



Board Report

Friday, May 24, 2019



2018 PROGRAM REVIEW

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Working with the Grey Bruce communities to protect and promote health

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Healthy Communities

Creating Healthy Communities

The relationship between health status and where people live, learn, work and play is complex. Creating change for community health and well-being requires engaging leaders, enabling communities and being community driven.

Community-Centred Interventions

Cannabis

The federal government's legalization of cannabis was a major focus in 2018. Working under the umbrella of the Grey Bruce Community Drug and Alcohol Strategy, 10 community-based cannabis education sessions with 329 people attending were held across Grey Bruce.

A panel of four local professionals from pharmacy, public health, enforcement and addiction treatment provided an overview of cannabis legalization from their professional lens, followed by questions. Feedback from participants was favourable with 92% saying they would recommend the session to a friend.

Community Alcohol Conversations Project

Why is alcohol such an issue within Grey Bruce? was the focus of the 18 community conversations held throughout Grey Bruce and captured in the Community Alcohol Conversations Project report. Themes that emerged included the acceptance of a drinking culture; drinking and driving; negative impacts; and, the challenges to move to a culture of moderation. This report will be used to support further community action.

Concussions

A community workshop for parents, teachers, coaches, officials and health care providers was held in collaboration with the Bruce Grey Catholic District School Board and Bayshore Physiotherapy. The focus was on pre-season concussion education, sideline head injury recognition and identification and return to school and return to sport concussion management.

Safe Communities

Working with Bruce County Ontario Provincial Police, Bruce Peninsula and South Bruce municipalities achieved Parachute Canada's *Safe Communities* designation. On and off-road safety is the focus for the Bruce Peninsula. Bike safety rodeos and positive ticketing programs were run in partnership with the local school. There is widespread community engagement to address road safety addressing vehicle speeds on Highway 6. In South Bruce the focus includes recreational water safety, farm safety and rural vehicle theft. The *Pocket Your Keys* campaign targeted drivers to change the culture of leaving keys in an open vehicle.

Good Food Box

More than just good food, the *Grey Bruce Good Food Box* supports community food security by improving local access to affordable fresh fruits and vegetables and with its newsletter supports building food literacy skills. The program operates monthly in 19 sites. Public Health Dietitians support the volunteer coordinators at each site to develop partnerships with community organizations for sustainability. A formal evaluation is taking place in 2019.

Blender Bike

Purchased with funds from the *Healthy Kids Community Challenge*, the Blender Bike has proven to be a sustainable aspect of the *Choose to Boost Veggies and Fruit* campaign. The bike was used at 19 health and wellness fairs, youth training sessions and other outreach activities. The processes for borrowing the bike and an instructional video can be accessed online.

Enabling Community Partners

Bruce Grey Poverty Task Force

The Grey Bruce Health Unit provides leadership and significant support for three Action Groups working under the umbrella of the Bruce Grey Poverty Task Force.

Food Security

The Food Security Action Group advocates for an income response and other food system changes to address household food insecurity in our region. The Bruce Grey Food Charter was developed to guide policies and programs that promote a healthy and just food system. The group leveraged relationships to enhance food gleaning through the Second Harvest and in partnership with FoodRescue.ca. The second annual Fall Food Gathering attracted various food system participants to discuss connections between food insecurity and mental health.

Income Security

The Income Security Action Group facilitated Canada Revenue Agency training for local community volunteers to provide free income tax clinics throughout Grey Bruce. The goal is to improve service to all residents especially those experiencing social isolation, language barriers and difficulty filing their income taxes. Volunteers learned how to apply important benefits and tax credits to access money residents are entitled to receive.

Health Equity

The Moving Health Equity Forward Action Group worked collaboratively with partners to develop a Health Equity Tool. This resource tool is used in professional practice to provide a health equity perspective at the individual and systems level. A training video to support the resource tool will be available in 2019.

Physical Activity

With \$30,000 in funding from the Ontario Sport and Recreation Community Fund, PLAY in Bruce Grey achieved:

- Rebranding of the PLAY logo and re-design of the PLAY website and social media platforms
- Purchase and distribution two PLAY Kits to each partner municipality
- Hosting of two Fundamental Movement Skills workshops in partnership with the Coaches Association of Ontario
- Signing of the PLAY Charter by each of the 17 municipalities in Grey Bruce, re-affirming their commit to PLAY

Training was provided to supervisors and staff from eight local day camps on injury prevention, healthy eating and physical activity.

Physical literacy training was provided to child care staff to ensure young children are developing the movement skills require to be active for life.

New *24 Hour Movement and Activity Guidelines* target specific demographics across the life span (early years, children and youth, adults, older adults). These new guidelines include recommendations related to physical activity, sedentary behaviour and sleep.

Community Building

Developed in collaboration with the two counties the *Spotlight on Grey Bruce: Community Building for Families* report explores community engagement specific to low-income tenants in county-owned rent-geared-to-income neighbourhoods. It outlines foundational components of community engagement with marginalized populations and makes recommendations for future engagement initiatives. While this document is intended to provide guidance in building healthier and safer communities, the local context and expertise of all partners should always shape engagement efforts.

Healthy Eating

A survey was undertaken with the Grey Bruce Nutrition Committee, made up of primary care dietitians in a variety of health care settings, regarding their use of NutriSTEP, a nutrition screening tool for toddlers and preschoolers. Of ten sites in Grey Bruce, two reported using NutriSTEP on a regular basis. Work is underway to enhance adoption of this screening tool. The survey also asked about mental health and Indigenous training. Respondents indicated 42% have completed training in mental health and nutrition; 62% completed some form of Indigenous cultural awareness training; 42% had resources on these topics that they were willing to share; and, 73% are interested in further training on these topics.

