



# GREY BRUCE HEALTH UNIT ANNUAL REPORT 2018



A healthier future for all.

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# CREATING HEALTHY COMMUNITIES

The relationship between health and where people live, learn, work and play is complex. Creating change for community health and well-being requires enabling communities, engaging leaders and being community driven.

## Supporting Community Partners

### BRUCE GREY POVERTY TASK FORCE

The Grey Bruce Health Unit provides leadership and significant support for three Action Groups under the umbrella of the Bruce Grey Poverty Task Force.

The **Food Security Action Group** addresses household food insecurity through an income response and food system changes. The Bruce Grey Food Charter helps guide policy and program development. Activities included enhanced food gleaning in partnership with Second Harvest and FoodRescue.ca. The second annual Fall Food Gathering looked at links between food insecurity and mental health.

The **Income Security Action Group** supported training for volunteers to offer free income tax clinics throughout Grey Bruce. Volunteers learned how to apply benefits and tax credits to improve service to all residents, especially those experiencing social isolation, language barriers and difficulty filing their taxes.

The **Moving Health Equity Forward Action Group** worked with partners to develop a *Health Equity Tool* used in professional practice to provide a health equity perspective at the individual and systems level.

### PHYSICAL ACTIVITY

With \$30,000 from the Ontario Sport and Recreation Community Fund, PLAY in Bruce Grey:

- Rebranded the PLAY logo, website and social media platforms
- Purchased two PLAY Kits for each partner municipality
- Hosted two Fundamental Movement Skills workshops in partnership with the Coaches Association of Ontario
- All 17 municipalities in Grey Bruce signed the PLAY Charter re-affirming their commitment to PLAY

Training was provided to supervisors and staff from eight local day camps on injury prevention, healthy eating and physical activity.

Physical literacy training was provided to child care staff to ensure young children are developing the movement skills required to be active for life.

New *24 Hour Movement and Activity Guidelines* specific to early years, children and youth, adults and older adults provides recommendations related to physical activity, sedentary behaviour and sleep.





# CREATING HEALTHY COMMUNITIES

## COMMUNITY BUILDING

*Spotlight on Grey Bruce: Community Building for Families* explores community engagement specific to low-income tenants in county-owned rent-gear-to-income neighbourhoods. This report, developed with the two counties, outlines foundational components of community engagement with marginalized populations and makes recommendations for future initiatives.

## HEALTHY EATING

A survey of primary care dietitians in health care settings identified two of ten sites in Grey Bruce use the NutriSTEP nutrition screening tool for toddlers and preschoolers. Work is underway to enhance adoption of this screening tool.

The Grey Bruce Quality Early Learning committee offered nutrition workshops to cooks from local child care centres. The new *Menu Planning and Supportive Nutrition Environments Guide & Self-Assessment Tool* and the *Paint Your Plate* toolkit were shared to promote consistency when providing food choices in child care centres.

The *Nutritious Food Basket* measures the cost of food in local stores. The 2018 survey identifies that a family of four requires \$204.16 a week (\$884.01 per month) to meet basic food needs.

## MOVING HEALTH EQUITY FORWARD

A cross-program approach was used to integrate health equity into program planning and delivery within the Grey Bruce Health Unit. Annual reviews will ensure it remains relevant and effective. Key outcomes:

- Development of a *Health Equity Primer* to support staff and put health equity principles, strategies and approaches into practice.
- A *Current State Health Equity Assessment* was developed to measure existing health equity capacity across all health unit programs.
- The Partnership Audit assessed whether partnerships address health equity and social determinants of health.



# CREATING HEALTHY COMMUNITIES

## Engaging Community Leaders

### HEALTH IN ALL POLICIES

The *Health in All Policies* approach to decision making was shared with candidates for both the 2018 provincial and municipal elections. Concepts from the toolkit were apparent in individual candidate platforms.

#### Working with municipalities:

- Supported adoption of concussion policies using the concussion policy toolkit
- Provided up-to-date information on cannabis legalization through public education sessions, municipal and county delegations and partnership meetings
- Provided an overview of sharps disposal, including policy support and sharps disposal kits to interested municipalities
- Developed and distributed resources on UV shade policy and design
- Supported the Grey County Official Plan to incorporate principles of healthy communities

### 2018 HEALTHY COMMUNITIES CONFERENCE: CREATING PARTNERSHIPS FOR WELLBEING

The Healthy Communities Partnership and Indigenous communities came together to share in learning about Indigenous health equity. Through presentations and facilitated discussions, participants explored topics related to cultural safety and humility, local and historic context, reconciliation and community development.

#### The Conference:

- Examined the root cause of Indigenous health inequities
- Showcased the strength and resilience of youth and communities
- Engaged in reflective learning on what well-being could look like for Grey Bruce
- Saw people come together and built respectful relationships and partnerships

From one participant...

" Building relationships is the foundation for moving forward."





# CREATING HEALTHY COMMUNITIES

## Grey Bruce Falls Prevention

Every day in Grey Bruce, on average, 24 older adults have a fall needing treatment in an emergency room. Of those, two or three are hospitalized. Income, housing, medications, balance issues, vision and alcohol are among the factors contributing to a fall. As such, there is no single key to prevention. Taking a systematic approach to addressing this issue, the Grey Bruce Health Unit has teamed up with 20 partners to develop, implement and evaluate a coordinated action plan. Additionally, the Grey Bruce Health Unit participated in a provincial project to create a system-based approach to address the burden on the health care system due to falls.

