



BOARD REPORT

Friday, January 24, 2014

Program Report January 2014



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

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HEALTHY COMMUNITY DEVELOPMENT

Grey Bruce Healthy Communities Conference May 14-15



Collaborative Partnerships Making Healthy Change Happen

is the theme for this year's conference. This is a conference about the health of our community. It is about addressing health inequities and recognizing the unique and inspiring ideas that support the health and well being of our residents. This conference will consider the health assets of rural communities at the individual, community and organizational level. Objectives include:

- Raising awareness and encouraging dialogue about the active role each participant plays in addressing health inequities.
- Sparking innovative ideas that will engage communities to meet the needs of priority populations.
- Strengthening collaborative partnerships and community networks.
- Learning from the experience of others in creating, supporting and sustaining a healthy community.

Plans include Minister of Health and Long-Term Care, Deb Matthews as the keynote speaker on the opening evening.

A Call for Presentations has been launched with submissions due February 14, 2014. Information about the conference is available at www.healthycommunitiesconference.com

Georgian Bay Cycling Route

In February 2013, the Manitoulin Island Cycling Advocates contacted the Grey Bruce Health Unit with regard to the Georgian Bay Cycling Route (GB Cycling Route), a proposal for a cycling route around Georgian Bay. The project intends to use or extend existing infrastructure to produce a circular route of nearly 900km connecting the Districts/Counties of Manitoulin, Sudbury, Parry Sound, Muskoka, Simcoe, Grey, Bruce and an additional link to the Trans-Canada trail.

In September, Transportation Options Association of Ontario in partnership with The Resource Management Consulting Group (RMCG) was awarded the contract to conduct a feasibility study. The work will allow the GB Cycling Route to be fully analyzed and create an implementation plan to put the route into place. The study is comprised of three major segments, with all work to be completed by March 2014.

Stage 1 - Technical Feasibility Study

Stage 2 - Cost and Benefit Analysis

Stage 3 - Implementation Plan

The process of preparing the technical feasibility study included outreach to stakeholders and potential partners to look at route alignment, road use approval process, infrastructure costs, conceptual and formalized support, plus tourism and community assets supporting the route. A series of community consultation meetings were held at locations along the entire route. Public Health, municipal and county representatives and a number of other community partners provided input during a meeting at Grey Roots in November. A similar meeting was also held in Bruce County. These meetings saw a draft route unveiled and the consultants received feedback on the project. The results of the initial study indicated strong support for the concept. The consultants are developing an interim report to suggest enhancements to the route and provide potential solutions for gaps and identified issues.

The Grey Bruce Health Unit provided a letter of support for the proposed cycling route around Georgian Bay and commended the Route Steering Committee for the work they've undertaken. The letter recognized the value of both recreational and utilitarian cycling opportunities as a way to encourage physically activity that is safe and accessible to a wide range of participants.

The development of new routes and infrastructure works to improve the health of residents by encouraging physical activity. This is important as 57.7% of Grey Bruce residents are overweight or obese and only 13% of children and youth meet recommended daily physical activity guidelines.

In addition, tourism is an important economic driver in Grey Bruce and relevant to the social determinants of health. Statistics from Niagara region, Quebec and several non-Canadian sources identify significant economic benefits derived from cycle tourism.

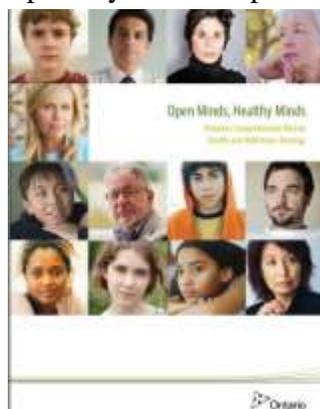


Mental Health Promotion in the Early Years

Momentum is building to address mental health concerns including improving treatment options and services for children and youth with mental health issues. In the *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health & Addictions Strategy (2011)*, the first three years of the 10 year plan focuses on child and youth mental health and the need to promote resilience and mental wellness. *Make No Little Plans: Ontario's Public Health Sector Strategic Plan*, promotes a holistic approach to health that includes both physical and mental health and focuses on early childhood development including mental wellness and resiliency.

