



Board Report

Friday, April 22, 2016



Medical Officer of Health Report to the Board

Friday, April 22, 2016

The Ontario Public Health Convention 2016

The Ontario Public Health Conference 2016 (TOPHC) has just finished. I was delighted that four (4) Grey Bruce Health Unit projects/papers were accepted for presentations and discussions this year. Thank you to the staff and managers who did the extra work to prepare the submissions and presentations, and present at the conference. My colleagues felt that you did an excellent job in representing innovative public health practice in our rural area.

“Conversations to Build Healthy Communities Together”

Presented by: Amber Schieck, Karen Croker, Jason Weppler

Public health has a key role in engaging citizens to build healthy and vibrant communities. The Grey Bruce Health Unit, in partnership with the Tamarack Institute for Community Engagement, launched the Community Conversations Grey Bruce Project to support neighbourhood resilience, social capital and health equity. Community conversations were hosted with local residents and groups to explore the meaning of community; identify community strengths and challenges; and develop a shared vision and opportunities for action. Engaging the community in this project also helped to build and strengthen community relationships and gather insights to inform program planning and strategic direction. This workshop included an interactive activity to facilitate an actual community conversation among session participants to enhance skills in developing a shared vision for community action. Members of the project team shared tips and lessons learned. Participants were given community building strategies and opportunities to apply in their work. – ***TOPHC Program***

“Realizing Our Potential: Maximizing Public Health’s Role in Supporting Poverty Reduction in Ontario”

Presented by: Rosana Pellizzari, Jan Fordham, Karen Croker, Christopher Mackie

In 2014, the Ontario government released Realizing Our Potential, an updated poverty-reduction strategy. In 2015, the government launched the Local Poverty Reduction Fund to foster innovative community-based projects aimed at improving the lives of those affected by poverty. This panel presentation examined how public health units can best

align their equity-focused work to support Ontario's Poverty Reduction Strategy. Toronto Public Health described a number of research and policy initiatives it has undertaken which contribute to income security. The Grey Bruce Health Unit shared their experiences addressing the root causes of substandard housing conditions while a representative from the Poverty Reduction Strategy Office offered insight into the potential contribution of public health units to Local Poverty Reduction Fund initiatives. The Middlesex-London Health Unit described a multi-stakeholder initiative that supports nursing education to deliver outreach support to vulnerable young mothers and their babies. – **TOPHC Program**

“Dental Unit Waterlines and Water Quality: Reducing the Risk of Infection Transmission” (poster on display in the Atrium)

Presented by: **Emma McGregor, Carmen Broasca**

The Healthy Smiles Ontario program afforded some health units the opportunity to create public health dental operator in a variety of settings. This poster presentation identifies how one dental program addressed a deficiency in the “dental unit waterlines and water quality” element of the “infection prevention and control audit for general IP & C practices in dentistry”; an infection control audit tool used to support achieving the status of accreditation. After surveying other health units, reviewing manufacturer’s instructions, and the literature, a gap in maintaining dental unit waterlines, specifically monitoring water quality and waterline treatment methods were identified. Public health dental practitioners worked collaboratively with the infectious disease program to ensure compliance with infection control by implementing a dental unit waterline and water quality policy and procedure. This presentation describes the collaboration involved in transforming practice by sharing our solutions to minimize risks with dental unit waterlines. – **TOPHC Program**

“RentSafe: Intersectoral Action towards Healthy Housing for Low-Income Tenants in Ontario”

Presented by: *Erica Phipps, Helen Doyle, **Robert Hart**, Jill McDowell, Kathleen Cooper, Caryn Thompson*

Safe and healthy housing plays a vital role in preventing chronic disease, supporting healthy child development and fostering physical and mental well-being. Conversely, substandard housing contributes to health inequities and perpetuates disadvantage. This session looked at emerging findings and new solution pathways being explored through RentSafe, a multi-sectorial initiative on housing-related health risks affecting low-income tenants. With active collaboration, RentSafe aims to build capacity within the health and social services sector so that low-income tenants – faced with mould, pests, lead and other indoor health threats – are better able to get the support they need. RentSafe partners shared findings from tenant focus groups and province-wide surveys of health and social service professionals that pinpoint key knowledge-to-action gaps. Discussion included what is and what could be in terms of optimized collaboration among the multiple agencies working at the intersection of housing, equity and health. – **TOPHC Program**

Dr. Hazel Lynn

Reference: [TOPHC Program 2016](#)