### HEALTH CARE PROVIDER TRAINING

- 122 PSW, RPN and RN students at Georgian and Fanshawe College, Clinton Centre, trained in fall prevention as a core competency
- 9 staff from Chippewas of Nawash Health Centre trained in the Tiered Home Exercise Program
- 44 housekeeping staff from Grey Bruce Home and Community Support Services trained in fall prevention
- 55 fall prevention exercise class leaders trained through VON

### PARTNERSHIPS

- The *Stay On Your Feet* program was adapted for Elders living on reserve. Staff provide assessments and teach the in-home exercise program
- The Grey Bruce Indigenous Fall Prevention strategy was presented at the National Fall Prevention Conference in Newfoundland
- Support for municipalities to achieve an Age-Friendly Community designation

### WORKING DIRECTLY WITH OLDER ADULTS

- Fall prevention resources shared with over 1,625 community members through presentations, health fairs and family health teams
- Fall Prevention displays shown in the 37 libraries across Grey Bruce



# CREATING HEALTHY COMMUNITIES

## Community-Centred Initiatives

### CANNABIS

Legalization of cannabis was a major focus in 2018. Working with the Grey Bruce Community Drug and Alcohol Strategy, community-based cannabis education sessions with 329 people attending were held across Grey Bruce.

### COMMUNITY ALCOHOL CONVERSATIONS PROJECT

Asking why alcohol is an issue in Grey Bruce was the focus of 18 community conversations and captured in the *Community Alcohol Conversations Project* report. Themes that emerged included the acceptance of a drinking culture; drinking and driving; negative impacts; and, the challenges to move to a culture of moderation.

### CONCUSSIONS

A community workshop for parents, teachers, coaches, officials and health care providers looked at pre-season concussion education; sideline head injury recognition and identification; and, return to school and return to sport concussion management.

### SAFE COMMUNITIES

Bruce Peninsula and South Bruce municipalities achieved Parachute Canada's *Safe Communities* designation. The title affirms the communities' commitment to make injury prevention and safety promotion a top priority.

### GOOD FOOD BOX

The *Grey Bruce Good Food Box* supports food security by improving local access to affordable fresh fruits and vegetables and building food literacy skills. The program operates monthly in 19 sites.







## YOUR HEALTH

The health and well-being of the Grey Bruce population is determined by reviewing trends for several indicators of health behaviour and outcomes. Infographics and reports about these are available on the GBHU website under Your Health > Health Stats.

### Harm Reduction

Efforts focus on providing safe drug use supplies, dispensing Naloxone, offering connections to mental health and addiction services and supporting a Community Opioid Response Plan.

#### NEEDLE EXCHANGE PROGRAM – GB WORKS

Providing clean needles and supplies for people who use drugs decreases the risk of diseases from sharing equipment and encourages safe disposal of these products.

Three new needle exchange sites were established, bringing the total to 16 throughout Grey Bruce, serving over 2500 clients. Supplies increased to 105,692 needles distributed in 2018, from 99,119 in 2017.

There were also over 100 referrals made to mental health and addiction services.

Clients self-report 26% use methamphetamines, up significantly from the 6% reported in previous years. This helps to ensure programs are responding to current trends.

#### NALOXONE DISTRIBUTION

Distribution of Naloxone kits from the Owen Sound site increased almost 400% to 1,232 kits in 2018. Training on administering Naloxone increased 148% to 858 people trained.

Police, fire, EMS and other partners have been equipped with Naloxone and report multiple instances of its use to save lives. 292 people from 17 expanded Ontario Naloxone Program organizations were trained. Additionally, staff at 14 non-Ontario Naloxone Program organizations were trained including workplaces, women's shelters, Dental Association, etc.





## YOUR HEALTH

### OPIOID RESPONSE AND SURVEILLANCE

The Community Drug and Alcohol Strategy Opioid Working Group developed a Community Opioid Response Plan identifying the roles and responsibilities of the key stakeholders.

Concerned with a potential surge in overdoses, the Working Group developed a real time early warning system for reporting of overdoses as they happen. The program is the first of its kind in the province.

Monthly Opioid Reports for Grey Bruce outlining preliminary opioid-related emergency department visits are posted on our website and distributed to local community partners.

### COMMUNITY CONNECTIONS

Community engagement is a key component of Harm Reduction. Activities included:

- 48 presentations and 10 public events (health fairs, International Overdose Awareness Day BBQ)
- Police distributed 10,000 overdose awareness cards during Ride Check programs and at community presentations, trainings sessions and health fairs
- *Bring it Back* campaign encouraged the return of unused or expired medication to pharmacies in exchange for a ticket to a local hockey game
- Postcards to promote awareness and access to Naloxone were developed and shared with local emergency responders for distribution

A weekly harm reduction support group, offered in conjunction with a number of partners, discuss harm reduction strategies with clients and, as they identify their readiness, support access to interventions.

### Healthy Growth and Development

#### CALL-TO-ACTION

Early development measurements show children in Grey Bruce consistently more likely than Ontario children to score as vulnerable in physical health and wellbeing. Working with stakeholders, a *Call-to-Action* position paper was developed that includes strategies to reduce vulnerabilities in school readiness and promote healthy growth and development. The work of this paper was presented at two national conferences.

#### LET'S GROW

This newsletter provides important information for parents and caregivers during the first years of a child's life. Each issue contains age-appropriate information on healthy growth and development as well as links to reputable websites for additional resources. *Let's Grow* was distributed electronically to 672 families while 83 families received paper copies mailed to their homes.

#### FAMILY RESOURCE CENTRES

Three Family Resource Centres were in operation in Grey Bruce. Each site has dedicated space to meet the needs of clients for service delivery and programming (i.e. early learning groups, skills development programs, social assistance and educational support) as well as space for collaborative meetings, networking opportunities and planning for events.



