



# **Board Report**

September 23, 2016



# Medical Officer of Health Report to the Board

Friday, September 23, 2016

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## Health in All Policies: Engaging Municipal Decision Makers in Population Health Promotion

*Health in All Policies* "is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas." (Rudolph et al 2013). It is an approach to addressing the social determinants of health that are key drivers of health outcomes and health inequities. "*Health in All Policies* is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity." (WHO, 2008).

Municipal policy makers have the potential to substantially effect change in the health of the population, through modifying the social determinants of health. Applying a health lens to municipal policy making means considering health implications when developing policy about non-health issues.

A Healthy Community provides for the following through all stages of life:

- Meets basic needs of all;
- Quality and sustainability of environment;
- Adequate levels of economic and social development;
- Health and social equity;
- Social relationships that are supportive and respectful.

A *Health in All Policies* approach includes five key elements (Rudolph et al. 2013):

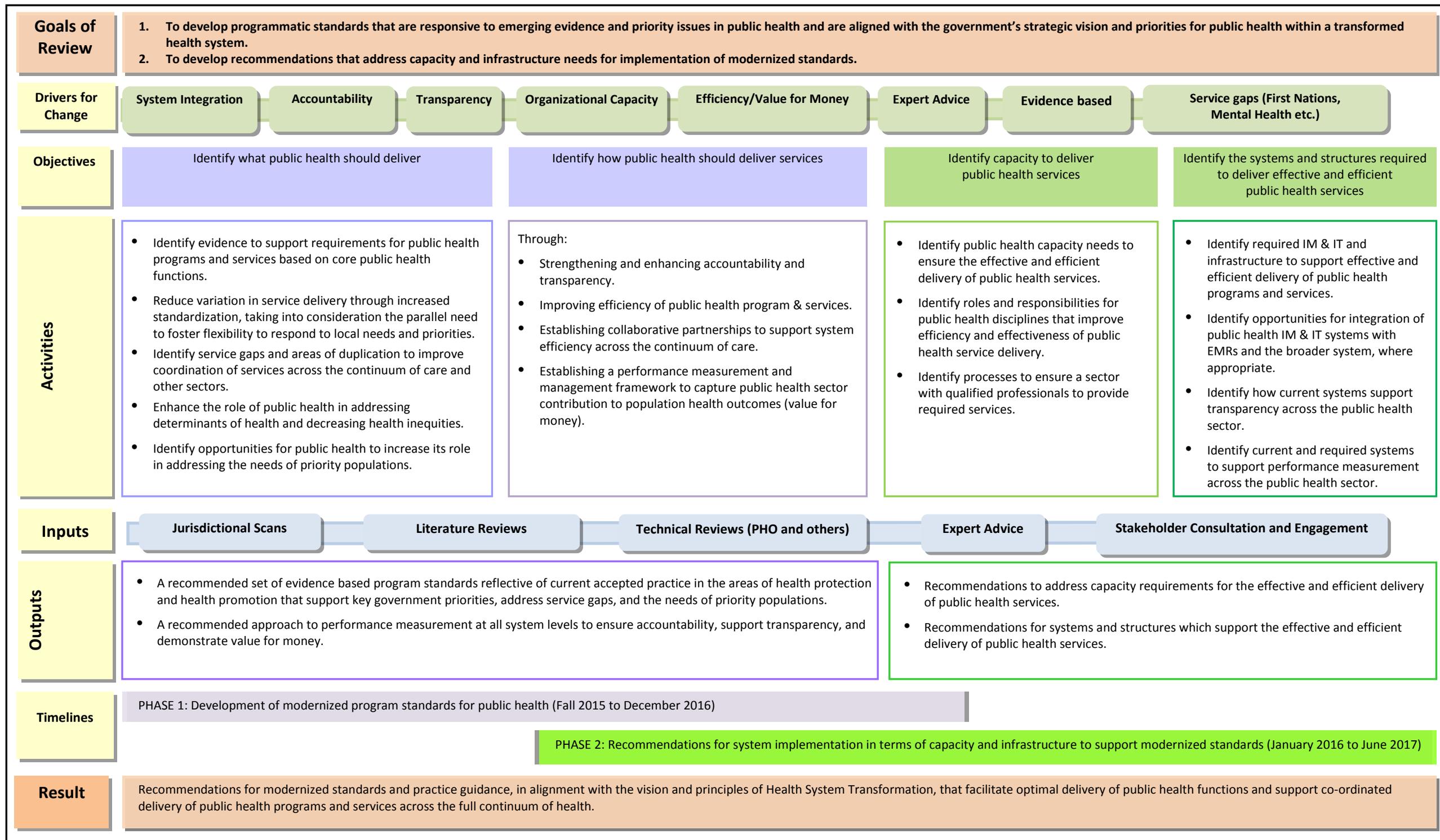
- 1) Promoting health and equity.
- 2) Supporting intersectoral collaboration.
- 3) Creating co-benefits for multiple partners.
- 4) Engaging stakeholders.
- 5) Creating structural or process change.

This is the main approach applied to practice in Grey Bruce. It has led to several successful initiatives such as the substandard/standard housing work and interventions for the prevention of childhood injury and fetal alcohol spectrum disorder (FASD).

Complex issues such as childhood obesity, prevention of FASD, substance misuse, and falls across the lifespan, are indeed 'wicked' issues and require multipronged and strategic partnerships to support significant positive outcomes in our communities. They ultimately require broad and meaningful social change. This forms an important part of the effective and mandated work of the Grey Bruce Health Unit. Hopefully, this will be recognized formally as part of the Ontario Public Health Standards (OPHS) Standards Modernization process. Activities identified in the OPHS modernization framework include, "Enhance the role of public health in addressing determinants of health and decreasing health inequities." (PEPSAC, May 2016). Development of modernized program standards for public health are due December 2016.

*Christine Kennedy*

# APPENDIX A: ONTARIO PUBLIC HEALTH STANDARDS MODERNIZATION





## **Augmented Air Sampling - Dundalk, Ontario Summer, 2016**

*Presented to the Township of Southgate Council, September 21, 2016*

### **Introduction**

During the summer of 2016, ambient air sampling for formaldehyde was conducted in the town of Dundalk as a joint project of the Grey Bruce Health Unit (GBHU) and the local Ministry of Environment and Climate Change (MOECC) office, with technical support from Public Health Ontario (PHO).

The reason for this specific sampling regimen was to augment the results of sampling carried out by the MOECC in 2014 in response to complaints about odours emanating from waste recovery facilities on Eco Parkway. At that time, all health-based parameters tested for were within acceptable limits with the exception of one isolated, transient result related to formaldehyde. Formaldehyde is a colourless gas with a disagreeable odour. It is produced naturally through events such as forest fires and the decomposition of organic matter. However most exposures to formaldehyde stem from human sources<sup>1</sup>. These include combustion emissions, tobacco smoke and off-gassing from plastics and various types of building materials. Short term, low level exposure to formaldehyde can produce irritation of the eyes, nose and throat. If these exposures are prolonged, they can exacerbate existing respiratory conditions such as asthma. At very high levels, formaldehyde can be carcinogenic.<sup>2</sup>

Ongoing human exposure to formaldehyde is common. Health Canada reports that typical daily household levels of formaldehyde range from approximately 16 – 33 parts per billion (ppb) with highs to 77 ppb<sup>3</sup>. Exposure to levels of formaldehyde below 40 ppb should produce no adverse health effects. This is known as the Acute Minimal Response Level (AMRL).