In partnership with the Grey Bruce Quality Early Learning committee, two nutrition workshops were presented to child care cooks. Topics included the new *Menu Planning and Supportive Nutrition Environments Guide & Self-Assessment Tool*, as well as the *Paint Your Plate* toolkit developed by the Child Care Working Group of the Ontario

Dietitians in Public Health. These documents promote consistency among child care centres when providing food choices.

Nutritious Food Basket

The annual *Nutritious Food Basket* survey recognizes the true local cost to eat well by measuring the cost of food in local stores. The 2018 survey identifies that a family of four requires \$204.16 a week (\$884.01 per month) to meet basic food needs. *The Cost of Eating Well - Food Insecurity Infographics* were created to highlight food costs associated with various household scenarios.

While the government no longer requires exclusive use of the *Nutritious Food Basket* Protocol to assess food affordability, we will continue to use it, as recommended by the Ontario Dietitians in Public Health. It has been used historically and provides a province-wide standard for consistent interpretation and reporting.

Moving Health Equity Forward

A cross-program approach was adopted to advance health equity within the Grey Bruce Health Unit. Peer support assisted to integrate a health equity approach into program planning and delivery. A review on health equity within the organization will be undertaken annually to ensure that it remains relevant and effective. Organizational progress will be shared with staff and the community. Key outcomes:

- Development of a Health Equity Resource to support staff awareness and putting into practice health equity principles, strategies and approaches.
- An organizational Current State Health Equity Assessment was developed to measure existing health equity capacity across all health unit programs.
- The Partnership Audit assessed whether or not organizational partnerships address health equity and social determinants of health.

Engaging Community Leaders

Health in All Policies

Health Promoters connected with candidates for both the 2018 provincial and municipal elections to discuss the *Health in All Policies* approach to decision making. Healthy public policy concepts from the toolkit were apparent in candidate platforms. Feedback from candidates will be applied to future election strategies.

Grey Bruce Health Unit worked collaboratively with upper and lower tier municipalities, enhancing partnerships and implementing new initiatives including:

- Adoption of concussion policies using the concussion policy toolkit
- Providing up-to-date information on cannabis legalization through public education sessions, municipal and county delegations, partnership meetings
- Provided an overview of sharps disposal, the importance of sharps disposal policy and provided sharps disposal kits to interested municipalities
- Developed and distributed resources on UV shade policy and design
- Supported Grey County official plan to incorporate principles of healthy communities

2018 Healthy Communities Conference: Creating Partnerships for Wellbeing

The Healthy Communities Partnership and Indigenous communities came together to share in learning about Indigenous health equity. Through presentations by speakers and facilitated discussions, participants explored topics related to cultural safety and humility, local and historic context, reconciliation, community development and much more. Of the 301 registered participants, 60 community members were able to attend at no cost, over half of them being youth, as a result of fundraising and sponsorship.

Conference objectives were to:

- Unpack the root causes of indigenous health inequities
- Showcase the strength and resilience of youth and their communities
- Engage in a reflective learning journey on what well-being could look like for Grey Bruce
- Come together and build respectful relationships and partnerships

As a result of the conference, attendants reported:

- 99% learned a lot or a few things
- 92% will incorporate something they learned into life/practice within the next 6 months
- 95% to 98% reported that conference objectives were met

Additionally, narratives that support the impact of the conference were spoken: “I learned that it is critical as a community health provider to be open minded, respectful, and honourable to others beliefs and traditions. I realized that sometimes it takes time to build trusting relationships. A successful new bond can be built if we use trust, honour, and respect.”

Grey Bruce Falls Prevention

Every day in Grey Bruce, on average, 24 older adults have a fall needing treatment in an emergency room. Of those, two or three are hospitalized due to their fall. Falls affect more than just the individual. The burden to the health care system is apparent in both the frequency of falls needing treatment and in that hospital stays are 10 days longer for a fall than for any other cause.

Income, housing, medications, balance issues, vision and alcohol are among the factors contributing to a fall. As such, there is no single key to prevention. Taking a systematic approach to addressing this issue, the Grey Bruce Health Unit has teamed up with 20 partners to develop, implement and evaluate a coordinated action plan.

Health Care Provider Training

- 108 Personal Support Workers, Practical Nurse and Registered Nurse students at Georgian College and 14 Personal Support Workers at Fanshawe College, Clinton Centre, trained in fall prevention as a core competency
- Nine staff from Chippewas of Nawash Health Centre trained in the Tiered Home Exercise Program
- 44 housekeeping staff from Grey Bruce Home and Community Support Services trained in the 4-hour fall prevention course
- 55 fall prevention exercise class leaders trained at the VON annual education session

Supporting Partnerships

- The Stay On Your Feet program was adapted for Elders living on reserve. Staff provide assessments and teach the in-home exercise program
- In collaboration with Indigenous leaders, the Grey Bruce Indigenous Fall Prevention strategy was presented at the National Fall Prevention Conference in Newfoundland
- The Grey Bruce Council on Aging and the Fall Prevention strategy support municipalities to achieve an Age-Friendly Community designation

Working Directly with Older Adults

- Fall prevention resources shared with over 1,625 community members through presentations, health fairs and family health teams
- Fall Prevention Month displays shared with the 37 libraries across Grey Bruce

Policy Development

As a recognized leader in fall prevention, the Grey Bruce Health Unit participated in a provincial think tank to help create a system-based approach and a subsequent action plan to address the burden on the health care system due to falls.

Your Health

Harm Reduction

The goal of the Harm Reduction Program is to ensure that drug use in the community is done in the safest way, free of discrimination and biases. Our efforts focus on ensuring a supply of safe drug use supplies, dispensing Naloxone, providing connections to mental health and addiction services and supporting a Community Opioid Response Plan.

In 2017, Grey Bruce lost 12 people to opioid overdose and 82 people required treatment at the ER due to an overdose. Statistics for 2018 are still pending. Coroner data identifies that 50% of those that died were in the 45 to 55 year age category.