## YOUR HEALTH

### GIFT OF MOTHERHOOD/YOMINGO

More than 200 families participated in the Gift of Motherhood, online prenatal education program. As it is not accessible on smart phones, Public Health is switching to YoMingo, a new online prenatal platform. Available free and adaptable to any device, YoMingo provides clients with evidence-based education related to prenatal care, labour, birth, breastfeeding, postpartum and infant mental health as well as Grey Bruce specific resources and programming.

### CANADIAN PRENATAL NUTRITION PROGRAM

The Canadian Prenatal Nutrition Program (CPNP) is delivered, in partnership with Keystone Child Youth and Family Services, to high-risk mothers (low income, social isolation, history of substance abuse or violence, immigrant and Indigenous populations). The program provides prenatal information, nutritious meal preparation and food vouchers for expecting women and their partners. The program promotes positive peer-to-peer interactions and reduces social isolation among at-risk mothers during the prenatal period and up to six months post partum. Staff act as a support for patient advocacy and navigating the health system.

### BREASTFEEDING

The new RNAO Best Practice Guideline, “Promoting and Supporting the Initiation, Exclusivity and Continuation of Breastfeeding for Newborns, Infants and Young Children” was implemented through a RNAO Advanced Clinical Practice Fellowship. The Health Unit practices were compared with the guidelines and a strategy was developed to implement breastfeeding best practices.

A need for educating staff and community partners on the effects of cannabis on fertility, pregnancy, breastfeeding and parenting was identified. All staff received information on cannabis and breastfeeding, with extensive education provided to staff who work directly with families.

Two cannabis related sources were produced. A *Curriculum on Cannabis* was created for use at EarlyON sites, Healthy Beginnings, CPNP programs and a *Cannabis in Fertility, Pregnancy and Breastfeeding* information package was created with information for health care providers.





## YOUR HEALTH

Additionally, resources were shared with birthing hospitals, Bruce Grey Child and Family Services, the Markdale Community Health Centre, the Grey Bruce Leadership Team and the Grey Bruce Breastfeeding Coalition

The breastfeeding friendly business toolkit and stickers were distributed to businesses and agencies throughout Grey Bruce and to provincial partners at the Annual Best Start Conference.

*A Grandparents Guide to Support Breastfeeding* pamphlet was distributed to every municipality and select targeted locations with support from the Grey Bruce Council on Aging, the Grey Bruce Breastfeeding Coalition and local delivering hospitals.

### QUALITY EARLY LEARNING

The health unit provides evidence-based resources, tools, guidelines and curriculum updates to child care centres and EarlyON sites in Grey and Bruce. Public Health Nurses and Dietitians provide two workshops each year to cooks and supervisors of child care centres

### HEALTHY BABIES HEALTHY CHILDREN

The Healthy Babies Healthy Children program provides early identification and intervention to at-risk children and their families. The Home Visiting Program is client led and goal-based. Health equity strategies are embedded into the work of the Healthy Babies Healthy Children program. Home visiting nurses and parent support workers support access to nutrition screening, fluoride varnish, smoking cessation, Naloxone dispensing and community building initiatives.

2018 by the numbers:

- 1,505 babies were born to families in Grey Bruce (1,516 in 2017)
- 577 prenatal screenings were conducted, 58% were identified as having risk factors associated with low birth weight and parenting concerns
- 60% of families screened postpartum scored with risk
- 221 families participated in the Home Visiting Program



## YOUR HEALTH

### IMMUNIZATION

High vaccine coverage rates protect those most vulnerable from diseases by creating “community immunity”. In 2018, the Grey Bruce Health Unit:

- Provided immunizations at 192 school clinics, including 39 clinics at parochial schools.  
Immunizations administered:
  - » 2,348 doses of Human Papillomavirus
  - » 2,487 doses of Hepatitis B
  - » 1,447 doses of Meningococcal disease
- Gave 1,186 immunizations to 732 clients at clinics in Walkerton and Owen Sound
- Assessed the immunization records of all children attending school in Grey Bruce
  - » 743 students notified of incomplete immunization records
  - » 516 students issued a suspension notice
  - » 40 children suspended from school for incomplete immunization records; after the first week, 8 students still had an active suspension
- Reviewed the immunization records of all children attending 45 licensed child care facilities in Grey Bruce and recommended immunizations, as required
- Received over 4,300 inquiries about immunizations; of those, 1,037 were from health care providers
- Distributed over 50,000 doses of influenza vaccine to health care providers across Grey Bruce
- Investigated 17 reports of Adverse Events related to immunization and provided information to Public Health Ontario
- Maintained inventory of publicly funded vaccine for distribution to health care providers
- Inspected 110 fridges in Grey Bruce that hold publicly funded vaccines

We work closely with families to provide accurate information about immunization. Education sessions were held with 72 parents who choose to have their children exempt from immunizations.





## YOUR HEALTH

### Infectious Diseases

#### CASE MANAGEMENT

The Infectious Diseases team managed 930 individual/ sporadic cases of reportable diseases. Sexually transmitted infections and blood-borne infections made up the largest proportion of reportable diseases, with chlamydia accounting for 362 (76%) of 477 cases. Respiratory/direct contact diseases were the second largest proportion of reportable diseases, with Influenza (A and B) making up 220 (83%) of 264 cases. The remainder of cases were food and water borne, enteric (184) and a very small number of vector borne (5).

Numerous suspect cases were also reviewed but did not meet case definition.