2015 YEAR-END INDICATOR SUMMARY TABLE: HEALTH PROMOTION INDICATORS

Board of Health for the Grey Bruce Health Unit

March 2016

#	Indicator	Baseline		2014 Year-End			2015								
		Reporting Period	Performance	Reporting Period	Performance	Target	Mid-Year		Year-End			Year-End			
							Reporting Period	Performance	Reporting Period	Numerator	Denominator	Performance	Target	Performance Report Required	
1.1	% of population (19+) that exceeds the Low-Risk Alcohol Drinking Guidelines*	2013+ 2014	35.1% CI:29.3-40.9%											N/A	N/A
1.2	Fall-related emergency visits in older adults aged 65 +	2009	7,260	2013	7413	N/A								N/A	N/A
1.3	% of youth (ages 12 - 18) who have never smoked a whole cigarette	2009 + 2010	77.1%	2013+2014	85.2% CI:75.2 -95.2%	N/A								N/A	N/A
1.4	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	2011	97.0%	January 1, 2014 - December 31, 2014	100.0%	≥90%	January 1, 2015- June 30, 2015	97.5%	January 1, 2015 - December 31, 2015	164	165	99.4%	≥90%	No	
1.5	% of secondary schools inspected once per year for compliance with section 10 of the Smoke-Free Ontario Act (SFOA)	2014	100.0%			N/A			January 1, 2015 - December 31, 2015	14	14	100.0%	100.0%	No	
1.6	% tobacco retailers inspected for compliance with section 3 of the Smoke-Free Ontario Act (SFOA)	Non-Seasonal	2013	NS: 92.6%	January 1, 2014 - December 31, 2014	99.4%	100.0%			January 1, 2015 - December 31, 2015	148	149	99.3%	100.0%	Yes
		Seasonal	2013	S: 100.0%	January 1, 2014 - December 31, 2014	100.0%	100.0%			January 1, 2015 - December 31, 2015	14	14	100.0%	100.0%	No
1.7	% tobacco retailers inspected for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)	2013	92.7%	January 1, 2014 - December 31, 2014	100.0%	100.0%			January 1, 2015 - December 31, 2015	162	163	99.4%	100.0%	Yes	
1.8	Oral health Assessment and Surveillance: % of schools screened	July 2013- June 2014	100.0%			N/A	July 1, 2014- June 30, 2015	100.0%						100.0%	N/A
	Oral health Assessment and Surveillance: % of all JK, SK and Grade 2 students screened in all publicly funded schools	July 2013- June 2014	100.0%			N/A	July 1, 2014- June 30, 2015	100.0%						100.0%	
1.9	Implementation status of NutriSTEP® Preschool Screen	2013	Initiation	January 1, 2014 - December 31, 2014	Intermediate	Preliminary	January 1, 2015- June 30, 2015	Intermediate	January 1, 2015- December 31, 2015				Intermediate	Intermediate	No
1.10	Baby-Friendly Initiative (BFI) Status	2011	Intermediate	January 1, 2014 - December 31, 2014	Advanced	Designated	January 1, 2015- June 30, 2015	Certificate of Commitment	January 1, 2015- December 31, 2015				Certificate of Commitment	Advanced ^o	No

LEGEND:

No data/ no report required for specified reporting period.
N/A Not applicable for specified reporting period.

o BFI Designation is achieved by 2016 year-end.
CI 95% Confidence Interval

NS Non-seasonal tobacco vendors.
S Seasonal tobacco vendors.

**Performance Report
Public Health Funding & Accountability Agreement**

Board of Health:	Grey Bruce Health Unit (GBHU)
Report Date:	24/03/2016
Indicator:	1.6 nonseasonal (YA) and 1.7 (DHP)

Instructions

This report template should be used when the Ministry of Health and Long-Term Care (the "ministry") has identified a Performance Variance* and requests a Performance Report (see section 5.5 of the Public Health Funding & Accountability Agreement (PHFAA)).

Please enter information in the all boxes below. Please submit one report per Performance Variance. Please send the completed report to PHUIndicators@ontario.ca. If you have any questions about completing this report, please send an email to PHUIndicators@ontario.ca.

*Performance Variance as defined in section 1.2 (Definitions) of the PHFAA means the inability to achieve a Performance Target as set out in Schedule "D", as identified by the Province.

In the following boxes, please provide the details requested about the issue(s) contributing to the Performance Variance:

A. Cause

Provide a brief explanation of the cause of the issue:

- *What factors or events prevented achievement of the Performance Target?*

On December 30, 2015 GBHU received a telephone call from a new tobacco retailer opening that day requesting required signs under SFOA. The GBHU did not have prior contact with the vendor; there is no municipal business license requirement to notify the PHU of opening. TEEO responded same day by conducting onsite education and provided signs so vendor would be in compliance. The TEEO entered the vendor retailer tombstone information and display, handling and promotion (DHP) inspection on December 31, 2015 into TIS as per the requirement to enter and sync data within 24 hours of inspection under the Directives: Enforcement of the Smoke-free Ontario Act, section 4: Conducting Inspections and Reporting.

A youth access (YA) inspection was not reasonable with 2 calendar days remaining until the end of round 2 and the Christmas break.

**Performance Report
Public Health Funding & Accountability Agreement**

B. Impact

Provide a brief explanation of the impact or anticipated impact of not achieving the performance target:

- *How has the issue(s) affected program or service delivery?*

There has been no impact as the vendor received education and signs and is in compliance with the SFOA. A DHP inspection was conducted and entered into TIS along with the tombstone data. The tombstone data saved, but not the DHP.

The vendor will receive a youth access inspection during the next round of scheduled test shopping.

C. Plans for Resolution to Address the Performance Variance

Provide a brief explanation of the board of health's plans to improve performance:

- *What steps has the board of health **taken** or **is taking** to address the issue(s) that have led to the performance variance?*
- *Please describe any process changes, organizational changes, planning changes, and/or monitoring changes that the board of health is **planning** to implement to resolve the issue(s).*
- *Please outline the expected completion dates of the steps the board of health is taking to improve performance.*
- *What is the expected date that all steps will be completed?*
- *Please describe the monitoring schedule to ensure that planned changes are having the intended results.*

Ensure TEEOS indicate unable to conduct youth access inspection on the premises file in TIS.

Continue to conduct audits of TIS data to verify all required inspections are completed as per the requirement under the Directives: Enforcement of the Smoke-free Ontario Act section 4: Conducting Inspections and Reporting. The GBHU has conducted monthly audits since 2013 as required by MOHLTC. Discrepancies have been reported in each annual report.

**Performance Report
Public Health Funding & Accountability Agreement**

D. Plans for Resolution to Address Impacts of the Performance Variance

Provide a brief explanation of the board of health's plans to address the impacts of the performance variance.

- *What steps has the board of health **taken** or **is taking** to address the impacts of the performance variance?*
- *Please describe any process changes, organizational changes, planning changes, and/or monitoring changes that the board of health is **planning** to implement to resolve the issue(s).*
- *Please outline the expected completion dates of the steps the board of health is taking to resolve the issue(s).*
- *What is the expected date that all steps will be completed?*
- *Please describe the monitoring schedule to ensure that planned changes are having the intended results.*

There has been no impact.

Ministry Support

Please identify any provincial level supports which you feel would help the board of health to resolve the issue(s) or improve performance.