Needle Exchange Program – GB Works

The Needle Exchange Program – GB Works provides clean needles and supplies for people who use drugs. The goal is to decrease the risk of communicable diseases from sharing needles and equipment and to encourage safe disposal of these products.

Three new sites were established in 2018, bringing the total number to 16 throughout Grey Bruce. Additional sites enhance access and equity. A total of 296 new clients were added, with a continued service to 2,284 clients.

Visits to sites increased by 37% to 2,580, up from 1,628 in 2017. The quantity of supplies distributed increased proportionately to 105,692 needles distributed in 2018, from 99,119 in 2017. Almost 50,000 needles were returned through the program; over 10,000 more than in 2017. This does not include the needles returned to other partners.

There were also over 100 referrals made to support services such as mental health and addiction services.

Through client self-reporting, 26% of respondents use methamphetamines, up significantly from the 6% reported in previous years. This assists to identify areas of needs and to ensure our interventions are accurately responding to current trends.

Naloxone Distribution

Distribution of Naloxone kits from the Owen Sound site increased almost 400% to 1,232 kits supplied in 2018, from 318 kits distributed in 2017. Training individuals on how to administer Naloxone increased 148% to 858 people trained, from 346 trained in 2017. Satellite sites have trained and dispensed additional kits, ensuring equitable access to these services.

Police, fire, EMS and other partners have been equipped with Naloxone and report multiple instances of its use to save lives.

Workplace training sessions ensure local employers are able to respond to an opioid overdose.

Overdose Awareness

Local dignitaries and media were on hand for a barbecue at a local community drop-in to highlight August 31, International Overdose Awareness Day. Overdose awareness resources were distributed to attendees, and Naloxone kits and training was available.

Police distributed 10,000 overdose awareness cards during Ride Check Programs. Cards were also distributed at community presentations, trainings sessions and health fairs.

Opioid Response and Surveillance

The Community Drug and Alcohol Strategy's Opioid Working Group, made up of Public Health, physicians, paramedic services, police, addictions treatment, local hospitals, school boards, pharmacies and First Nations partners developed a Community Response Plan for the Opioid Epidemic. The plan identifies the roles and responsibilities of the various key stakeholders.

Other activities for the Working Group include planning an opioid emergency response table-top exercise and supporting municipalities in their role in the opioid epidemic.

Concerned with a potential surge in overdoses, the Working Group developed a real time early warning system for reports of overdoses as they happen. Currently functional in Grey County, it will roll out in Bruce in 2019. The program is the first of its kind in the province.

Monthly Opioid Reports for Grey Bruce outlining preliminary opioid-related emergency department visits are compiled and posted on our website and distributed to local community partners.

Community Connections

Community engagement is a key component of the Harm Reduction Program. Activities included:

- 48 presentations and events
- 10 public events (health fairs)
- 14 non-Ontario Naloxone Program organizations trained (women's shelter, Dental Association, etc.)
- 292 people from 17 expanded Ontario Naloxone Program organizations trained (police, fire, various expanded distribution sites)
- Bring it Back medication return campaign rolled out in partnership with local pharmacies and hockey teams. The campaign encouraged the public to return unused or expired medication to participating pharmacies in exchange for a ticket to a local hockey game.
- Postcards were developed to promote awareness and access to Naloxone. Postcards were shared with local emergency responders for distribution.

Public Health continued to partner with Withdrawal Management Services, Canadian Mental Health Association, Grey Bruce Health Services and Safe 'n' Sound to offer a weekly harm reduction support group. The group discusses harm reduction strategies with clients and, as they identify their readiness, supports clients to access interventions.

Healthy Growth and Development / Healthy Babies, Healthy Children

2018 by the numbers:

- 1,505 babies were born to families in Grey Bruce (1,516 in 2017)
- 577 prenatal screenings were conducted, 58% were identified as having risk factors associated with low birth weight and parenting concerns
- 60% of families screened postpartum scored with risk
- 221 families participated in the Home Visiting Program

The Healthy Babies Healthy Children program provides early identification and intervention to support at-risk vulnerable children and their families. The Home Visiting Program is client led and goal-based. Clients work with Public Health Nurses and Parent Support Workers to identify areas of support that they need in home visits. Program goals could include:

- Healthy pregnancy and birth
- Connecting with your baby
- How children grow and develop
- Being a parent
- Taking care of yourself and family
- Services available in the community
- Breastfeeding, food and healthy nutrition

What the clients have said

“I don’t know what I would do without you guys in my life....your support has helped me get through some tough times”

“I have no idea how to care for a baby....having you here has provided me assurance I’m doing ok”

YoMingo

Public Health is moving to YoMingo, a new online prenatal platform. The current prenatal module, The Gift of Motherhood, is not user-friendly on a hand-held device. Available free and adaptable to any device, YoMingo provides clients with evidence-based education related to prenatal care, labour, birth, breastfeeding, postpartum and infant mental health and more. YoMingo will also offer Grey Bruce specific resources and programming. Work is underway to transition to this program with full implementation targeted for fall 2019.

Call-to-Action Paper

Early development measurements showed that children in Grey Bruce, overall and by sex, were consistently more likely than Ontario children to score as vulnerable in the physical health and well-being domain. Working in collaboration with multi-sectoral stakeholders, a “call-to-action” paper was developed that included evidence-informed strategies to reduce vulnerabilities in school readiness and promote the healthy growth and development of children. This community action continues to be strengthened through ongoing engagement and collaboration.

