



BOARD REPORT

Friday, February 27, 2015



Medical Officer of Health

REPORT TO THE BOARD

Friday, February 27, 2015

The Economic Impact of Reducing Physical Inactivity and Sedentary Behaviour

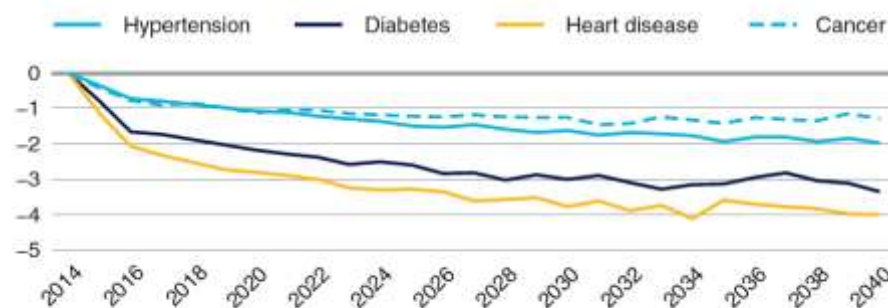
The Conference Board of Canada released a report last fall entitled, "[Moving Ahead, the Economic Impact of Reducing Physical Inactivity and Sedentary Behaviour.](#)" The full report is available on the Grey Bruce Health Unit Extranet if you would like to read it.

The basic messages of this briefing paper are:

- Only 15% of Canadian adults get the recommended 150 minutes per week of moderate to vigorous physical activity. Further, the majority of Canadians lead a sedentary lifestyle, spending most of their waking hours sitting.
- Individuals, businesses, and governments all have a stake in helping Canadians become more physically active and minimize the time they spend sitting.
- Even a modest reduction in inactivity and sedentary behaviour would cause a substantial decline in disease prevalence and premature mortality, all while boosting economic activity and reducing health care spending.

Our vision for Grey Bruce is "A Healthier Future for All." Reducing physical inactivity and sedentary behaviour can increase our longevity in various ways but mostly by reducing the incidence of chronic conditions. If we can avoid or delay the onset of hypertension, diabetes, heart disease and cancer we can increase the number of people living 'disease free' into their older years.

Chart 2
Impact of Physical Activity on the Incidence Rate of Four Chronic Conditions
(per cent change in incidence rate, compared to status quo)



Sources: POHEM-PA; The Conference Board of Canada.

In the work place, increasing physical activity and reducing sedentary behaviour can significantly reduce absenteeism and disability, which improves productivity. The share of jobs that require little to no physical activity during the day (desk jobs) has more than doubled since 1970, and employers need to find ways to help their employees compensate for this increase in sedentary behaviour.

A sedentary lifestyle has physiological effects that are distinct from insufficient physical activity. Therefore to minimize health risks, improve quality of life and maximize longevity, we need to be more physically active and reduce the time we spend sitting.

In the next few weeks, the Grey Bruce Health Unit's 'Raise a little Health' committee (our workplace wellness leaders) will be finding opportunities and suggestions for us to do less sitting during the day. We will continue to monitor the staffing and hope to reduce our absenteeism and improve productivity.

Hazel Lynn

Program Report February 2015



101 17th Street East, Owen Sound, ON N4K 0A5
519-376-9420 1-800-263-3456

WEBSITE: www.publichealthgreybruce.on.ca

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

CLIENT SERVICES

Infant Hearing ScreeningPage 1

HEALTHY COMMUNITY DEVELOPMENT

Influenza VaccinePage 2

Influenza Immunization Rates for FacilitiesPage 3

Small Drinking Water SystemsPage 4

Red Flags—New Resource for Professionals Working with Young ChildrenPage 4

CLIENT SERVICES

Infant Hearing Screening

All newborn babies in Ontario have their hearing screened either in the hospital or in a community setting. Approximately four in 1,000 babies are born deaf or hard of hearing. Undetected hearing loss can delay speech and language development.