The transient formaldehyde result observed in the 2014 sampling study was 72 ppb based on a maximum half hour concentration. PHO reports this level can produce mild and reversible irritation of the eyes and respiratory tract in sensitive individuals.

There was no evidence to suggest that this formaldehyde result was associated with odour emissions from the waste recovery facilities referred to above. However, GBHU and MOECC undertook to conduct further sampling in order to determine whether or not there were potential health impacts associated with these emissions. Note that attempts were made to conduct this sampling in the summer of 2015, however the appropriate sampling equipment was unavailable at that time.

### **Method**

Sampling was carried out using a Graywolf © FM-801 Formaldehyde Multi Mode Monitor, provided by PHO. Technical staff from PHO also provided training and support to MOECC personnel on device set-up, calibration and use. (Refer to Appendix A of this report for details about device operation and sampling methodology). Sampling was conducted on July 12<sup>th</sup>, July 28<sup>th</sup> and August 4<sup>th</sup>. Sample location sites are illustrated on Figure 1 below.

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<sup>1</sup> [Environment and Climate Change Canada - Formaldehyde](#)

<sup>2</sup> [Health Canada - Formaldehyde](#)

<sup>3</sup> [Health Canada - Formaldehyde](#)

## **Results**

Sample results are tabled in Figure 2. It will be noted that sampling dates and times encompass a range of weather conditions. As well, the table indicates whether odour was present at the time of sampling. With the exception of one sample, all readings were below the detection limit of the monitoring device and therefore also well below the AMRL of 40 ppb. The one sample yielding a detectable level tested at 30 ppb, below the AMRL, and did not correspond to either of the two sampling periods when odour was detectable. As well, the sample was obtained from a site upwind of the waste recovery facilities.

## **Conclusion**

Based on both the results of this summer's augmented air sampling and those of the original sampling program of 2014, we conclude that emissions from the waste recovery facilities on Eco Parkway do not contribute significantly, if at all, to public exposure to substances of health concern. With the exception of the one minor adverse formaldehyde reading detected in 2014, all health-based parameters have been observed to be within acceptable limits. Moreover, there is no evidence to suggest that any substances detected at any level originate from these facilities rather than from other sources commonly found in human environments.

*GBHU acknowledges with thanks the assistance provided by the following individuals in completing this initiative:*

- *Rick Chappell, Owen Sound District Manager, MOECC*
- *Sierra Gillies, Senior Environmental Officer, MOECC*
- *Lisa Hines, Junior Environmental Officer, MOECC*
- *Jacqueline Otterbein, Practicum Student, MOECC*
- *Sunil Varughese, Environmental Health Analyst, PHO*
- *Seema Sharma, Practicum Student, PHO*

## Augmented Air Sampling – Dundalk, Ontario Summer, 2016

### Appendix A Dundalk Formaldehyde Testing Methodology

Ministry of the Environment and Climate Change (MOECC) staff selected four air sampling locations based on the 2014 Dundalk Odour Monitoring Report and additional locations as determined by the MOECC.

The GrayWolf Sensing Solutions Formaldehyde Multimode Monitor FM-801 was used to measure the concentration of formaldehyde. Under the direction and advice of GrayWolf Sensing Solutions Technical Support and the Operation Manual, a standard methodology was followed for each day of sampling.

A one hour Prior Exposure Procedure was performed at the beginning of each sample day in accordance with the Operation Manual. This allowed the sensor cartridge to optimally respond to formaldehyde. Measurements were recorded in the Continuous Mode.

Each individual measurement period was 30 minutes in length. Results were recorded manually and stored in the internal memory at the end of each half hour. There were 30 minute travel times between recorded samples in order to move between the air sampling locations. The monitor recorded measurements during the travel time but the data was not relevant to the four air sampling locations and was discarded.

The following methodology was performed in accordance with the Operation Manual:

1. Ensure the detachable formaldehyde sensor cartridge is in the fridge the night before the testing day
2. Collect all required equipment and arrive at the first air sampling location
3. Mount the GreyWolf © Formaldehyde Multimode Monitor FM-801 on a standard photography tripod stand
4. Record temperature, humidity, humidex, pressure, wind direction, wind speed using the Environment Canada weather website.
5. Record GPS coordinates of the air sampling location
6. Follow the “Formaldehyde Multimode Monitor FM-801 Operation Manual” (Page 20-23) for Continuous Measurement Mode instructions:
  - Place tripod and monitor in an open space away from direct sunlight when possible (tin foil was used to shade the monitor to limit sunlight exposure when applicable)
  - Turn on monitor
  - Select Continuous Measurement Mode and select Next
  - Enter Sampling No. and select Next
  - Insert the formaldehyde sensor cartridge and select Start
  - Usage Expectancy is displayed, select Next
  - Prior Exposure Procedure is automatically started for 60 minutes and a baseline value will appear once complete

