



BOARD REPORT

Friday, August 28, 2015



Medical Officer of Health

REPORT TO THE BOARD

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The Ontario Government has just released the recommendations of the Community Hub Framework Advisory Group. The full report, “Community Hubs in Ontario: A Strategic Framework and Action Plan” is available at: www.ontario.ca/communityhubs

What is a community hub? Here’s an excerpt from the report:

Community hubs provide a central access point for a range of needed health and social services, along with cultural, recreational, and green spaces to nourish community life. A community hub can be a school, a neighbourhood centre, an early learning centre, a library, an elderly persons centre, a community health centre, an old government building, a place of worship or another public space. Whether virtual or located in a physical building, whether located in a high-density urban neighbourhood or an isolated rural community, each hub is as unique as the community it serves and is defined by the local needs, services and resources.

A consultative request for support and examples of community hubs in Ontario came to Public Health Units in early summer. I have attached our reply to that request.

The provincial Advisory Group’s Plan has eight recommendations which the province has accepted and will start to implement:

- Creating a provincial lead for community hubs
- Fostering integrated service delivery
- Developing a provincial strategy for public properties
- Removing barriers and creating incentives
- Supporting integrated and long-term local planning
- Ensuring financial sustainability
- Increasing local capacity
- Evaluating and monitoring outcomes.

This initiative fits very well with Grey Bruce Health Unit’s Community Team Model and we hope to be able to both showcase some of the ‘hubs’ that have been working in our communities and to be part of new opportunities.

The second recommendation of the report recommends establishing incentives for agencies/organizations that demonstrate integrated service delivery, simplifying transfer payment accountability requirements to increase funding flexibility and reduce administrative burden, and working with the information and privacy commissioner to leverage existing work to protect privacy but allow sharing of client information. This is a very important recommendation as we continue to work with many partners and communities!

The Premier's vision for Ontario and this plan is "We want Ontario to be the best place to work, live and raise a family, and community hubs are a part of that vision".

The Grey Bruce Health Unit's vision is "Working together for a healthier future for all." This year we have initiated a new strategic planning cycle to provide direction for the next 5-10 years.

A steering committee comprised of staff and management has reviewed the mission, vision and values of the organization; conducted a Strengths, Weaknesses, Challenges and Opportunities analysis and identified priorities for the organization in four domains: People, Services and Initiatives, Infrastructure and Accountability.

The 2010 – 2014 Strategic Plan guided the development of the organization in a number of areas:

- Quality Improvement in all service areas and operations.
- Allocation of resources using evidence based approach to planning and project design.
- Measuring impact of resource allocation through evaluation plans for projects and initiatives.
- Improving communication and staff engagement through director's forums, and organizational staff/management work teams.
- Increased focus on priority populations.
- Building capacity through partnerships.
- Community engagement and community development.
- Health in all policies.
- Leadership development and staff recognition.

The new Strategic Planning cycle will build on these areas and guide decision making and resource allocation at all planning levels in the organization over the next 5 to 10 years. We will build the plan with input from all staff in the organization, partners and communities.

The staff engagement phase is underway and all staff in the organization will participate in developing priorities and action plans. We welcome input from the board at any and all levels of engagement.

Timeline

	2015											2016
	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	
Phase 1: Project Kick-Off and Work Planning	✓	✓										
Phase 2: Needs Assessment and Environmental Scan			✓	✓								
Phase 3: Develop Mission, Vision and Priorities			✓	✓	✓							
Phase 4: Staff Engagement						✓	✓	✓				
Phase 5: Community and Partner Engagement								✓	✓			
Phase 6: Develop Strategic Plan Objectives and Action Planning									✓	✓		
Phase 7: Develop Performance Measures and Implementation Model										✓	✓	

Hazel Lynn

Ministry of Education
Deputy Minister
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June 4, 2015

Dear Mr. George Zegarac:

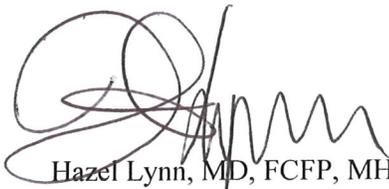
As a rural Public Health Unit, we are very interested in the Premier's community hub framework for adapting existing public assets to become community hubs. Health starts where we live, learn, work and play so we would welcome an opportunity to meet with your representatives to discuss the creation of a Grey Bruce community hub model.