The goal of infant screening is to identify hearing loss as early as possible. Most deaf or hard of hearing children, whose hearing loss is identified early and who receive the support they need, can have the same chance to develop speech and language skills as hearing children. However, they may need to learn differently.

Communicative Disorder Assistants in the preschool speech and language program offer infant hearing screening in the community. A baby not screened in hospital or who did not pass the initial screening is referred for screening in one of the community sites. Hospitals not offering screenings, other community partners and parents may also make referrals. There is no charge for the screening.

Screening results in either a “pass” or “refer”. Depending upon the outcome and family history, the infant may be discharged, placed on monitoring or referred to London for additional assessment and follow up.

In 2014, referrals from three Grey Bruce area hospitals, five out of area hospitals, two midwife offices, a children’s treatment centre and 16 referrals directly from parents resulted in 429 infants screened in 10 community clinic sites. This is a 76.5 per cent increase from 2013, when 243 children were screened.

For more information, visit www.infanthearingprogram.com.

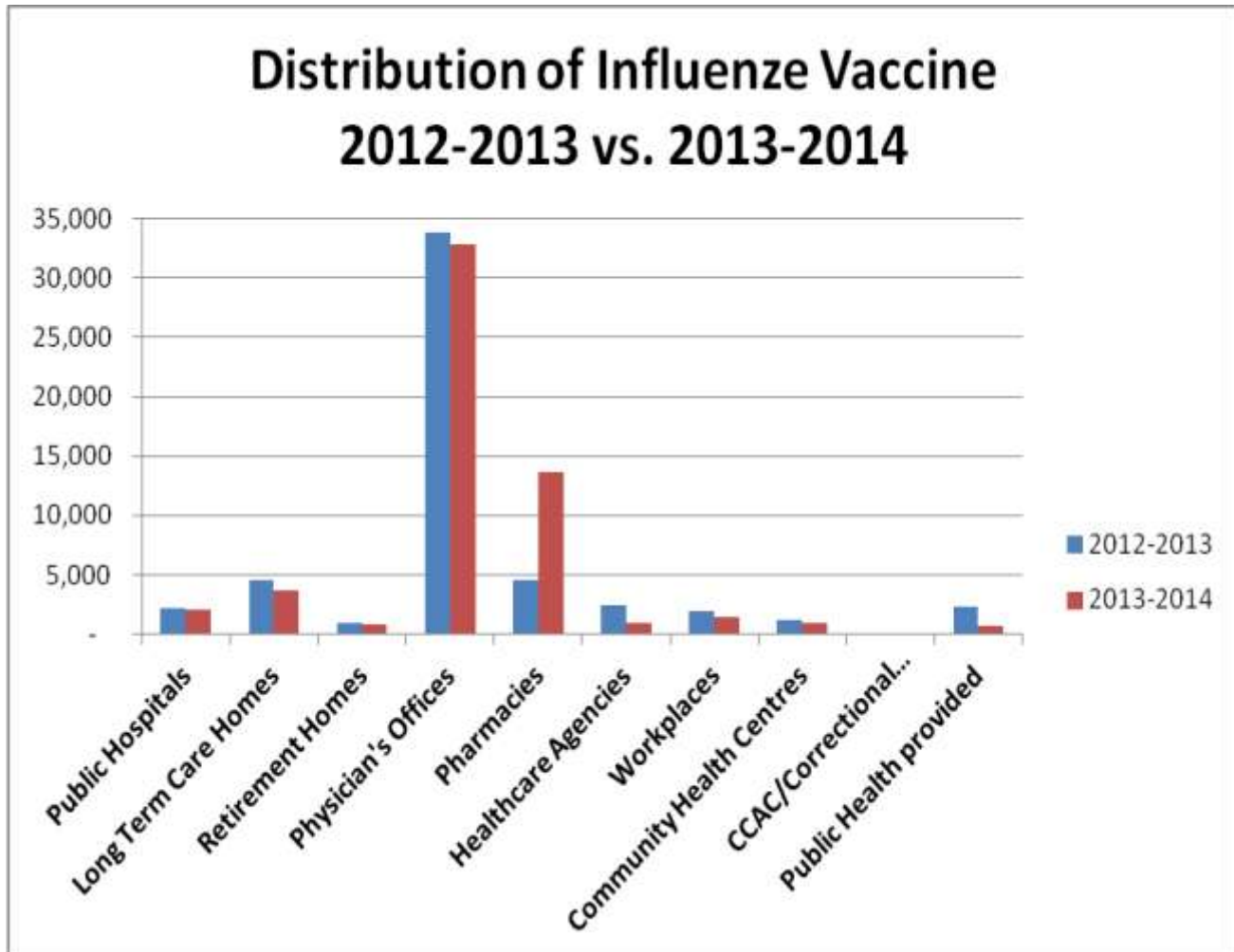
HEALTHY COMMUNITY DEVELOPMENT

Influenza Vaccine

There has been a lot of discussion regarding the effectiveness of the influenza vaccine this season. The National Microbiology Laboratory in Winnipeg states that the majority of circulating influenza B and A (H1N1) viruses in Canada are a good match (antigenically similar) to the publicly funded influenza vaccine for 2014-15. However, the majority of Influenza A (H3N2) viruses show an antigenic drift indicating that the seasonal influenza vaccine may provide a sub-optimal match. Everyone over six months of age are still encouraged to receive the influenza vaccine as a means of preventing spread of the virus to the vulnerable populations, such as the elderly and young children, where rates of mortality can be high from influenza and pneumonia.