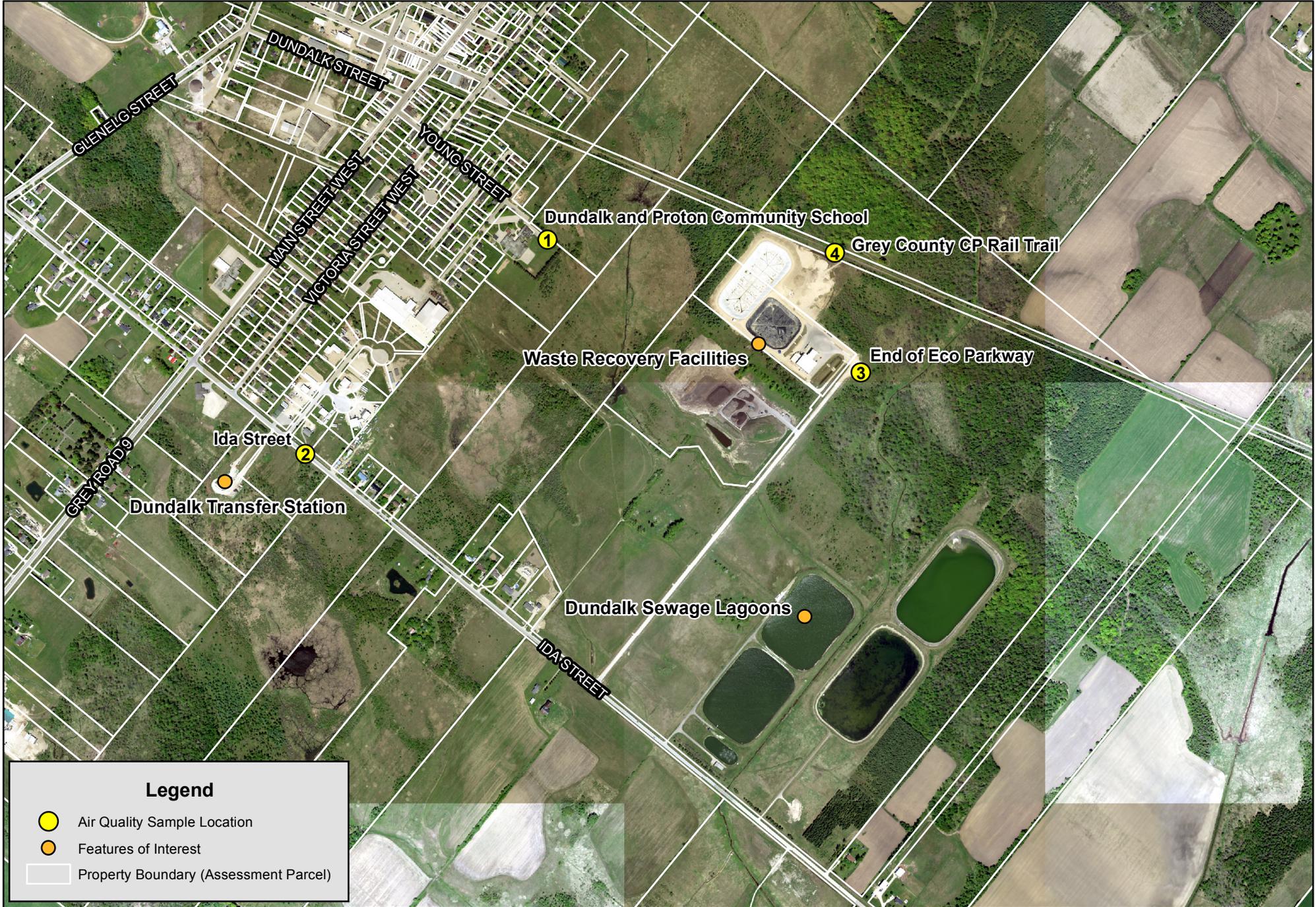
- Measurement will automatically progress until it is manually stopped. Concentration is measured in parts per billion every 30 minutes. The data is automatically stored in the internal memory
7. Move equipment to next air sampling location. Monitoring will continue during the travel time but the data recorded is not relevant to the air sampling results and was discarded.
  8. Repeat Steps 4 through 7 for each of the three remaining sampling locations.
  9. Select Stop on the monitor to end the measurement period
  10. Remove formaldehyde sensor cartridge at the end of the measurement period
  11. Return all equipment to the Owen Sound District Office and place formaldehyde sensor cartridge in the fridge
  12. Download data from the monitor to a laptop using the WolfSense PC data transfer software
  13. Review the monitor-recorded data with manual notes to ensure consistency
  14. Provide measurement results to the appropriate MOECC and Grey Bruce Health Unit staff for review

Repeat the complete methodology for each sampling day. A total of three sampling days were completed on the following dates:

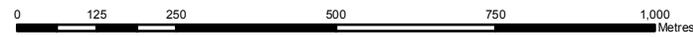
July 12, 2016

July 28, 2016

August 4, 2016



Projection:  
 Universal Transverse Mercator  
 Zone 17  
 False Easting: 500000m  
 False Northing: 0m  
 Central Meridian: -81  
 1983 North American Datum



The maps shown here are for illustration purposes only and are not suitable for site-specific use or applications. Ministry of the Environment provides this information with the understanding that it is not guaranteed to be accurate, correct or complete and conclusions drawn from such information are the responsibility of the user. While every effort has been made to use data believed to be accurate, a degree of error is inherent in all maps. Map products are intended for reference purposes only, and the Ministry of the Environment will accept no liability for consequential and indirect damages arising from the use of these maps. These maps are distributed 'as-is' without warranties of any kind, either expressed or implied, including but not limited to warranties of suitability to a particular purpose or use.

Information provided by the Ministry of the Environment and Climate Change, and Ministry of Natural Resources and Forestry

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**Air Sampling Program - Dundalk, Ontario Summer, 2016**

**Figure 2  
Sampling Results**

Date	Site #	Sample start time	Ambient Outdoor Temp (°C)	Humidity (%)	Wind direction	Wind Speed (km/hr)	RESULT Max half hour concentration (ppb) <sup>1</sup>	Odour present?
July 12	1	09:17	24	64	S	12	<10	No
July 12	2	10:17	26	59	SSW	10	<10	No
July 12	3	11:17	27	55	SSW	15	<10	No
July 12	4	12:17	29	49	SSW	12	<10	Slight sewage odour
July 28	1	10:15	23	70	N	8	<10	No
July 28	2	11:15	24	66	NNE	5	30	No
July 28	3	12:15	25	53	NNE	8	<10	No
July 28	4	13:15	26	49	S	5	<10	No
August 4	1	09:38	24	52	SSW	10	<10	No
August 4	2	10:38	26	47	SW	8	<10	No
August 4	3	11:38	28	47	SW	11	<10	No
August 4	4	12:38	29	41	S	6	<10	Faint sewage odour

<sup>1</sup> The Acute Minimal Response Level for formaldehyde is 40 ppb. At levels below 40, no adverse effects should be experienced. Levels stated as “<10” indicate the amount of formaldehyde, if present at all, was below the monitor’s accurate detection limit.



## PROGRAM REPORT SEPTEMBER 2016

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### Working with Grey Bruce communities to protect and promote health

#### Table of Contents

Grey Bruce Health Unit Tobacco Quit Clinic .....	1
How Can We Improve the Quality of Services We Deliver? .....	2
Water Safety Strategy .....	3

### Grey Bruce Health Unit Tobacco Quit Clinic

In late 2014, the Ministry of Health and Long-Term Care provided grants for the purchase of nicotine replacement therapy to support priority populations wanting to quit using tobacco. The Grey Bruce Health Unit Tobacco Quit Clinic provides support to quit attempts as well as no cost nicotine replacement therapy such as patches, lozenges, gum and inhalers. The program is promoted to clients without access to free nicotine replacement therapy through their primary health care provider. Clients are mostly low income including those on social assistance or in a low wage job, residing in social housing, dealing with mental health issues or other addictions. The majority of clients are long-term, heavy smokers with chronic health issues.

Clinics were established early in 2015 and several strategies were used to promote the program. The area hospitals, doctors in independent practice, and various social support agencies were notified they could refer clients. The program was funded again in 2015 by the Ministry of Health and Long-Term Care to support the purchase of additional nicotine replacement therapy products.

From January 2015 to July 2016, 193 clients were referred to the program with the majority of clients self-referring. This can be broken down to 119 clients in 2015 and 74 clients in the first half of 2016.

Of the clients seen in 2015, most attended at least two clinic appointments and made an attempt to quit. Of the clients seen in 2015, 48% completed a 30 day assessment, with an average decrease in 20 cigarettes per day and an average increase in confidence by 0.9, indicating increased confidence in their ability to quit using tobacco.

Over the past six months, training and orientation has been underway for staff in the Healthy Babies, Healthy Children and the Sexual Health Program to provide cessation support and no cost nicotine replacement therapy to clients in those programs. This will help to reach more young adults and young parents to support them in quitting tobacco.

## How Can We Improve the Quality of Services We Deliver?

A growing body of evidence demonstrates that improving the client and community partner experience is linked with improved health outcomes. One of the ways to improve the client experience is to ask our clients how we did and what we could do better.