Immunization

High vaccine coverage rates protect those most vulnerable from diseases by creating “community immunity”. In 2018, the Grey Bruce Health Unit:

- Provided immunizations at 192 school clinics, including 39 clinics at parochial schools. Immunizations administered:
 - 2,348 doses of Human Papillomavirus
 - 2,487 doses of Hepatitis B
 - 1,447 doses of Meningococcal disease
- Gave 1,186 immunizations to 732 clients at clinics in Walkerton and Owen Sound.
- Inspected 110 fridges in Grey Bruce that hold publicly funded vaccines.
- Assessed the immunization records of all children attending school in Grey Bruce.
 - 743 students notified of incomplete immunization records
 - 516 students issued a suspension notice
 - 40 children suspended from school for incomplete immunization records; after the first week, 8 students still had an active suspension
- Identified 96.87% of 7 year old students and 94.7% of 17 year old students in Grey Bruce were up to date for 9 designated diseases (measles, mumps, rubella, polio, tetanus, diphtheria, meningococcal disease, pertussis “whooping cough” and varicella “chicken pox”)
- Reviewed the immunization records of all children attending 45 licensed child care facilities in Grey Bruce and recommended immunizations for children, as required.
- Received over 4,300 calls with inquiries about immunizations. Of those, 1,037 calls were from health care providers.
- Distributed over 50,000 doses of influenza vaccine to health care providers across Grey Bruce.
- Investigated 17 reports of Adverse Events related to immunization and provided information on the events to Public Health Ontario.
- Maintained inventory of publicly funded vaccine for distribution to health care providers. Approximately \$400,000 worth of vaccine is stored at Public Health.
- Responded to reported outbreaks of vaccine preventable diseases

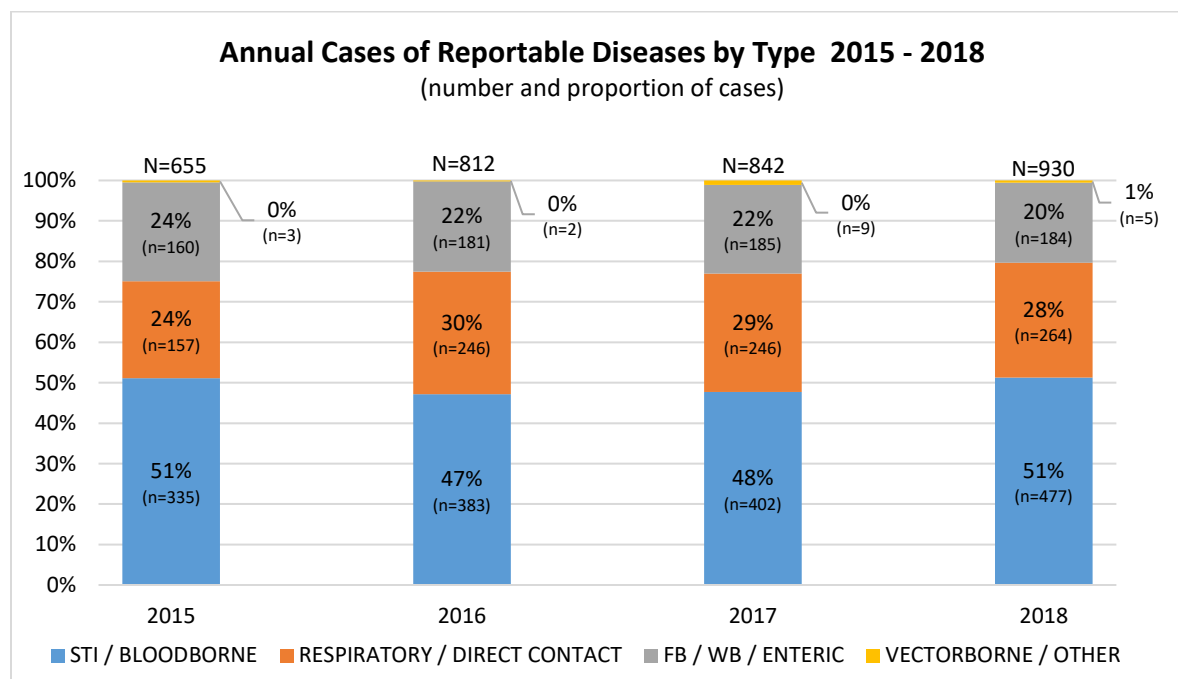
We work closely with families to provide accurate information about immunization. Education sessions were held with 72 parents who choose to have their children exempt from immunizations. The rate of exemptions in Grey Bruce remains steady at about 2%.

Infectious Diseases

Case Management

The Infectious Diseases team managed 930 individual/sporadic cases of reportable disease, an increase of 88 from the previous year. Sexually Transmitted Infections/Bloodborne infections made up the largest proportion of reportable diseases, with chlamydia accounting for 362 (76%) of 477 cases. Respiratory/direct contact diseases were the second largest proportion of reportable diseases, with Influenza (A and B) making up 220 (83%) of 264 cases.

The team also responded to 970 phone inquiries regarding infectious diseases from health care providers, facilities, child care facilities, labs, schools and the public.



Outbreaks

Follow up was carried out on 67 confirmed outbreaks; an increase of 34% from 2017. Of those, 47 were respiratory and 20 gastrointestinal. The majority occurred in nursing and retirement homes. Investigation of a large community outbreak of gastrointestinal illness included contacting 127 attendees and staff of the event to administer questionnaires; 97 cases of illness were identified from the outbreak.

In addition to confirmed outbreaks, 23 suspect outbreaks were followed up and 25 incidents of illness in facilities were monitored; over half were in local child care facilities. Numerous suspect cases were also reviewed but did not meet case definition or were non reportable illnesses.