The team also responded to 970 infectious disease inquiries from health care providers, hospitals, child care facilities, labs, schools and the public.

#### OUTBREAKS

Follow up was carried out on 67 confirmed outbreaks. Of those, 47 were respiratory and 20 gastrointestinal. The majority occurred in long-term care and retirement homes. Investigation of a large community outbreak of gastrointestinal illness included contacting 127 attendees and staff of the event to administer questionnaires; 97 cases of illness were identified from the outbreak.

In addition to confirmed outbreaks, 23 suspect outbreaks were followed up and 25 incidents of illness in facilities were monitored; over half were in local child care facilities.

Community engagement included:

- Seven infection control and outbreak management presentations to over 120 participants including Probation and Parole, Grey County Joint Health and Safety Managers and Designated Officers workshop
- Hosting IPAC 101 in community health setting with 72 participants
- Quarterly newsletters for long-term care and retirement homes providing outbreak prevention and management strategies
- Outbreak management checklist for long-term care and retirement homes
- *Stay Home if Sick* campaign encouraged visitors at hospitals, long-term care and retirement homes to postpone visiting if ill
- 44 Medical Advisory Committee consultations on infection control with hospitals, homes for the aged, long-term care and retirement homes
- 33 infection prevention and control alerts and advisories

Up-to-date information on community outbreaks and influenza activity is available on our website.



## YOUR HEALTH

### INSPECTIONS

Settings associated with risk of infectious diseases of public health significance require regular inspection. Findings are posted on our *Check It* website. Public Health Inspectors completed:

- 261 personal service setting inspections (tattoo, body piercing, nail salon, etc.)
- 65 child care facilities inspections
- 253 institutional food inspections
- 65 adult care facilities received consultations, education, infection control meetings and/or on-site inspections
- 29 funeral home inspections

New regulations came into effect for personal service settings. Initiatives to support operators to meet these requirements included:

- Letters to over 250 operators outlining the new requirements
- Public Health Inspectors reviewed requirements with individual operators
- Four information sessions with over 80 operators attending
- Letters and promotional posters shared with businesses and municipalities
- Resources developed providing an overview of the new requirements

### INFECTION PREVENTION AND CONTROL LAPSES

The Infectious Diseases team responded to 11 infection prevention and control complaints. Seven non-regulatory personal service settings and four regulatory practices were investigated. Recommendations were provided, but no disclosures were warranted.







# YOUR HEALTH

## Oral Health

### ASSESSMENT AND SURVEILLANCE

Of the 5,854 children screened at elementary schools, 10.9% or 641 students were eligible for the Healthy Smiles Ontario program. An additional 262 screenings were carried out on request from parents. Of those, 200 clients qualified. Follow up to screening can include oral hygiene instruction, fluoride treatment, professional cleaning, sealants and restorative treatment.

To support early detection and referrals, 252 children were screened at 11 child care centres in areas where school screenings revealed higher rates of decay. Child care centres play an important role in early detection of decay and in promoting good oral health practice.

### HEALTHY SMILES ONTARIO

There were 578 children 17 years and under enrolled in Healthy Smiles Ontario. The provincial dental program is offered to families meeting the income eligibility criteria.

### PREVENTIVE AND RESTORATIVE CLINICS

Of the 1,974 visits to dental clinics in Owen Sound, Wiarton, Walkerton and Markdale, 216 were new clients. Clinics are for clients who are unable to access a community practitioner.

Dental hygienists delivered 6,448 preventive services including topical fluoride, pit and fissure sealants, scaling, polish and oral health education. Restorative clinics use the services of a contract dentist. There were 45 visits for restorative services.

### PREVENTIVE INITIATIVES

School dental screenings and other oral health data reports identify communities and high-risk groups for targeted prevention strategies.

Fluoride varnish is offered through the Healthy Babies Healthy Children home visiting program and at parent mutual aid sites. Parent Support Workers apply fluoride varnish to children 0-6 years in the home, Dental Health Educators offer varnish at parent mutual aid sites. Thirty-three children received topical fluoride treatments through this program.

Promotion of oral health messages included attending Mennonite health clinics, booths at local health fairs, distribution of materials at food banks and ongoing social media postings.

### CHILDREN'S ORAL HEALTH INITIATIVE

The Children's Oral Health Initiative is a national program to improve oral health for First Nations children living on reserve. Since 2006, we have partnered with Health Canada to deliver the program in Grey Bruce.

Oral health staff provided dental screening, fluoride varnish and sealants for 122 children from the Saugeen and Neyaashiinigmiing First Nation communities. Children requiring further treatment were referred to their dentist with coverage provided through Health Canada.

Staff attended community health fairs, engaged with parents and parenting groups, provided one-on-one counselling with pregnant and new mothers and visited child care centres to offer toothbrushes, toothpaste and resources.



## YOUR HEALTH

### School Health

A new School Health team, established in 2018, uses a comprehensive approach to meet the Ontario Public Health Standards for schools. Objectives include:

- provide relevant data to monitor current, and identify emerging trends related to the health of school aged children
- offer support to assist curriculum implementation
- offer evidenced-based programming that meets the needs of the school and ensure access for priority populations in an inclusive and respectful framework
- promote good mental and physical health in an effort to decrease health inequities and improve health and wellbeing of children and youth
- develop leadership, empathy training and mentorship opportunities for youth that focus on building resiliency and capacity.

Schools have been grouped geographically and a Public Health Nurse has been assigned to each group. The nurses built relationships and offer evidence-based programming suited to each school. Resources and curriculum, including the Healthy School Toolkit, were revised and shared. The Healthy Schools website was also updated.