In our efforts to engage clients and community partners, we have developed a client and partner satisfaction policy and a [client and partner survey](#), to gather feedback on service and project delivery. This policy and survey supports the Health Unit's strategic direction to "Deliver the highest quality public health services". Survey responses will be compiled bi-annually and used to flag areas where we can improve the quality of our services.

To promote this survey, the health unit has developed a brochure which supports not only obtaining feedback on current services, but also raises community awareness of the health units mission, values, strategic direction, as well as an overview of the programs and services we provide. Promoting greater visibility and awareness of public health's work was identified as an area to address in strategic planning with the Board of Health and key community stakeholders.

Each program area will be distributing the new brochure to clients at health unit program and service delivery sites throughout Grey Bruce and encouraging completion of the survey. Additionally, the brochures will be available at various locations across Grey Bruce to support public awareness of programs and services.



## Water Safety Strategy

In 2015, the Board of Health identified water safety as a key issue for the community. Given this direction, staff developed a social media campaign to target this issue. Throughout this past summer from Victoria Day weekend to Labour Day, the Health Unit posted weekly Facebook and Twitter messages focused on recreational and beach water safety.

Research indicates that 70.5% of adults in Grey Bruce use social media<sup>1</sup>, and our usage data indicates a weekly reach between 2,000 to 3,000, and as high as 10,000 people. Since residents are more likely to engage in recreational water activities on weekends, these social media postings were scheduled on Fridays and Saturdays. Key safety messages for families were included on our website with current, evidence-based links to Canadian organizations like [Parachute Canada](#) and the [Lifesaving Society](#). The posts were also accompanied by photos of local beaches.

Key messages included:

- Lifejackets are Life Savers
- Always Swim with a Buddy
- Don't swim if you have been drinking alcohol
- Keep Your Children within Arm's Reach

The focus of this initiative was to provide positive, preventative safety messaging that shares statistics and safety resources with families in a move towards empowering families to make informed decisions when engaging in recreational water activities. In addition, Grey Bruce Health Unit staff hosted an interactive display at the 2016 Salmon Spectacular that engaged children and parents in understanding these key messages.

1. Grey Bruce Health Unit, (2016), Social Media Use in Grey Bruce, Owen Sound, Ontario: Grey Bruce Health Unit



**Guys Caring For Kids**

PHOTO CONTEST WINNER

“Daddy and Me” by Dale Hamill

# **GREY BRUCE HEALTH UNIT ANNUAL REPORT 2015**



A healthier future for all.

# TABLE OF CONTENTS



<b>MESSAGE FROM THE MEDICAL OFFICER OF HEALTH.....</b>	<b>3</b>
<b>PUBLIC HEALTH COMMUNITY TEAMS.....</b>	<b>4</b>
<b>HEALTHY COMMUNITIES.....</b>	<b>5</b>
<b>CLIENT SERVICES.....</b>	<b>13</b>
<b>BOARD OF HEALTH.....</b>	<b>18</b>
<b>FINANCIAL.....</b>	<b>19</b>

# MESSAGE FROM THE MEDICAL OFFICER OF HEALTH



## Together We Build Healthy Communities

*This is the final annual report from Dr. Hazel Lynn, who retired from the Grey Bruce Health Unit on June 30, 2016.*

“The state of wellness of the people must be the first and most important care and concern of a statesperson - and why is

wellness more important than trade, roads, industry? Good health is the bedrock on which all social progress is built.” Marc Lalonde, then the Minister of Health and Welfare, 1974.

Public Health is the organized activity of society to protect, improve and, when necessary, restore the health of individuals, groups or the entire population.

In the past 15 years, we have worked with our municipalities, schools, hospitals, partner organizations and businesses to build a foundation of awareness and, with that, we have started to shape policy to support health. Thanks go to the many community people who have worked with us in Grey and Bruce counties.

Credit must also go to the Board of Health. Their vision inspired development of an award winning building that addresses the challenge of providing public health programming in a large geographic area. For our people, the building is the hub for our communications, program planning, administration and support. More than a wonderful building to work in, it is also a resource for the community, providing meeting and training space.

It is remarkable to think back on the important public health successes. Each one is a story in itself. We can look at environmental initiatives such as safe, small drinking water systems and, of course, the Walkerton Clean Water Center. We have advanced air quality testing, we are seeing higher standards in rental housing, safer built environment, emergency planning with municipalities, as well as our work supporting recreational trails and bike lanes.

The way our communities have embraced smoke-free is truly amazing with rental housing, indoor public spaces, recreational spaces and all of our 12 hospital buildings and grounds.

Enhanced food safety is another achievement, particularly with the food handler certification program. We have created a ‘One Health’ group with the Grey Bruce Veterinarian Association to help control the diseases that are common to animals and ourselves. Our family health programs start with prenatal education, breastfeeding awareness and support for individuals as well as for workplaces and businesses. Much of this is also available through our web site.

Our health unit piloted the provincial roll out of Panorama, the electronic immunization record system soon to be common across the country.

Our school programs look upstream with healthy physical activities, mental health supports and educational opportunities so that young people can be successfully employed here. Communities are embracing and encouraging involvement of youth.

All 17 municipalities now have alcohol policies for their municipal venues. We launched a needle exchange program across the area and host one of the first rural Naloxone programs in the province.

These achievements would never have come about were it not for our highly engaged, educated, ambitious and innovative workforce. These folks are consistently looking for new, more effective ways to deliver our programs and services. We need to look no further than the exemplary status awarded by Accreditation Canada and the Best Practice Organization status by RNAO as testament to their level of commitment and professionalism.

I know the Grey Bruce Health Unit is well poised to continue to play a leading role in the delivery of rural public health initiatives and will continue to be at the forefront as new opportunities present themselves.

A handwritten signature in black ink that reads "H. Lynn".

Hazel Lynn, MD, FCFP, MHSc

# COMMUNITY TEAMS

Public Health Community Teams build relationships and work with community partners to address locally identified priorities. All four teams wrapped up the Tamarack Community Conversation project sharing highlights with municipal and community partners.

## Northwest

- Supported food security and job skills development initiatives at the Warton Salvation Army. These included exploring options for local egg grading and providing free food handling certification for youth. Partnered with the Salvation Army in an open house showcasing the programs offered.
- Provided school immunization clinics and community influenza clinics for Chippewas of Nawash First Nations Community in Neyaashiinigiing when they did not have a community health nurse.
- Developed a Children's Oral Health Initiative poster for Saugeen First Nations featuring children from that Community.
- Participated in the Hope Springs Best Start program offering weekly peer-to-peer sessions on breastfeeding and parenting to high-risk vulnerable women.
- Partnered with Northern Bruce Peninsula as a monitoring site in the Grey Bruce Expanded Air Quality Study.
- Provided comment on amendments to the Saugeen Shores municipal by-law.

## Southwest

- Working with Kincardine and Brockton in areas of public health and municipal alignment including membership on each of the Safe Communities Committees and support for the Kincardine Trails Committee B Line project.
- Work with area Family Health Teams to enhance collaboration between public health and primary care including supporting Baby Friendly Initiatives.
- Leadership role on the Kincardine Interagency Committee.
- Building relationships with Old Order/Mennonite communities with more services for this priority population including the expansion of a community clinic.
- Support for priority populations at the Old Durham Road housing complex in Walkerton.
- Supported Youth Waves in Kincardine; co-chair coalition and supported achieving bronze status as Youth Friendly Community.
- Supported the WE CARE project directing troubled teens to appropriate mental health services.

