



BOARD REPORT

Friday, March 28, 2014



Medical Officer of Health

REPORT TO THE BOARD

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April is Oral Health Month. In her 2012 report [*Oral Health – More Than Just Cavities*](#), the Chief Medical Officer of Health identifies a number of concerns with the oral health of Ontarians:

- there is a lack of awareness and knowledge among both the public and health care professionals of the importance of oral health and its links to overall health;
- risks associated with poor oral health, including its links to other disease and serious health conditions;
- lack of understanding that better access to preventive oral health services could result in savings to the health care system;
- current publicly funded programs, while admirable in many respects, amount to a patchwork of services that are complex for clients to navigate, and difficult to assess in terms of health outcomes and return on investment; and,
- low-income groups, including children and seniors, do not have adequate access to preventive oral health services or treatment when and where they need it.

Since the release of the report, a new Healthy Smiles Ontario program has been developed to meet some of the needs of lower income families. The province is also looking to streamline existing programs and eligibility requirements to make it easier for people to find the help they need in an emergency as well as receive preventative oral care. This will result in changes in the administrative activities of our dental team.

As part of the preventative program, we are launching a new campaign in April, *First Visit by First Birthday*. The goal of this initiative is to educate young families and expectant mothers to schedule their child's first visit to the dentist by their first birthday. Making sure infants see a dentist by their first birthday, even before they have all of their teeth, starts a child on a life-long path to a healthy smile. It is a common misconception that children do not need to see a dentist until they have all of their teeth, or when they are ready to go to school. Health Canada, the Canadian Dental Association and the Canadian Pediatric Society recommend a child's first visit to a dentist by their first birthday.

First Visit by First Birthday, will ensure the cleaning that children are getting at home is effective. It will give the dentist an opportunity to identify and address any problems early. The child learns that going to the dentist helps prevent problems and reduces anxiety with dental visits.

Childhood tooth decay is a serious problem affecting 57% of children (*Oral Health – More Than Just Cavities*). Children suffer pain and discomfort, lost days at school, poor nutrition and disrupted sleep from tooth decay. Ongoing poor oral health can affect a child's self-esteem, growth and development, and speech and language skills.

Our dental program offers all five provincial oral health programs delivered throughout each of our geographic team areas, plus a federally funded program to meet the needs of aboriginal children who may not have early access through the kindergarten and Grade 2 screening.

Our goal is healthy smiles for a lifetime!

Hazel Lynn

Attachment: First Visit By First Birthday Poster

First Visit By First Birthday

Schedule your child's first dental visit by their first birthday.

Health Canada, the Canadian Dental Association and the Canadian Paediatric Society recommend that children be seen by a Dentist by the time they're 12 months of age.



For more information, call your Dentist or Public Health

No Dental Coverage?

Public Health has free services for children and youth 17 and under.
Call to see if you qualify.



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Program Report March 2014



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

CLIENT SERVICES

Panorama.....Page 1

HEALTHY COMMUNITY DEVELOPMENT

Students Advocate for Smoke-Free BeachesPage 2

Nipissing Student.....Page 3

From Substandard to Above Standard Housing.....Page 3

ENFORCEMENT / RESEARCH / SURVEILLANCE

Influenza Immunization Rates for Facilities.....Page 4

CLIENT SERVICES

Panorama

The Grey Bruce Health Unit along with Niagara, Oxford, Huron, Perth and Thunder Bay Health Units comprise Wave One of the provincial implementation of the Panorama Immunization Module, currently using version 2.4. Panorama is a comprehensive, integrated system for Ontario that will help public health professionals efficiently manage immunizations and vaccine inventories as well as cases and outbreaks of infectious diseases.

The Grey Bruce Health Unit continues to play a pivotal role in the development of this new system through input into the design and testing and through participation in working groups with the provincial Panorama team. Internally, training of nurses and support staff continues in preparation for version 2.5 to be released later this spring. Business processes are being reviewed and updated, as required. It is expected that the remaining health units in the province will be phased-in to begin using the immunization module once version 2.5 is released. The goal is to have the Panorama Immunization Module operating in all health units in the province by the end of August.



