



# **BOARD REPORT**

Friday, January 23, 2015



**Medical Officer of Health**

## **REPORT TO THE BOARD**

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Benjamin Disraeli introduced the Public Health Act to British Parliament in 1875 and commented, "Public Health is the foundation for the happiness of the people and the power of the country. The care of public health is the first duty of a statesman."

Now, 140 years later, the statement about the importance of the health and well being of all citizens is still true. There are many organizations involved in the 'care of public health'. Local Municipal Government involvement is critical as we look at input in our natural, social and built environments, and how these contribute to our community where generations of families can live, work and play safely, now and in the future.

Health Promotion, as defined in the [Ottawa Charter for Health Promotion \(World Health Organization, 1986\)](#) is the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs and to change or cope with the environment. Therefore, health is seen as a resource for everyday life, not the objective of living.

The [Ottawa Charter](#), the most widely used health promotion document in the world, outlines five action strategies:

- Building health public policy
- Creating environments for health
- Strengthening community actions
- Developing personal skills
- Reorienting health services

You, as members of local governments have the opportunity to make the biggest contribution to our health.

Together we can build healthier communities.

*Hazel Lynn*

An example of a multi-organizational partnership:  
[Center for Social Innovation – Constellation Collaboration](#)

# Program Report January 2015



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

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## **CLIENT SERVICES**

### **NutriSTEP Research Project**

NutriSTEP is a standardized nutrition screening tool for toddlers (18 to 35 months) and preschoolers (3 to 5 years). The questionnaires are a fast and simple way to assess eating habits and recognize nutrition problems in children. The comprehensive strategy for NutriSTEP identifies primary care (Family Health Teams and Community Health Centres) as integral partners to the successful implementation of NutriSTEP.



A research study into its use was undertaken based on key informant interviews with ten primary care sites. This work examined the challenges to using NutriSTEP as well as what facilitated its use. Of the ten sites, five do not use NutriSTEP. They cite lack of time and lack of target group as the main reasons. Those using NutriSTEP note education/training, IT support, nutrition expertise, ease of use and inter-professional collaboration as contributing factors supporting its implementation. The study also looked at how sites using NutriSTEP interpret results, provide feedback to parents and initiate referrals

Results and implications for practice will be completed in early 2015. The final poster summary of results will be presented at Brescia University College as part of the lead researcher Jenessa Dalton's dietetic internship requirements. The study will also be submitted to Dietitians of Canada for an opportunity to present it at their annual conference.

## **HEALTHY COMMUNITY DEVELOPMENT**

### **Public Health Influenza Immunization Coverage**

Canada is experiencing an early influenza season with influenza A (H3N2) as the predominant strain; affecting mostly the elderly. There have been confirmed cases of influenza across Grey Bruce, in both the community and in Long-Term Care facilities.

Public Health policy states that all Public Health employees should receive annual influenza immunization to protect themselves and others. A recent staff survey found that 82.5% of Public Health staff had received the influenza vaccine with 70% receiving the vaccine at a Public Health clinic.



Influenza viruses are constantly changing. The vaccine is updated each year based on which virus strains are circulating, how they are spreading and how well the current vaccine protects against new strains. While the current vaccine may offer less than ideal protection from circulating strains, it can still reduce the risk of severe complications from the flu. The best defense against influenza is vaccination. Hand washing, sneezing/coughing into your sleeve, frequent cleaning of hard surfaces and staying home when sick all provide additional protection.

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### **Auditor General's Report**

The 2014 Ontario Auditor General's Report reviewed the Ontario Immunization System "to ensure Ontario's immunization program protects against vaccine preventable diseases in an efficient and cost-effective manner and is in compliance with legislative requirements" ([OAG Report, December 2014](#)). The Ministry of Health and Long-Term Care, Public Health Ontario and Health Unit's are committed to a two-year timetable to address the issues identified in the Auditor General's report.