Community collaboration included:

- Seven infection control and outbreak management presentations to over 120 staff at child care facilities, long-term care and retirement homes and a staff health fair.
- Facility-specific quarterly newsletters for long-term care and retirement homes providing an overview of outbreak prevention and management strategies.
- Survey to long-term care facilities to solicit feedback on partnership with Public Health.
- Created and distributed an outbreak management checklist to long-term care and retirement homes, also posted on our website.
- Radio campaign encouraged visitors at hospitals, long-term care and retirement homes to postpone visiting if ill.
- Attended 44 Medical Advisory Committee meetings throughout Grey Bruce, consulting on infection control with hospitals, homes for the aged, nursing homes and retirement homes.

Education and Awareness

We work with community partners, service providers and other Public Health programs to address the need for infection prevention resources and supports. Education and awareness on infection control included:

Public Health Internal

- Seven infection control audits of clinical services completed
- Infection and Prevention Control Week events
- Infection control consults

Community Partners

- Presentation to Probation and Parole (10 attendees)
- Presentation to Joint Health and Safety Managers for Grey County (12 attendees)
- Designated Officers workshop (30 attendees)
- Hosted IPAC 101 in community health setting (72 attendees)
- Sent 33 infection prevention and control alerts and advisories

Public

- Regular social media posts on infection control including World Hepatitis Day, hand hygiene, respiratory etiquette and Infection and Prevention Control Week
- Glo-Germ kit for hand hygiene education and awareness signed out 44 times (schools, child care facilities, food courses, etc.)

Inspections

Settings associated with risk of infectious diseases of public health significance require regular inspection. Findings are posted on the Grey Bruce Health Unit's *Check It* website.

Public Health Inspectors completed:

- 261 personal service setting inspections (tattoo, body piercing, nail salon)
- 65 child care facilities inspections
- 253 institutional food inspections
- 65 adult care facilities received consultations, education, infection control meetings and some on-site inspections
- 29 funeral home inspections

New regulations came into effect July 1, outlining specific requirements for personal service settings and enabling provincial offence notices (tickets) for infractions. Initiatives to support operators to meet these requirements included:

- Letters sent to over 250 operators outlining the new requirements
- Public Health Inspectors reviewed requirements with operators during inspections
- Four information sessions offered with over 80 operators attending
- Letters and promotional posters shared with businesses and municipalities
- Resources developed providing an overview of the new requirements

Infection Prevention and Control Lapses

The Infectious Diseases team responded to 11 complaints of lapse in infection prevention and control. Of these, seven non-regulatory personal service settings and four regulatory practices were investigated. Recommendations were provided, but no disclosures were warranted.

Oral Health

Assessment and Surveillance

Of the 5,854 children screened at elementary schools, 10.9% or 641 students were eligible for the Healthy Smiles Ontario Program. An additional 262 screenings were carried out on request from parents. Of those, 200 clients qualified. Screening identifies children requiring further intervention. Referrals can include oral hygiene instruction, fluoride treatment, professional cleaning, sealants and restorative treatment.

To augment early detection of decay and make referrals for treatment, 252 children were screened at 11 child care centres in areas where elementary school screenings

revealed higher rates of decay. Child care centres play an important role in early detection of decay and in promoting good oral health practice.

Healthy Smiles Ontario

There were 578 children 17 years and under enrolled in Healthy Smiles Ontario. The provincial dental program is offered to families who have no dental coverage and meet the income eligibility criteria.

Bookmarks with a Healthy Smiles Ontario message were provided to the United Way for their backpack campaign to ensure families were aware of the oral health programs for those without dental coverage.

Preventive and Restorative Clinics

Of the 1,974 visits to dental clinics in Owen Sound, Warton, Walkerton and Markdale, 216 were new clients. These clinics are for clients who are unable to access a community practitioner due to availability of a provider, ability to pay or because the provider does not accept the programs administered by the health unit and Healthy Smiles Ontario.

Dental hygienists delivered 6,448 preventive services including topical fluoride, pit and fissure sealants, scaling, polish and oral health education. Restorative clinics use the services of a contract dentist. There were 45 visits for restorative services provided by a dentist.

Preventive Initiatives

School dental screenings and other oral health data reports identify communities and high-risk groups for targeted prevention strategies.

Fluoride varnish is offered through the Healthy Babies, Healthy Children home visiting program and at parent mutual aid sites. Parent Support Workers apply fluoride varnish to children 0-6 years in the home, Dental Health Educators offer varnish at parent mutual aid sites. Thirty-three children received topical fluoride treatments through this program.

Attendance at Mennonite health clinics and local health fairs, distribution of dental materials at food banks and social media postings were also employed to promote oral health messages.

Aboriginal Children's Oral Health Initiative

The Children's Oral Health Initiative is a national program to improve oral health for First Nations children living on reserve. Public Health has partnered with Health Canada since 2006 to deliver the program in Grey Bruce.

A Dental Hygienist and a Dental Health Educator provided dental screening, fluoride varnish applications and sealants for 122 children from the Saugeen and

Neyaashiinigiing First Nation communities. Children requiring further dental treatment were referred to their dentist; dental coverage is provided through Health Canada.

Staff attended community health fairs, engaged with parents and parenting groups, provided one-on-one counselling with pregnant and new mothers and visited child care centres to provide toothbrushes, toothpaste and resources.

A survey of the program's parents and community partners was undertaken in 2018. The results will help shape any future program changes.

School Health

A new School Health team, established in 2018, uses a comprehensive approach to meet the Ontario Public Health Standards for schools. Objectives include:

- provide relevant data to monitor current, and identify emerging, trends related to the health of school aged children
- offer support to schools to assist curriculum implementation
- partner with local boards of education and schools to offer evidenced-based programming that will meet the needs of the school and ensure access for priority populations in an inclusive and respectful framework
- promote good mental and physical health in an effort to decrease health inequities and improve health and wellbeing of children and youth
- develop leadership, empathy training and mentorship interventions for youth that focus on building resiliency and capacity

Schools have been grouped geographically and a Public Health Nurse has been assigned to each group of schools. The nurses built relationships and, following a needs assessment, offer evidence-based programming suited to each school. Resources and curriculum, including the Healthy School Toolkit, were revised and shared with all schools. The Healthy Schools website was also updated.

