# BOARD OF HEALTH
# MINUTES

| | |
|---|---|
| **DATE:** | Friday, January 23, 2015 |
| **LOCATION:** | Grey Bruce Health Unit Boardroom (Room 207) |
| **TIME:** | 10:00 a.m. – 12:00 p.m. |
| **MEMBERS PRESENT:** | Mike Smith (Chair), Kevin Eccles, Stewart Halliday, David Inglis, Laurie Laporte, David Shearman, Mitch Twolan |
| **REGRETS:** | John Bell, Dr. Christine Kennedy, Gary Levine, Bob Pringle, Will Rogers |
| **ALSO PRESENT:** | Dr. Hazel Lynn, Drew Ferguson, Sue Murray |
| **SPECIAL GUESTS:** | |
| **SECRETARY:** | Erin Meneray |

## 1.0 CALL TO ORDER

Chair, Mike Smith declared a quorum present and called the meeting to order at 10:00 a.m.

## 2.0 AMENDMENTS TO AGENDA

## 3.0 APPROVAL OF AGENDA

A revised agenda was circulated.

Moved by: Mitch Twolan Seconded by: Stewart Halliday

"That the agenda be approved as amended."

Carried

## 4.0 DISCLOSURES OF PECUNIARY INTEREST

There were no disclosures of pecuniary interest declared at this time.

## 5.0 REVIEW OF MINUTES OF LAST MEETING December 19, 2014

Moved by: David Inglis Seconded by: Laurie Laporte

"That the minutes of December 19, 2014 be approved as circulated."

Carried

## 6.0 CORRESPONDENCE

6.1 Windsor-Essex County Health Unit Resolution Re. Community Water Fluoridation

Moved by: David Inglis Seconded by: Kevin Eccles

"That the Board of Health receives the correspondence as circulated and that the Board of Health support the resolution from Windsor-Essex County Health Unit urging the Province of Ontario to amend the regulations of the Safe Drinking Water Act to require community water fluoridation for all municipal water systems (when source-water levels are below the Health Canada-recommended level of .07 mg/L),

and further that the governing body that initiates the legislation be responsible for any costs incurred to implement such systems."

Carried

## 7.0 REPORTS

7.1 January Reports

7.1.1 MOH Report – The Vital Importance of Municipal Government

7.1.2 Board of Health Orientation Manual

7.1.3 Program Report – January

7.1.4 Grey Bruce Health Network, All Boards Meeting
A meeting poll will be circulated to Board Members for potential meeting dates.

7.1.5 Extranet
Board packages will now be posted on an extranet for Board Members.

7.2 News Releases

7.2.1 Wouldurather...Contest Challenges Young Adults to Quit, Reduce or Stay Smoke-Free

7.2.2 Is your restaurant naughty or nice... Check It! Local food inspection disclosure goes online

7.2.3 National Non-Smoking Week Offers Chances to Quit and Win

7.2.4 Cancer... Reduce Your Risk, Rethink Your Drinking.

Moved by: David Shearman Seconded by: Stewart Halliday

"That the Board of Health receives the January reports as presented."

Carried

## 8.0 ADMINISTRATION AND FINANCE

8.1 Financial Report November – Sue Murray

Moved by: Laurie Laporte Seconded by: Mitch Twolan

"That the Board of Health receives the Financial Report for the Month of November as presented by Sue Murray."

Carried

8.2 2015 Draft Budget – Sue Murray

Moved by: David Inglis Seconded by: Laurie Laporte

"That the Board of Health approves the 2015 general budget with a 2% increase as presented by Sue Murray."

Carried

Direction was given that the two municipal funding partners will initially receive a 0 % increase from last year. Once the final budget approvals are received from the Ministry, the counties would reconcile the difference, if applicable. The Director of Finance and Administration will communicate this to the counties.

## 9.0 OTHER BUSINESS

9.1 Long-Term Service Letters

9.1.1 Linda Davies

9.1.2 Krista Linthorne

The Board of Health recognized previous staff for their service.

