



# Medical Officer of Health Report to the Board

Friday, July 22, 2016

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## THE ONTARIO PUBLIC HEALTH ORGANIZATIONAL STANDARDS

The Organizational Standards provide the formal expectations for the effective governance of boards of health and management of public health units in Ontario. Hand in hand with the Ontario Public Health Organizational Requirements, the Standards provide the link between the varying pieces of legislation governing public health units and boards of health, identify the best practices for complex systems management, and set the accountability for the efficient and effective use of resources and funds to achieve public health and population health objectives. (OPHOS Feb. 2011).

In November 2015, former Justice and current Chair with the Institute For Research in Public Policy, Graham Scott, presented to the board of health members from the Association of Local Public Health Agencies (ALPHA) and the Council of Ontario Medical Officers of Health (COMOH) on “Protecting your organization’s reputation by ethical decision making”, and risk management. Scott had been the Assessor for the Algoma Public Health Unit Report (April 2015).

In light of the recent financial and budgetary structure changes for public health including the new funding formula, proposed policy and legislative changes (Patients First, Dec. 2015 and April 2016), the modernization of the Ontario Public Health Standards, and regulatory changes in environmental health, Scott provided perspective for governance considerations:

*In the context of financial restraint, the importance of governance is heightened because the public taxpayer wants reassurance that public funds are being used in the most efficient and effective ways possible. (Graham Scott, ALPHA, Nov. 3 2015, Toronto)*

Each board of health in Ontario must be transparent about the processes required to give life to the Organizational Standards (2011) for governance, and this includes “a clear, shared, understanding of their roles, responsibilities, and accountabilities” (ALPHA Nov. 2015). Scott noted the strong supportive mechanisms found in successfully governed public health units facilitates the board’s responsibility for setting policy direction, oversight monitoring, and evaluation against objectives to ensure organizational performance. Exercising these duties requires intimate knowledge of hiring practices, compensation processes, qualifications of staff, payouts, and human resources strategies.

Tools to aid the boards of health in discharging their oversight and accountability duties include committee and sub-committee structures to help manage the work (minimally Finance and Audit, and Governance), agendas, work plans, and reporting templates. A board policy manual and a board development plan also support boards (such as building a skills-based board and acknowledging the time demands on elected councilors).

In February 2016, Scott was invited back to aPHa with Corinne Berinstein, Senior Audit Manager, Treasury Board Secretariat, to offer more detailed support to public health units and boards of health on Risk Management. Indeed, there are three webinars being offered in July-September 2016 entitled: "Risk Management 101 Webinar", and are open to board of health members interested in learning more.

*Dr. Christine Kennedy*



## PROGRAM REPORT JULY 2016

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Working with the Grey Bruce communities to protect and promote health

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### Public Health Celebrates Local Tobacco-Free Champions

The Grey Bruce Health Unit celebrated World No Tobacco Day, May 31, by marking the 10th anniversary of the *Smoke-Free Ontario Act*. Since its passing in 2006, the Act has reduced exposure to second-hand smoke, limited the impact of tobacco marketing and dropped the rates of tobacco use, which influence young people starting to smoke.

The Act initially prohibited smoking in all workplaces and imposed restrictions on the promotion of tobacco products. A complete display ban came into effect in 2008. Today, the legislation bans smoking in personal vehicles when children are present and in outdoor public spaces including sports fields, playgrounds, bar and restaurant patios and many outdoor events and festivals.

To celebrate, Public Health recognized twelve local Tobacco-Free Champions who have contributed to reduce tobacco use. The following were recognized for championing change, innovative cessation programs, engaging youth and tobacco-free education:

#### Wilton Sanitation Inc.

Owned and operated by Doug Wilton, this Flesherton-based business offers a financial incentive to staff who quit smoking.

#### Richard Eppel, Clinical Pharmacist, Owen Sound Family Health Team

Richard Eppel supported the Grey Bruce Health Services to ensure timely access to help with quitting after hospital discharge. While on the Grey Bruce Health Services Smoke-Free Property Task Force, Richard advocated for strategies supporting staff and patients during introduction of the smoke-free grounds policy.

