



BOARD REPORT

Friday, January 22, 2016



Associate Medical Officer of Health

REPORT TO THE BOARD

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Individual Primary Care and Public Health Population Health: The Foundations

In light of the recent release of the Ontario government's discussion paper entitled *Patients First*, it is important to understand the foundational difference between what makes individuals sick and what makes populations sick and how it impacts public health practice in Ontario. The difference was explained expertly by Geoffrey Rose in his 1985 paper, *Sick Individuals and Sick Populations* (attached).

There are three main ideas presented in Rose's paper which will be explained here; 1/ what is common is not necessarily normal or healthy, 2/ when the causes are known, it is most best to control the underlying risk factors causing the illness (from the perspective of a primary care individual prevention strategy and from a public health population prevention strategy), and 3/ prevention paradox shows us that change is more effective and efficient at the population level and produces greater overall health gain across the population, than individual treatments. Public health has to be moving society forward through applying effective facilitation, coordination and evidence-informed upstream interventions. We have a mandate, given by society, to promote the adoption of effective and efficient population-level interventions that ultimately decrease the gap between advantaged and disadvantaged persons in the population. In our experience with obesity we know that we cannot treat our way out of the obesity epidemic (for example: acute care hospitals buying more bariatric equipment and funding more bariatric surgeries is not resulting in a reduction in the incidence of obesity). The only efficient option for reducing incidence of obesity is through early prevention strategies applied at a population level (such as: changing the culture to support increased physical activity of youth, and cultural change so that all women wishing to breastfeed their infant, feel supported by their communities and families in their decision to do so).

Primary care and public health are equally important in achieving better health, but where a primary care practitioner may see a broken leg as making the patient in front of them sick, the public health practitioner may see poverty and poor housing as the underlying cause of the increased rate of fracture injuries in the population sub-group in which the patient finds themselves, and therefore, the ultimate cause of the increased incidence of illness (broken legs). This requires having cross-sector partners involved in developing and implementing effective solutions.

The advantages of prevention by population strategy are powerful (Rose 1985, p.37). Any population level prevention strategy is radical, because it attempts to remove the underlying

causes that make the disease common and therefore has huge potential for health gains for the population. It is behaviorally appropriate, such as de-normalizing smoking. The disadvantages of prevention by population strategy speak to the challenges encountered with getting buy-in (engagement) from primary care. These strategies often offer small benefit to the individual ('prevention paradox'), which translates into poor motivation of the individual, and poor motivation of the primary care physician caring for that individual. The benefits and costs of specific prevention by population strategies are difficult to communicate in the context of one on one clinical care setting for individual patients. For example, exclusive breastfeeding to six months can reduce the risk of diarrhea in the infant. The infant of the mother sitting in front of the primary care provider, will either get diarrhea or not (a dichotomy), but she is being asked to use risk information to determine if the benefit of decreased diarrhea outweighs the cost to her of having to counter a non-supportive mother-in-law for six months. Public health's role is to change the culture whereby the mother-in-laws in the community are supportive or at least not actively discouraging of exclusive breastfeeding, which is as equally important as the primary care objectives outlined for the individual. It is different, but equally important prevention work.

These concepts are foundational to understanding the opportunities and limitations of the formalized relationship between public health and the Local Health Integration Networks as outlined in *Patients First*. As we move forward in consultations and in the operationalization of changes to achieve the described vision, we must ensure that there is an understanding, and equal valuation of the benefits that can be achieved both through individual care and through population health interventions. Our tools are different, but are equally important.

Christine Kennedy

[Rose G \(Department of Epidemiology, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E7HT, UK\), Sick individuals and sick populations, *International Journal of Epidemiology* 1985, 14: 32-38.](#)

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

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Tobacco Enforcement

As part of the commitment to having the lowest smoking rates in Canada, the Ontario government is doing more to protect youth from taking up smoking, whether regular cigarettes or e-cigarettes.

The [Electronic Cigarette Act](#) came into effect January 1, 2016, making it illegal to sell or supply electronic cigarettes to anyone under the age of 19. All retail vendors must ask for and check photo identification of anyone who appears to be under 25 years. This aligns with provisions in the [Smoke-Free Ontario Act](#) with respect to tobacco products. Vendors must display prescribed signs at the point of sale. It is illegal to use e-cigarettes in places where smoking is banned including:

- Enclosed workplaces, workplace vehicles and public places
- Outdoor public areas including school property, bar or restaurant patios, and within 20 metres of playgrounds, municipal sports fields and spectator areas
- Hospital and long-term care buildings and property unless an outdoor vaping area is provided. Effective January 2018, all outdoor vaping areas on hospital and long-term care grounds will be banned.

A ban on displays for e-cigarettes and a ban on the promotion of e-cigarettes where they are sold comes into effect January 2017.

