



BOARD REPORT

Friday, August 22, 2014



Medical Officer of Health

REPORT TO THE BOARD

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Food Guides and Health

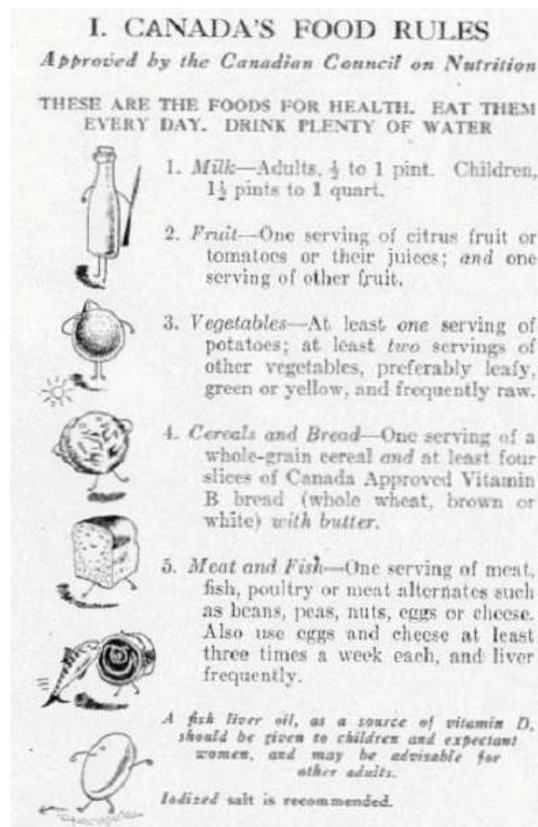
You are probably familiar with the Canadian food guide *Eating Well with Canada's Food Guide* it is easily available online at <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>

History of the food guides

"Canada's first food guide, the Official Food Rules, was introduced to the public in July 1942. This guide acknowledged wartime food rationing, while endeavoring to prevent nutritional deficiencies and to improve the health of Canadians. Since 1942, the food guide has been transformed many times - it has adopted new names, new looks, and new messages, yet has never wavered from its original purpose of guiding food selection and promoting the nutritional health of Canadians." HC-SC

Early example

Canada's Food Rules -1944



The guidelines changed significantly in 1982 when the rate of cardiovascular disease was increasing and thought to be primarily related to high Cholesterol intake. More emphasis was placed on reducing fats and using carbohydrates for energy needs. The last major revision (our current version) was released in 2007.

Canadians are getting fatter, at an alarming rate and there is debate at the Office of Nutrition Policy and Promotion (Health Canada) and amongst various public health officials – is our food guide promoting weight gain? This debate will continue I expect and a new version of our guide will likely be developed.

Brazil, like Canada, is getting fatter by the year and is working to reverse this trend. Their proposed guide is presently in public consultation but is radically different than the traditional guidelines. Comments from various nutritional experts: a “Sensible, unambiguous” approach; “refreshingly free of industry bias”; exactly what we need to be doing as a society”; “how people eat is as important as what they eat”. The following presents a summary of the consultation document.

10 Key Points in Brazil’s Proposed Guidelines

1. Prepare meals using fresh and staple foods.
2. Use oils, fats, sugar and salt in moderation.
3. Limit consumption of ready-to-eat food and drink products.
4. Eat at regular mealtimes and pay attention to your food instead of multitasking. Find a comfortable place to eat. Avoid all-you-can-eat buffets and noisy, stressful environments.
5. Eat with others whenever possible.
6. Buy food in shops and markets that offer a variety of fresh foods. Avoid those that sell mainly ready-to-eat products.
7. Develop, practice, share and enjoy your skills in food preparation and cooking.
8. Decide as a family to share cooking responsibilities and dedicate enough time for healthy meals.
9. When you eat out, choose restaurants that serve freshly made dishes. Avoid fast-food chains.
10. Be critical of food-industry advertising.