## Northeast

- Support for the Alpha Street Family Resource Centre and, based on that model, established a Family Resource Centre at the Victoria Village complex in Meaford.
- Support for Meaford Recreation Master Plan.
- Support for Georgian Bay Youth Roots coalition in Meaford and Town of the Blue Mountains.
- Smoke-Free Movie Nights in Meaford and the Blue Mountain Village.
- Emergency planning exercise completed in Georgian Bluffs.
- Connecting with community groups, including housing, social services and food security groups to enhance public health partnerships.
- Meeting with Owen Sound Family Health Team to enhance collaboration between public health and primary care.
- Land use planning Memorandums of Understanding with Owen Sound, Meaford and Town of the Blue Mountains, including East Bayshore Road and Redhawk housing developments.
- Smoking cessation session held in Owen Sound.

## Southeast

- Support development of *More Than Food: Community Food Toolkit* for food banks to promote safe and nutritious food donations.
- Participation with Southgate Municipal Open House as well as the official plan review.
- Participated in Hanover's strategic planning process.
- Established a liaison with Grey Highlands cultural channel, a new initiative to highlight local cultural activities.
- Contributed to development of a youth committee at Grey Highlands Secondary School.
- Supported the Healthy Kids Community Challenge with South East Grey Community Health Centre compiling a community profile and an action plan for the three-year initiative.



## Emergency Preparedness

Improvements to the public safety system were introduced in partnership with Bruce Power and the Municipality of Kincardine. Enhancements include an FM radio and updated public alert system. A new **Community Safety Guide** provides a voucher for Potassium Iodide (KI). Pre-distribution of KI is a new requirement by the Canadian Nuclear Safety Commission and is carried out in consultation with Public Health.

Emergency exercises were held with Bruce Power, Grey Bruce Health Services, Grey County Social Services, both Counties and five area municipalities.

## Food Safety

### INSPECTION

Frequent inspection is important for food premises that prepare and handle foods where the risk of food-borne illness is more likely. Inspections were completed once every four months for high-risk and every six months for moderate-risk food premises. Current premises' inspection reports are available on our **Check It** website.

### INVESTIGATION AND ENFORCEMENT

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

### FARMERS' MARKETS

Special educational packages were provided to 35 vendors during farmers' market inspections. Vendors were also instructed on labelling requirements for food products sold at markets. Labelling assists in quickly responding to a compromised product.

### FOOD HANDLER CERTIFICATION

The food handler course continues to be very successful with 325 food handlers certified; 208 participants attended one of the 15 classroom courses and 117 took the online program. The course teaches safe food handling, preventing food-borne illness, hazardous foods, basic microbiology, sanitation, food allergies and pest control. Haines Food Safety funding supported a course for the Warton Salvation Army Work Start program. This course was free to priority youth engaged in job skills development.



## Healthy Environments

### ABOVE-STANDARD HOUSING PROJECT

The Above-Standard Housing Project aims to improve the quality of existing rental housing by engaging with property owners, tenants and regulatory/service agencies to address substandard housing. Activities included tenant focus groups, developing connections between Public Health Inspectors and municipal by-law officers and working with RentSafe to survey how health units respond to housing issues.

### AIR QUALITY STUDY

A study of air quality throughout Grey Bruce was undertaken with the Ministry of the Environment and Climate Change. The study looked to confirm that the Tiverton air monitoring station accurately reflects air quality throughout the region. A portable air monitoring station was set up at three locations throughout Grey Bruce with the results compared with Tiverton for the same period. The study showed 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 a range of social and economic factors, the physical environment and individual behavior that collectively affect health. These are the social determinants of health. Actions to improve health are directed at the entire population, or sub-population, rather than 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 of 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 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 for the Gift of Motherhood, a free online prenatal course. The Let's Grow child development package is 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 that will capture changes in participant behavior.

A new Healthy Schools section on the Grey Bruce Health Unit website promotes the concept of comprehensive school health. A Healthy Schools Toolkit was adapted for local use and distributed as a resource to support schools. A pilot project to enhance student health and wellness was launched in three schools in the Bruce Grey Catholic District School Board, aligning with the Board's mental health strategy.

Working with community groups and municipalities, Public Health helped launch a number of Youth Coalitions within Grey Bruce. Both Hanover and Kincardine have received a Youth Friendly designation.





## BUILDING CAPACITY/COMMUNITY ENGAGEMENT

Significant effort went toward strengthening a culture of breastfeeding anytime, anywhere in Grey Bruce.

- 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.
- Leads in the Baby Friendly Initiative (BFI) provided education to all staff, conducted a survey to assess knowledge gaps and interviewed 11 partner agencies.
- Over 50 health care professionals attended the breastfeeding education session with 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 working towards designation.
- A Breastfeeding Workshop for Primary Care was presented in partnership with the Ontario College of Family Physicians.

Forty staff from Ontario Early Years Centres received training on the new Grey Bruce Early Years Health Curriculum. Physical Literacy workshops were presented to 51 Early Childhood Educators and daycare providers. Additionally, 58 cooks and staff from local childcare centres participated in Nutrition and Food Safety training.

County Child Care Managers and Supervisors were introduced to the Best Start **It Takes a Village** online learning modules.

Local primary care health professionals were supported to implement the NutriSTEP toolkit. NutriSTEP is a nutrition screening questionnaire to assess eating habits and identify nutrition problems in children. In addition, a Memorandum of Understanding was signed with Dietitians of Canada where they will assist residents without internet to access the Nutri-eSTEP nutrition tool.

The *A Step Ahead to Falls Prevention in Older Adults* curriculum was delivered to Georgian College PSW and Practical Nurse programs and was expanded to include the first year BSc Nursing program. Over 400 older adults engaged in falls prevention education opportunities.

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

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.

Results of the Grey Bruce Community Conversations were presented to Grey County, Meaford and the Grey Bruce Healthy Communities forum. The results form part of the national research initiative led by Tamarack Institute of Community Engagement.

*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.

# HEALTHY COMMUNITIES

## SUPPORTIVE ENVIRONMENTS TO MAKE THE HEALTHY CHOICE THE EASY CHOICE

We worked with schools, community, parents and students to open youth oriented safe spaces/community service rooms in schools. Public Health participated on healthy school committees and supported Healthy School Certification for three schools in Grey Bruce.

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

Victoria Village Family Resource Centre in Meaford opened with a community barbeque and celebration. Modelled on the Alpha Family Resource Centre, the unit will offer one stop shopping for community resources and services appropriate to the local needs. Drawing on the success of these initiatives, a similar program is being launched at the Old Durham Road complex in Walkerton.

Working with the leadership of several Plain Communities (Old Order Mennonite and Amish) supported 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 a pilot site in Paisley.