1. **Ontario's child-immunization rates are below federal targets.** Low immunization coverage rates can increase the risk of disease outbreaks. In Grey Bruce, immunization rates are high for most diseases (92% coverage for measles in 2011/12). Locally, surveillance of immunization rates will continue with special focus on under-immunized communities.
2. **There is no central immunization registry in Ontario.** It is important to maintain an immunization registry incorporating information from all health care providers who administer vaccines (including physicians, public health and pharmacies). The introduction of Panorama, which Grey Bruce Health Unit was instrumental, will create a comprehensive system for immunization reporting.
3. **Lack of information on immunization coverage in childcare centers.** Due to challenges in reporting, the Ministry of Health and Long-Term Care is often not aware of coverage levels in childcare centers. In Grey Bruce, all childcare immunization records are assessed annually and submitted to the Ministry.
4. **Vaccine wastage.** The Auditor General noted \$3 million in publicly funded vaccines expiring before use. In Grey Bruce, we monitor vaccine orders and allocate based on a one-month supply of vaccine at any one time. Facilities who over-order or have large amounts of wasted product must have a contingency plan to better manage vaccines or they lose the ability to order from Public Health. Grey Bruce Health Unit had a wastage rate of less than 1% for HPV vaccine and less than 5% for influenza vaccine (MOHLTC Accountability Indicators, 2013).

## More Public Places Going Smoke-Free

More public areas across Grey Bruce are going smoke-free.

As of October 2014, Grey County prohibits smoking within nine metres of any entrance or exit of a municipal or county building. The restriction does not extend to any private property unless the consent of the owner has been granted and does not include a highway as defined in the *Highway Traffic Act*. Tenants occupying Grey County social housing units prior to October 2014 will be exempt; however, the bylaw will be enforced with all new residents.

Funding was received through the Southwest Tobacco Control Area Network to purchase signs for distribution to Grey County and lower tier municipalities.

Several regulatory changes to the *Smoke-Free Ontario Act* came into effect January 1, 2015.

The **sale of tobacco** is prohibited on post-secondary campuses, schools, day nurseries and licensed private-home childcare and premises under the *Independent Health Facilities Act*.

The **use of tobacco** products is prohibited on:

- Outdoor restaurant and bar patios (except Royal Canadian Legions with existing patios prior to November 18, 2013)
- Outdoor playgrounds and within 20 metres of the playground
- Outdoor municipal sporting areas, spectator areas and within 20 metres of the sporting area and spectator areas

The Ministry of Health and Long-Term Care has provided signs for municipal playgrounds and sports fields. Signs for outdoor restaurants and bar patios will be delivered in the spring. It is the responsibility of the municipality and the owner of the restaurant/bar patio to post the signs.

Tobacco Enforcement and Education Officers at the Grey Bruce Health Unit will enforce both the Grey County bylaw and *Smoke-Free Ontario Act* amendments.



## Expanded Outdoor Air Quality Monitoring in Grey Bruce

The relationship between poor outdoor air quality and human health is well understood. Commonly encountered air pollutants can increase the risk of cardiovascular and respiratory disease and/or worsen pre-existing conditions such as allergies and asthma.

The Grey Bruce's State of the Environment Report, released late last year, found air quality in Grey Bruce to be very good. However, the report notes there is only one monitoring station near Tiverton in southwest Bruce County. Data from this site reflects pollution carried by the prevailing winds from outside Grey Bruce but does not provide information about local sources and therefore may not reflect the state of air quality further inland. While there are no obvious, focused sources of air pollution (e.g. large-scale industrial operations or areas of concentrated vehicular traffic) it has been hypothesized that the combination of local climatic conditions and less focused, but still potentially impacting, activities could produce adverse conditions.

Addressing this concern, the Grey Bruce Health Unit proposed a collaborative project with the Ontario Ministry of the Environment and Climate Change to undertake expanded air quality monitoring in Grey Bruce. A discussion regarding potential methodology for the project was made during a preliminary meeting with Ministry technical staff last November. Components of this project could include the installation of temporary portable air monitoring equipment (locations to be determined) and cross-referencing data from nearby air quality monitoring stations located outside of Grey Bruce. Pending Ministry approval, this work would proceed during the summer, when adverse air quality events are most common, with findings available in the fall.