HEALTHY COMMUNITY DEVELOPMENT

Students Advocate for Smoke-Free Beaches

Keeping our beaches beautiful is not easy. With miles of sandy shore and hundreds of thousands of visitors annually, litter is inevitable.

Students in Bruce County are doing their part to protect the environment and maintain the beauty of the Lake Huron shoreline. The Planeteers environmental group from Saugeen District Secondary School in Port Elgin and students at Peninsula Shores District School in Wiarton undertake regular beach clean-ups and work to educate elected officials and the community on the importance of smoke-free beaches.

Cigarettes on our beaches are a hazard. The *Coast Watchers Beach Litter Report Card* completed by the students, identifies the kinds of products found on Port Elgin and Sauble beaches in the summer of 2013. From 11 garbage bags collected, students recorded 1,236 items of cigarette butts and packaging; 216 food wrappers; and 57 items of various plastics.

"I have seen a definite improvement from when I was younger." says William Boulter, a Grade 10 student at Peninsula Shores District School. "There have been fewer people smoking and less garbage but I still think more effort could be done to help this."

The Planeteers point out that beyond being a piece of litter that will take years to decompose, a cigarette butt thrown carelessly onto the sand immediately becomes a hazard to children, animals (particularly birds) and our Lake Huron water source.

Students from both schools have spoken to their local municipal councils urging them to ban smoking on local beaches. To date, no final decisions have been made to enact smoke-free by-laws or policies.



Bluewater Park, Wiarton



Beach Cleanup in Port Elgin

Nipissing Student

The following was submitted by Allison McLeod, Teacher Candidate, Schulich School of Education, Nipissing University, North Bay.

The five year Concurrent Education program at Nipissing University allows me to complete my Bachelor of Arts and my Bachelor of Education at the same time. One of the many benefits of this program is the increased practicum time, which I think is where some of the most valuable learning takes place.

In each of our first four years, we completed two and three-week placements in a classroom setting. The final semester of the program is comprised completely of placement, which is what brought me to the Grey Bruce Health Unit. The goal was to be immersed in the work of a community agency and see how they provide an instructional role to the community. Additionally, I was able to offer my assistance as an educator in a variety of projects.

It has been enriching learning about the wonderful programs and services that are offered. I had no idea that this would be such an eye-opening experience. The amazing thing is, whether it is me as an educator, or a team of Dental Professionals, or the Nurses, or the Health Promoters – we all have the same goal in mind. We all have a message to share and information to provide.

I was able to see many facets of Public Health, including Health Promotion projects – from Falls Prevention to the prevention of head injuries with children and youth. I worked with the Dental Team to prepare some materials for the Oral Health Month campaign. I was fortunate to attend a vaccine clinic in a local school and see the process involved. I was able to see what the program evaluation piece looks like, and also sat in on a parenting group. I spent some time with the Tobacco Enforcement Officers doing secret shopping for the *Who is 25* campaign and was able to offer some educational materials to tobacco vendors. I also learned about social media with Public Health and gathered many great resources from the Dieticians. I also visited one of the local Early Years Centres and learned about the sharing and partnerships that exist.

I really can't overstate how amazing this practicum has been, it has been wonderful. I really do appreciate everyone who welcomed and guided me through these four weeks. I know the experience will make me a stronger educator and I hope my small contributions were worthwhile.

From Substandard to Above Standard Housing

Housing plays an important and complex role in shaping our physical, mental and social well-being. Access, condition, proximity to environmental hazards and links with the community are among the factors that determine the impact housing has on health and quality of life.

Substandard housing (e.g. dampness, mould, inadequate heating/cooling, pest infestation) is well established as contributing to adverse health effects. Public health has a long tradition of responding to individual concerns related to substandard housing.