Source: Guia Alimentar Para a Populacao Brasileira (2014)

E-cigarettes

Electronic cigarettes can look like traditional, combustible cigarettes but they are battery-operated. The e-cigarettes do not contain tobacco (they do contain nicotine) and, when used, they produce vapour instead of smoke. Their use has proliferated worldwide in the last few years.

The vapours produced by the products have not been proven safe for inhalation and depending on the particular type of device, they may contain ultra fine particles of heavy metals like nickel and chromium, which will be deposited into the lungs and absorbed into the blood stream. This could be harmful exposures.

Nicotine is a highly active drug and is a poison in higher doses and it is an effective pesticide. The US reports an increased number of nicotine poisonings reported in their poison control centers. These are due to the use of e-cigarettes and nicotine e-juice and exposures due to filling the cartridges, spills of the e-juice and poor disposal practice.

Toronto Public Health is proposing to have the province amend the *Smoke Free Ontario Act* to include a ban on use of e-cigarettes wherever conventional cigarette use is now prohibited in Ontario.

Locally we are working with school boards to include e-cigarettes in the school non-smoking policies.

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Program Report august 2014



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

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CLIENT SERVICES

Childhood Injury Prevention

Today, 85% of youth ride a bike. While cycling is an excellent form of physical activity, it also poses a significant risk for head injuries. Head injuries are the leading cause of injury and death to youth on bicycles (Parachute, 2013). Wearing an appropriate and properly fitted helmet while cycling, or during any sports and recreational activity, can significantly reduce the risk of traumatic brain injuries.

Concussions are a type of brain injury. Children playing contact sports, such as hockey and lacrosse, are at risk. Often difficult to diagnose, concussions can have a devastating impact on a person's cognitive and physical abilities, especially if they return to a sport/activity or school without allowing enough time to heal. Since many youth are unaware they have sustained a concussion, it is important to provide youth, their parents, coaches, teachers, trainers and service providers with education on the signs and symptoms of a concussion, as well as guidelines for returning to activity and to school.

The Grey Bruce Health Unit, in conjunction with the Partners in Public Safety (PIPs) received funding from Bruce Power to address the prevention of head injuries. Partners in Public Safety are a collaborative partnership of police and other local organizations dedicated to injury and substance misuse prevention and harm reduction in Grey and Bruce counties. The goal of the project is to improve awareness of the importance of preventing head injuries through wearing an appropriate and properly fitted helmet and on the proper management of concussions and traumatic brain injuries in children.

Resources with information on helmet use and concussion management have been adapted from Parachute Canada. These resources are targeted to parents, coaches, trainers, teachers and anyone seeking general information on helmet use and concussions. Paramedics, teachers, municipalities and sports organizations will share these resources and help to promote an increased awareness in the community about brain injuries and concussions.

Resources on helmet use and concussion are available at:

http://www.publichealthgreybruce.on.ca/Injury/Injury_Childhood_Injuries.htm



HEALTHY COMMUNITY DEVELOPMENT

Quality Assurance Child Care Committee (Bruce Grey)

The Quality Assurance Child Care Committee (QACCC) advocates for, supports and provides direction to the child care community in Bruce and Grey counties. The committee brings together partners and stakeholders including both counties Children's Services, Georgian College, the YMCA of Owen Sound Grey Bruce, Keystone Child, Youth and Family Services, Community Living, the Grey Bruce Health Unit and representatives from area child care centres.

In January 2014, the committee submitted [*Rural Response to the proposed Child Care Modernization Act*](#) to provide feedback on the proposed changes to *Day Nurseries Act* [DNA] Regulation 262. If passed, this Act would:

- repeal and replace the *Day Nurseries Act* (originally enacted in 1946 and last reviewed comprehensively in 1983) with the *Child Care and Early Years Act*, 2013
- amend the *Education Act* to support after-school programming for 6 - 12 year olds
- amend the *Early Childhood Educators Act* governing the Early Childhood Educator's profession

The QACCC plays an important role in informing, supporting and encouraging all staff, managers/directors, parents and partner agencies to create supportive environments in child care centres that will foster the health and well-being of all children in our community.