9.2 Draft III-301 Health Unit Name (BOH-ORG)
Moved by: Mitch Twolan Seconded by: David Shearman
"That the Board of Health approves policies III-301 Health Unit Name (BOH-ORG) and III-303 Internal Financial Controls & Annual Audit (BOH-ORG) as presented ."
Carried

9.3 Draft III-305 To Provide for Banking & Finance (BOH-ORG)
Moved by: Mitch Twolan Seconded by: Stewart Halliday
"That the Board of Health approves policy III-305 To Provide for Banking & Finance (BOH-ORG) as amended."
Carried

9.4 Website – Drew
The Health Unit has undergone a soft launch of their new website; an overview of the site was given.

**10.0 ADJOURNMENT**

By Motion of Kevin Eccles, Chair Mike Smith adjourned the meeting at 12:00 p.m.

**Date of Next Meeting:** February 27, 2015 – 10:00 a.m.
Grey Bruce Health Unit Boardroom

Mike Smith
Chairperson

Dr. Hazel Lynn
Medical Officer of Health

Erin Meneray
Recording Secretary

# BOARD OF HEALTH
# MINUTES

| | |
|---|---|
| **DATE:** | February 27, 2015 |
| **LOCATION:** | Grey Bruce Health Unit Boardroom (Room 207) |
| **TIME:** | 10:05 a.m. – 12:15 p.m. |
| **MEMBERS PRESENT:** | Kevin Eccles (Acting Chair), John Bell, Stewart Halliday, David Inglis, Laurie Laporte, Bob Pringle, David Shearman, Will Rogers |
| **REGRETS:** | Gary Levine, Mike Smith, Mitch Twolan |
| **ALSO PRESENT:** | Dr. Hazel Lynn, Drew Ferguson, Sue Murray, Stephanie van der Meer |
| **SPECIAL GUESTS:** | |
| **SECRETARY:** | Erin Meneray |

## 1.0 CALL TO ORDER

Vice-Chair Kevin Eccles chaired the meeting in the absence of the chair, Mike Smith. Acting Chair, Kevin Eccles declared a quorum present and called the meeting to order at 10:05 a.m.

## 2.0 AMENDMENTS TO AGENDA

Additions:
Reports,
8.2.7 Measles Not Present in At Risk Individual
8.2.8 Last Chance to Quit Smoking for a Chance to Win a Car
Other Business,
11.7 *Making Healthier Choices Act* – Draft Letter

## 3.0 APPROVAL OF AGENDA

Moved by: Stewart Halliday Seconded by: John Bell
"That the agenda be approved as amended."

Carried

## 4.0 DISCLOSURES OF PECUNIARY INTEREST

There were no disclosures of pecuniary interest declared at this time.

## 5.0 REVIEW OF MINUTES OF LAST MEETING (January 23, 2015)

Moved by: David Inglis Seconded by: Laurie Laporte
"That the minutes of January 23, 2015 be approved as circulated."

Carried

## 6.0 CORRESPONDENCE

6.1 Windsor-Essex County Health Unit Resolution Re. Smoke Free Policies
6.2 alPHa Letter Re. Low Income Dental Integration
6.3 Durham Region Support for Continued Oral Health Access
6.4 Durham Region Support for Nutritious Food Basket
6.5 MOH Appointment at Elgin-St. Thomas Public Health
6.6 Wellington-Dufferin-Guelph Public Health Recommendations Re. Energy Drinks

Moved by: Stewart Halliday Seconded by: John Bell

"That the Board of Health receives the correspondence as circulated."

Carried

*Bob Pringle joined the meeting at 10:20 a.m.*

**7.0 STAFF PRESENTATION:** Falls Prevention Strategy – Lynda Bumstead, Amber Schieck, Alysa Heersink

**8.0 REPORTS**

8.1 February Reports

8.1.1 MOH Report – *The Economic Impact of Reducing Physical Inactivity and Sedentary Behaviour*

8.1.2 Program Report – February

8.1.3 Bruce Power License Renewal

The Board directed that a letter of support be forwarded in regards to Bruce Power's license renewal.