Support is provided to teachers to implement health-related curricula. Topic areas include: concussions and injury prevention; healthy eating behaviours and food safety; healthy sexuality; infectious disease prevention; life promotion, suicide risk and prevention; mental health promotion; physical activity and sedentary behaviour; road and off-road safety; substance use and harm reduction; UV exposure; and, violence and bullying.

Collaboration with Boards on interagency initiatives include working with Mental Health Assist and Pathways, Protocols and Partnerships Planning,





Community Drug and Alcohol Strategy, Grey Bruce Community Partnership and Grey Bruce Children's Alliance.

Three local Boards offer *Roots of Empathy*; in which parents and babies regularly visit classrooms throughout the school year. The program raises levels of empathy, resulting in more respectful and caring relationships and reduced levels of bullying and aggression. There are 16 *Roots of Empathy* programs in Grey Bruce.

Nineteen schools support the Youth Mental Health and Addictions Champions projects. Youth peer leaders plan, implement and evaluate local youth engagement activities designed to promote mental health, reduce stigma and improve knowledge and awareness about substance misuse.

At the community level, we work to ensure ongoing support for four youth coalitions and two youth councils to facilitate young people's involvement in local governance and decision-making.

Public Health Dietitians promote healthy food choices in schools and address barriers to implementing practices. A dietetic internship research project identified and assessed the factors contributing to, and barriers preventing, healthy food environments in schools. Presented at the Dietitians of Canada national conference, this project will inform future opportunities to enhance health within local school settings.

## Sexual Health

The Sexual Health program ensures that priority populations have access to sexual health services and supports that prevent exposure to sexually transmitted and blood-borne infections.

Community-based sexual health clinics are offered for clients without a primary health care provider and for those wishing testing. Over 990 clients accessed services at clinics in Owen Sound and Walkerton. The most common reasons for appointments were testing for sexually transmitted infection, requests for birth control and pregnancy testing and counselling.

Information and consultation on sexually transmitted infection treatment is also provided to local health care providers. Medications are available free of charge to local providers to treat positive cases. Medications were provided for treatment of 255 clients.

A 2018 report exploring sexual health services for teens in Grey Bruce identified that access to a health care provider increased access to services. The report also cites the OHIP+ program, that provides no-cost contraception and emergency contraception to residents under 21, as another reason for teens accessing sexual health services. Lack of transportation and lack of awareness of services were barriers to teens accessing sexual health services.

As a result of the report, we have partnered with educators to provide condoms and pregnancy test kits to students at local high schools. We continue to explore ways to promote more "youth friendly" services such as alternate booking options (i.e. text) and flexible appointment times outside of school hours.

# YOUR HEALTH

## Tobacco

New provincial protocols for health unit programming were introduced in 2018 covering tobacco, vapour and smoke. The multi-level strategy targets preventing experimentation in youth, protecting others from second-hand exposure and supporting cessation. Program planning and roll-out occurs both at the local health unit and at the regional level through the Tobacco Control Area Network.

### TOBACCO CESSATION

Services include supporting local tobacco cessation providers and offering direct cessation service to clients.

Administered through the health unit, the 90 member Grey Bruce Tobacco Cessation Community of Practice shares information about meetings, workshops, training opportunities, cessation campaigns, new cessation tools and resources. A key initiative saw the membership expand to include dental and pharmacy professionals.

Support for the Smokers' Helpline First Week Challenge included promotional materials and social media. The Challenge offers anyone 18 and older the opportunity to quit smoking for the first seven days of every month and a chance to win a cash prize. Local registration increased to 113 in 2018, up from 82 in 2017.

Forty clients were provided with nicotine replacement therapy through ongoing partnerships with Diabetes Grey Bruce, Mental Health Outpatient Services, Grey Bruce Health Services, Wiarton Medical Clinic and, new last year, the Kincardine and Saugeen Shores Medical Clinics. These partnerships reach clients who would not otherwise have access to cessation support and to no-cost nicotine products.

Direct tobacco cessation services, including ongoing support and no-cost nicotine replacement therapy, were provided to 36 clients in the Healthy Babies Healthy Children and Harm Reduction programs.

In partnership with the Centre for Addiction and Mental Health, eight STOP on the Road (Smoking Treatment for Ontario Patients) workshops were held. This provided 63 participants with quit strategies and five weeks of free nicotine patches.

### TOBACCO ENFORCEMENT

In October 2018, the new *Smoke-Free Ontario Act, 2017* provided a single legislative framework regulating the sale, supply, use, display and promotion of tobacco and vapour products and the smoking and vaping of cannabis.

Website updates, social media, presentations, on-site visits and a tobacco-vape-cannabis phone helpline were employed locally to inform the public and affected groups of the changes. New No Smoking/No Vaping signs were distributed to local business through a partnership with municipal offices.

Youth access to tobacco products is measured by the percentage of tobacco vendors in compliance with legislation. The target is 90% or greater. Tobacco Enforcement and Education Officers conducted 304 tobacco retail checks resulting in 9 sales to minors, 8 charges and an overall compliance rate of 93.4%, up slightly from the previous year.

This was the second year for mandatory test shops of electronic cigarette vendors using youth ages 15 – 18 to ensure compliance. Of 68 locations checked, 4 sales occurred and 5 charges laid, comparable to last year.

There were three vendor workshops with a total of 26 participants. These free workshops review the importance of preventing sales to minors and



emphasize 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 products to minors.

