



BOARD REPORT

Friday, December 13, 2013

Program Report December 2013



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

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CLIENT SERVICES

Gift of Motherhood Online Prenatal Program

The *Gift of Motherhood* online prenatal program was launched in 2011 as an alternative for clients who cannot attend a conventional childbirth class due to bed rest, scheduling conflicts or time constraints. The interactive, web-based program includes animated illustrations, videos, voice-over and quizzes. The program is not meant to replace in-person prenatal programs and workshops, but rather to provide clients with more flexible options.



A telephone survey provided data on participation and experiences with the program. The 26 expectant parents who registered in the program from January to August 2013 were polled. Of those, 22 completed the survey; an 88% response rate. After registration, 77% of participants actually accessed the program and 23% also attended an in-person prenatal class.

Overall, participants rated the program quite highly and were satisfied with features such as attractiveness, video clips, quizzes and ease of use. An overwhelming majority of respondents (86%) stated the program met their learning needs, with 82% saying they would recommend the program to others. Participants shared what they liked about the program and also provided suggestions for improvement. Based on this evaluation, we will continue to offer the online prenatal option and plan to promote it with primary health care providers who see the target population in the early stages of pregnancy.

Infant Hearing Program

Every year in Ontario, approximately 1 in every 250 babies are born deaf or hard of hearing. Through the *Ontario Infant Hearing Program* all newborns can have their hearing screened. There is no charge for the screening. It is a simple, reliable process that is quick, completely safe and offers no discomfort to the infant. The process involves placing a small earphone on the baby's ear. Soft sounds are played and the ear's response is measured and recorded. Most babies will sleep comfortably through the procedure and the results will be known right away.

Screening can take place in the hospital prior to discharge or in a community setting. If a baby born in Grey Bruce wasn't screened before leaving the hospital, the parents can call the health unit to have testing scheduled with a Communicative Disorders Assistant.

During the summer of 2013, the Infant Hearing Program received updated screening equipment and training from the Ministry of Children and Youth Services. The portability of the new equipment enables the program to be offered in more sites across Grey Bruce. In addition to Owen Sound and Chesley, the screening is now available in Meaford, Kincardine and Walkerton.

The first months and years of a baby's life are very important for language development. Undetected hearing loss can cause delayed language development that can compound into behaviour and emotional problems and later, to problems in school. Most deaf or hard of hearing children whose hearing loss is identified early, and who receive the support they need, will have the same chance to develop language skills as hearing children.



Let's Start A Conversation About Health
And Not Talk About Health Care At All

Health starts where we live, learn, work and play!

Where people live, learn, work and play has an enormous impact on our health and well-being. Health starts with affordable housing in safe neighbourhoods. Health starts with access to health care to nurture physical and mental development. Health starts with quality education in safe schools. Health starts with good jobs in stable workplaces. Health starts with the time and the means to play and enjoy life.

We are from Grey Bruce, we are proud to innovate and re-imagine. We are focused on coming up with creative solutions to complex problems. So, let's start a conversation about health.



Grey Bruce Profile

Population:

- Total population of 134,076 located throughout 17 municipalities.
- Two First Nations and one of Métis and Inuit communities.
- 22% of the population is over the age of 65 years.
- 22% of the population is under the age of 25 years.

Use the News?

- 30% of residents are overweight or obese.
- 25% of residents have hypertension.
- 21% of residents do not eat enough fruits and vegetables.
- 18% of residents smoke.
- 18% of residents are physically inactive.
- 22% of residents report limited participation in leisure activities because of mental or physical health issues.
- 29% of residents over the age of 17 are regular heavy drinkers.
- 14% of residents suffered injuries in the past 12 months causing limitations of normal activities.
- Grey Bruce has double the rate of injury-related Emergency Room visits compared to Ontario.



Let's Start a Conversation About Health....

The Grey Bruce video *Let's start a conversation about health and not talk about health care at all* is now available at:

http://www.publichealthgreybruce.on.ca/Healthy_Communities/LetsStartAConversation.htm. This five-minute video highlights that health is about much more than access to medical care.

