



BOARD REPORT

Friday, December 18, 2015



Medical Officer of Health

REPORT TO THE BOARD

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Social Determinants of Health – Bruce Power and the Health of the Population of Bruce and Grey Counties

The recent announcements of two local and regional business strategies, the refurbishing of Bruce Power, Units 3 – 8, as outlined in [Achieving Balance Ontario's Long-Term Energy Plan](#) and the [Driving Economic Growth and Keeping the Air Clean](#), provides an opportunity to reflect on the implication and potential contributions to the health and wellbeing of the broader population of Grey and Bruce counties.

We can view these prospective impacts through the lens of the Social Determinants of Health: income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; gender; and culture ([Public Health Agency of Canada Canadian Best Practices Portal: http://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/social-determinants-of-health/](http://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/social-determinants-of-health/) (accessed December 7, 2015).

Income, Education, Employment

The Long-Term Energy Plan program “will secure an estimated 18,000 jobs directly and indirectly from operations, and an additional 3,000-5,000 jobs annually”. Of all the social determinants of health, income, education and employment are a triumvirate that generally afford the greatest health gains over time to any population. These three are greatly influenced by the opportunities for income generation through employment in industry, and the indirect value attached to education as an enabler and precursor of employment.

Physical Environments

Clean air is an important component of healthy physical environments (NOAA 2015). The role of nuclear power contributing to the elimination of reliance on higher carbon footprint modes of energy generation, like coal-fired power plants, is documented in Ontario's Long-Term Energy Plan. As with Health Units across the province, the Grey Bruce Health Unit is actively engaged in seeking out and facilitating cost-effective interventions that enhance our ability to address climate change challenges in our own backyards.

Challenges: Personal Health Practices, Housing, and Injury Prevention

With greater opportunities, also come potential health challenges. We are witness to a significant increase in several sexually transmitted infections in Grey and Bruce in the last two years (375% in gonococcal infections). Indications of recently changing patterns in substance use and addictions within Grey and Bruce counties are of concern.

Examples of evidence-based initiatives that offer opportunities to address the current challenges include the Patch-for-Patch program and the ongoing support of our clean needle distribution program which has experienced an almost doubling in demand this year. The need to address the new face of addiction was further emphasized by the [Municipal Drug Strategy Coordinator's Network of Ontario's December 9, 2015 news release](#) calling for urgent action on opioid overdoses.

Increased prosperity for the region also creates challenges for housing. The Above Standard Housing Project and Rent Safe initiatives, through the Grey Bruce Health Unit, support municipalities and community partners to meet the anticipated housing needs of at-risk populations.

Industry and municipalities share responsibility for effective stewardship and leadership in injury prevention. The Grey Bruce Health Unit hopes to continue to facilitate and promote effective and evidence-based initiatives to support safe workplaces, communities and home environments.

Dr. Christine Kennedy

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

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Supporting Baby-Friendly

Achieving the World Health Organization's Baby-Friendly Initiative (BFI) designation is a strategic goal for many local health care organizations. The Health Unit supports these organizations through accredited learning opportunities for local health care professionals.

On November 10, the Grey Bruce Health Unit partnered with Hanover & District Hospital to host a *Baby-Friendly Initiative Implementation* workshop. Toronto East General Hospital, a recognized leader in preparing health services to achieve the BFI designation, facilitated the workshop offering training, tools and guidance to local organizations seeking designation. Participants represented Hanover & District Hospital, South Bruce Grey Health Centre-Family Birthing Centre Walkerton, Kincardine Family Health Team (FHT), Brockton and Area FHT and Goderich Alexandra Marine & General Hospital.



In partnership with the Ontario College of Physicians and Surgeons, a breastfeeding workshop for physicians and health care providers was offered in Owen Sound on December 7. This education presents knowledge and skills training around breastfeeding practices in order to improve breastfeeding outcomes.

Infection Prevention and Control Reporting

On October 14, new requirements came into effect for reporting of IPAC (Infection Prevention and Control) lapses in health care facilities and personal service settings. For these requirements, “health care facilities” refers to physician clinics, dentist offices, diagnostic laboratories and alternative medicine practices. “Personal services settings” refers to tattoo/body piercing facilities, hair care and other esthetic services. “IPAC lapse” is an action or condition that could result in the transmission of infectious disease, such as the failure to sterilize certain instruments.