Public Health is responsible for distributing influenza vaccine to all qualified health care providers. While physician's offices remain the leading means for public accessing the vaccine, pharmacies are becoming key providers in our communities. This season, 40 pharmacies are participating in the influenza immunization program, having administered 13,089 doses of vaccine as of December 31, 2014.



Influenza Immunization Rates for Facilities

Locally, there is a slight increase in the number of healthcare workers receiving annual influenza immunization in both nursing homes and hospitals. Healthcare worker influenza immunization rates for Ontario hospitals and long-term care homes are reported annually, based on rates as of mid-December.

Healthcare worker influenza vaccination rates in nursing homes average 74 per cent, up from 73 per cent last year; retirement homes rates average 74 per cent, up from 71 per cent last year; and local hospitals averaged 65 per cent, up from 61 per cent. Resident immunization rates are 93 per cent for nursing homes and 91 per cent for retirement homes. Vaccination remains fundamental in the prevention of influenza and its complications.

These rates are as of December 15, 2014 and are submitted to the Ministry of Health and Long-term Care. Therefore, influenza immunization rates may have increased after December 15.

Average Rates

Category	Residents	Staff
Nursing Homes / Homes for the Aged	93%	74%
Retirement Homes	91%	74%
Hospitals		65%

Facility Rates - Retirement Homes

Facility	Residents	Staff
Central Place	88%	98%
Choices Living Retirement Residence	67%	100%
Elgin Abbey Lodge	91%	86%
Elgin Lodge (Kingsway Arms)	94%	85%
Errinrung Retirement Home	97%	92%
Hampton Court	94%	100%
Kelso Villa Retirement Home	100%	100%
Malcolm Place	88%	36%
Maple Court Villa	96%	83%
McVean Lodge (Hanover Care Centre)	84%	38%
Nine Mile Villa	100%	85%
Owen Sound Retirement - Hannah Walker Place	91%	93%
Owen Sound Retirement - John Joseph Place	94%	93%
Owen Sound Retirement - Kelso Pines Retirement	93%	88%
R-Villa Retirement Living	93%	77%
Seasons Owen Sound	91%	41%
Sepoy Manor	87%	87%
Serenity Assisted Living	52%	17%
Sprucewood Court (Village Seniors Community)	85%	40%
Summit Place Lodge	91%	79%
Tiverton Park Manor	92%	81%
Trillium Court Lodge	91%	59%