The following are the five key messages:

- Health Care alone cannot fix our health problems.
- We all have a role to play!
- Health improves at every rung up the income and social ladder.
- Everyone has different opportunities for health, largely influenced by their social and economic conditions.
- Social and economic conditions are the result of the actions that all of us can take.

An accompanying handout supports further discussions about the actions we can take to promote health, found at:

http://www.publichealthgreybruce.on.ca/Healthy_Communities/Lets_Start_a_Conversation.pdf

HEALTHY COMMUNITY DEVELOPMENT

Nitrate Awareness

Nitrates are present in groundwater as a result of decaying plant or animal material, manure, fertilizers, domestic sewage or geological formations containing nitrogen compounds.

The *Ontario Drinking Water Quality Standards* sets a maximum limit of 10 mg/L of nitrates in drinking water. There may be health problems associated with higher levels. Infant methemoglobinemia or “blue-baby syndrome” is the result of nitrite poisoning caused by the conversion of nitrate to nitrite in the gastro-intestinal systems of infants. This affects the ability of blood to carry oxygen turning the blood a bluish colour, thus the term “blue-baby”. The condition is seen in infants less than six months; children and adults are not affected.

A Nitrate Awareness project was launched this fall to address high levels of nitrates found in private wells in the Holstein area. Flyers were distributed to residents offering free nitrate testing for their private water supply. A nitrate risk screening tool was developed to ensure eligibility and to prioritize testing of high risk homes. The goals of the project include increasing awareness of nitrate testing services available through public health, increasing awareness of the potential health effects of high nitrate levels in drinking water and to increase knowledge to prevent nitrate poisoning in those that are susceptible.

Testing runs until the end of 2013. Following that, data will be analyzed to determine next steps.



Rethink Your Drink - “Say Yes! To Water”

Dental screenings in schools across Grey Bruce show younger children have higher numbers of decayed, missing and filled teeth and higher overall rates of decay than their peer groups provincially (*Grey Bruce Oral Health Status Report 2005-2010*). This is both a public health and an education concern as cavities and resulting pain can affect a child's attendance at school and ability to learn.

Recognizing that drinking sugared beverages was contributing to rates of decay, the health unit launched an innovative *Rethink Your Drink* campaign promoting water as an alternative. The campaign distributed water bottles to all Grade 4 students in Grey Bruce with the message “Say Yes! To Water”. Students were encouraged to keep a filled water bottle at their desk.

Funded by Bruce Power in partnership with the Bluewater District School Board and the Bruce Grey Catholic District School Board, the campaign was launched in September through programs at the Water Festival. Resources and lesson plans were provided to teachers. Parents were advised through a newsletter and asked to support drinking water at home as well.

Encouraging children to drink water instead of sweetened beverages improves both oral and over-all health and supports their ability to succeed in the classroom. Evaluations are pending from teachers to see if the *Rethink Your Drink* campaign helped students “Say Yes! To Water”.



ENFORCEMENT / RESEARCH / SURVEILLANCE

Nutritious Food Basket Survey 2013 **The Cost of Eating Well in Grey and Bruce Counties**

The Nutritious Food Basket

The Nutritious Food Basket measures of the cost of basic healthy eating based on current nutrition recommendations from *Eating Well with Canada's Food Guide* and average food purchasing patterns reflective of the *Canadian Community Health Survey 2.2*.

Food costing is used to monitor both affordability and accessibility of foods by relating the cost of the food basket to individual or family incomes.

Inadequate Income is a Significant Barrier to Healthy Eating

Food is a basic human need and is required for health. The cost of food can be a barrier to health for many people on a limited income. The Nutritious Food Basket annual report is a powerful policy and advocacy tool which can be used to raise awareness about the cost of healthy eating when assessing the adequacy of social assistance rates or minimum wage incomes.

The 2013 Nutritious Food Basket survey found that it costs **\$179.07 per week** (\$775.37 per month) to feed a reference family of four (two parents, two children) in Grey and Bruce Counties.

You can estimate the cost of a Nutritious Food Basket for up to 22 age and gender groups by using the table on the following page.

“Food insecurity is the inability to acquire or consume an adequate diet”.¹ Food insecurity impacts a person’s physical and mental well-being and their ability to learn.