Please note that the purpose of this section is not to identify the need for additional funding. Funding approval is based on the annual Program-Based Grants approval process.

The DHP inspection entered on December 31, 2015 did not sync. A review of tombstone data reflects the December 30 inspection as a new store requiring education. For details, please see TIS ID 100002798.

GBHU is seeking ministry guidance to avoid future situations- for example, should data entry related to inspections conducted late in a round be delayed until the new calendar year or next round of due inspections?

**Performance Report
Public Health Funding & Accountability Agreement**

Contact Information for Ministry Follow-Up

Please provide contact information for someone that the ministry can follow-up with for any questions about the Performance Report.

Contact:

Name: Angela Newman

Title: Public Health Manager

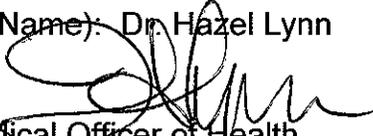
Telephone: 519-376-9420

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The Medical Officer of Health is required to review and approve the completed Performance Report.

Approved by (Name): Dr. Hazel Lynn

Signature:


Medical Officer of Health

Date (dd/mm/yyyy): 24/03/2016



2015 PROGRAM REVIEW

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Working with the Grey Bruce communities to protect and promote health

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Client Services

Healthy Babies Healthy Children

Healthy Babies Healthy Children support vulnerable families to help children achieve their full potential. Early interactions and experiences have a decisive impact on children's emotional and intellectual development. Public Health Nurses and Parent Support Workers provide home visiting support to families and offer referrals to partner agencies, as needed.

In 2015:

- 61.9% of the pregnant women screened scored 'with risk' for factors associated with low birth weight and parenting concerns.
- 1,386 babies were born to families in Grey Bruce.
- 59.8% of families screened in the postpartum period identified for one or more issues such as isolation, low income, low education, etc.
- 376 families received home visits.
- 101 families requiring additional support received referrals to other community programs and services, as needed.

Infectious Diseases

The Infectious Disease (ID) Team managed 661 individual/sporadic cases of reportable disease, including sexually transmitted infections, and 81 outbreaks; of those, 45 were respiratory and 36 gastrointestinal. Compared to the previous year, there was a slight decrease of sporadic cases and slight increase in outbreak investigations.

Grey Bruce Health Unit was involved in a pertussis/whooping cough outbreak that spread from Huron County in an under-immunized community. In total, there were 41 confirmed or probable cases, 31 contacts of cases, and 63 people given vaccine, treatment or prophylaxis. There were four special clinics held in the community for vaccine, assessment and treatment. Two home visits were made to four families.

A comprehensive media campaign about Gonorrhoea, "It's easy as peeing in a cup", ran from June through September in response to infections investigations identifying people meeting sexual partners through social media "hook-up" sites.

The team conducted 411 regulatory inspections of all childcare facilities and personal services facilities including tattoo/body piercing; manicure/pedicure; hair and other esthetic services.

Consultative services were provided to local acute and long-term care facilities through representation on infection control committees. An outreach initiative on infection prevention and control in clinic and office settings was made available to local primary care providers. As well, annual routine infection control audits of Health Unit operated clinics were completed.

The ID Team participated in an Ebola Virus Disease response tabletop exercise organized by Grey Bruce Health Services.

Integrated Preschool Speech and Language Program

The Integrated Preschool Speech and Language Program provides assessment and treatment to children from birth to June of their Junior Kindergarten year. The program is no cost and does not require a doctor's referral.

The Ministry provided one-time dollars to address the increased demand for the program and to reduce wait times. As a result, 642 children received services in 2015, an increase of almost 100 children from 2014. Initial assessments were given to 324 children. That compares with 216 in the previous year.

At year-end, 646 children were registered with the program and 140 children were on the waiting list for an initial assessment. There were 222 children on the waiting list at the end of 2014.

Recognizing early intervention will result in better outcomes, the Ministry targets to have 45% of all initial assessments provided to children by 30 months of age. However, many parents and providers do not initiate a referral until after this time. The program is striving to increase awareness of the importance of early referrals with presentations to baby groups on development milestones and when to make a referral. Media messaging during speech and language month in May targeted early literacy. Speech and Language Pathologists attended nine local Ontario Early Years Centres to promote early literacy and completed 41 parent consults.

Parents of children on the wait list are encouraged to learn general strategies to use at home while they wait to be seen. In 2015, 31 parents attended information sessions.

Parents/guardians of children in the program can receive training to supplement their child's therapy. Parents attend the one of six different sessions that best suits their child's needs. In 2015, 94 parents attended training.

The preschool speech and language program participated in an inter-agency province-wide Special Needs Strategy initiative. The goal is to improve the experience of families in three key areas: 1) Identifying kids earlier and getting the right help sooner; 2) Coordinating service planning; 3) Making service delivery seamless.

Infant Hearing Screening Program

Undetected hearing loss is one of the causes of delayed speech and language development. All newborn babies in Ontario have their hearing screened either in the hospital when they are born or in a community setting. Communicative Disorder Assistants screened 308 infants in the community from January to July. On August 1, screening transferred to the Southwest Region Infant Hearing Program.

Oral Health Services

Assessment and Surveillance

Public Health screened 5,426 elementary school children for dental decay. Of the children screened, 11%, or 602 students, were eligible for the Children in Need of Treatment (CINOT) program, which covers the cost of urgent dental treatment for children 0 -12 years old whose families cannot afford the treatment. An additional 194 students received dental treatment from the CINOT expansion program for 13 -17 year olds. In total, almost 750 children received urgent dental treatment with Ministry funding of \$321,665.

Public Health Dental Hygienists provided an additional 420 screenings based on requests from parents. Referral for oral hygiene instruction, fluoride treatment, professional cleaning, sealants and restorative treatment are provided, as required.