To provide a bit of background, the Grey Bruce Health Unit uses the Ontario Public Health Standards to provide Public Health programs and services to a population of 160,000 located throughout 17 municipalities with two First Nations and several Mennonite and Amish communities. Our geographic area is 8,664 square kilometers (larger than Prince Edward Island), as a result, 53% of the population live in a rural area and 47% live in small population centres. Although, the health status in Grey Bruce is typical of many rural areas; within Grey Bruce 15% of 25-39 year olds have less than a high school education (ON 9%); 58% are overweight or obese and we have double the rates of Emergency Room visits due to injury. Accessibility to services, lack of transportation and lack of opportunities for youth are some of the challenges that have been identified in the 2014 *Community Conversations* research project undertaken by the Grey Bruce Health Unit.

Grey Bruce currently has 66 Public and Catholic schools. Due to changing demographics, and a growing older adult population, many of these schools are not at full capacity. Public health currently partner's with schools to deliver dental programs, immunization clinics and sexual health services. Service delivery and accessibility to programs could be enhanced with the community hub model. Shared facilities are efficient uses of resources and reduce travel time for individuals while providing easy access at a shared community setting. Schools are the centre of many of our small rural communities and we recognize that integration of services, programs and activities is the key to successful community hub models. Public Health has a history of working with partners for a common goal and community hubs would provide another opportunity to continue this work.

With this in mind, we would like to further explore the opportunities that community hubs may offer specifically for Grey Bruce residents and for the delivery of Public Health services. We look forward to a future conversation

Together we build healthy communities,



Hazel Lynn, MD, FCFP, MHSc
Medical Officer of Health
Grey Bruce Health Unit

Working together for a healthier future for all.

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Program Report AUGUST 2015



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

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Pan Am / Parapan Am Games

During the Toronto Pan Am Games, July 10 to 26, and the Parapan Am Games, August 7 to 15, public health units were asked to inquire about possible games exposure during all case investigations of reportable diseases; i.e., Did you attend any event related to the Pan Am or Parapan Am Games? If the client answers “yes”, then a one page surveillance questionnaire was completed, to gather more detailed information.

Health units were required to report immediately to the province, by phone, any of the following reportable diseases, whether Pan Am or Parapan Am Games related or not:

- Anthrax, diphtheria, hemorrhagic fevers, Lassa fever, measles, plague, polio, rabies, rubella (German measles), congenital rubella syndrome and smallpox

Health units were to report any incident, deemed to be a real or perceived risk, that may impact Games participants, residents/visitors or that may result in an increased burden on the health care system.

Any urgent incidents must be reported to Ministry of Health and Long-Term Care immediately. Examples could include a case of measles or mumps in a competitor, or hepatitis A in a food handler that works at a Games venue.

The Games brought together athletes and team officials from 41 countries from South, Central, North America and the Caribbean, and more than 250,000 visitors. While the centre of activity and athlete accommodations was Toronto, events took place across ten public health units, including Simcoe.



PHYSICAL



Physical Literacy is defined as having the “motivation, confidence, physical competence, knowledge and understanding to value and take responsibility for engagement in physical activities for life” (International Physical Literacy Association, May 2014). Physical literacy differs from physical activity in that it is the development of the fundamental skills that enable competence and confidence in a wide variety of activities, both indoor and outdoor, that benefit the physical, cognitive, emotional and social development of the whole child.

Research has shown that being physically active later in life depends on an individual's ability to feel confident in an activity setting. That confidence most often comes from having learned fundamental movement and skills, or physical literacy, as a child. Research has also shown that without the development of physical literacy, many youth withdraw from physical activity and turn to more inactive and/or unhealthy choices during their leisure time. With less than 10% of children meeting recommended activity guidelines, physical literacy must be made a priority to reverse the trend of chronic disease.

To enhance the physical literacy skills of young children in Grey Bruce, the Grey Bruce Health Unit partnered with the Quality Assurance Child Care Committee and the Ontario Physical Health and Education Association to provide skill building workshops for Early Childhood Educators. Four physical literacy workshops were held across the two counties between October 2014 and June 2015. In total, 108 child care providers were educated on the concept of physical literacy and taught a variety of games and activities to support their day-to-day interactions with young learners.