REGULATORY/ RESEARCH / SURVEILLANCE

Changes to Immunization Requirements for School Children

Effective July 1, 2014, amendments were made to the *Immunization of School Pupil's Act* (ISPA) with the goal of improving the health and safety of Ontario school children. The Act requires parents of children attending primary or secondary school to provide their local Public Health with proof of a child's immunization against specific diseases. If Public Health does not have the required immunization records or a valid exemption form, a child may be suspended from attending school under the Act.

In the 2014/15 school year, all children will require proof of immunization against meningococcal disease, pertussis (whooping cough) and varicella (chicken pox) to attend school. Meningococcal disease, pertussis and varicella easily spread amongst children and can cause outbreaks in schools. These three newly required immunizations are in addition to the existing proof of immunization for tetanus, diphtheria, poliomyelitis, measles, mumps and rubella. The changes to the ISPA will help protect children from vaccine-preventable diseases and reduce the risk of disease outbreak within schools.

Public Health Nurses are in the process of assessing over 6,400 immunization records to identify school-aged children who are missing one or more of the required vaccines. If a child is missing information on their immunization record, a nurse will contact the family to inform them of the changes to the ISPA and direct the family to their health care provider to receive the required vaccine. Parents are reminded to contact Public Health with the updated immunization record. This process is a proactive approach to update children's immunization records prior to the spring when school suspensions take place.

Public Health is also working closely with local health care providers to inform them of changes to the ISPA and implications this may have for their clinical practice. It is anticipated that orders for the three new vaccines will increase as parents book appointments to update their children's immunizations.



Who is 25? Tobacco Retailer Campaign

The *Who is 25?* campaign first rolled out to tobacco retail outlets in 2013. Tobacco Enforcement and Education Officers (TEEOs) use this educational campaign, using test shoppers at retail outlets, to determine if clerks are asking for identification. Under the *Smoke-Free Ontario Act*, clerks are required to ask for identification from anyone that looks younger than 25. When a shopper asks to purchase a tobacco product, the first thing a clerk should do is ask for identification. After the shopper gives the clerk their identification, it must be checked to verify age. Shoppers born after today's date in 1995 are not old enough to purchase tobacco products. Clerks can be fined \$365 for not asking for identification from someone that looks younger than 25. The test shoppers used in the campaign are between 19 and 25 years old and legally eligible to purchase tobacco products. Clerks that ask for identification and correctly calculate the test shopper's age are issued a *Green* card. Clerks that ask for identification but do not correctly calculate the shopper's age are issued a *Yellow* card. Clerks that do not ask for identification are issued a *Red* card. The program is well received by the retail sector, as it is an educational opportunity without risk of enforcement.

	2013	2014
Vendors Test Shopped	126 (70%) of the 180* vendors in Grey Bruce	154 (91%) of the 169* vendors in Grey Bruce.
Green Cards Issued	88 (70%)	83 (54%)
Yellow Cards Issued	34 (27%)	3 (2%)
Red Cards Issued	4 (3%)	68 (44%)

*The remaining vendors were not test shopped because they were closed for the season or in the town where the test shopper lives.

The 2014 *Who is 25?* campaign results show an increase in red cards compared to 2013. This may be due to the difference in the appearance of the test shopper. This campaign was a good exercise to remind vendors that they need to ask for identification from any shopper and that they can't simply "guess" a shopper's age. All vendors receiving red or yellow cards in 2014 had a follow up educational visit from a TEEO to remind them of their obligations under the *Smoke-Free Ontario Act*. In addition, the Grey Bruce Health Unit Annual Tobacco Retailer Newsletter will include the results and provide more information.

