during fall prevention month.
- Supported Grey Bruce Health Services Senior Friendly Committee.
- 24 healthcare providers trained in Age Friendly Care.
- *Building a Social Determinants of Health Oriented Practice in Primary Care* resource developed and distributed to healthcare providers and primary care partners to raise awareness about the social determinants of health.
- Presentations to two family health teams (Sauble, Hanover) on social determinants of health and strategies to improve health equity.
- Provincial Social Determinants of Health network collaboration of Public Health Nurses to share resources, provide updates and enhance capacity in recognizing and addressing social determinants of health.

- NutriSTEP annual survey of eight primary care sites, two Aboriginal Health Centres and the addition of the Native Cultural Resource Centre to monitor and increase use of the nutrition screening tool for children aged three to five years.
- Ensure provision of clinical and public health placements for two dietetic interns from the Dietetic Education and Practical Training program at Brescia University.
- 32 health care providers attended the Registered Nurses' Association of Ontario Level 2 Engaging Clients Who Use Substances workshop.
- Partners in the Indigenous Fall Prevention Network engaged in initiatives to address Indigenous inequities with regard to fall related injuries.
- Personal Support Workers from Saugeen First Nation and Chippewas of Nawash were trained in Aging and Fall Prevention workshops.

Building Healthy Public Policy

Community Engagement

- Community alcohol conversations were conducted with 18 community groups involving 152 participants to better understand the public's perception on the culture of drinking and to collect possible solutions offered by the community.
- *A Designing Public Spaces to Support Vibrant Communities* workshop was held for municipal and county staff, elected officials, developers, health professionals and community stakeholders.
- Participated on the RentSafe Project to research tenants' experiences of unhealthy housing and recommendations for action and advocacy to improve living conditions. Supported new provincial RentSafe tenant advocacy network.

Partner Engagement

- Supported the development and distribution of the Fall Prevention Toolkit containing resources and information to practitioners, event planners and older adults on the topic of fall prevention.
- Municipal Concussion Policy Toolkit was created and distributed to municipalities to assist in the development and implementation of concussion policies.
- Baby Friendly Business Toolkit was created and distributed to municipalities and businesses to support creating breastfeeding welcome environments.
- All 17 municipalities were requested to adopt Sandy's Law in their municipal alcohol policies. Sandy's Law requires all establishments that serve liquor to display signs cautioning women who are pregnant that the consumption of alcohol during pregnancy is the leading cause of Fetal Alcohol Spectrum Disorders.
- Supported Grey County with a Health in All Policies review of their official plan: *Recolour Grey*.
- *A Healthy Development Checklist: Tool to Help Guide Healthy Community Development* was created in partnership with Grey and Bruce counties and included as a key document in Grey County's official plan.
- Hanover and South Bruce formally endorsed as Breastfeeding Friendly Communities.
- Advocated for Above Standard Housing with social service providers and through a review of property by-law standards.

- Engaged local municipalities and community groups in food systems advocacy through endorsement of the Bruce Grey Food Charter. Municipal endorsements included: Grey Highlands, Chatsworth, Northern Bruce Peninsula, and Saugeen Shores.
- Contributed to the development of the Grey County Local Agri-Food Strategy.
- Support the launch of the Grey Bruce Food Assets Map to facilitate understanding of issues relating to food security and the local food system.

Emergency Preparedness

Public health's role in emergency preparedness is to ensure a consistent and effective response to public health emergencies.

A Hazard Identification Risk Assessment based on the most likely risks with public health impacts was updated to support exercises, training and emergency plans. A business impact analysis was completed to support the continuity of operations in the event of an emergency. Public Health Inspectors were added to the 24/7 on-call system, along with Public Health Managers and the Medical Officer of Health.

Public Health Inspectors were linked with each of the 17 municipal Community Emergency Management Coordinators to strengthen relationships and support each other's emergency plans. Attendance and participation at municipal emergency exercises and meetings more than tripled compared to 2016.

Supporting staff to understand their role in the event of an emergency.

- Staff received daily emergency preparedness emails during Emergency Preparedness Week.
- An on-line staff training module was developed for staff and Board of Health.
- Presentation to all staff on emergency preparedness during Directors' Forum
- 30 staff attended Incident Management System training, including an exercise testing public health response, presented by Public Health Ontario.
- Presentations provided to Public Health Nurses and Public Health Inspectors outlining their role and responsibilities in an emergency.

In 2018, emergency preparedness will transition from a program standard to a foundational standard, entitled emergency management, to reflect public health's role beyond preparedness to include emergency response and recovery.

Healthy Environments

Above-Standard Housing Project

The Above-Standard Housing Project continued to engage with property owners, tenants and regulatory/service agencies to address substandard housing issues. Activities included landlord focus groups, liaison between Public Health Inspectors and municipal by-law enforcement and assisting in roll out of a province-wide survey of landlords in relation to substandard housing issues.

The Grey Bruce Health Unit is an affiliate member of the Canadian Partnership for Children's Health and Environment that sponsors the provincial *RentSafe* initiative.