Support aids are offered to teachers to assist with the implementation of health-related curricula. Topic areas include: concussions and injury prevention; healthy eating behaviours and food safety; healthy sexuality; infectious disease prevention; life promotion, suicide risk and prevention; mental health promotion; physical activity and sedentary behaviour; road and off-road safety; substance use and harm reduction; UV exposure; and, violence and bullying.

At the Board level, Public Health collaborates on interagency initiatives such as Mental Health Assist and Pathways, Protocols and Partnerships Planning, Community Drug and Alcohol Strategy, Grey Bruce Community Partnership and Grey Bruce Children's Alliance.

Three local Boards offer *Roots of Empathy*, in which families and babies regularly visit classrooms throughout the school year. The program raises levels of empathy, resulting in more respectful and caring relationships and reduced levels of bullying and aggression. There are 16 *Roots of Empathy* programs in Grey Bruce.

Public Health supports Youth Mental Health and Addictions Champions Projects in 19 schools. Youth mental health peer leaders plan, implement and evaluate local youth engagement activities designed to promote mental health, reduce stigma and improve knowledge and awareness about substance misuse.

At the community level, Public Health works to ensure ongoing support for four youth coalitions and two youth councils active in Grey Bruce. Local youth coalitions and councils facilitate the involvement of youth in local governance and decision-making.

Public Health Dietitians provide consultation to promote healthy food choices in schools and address barriers to implementing practices identified in the “Food for Thought: School Food Environment Report”. A dietetic internship research project identified and assessed the factors contributing to, and barriers preventing, healthy food environments in schools. Completed in partnership with Brescia University College, the Bruce Grey Catholic District School Board, and Conseil Scolaire Catholique Providence, this project will inform future opportunities to enhance health within local school settings. The project was presented at the Dietitians of Canada conference in Vancouver.

Sexual Health

The Sexual Health program ensures that priority populations have access to sexual health services and supports that prevent exposure to sexually transmitted and blood-borne infections.

Community based sexual health clinics are offered for clients without a primary health care provider and for those wishing testing. Clinics in Owen Sound and Walkerton saw 993 clients access services. The most common reasons for appointments were testing for sexually transmitted infection, requests for birth control and pregnancy testing and counselling.

Information and consultation on sexually transmitted infection treatment is also provided to local health care providers. Medications are available free of charge to local providers to treat positive cases. Medications were provided for treatment of 255 clients.

A 2018 Public Health report exploring sexual health services for teens in Grey Bruce identified that access to a health care provider increased a teen’s access to services. Another reason for teens accessing sexual health services is the new OHIP+ program that provides no-cost contraception and emergency contraception to residents under 21 years of age with a valid Ontario Health Card. Lack of transportation and lack of awareness of services were barriers to teens accessing sexual health services.

As a result of the report, we have partnered with educators to provide condoms and pregnancy test kits to students at local high schools. We continue to explore ways to promote more “youth friendly” services such as alternate booking options (i.e. text) and flexible appointment times (outside of school hours).

Public Health supported a local Ministry of Community Safety and Correctional Services Vital Communities grant to increase awareness of human trafficking. A new resource to screen clients at risk of and/or survivors of human trafficking will launch in 2019.

Tobacco

New provincial guidelines and protocols for health unit programming were introduced in 2018 covering tobacco, vapour and smoke. The multi-level strategy aims to eliminate tobacco and vape related illness and death through preventing experimentation in youth, supporting cessation and protecting others from second-hand exposure. Program planning and roll-out occurs both at the local health unit and at the regional level through the Tobacco Control Area Network.

Tobacco Cessation

Cessation services include supporting local tobacco cessation providers and offering direct cessation service to clients.

Public Health administers the 90 member Grey Bruce Tobacco Cessation Community of Practice. The group shares information about upcoming meetings, workshops, training opportunities, cessation campaigns, new cessation tools and resources. A key initiative saw the membership expand to include dental and pharmacy professionals.

Local support for the Smokers' Helpline First Week Challenge contest included promotional materials and social media. The Challenge offers anyone 18 and older the opportunity to quit smoking for the first seven days of every month and a chance to win a cash prize. Local registration increased to 113 in 2018, up from 82 in 2017.

Forty low-income individuals were provided with nicotine replacement therapy through ongoing partnerships with Diabetes Grey Bruce, Mental Health Outpatient Services, Grey Bruce Health Services, Wiarton Medical Clinic and, new last year, the Kincardine and Saugeen Shores Medical Clinics. These partnerships reach individuals who would not otherwise have access to cessation support and to no-cost nicotine products.

Direct tobacco cessation services were provided to 36 clients in the Healthy Babies, Healthy Children and Harm Reduction programs. Clients were provided ongoing support and no-cost nicotine replacement therapy.

In partnership with the Centre for Addiction and Mental Health, eight STOP on the Road workshops (Smoking Treatment for Ontario Patients) were held across Grey Bruce This provided 63 participants with cessation information, quit strategies and five weeks of free nicotine patches.

Tobacco Enforcement

In October 2018, the new *Smoke-Free Ontario Act, 2017* (SFOA 2017) provided a single legislative framework regulating the sale, supply, use, display and promotion of tobacco and vapour products (e.g., e-cigarettes), and the smoking and vaping of cannabis.

Website updates, social media, presentations, on-site visits and a tobacco-vape-cannabis phone helpline were employed locally to inform the public and affected groups of the changes. New No Smoking/No Vaping signs were distributed to local business through a partnership with municipal offices.

Youth access to tobacco products is measured by the percentage of tobacco vendors in compliance with legislation. The target is 90% or greater. Tobacco Enforcement and Education Officers conducted 304 tobacco retail checks resulting in 9 sales to minors, 8 charges and an overall compliance rate of 93.4%, up slightly from the previous year.