“Community Food Security exists when all citizens access a safe, personally acceptable, nutritious diet through a sustainable food system that maximizes healthy choices, community self-reliance, and equal access for everyone.”²

1 Lynn McIntyre, and Krista Rondeau. “Food Insecurity.” *Social Determinants of Health. Canadian Perspectives*. Editor D. Raphael. Canadian Scholars’ Press Inc. 2004 (188-204)

2 Dietitians of Canada. (2007) Community Food Security Position of Dietitians of Canada



To estimate the weekly cost of a Nutritious Food Basket for your household, follow these steps. An example is provided:

The Weekly Cost of Eating Well in Grey-Bruce

Age/Gender	Cost per week
Children	
B2-3	\$ 23.27
G2-3	\$ 22.82
B4-8	\$ 30.12
G4-8	\$ 29.23
Males	
Age Group	
9-13 y	\$ 40.21
14-18y	\$ 57.41
19-30y	\$55.52
31-50y	\$50.09
51-70y	\$ 48.32
Over 70y	\$ 47.80
Females	
Age Group	
9-13y	\$ 34.33
14-18y	\$ 41.20
19-30y	\$ 42.84
31-50y	\$ 42.34
51-70y	\$ 37.27
Over 70y	\$ 36.57
Pregnancy	
<18y	\$ 46.14
19-30y	\$ 46.66
31-50y	\$ 45.50
Lactation	
<18y	\$ 48.00
19-30y	\$ 49.64
31-50y	\$ 48.48

Example	
Male (31-50y)	\$50.09
Female (31-50y)	\$42.34
Boy (14-18y)	\$57.41
Girl (4-8y)	\$29.23
Subtotal	\$179.07
Adjustment Factor (not required for 4 people)	x 1.00
Total	\$179.07 per week
Monthly total (weekly total x 4.33)	\$775.37 per month ((\$179.07 x 4.33))

Step 1: Write down the age and gender of each person you are Feeding.

Step 2: Using the chart (to the left), write down the weekly food cost for each person.

Step 3: Add the weekly food cost. This is your *subtotal*.

Step 4: It costs a little more (per person) to feed a small group and a little less to feed a large group. Use the following adjustments for group size:

1 person:	multiply by 1.20
2 people:	multiply by 1.10
3 people:	multiply by 1.05
4 people:	make no change
5-6 people:	multiply by 0.95
7+ people:	multiply by 0.90

Step 5: To calculate your monthly estimate, multiply the weekly total by 4.33.

Your Household		
Gender	Age	Cost
<i>Subtotal</i>		
Adjustment X	_____ =	
Total		\$ _____ per week
X 4.33		\$ _____ per month



Medical Officer of Health

REPORT TO THE BOARD

Friday, December 13, 2012

Addressing Obesity in Children and Youth

Overweight and obesity are a significant threat to our children's future. Children are the next generation of citizens and leaders; if they are not healthy then our society will not flourish. We need to act now to lay the foundation for the future health and success for our children.

In January 2012, the Ontario government set an impressive target: to reduce childhood obesity by 20% in five years. The Healthy Kids multi-sectoral panel developed a series of recommendations to move that agenda forward. Those recommendations will guide public health's actions over the next months and years as we attempt to realize our goal. While this is a provincial guide, it will need to be implemented locally, and with the support of all our partners, if it is to have any chance of success.

Strategy One: Start All Kids on the Path to Health

- Breastfeeding support – BFI designation.
- Education preconception regarding weight and health and healthy eating.
- Develop and encourage enhanced wellness visit for preconception planning couples.
- Develop and adopt a standard prenatal education curriculum and ensure courses are accessible and affordable for all women. Ensure educators are trained and a consistent message is given.
- Encourage primary care practitioners to include weight surveillance and early intervention in well baby and child visits.