Radon Awareness

Radon is a second largest cause of lung cancer after smoking and the number one cause of lung cancer in non-smokers. Naturally occurring, radon is an odourless and colorless gas. It can enter home from anywhere there is contact with ground.

The only way to determine concentration of radon in a home is to test. Grey Bruce Health Unit has taken an initiative to provide free long term radon testing kits to area residents. Working with municipal partners, approximately 500 kits were distributed from 10 locations throughout Grey Bruce. These kits included prepaid envelopes to return kits to the testing lab. Without disclosing any private information, the results will support our understanding about the prevalence of radon in Grey Bruce and, in turn, will inform public education activities.

Rabies Control

In 2017, five bats tested positive for rabies in Grey Bruce. While no terrestrial rabies has been reported locally since 2009, the incidence of the virus in both wildlife and domestic animals in adjacent jurisdictions underscores the importance of ongoing vigilance.

There were 489 animal bite investigations involving 303 dog and 113 cat bites as well as 23 exposures to wildlife and livestock. This is not a significant change from 2016 when 513 animal biting incidents were investigated. Rabies prophylaxis was provided to 49 individuals; up from 42 incidents requiring prophylaxis in 2016.

We continue to partner with the local veterinarian community on a voucher program to make rabies immunization more accessible to low income pet owners. The program had been in place for a number of years but was revised in 2016. Participating veterinary clinics offer a reduced fee for immunization services.

Vector-Borne Disease

Tick surveillance

Lyme disease tick surveillance included collection of ticks found on pets and animals at 14 sentinel sites and ticks submitted found on humans. A total of 178 locally-acquired ticks were reported in 2017, 40 were sourced from humans with the remaining 138 from participating veterinary clinics. Of these 178 locally-acquired ticks, 117 (65.7%) were identified as blacklegged. One tick tested positive for *Borrelia burgdorferi*, the bacterium that causes Lyme disease.

Three human cases of Lyme disease were identified in Grey Bruce but none were the result of local exposure to ticks.

In addition to passive surveillance, active surveillance in the form of tick dragging will be carried out in selected areas in 2018. Tick dragging attempts to establish the ongoing presence of ticks at various times of the year to confirm the existence of a breeding population.

West Nile Virus Mosquito Surveillance

Last year Ontario saw a resurgence in the number of mosquitos across the province testing positive for West Nile Virus (WNV) as well as a marked increase in both human and equine cases. In Grey Bruce, a trapping project was initiated mid-season at three sites in response to this resurgence. The project identified the presence of mosquito species capable of transmitting WNV but none were positive for the virus. However, a trap maintained by Health Canada within Grey Bruce did yield positive mosquitos. Three reported human cases of WNV were locally-acquired and a fourth case was of unknown origin. Several locally-acquired equine cases were identified.

Food Safety

The Food Safety Protocol directs public health in the prevention and reduction of food-borne illness through inspection of food premises, food handler training and timely response to reports of food-borne illness, outbreaks, unsafe food handling practices, food recalls, consumer complaints and food related issues arising from emergencies.

Inspection

High-risk food premises are inspected every four months with a total of 808 inspections. Moderate-risk food premises are inspected every six months for a total of 1,015 inspections. Frequent inspection is important as high and moderate risk food premises prepare and handle foods where the risk of food-borne illness is more likely. There were 495 inspections of low risk premises. There were 200 re-inspections of food premises.

Investigation and Enforcement

In addition to food premises inspections, Public Health Inspectors investigated 55 food premises complaints, 12 food product complaints and 21 food-borne illnesses. One Section 13 order under the *Health Protection and Promotion Act* was issued.

Menu Labelling

Healthy Menu Choices Act came into effect on January 1, 2017 requiring inspection of food premises with 20 or more locations in Ontario for compliance of menu labelling requirements. New premises are required to be inspected for menu labelling within one year of opening. A new module was developed in HealthSpace to record inspection data. An inventory of 170 premises was identified and all premises received an inspection.

Public Education

The Food Safety Protocol requires provision of food safety information and/or educational materials to assist in the safe handling of food.

- Farmers' market brochure was shared with market managers prior to market season instructing vendors on labelling requirements for food products sold at markets. Labelling assists in quickly responding to and informing customers of a compromised product.
- Resource packages were provided to the 68 school breakfast club programs.
- Resource manuals were emailed to all children's summer recreational camps.

- Media initiatives undertaken to provide tips to the general public on summer food safety.

Food Handler Certification

Food handler training continues to be very successful with 246 individuals certified. Participants learn about safe food handling, preventing food-borne illness, potentially hazardous foods, basic microbiology, sanitation, food allergies, and pest control. There were 6 classroom courses with 110 participants certified. The *In Good Hands* self-study online course certified 136 participants.

Safe Water

Pools, Spas and Other Recreational Water Facilities

Regular inspections are required to control for conditions that could lead to communicable disease and/or safety issues. Last year 192 facilities including public pools, spas, splash pads, wading pools and water slide receiving basins were inspected. Results are available on our website. In 2018, oversight of these facilities is being combined into one provincial regulation to provide clarity to the requirements and efficiency in enforcement.

