



BOARD REPORT

Friday, December 19, 2014



Medical Officer of Health

REPORT TO THE BOARD

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Out of the Shadows, Forever – The Mental Health Commission of Canada

The Mental Health Commission of Canada was formed in 2007. It is a nonprofit organization funded by the Government of Canada but operating at arm's length and supported by all provincial and territorial governments except Quebec. It has a sunset date of 2017. Their Mission is to promote mental health in Canada. It has two goals; the first is to change the attitude of Canadians towards mental health problems and mental illness; secondly, to work with stakeholders to improve mental health services and supports.

A synopsis of the Commission's initial report is available online: [Out of the Shadows, Forever – An Overview](#)

Additional information on the commission is available on their web site: <http://www.mentalhealthcommission.ca/>

The Mental Health Commission of Canada reports, "One in five Canadians is affected by a mental illness or addiction issue every year. Onset often occurs at a young age." Thus, staff at the Grey Bruce Health Unit are working with community partners on a program to assist both peers and adults to identify and increase their ability to respond to mental health issues in youth. The initiative is called We C.A.R.E.; Connect with, Ask about, Reach out to, and Engage to increase awareness, understanding, compassion and support for youth mental health.



Grey Bruce We C.A.R.E. is a joint project with Bluewater District School Board, Brockton and Area Family Health Team, Bruce Grey Child and Family Services, Bruce-Grey Catholic District School Board, Canadian Mental Health Association Grey Bruce, Grey Bruce Health Services, Grey Bruce Health Unit, Hanover Family Health Team, Hope Grey Bruce Mental Health & Addictions Services, Keystone Child, Youth & Family Services, South Bruce OPP, VPI (employment strategies) and Wes for Youth. Please visit their web site: www.wecaregreybruce.ca

Public Health Ontario and the Institute for Clinical Evaluative Sciences published an Ontario report [Opening Eyes, Opening Minds: The Ontario Burden of Mental Illness and Addictions Report](#), using data from 1992-2012. The message is that mental illness and addiction cause the greatest burden of loss of healthy years in Ontario.

By recognizing the importance of mental health to over-all health, becoming informed and by working together, leaders in municipal government, education and health care can make Grey Bruce a healthy place for everyone.

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Program Report December 2014



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

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CLIENT SERVICES

Fluoride - Supporting Oral Health

On October 27, 2014, residents of Owen Sound made a significant decision to support the oral health of their residents by voting to continue municipal water fluoridation. Endorsed by more than 100 respected health and dental organizations around the world, water fluoridation prevents tooth decay and supports better overall health. Ontario MPPs passed a motion at Queen's Park, November 27, that endorses water fluoridation as a healthy and essential measure to minimize tooth decay.



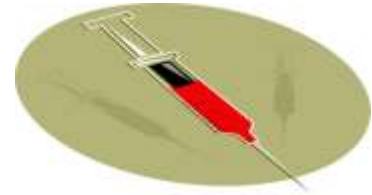
To ensure all children have access to the benefit of fluoride, particularly those outside of Owen Sound who do not receive it through a municipal/private water system, public health offers fluoride varnish to children 17 years and under. Varnish applications are not as cost effective nor do they provide the universal benefit seen with fluoridated municipal water. To maximize the reach, fluoride varnish applications are available to children who attend parent mutual aid sites, in homes of families in the Healthy Babies Healthy Children program and through public health dental clinics. This strategy supports the *Ontario Public Health Standards* by reducing the barriers to access and providing an essential clinical service to children at risk of dental decay.

In looking at health equity, communities currently not receiving optimal levels of fluoride in their municipal water system may choose to explore the addition of fluoride as a cost effective and universal benefit for all their residents.

Quality Improvement in Action

Accreditation Canada's guide to assist organizations to focus on Quality Improvement begins by asking three questions:

1. *What are we trying to accomplish?*
2. *How will we know that a change is an improvement?*
3. *What changes can we make that will result in improvement?*



The Vaccine Preventable Diseases team identified two quality improvement areas in 2014: improve public access to influenza vaccine offered by pharmacies; and, to improve student safety during school vaccine clinics.

In 2013/14, there were 32 pharmacies participating in the Universal Influenza Immunization Program in Grey and Bruce. The goal was to increase this to 38. A survey of all pharmacies showed that education was a common need and lack of training presented a barrier to participation. Following an in-service for all pharmacies, that included nurses working with pharmacies to ensure their facilities and vaccine handling procedures were current, 40 pharmacies were approved to participate in the program for 2014/15. This represents a significant increase in public access to influenza vaccine offered by pharmacies.

In the 2013/14 school year, there were three injuries resulting from faints at school vaccine clinics. Upon review, it was determined that students most often fainted in the hallway while returning from an immunization. A mandatory five-minute post-injection wait was implemented at all school clinics to avoid injuries resulting from post-injection faints. To date in the 2014/15 school year, only one post-injection faint with injury was reported. As a result of the new process, nurses are comfortable with the post-injection wait time and feel that some faints with injuries have been prevented. The team will continue to monitor post-injection faints with injury to ensure the safety of students remains priority.

Key to the success of these two quality improvement objectives is the teamwork in implementing changes and monitoring indicators to measure outcomes.