8.2 News Releases

8.2.1 Cold Advisory

8.2.2 Draft Bruce Grey Food Charter Now Available for Community Review

8.2.3 Public Health Aligns Resources with Provincial *Patient First Action Plan For Health Care*

8.2.4 Family Day of PLAY

8.2.5 Healthcare Worker Influenza Immunization Rates Up for the 2014-2015 Season

8.2.6 Measles Advisory

8.2.7 Measles Not Present in At Risk Individual

8.2.8 Last Chance to Quit Smoking for a Chance to Win a Car

Moved by: Dave Inglis Seconded by: Bob Pringle

"That the Board of Health receives the February reports as presented."

Carried

**9.0 ADMINISTRATION AND FINANCE**

9.1 Financial Report December – Sue Murray

Moved by: Stewart Halliday Seconded by: Laurie Laporte

"That the Board of Health receives the Financial Report for the Month of December as presented by Sue Murray."

Carried

Moved by: David Inglis Seconded by: John Bell
"That the Board of Health for the Grey Bruce Health Unit supports the one-time funding request for an Enterprise Resource Planning System as presented by staff."

Carried

9.2 BDO Audit of Financial Statements 2014

A letter was presented to the Board from the auditor outlining the plan for the audit of the consolidated financial statements of Grey Bruce Health Unit for the year ending December 31, 2014.

**10.0 IN-CAMERA SESSION**

Moved by: Bob Pringle Seconded by: John Bell
"That the Board of Health does now go into closed session to discuss an item which relates to litigation or potential litigation, including matters before administrative tribunals, affecting the local board, and that all staff shall remain present during this session."

Carried

Moved by: John Bell Seconded by: David Inglis
"That, the Board of Health does now return to open session."

Carried

**11.0 OTHER BUSINESS**

11.1 alPHa Board of Directors – Southwest Region

Moved by: Bob Pringle Second by: David Shearman
"That, the Board of Health for the Grey Bruce Health Unit supports the nomination of Board of Health Chair, Mike Smith as a South West representative on the 2014-2015 alPHa Board of Directors."

Carried

11.2 Grey Bruce Health Network All Boards Meeting

The date for the All Boards Meeting of the Grey Bruce Health Network is April 9, 2015. Details will be confirmed closer to the date.

11.3 Draft III-306 To Provide for Management and Property (BOH-ORG)

11.4 Draft III-308 Board of Health Document (BOH-ORG)

11.5 Draft III-309 Board Structure/Delegation (BOH-ORG)

11.6 Draft III-310 Monthly Municipal Levies (BOH-ORG)

Moved by: John Bell Seconded by: Bob Pringle
"That the Board of Health approves policies III-306 To Provide for Management and Property (BOH-ORG), III-308 Board of Health Document (BOH-ORG), III-309 Board Structure/Delegation (BOH-ORG) and III-310 Monthly Municipal Levies (BOH-ORG) as presented."

Carried

11.7 Making Healthier Choices Act – Draft Letter

Moved by: David Inglis Seconded by: Bob Pringle

"That the Board of Health approves the letter to MPP Bill Walker urging support in the passage of Bill 45: *Making Healthier Choices Act*."

Carried

**12.0 ADJOURNMENT**

By Motion of Bob Pringle, Acting Chair Kevin Eccles adjourned the meeting at 12:15 p.m.

**Date of Next Meeting:** March 27, 2015 – 10:00 a.m.
Grey Bruce Health Unit Boardroom

Kevin Eccles
Acting Chairperson

Dr. Hazel Lynn
Medical Officer of Health

Erin Meneray
Recording Secretary


# 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:

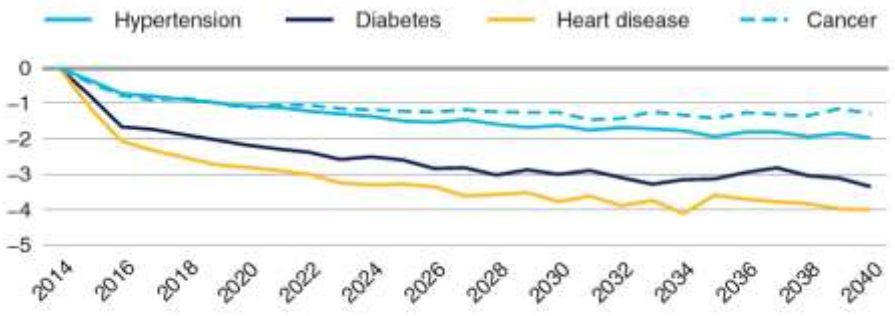
- Only 15% of Canadian adults get the recommended 150 minutes per week of moderate to vigorous physical activity. Further, the majority of Canadians lead a sedentary lifestyle, spending most of their waking hours sitting.
- Individuals, businesses, and governments all have a stake in helping Canadians 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.