Beaches

Environmental surveys and bi-weekly sampling was carried out at eight beaches in Grey Bruce during the summer. In 2017, a review of the beach monitoring program was undertaken to determine if improvements could be made to address risks associated with recreational water use. The review indicated that public awareness of risk factors associated with water quality was more effective than relying on beach sampling results.

As a result, 2018 sampling will be rescheduled to monthly as opposed to bi-weekly. Signage will advise of the conditions contributing to poor water quality and the action to take when these conditions are observed. In addition, the number of beaches to be monitored will increase from 8 to 13.

Small Drinking Water Systems

Small drinking water systems on-site inspections are conducted to determine risk rating of the system as well as compliance with applicable regulation in order to assess the safety of the drinking water supply and to reduce the incidence of water-borne illness. The Ministry of Health and Long-Term Care risk categorization tool determines the risk rating and allows the inspector to direct the operator to apply specific requirements for water sampling and operational monitoring.

The inventory shows 454 Small Drinking Water Systems in the region. High-risk systems require inspection once every two years. Low and medium risk systems require inspection once every four years. There were 206 inspections conducted in 2017.

There were 27 boil water advisories issued in 2017, up from 18 in 2016.

New in 2017, an electronic newsletter was developed for owners/operators of Small Drinking Water Systems. Sent out monthly from July to December, it covered topics such as legislation, directive requirements and opening and closing a seasonal facility.

In partnership with three southwest health units a resource manual and educational program is under development for owners/operators of Small Drinking Water Systems. This will be piloted in Grey Bruce in 2018.

Private Drinking Water

To meet the Safe Water Protocol requirement of providing educational material to private citizens a *Private Well Water Manual* resource was adapted with permission of Middlesex London Health Unit. Copies were printed and the electronic version was posted on the health unit website. Social media posts supported messaging to private well owners of well maintenance, stewardship and sampling.

Sample bottles, forms and information provided by the Public Health Ontario Laboratories to promote water sampling and testing are available from 16 locations across Grey Bruce. An interactive map of the locations for water bottle drop off and pick up was created on the public website.

Tobacco Enforcement

Youth access to tobacco products is a health promotion indicator as measured by the percentage of tobacco vendors in compliance with *Smoke-Free Ontario Act*. The target is 90% or greater. Tobacco Enforcement and Education Officers conducted 309 tobacco retail checks resulting in six sales to minors, three charges and an overall compliance rate of 98.4%, comparable to the previous year.

The *Electronic Cigarettes Act* prohibits the sale and supply of electronic cigarettes to anyone under the age of 19 years. An annual test shop, with youth ages 15 to 18, are used to ensure compliance. This was the second year for electronic cigarette test shops. Of 73 test shops, there were four sales and four charges, again comparable to last year. An educational approach was used in the first year of the program in 2016 with no charges laid. However, charges were laid in 2017 as per the Ministry of Health and Long-Term Care progressive enforcement with the use of more stringent charging options to reflect the frequency and severity of the level of non-compliance.

There were two tobacco vendor workshops with a total of 19 participants. These free workshops are designed to help retail staff understand their responsibilities under the *Smoke-Free Ontario Act* and *Electronic Cigarettes Act*. The workshops reviewed the importance of preventing 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 products to minors.

The *Who is 25?* campaign uses test shoppers to determine if clerks are properly asking for ID under the *Smoke-Free Ontario Act*, and *Electronic Cigarettes Act*. Clerks are required to ask for ID 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 and electronic cigarettes. Of the 146 locations tested, 134 correctly asked for ID; 12 locations were flagged for not asking for ID. The ban on sales of electronic cigarettes to youth under 19 years started in 2016. The *Who is 25?* campaign ran for the second time with 50 electronic cigarette vendors receiving a visit. Of the retail locations tested, 45 correctly asked for ID and five did not. This is a significant improvement over last year. All vendors not asking for ID received follow up from a Tobacco Enforcement and Education Officer. The Annual Retailer Newsletter included the campaign results and additional educational materials.

Tobacco Enforcement and Education Officers undertake progressive enforcement based on the Ontario Public Health Standards and Ministry directives towards the *Smoke-Free Ontario Act*, *Electronic Cigarettes Act*, and Grey County bylaw 4872-14. In 2017, 225 investigations/inquiries were conducted resulting in 98 warnings and 35 charges.

New in 2017, 101 special event packages were shared with organizers regarding the requirements for smoke-free outdoor spaces. Organizers were given free banners and signs for display at events to educate the public on where smoking was prohibited.

The Youth Diversion program offers youth between 14 to 16 years the alternative of 20 hours community service in lieu of a charge under the *Smoke-Free Ontario Act*. Partners taking on youth for this program include Warton Salvation Army, Saugeen First Nations Fire Department, Chippewas of Nawash Economic Development Office, Hanover Recreation Department and Meaford Community Living. There were six youth participating in 2017, comparable to 2016.