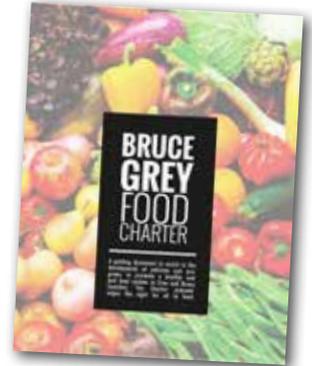
The Grey Bruce Health Unit is one of 34 recipients of Ontario's first Bicycle Friendly Business awards. The designation acknowledges efforts to promote cycling in the workplace and community.



## 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 Facebook and Twitter social media campaign supported this initiative with a total reach of 26,900.

The **Bruce Grey Food Charter** was released. Developed by the Bruce Grey Poverty Task Force, the Charter guides policies and programs that promote a healthy food system locally. The Grey Bruce Health Unit, two municipalities, Grey County and four community partners have endorsed the Charter.



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 of Official Plans and Transportation Master Plans. Consultation was ongoing with Grey County to support an active transportation component within the development of the County Transportation Master Plan.

Memorandum of Understandings were developed with the Owen Sound, 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. Most municipalities used portions of or the entire template in their policy.

## SHOWCASING GREY BRUCE

The breakout session *Walk and Roll: Making Rural Transportation Work in Small, Rural Communities* was featured at the Ontario Good Roads Association/Rural Ontario Municipal Association. The project showed how Public Health and municipalities can work together to advance active transportation in a rural setting.

Several local projects are highlighted as Grey Bruce participated in the development of the **Healthy Rural Communities Tool Kit** funded by Public Health Ontario.

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

The Grey Bruce Falls Prevention and Intervention project was the model for the regional expansion of the initiative to the South West Local Health Integration Network.

The Grey Bruce Community Conversations was presented in workshops at both the **HC Link, Your Resource for Healthy Communities** provincial symposium and the **Tamarack Institute** national conference.

## Tobacco Enforcement

### SMOKE-FREE ONTARIO ACT

January 1, 2015 the *Smoke-Free Ontario Act* was amended to prohibit 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.
- Additionally, the sale of tobacco is 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 distributed new signs to 17 municipalities, provided resources and presentations to special event organizers, municipalities and workplaces, developed and distributed 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.



# HEALTHY COMMUNITIES

## YOUTH ACCESS

Youth access to tobacco products is measured by the percentage of tobacco vendors in compliance with 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 and 30 charges, for an overall compliance rate of 93%, down from 98.2% in the previous year.

## VENDOR EDUCATION

Tobacco vendor workshops help retail staff understand their responsibilities under the *Smoke-Free Ontario Act*. Three workshops were held with 50 participants; the third was added due to the increase in the number of sales to minors. Workshops reviewed the importance of preventing tobacco sales to minors and provided employers/owners with resources on their responsibilities of due diligence, including how to create a policy and train staff.

This was the third year for the Who is 25? campaign using 19 to 25 year-old test shoppers to ensure clerks are properly asking for ID. Under the *Smoke-Free Ontario Act*, clerks must ask for ID from anyone that looks under 25. The campaign targeted places that had not asked for ID the previous year. Of 107 locations tested, 102 (95%) correctly asked for ID. Five locations (5%) were flagged for not asking, a significant improvement from 68 locations (44%) 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 results and supporting 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 resulted in 131 warnings and 58 charges.

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

## YOUTH DIVERSION PROGRAM

The Youth Diversion program offers youth 14 to 16 years the alternative of 20 hours community service in lieu of a charge under the *Smoke-Free Ontario Act*. Since its inception in 2009, 30 students have participated including five students in 2015. Partners taking 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 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 now requires 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.

There were 232 dog and 130 cat bite investigations, down from 262 dog and 148 cat bites in 2014.





## Safe Water

### POOLS

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

Class B pools are those typically used 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 carrying out 211 routine and 13 re-inspections.

### SPAS

Spa facilities require quarterly inspections while open. The region has 10 seasonal and 35 year-round regulated spas. These facilities received 161 routine and 8 re-inspections; meeting provincial requirements for inspections.

### BEACHES

Environmental surveys were undertaken and weekly sampling was carried out at 12 beaches in Grey Bruce during the summer.

High winds, rain and waves action are the usual factors affecting sampling results. There was one sample over of the *Canadian Recreational Water Quality Guideline* single sample

limit and seven over the calculated average limit. These were short-lived events with follow up results returning to low levels. Beach postings are decided by the level of risk to the public based on sample results, environmental conditions and public use. On three occasions, beaches were posted: Kelso Beach in Owen Sound, Port Elgin Main Beach and Gobles Grove in Saugeen Shores.

### SMALL DRINKING WATER SYSTEMS

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 requirements for high-risk systems and increased the low and moderate risk inspections, completing 70.

### ADVERSE WATER INCIDENTS

Notifications were received for 56 adverse water incidents at systems regulated by Public Health. Adverse notifications require follow up and risk assessment to ensure appropriate action by the operators. An additional 76 adverse water incidents were reported at systems regulated by the Ministry of the Environment and Climate Change.

## 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 or 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.

Resources on tick identification were posted on the website and on social media. An educational display, a stand-up banner and pamphlet were developed.

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

Twenty-six ticks found on or suspected of biting a human were submitted to the Ontario Public Health Laboratory for identification and testing. Five were confirmed as the blacklegged 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.

## ONE HEALTH

One Health acknowledges the links between human health, animal health and the environment. Work with the Grey Bruce One Health Interagency included updates to their members, development of a Grey Bruce One Health poster presented at the Canadian Institute of Public Health Inspectors National Conference and creation of a Grey Bruce One Health website for local members to share information.





## Healthy Babies Healthy Children

Healthy Babies Healthy Children supports vulnerable families through home visits and working in partnership with allied agencies to help children achieve their full potential.

- 1,386 babies were born in Grey Bruce. Parents receive an information package of material and resources.
- 62% of pregnant women screened scored for risk factors linked with low birth weight and parenting concerns.
- 60% 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 received referrals to other community programs and services.

## Infectious Diseases

There were 661 individual/sporadic cases of reportable disease. Of 81 outbreaks, 45 were respiratory and 36 gastrointestinal.

A pertussis/whooping cough outbreak in an under-immunized community resulted in 41 confirmed or probable cases with 89 people vaccinated. Four special clinics were held in the community for vaccine, assessment and treatment.

In response to infections investigations identifying people meeting sexual partners through so-called social media hook-up sites, a wide-ranging media campaign was undertaken with a “get tested” theme.

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

Infection control consultations were provided to local acute and long-term care facilities. Training on infection prevention for clinic and office settings was made available to local primary care providers.

Gonorrhoea... Get tested  
It's as easy as peeing in a cup

PUBLIC HEALTH

## Integrated Preschool Speech and Language Program

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

The Ministry provided one-time funding to address the increased demand for the program and to reduce wait times. At year-end, 646 children were registered with the program and 140 children were waiting for an initial assessment.

Parents of children to be assessed are encouraged to learn strategies to use while waiting; 31 parents attended these information sessions. In addition, 94 parents received training to supplement their child's therapy at one of six different sessions that best suits their child's needs.

The preschool speech and language program participated in an inter-agency province-wide Special Needs Strategy initiative to improve the experience of families in three key areas: identifying kids earlier and getting the right help sooner, coordinating service planning and making service delivery seamless.