Facility Rates - Nursing Homes /Homes for the Aged

Facility	Residents	Staff
Brucelea Haven	83%	55%
Country Lane	94%	93%
Elgin Abbey Nursing Home	93%	93%
Errinrung Nursing Home	97%	96%
Gateway Haven	99%	79%
Georgian Heights	100%	84%
Golden Dawn Senior Citizen Home	95%	92%
Grey Gables	100%	77%
Hanover Care Centre	88%	55%
Lee Manor	97%	60%
MapleView	90%	65%
Meaford Long Term Care Centre	100%	84%
Parkview Manor H.C.C.	100%	89%
Pinecrest Manor	93%	72%
Rockwood Terrace	86%	78%
Southampton Care Centre	91%	83%
Summit Place	91%	78%
Trillium Court	100%	51%
Village Seniors Community, The	91%	82%

Facility Rates - Hospitals

Facility	Staff
Grey Bruce Health Services	69%
Lion's Head and Tobermory	100%
Markdale	71%
Meaford	75%
Owen Sound	67%
Southampton	74%
Warton	71%
South Bruce Grey Health Services	51%
Chesley	42%
Durham	58%
Kincardine	58%
Walkerton	47%
Hanover District Hospital	56%

Small Drinking Water Systems

The Small Drinking Water System (SDWS) program is entering a new phase. From 2010 to 2012, considerable effort went into the first round of Risk Categorisation (RCat) assessments. Additional resources were allocated to meet the mandated deadline for this work. In 2013 and 2014, resources were re-focussed on the accountability agreements for many of the Environmental Health programs. The accountability agreement for the SDWS focused only on high-risk system re-inspections. While we were able to achieve 95 per cent in 2013 and 100 percent in 2014, time and resource expenditure on the SDWS program was low.



Changes to the Drinking Water protocol released late in 2014 have significant impact on resources for the Provincial Laboratory Monitoring Application. These changes ensure increased overview of SDWS and that sampling is conducted at the required intervals. Sampling of water systems is recognised as an important step to ensuring the safety of the public. It is estimated that it will take at least 900 hours in 2015 to carry out this monitoring program; reducing to 600 hours by 2017. Additionally, we will need approximately 1,000 hours of staff time per year for a two-year period to catch up with the backlog of low and moderate risk inspections. That will drop to half when in maintenance mode. These estimates do not include support work or potential legal follow up.

While these estimates are not out of line with our funding, as we are currently funded for approximately 1.4 FTE, they do represent a significant increase of more than 1000 hours in staff time compared with previous years. Planning is underway to maintain performance within accountability agreements while also achieving these objectives.

Red Flags—New Resource for Professionals Working with Young Children

Red Flags a Quick Reference Guide For Early Years Professionals in Grey and Bruce Counties has just been released. *Red Flags* assist professionals working with children from 0-6 years of age to identify when a child could be at risk of not meeting health and/or developmental milestones. It is critical that children in need of services and supports are identified in a timely manner and linked to appropriate programs and services.

Red Flags provides a index of functional indicators or domains commonly used to monitor child development and lists problem areas for child development. It is intended as a resource to help “flag” a potential problem and to assist in determining when and where to refer for additional advice, formal screening, assessment, intervention or treatment in Bruce and Grey Counties.

Considerable evidence demonstrates the importance of early brain development. The windows of opportunity for optimal development of neural pathways in the brain are often brief and highly correlated with a child’s experiences. Child development from conception to age six, particularly the first three years of life, establish a base for competence and resilience that will affect future learning, behaviour and health throughout life. When required, appropriate early intervention can contribute to achieving the best outcomes for the child. Time is of the essence!



A QUICK REFERENCE GUIDE
For Early Years Professionals
in Grey and Bruce Counties