Strategy Two: Change the Food Environment

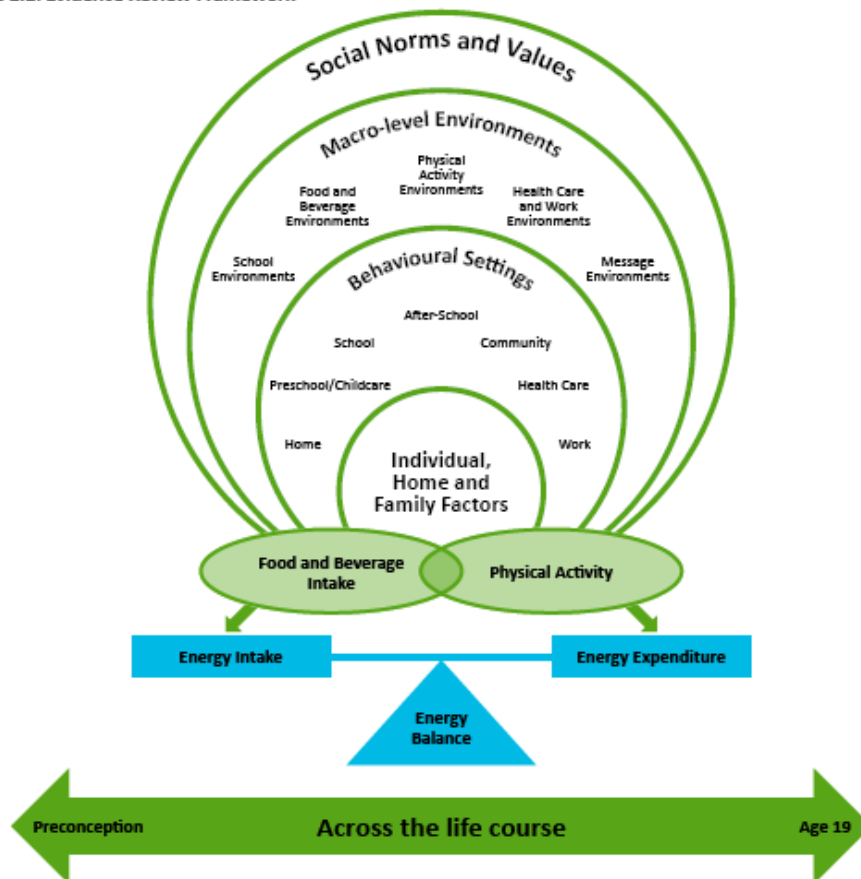
- Establish a universal school nutrition program for all Ontario publically funded schools.
- Ban the targeting of food marketing to children.
- Develop a single, standard guideline for food and beverages served or sold where children play and learn.
- Universal school nutrition program for First Nations.
- Ban point-of-sale promotions/displays of high-calorie, low-nutrient foods/beverages in retail settings beginning with sugar-sweetened beverages.
- Requirement to list calories on menus in restaurants.
- Incentives for Ontario food growers and producers, food distributors, retailers and non-government organizations to support community-based food distribution programs.
- Support the use of Canada's Food Guide.
- Provide incentives for food retailers to develop stores in food deserts.
- Encourage food retailers to adopt transparent, easy to understand, standard nutrition rating systems for products.

Strategy Three: Create Healthy Communities

- Develop knowledge and skills of key professions to support parents in raising healthy kids.
- Speed implementation of the Poverty Reduction Strategy.
- Continue to implement the Mental Health and Addictions Strategy.
- Make schools hubs for child health and community engagement.
- Join EPODE (Ensemble Prevenons L'Obesité des Enfants – Together Let's Prevent Childhood Obesity) International and adopt a coordinated, community driven approach to development healthy communities for kids.
- Develop social marketing programs for kids that focus on healthy, active living.
- Ensure timely access to specialized obesity programs for families in need.
- Create healthy preschool environments.

Ministry of Health and Long-Term Care, Healthy Kids Panel. No Time to Wait: The Healthy Kids Strategy. Summary Report. Toronto ON: Queen's Printer for Ontario; 2013.

Figure 1.1: Evidence Review Framework



Source: Adapted with permission from: IOM (Institute of Medicine) 2012. Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. Washington, DC: The National Academies Press. Figure 3.2, page 90.

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Addressing Obesity in Children and Youth: Evidence to Guide Action for Ontario: Summary Report. Toronto ON: Queen's Printer for Ontario; 2013.

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