This was the second year for mandatory test shops of electronic cigarette vendors using youth ages 15 – 18 to ensure compliance. Of 68 locations checked, 4 sales occurred and 5 charges laid, comparable to last year.

There were three vendor workshops with a total of 26 participants. Designed to help retail staff understand their responsibilities, these free workshops review the importance of preventing sales to minors and emphasize 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 from anyone that looks younger than 25. Of the 95 tobacco retail locations tested, 93 correctly asked for ID. Of the 39 electronic cigarette vendors tested, 33 correctly asked for ID. This is in line with a trend evident since 2016 that sees vaping products being more likely to be sold to minors than tobacco products.

Tobacco Enforcement and Education Officers undertake progressive enforcement based on the Ontario Public Health Standards and Ministry guidelines towards the *Smoke-Free Ontario Act*, *Electronic Cigarettes Act*, and *Grey County Bylaw 4872-14*. In 2018, 279 investigations/inquiries were conducted resulting in 124 warnings and 42 charges. There was a considerable rise in all activities in late 2018 due to the new *Smoke-Free Ontario Act, 2017*.

Youth Tobacco Use Prevention

Primary prevention refers to avoiding use; secondary prevention refers to stopping the increase of use. Community and school based activities support both primary and secondary prevention for youth and young adults.

Preventing youth from experimenting with smoking during adolescence is key to prevent them from smoking as adults. Using data from 2009-2010 for Grey Bruce, the baseline indicator of the percentage of youth that have never smoked a whole cigarette was set at 77.1%, with the target of 79.4% for future years. Data is reported every two years. The most recent data, from 2015-16, identifies Grey Bruce at 98%, well above its target.

Two smoke-free movie events were hosted in Owen Sound and the Town of the Blue Mountains with an estimated audience of 500. Movie goers learned about the dangers of tobacco depiction in movies rated for children and youth. Similar messaging was also provided to local community partners at the Let's Grow Table and one Ontario Early On Centre.

In an ongoing partnership with Chippewas of Nawash First Nation, local youth developed a Sacred vs Commercial Tobacco Art Contest. The art showing, including judging and presentation of awards took place on Family Day. The art works were also displayed at the Healthy Communities conference to an audience of 300 participants.

Research shows that quit contests and group counselling with nicotine replacement therapy can increase intention to quit. A 10-week tobacco cessation quit group was held at a local high school. Targeting young adults, the 6-week WoulduRather Contest offered contestants the option to receive support emails, add a personal support crew, access 8-weeks of free nicotine patch or gum and get proactive support calls or texts from Smokers' Helpline. A collaborative promotion using a registration booth set up at Georgian College drew 76 local entries, similar to 2017.

New education resources and campaigns were developed targeting youth and young adults in response to the rise of vaping and new regulations for the promotion of vaping products in the retail sector, Participants from Saugeen First Nation and youth from area schools were engaged in developing and providing feedback on materials.

Your Environment

Emergency Management

In 2018, Emergency Preparedness transitioned from a program standard to a foundational standard, re-named Emergency Management. This new title reflects our role beyond preparedness to include timely, integrated, safe and effective response to, and recovery from, emergencies with public health impacts.

Preparedness

The following activities were undertaken to support internal preparedness:

- Emergency Response Plan updates included:
 - Hazard Identification Risk Assessment
 - Business Continuity of Operations aligned with the new program standards
 - Contact lists re-formatted to ensure timely updates and ease of access
- New online staff training module
- Emergency management orientation for all new hires and identified as a standard/expectation
- Update of the on-call manual
- Emergency Management update to the Board of Health
- Incident Management System reviewed with managers

- Messaging to staff during Emergency Preparedness Week
- Emergency Management resources updated and stored on intranet
- Electronic fan out process initiated through Emergency Notification and Mass Communication Software
- Personal Protective Equipment supplies assessed
- Respiratory Fit Testing completed for all new staff and re-testing, as required
- Registered for province-wide Emergency Management Communication Tool

The following activities were undertaken to support external preparedness:

- “Know your Neighbour” campaign to support community response in an emergency
- Emergency Preparedness messaging delivered through social media
- Coordinated with county and local municipal emergency planning, training and exercises
- Emergency evacuation/shelter document shared with social services
- Participated in Post Disaster Long Term Assistance Network

Response

- On-call system for 24/7 response
- Activated internal Incident Management System for significant community outbreak
- Staff provided with car emergency kits to support response

Recovery

- After action reports and communication strategies completed following community outbreak

Healthy Environments

RentSafe

The multi-year *RentSafe* Project wrapped up in 2018. Sponsored by the Canadian Partnership for Children’s Health and Environment, the provincial initiative engaged with property owners, tenants and regulatory/service agencies to address substandard housing issues. This included a province-wide survey of landlords in relation to substandard housing. Lessons learned from this project will inform future work in housing.

Radon

This was the second year of a campaign to raise awareness about the dangers of Radon. Just under 500 Radon home test kits were distributed to residents of Grey Bruce. Test results will help homeowners decide if they need corrective action to reduce Radon levels in their homes. The data from 2017 and 2018 will assist in assessing the regional risk and help direct future Radon awareness initiatives.

Inspections

The following routine inspections were carried out:

- 119 migrant-worker housing sites inspected
- 17 inspections of children's camps
- 26 arena inspections

Safe Food

Updated regulations introduced in 2018 were designed to provide greater transparency; offer more flexibility to respond to emerging issues; be more streamlined to reduce redundancies; and, to be preventative rather than reactive in their approach.

Changes included signs posted in all food premises informing the public how to access inspection results. The *CheckIt!* sign is now posted in all inspected food premises.