Health care facilities are not routinely inspected. Reports of potential IPAC lapses in these facilities will arise through client complaints, communicable disease surveillance or referrals. Personal services settings are inspected. As such, potential IPAC lapses may be identified through routine inspection, as well as complaints and disease surveillance.



Public Health investigations are complaint driven. When a complaint is lodged against a regulated facility, for example a dental office, the regulatory body for that facility is also contacted.

A valid IPAC lapse must be reported on the Health Unit website, updated regularly during the investigation and closed out when complete and the matter resolved.

Complaints of potential IPAC lapses are rare. In Grey Bruce, there has only been one complaint in the past two years. However, the low frequency of reported complaints may not indicate the number of lapses actually occurring since a majority of clients may not witness the lapse or understand that one has occurred.

Recognizing this possibility, promotion of IPAC principles was undertaken with local health care facilities as these settings see large numbers of people and offer a variety of services. Since June, 15 physician office/clinics have been visited and provided with infection control resources, best practices recommendations and educational opportunities. It was noted that the majority of clinics are in the early stages of implementing IPAC best practice initiatives.

Designated Officers Workshop

On October 27, the Health Unit hosted a workshop for designated officers, *Mitigating the Risk*. A designated officer is an emergency service worker who is responsible for receiving and assessing reports regarding the possible exposure of an emergency services worker to an infectious disease. Additionally, the designated officer is a champion in infection prevention and control for their work environment. There are currently 44 designated officers in Grey Bruce.



The keynote speaker, Dr. Blair Bigham from McMaster's Michael G. DeGroot School of Medicine, addressed post-exposure prophylaxis. Dr. Bigham was a flight paramedic for 10 years prior to becoming a physician. Additional presentations included the role of the designated officer, personal protective equipment and risk assessment.

Partner agencies organizing the workshop included the Grey Bruce Health Unit, Bruce County Emergency Medical Services, Grey County Emergency Medical Services, Kincardine Fire Department, Cape Croker Police and Ontario Provincial Police. The 37 attendees included Public Health staff, fire

fighters, paramedics and police from Grey, Bruce, Huron and Simcoe counties. Evaluations show that over 95% of participants rated the workshop extremely or very good and the speakers as very helpful in supporting the role of the designated officer.

Public Health and Local Municipal By-law Enforcement

Public Health Inspectors (PHIs) and local municipal by-law enforcement officers often respond to similar complaints and concerns. Reports of substandard housing, malfunctioning sewage systems and biting animals are all situations that can require and often benefit from joint action.

Recognizing this alignment, PHIs and by-law enforcement officers met in Walkerton on November 2 to share information about their work and to look for ways to develop effective partnerships. Three key themes emerged:

- There is a significant overlap in the types of issues addressed by Public Health and municipal by-law enforcement.



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- It would be useful for municipal by-law departments to be aware of health hazard and certain potential rabies investigations being carried out by Public Health in their locales.
- There is potential for municipal by-law enforcement and Public Health to collaborate on specific issues, for example complaints of mould in rental housing.

As a result of these discussions, a pilot program has been developed that will see all health hazard complaints triggering an inspection by Public Health and all animal exposure investigations involving aggressive and/or at-large animals brought to the attention of the local municipality.

In the case of health hazard complaints, this will allow for a consistent/coordinated effort between Public Health and local by-law enforcement, should the latter also be investigating the complaint. In the case of animal exposures, this will allow for local animal control to be aware of potentially dangerous animals in their jurisdiction, and to assist in locating at-large animals sought by Public Health.

This simple and straightforward notification process will greatly improve communication between Public Health and municipal by-law enforcement thereby enhancing program delivery for all involved.

Emergency Preparedness Update

The new *Public Health Emergency Preparedness Protocol, 2015*, required the identification of high-risk populations in the community relevant to specific hazards and to consider the potential for disproportionate health impacts to these populations. Work is now underway to incorporate these amendments into our *Hazard Identification and Risk Assessment (HIRA)* document which will result in a more useful tool for emergency planning.

Early in 2015, the Health Unit was actively engaged in a partnership with Bruce Power to plan for the local distribution of Potassium Iodine (KI) as part of continuing efforts to improve safety. The initial phase of this process is now complete and includes an ongoing distribution program.