This was the second year of screening in childcare settings, with 191 children examined. Eight childcare centres were identified, based on where school screenings showed higher rates of decay. Childcare centres have become an important community partner in the screening process and in promoting good early oral health messaging.

There were 2,500 bookmarks provided to the United Way Backpack Campaign to ensure families in need were aware of the available oral health programs.

Healthy Smiles Ontario

There were 366 children, including 196 new clients in 2015, enrolled in the Healthy Smiles Ontario dental plan for families who have no dental coverage and meet the income eligibility criteria. In January 2016, Healthy Smiles Ontario was revised, combining six publically funded programs and expanding enrollment eligibility.

Health Unit Preventative and Restorative Clinics

There were over 1,500 client visits, including 377 new clients, who attended Public Health dental clinics in Owen Sound, Wiarton, Walkerton and Markdale. These clinics support clients who are unable to access a community practitioner due to a number of factors including availability of a provider, ability to pay, the provider not accepting publically administered programs, and geographic accessibility.

Dental Hygienists provided 5,133 preventive services including topical fluoride, pit and fissure sealants, scaling, polishing, and oral health education. Restorative clinics are provided using a contract dentist with 70 restorative services provided in 2015.

Preventative Services

Targeted prevention strategies in certain communities and risk groups are driven by local decay rates, as determined through screening and other health data.

Parent Support Workers in the Healthy Babies Healthy Children home visiting program offer fluoride varnish to families of children 0 to 6. Dental Health Educators also offer fluoride varnish at parent mutual aid sites. Over 40 children received topical fluoride treatments in their home or at a Parent Mutual Aid site.

Preventing dental decay really begins before teeth even erupt with good oral hygiene. The second phase of the First Visit by First Birthday campaign rolled out in 2015 with over 130 packages sent out asking family physicians, nurse practitioners and midwives to promote the importance of good oral health, including encouraging parents to book their child's first dental visit by their first birthday.

The dental team promoted oral health prevention messages at Mennonite health clinics, health fairs, distribution of dental materials at food banks and through social media postings.

Families of children who used the CINOT program and underwent general anaesthesia for dental surgery were offered free preventive services. Dental surgery is the most common surgical procedure requiring anaesthesia in childhood according to the Canadian Institute of Health Information, 2013.

Children's Oral Health Initiative

In partnership with Health Canada, the Children's Oral Health Initiative (COHI) aims to prevent dental caries and improve oral health for First Nations children living on reserve. Launched locally in 2006, Grey Bruce is one of 200 COHI programs across Canada. An application is pending to re-new the partnership beyond its expiry in March 2017.

Through this program, a Dental Hygienist and a Dental Health Educator provide screening and preventive services for children of the Saugeen and Neyaashiinigiing First Nation communities. In 2015, 119 children, from infants to 7 years of age, were screened and provided with preventive services, including 305 fluoride varnish applications, and 34 sealants. Children requiring further treatment were referred to their dentist with coverage through Health Canada's Non-Insured Health Benefits.

In addition to screening and preventive services, First Visit by First Birthday packages were distributed to the health centres and daycares at both communities. An oral health program was provided to mothers and expectant mothers attending the Aboriginal Headstart program. A parent night at the childcare centres promoted the COHI program. A tooth-brushing program was launched at the Saugeen daycare.

In consultation with the Saugeen community, a poster using images of local children was developed to promote the COHI program. A similar poster is proposed for Neyaashiinigiing in 2016.

Sexual Health and Harm Reduction Services

Sexual Health Clinical services were aligned with the Public Health Foundational standards on client need, impact, capacity and partnership. Services focused on those clients who did not have access to primary care.

Nurses working at Community Clinics in Owen Sound, Walkerton, and Hanover saw 2,111 clients for services such as sexually transmitted infection testing and treatment, pregnancy testing, lifestyle counselling and low cost contraception. Nurses saw 1,323

students in ten Secondary School Sexual Health Clinics. In 2015, 345 new clients received services at community and school-based clinics.

Needle Exchange Program

The Needle Exchange Program continued to expand with two new community-based needle exchange sites, for a total of nine in Grey Bruce. The program saw 1,146 returning and 213 new clients. The average age of males accessing needle exchange services was 33 years and females was 31 years. Requests for needle exchange supplies almost doubled with 4,350 quick packs, containing 5 needles and supplies, distributed; up from 1,850 quick packs distributed in 2014. Over 56,000 needles were distributed with 23,000 returned for a 41% rate of return. Clients accessing services continue to report opiates as their drug of choice.

The Take Away Naloxone program launched in 2015, equipping and training clients to administer naloxone to reverse the effects of opioid overdose. This program aims to reduce death and injury from drug overdose. Training in the use of naloxone is offered through the Needle Exchange Program.

Tobacco Cessation

Provided through a partnership with the Centre for Addiction and Mental Health (CAMH), the Smoking Treatment for Ontario Patients (STOP) program delivers free smoking cessation to Ontario smokers. Participants learn cessation strategies and receive five weeks of free nicotine replacement patches. CAMH contacts the participants after five weeks and six months to see how they are progressing. Five workshops were held with 41 participants including two in partnership with Saugeen First Nations and Maple Leaf Foods in Hanover.

The Grey Bruce Tobacco Cessation Community of Practice (Cessation CoP) is made up of individuals working on tobacco cessation in Grey Bruce. The Cessation CoP supports networking, knowledge exchange and acts as a platform for problem solving and building a shared skill set in tobacco cessation. The Cessation CoP has just under 80 members.

The Ministry of Health and Long-Term Care provided one-time funding to purchase nicotine replacement therapy. Prior to this funding, we could not offer cessation services without supporting partnerships such as the CAMH STOP program. Working in partnerships with local agencies and services, tobacco program staff were able to identify individuals from priority populations requiring cessation services. Priority populations included low income, mental health and addictions, pregnant/postpartum women, youth/young adults and aboriginal. Services included individual and group counselling, NRT and linking with the Smokers' Helpline. There were 256 in-person or phone consultations with 119 clients participating in cessation activities.