Bounajm, Fares, Thy Dinh, and Louis Thériault. *Moving Ahead The Economic Impact of Reducing Physical Inactivity and Sedentary Behaviour*. Ottawa: The Conference Board of C , 2014

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 me 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

Bounajm, Fares, Thy Dinh, and Louis Thériault. *Moving Ahead, The Economic Impact of Reducing Physical Inactivity and Sedentary Behaviour*. Ottawa: The Conference Board of C[illegible], 2014

# Program Report
# February 2015

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**WEBSITE:** www.publichealthgreybruce.on.ca

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

## CLIENT SERVICES



## HEALTHY COMMUNITY DEVELOPMENT



## 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.

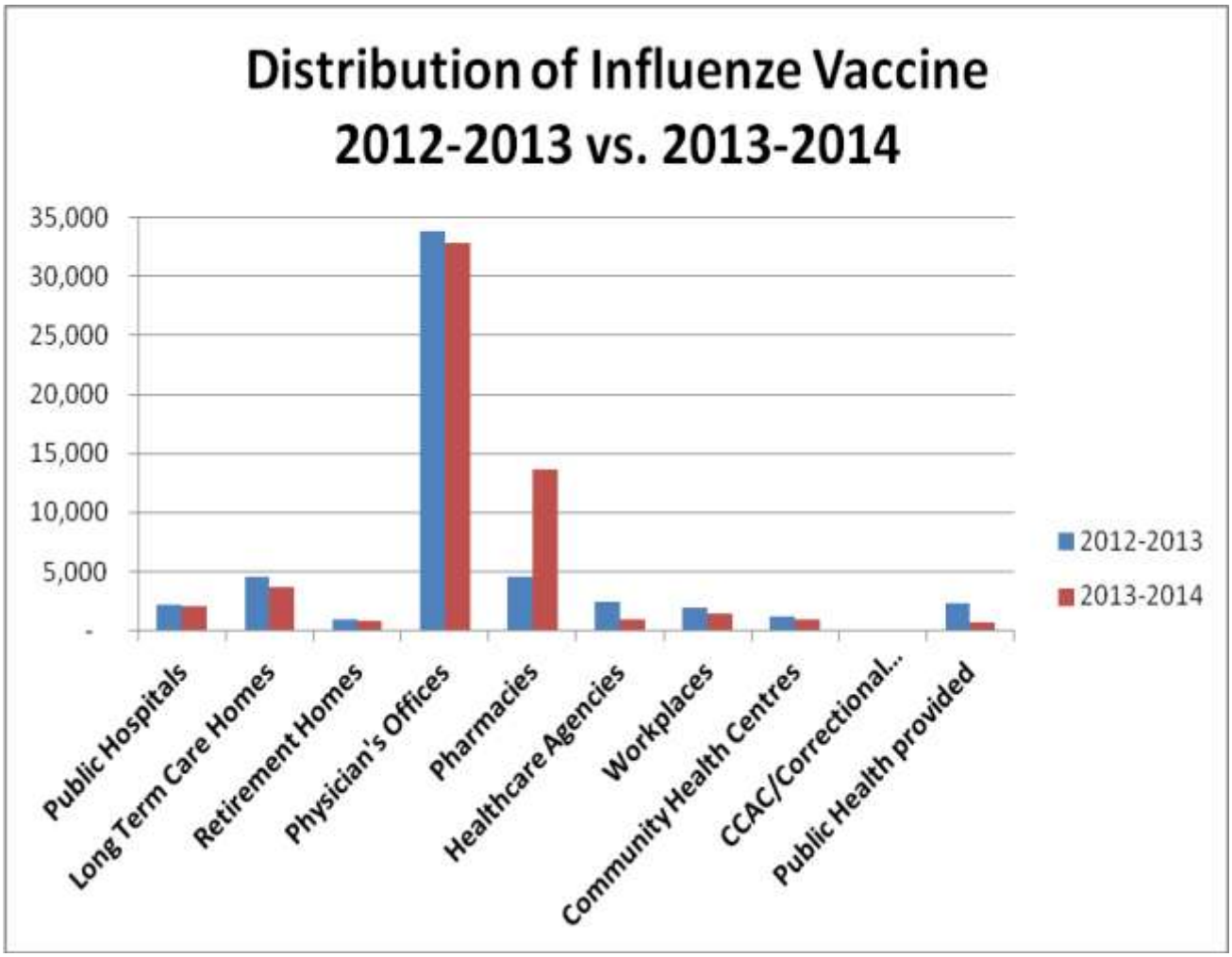
For more information, visit www.infanthearingprogram.com.