Inspection

High-risk food premises are inspected every four months for a total of 779 inspections. Moderate-risk food premises are inspected every six months for a total of 1097 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 539 inspections of low-risk premises. There were 123 re-inspections of food premises.

Investigation and Enforcement

In addition to food premises inspections, 31 food premises complaints, 9 food product complaints and 15 food-borne illnesses were investigated; this is comparable with previous years. Enforcement included two Section 13 orders and two infractions ticketed.

Menu Labelling

Healthy Menu Choices Act requires inspection of designated food premises to ensure proper menu labelling. In 2018, 31 premises received a re-inspection and 12 premises new to menu labelling were identified and inspected.

Public Education

- Farmers' market brochure with instructions to vendors on labelling requirements for food products sold at markets was distributed. Labelling assists in quickly responding to and informing customers of a compromised product.
- Resource packages were provided to all school breakfast club programs.
- Resource manuals were provided to all youth summer recreational camps.
- Regular social media posts promoted safe food handling practice for the public.

Food Handler Certification

New regulations require food premises to have a certified food handler onsite while in operation. The Food Handler program certified 575 food handlers; up significantly from 246 certifications in 2017. Instructors held 17 classroom courses (compared to 6 in 2017) with 300 participants certified and another 275 certified through the In Good Hands self-study online course.

Safe Water

Drinking Water

The updated *Safe Drinking Water and Fluoride Monitoring Protocol, 2018*, directs Public Health in the prevention and reduction of illness related to drinking water through surveillance and inspections of drinking water systems, timely response to adverse water events and emergencies, and education and training to owners of small drinking water systems and private well owners.

Small Drinking Water Systems

Small drinking water systems (SDWS) inspections determine compliance with regulations and assess the safety of the drinking water supply in order to reduce the incidence of water-borne illness. Inspections include an onsite risk rating assessment of the system using the Ministry risk categorization tool. This risk rating allows the inspector to provide operators with written directives regarding specific requirements for water sampling and operational monitoring.

The inventory shows 453 SDWS in the region. High-risk systems require inspection once every two years and low- and medium-risk systems once every four years. There were 60 inspections conducted in 2018.

There were 46 boil water advisories issued in 2018, up from 27 in 2017.

To comply with requirements to provide educational material, an electronic newsletter was developed for operators. An evaluation survey identified the newsletter was well received, useful, relevant to their operation and that quarterly distribution was the preferred format for the information. Resulting changes included adopting a quarterly distribution, adding links to Ministry forms and limiting each newsletter to one page to encourage readability.

The Grey Bruce, Perth, Southwestern and Middlesex London Health Units collaborated to develop a workshop for SDWS operators. We piloted the workshop in February and April before its launch at the Canadian Institute of Public Health Inspectors annual provincial conference in the fall. Any health unit can access the materials and adapt for local needs.

To comply with accountability and transparency principles, inspection reports are available through the *CheckIt!* webpage. In addition, all drinking water advisories are posted online.

Private Drinking Water

The *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* requires information and/or educational material on safe drinking water practices to be provided to private citizens. We distribute the *Private Well Water Manual* throughout Grey Bruce at health fairs and in partnerships with the Realtors' Association and Source Water Protection. Social media posts throughout the year supported well maintenance, stewardship and regular water sampling by private well owners.

Sample bottles, forms and information from Public Health Ontario Laboratories are available to promote well water sampling and testing. An interactive map of the 16 locations throughout Grey Bruce for water bottle drop off and pick up is available online.

Recreational Water

Regular inspections are carried out at facilities to ensure that risks to public health are minimized and to confirm compliance with the relevant regulations. In addition, the Health Unit follows up on complaints and enquiries from the public and facility operators. In 2018 the new Ontario Public Health Standards added Class C facilities such as splash pads, wading pools and waterslide receiving basins to routine inspections.

Public Health Inspectors carried out 470 inspections at 187 facilities. Of these, 59 were at Class A facilities, pools open to the general public; 232 were Class B facilities, other pools with public access, 158 Spas and 21 class C facilities. Inspections results are available on the *CheckIt!* website.

Environmental surveys and monthly sampling was carried out at 12 beaches in Grey Bruce during the summer. A Health Hazard investigation was carried out at two additional locations.

Rabies

One bat tested positive for rabies in Grey Bruce. No terrestrial rabies has been reported locally since 2009. However, the frequency of rabies in adjacent counties continues to highlight the importance of ongoing vigilance.

- 33 people received rabies post-exposure treatment
- 25 pet owners received low cost vouchers for pet immunization
- 475 animal investigations were conducted(489 in 2017) involving:

294 Dogs
141 Cats
12 Bats

8 Livestock
14 Wildlife
6 Other

Vector-Borne Diseases

The vector-borne diseases management strategy is based on a local risk assessment. The strategy is flexible to adapt to changes in surveillance data and emerging trends.

Mosquito Surveillance

A comprehensive mosquito trapping and testing program took place in 15 municipalities with 263 traps set. The program expanded from previous years because of an increase in human cases of West Nile Virus (WNV) and positive mosquito pools across the

province. One mosquito pool tested positive for WNV in Grey Bruce and three human cases were reported. These levels do not reflect a significant upward trend but do warrant further monitoring.

Eastern Equine Encephalitis (EEE) is also transmitted through the bite of an infected mosquito. Testing for EEE was carried out on appropriate mosquito specimens. No positive pools for EEE were identified.

Tick Surveillance

Two human cases of Lyme disease were reported in Grey Bruce. Ticks found on humans are submitted for identification and, if found to be black-legged (the species capable of carrying the bacteria that causes Lyme disease), they are submitted for bacteria testing. Thirty-five ticks were submitted. In addition, we continue to work with the Grey Bruce Veterinary Association to obtain ticks taken from animals throughout the region. Species identification from this surveillance confirms the widespread presence of black-legged ticks in our region.