#### Chippewas of Nawash Unceded First Nation

In 2008, Council prohibited smoking in the bingo hall. This arose from concerns that children also using the hall were being exposed to residual toxins from the smoking.

### Municipality of South Bruce

In 2009, the Municipality of South Bruce was the first local municipality to establish a bylaw regulating smoke-free public places. At the time, the *Smoke-Free Ontario Act* regulated smoking in enclosed public places and workplaces; the bylaw expanded the prohibition to the exterior of recreational buildings, recreational fields, public places and workplaces.

### Keystone Child, Youth & Family Services

Keystone established the first Grey Bruce Tobacco Community of Practice to build capacity among members offering tobacco cessation services and programs; address gaps in local services; build relationships across organizations; and, share knowledge and training.

The Start Thinking about Reducing Second-Hand Smoke (STARRS) program assists pregnant women to reduce smoking and child exposure to second-hand smoke.

In partnership with Public Health, Keystone worked with local hospitals to establish cessation supports to patients.

Keystone developed a workplace program for those wanting to quit.

### Bruce County Housing

In April 2011, Bruce County Housing Corporation introduced a No Smoking Policy. Existing smokers living in the buildings prior to implementation were exempted, but all new tenants must comply with the No Smoking Policy. The percentage of smoke-free units continues to grow with over 55% of the housing units are now non-smoking.

### Grey Bruce Property Rentals Inc.

This company operates many multi-unit dwellings in Grey Bruce. In 2013, they introduced a Smoke-Free Rental Policy in the leasing agreement for all new tenants.

### Jessica Brookshaw

Jessica coordinated Sauble Beach butt clean up events and advocated to South Bruce Peninsula Council for a smoke-free outdoor spaces policy in the municipality.

### Grey Bruce Health Services, South Bruce Grey Health Centre and Hanover and District Hospital

The three hospital corporations in Grey Bruce went completely smoke-free in 2014, ahead of regulated changes by the province. Smoke-free reduces exposure to second-hand smoke, provides a role model for healthy behaviour and supports those wanting to quit. The hospitals also made changes to better support patients who use tobacco while in hospital and set up referrals for those interested in quitting.

### Grey County

Grey County Housing implemented a no smoking bylaw for all Grey County Housing units in January 2014. Existing tenants were grandfathered but new tenants are not permitted to smoke in their units.

In October 2014, Grey County adopted a Smoke-Free bylaw prohibiting smoking within nine metres of entrances and exits of municipal and county buildings.

#### Dr. Lynn – Special acknowledgement

As Medical Officer of Health, Dr. Lynn is a leader both provincially and locally to advance tobacco control. Her support and dedication directly influenced the tobacco control team within Public Health to build the skills and confidence to assist in healthy policy development, create cessation programs and enforce legislation.

In 2002, under her guidance, Grey and Bruce counties were among the first in the province to enact bylaws to prohibit smoking in enclosed public and work places. That was four years before the province enacted the *Smoke-Free Ontario Act*.

Dr. Lynn was a member of the Tobacco Strategy Advisory Group established in 2009 by the Ministry of Health Promotion and Sport. The report of this committee assisted the government in developing a comprehensive tobacco control effort in Ontario.

### **Milk Events**

The Grey Bruce Breastfeeding Coalition brought the critically acclaimed documentary *Milk* to Owen Sound and Hanover last May. These screenings increase awareness of the importance of breastfeeding and supporting breastfeeding in the community. Those attending included health care professionals, grandparents, mothers, partners and babies. The community discussions following the film identified the need for more peer breastfeeding support in the Hanover/Walkerton region.

The Grey Bruce Breastfeeding Coalition is made up of area health care professionals, peer support volunteers and community members. The Coalition share resources, support ongoing education and ensure consistent messaging regarding infant feeding.