### **INFANT HEARING SCREENING PROGRAM**

Undetected hearing loss can delay a child's 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

By the numbers:

- 6037 children screened for dental decay.
- 796 students (11% of screened) received urgent dental treatment through the Children in Need of Treatment (CINOT) program.
- \$321,665 in Ministry funding for urgent dental treatment for children.

## HEALTHY SMILES ONTARIO

There were 366 children, including 196 new clients, in the Healthy Smiles Ontario plan for families who have no dental coverage and meet the income eligibility criteria. In January 2016, Healthy Smiles Ontario changed to combine six publically funded programs and expand enrollment eligibility.

## DENTAL CLINICS

There were over 1,500 visits, including 377 new clients, to Public Health dental clinics in Owen Sound, Wiarton, Walkerton and Markdale. The clinics support clients that do not have a community practitioner due to factors including availability of a provider, ability to pay, the provider not accepting publically administered programs and geographic accessibility.

Dental Hygienists delivered 5,133 preventive services including topical fluoride, pit and fissure sealants, scaling, polishing and oral health education. Clinics with a contract dentist provided 70 restorative procedures.

## PREVENTATIVE SERVICES

Local decay rates and other health data are used to focus prevention strategies to communities and risk groups. Oral health campaigns targeted plains communities' health clinics, health fairs, food banks and were widely circulated on social media.

Over 40 children, up to six years, received topical fluoride treatments in their home from a Parent Support Worker or from a Dental Health Educators at a Parent Mutual Aid site.

Preventing dental decay begins before teeth erupt with good oral hygiene. The *First Visit by First Birthday* campaign targeted over 130 family physicians, nurse practitioners and midwives asking them to promote the importance of good oral health, including encouraging parents to book their child's first dental visit by their first birthday.

Children in the CINOT program that had undergone general anaesthesia for dental surgery received free preventive

services. The Canadian Institute of Health Information cites dental surgery as the most common surgical procedure requiring anaesthesia in childhood.

## CHILDREN'S ORAL HEALTH INITIATIVE

Funded by Health Canada, the Children's Oral Health Initiative (COHI) provided screening and preventive services to 119 First Nation children, including 305 fluoride varnish applications and 34 sealants. In consultation with the Saugeen community, a poster using images of local children was developed to promote the program.

*First Visit by First Birthday* packages were distributed to the health centres and daycares at both First Nation communities. An oral health program was provided to mothers and expectant mothers attending the Aboriginal Headstart program.

**C.O.H.I.**  
**Children's Oral Health Initiative**

Together we can prevent cavities before they start!

**Healthy teeth start at home**

Help your child brush their teeth 2 times a day.

Choose healthy foods. Avoid sugary snacks.

Drink water and milk. Avoid pop and fruit drinks.

**C.O.H.I. is here to help**

Is your child 0-7 years of age? We check your child's teeth and offer free services to help keep teeth strong. Call us today!

**Visit your dentist regularly**

Children should start seeing the dentist by their first birthday.

Have questions? Need more info?  
Call Renee Holmes,  
Registered Dental Hygienist  
(519) 376-9420 x 1244

PUBLIC HEALTH

# CLIENT SERVICES



## Sexual Health and Harm Reduction Services

Sexual Health services align with the Public Health Foundational Standards based on client need, impact, capacity and partnership. Services focus on those clients who do 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-based clinics. In 2015, 345 new clients received services at community and school clinics.

### NEEDLE EXCHANGE PROGRAM

The Needle Exchange Program continued to expand adding 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. Requests for needle exchange supplies almost doubled distributing 4,350 quick packs, containing five needles and supplies; up from 1,850 quick packs distributed in 2014. Over 56,000 needles were distributed with 23,000 returned, a 41% rate of return. Clients report opiates as the drug of choice.

Launched in 2015, the Take Away Naloxone program equips and trains clients to administer naloxone in order to reverse the effects of opioid overdose. This program aims to reduce death and injury from drug overdose.

## Tobacco Cessation

The Smoking Treatment for Ontario Patients (STOP) program offers a free smoking cessation program. Provided in partnership with the Centre for Addiction and Mental Health (CAMH), participants learn quitting strategies and receive five weeks of free nicotine replacement patches. CAMH conducts follow-up with participants to see how they are progressing. Five workshops including two with Saugeen First Nations and Maple Leaf Foods in Hanover drew 41 participants.

The 80 member Grey Bruce Tobacco Cessation Community of Practice (Cessation CoP) brings together individuals working on tobacco cessation. The Cessation CoP supports networking, knowledge exchange and acts as a platform for problem solving and building a shared skill set in tobacco cessation.

Ministry funding supported a one-time purchase of nicotine replacement therapy. Prior to this funding, cessation services required support such as the CAMH STOP. Local agencies and services assisted in identifying individuals from priority populations that could benefit from a cessation program. Services included individual and group counselling, nicotine replacement therapy 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

Preventing youth from experimenting with smoking is key to prevent them from smoking as adults. Using 2009-2010 data, the baseline of youth that have never smoked a whole cigarette was set at 77.1% with the target set at 79.4% for future years. Grey Bruce exceeded the target with 85.2% of youth reporting they have never smoked a cigarette.

Working with community partners, three smoke-free movie events were held in Town of the Blue Mountains, Meaford and Owen Sound with 803 participants. The discussion after the movie looked at the dangers of tobacco depiction in movies rated for children and youth.

The Public Health continued to work with Saugeen First Nation youth to deliver culturally oriented tobacco use prevention. Grade 7 and 8 youth collected 2,535 cigarette butts at a community 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 environmental impact of cigarette butt litter.

Additional youth engagement strategies included:

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

## Vaccine Preventable Diseases

Thirty-seven Community Immunization Clinics were held in Owen Sound, Walkerton and Holyrood for clients who did not have a primary care provider. The number of immunizations increased significantly with 2,013 administered in 2015, from 1,592 in 2014. Uptake at the new Holyrood Clinic, new regulations in the *Immunization of School Pupils Act* and a pertussis outbreak contributed to the increase.

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

Public Health distributed 51,050 doses of influenza vaccine to hospitals, physicians, long-term care facilities, retirement homes and pharmacies. Forty Grey Bruce pharmacies

participated in the Universal Influenza Immunization Program, providing over 850 doses of 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 electronic vaccine inventory system. That follows efforts in piloting and leading provincial workgroups to develop the Panorama immunization repository.

School-based immunizations are provided 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 students. Another 1,411 doses of human papillomavirus (HPV) were administered to female students.

Revisions to the *Immunization of School Pupils Act*, adding Meningococcal disease and varicella (chickenpox) to the schedule, resulted in an unusually high volume of suspension notices for Grey Bruce during the 2014/15 school year. 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 returned to school.