Youth Tobacco Use Prevention

Community-based youth-led prevention activities support the renewed Smoke-Free Ontario Strategy to reduce tobacco use and increase cessation among young adults. Local collaborative projects and Southwest Tobacco Control Area Network activities

addressed accountability indicators on the percentage of youth that have never smoked a whole cigarette.

Preventing youth from experimenting with smoking during adolescence is key to prevent them from smoking as adults. Based on data collected from 2009-2010, the baseline for Grey Bruce was set at 77.1% with the target set at 79.4% for future years. Grey Bruce exceeded the target in 2013-2014 at 85.2%.

In collaboration with community partners, three smoke-free movie events were held in Town of the Blue Mountains, Meaford and Owen Sound. The 803 participants learned about the dangers of tobacco depiction in movies rated for children and youth.

The Grey Bruce Health Unit continued to collaborate with Saugeen First Nation to deliver culturally oriented youth tobacco use prevention events. Grade 7 and 8 youth collected 2,535 cigarette butts at a clean-up at the recreation centre, band office, youth centre and baseball diamond. The group presented recommendations to the Band council and hosted an awareness event at Sauble Beach on the impact of cigarette butt litter on the environment.

Additional youth engagement strategies included pigs lungs demonstrations to elementary students in the DARE (Drug Abuse Resistance Education program); maintaining the local Target Youth website; training 22 local youth as peer leader in their school and community; promotion of the 91 Reasons Why 91% of Youth do not Smoke campaign; cessation workshops at two local high schools, and; distribution of Tobacco and Environment toolkits.

Vaccine Preventable Diseases

Public Health held 37 Community Immunization Clinics in Owen Sound, Walkerton and Holyrood for individuals and families who did not have a primary care provider. The number of immunizations administered by Public Health increased significantly with 2,013 administered in 2015, from 1,592 in 2014. Uptake from clients at the Holyrood Clinic, new regulations in the Immunization of School Pupils Act and a pertussis outbreak contributed to the increase. Four pertussis screening and treatment clinics were held during the outbreak, providing 89 pertussis immunizations.

Twenty-six high-risk infants participated in the Respiratory Syncytial Virus (RSV) prophylaxis program. Infants receive monthly injections to protect from RSV, a virus with potentially serious consequences for medically fragile infants and children. No infants participating in the program contracted RSV.

Public Health distributed 51,050 doses of influenza to hospitals, physicians, long-term care facilities, retirement homes and pharmacies. Forty local pharmacies participated in the Universal Influenza Immunization Program, providing free flu vaccine for those aged 5 years and above. Grey Bruce Pharmacists administered over 850 doses of influenza vaccine from October to December.

One hundred and eleven health care locations that store publicly funded vaccine, including physicians' offices, pharmacies and hospitals, received a cold chain inspection to ensure that vaccines were being stored according to Ministry protocol.

Grey Bruce was one of the first health units in the province to roll out the Panorama vaccine inventory system. That follows the work in piloting and leading provincial workgroups to develop the Panorama immunization repository.

School-based immunizations were offered to Grade 7 and 8 students, as well as to secondary school students with incomplete immunization records. There were 2,364 doses of Hepatitis B and 1,724 doses of Meningococcal disease vaccine administered to local students. Another 1,411 doses of human papillomavirus (HPV) were administered to female students.

Revisions to the Immunization of School Pupils Act (ISPA) resulted in an unusually high volume of suspension notices for Grey Bruce during the 2014/15 school year. Two additional diseases were added to the schedule; meningococcal disease and varicella or chickenpox. Request for immunization information went out to 3,479 students. Of those, 1,763 suspension orders were issued. Initially, 267 students were suspended due to incomplete immunization information. By the end of the first week, almost all the students had complied with the reporting and were back in school.

Healthy Communities

Emergency Preparedness

In partnership with Bruce Power and the Municipality of Kincardine, an enhanced public safety system was introduced in 2015. Bruce Power funded improvements to communication including FM alert radios, public alert systems and a new Community Safety Guide. The Safety Guide contained information and a voucher for Potassium Iodide (KI). The pre-distribution of KI, carried out in consultation with Public Health, is a new requirement by the Canadian Nuclear Safety Commission.

Public Health Inspectors were involved in emergency exercises in scenarios where they would play a key role in responding. Additionally, emergency exercises were held with Grey Bruce Health Services, Grey County Social Services, both Counties and five area municipalities.

Food Safety

The Food Safety Protocol directs Public Health in the prevention and reduction of food-borne illness through inspection of food premises, food handler training and timely response to reports of food-borne illness, outbreaks, unsafe food handling practices, food recalls, consumer complaints and food related issues arising from emergencies.

Inspection

Accountability agreement requirements were met for inspections once every four months for high-risk food premises and six month for moderate-risk food premises.

Frequent inspection is important as high and moderate risk food premises prepare and handle foods where the risk of food-borne illness is more likely.

Investigation and Enforcement

In addition to food premises inspections, Public Health Inspectors investigated 33 food premises complaints, 8 food product complaints and 16 food-borne illnesses; 8 provincial offence tickets were issued for a variety of infractions.

Haines Food Safety Funding

Haines Food Safety funding supported costs to meet mandated frequency targets for food premises inspections and re-inspections. In addition, funding covered a food handler certification course in partnership with the Warton Salvation Army Work Start program. This course was free to priority youth engaged in job skills development.

Farmers' Markets

Special educational packages were provided to 35 vendors during farmers' market inspections. Additionally, a letter distributed prior to market season instructed vendors on labelling requirements for food products sold at markets. Labelling assists in quickly responding to and informing customers of a compromised product.