## 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% |
| Erinnrung 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% |
| Erinnrung 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% |
| Wiarton | 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.

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***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!


# BOARD REPORT

Friday, March 27, 2015

**Medical Officer of Health**

# REPORT TO THE BOARD

Friday, March 27, 2015

## Priority Populations – First Nations and Plain Communities in Bruce and Grey Counties

Priority populations are sub-populations and communities based on geographic, cultural or lifestyle characteristics and include those who self-identify based on cultural practices, lineages, beliefs and faith traditions, lifestyles, or health practices. Two such populations in Bruce and Grey Counties are the First Nations, Aboriginal or Indigenous communities, and another group known as Anabaptist, Plain, Old Order Mennonite or Old Order Amish. It is not possible to accurately depict these groups with generalizations (p.2 2012, 3rd Ed., Descriptive Profile of Amish and Mennonite Communities in Perth County).

### First Nations

The current legislative framework for most of the programs and services offered by health units in Ontario includes the provision for "Agreement with council of band". The *Health Protection and Promotion Act*, RSO 1990, Chapter H.7, Part VI, Section 50, enables a board of health of a health unit to enter into an agreement with the council of a band, to provide programs and services.

As seen in the two Section 50 agreements currently enacted, there is flexibility to develop agreements specific to the First Nation community and its local health unit. The successful engagement, negotiation and implementation of agreements depend on the strength and health of the specific respectful relationships fostered between the First Nation community, its leadership and the local health unit (R Pellizzari, per com, 2014). Opportunities exist in Bruce and Grey Counties for relationship building with the Aboriginal populations.

***Agreement with council of band***

*50. (1) A board of health for a health unit and the council of the band on a reserve within the health unit may enter into an agreement in writing under which,*

*(a) the board agrees to provide health programs and services to the members of the band; and*

*(b) the council of the band agrees to accept the responsibilities of the council of a municipality within the health unit. R.S.O. 1990, c. H.7, s. 50 (1).*

***Appointment of member by council of band***

*(2) The council of the band that has entered into the agreement has the right to appoint a member of the band to be one of the members of the board of health for the health unit. R.S.O. 1990, c. H.7, s. 50 (2).*

***Joint appointment***

*(3) The councils of the bands of two or more bands that have entered into agreements under subsection (1) have the right to jointly appoint a person to be one of the members of the board of health for the health unit instead of each appointing a member under subsection (2). R.S.O. 1990, c. H.7, s. 50 (3).*

***Term***

*(4) An appointment under this section may be for one, two or three years. R.S.O. 1990, c. H.7, s. 50 (4).*

***Definitions***

*(5) In this section,*

*"band", "council of the band" and "reserve" have the same meanings as in the Indian Act (Canada). R.S.O. 1990, c. H.7, s. 50 (5).*

*Health Protection and Promotion Act R.S.O. 1990, retrieved from http://www.e-laws.gov.on.ca*

## Old Order or Plain Community

Another priority population is the Old Order or Plain community. Belief in the separation of church and state and in the supreme authority of God has generally led to various practices such as non-participation in military. The belief that God, and the community of faith, will care for families and individuals influences the non-participation in enumeration practices, census taking and non-registration for OHIP. Reliance on God's Provision and the community is paramount and frequently precludes acceptance of government programs and services. All of these groups pay taxes to the government.