Effective January 1, 2016, amendments to the *Smoke-Free Ontario Act* include the ban on flavoured cigarettes and cigarillos. The flavour ban will exempt menthol until January 2017 and indefinitely exempt flavoured pipe tobacco and some flavoured cigars. The amendments prohibit the sale of tobacco and smoking on the outdoor grounds of hospitals, long-term care homes and certain government office buildings.



Healthy Kids Community Challenge Launches in South East Grey

South East Grey is one of 45 locations across Ontario taking part in the *Healthy Kids Community Challenge*. The Municipality of Grey Highlands, in partnership with the Township of Southgate and Township of Chatsworth, will receive \$375,000 in provincial funding over a three-year period for this project. Launched in the fall of 2015, the goal of the *Challenge* is to promote children's health through physical activity and healthy eating. Local municipalities, schools, the local Community Health Centre, Public Health, private partners and other community groups are all coming together in the South East Grey area to support the *Healthy Kids Community Challenge*.

The initial theme of the *Challenge* "Run. Jump. Play. Every Day." encourages physical activity through a mix of active play, active transportation, sports and structured physical activity. New themes related to physical activity and healthy eating are planned for release throughout the project.

Students at Highpoint Community School in Dundalk kicked off the first theme with a Four Square tournament. Student leaders in Grade 7 and 8 worked together to run a Four Square tournament at recess for students in Grades 4 to 6, reminding students how easy it is and how much fun it is to be physically active every day. The winter program includes regularly scheduled free public skating events in eight local arenas. To ensure everyone can participate, a skate donation program was introduced to provide skates for families who need them.

Community leaders can help by spreading the Healthy Kids message and connecting recreation and healthy living groups in the South East Grey community with the project. Making it easier for children to be active and to eat healthy are key components to good health through adulthood.

To learn more about Healthy Kids visit [Healthy Kids Community Challenge](#). To learn more about the local project, contact the [South East Grey Community Health Centre](#) or follow us on Facebook and Twitter.



Rabies

The recent rabies outbreak in the racoon population in the Hamilton area underscores the importance of the Public Health Rabies program. On December 2 2015, testing of a racoon that had been live-trapped by local animal control identified it was positive for racoon rabies. The event garnered significant media attention, as this was the first racoon rabies in Southwestern Ontario since 2005. Subsequently, another eleven case, all in racoons, have been identified following testing of wildlife routinely picked up by municipal staff.

Racoon variant rabies is a known problem in New York State. For a number of years, the Ministry of Natural Resources and Forestry (MNRF) has operated a vaccine-baiting program along the U.S. border to protect wildlife from incursions of rabid animals. A ground and airdrop distribution of vaccine-laced bait was carried out in December in the areas where the positive animals were found.

The baiting programs, work by the Ontario Ministry of Agriculture Food and Rural Affairs and ongoing vigilance by veterinarians and animal owners has resulted in the steady decline in the disease. The last rabid fox report in the province was in 2009. The last case of rabies identified in Grey Bruce was in 2011, in a cow. This month, a cow infected with the arctic fox strain of rabies was reported in Perth County.

The same levels of vigilance and partnership will be required to ensure that racoon rabies is controlled. The Health Unit investigates cases of potential human exposure to determine the status of animals involved in biting incidents. When it is required, the Health Unit provides post exposure vaccine.



Dental Promotion with First Nations Families

The Children's Oral Health Initiative (COHI) is a national program to improve oral health for First Nations children living on reserve. Since January 2006, the Health Unit has partnered with Health Canada to carry out the COHI program in Grey Bruce for children in the Saugeen First Nation and the Chippewas of Nawash Unceded First Nation communities.

A recent photo shoot and poster project promoting COHI was held at the Saugeen First Nation. The intent was to build on the relationship with the Saugeen community and to support increased awareness and enrollment for the program. Parents of children enrolled with COHI were invited to have their children take part in a photo shoot with the images to be used in a poster promoting the program. This strategy provided an opportunity to showcase the community's children and develop culturally appropriate messaging.

There was a large and enthusiastic turn out with many parents and grandparents in attendance. Each of the nine children who had their photos used were provided with their own copy of the poster. The event also provided a chance for the parents to meet the dental team who offer the service to the community. Parents were able to ask questions and suggested ideas to enhance the program.

The poster is currently on display at the band office, daycare centres, health centre and the local recreation centre. A similar project will be undertaken at the Chippewas of Nawash Unceded First Nation community.



C.O.H.I.
Children's Oral Health Initiative

Together we can prevent cavities before they start!

Healthy teeth start at home

- Help your child brush their teeth 2 times a day.
- Choose healthy foods. Avoid sugary snacks.
- Drink water and milk. Avoid pop and fruit drinks.

C.O.H.I. is here to help

Is your child 0-7 years of age? We check your child's teeth and offer free services to help keep teeth strong. Call us today!

Visit your dentist regularly

Children should start seeing the dentist by their first birthday.

Have questions? Need more info?
Call Renee Holmes,
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