Food Handler Certification

The Food Handler course continues to be very successful with 325 food handlers certified. Participants learn about safe food handling, preventing food-borne illness, potentially hazardous foods, basic microbiology, sanitation, food allergies, and pest control. Fifteen classroom courses saw 208 participants receiving certification. The self-study online course graduated 117 participants.

Healthy Environments

Above-Standard Housing Project

The Above-Standard Housing Project aims to improve the quality of existing rental housing in Grey Bruce by engaging with property owners, tenants and regulatory/service agencies to address substandard housing. Activities included a series of tenant focus groups, a liaison session between Public Health Inspectors and municipal by-law enforcement officers and the development of a province-wide survey examining how various health units respond to substandard housing issues.

Expanded Air Quality Study

A study of air quality throughout Grey Bruce was undertaken in partnership with the Ministry of Environment and Climate Change. The study sought to determine if the Ministry's air monitoring station in Tiverton accurately reflected air quality throughout the region. A portable air monitoring station was positioned at three locations in Northern Bruce Peninsula, Owen Sound and Hanover with the results being compared with Tiverton for the same period. The study indicated very good consistency of data, meaning the Tiverton station provides reliable air quality data for all of Grey Bruce. The [full report](#) is available on the Grey Bruce Health Unit website.

Population Health

A population health approach recognizes and considers a range of social and economic factors, the physical environment and individual behavior that collectively affect health. These are known as the social determinants of health. Actions to improve health are directed at the entire population, or sub-population, rather than to the individual.

Food Security

The [Nutritious Food Basket](#) survey identifies it costs \$199.55 per week to feed a family of four, based on a reference basket of food products. That's a 10% increase from the previous year.

An [Environmental Scan Healthy Food Choices and Tap Water in Municipal Recreational Facilities and Affiliated Public Spaces](#) was completed for all municipalities and both First Nations communities. There was unanimous support from respondents for healthier food choices in recreation facilities. The report outlines a Grey Bruce Action Plan with the goal that all recreational facilities serve healthy food and beverages.

Supporting Health and Wellbeing

There were 110 participants registered for the Gift of Motherhood, a free online prenatal learning course and resource package. All parents of newborns receive a baby information package containing relevant material and resources for the new parent. The Let's Grow child development and parenting resource packages are provided electronically to 3,442 subscribers and in hard copy to 60 recipients. Thirty-seven prenatal sessions were held for vulnerable women to support education and opportunities to learn new cooking skills. This strategy is through the Canada Prenatal Nutrition Program in collaboration with Keystone Family and Child Services. A Dietetic Intern created an evaluation framework that will capture changes in participant behavior.

A Healthy Schools section was launched on the Grey Bruce Health Unit website to promote the concept of comprehensive school health. The Healthy Schools Toolkit was adapted for local use and distributed as a resource to support positive school climates.

Over 400 older adults engaged in fall prevention education opportunities.

Building Capacity

Forty staff from local Ontario Early Years Centres received training on the newly developed Grey Bruce Early Years Health Curriculum.

Fifty-one Early Childhood Educators and daycare providers participated in Physical Literacy workshops. Additionally, 58 cooks and staff from local childcare and daycare centres participated in the annual Nutrition and Food Safety training.

County Child Care Managers and Supervisors were introduced to the Best Start [It Takes a Village](#) online learning modules.

Engaging local primary care health professionals to support implementation of the Nutri-STEP toolkit advanced the accountability indicator to intermediate. In addition, the

Health Unit signed a Memorandum of Understanding with Dietitians of Canada to assist residents without internet access to access the Nutri-eSTEP nutrition tool.

The A Step Ahead to Falls Prevention in Older Adults curriculum was delivered to Georgian College students in the PSW, Practical Nurse programs and was expanded this year to include students in the first year BSc Nursing program.

The Bridges Action Group, a newly formed Bruce Grey Poverty Task Force subcommittee, hosted a workshop to engage community partners to map assets and gaps that support the social determinants of health.

Significant effort went toward strengthening a culture of breastfeeding anytime anywhere within Grey Bruce. Staff leads in the Baby Friendly Initiative (BFI) provided education to all Public Health Community Teams; conducted a survey to assess knowledge gaps; and, conducted BFI interviews with 11 partner agencies. Over fifty health care professionals attended the breastfeeding education session with renowned researcher and educator Dr. Cindy-Lee Dennis. A BFI Implementation Workshop was presented in partnership with Toronto East General Hospital, Hanover and District Hospital and the Hanover Family Health Team are now working towards designation. A Breastfeeding Workshop for Primary Care was presented in partnership with the Ontario College of Family Physicians.

A formal partnership agreement was established with the Bruce Grey Catholic District School Board to support a pilot project in three schools to enhance the health and wellness of their students consistent with the Board's mental health strategy.

Community Engagement

Under the leadership of South East Grey Community Health Centre, the Run, Jump, Play, Every Day! Healthy Kids events were held in Southgate, Grey Highlands and Chatsworth.

Results of the Grey Bruce Community Conversations project were presented in deputations to Grey County, Meaford and the Grey Bruce Healthy Communities. These results are part of the national research initiative led by Tamarack Institute of Community Engagement.

The Breastfeeding Friendly Business toolkit was launched with community members engaged in its development and promotion. The municipality of North Bruce Peninsula passed a resolution to adopt Breastfeeding Friendly facilities.

Into the Open: Sexual Violence Prevention workshops were held in partnership with Violence Prevention Grey Bruce. Survivors, professionals and community members are developing initiatives to address and prevent sexual violence in Grey Bruce.

The Income Employment Security Action Group hosted a Consumer Financial Protection consultation with the Ministry of Government and Consumer Services. A key

initiative supported under-resourced community members in Grey Bruce to participate in the voting process.

As a partnering organization, the Grey Bruce Health Unit has helped launch a number of Youth Coalitions within Grey Bruce. Both Hanover and Kincardine support the Youth Friendly designation for their communities.