HEALTHY COMMUNITY DEVELOPMENT

Smoke-Free Movies

A 2010 U.S. study estimated that 44 percent of youth smoking can be attributed to on-screen smoking exposure.¹ To help minimize the impact on youth from exposure to on-screen smoking, we partnered with local communities to run Smoke-Free Movie Nights. These events provide a platform to talk to youth and parents about the dangers associated with tobacco portrayal and product placement in movies, especially in movies rated for children and youth.

Youth volunteers in each community set-up interactive booths for face painting, smoke-free movie button making, a smoke-free photo booth and low impact games. A survey given to the parents provided a chance to discuss tobacco depiction in movies and the current movie rating system used by the Ontario Film Review Board. Prior to the start of the movie, a Smoke-Free Movie Public Service Announcement created by youth from the Tobacco Control Area Network was shown.

Three Smoke-Free Movie Nights were held attracting approximately 990 people.

- August 13, at the Hanover Drive-In, in partnership with Hanover Youth Roots, Town of Hanover and Hanover Drive-In
- August 25, at The Village of Blue, in partnership with the Town of the Blue Mountains
- October 8, at the Meaford Hall, in partnership with the Municipality of Meaford

¹C Millett and SA Glantz, "Assigning an 18 rating to movies with tobacco imagery is essential to reduce youth smoking (editorial)," *Thorax* 2010; 65(5): 377-78

REGULATORY/ RESEARCH / SURVEILLANCE

Bruce Power Emergency Preparedness

Recent changes mandated by the Canadian Nuclear Safety Commission will affect Emergency Preparedness planning for Bruce Power, the Municipality of Kincardine and the Grey Bruce Health Unit. New requirements, to be in place by the end of 2015, relate to the area covered by and method used for distribution of Potassium Iodide (KI) pills.

Potassium Iodide is useful during specific types of nuclear emergencies. It can help protect the thyroid against some of the effects of radiation, particularly in children, pregnant women and women who are breastfeeding. Under the existing emergency procedures, the municipality keeps a stockpile of KI pills for the residents of the primary zone (the area around Bruce Power) to be dispensed during an evacuation. Under the new system, the KI pills are to be pre-distributed to residents in the primary zone with an accompanying stockpile maintained by the municipality to supply campgrounds and seasonal residences in the area. Additionally, a process will be developed for distribution of KI pills, if required, to residents outside the primary zone.

The new approach should improve the timely access to KI pills for residents. It will require coordinated communication between Bruce Power, the Municipality of Kincardine, the health unit and local residents. A working group is currently developing the process of KI distribution and a communication strategy.



Oral Health Surveillance in Schools

Each year, public health dental hygienists conduct oral health screening on junior and senior kindergarten and Grade 2 students in all Grey Bruce schools, including private, Mennonite and Amish.

Outcomes of the Grade 2 screening determine what additional action may be required. If there is a high rate of decay, defined as 14 percent or more of students with decay in two or more teeth, the Grade 4, 6, and 8 students in the school are also screened. For schools with a medium rate of decay, 9.5 to 14 percent of students with decay in two or more teeth, the Grade 8 students are screened. In those with low rates, fewer than 9.5 percent of students with decay in two or more teeth, no additional screening is required.

Of the 67 schools screened in 2013/14, 16 schools showed high rates of decay, 13 as medium and 38 screened as low. Immediately following the screening sessions, principals are provided with information on the rates of decay seen their students. They also receive recommendations and additional resources to support oral health.

The data is used to align additional initiatives targeting children at high risk. In areas with high rates of decay in junior and senior kindergarten children, public health partners with childcare centres and parent mutual aid sites to offer early screening. Parents receive a report on their child and additional resources to support oral health. Children who qualify receive access to treatment and preventive services including fluoride varnish and sealants. Our goal is that each child achieves optimal oral health, free from decay and pain.

Radon Awareness

For the past two years, we have participated in a national public awareness campaign promoting radon awareness and indoor air testing. In line with these activities, we conducted [a local baseline public survey](#) about radon knowledge using the [Rapid Risk Factor Surveillance System](#). The results indicate that while approximately 60 percent of Grey Bruce residents have “heard about” radon, fewer than half know that exposure can increase the risk of lung cancer. Less than 8 percent of households in Grey Bruce have been tested for radon.

These results demonstrate a significant lack of local public knowledge about radon and the measures to assess and mitigate that risk. As a result, we will continue public awareness activities associated with radon, primarily by aligning with the national [Take Action on Radon Campaign](#).

Radon is a colourless, odourless, radioactive gas that occurs naturally from the normal breakdown of uranium in rock and soil. The greatest source of public exposure occurs when the gas enters buildings through cracks in basements, drains, sump pits and other below-grade access. Long-term exposure increases the risk of lung cancer, especially among smokers. Health Canada recommends homes be tested and remediation undertaken when indoor levels exceed of 200 Becquerels per cubic metre of air.

While there is risk associated with radon exposure and benefit to testing and remediation, it is significantly less risk than that posed by tobacco use and exposure to second-hand smoke. In fact, the majority of lung cancer deaths linked with radon correlate to smoking. Tobacco cessation therefore remains the key focus in reducing cancer and other associated adverse health outcomes.