Public Health is contributing to mental health promotion through:

- Educating the public and screening for maternal depression.
Maternal depression is common, affecting 20% of mothers. The prevalence of depression among women peaks during pregnancy and the postpartum period. Postpartum Mood Disorder is a significant risk factor affecting the healthy development of infants and young children. Children of mothers who are depressed are at risk to experience growth, attachment, psychological, cognitive, behavioural and developmental problems.
- Attachment based parenting programs.
Infant mental health and development are intertwined. Infants not doing well emotionally tend to lag in achieving developmental milestones. Research is providing new insights into the impact of stress on the developing brain and the importance of the infant-caregiver relationship in helping babies regulate stress.
- Working with community partners to help build resilience.
Current research indicates that child and adolescent difficulties with resilience and self-regulation lead to a broad range physical and mental health problems. Asset based approaches that build on individual and community capacity are being explored through the Let's Grow Implementation Committee.
- Working with our partners to reduce poverty.
Although the mechanisms of how poverty influences child and youth mental health outcomes are not well understood, child poverty is associated with increased mental health difficulties. Specific populations including children from single mother families, children of teen mothers and social assistance recipients, youth transitioning from crown ward status, early school leavers, and children and youth with disabilities are at higher risk of both poverty and of experiencing mental health problems.



CLIENT SERVICES

Influenza Vaccine

Public Health is partnering with family physicians, pharmacists and a number of other community agencies to increase availability of the influenza vaccine. This year, 33 pharmacies as well as physician offices and Family Health Teams (FHTs) are providing flu shots to the community. The number and distribution of sites as well as locations being open extended hours ensures greater availability of the vaccines for clients. Some FHTs are also willing to vaccinate people who do not have a family physician.

This fall, Public Health has distributed more than 54,725 doses of vaccine (to date) in Grey Bruce. By comparison, 51,000 doses were distributed last season. Due to the increased community capacity, the role of Public Health is shifting away from administering influenza vaccinations. However, Public Health will continue to provide the distribution of vaccine to the community partners and ongoing support of promotional strategies.

Public Health partnered with several organizations including Beaver Valley School. The school principal “wanted to provide an opportunity for community members to be vaccinated and had an interest in encouraging more children and parents to get a flu shot in order to reduce the number of days missed by students due to flu related illness”.

2013 Public Health Influenza Vaccine Clinics

Date	Location	Number of doses
Nov. 1	Grey Bruce Health Unit Owen Sound	239
Nov. 6	Gateway Haven Warton	112
Nov. 14	Rockwood Terrace Durham	52
Nov. 20	South East Grey Health Centre Markdale	98
Nov. 26	Beaver Valley School Thornbury	98
TOTAL		599



Medical Officer of Health

REPORT TO THE BOARD

Friday, January 24, 2014

Welcome to both the new and the returning members of the Board of Health. Thank you for your leadership and commitment to the wellbeing and governance of Grey and Bruce counties. I look forward to us working together this year.

One of the organizational accountabilities of the Board of Health to the Ministry of Health and Long-Term Care is to have a strategic plan. Our Grey Bruce Health Unit strategic plan developed in 2010 is due for review and renewal in 2014. As we go forward in this planning process, it is important that all of the members of the Board are familiar with the over-all directions set by the province through the [Ontario Public Health Standards](#) and the [Ontario Public Health Strategic Plan](#). We will be undertake various events and processes throughout this year as we carry out this review of our Vision, Mission, and Values and develop a strategy to guide our actions for the next several years.

Orientation for members new to the Board of Health is important. All Board members will be provided with an orientation package at the January meeting. Additionally, we would like to meet with all our new members, as well as interested returning members, for further orientation and a question and answer session on the afternoon of the February 28 meeting.

I have also included here an article by Harvey Fineberg, [Public Health in times of Government Austerity](#). I hope you find it interesting.

One of my favourite athletes is Wayne Gretzky. He was fairly slight as hockey players go and not the fastest skater. He was often not the strongest player on the ice. In an interview he was asked why he was so good. He answered, "I don't skate to where the puck is, I skate to where the puck will be."

Public health is not the biggest or the most powerful part of the health system. As a field we receive only a tiny fraction of the billions of dollars spent on health care in Ontario. However, I think we do have the ability to look to the future and assist leaders to incorporate health into their decision making across a broad range of sectors of our society: education, transportation, housing, industry, environment and social support.

We can be successful if we engage in advocacy, linking science to the discussions of policy change.

Together we build healthy communities.

Hazel Lynn