However, to move beyond this approach and to understand and collectively address the root causes, the Grey Bruce Health Unit has embarked on a multi-year *Above Standard Housing Project*. Aligned with the Bruce Grey Poverty Task Force and drawing on the [CDC Healthy Homes Initiative](#), the project will take a multi-factorial approach to the issues. Efforts in the first year will identify:

- the type, magnitude and distribution of substandard housing in Grey Bruce
- challenges for achieving broad-based above standard housing
- strategies to address these challenges

Moving to a proactive approach to this issue embraces the concept of “upstream” prevention and supports the Ontario public health sector’s Built Environment strategic area of focus. The project will provide regular updates.

ENFORCEMENT / RESEARCH / SURVEILLANCE

Influenza Immunization Rates for Facilities

Influenza immunization rates for healthcare workers in hospitals and long-term care facilities are reported to the local health unit and Ministry of Health and Long-Term Care on an annual basis.

Healthcare staff influenza immunization rates for 2013 were down slightly in nursing homes with an overall average of 73%, down from 74 % in 2012. Retirement homes rates averaged 71% compared with 75% in the previous year. Hospitals averaged 61%, down from 65%.

Influenza immunization rates for residents average 93% for nursing homes and 89% for retirement homes.

These rates are as of December 15, 2013 and are submitted to the Ministry of Health and Long-term Care. Therefore, influenza immunization rates may have increased after December 15.

Average Rates

Category	Residents	Staff
Nursing Homes / Homes for the Aged	93%	73%
Retirement Homes	89%	71%
Hospitals		61%
Grey Bruce Health Unit		81%

Facility Rates - Retirement Homes

Facility	Residents	Staff
Central Place	90%	100%
Choices Living Retirement Residence	100%	100%
Elgin Abbey Lodge	85%	88%
Elgin Lodge (Kingsway Arms)	92%	63%
Errinrung Retirement Home	87%	92%
Hampton Court	97%	95%
Kelso Pines Retirement Lodge	97%	95%
Kelso Villa Retirement Home	100%	78%
Malcolm Place	76%	41%
Maple Court Villa	90%	93%
McVean Lodge (Hanover Care Centre)	100%	35%
New Horizons Retirement Home Inc.	54%	64%
Nine Mile Villa	100%	85%
Owen Sound Retirement - Hannah Walker Place	100%	85%
Owen Sound Retirement - John Joseph Place	100%	76%
R-Villa Retirement Living	96%	77%
Seasons Owen Sound	85%	50%
Sepoy Manor	86%	69%
Serenity Assisted Living	53%	29%
Sprucewood Court (Village Seniors Community)	70%	47%
Summit Place Lodge	88%	64%
Tiverton Park Manor	90%	85%
Trillium Court Lodge	100%	49%

Facility Rates - Nursing Homes /Homes for the Aged

Facility	Residents	Staff
Brucelea Haven	91%	56%
Country Lane	97%	99%
Elgin Abbey Nursing Home	93%	100%
Errinrung Nursing Home	92%	93%
Gateway Haven	97%	71%
Georgian Heights	100%	94%
Golden Dawn Senior Citizen Home	93%	95%
Grey Gables	100%	74%
Hanover Care Centre	85%	69%
Lee Manor	91%	44%
MapleView	93%	75%
Meaford Long Term Care Centre	100%	86%
Parkview Manor H.C.C.	97%	88%
Pinecrest Manor	95%	72%
Rockwood Terrace	82%	71%
Southampton Care Centre	93%	71%
Summit Place	95%	81%
Trillium Court	89%	69%
Village Seniors Community, The	90%	68%

Facility Rates - Hospitals

Facility	Staff
Grey Bruce Health Services	65%
Lion's Head and Tobermory	88%
Markdale	73%
Meaford	70%
Owen Sound	63%
Southampton	72%
Warton	68%
South Bruce Grey Health Services	57%
Chesley	52%
Durham	82%
Kincardine	57%
Walkerton	51%
Hanover District Hospital	42%

Staff may include employees (permanent/temporary or full-time/part-time) on payroll, licensed independent practitioners, adult students/trainees, volunteers and contract workers.