# BOARD OF HEALTH 2015



Back Row: Kevin Eccles, Vice Chair, County of Grey; Mitch Twolan, Warden, Bruce County; Mike Smith, Chair, Bruce County; David Inglis, Bruce County

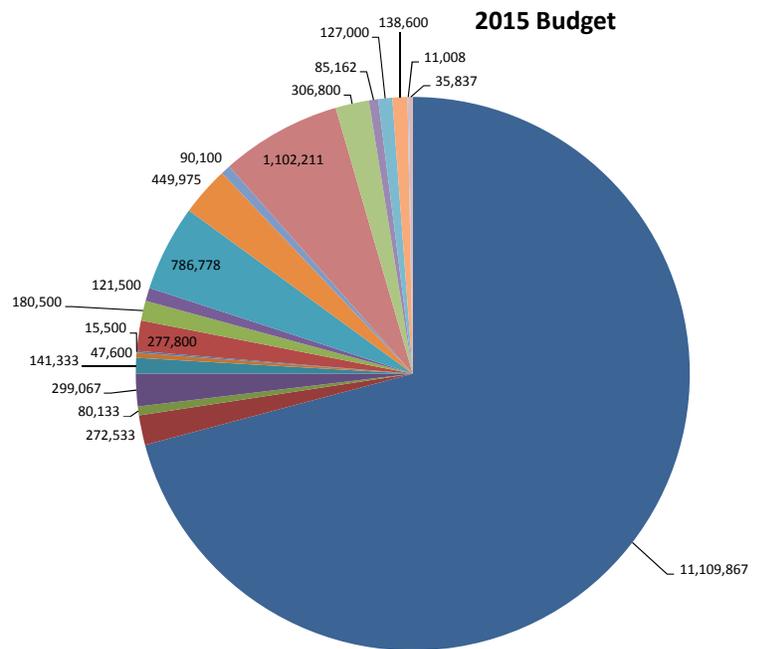
Middle Row: Sue Murray, Director of Finance and Administration; Laurie Laporte, Provincial Appointee

Front Row: Stewart Halliday, County of Grey; Erin Meneray, Executive Assistant; Dr. Christine Kennedy, Associate Medical Officer of Health; Dr. Hazel Lynn, Medical Officer of Health; Rev. David Shearman, Provincial Appointee

Absent from photo: Bob Pringle, County of Grey; John Bell, County of Grey; Gary Levine, Provincial Appointee; Will Rogers, Cross-Board Member

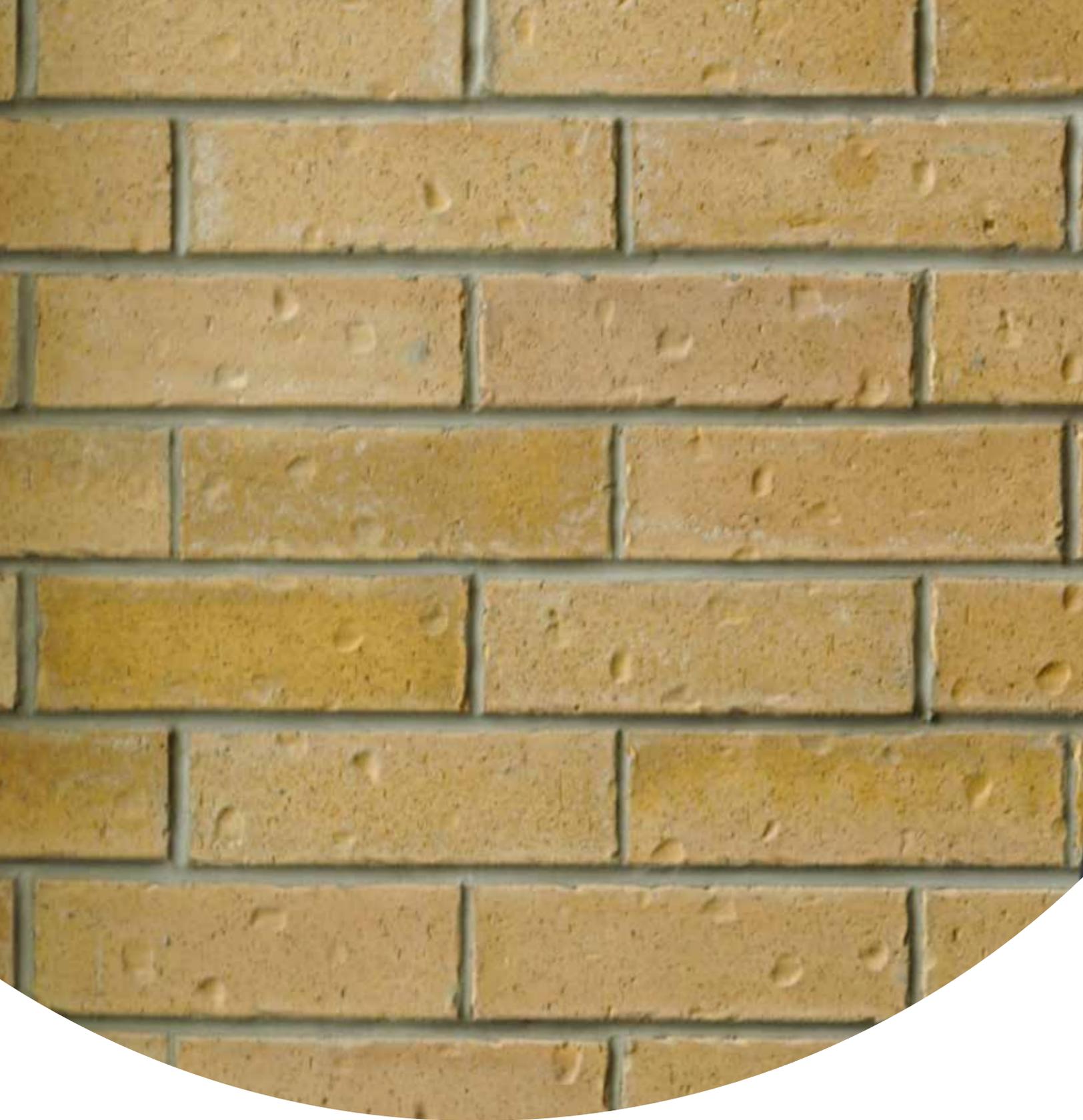
## 2015 BUDGET

PBG Mandatory Funding	11,109,867	
Vector-Borne Diseases	272,533	
CINOT Expansion	80,133	
PBG Mandatory Funding - 1X Request	299,067	
Small Drinking Water Systems	141,333	
Food Safety - Enhanced Funding	47,600	
Safe Water - Enhanced Funding	15,500	
Infection Control	277,800	
PHN Initiative	180,500	
Chief Nursing Officer	121,500	
Speech and Language	786,778	
Smoke-Free Ontario (100%)	449,975	
Infection Control Nurse	90,100	
HBHC	1,102,211	
Ontario Healthy Smiles	306,800	
Health Canada	85,162	
Grey Bruce Falls Prevention	127,000	
Panorama Funding	138,600	
Communities in Action	11,008	
Other Grant Programs	35,837	
	15,679,304	



## 2015 FUNDING SOURCES

Municipalities	2,975,733	19%
Provincial Cost Shared Programs	8,927,200	57%
Provincial 100% Programs	1,305,400	8%
Federal 100% Programs	85,162	0.5%
Speech and Language	786,778	5%
HBHC	1,102,211	7%
Smoke-Free Ontario	449,975	3%
Other	46,845	0.3%
	15,679,304	100%



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