



# **BOARD REPORT**

Friday, March 27, 2015



Medical Officer of Health

## REPORT TO THE BOARD

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### Priority Populations – First Nations and Plain Communities in Bruce and Grey Counties

Priority populations are sub-populations and communities based on geographic, cultural or lifestyle characteristics and include those who self-identify based on cultural practices, lineages, beliefs and faith traditions, lifestyles, or health practices. Two such populations in Bruce and Grey Counties are the First Nations, Aboriginal or Indigenous communities, and another group known as Anabaptist, Plain, Old Order Mennonite or Old Order Amish. It is not possible to accurately depict these groups with generalizations (p.2 2012, 3<sup>rd</sup> Ed., Descriptive Profile of Amish and Mennonite Communities in Perth County).

#### First Nations

The current legislative framework for most of the programs and services offered by health units in Ontario includes the provision for “Agreement with council of band”. The *Health Protection and Promotion Act*, RSO 1990, Chapter H.7, Part VI, Section 50, enables a board of health of a health unit to enter into an agreement with the council of a band, to provide programs and services.

As seen in the two Section 50 agreements currently enacted, there is flexibility to develop agreements specific to the First Nation community and its local health unit. The successful engagement, negotiation and implementation of agreements depend on the strength and health of the specific respectful relationships fostered between the First Nation community, its leadership and the local health unit (R Pellizzari, per com, 2014). Opportunities exist in Bruce and Grey Counties for relationship building with the Aboriginal populations.

#### ***Agreement with council of band***

*50. (1) A board of health for a health unit and the council of the band on a reserve within the health unit may enter into an agreement in writing under which,*

*(a) the board agrees to provide health programs and services to the members of the band; and*

*(b) the council of the band agrees to accept the responsibilities of the council of a municipality within the health unit. R.S.O. 1990, c. H.7, s. 50 (1).*

#### ***Appointment of member by council of band***

*(2) The council of the band that has entered into the agreement has the right to appoint a member of the band to be one of the members of the board of health for the health unit. R.S.O. 1990, c. H.7, s. 50 (2).*

#### ***Joint appointment***

*(3) The councils of the bands of two or more bands that have entered into agreements under subsection (1) have the right to jointly appoint a person to be one of the members of the board of health for the health unit instead of each appointing a member under subsection (2). R.S.O. 1990, c. H.7, s. 50 (3).*

**Term**

(4) An appointment under this section may be for one, two or three years. R.S.O. 1990, c. H.7, s. 50 (4).

**Definitions**

(5) In this section,

“band”, “council of the band” and “reserve” have the same meanings as in the Indian Act (Canada). R.S.O. 1990, c. H.7, s. 50 (5).

Health Protection and Promotion Act R.S.O. 1990, retrieved from <http://www.e-laws.gov.on.ca>

## Old Order or Plain Community

Another priority population is the Old Order or Plain community. Belief in the separation of church and state and in the supreme authority of God has generally led to various practices such as non-participation in military. The belief that God, and the community of faith, will care for families and individuals influences the non-participation in enumeration practices, census taking and non-registration for OHIP. Reliance on God’s Provision and the community is paramount and frequently precludes acceptance of government programs and services. All of these groups pay taxes to the government.

Several of these family groups have expanded their presence in Bruce and Grey Counties over the last 15 years. Information from the Perth District Health Unit indicates that many families who originally homesteaded in Perth, Oxford and Huron are expanding into agricultural homesteads in Grey Bruce. While Perth is traditionally thought of as having a high percentage of Old Order or Plain communities, these groups represent five per cent of the county’s population and are becoming fewer as those families move north for greater homesteading opportunities.

Old Order Mennonite, Old Order Amish, Conservative Mennonite, David Martin Mennonite and Amish communities have lived in Ontario for 200 years. The Low German speaking Mexican Mennonites first established in Southwestern Ontario about 17 years ago. Representative families from all these groups currently live in Grey Bruce. In the fall of 2014, an estimate of the demographics and geographic distribution of Old Order or Plain communities within Grey Bruce set the population at approximately 16,000 persons by 2016, roughly ten percent of the total population. This number is expected to double every 20 years.

Our efforts to offer a choice of population health resources for these priority populations should respect the autonomy and value the importance of relationship building with these communities.

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# Program Report MARCH 2015



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

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## Measles

The recent measles cases in Ontario sparked renewed discussion on the importance of vaccines. As one of the cornerstones of public health, the value of vaccines cannot be overstated. Vaccines prevent the spread of infectious diseases and save lives. Prior to vaccine, measles was responsible for 400 cases of encephalitis and 50-75 deaths per year in Canada. Measles cases dropped 99 per cent in the period following the introduction of a measles vaccine.

The last case of measles in Grey Bruce was in 1997, in an infant too young to receive the vaccine. The 2014 vaccine coverage rates for measles in Grey Bruce are 93 per cent for 7 year olds and 96 per cent for 17 year olds. These high coverage rates are the result of the vigilance on the part of health care providers to ensure all children are adequately immunized. High coverage rates help to produce herd immunity. Herd immunity occurs when a high percentage of the population is protected against a disease and in turn, the “herd” protects those too young to get the vaccine or those unable to be vaccinated due to an underlying medical condition.