Supportive Environments to Make the Healthy Choice the Easy Choice

Staff collaborated with the schools, community, parents and students to support creating safe spaces/community service rooms for youth in schools, participated on healthy school committees and supported Healthy School Certification for three schools in Grey Bruce.

Victoria Village Family Resource Centre in Meaford opened their doors with a community barbeque and celebration. Modelled on the Alpha Family Resource Centre, the unit will offer one stop shopping for a variety of community resources and services appropriate to the local community's needs. Programing is facilitated by a multi-sector community advisory committee. Drawing on the success of these two initiatives, a similar program is being launched at the Old Durham Road complex in Walkerton.

Working with the leadership of several Plains Communities (Old Order Mennonite and Amish) resulted in the purchase, staffing and opening of a community-owned and operated primary health care clinic in Holyrood.

The Good Food Box has increased to 18 sites throughout Grey Bruce with the addition of Paisley as a pilot site.

The Grey Bruce Health Unit is one of 34 recipients of Ontario's first Bicycle Friendly Business awards. The Bronze recognition acknowledges efforts to promote cycling in the workplace and community.

Public Policy to Protect and Promote Health

All federal election candidates received the Let's Make a Difference and Put Health in all Policies resource kit. Interviews were conducted with candidates to evaluate the strategy. A six-week social media campaign also took place with Facebook and Twitter posts with a total social media reach of 26,900.

The [Bruce Grey Food Charter](#) was released. Developed by the Bruce Grey Poverty Task Force, the Charter guides the development of policies and programs that promote a healthy food system in Grey Bruce. The Charter has been endorsed by the Grey Bruce Health Unit, two municipalities, Grey County and four community partners.

Funding from the Grey Bruce Healthy Communities Partnership supported development of a [Grey Bruce Complete Streets Implementation Guide](#). Presented to over 50 municipal and county staff, elected officials and community stakeholders, the Guide will support the review process of Official Plans and Transportation Master Plans.

Consultation was ongoing with Grey County to support the development of the County Transportation Master Plan with a particular focus on active transportation.

Memorandum of Understandings were developed with the City of Owen Sound, Town of Meaford and the Town of the Blue Mountains to provide comments on official plan amendments, development proposals, zoning by-laws and other components of the Planning Act that support the development of healthy communities.

Work was undertaken with local school boards to develop and implement concussion policies. Concussion management policies were shared with local health care providers. Online resources are available to support coaches, educators, parents and health professionals in identifying and managing concussions.

A review was conducted with all 17 municipalities and both counties to assess the uptake of the Grey Bruce Municipal Alcohol Policy Template, originally released in 2013. The evaluation found the template was well received and most municipalities have used portions of or the entire template in their policy.

Showcasing Grey Bruce

Grey Bruce was featured at the Ontario Good Roads Association/Rural Ontario Municipal Association breakout Walk and Roll: Making Rural Transportation Work in Small, Rural communities. The session looked at the challenges and opportunities for active transportation in rural communities and how public health and municipalities can work together to create change.

Grey Bruce participated in the development of the [Healthy Rural Communities Tool Kit](#) in the Locally Driven Collaborative Project funded by Public Health Ontario. Several local projects are highlighted.

Grey Bruce provided a rural voice for the Registered Nurses' Association of Ontario Provincial Mental Health and Addiction Champion Pilot Project that focused on using a youth engagement approach and peer-to-peer strategies.

The Grey Bruce Falls Prevention and Intervention project was the model to lead the regional expansion of the initiative to the South West Local Health Integration Network (SWLHIN). A Collective Impact Evaluation Framework was developed to prepare a final report.

The Grey Bruce Community Conversations project was presented in interactive workshops at both the [HC Link, Your Resource for Healthy Communities](#) provincial symposium and the [Tamarack Institute](#) national conference.

Tobacco Enforcement

Youth Access

Youth access to tobacco products is a Ministry accountability agreement, as measured by the percentage of tobacco vendors in compliance with legislation under the Smoke-Free Ontario Act. The target is 90% or greater. Tobacco Enforcement and Education

Officers conducted 325 tobacco retail checks resulting in 24 sales to minors, 30 charges and an overall compliance rate of 93%, down from 98.2% in the previous year.

Vendor Education

Fifty participants attended three tobacco vendor workshops designed to help retail staff understand their responsibilities under the Smoke-Free Ontario Act. The workshops reviewed the importance of preventing tobacco sales to minors and emphasized the consequences of breaking this law. Employers/owners were given information and resources on how to meet their responsibilities of due diligence, including how to create a policy and train staff to prevent the sale of tobacco products to minors. A third workshop was added in late fall due to the higher number of sales occurring.

This was the third year for the Who is 25? campaign using test shoppers to determine if clerks are properly asking for ID. Under the Smoke-Free Ontario Act, clerks are required to ask for ID from anyone that looks younger than 25. The test shopper used in the campaign was between 19 and 25 years old and legally eligible to purchase tobacco. This year's campaign targeted places that had not asked for ID the previous year. Of 107 locations tested, 102 (95%) correctly asked for ID. Only 5 locations (5%) were flagged for not asking for ID; a significant improvement from 68 locations (44%) in the previous year. All vendors not asking for ID received a follow up from a Tobacco Enforcement and Education Officer. The Annual Tobacco Retailer Newsletter included the campaign results and additional educational materials.

Enforcement

Tobacco Enforcement and Education Officers undertake progressive enforcement based on the Ontario Public Health Standards and Ministry directives. In 2015, 122 investigations were conducted resulting in 131 warnings and 58 charges issued.

Education initiatives included distribution of workplace packages and presentations on employee/employer responsibilities under the Smoke-Free Ontario Act.

Smoke-Free Ontario Act and Regulation Amendments

Effective January 1, 2015 the Smoke-Free Ontario Act prohibited use of tobacco products on:

- Outdoor restaurant and bar patios.
- Outdoor playgrounds and within 20 meters of the playground.
- Outdoor municipal sporting areas, spectator areas, and within 20 metres of the sporting or spectator areas.

