



# **BOARD REPORT**

Friday, October 24, 2014



**Medical Officer of Health**

## **REPORT TO THE BOARD**

Friday, October 24, 2014

The upcoming municipal election is a clear demonstration of democracy as we choose our local councils, mayors and school trustees. In the same way, the Board of Health, public health professionals and our community partners demonstrate the practice of public health: “the science and art of preventing disease, prolonging life, promoting health and well-being through organized community effort.”

The [\*Health Protection and Promotion Act \(HPPA\)\*](#) provides the mandate for the Board of Health: “...provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people.”

One of the functions of the Board is in advocacy for provincial leadership to support health in our region. The Board develops and passes resolutions of local and provincial importance to public health as well as supports resolutions from other jurisdictions. These resolutions are circulated to appropriate agencies and levels of government. The resolutions initiated and passed by the Board in the past four years are listed below and available at:

[http://www.publichealthgreybruce.on.ca/HOME/Publications/Board/BOH\\_Resolutions/Index.htm](http://www.publichealthgreybruce.on.ca/HOME/Publications/Board/BOH_Resolutions/Index.htm).

The topics are wide ranging from support of breastfeeding, reducing exposure to second-hand smoke, to reduce alcohol related harm through encouraging communities to move towards a culture of moderation, access to dental care for all citizens, better labeling of our food, reducing violence in sport, safer water, reducing environmental hazards and many more.

The Board of Health works with other community partners, governments and non-government organizations to realize societal goals. Along with these groups, we work for the improvement of the overall health of the population (examples: falls prevention, influenza immunization, childhood vaccine preventable disease reduction, safer food premises, active transportation, local food availability, safe housing).

Specific Board of Health outcomes often focus on changes in awareness, knowledge, attitudes, skills, environments and policies. The Board is also mandated to establish internal processes for managing the day-to-day operations of programs and services to achieve desired outcomes as mandated in the [\*HPPA\*](#) and the [\*Ontario Public Health Standards\*](#). The standards direct the local Boards of Health to “assess, plan, deliver, manage and evaluate public health programs and services to meet local needs while continuing to work towards common outcomes.” The Board is guided by the principles: Need, Impact, Capacity and Partnership and Collaboration.

Public Health is not the biggest or most powerful part of the health system. In fact we get a tiny fraction of the resources spent on sickness care so we need to be strategic and position ourselves in our communities to influence, support and encourage a 'lens of health' to be used by leaders in education, transportation, housing, and the public and private sector.

Thank you to the members of the Board of Health for your contribution over the past four years. You have listened, supported and encouraged the Health Unit, our partners and the public to make positive change in our communities.

### **Grey Bruce Health Unit Board of Health Resolutions**

#### **2014**

- GBHU BOH Motion 2014-74, Oral Health Access
- GBHU BOH Resolution 2014-29, Alcohol Pricing and LCBO Revenue Generation
- GBHU BOH Resolution 2014-28, Eliminate Availability of Alcohol Except in LCBO Outlets
- GBHU BOH Motion 2014-24, HPV Vaccination
- GBHU BOH Motion 2014-14, Access to Dental Care for Adults
- GBHU BOH Motion 2014-13, Community Water Fluoridation

#### **2013**

- GBHU BOH Resolution 2013-94, Advertising to Children
- GBHU BOH Motion 2013-75, Breastmilk Substitutes-E
- GBHU BOH Motion 2013-67, Vaccine Protocol-E
- GBHU BOH Motion 2013-47, Smoke-Free Ontario
- GBHU BOH Motion 2013-46, Menu Labelling

#### **2012**

- GBHU BOH Resolution 2012-74, Improved Access to Oral Care Services
  - Grey Bruce Oral Health Status Report 2005-2010
  - Oral Health, More Than Just Cavities; A report by Ontario's CMOH 2012
- GBHU BOH Resolution, 2012-75, Reducing Alcohol Related Harm
  - Reducing Alcohol Related Harm; Moving Toward a Culture of Moderation in Grey Bruce, Position Paper

#### **2011**

- GBHU BOH Resolution 2011-134 Chief Nursing Officer
- GBHU BOH Resolution 2011-78 Smoke-Free Outdoor Spaces 08-19-11
  - Smoke-free Outdoor Spaces - Backgrounder
- GBHU BOH Motion 2011-130, Trans Fat
- GBHU BOH Motion 2011-49, Smoke Free Movies
- GBHU BOH Motion 2011-33, Violence in Hockey
- GBHU BOH Motion 2011-26, Social Determinants of Health and Food Security 1
- GBHU BOH Motion 2011-18, Enteric Protozoa Giardia and Crypto
- GBHU BOH Motion 2011-17, Menu Labelling
- GBHU BOH Motion 2011-16, Energy Drinks
- GBHU BOH Resolution 2011-09, Wind Turbines 01-21-11

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# Program Report October 2014



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

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## **CLIENT SERVICES**

### **Best Practice Spotlight Organization Update**

Among the goals of the Best Practice Spotlight Organization (BPSO) initiative is to demonstrate the uptake and use of best practice guidelines and to assess their impact on patient and organizational outcomes. Being a BPSO supports the development of an evidence-based culture within the organization. Strengthening the clinical practice of both nurses and other health care providers will optimize clinical and system outcomes. We are now entering the final six months of this three-year project in conjunction with the Registered Nurses' Association of Ontario (RNAO). Activities in this final phase will support sustainability within the organization. The Best Practice Guideline (BPG) public health nurse leaders continue to develop their skills and competencies in the implementation of evidence-based practice.