Several of these family groups have expanded their presence in Bruce and Grey Counties over the last 15 years. Information from the Perth District Health Unit indicates that many families who originally homesteaded in Perth, Oxford and Huron are expanding into agricultural homesteads in Grey Bruce. While Perth is traditionally thought of as having a high percentage of Old Order or Plain communities, these groups represent five per cent of the county's population and are becoming fewer as those families move north for greater homesteading opportunities.

Old Order Mennonite, Old Order Amish, Conservative Mennonite, David Martin Mennonite and Amish communities have lived in Ontario for 200 years. The Low German speaking Mexican Mennonites first established in Southwestern Ontario about 17 years ago. Representative families from all these groups currently live in Grey Bruce. In the fall of 2014, an estimate of the demographics and geographic distribution of Old Order or Plain communities within Grey Bruce set the population at approximately 16,000 persons by 2016, roughly ten percent of the total population. This number is expected to double every 20 years.

Our efforts to offer a choice of population health resources for these priority populations should respect the autonomy and value the importance of relationship building with these communities.

Christine Kennedy
Associate Medical Officer of Health
Grey Bruce Health Unit

# Program Report
# MARCH 2015

101 17th Street East, Owen Sound, ON N4K 0A5
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**WEBSITE:** www.publichealthgreybruce.on.ca

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

## TABLE OF CONTENTS



## Measles

The recent measles cases in Ontario sparked renewed discussion on the importance of vaccines. As one of the cornerstones of public health, the value of vaccines cannot be overstated. Vaccines prevent the spread of infectious diseases and save lives. Prior to vaccine, measles was responsible for 400 cases of encephalitis and 50-75 deaths per year in Canada. Measles cases dropped 99 per cent in the period following the introduction of a measles vaccine.

The last case of measles in Grey Bruce was in 1997, in an infant too young to receive the vaccine. The 2014 vaccine coverage rates for measles in Grey Bruce are 93 per cent for 7 year olds and 96 per cent for 17 year olds. These high coverage rates are the result of the vigilance on the part of health care providers to ensure all children are adequately immunized. High coverage rates help to produce herd immunity. Herd immunity occurs when a high percentage of the population is protected against a disease and in turn, the "herd" protects those too young to get the vaccine or those unable to be vaccinated due to an underlying medical condition.

Legislative requirements also play a role in high vaccine rates. Ontario and New Brunswick are the only provinces that require proof of immunization for school attendance. The *Immunization of School Pupil's Act* requires all students attending school to provide proof of immunization for the following: measles, mumps, rubella, diphtheria, tetanus, polio, pertussis, meningococcal disease and varicella (chicken pox). If proof of immunization is not provided, a student may be suspended for up to 20 days. Public Health Nurses recently assessed all Grey Bruce student records and issued 3,444 notices to parents advising them that their child's immunization record is incomplete. Parents have until April 20, 2015 to update their child's immunization record or the child may face suspension from school.

## Freeze the Industry


*Freeze the Industry* is a youth-led campaign raising awareness on ways the tobacco industry attempts to make their products appealing to young people. Nine students from Hanover were among over 200 youth from across Ontario who attended the November 2014 *Freeze the Industry* summit aimed at taking action to ban the sale of flavoured tobacco.

The youth from Hanover hosted a local *Freeze the Industry* advocacy event during the town's 2015 Family Day Celebration. Youth mingled with over 600 Family Day participants sharing information, passing out literature on the dangers with flavoured tobacco and asking people to sign a provincial petition to ban the sale of flavoured tobacco (part of Bill 45 *Making Healthier Choices Act*). Youth also had the opportunity to meet community leaders, including the Mayor, Deputy Mayor, Council Members and CAO. Signatures attached to the petition will be sent to Bruce-Grey-Owen Sound MPP Bill Walker.