### **Proposed Legislative Changes and Program Updates with VPD**

On May 12, 2016, the Minister of Health and Long-Term Care introduced two amendments to the *Immunization of School Pupils Act*. The changes were proposed but due to the summer break, have not been debated or passed.

- Strengthening the vaccine exemption process. Parents seeking to exempt their children from immunization for non-medical reasons would be required to attend an education session delivered by a Medical Officer of Health, or designate, before the Statement of Conscience or Religious Belief could be completed.
- Improving the reporting of immunization records. Health care providers would be required to report immunization records to their local public health unit for vaccines administered to children and adolescents. This change would make it easier for parents and reduce suspensions due to out-of-date immunization records.

Under the new *Child Care and Early Years Act* (CCEYA) a new formal exemption process comes into effect August 29, 2016. This will affect all children attending licensed childcare in Grey Bruce. Standard Ministry of Education issued forms must be completed for immunization requirements under the CCEYA. Previously, parents could

write a letter to Public Health asking children to be exempt from vaccines. All 40 licensed childcare operators in Grey Bruce have been advised of this change. Over the summer, Public Health Nurses will be visiting facilities to ensure that all requirements of the new CCEYA are understood and met.

In May, the Ministry of Health and Long-Term Care announced that human papillomavirus vaccine (HPV) would be available to all Grade 7 students through the school-based immunization program for the 2016/17 school year. Previously, the vaccine was only available to Grade 8 female students. Expanded eligibility protects both males and females from HPV and associated cancers related to infection.

There were 108 school-based immunization clinics for the 2015/16 school year at 52 elementary schools in Grey Bruce. There were 2,365 immunizations provided to students against Hepatitis B, 1,098 immunizations to protect from HPV and 1,422 immunizations administered to protect against meningococcal disease.

### **Food Bank Summit**

Hosted by the United Way and Public Health, the 2016 Food Bank Summit was held May 25 at the health unit with Grey Bruce Food Banks, Community Voices and the Poverty Task Force invited.

Key messages from the summit included:

- the importance of both the community and its leaders understanding local food security issues;
- increasing the availability of healthy and/or fresh foods;
- creating a welcoming and dignified experience; and,
- working collaboratively.

A Public Health Inspector participated in an “Ask the Inspector” open discussion about relevant regulations and helpful resources.

Using data collected by the Food Security Action Group of the Poverty Task Force, the 2016 United Way Hunger Report. *WTF: Where's the Food?* identified the cost of eating well, the numbers using services, access to services including a map of food bank locations and the types of products offered by food banks. Only seven of the responding food banks provide any fresh fruits or vegetables.

Mary Ferguson, a researcher and social enterprise expert, spoke on building sustainable livelihoods and food security particularly through working with local municipalities in social enterprise development.

Karen Secord of the Parkdale Community Food Centre gained national attention when she refused to accept donations of Kraft Dinner and other highly processed foods to the Centre. She shared her experience that prioritizing dignity first and building relationships with mutual respect can lead to lasting change. She challenged Grey Bruce food banks to recognize the impact of their policies and messaging. At the Parkdale there are no

clients or volunteers, everyone is a neighbour. The Centre works under the principle of sharing food rather than the charitable model of helping. The Centre also shares space with a community health centre, which has improved access to services and has seen physicians question food access and prescribe 'Good Food.'

### **Public Disclosure of Personal Service Settings Inspections**

Personal services settings provide tattooing, body piercing and aesthetic services such as hair care, hair removal and manicure/pedicure. These types of facilities require annual inspection to ensure they comply with standards designed to protect clients from communicable disease. Additional inspections are carried out in response to complaints and follow up on directions provided during routine inspections. There are approximately 250 personal services settings in Grey Bruce.

In May, the Grey Bruce Health Unit began disclosure through on-line summary reports via the [Check-it portal](#) on our website. An explanation of the terminology is provided and there is search function for specific facilities by location or name.

On-line inspection disclosure supports public access to information associated with regulatory activities and is in keeping with the standard practice of other health units.