The *Who is 25?* campaign uses test shoppers to determine if clerks are properly asking for ID from anyone that looks younger than 25. Of the 95 tobacco retail locations tested, 93 correctly asked for ID. Of the 39 electronic cigarette vendors tested, 33 correctly asked for ID. This is in line with a trend that sees vaping products being more likely to be sold to minors than tobacco products.

Enforcement is based on the Ontario Public Health Standards, Ministry guidelines towards the relevant Acts and *Grey County Bylaw 4872-14*. In 2018, 279 investigations were conducted resulting in 124 warnings and 42 charges. There was a rise in all activities in late 2018 due to the new *Smoke-Free Ontario Act, 2017*.

## YOUTH TOBACCO USE PREVENTION

Primary prevention refers to avoiding use; secondary prevention refers to stopping the increase of use. Community and school based activities support both primary and secondary prevention. In response to the rise of vaping and new regulations for the retail promotion of vaping products, new education resources and campaigns were developed targeting youth and young adults.

Preventing youth from experimenting with smoking during adolescence is key to prevent them from smoking as adults. The local target is 79.4% of youth never having smoked a whole cigarette. Reported every two years, the most recent data identifies Grey Bruce at 98%, well above its target.

Two smoke-free movie events were hosted in Owen Sound and the Town of the Blue Mountains with an estimated audience of 500. Movie goers learned about the dangers of tobacco depiction in movies rated for children and youth. Similar messaging was shared with community partners at the Let's Grow table and Ontario Early On Centre.

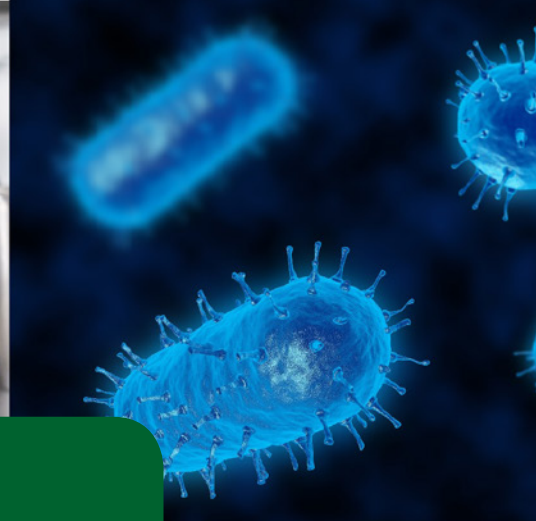
A Sacred vs Commercial Tobacco Art Contest for local youth was developed in partnership with Chippewas of



Nawash First Nation. The art show, including judging and presentation of awards took place on Family Day. The art works were also displayed at the Healthy Communities conference to an audience of 300 participants.

Research shows that quit contests and group counselling with nicotine replacement therapy can increase intention to quit.

- A 10-week tobacco cessation quit group was held at a local high school.
- Targeting young adults, the WoulduRather contest attracted 76 entries. The contest offers support emails, a personal support crew, access to eight weeks of free nicotine patch or gum and support calls or texts from Smokers' Helpline.
- A collaborative promotion using a registration booth was set up at Georgian College.



# YOUR ENVIRONMENT

## Emergency Management

In 2018, Emergency Preparedness transitioned from a program standard to a foundational standard, re-named Emergency Management. This new title reflects a role beyond preparedness to include effective response to, and recovery from, emergencies with public health impacts.

### PREPAREDNESS

Activities supporting preparedness:

- Emergency Response Plan and Emergency Management resources updated
- Grey Bruce Health Unit Evacuation Centre Guidance Document finalized
- Online staff training module
- Incident Management System review
- Emergency Preparedness media messaging including *Know your Neighbour* campaign to support community response in an emergency
- Electronic fan out process initiated through Emergency Notification Software
- Respiratory Fit Testing completed for staff, as required
- Registered for province-wide Emergency Management Communication Tool
- Coordinated with local emergency planning, training and exercises
- Participated in Post Disaster Long-Term Assistance Network

### RESPONSE

- On-call system for 24/7 response
- Activated Incident Management System for significant outbreak
- Staff provided with car emergency kits to support response

### RECOVERY

- After-action reports and communication strategies completed following community outbreak

## Healthy Environments

### RENTSAFE

*RentSafe* is an intersectoral initiative, led by the Canadian Partnership for Children's Health and Environment, to address unhealthy housing conditions affecting tenants living on low income throughout Ontario. The *RentSafe Equip* research project focused on housing habitability and health equity in Owen Sound and aimed to catalyze and support meaningful interaction among people from diverse sectors. The project engaged tenants, property owners, regulatory organizations and service agencies to better understand the causes and consequences of housing inadequacy as seen from multiple viewpoints. While the project wrapped up in 2018, lessons learned will help improve services in the future.



## RADON

This was the second year of a campaign to raise awareness about the dangers of Radon. Just under 500 Radon home test kits were distributed to residents. Test results will help homeowners decide if they need corrective action to reduce Radon levels in their homes. The data from 2017 and 2018 will assist in assessing the regional risk and help direct future Radon awareness initiatives.

## INSPECTIONS

The following routine inspections were carried out:

- 119 migrant-worker housing sites inspected
- 17 inspections of childrens' camps
- 26 arena inspections

## Safe Food

Updated regulations introduced in 2018 were designed to provide greater transparency; offer more flexibility to respond to emerging issues; be more streamlined to reduce redundancies; and, to be preventative rather than reactive in their approach.

Changes included signs posted in all food premises informing the public how to access inspection results. The *Check It!* sign is now posted in all inspected food premises.

## INSPECTION

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. High-risk food premises are inspected every four months for a total of 779 inspections. Moderate-risk food premises are inspected every six months for a total of 1097 inspections. There were 539 inspections of low-risk premises. Additionally, there were 123 re-inspections.