The sale of tobacco will be prohibited on premises licensed under the Independent Health Facilities Act, post-secondary campuses, schools, day nurseries and licensed private-home day care, whether or not children are present.

Tobacco Enforcement and Education Officers provided education to municipalities and businesses on the new regulations. This included distributing new signs to 17 municipalities; providing resources and presentations to special event organizers, municipalities, and workplaces; developing and distributing educational materials such

as children's colouring pages and server buttons for restaurants with patios. Officers visited 17 parks, playgrounds and sports fields distributing 920 educational flyers.

Youth Diversion Program

Since its inception in 2009, 30 students have participated in the Grey Bruce Health Unit Youth Diversion, including five students in 2015. The Youth Diversion program offers youth between 14 to 16 years of age the alternative of 20 hours community service in lieu of a charge under the Smoke-Free Ontario Act. Partners taking on youth for this program include Habitat for Humanity, Salvation Army, schools, Durham Medical Clinic and Grey Sauble Conservation Authority.

Electronic Cigarettes Act

In preparation for the Electronic Cigarettes Act (ECA) that took effect January 1, 2016, all current electronic cigarette vendors in Grey Bruce were identified. Regulations, including a ban on sales to those under 19, will be enforced locally by Public Health. The three hospital corporations and both school boards were provided support and education regarding the ECA. The annual retail vendor newsletter offered information about sign requirements, age restriction and resources for calculating a customer's age. The fall vendor workshop covered relevant topics under the ECA. As the Ministry of Health and Long-Term Care require test shopping for electronic cigarettes, the program was up-dated to include ECA in the job description and training materials.

Rabies Control

No cases of rabies were identified in Grey Bruce in 2015. However, the Terrestrial Arctic Strain rabies re-emerged in Southern Ontario with a rabid calf identified in Perth County and a significant number of raccoon rabies cases in Hamilton region. Ongoing vigilance in investigating potential animal-human exposures continues to be important.

There were 232 dog and 130 cat bites investigated, down from 262 dog and 148 cat bites in 2014. There were also a small number of potential exposure investigations associated with other animal species.

Safe Water

Pools

The Grey Bruce Health Unit fulfilled requirements for inspection of Class A pools. These pools are open to members of the public and have lifeguards. The region has 17 seasonal and 8 year round pools that require inspection at least quarterly while open. This led to 66 routine inspections and 4 re-inspections.

Class B pools are those typically accessed by guests of a public facility such as a campground and generally do not have lifeguards. The Grey Bruce Health Unit inspected 80 seasonal and 16 year round class B pools, and carried out 211 routine inspections and 13 re-inspections at these facilities.

Spas

The Grey Bruce Health Unit met its accountability monitoring indicator for inspections of spas. These facilities require quarterly inspections while open. The region has 10

seasonal and 35 year round regulated spas. These facilities received 161 routine inspections and 8 re-inspections.

Beaches

Environmental surveys and weekly sampling was carried out at 12 beaches in Grey Bruce during the summer. High winds, rain and waves action were noted on a number of occasions and impacted sampling results.

There was one sample over of the Canadian Recreational Water Quality Guideline single sample limit (400cfu per 100m) and seven over the Canadian Recreational Water Quality Guideline geometric mean limit (200cfu per 100ml). These events were short-lived with follow up results returning to low levels. Northwinds Beach in the Town of the Blue Mountains, with an average of 107cfu per 100ml, was the only beach with an annual geometric mean of over 100cfu per 100ml.

Beach postings are based on an assessment looking at sample results, environmental conditions and public use to determine level of risk to the public. Three beaches were posted: Kelso Beach in Owen Sound, Port Elgin Main Beach and Port Elgin Gobles Grove in Saugeen Shores.

Small Drinking Water Systems

The Small Drinking Water Systems program entered a different phase in 2015, as changes to the Drinking Water protocol released late in 2014 had a significant impact on monitoring. Fifteen Public Health Inspectors attended a new training course jointly developed by the Ministry of Health and Long-Term Care and Conestoga College.

The 2015 inventory shows 549 Small Drinking Water Systems. High-risk systems require inspection once every 2 years, and low and medium risk systems once every 4 years. We fulfilled our accountability agreement for high-risk systems in 2015 and increased the low and moderate risk inspections, completing 70.

Adverse Water Incidents

We received notification of 76 adverse incidents at systems regulated by the Ministry of the Environment and Climate Change and 56 adverse incidents at systems regulated by the Public Health. Adverse notifications require follow up and risk assessment to ensure appropriate action taken by the operators.

Vector-Borne Disease

There were no human cases of West Nile Virus (WNV) or Lyme disease in Grey Bruce.

All hospitals and healthcare providers received reminders regarding heightened surveillance for patients presenting with signs and symptoms potentially related to Lyme disease and WNV, as well as the tick submission protocol. The reminder included the Algorithm for Prophylaxis for Lyme disease as a guideline on appropriate treatment.

Surveillance for ticks through drag sampling was conducted in Bruce County as a result of a positive tick found in 2014. No ticks were identified.

Twenty-six ticks found on a human or suspected of biting a human were submitted to the Ontario Public Health Laboratory for identification and testing. Five were identified as the black-legged tick and two were positive for the bacteria that causes Lyme disease. Since passive surveillance began in 2010, there have been an average of 18 ticks submitted for testing each year. The first positive tick was identified in 2014 in Bruce County.

Work with the Grey Bruce One Health Interagency included updates to their members, development of a Grey Bruce One Health poster for presentation at Canadian Institute of Public Health Inspectors National Conference and creation of a Grey Bruce One Health website for local members to share information.

Resources were developed on tick Identification on the website and social media. A three-panel educational display, a stand-up banner and a tick submission pamphlet were developed. There were six earned media opportunities discussing WNV.