Evaluation of the workshops identified:

- 98% of participants indicated they know more about the required Physical Activity levels of young children
- 100% of participants indicated they know how physical literacy can be incorporated into daily programming

In October 2014, the Board of Health for the Grey Bruce Health Unit endorsed the Ontario Society of Physical Activity Promoters in Public Health policy recommendations in support of physical literacy development in Ontario.

Infant Hearing Screening

Universal Infant Hearing Screening is part of the province-wide Infant Hearing Program announced in the 2000 Ontario Budget and implemented in 2002. Funded through the Ministry of Children and Youth Services, the program is designed to identify infants with permanent hearing loss and provide early access to supports to develop language.

All newborn babies in Ontario can have their hearing screened either in the hospital when they are born or in a community setting. The Grey Bruce Health Unit took on the community component of the universal Infant Hearing Screening in 2011 when the Pre-School Speech and Language Program transferred to public health from the hospital sector.



A number of quality improvement efforts were implemented to the services and resources. However, the program still faced significant challenges regarding effectiveness, efficiencies and costs and we were unable to efficiently provide this service within the current environment of limited resources. Effective July 31, the health unit discontinued delivery of the Infant Hearing Screening program. This change does not affect staffing levels at the health unit as resources allocated to Infant Hearing Screening will be re-aligned with the Pre-School Speech and Language Program which the health unit continues to provide.

The Middlesex London Health Unit administers the Infant Hearing Program for the Southwest region, including Grey Bruce. We are working with them to explore options to ensure sustainability of community hearing screening in Grey Bruce. This includes assisting with interim clinics in Owen Sound and Walkerton until arrangements can be made for a long-term provider; facilitating the development of a transition plan to community partners; and, making resources available, including the health unit developed online self-scheduling module for parents to book appointments.

Above-Standard Housing at National Conference

The Grey Bruce Health Unit will join with partners to present on the role of housing and health at the Canadian Institute of Public Health Inspectors National Conference in Ottawa this September.

Improving Housing Conditions for Marginalized Populations explores work currently underway through the *RentSafe* project. *RentSafe* fosters innovative local approaches to increasing knowledge and confidence among low-income/marginalized tenants, both urban and rural, about housing related health risks and how to seek and advocate for assistance and remediation.



RentSafe is a multi-year, multi-partner project led by the Canadian Partnership for Children's Health and Environment that includes the Canadian Environmental Law Association, Ontario Public Health Association, McMaster Institute for Healthier Environments, York Region Health Unit and Grey Bruce Health Unit.

RentSafe hopes to improve mutual understanding among relevant stakeholders to support a more coordinated/effective response to substandard housing issues and improved relations between landlords, tenants and the agencies that serve local communities.

The presentation will provide an overview of a selection of projects, followed by a panel discussion and exchange of ideas. Topics

include the results of a cross-provincial survey to assess the scope and nature of substandard housing issues and an overview of local tenant focus groups. The Grey Bruce Health Unit provided valuable input into the development of the cross-provincial survey and was the lead partner in developing and implementing the focus group sessions.

Nursing Practice Network

The Grey Bruce Nursing Practice Network is made up of leaders from across all nursing sectors, including long-term care, primary care, community and public health, in support of evidence-informed best practice. The Network emerged from a 2014 Nursing Best Practice workshop held at the Grey Bruce Health Unit. Nurses participating in the workshop were encouraged to “pop the bubbles” and think of the client’s experience moving through the health care system.

In May this year, the Network hosted the 2nd annual Best Practice Open House Workshop with over 80 nurses attending. Caring Nurse Awards were presented to 14 recipients from across Grey Bruce by Bayshore Broadcasting. Irmajeau Bajnock, Director of Registered Nurses’ Association of Ontario, was the keynote speaker. The focus for the workshop was on enhancing care transitions for clients.

The Network is implementing Care Transitions Best Practice Guidelines across nursing sectors. For example, during many care transitions the client repeats his/her “story” many times to different care providers. Enhanced communication processes and standard reporting forms would ensure the client’s “story” follows through different care transition points.

Many other nursing groups have expressed interest in this model. Network members have presented at conferences including Nursing Executive Leaders Conference in Niagara-on-the-Lake and RNAO Summer Learning Institute in Nottawasaga. The Network continues to grow and remains focussed on promoting best practice and evidence-informed practice across nursing sectors.



Caring Nurse Award Recipients