## INVESTIGATION AND ENFORCEMENT

In addition to inspections, 31 food premises complaints, 9 food product complaints and 15 food-borne illnesses were investigated; this is comparable with previous years. Enforcement included two Section 13 orders and two infractions ticketed.

## MENU LABELLING

The *Healthy Menu Choices Act* requires inspection of designated food premises to ensure proper menu labelling. In 2018, 31 premises received a re-inspection and 12 premises new to menu labelling were identified and inspected.

## PUBLIC EDUCATION

- Farmers' market brochure with instructions to vendors on labelling requirements for food products sold at markets was distributed. Labelling assists in quickly responding to and informing customers of a compromised product.
- Resource packages were provided to all school breakfast club programs.
- Resource manuals were provided to all youth summer recreational camps.
- Regular social media posts promoted safe food handling practice for the public.

## FOOD HANDLER CERTIFICATION

New regulations require food premises to have a certified food handler onsite while in operation. The program certified 575 food handlers; up significantly from 246 in 2017. Instructors held 17 classroom courses (6 in 2017) with 300 participants. Another 275 participants certified through the *In Good Hands* self-study online course.



## YOUR ENVIRONMENT

### Safe Water

#### DRINKING WATER

The updated *Safe Drinking Water and Fluoride Monitoring Protocol, 2018*, directs in the prevention and reduction of illness related to drinking water through surveillance and inspections of water systems, timely response to adverse events and emergencies, and education and training to owners of small drinking water systems and private wells.

#### SMALL DRINKING WATER SYSTEMS

Inspections determine compliance with regulations and assess the safety of the drinking water supply. Inspections include an onsite risk rating using the Ministry risk categorization tool. This rating allows the inspector to provide operators with written directives regarding specific requirements for water sampling and operational monitoring.

The inventory shows 453 Small Drinking Water Systems in the region. High-risk systems require inspection once every two years and low- and medium-risk systems once every four years. There were 60 inspections conducted in 2018.

There were 46 boil water advisories issued in 2018, up from 27 in 2017.

Inspection reports are available through the *Check It!* webpage. In addition, all drinking water advisories are posted online.

To comply with requirements to provide educational material, an electronic newsletter was developed for operators. An evaluation survey identified the newsletter was well received, useful and relevant to their operation. Revisions based on the survey, included adopting a quarterly distribution, adding links to Ministry forms and limiting each newsletter to one page to encourage readability.

The Grey Bruce, Perth, Southwestern and Middlesex London Health Units collaborated to develop a workshop for system operators. Grey Bruce piloted the workshop before its launch at the Canadian Institute of Public Health Inspectors annual provincial conference in the fall. Any health unit can access and adapt the materials.





## YOUR ENVIRONMENT

### PRIVATE DRINKING WATER

Complying with requirements to provide information and/or educational material on safe drinking water practices, we distribute the *Private Well Water Manual*. It provides a guide to safe construction, operation and closing of a private well. Additionally, social media posts throughout the year support maintenance, stewardship and regular water sampling by private well owners.

Sample bottles, forms and information from Public Health Ontario Laboratories are available to support well water sampling and testing. An interactive map of the 16 locations throughout Grey Bruce for water bottle drop off and pick up is available online.

### RECREATIONAL WATER

Regular inspections are carried out at facilities to ensure that risks to public health are minimized and to confirm compliance with the relevant regulations. In addition, follow up is carried out on complaints and enquiries. In 2018, the new Ontario Public Health Standards added Class C facilities such as splash pads, wading pools and waterslide receiving basins to routine inspections.

Public Health Inspectors carried out 470 inspections at 187 facilities. Of these, 59 were Class A facilities, pools open to the general public; 232 were Class B facilities, other pools with public access, 158 Spas and 21 class C facilities. Inspections results are available on the *Check It!* website.

Environmental surveys and monthly sampling was carried out at 12 beaches in Grey Bruce during the summer. Health hazard investigations were carried out at two additional locations.



## YOUR ENVIRONMENT

### Rabies

One bat tested positive for rabies in Grey Bruce with no human exposure reported. No rabies in land mammals has been reported locally since 2009. However, the frequency of rabies in adjacent counties continues to highlight the importance of ongoing vigilance.

- 33 people received rabies post-exposure treatment
- 25 pet owners received low cost vouchers for pet immunization
- 475 animal investigations were conducted (489 in 2017) including 294 dogs, 141 cats and the remaining 40 being bats, livestock or wildlife

### Vector-Borne Diseases

The vector-borne diseases management strategy is based on a local risk assessment.

#### MOSQUITO SURVEILLANCE

A comprehensive mosquito trapping and testing program took place in 15 municipalities with 263 traps set. The program expanded from previous years because of an increase in human cases of West Nile Virus (WNV) and positive mosquito pools across the province. One mosquito pool tested positive for WNV in Grey Bruce and three human cases were reported.

Eastern Equine Encephalitis is also transmitted through the bite of an infected mosquito. Testing was carried out on appropriate mosquito specimens. No positive pools were identified.

#### TICK SURVEILLANCE

Thirty five ticks, which were found on humans, were submitted for identification. Blacklegged ticks were forwarded onto the National laboratory to test for *Borrelia burgdorferi*, which is the bacteria that causes Lyme disease. The partnership with the Grey Bruce Veterinary Association continued, with ticks taken from animals being submitted for in-house identification only. The results from the partnership confirmed a wide distribution of ticks in the area, including blacklegged ticks.