A third Advanced Clinical Practice Fellowship proposal was accepted by RNAO. The Fellowship funding provides for three days a week for 20 weeks with learning objectives to support leadership of the Client Centred Care Best Practice Guideline. This BPG is being implemented organization-wide and is showing many positive outcomes including the creation of a client Rights and Responsibilities document.

An oral presentation, *Taking the Lead in Evidence-Informed Practice: Becoming a BPSO*, will be delivered to the OPHA Fall Forum, November 12, in collaboration with Toronto Public Health and Thunder Bay District Health Unit who are both BPSO designates. Participants at the Fall Forum will hear the BPSO experience from three public health units with differing geographic, demographic, and governance characteristics. The presentation will highlight how becoming a BPSO creates opportunities for leadership development for public health practitioners. Key organizational elements, fostering knowledge exchange, leadership capacity and sustaining a best practice culture are components of this presentation.

## **HEALTHY COMMUNITY DEVELOPMENT**

### **Influenza Immunization Program**

Public Health will kick off this year's influenza immunization campaign with a public clinic at the Health Unit, Thursday, October 30, from 3:00-7:00 p.m. The annual Universal Influenza Immunization Program rolls out across Grey Bruce beginning in October.

For the past three years, pharmacists have been able to administer influenza vaccine to persons 5 years of age and over. The number of pharmacies across Grey Bruce offering influenza vaccine has increased to 44 from 32 last year. Public Health is required to inspect and approve the vaccine storage and procedures in these pharmacies in addition to vaccine storage by health care providers (122 sites in Grey Bruce). This information has to be entered into a Ministry of Health and Long-Term Care database prior to any orders being placed, approved and delivered.

In addition to pharmacies, influenza vaccine is given through health care practitioners, some worksites and Public Health. The role of Public Health in administering the Universal Influenza Immunization Program is to:

- ensure influenza vaccine is distributed according to Ministry priority groups (nursing home residents, hospitals, health care workers).
- approve facilities to store vaccine in monitored fridges inspected by Public Health.
- submit to the Ministry the inventory of flu vaccine distributed to health care facilities and administered by Public Health.
- authorize all flu reimbursement claims submitted by health care agencies prior to sending to Ministry.
- administer influenza vaccine to priority populations who do not have a health care professional or who cannot access vaccine by other means.
- provide educational materials and support to health care providers and pharmacists about publicly funded influenza vaccine products.



### **Above Standard Housing Project Update**

In January of this year, the Grey Bruce Health Unit, in collaboration with the Bruce Grey Poverty Task Force, initiated an *Above Standard Housing Project*. The goal of this multi-year project is to develop innovative ways to reduce the impacts on health that result from substandard housing conditions (e.g. mold, dampness, insect and rodent infestations).

Efforts this year focused on identifying and consulting with community partners to better understand the nature of substandard housing issues.

A survey of Grey Bruce municipal property standards officials was completed. The survey provided useful information on the nature and scope of housing complaints that can be related to adverse health effects. The survey also identified a high level of interest among property standards officials in understanding the relationship between health and housing and in ways to work collaboratively with other stakeholders to resolve issues.

The *Above Standard Housing Project* has been aligned with the *RentSafe* initiative. *RentSafe* is coordinated by the Canadian Partnership for Children's Health and Environment and aims to reduce exposure to indoor air pollutants among children living in low-income housing. As both projects share common goals, we have joined with several other partners across Ontario to exchange knowledge and resources.

Highlights of the *Above Standard Housing Project* will be presented by members of the Bruce Grey Poverty Task Force and Grey Bruce Health Unit at the Grey County National Housing Day event on November 14.

A more formal report on the project with recommendations for year two will be released in early 2015.



## REGULATORY/ RESEARCH / SURVEILLANCE

### **Ebola Virus Disease**

Ebola Virus Disease (EVD) is a severe illness that affects humans as well as other primates. EVD was first identified in 1976. The current outbreak in West Africa is the largest to date. EVD is characterized by an abrupt onset of fever, headache, malaise and muscle pain as well as gastrointestinal symptoms such as diarrhea, vomiting and abdominal pain. Hemorrhagic findings occur in approximately 50% of cases. The case fatality ranges from 50% - 90%. Symptoms begin within two to twenty-one days after exposure. EVD is transmitted human to human only by direct contact with bodily fluids such as blood, saliva, vomit, urine, stool, tears and nasal secretions of an ill or deceased person.

Cases of EVD during this outbreak have been reported in four West African countries including Guinea, Liberia, Sierra Leone and Nigeria. There have been a few cases of EVD reported in the Democratic Republic of Congo. However, these cases are not linked to the current outbreak in West Africa.

As of October 14, 2014, there have been 8,998 confirmed, probable or suspect cases of EVD world-wide, with 4,493 deaths. There have been no cases reported in Canada.

The risk of transmission in Canada is very low. In the event a traveller arrives in Canada with EVD, a protocol is in place to ensure that proper infection prevention and control procedures are followed. Health professionals in Canada are advised to be vigilant for the recognition, reporting and prompt investigation of patients with symptoms of EVD. The Public Health Agency of Canada and Public Health Ontario have developed resources for health units, hospitals and health care practitioners. These resources address pathogen safety data, case identification, reporting, specimen testing, clinical care, infection prevention/control, laboratory biosafety and Public Health management as well as providing additional website resources.