Legislative requirements also play a role in high vaccine rates. Ontario and New Brunswick are the only provinces that require proof of immunization for school attendance. The *Immunization of School Pupil’s Act* requires all students attending school to provide proof of immunization for the following: measles, mumps, rubella, diphtheria, tetanus, polio, pertussis, meningococcal disease and varicella (chicken pox). If proof of immunization is not provided, a student may be suspended for up to 20 days. Public Health Nurses recently assessed all Grey Bruce student records and issued 3,444 notices to parents advising them that their child’s immunization record is incomplete. Parents have until April 20, 2015 to update their child’s immunization record or the child may face suspension from school.



## Freeze the Industry

*Freeze the Industry* is a youth-led campaign raising awareness on ways the tobacco industry attempts to make their products appealing to young people. Nine students from Hanover were among over 200 youth from across Ontario who attended the November 2014 *Freeze the Industry* summit aimed at taking action to ban the sale of flavoured tobacco.

The youth from Hanover hosted a local *Freeze the Industry* advocacy event during the town's 2015 Family Day Celebration. Youth mingled with over 600 Family Day participants sharing information, passing out literature on the dangers with flavoured tobacco and asking people to sign a provincial petition to ban the sale of flavoured tobacco (part of Bill 45 *Making Healthier Choices Act*). Youth also had the opportunity to meet community leaders, including the Mayor, Deputy Mayor, Council Members and CAO. Signatures attached to the petition will be sent to Bruce-Grey-Owen Sound MPP Bill Walker.

For more information on *Freeze the Industry*: [www.freezetheindustry.com](http://www.freezetheindustry.com)

For more information on Bill 45, *Making Healthier Choices Act*: <http://www.bill45support.com/>



## Population Health Approach to Maternal and Child Health



The Grey Bruce Health Unit is aligning resources previously allocated to individual and group education towards a population health approach for maternal and child health. The new programming brings resources into line with the strategic directions as identified by the province.

The Breastfeeding Committee of Canada recently advised the Grey Bruce Health Unit that we did not achieve a Baby-Friendly designation. Breastfeeding is important for healthy growth and development and is a key factor in preventing childhood obesity. Despite many years of working with both individual clients and community-based breastfeeding support groups, breastfeeding rates have not changed. Within Grey Bruce, 98 per cent of mothers initiate breastfeeding; however, only 43 per cent exclusively breastfeed for the first six months (CCHS, 2011/12). We recognize our role has to shift towards addressing the barriers within the community for exclusive breastfeeding. Our focus is to move upstream to create a culture that supports breastfeeding anytime anywhere.

Another important indicator is school readiness. Despite significant staffing for both individual and group parenting programs, Grey Bruce children continue to be at higher vulnerability for school readiness. Recent data from Public Health Ontario indicates that Grey Bruce has a greater number of children with an overall vulnerability for not being ready to attend school (30.5 per cent ) compared to the provincial average (27.6 per cent), as measured by the Early Development Instrument. Our goal is to work with primary care to ensure all children receive an 18-month screen and that issues are identified and addressed in a timelier manner.

These complex issues require new approaches that involve working with parents and partners to implement evidenced-based programming aimed at creating communities that support the health and well-being of all children and families.

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## Youth Sexual Health

The Grey Bruce Health Unit is realigning its approach to youth sexual health. Moving to this new model recognizes public health's role in providing education and working with partners to create and sustain community-based initiatives to support healthy sexuality.

Public health traditionally approached youth sexual health through delivery of clinic services. However, sexual health is only one facet of overall health. Individual health care, including sexual health, is best achieved when clients are linked to a primary care system offering a comprehensive health strategy, rather than through fragmented services.



Public health will continue to offer confidential STI testing/treatment, pregnancy testing and referrals, and access to low-cost contraception. These services will be geared primarily to youth through public high schools and at limited community sites for those unable to access services at school sites.

Wherever possible, clients seeking services will be directed to their primary care provider. Where clients report not having a primary care provider, we will assist them to roster. A client in need will not be denied services. However, the emphasis will always be on encouraging/assisting the client to roster with a primary care provider.

Strategies to support education and community initiatives include the development of a multi-disciplinary team of public health nurses, health promoters, youth engagement workers and nutritionists. The team will address mental health and resiliency, healthy relationships, substance misuse, injury, nutrition and physical activity. We will work to build on existing partnerships and already successful school and community initiatives. Our role will include advocacy for and assistance in policy development to support enhanced youth health. This approach also includes a robust evaluation component to measure impacts/outcomes.

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## Pool and Spa Safety

Grey Bruce is home to 124 regulated swimming pools and 45 regulated spas. These facilities are found in community settings, condominiums, hotels, etc. Twenty-four of the regulated pools are Class A pools, requiring inspections every three months while they are open and minimum of two inspections. The 45 regulated spas require the same frequency of inspection. In 2014, we met our performance accountability indicator with all pools/spas receiving required inspections.

We check that safety equipment is present and working correctly; that the water chemistry is within parameters; and that the operator is carrying out the mandatory daily checks. Inspecting is not just about numbers. An inspection offers an opportunity for dialog and education with the operators. Generally, operators want their facilities running as efficiently as possible and to protect the safety of their customers. As needed, we will work closely with an operator to correct a deficiency, although it is rare that formal action is required. In 2014, we received two complaints for all 169 facilities.

In 2015, the program will operate under the same regulations and the same accountability requirements. In line with our goal of improving both efficiency and service, we will undertake a Quality Improvement initiative looking at the methods used to test water chemistry. New equipment is available that promises improved accuracy/consistency and quicker response times. We will compare its use with our current system to assess effectiveness.