# INDICATORS

## Public Health Performance Indicators

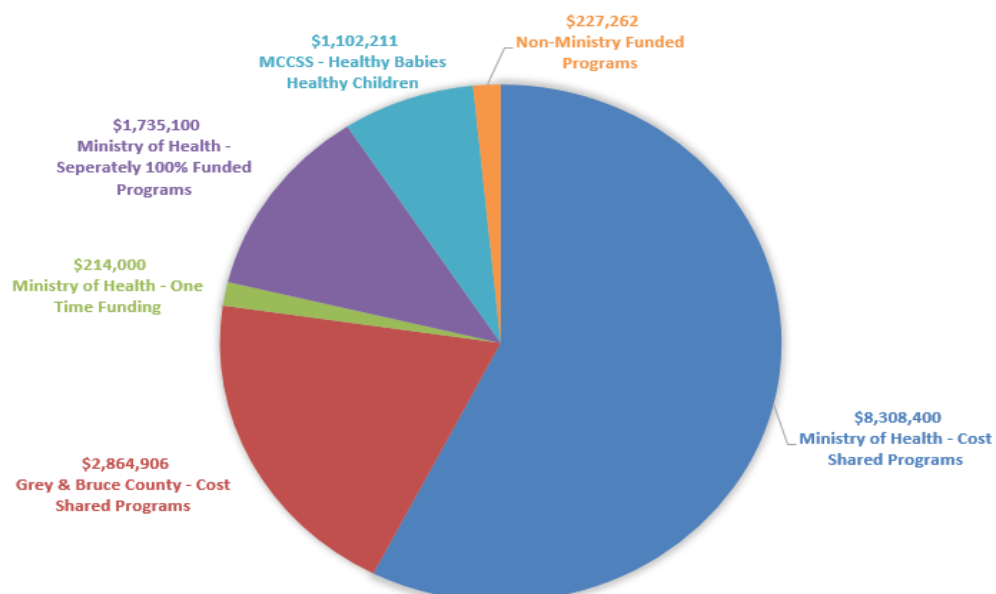
The Public Health Performance Indicators identify key areas of select program deliverables. Results are as submitted, July 2019.

Indicator	Performance
% of tobacco vendors in compliance with youth access legislation at the time of last inspection	94.0%
% tobacco retailers inspected for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)	100%
% of high-risk food premises inspected once every 4 months while in operation	100%
% of Class A pools inspected while in operation	100%
% of personal services settings inspected annually	100%
% of public spas inspected while in operation	100%
Oral Health Assessment and Surveillance: % of all JK, SK and Grade 2 students screened in all publicly funded schools	100%
% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification	92%
% of confirmed gonorrhoea cases where initiation of follow-up occurred within two business days	97.4%
% of HPV vaccine wasted that is stored/administered by the public health unit	0.6%
% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	100%
% of school-aged children who have completed immunizations for hepatitis B	84.5%
% of school-aged children who have completed immunizations for HPV	73%
% of school-aged children who have completed immunizations for meningococcus	99.6%
% of 7 or 8 year old students in compliance with the ISPA	98.7%
% of 16 or 17 year old students in compliance with the ISPA	92.9%
% of influenza vaccine wasted that is stored/administered by public health unit	0.5%
% of influenza vaccine wasted that is stored/administered by healthcare providers	9.5%

# BUDGET

2018 BUDGET	
Mandatory Programs Funding	\$10,930,906
Healthy Smiles Ontario	\$424,700
Smoke Free Ontario (100%)	\$412,400
Infectious Diseases Control Initiative	\$277,800
Social Determinants of Health Nurses Initiative	\$180,500
Needle Exchange Program	\$15,000
Harm Reduction Program Enhancement	\$150,000
Small Drinking Water Systems	\$141,333
Chief Nursing Officer	\$121,500
Vector-Borne Diseases	\$101,067
Infection Prevention and Control Nurse	\$90,100
Enhanced Food Safety - Haines Initiative	\$47,600
Enhanced Safe Water Initiative	\$15,500
Healthy Babies Healthy Children	\$1,102,211
Grey Bruce Falls Prevention	\$127,000
Health Canada	\$85,162
PLAY Initiative	\$15,100
One-Time Funding Grants	\$44,000
Capital Grants	\$170,000
	\$14,451,879

GREY BRUCE HEALTH UNIT 2018 BUDGET





# BOARD OF HEALTH 2018



## BOARD OF HEALTH 2018

Back Row (left to right) – Paul Eagleson – Warden, Bruce County; Mitch Twolan - Vice-Chair, Bruce County; Alan Barfoot - Chair, County of Grey; Will Rogers, Cross-Board Member

Middle Row – Stewart Halliday - Warden, County of Grey; Sue Paterson, County of Grey; Dr. Ian Arra, Physician Consultant; Rev. David Shearman, Provincial Appointee

Front Row – Arlene Wright, County of Grey; Dr. Hazel Lynn, Medical Officer of Health; Laurie Laporte, Provincial Appointee; Erin Meneray, Executive Assistant

Absent – David Inglis, Bruce County

# VISION, MISSION & ENGAGEMENT

## Grey Bruce Health Unit

Our **Vision** a healthier future for all.

Our **Mission** working with Grey Bruce communities to promote and protect health.

We **Value** equitable opportunities that support health and well being.

## Community Engagement

The Grey Bruce Health Unit is committed to working with community partners to promote and protect health.

We value your suggestions and opinions and encourage your feedback on our programs, services and how we conduct business.

Comments can be made in person at our office during regular business hours, by phone, by email and on our social media sites.

### GREY BRUCE HEALTH UNIT

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