For more information on *Freeze the Industry:* www.freezetheindustry.com
For more information on Bill 45, *Making Healthier Choices Act:* http://www.bill45support.com/

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## Population Health Approach to Maternal and Child Health

The Grey Bruce Health Unit is aligning resources previously allocated to individual and group education towards a population health approach for maternal and child health. The new programming brings resources into line with the strategic directions as identified by the province.

The Breastfeeding Committee of Canada recently advised the Grey Bruce Health Unit that we did not achieve a Baby-Friendly designation. Breastfeeding is important for healthy growth and development and is a key factor in preventing childhood obesity. Despite many years of working with both individual clients and community-based breastfeeding support groups, breastfeeding rates have not changed. Within Grey Bruce, 98 per cent of mothers initiate breastfeeding; however, only 43 per cent exclusively breastfeed for the first six months (CCHS, 2011/12). We recognize our role has to shift towards addressing the barriers within the community for exclusive breastfeeding. Our focus is to move upstream to create a culture that supports breastfeeding anytime anywhere.

Another important indicator is school readiness. Despite significant staffing for both individual and group parenting programs, Grey Bruce children continue to be at higher vulnerability for school readiness. Recent data from Public Health Ontario indicates that Grey Bruce has a greater number of children with an overall vulnerability for not being ready to attend school (30.5 per cent ) compared to the provincial average (27.6 per cent), as measured by the Early Development Instrument. Our goal is to work with primary care to ensure all children receive an 18-month screen and that issues are identified and addressed in a timelier manner.

These complex issues require new approaches that involve working with parents and partners to implement evidenced-based programming aimed at creating communities that support the health and well-being of all children and families.

## Youth Sexual Health


The Grey Bruce Health Unit is realigning its approach to youth sexual health. Moving to this new model recognizes public health's role in providing education and working with partners to create and sustain community-based initiatives to support healthy sexuality.

Public health traditionally approached youth sexual health through delivery of clinic services. However, sexual health is only one facet of overall health. Individual health care, including sexual health, is best achieved when clients are linked to a primary care system offering a comprehensive health strategy, rather than through fragmented services.

Public health will continue to offer confidential STI testing/treatment, pregnancy testing and referrals, and access to low-cost contraception. These services will be geared primarily to youth through public high schools and at limited community sites for those unable to access services at school sites.

Wherever possible, clients seeking services will be directed to their primary care provider. Where clients report not having a primary care provider, we will assist them to roster. A client in need will not be denied services. However, the emphasis will always be on encouraging/assisting the client to roster with a primary care provider.

Strategies to support education and community initiatives include the development of a multi-disciplinary team of public health nurses, health promoters, youth engagement workers and nutritionists. The team will address mental health and resiliency, healthy relationships, substance misuse, injury, nutrition and physical activity. We will work to build on existing partnerships and already successful school and community initiatives. Our role will include advocacy for and assistance in policy development to support enhanced youth health. This approach also includes a robust evaluation component to measure impacts/outcomes.

## Pool and Spa Safety

Grey Bruce is home to 124 regulated swimming pools and 45 regulated spas. These facilities are found in community settings, condominiums, hotels, etc. Twenty-four of the regulated pools are Class A pools, requiring inspections every three months while they are open and minimum of two inspections. The 45 regulated spas require the same frequency of inspection. In 2014, we met our performance accountability indicator with all pools/spas receiving required inspections.

We check that safety equipment is present and working correctly; that the water chemistry is within parameters; and that the operator is carrying out the mandatory daily checks. Inspecting is not just about numbers. An inspection offers an opportunity for dialog and education with the operators. Generally, operators want their facilities running as efficiently as possible and to protect the safety of their customers. As needed, we will work closely with an operator to correct a deficiency, although it is rare that formal action is required. In 2014, we received two complaints for all 169 facilities.

In 2015, the program will operate under the same regulations and the same accountability requirements. In line with our goal of improving both efficiency and service, we will undertake a Quality Improvement initiative looking at the methods used to test water chemistry. New equipment is available that promises improved accuracy/consistency and quicker response times. We will compare its use with our current system to assess effectiveness.