



Grey Bruce Health Unit • Annual Report 2011



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## *Focusing on the Future*



With the tightening economy, there is an increased emphasis on accountability from government supported agencies. As part of our effort to be responsible and to give good value for the dollars entrusted to us, the Grey Bruce Health Unit has embarked on the process of accreditation through Accreditation Canada. This is a three-year progression, and we are pleased that the initial stage, the Primer Award, was given in September 2011. We have two years to complete the rest of the requirements.

One of the accreditation activities involved developing a value statement and identifying the organization's core values.

We value knowledge, skills and actions that support health and well-being.

Our core values help guide our work, behavior, decision-making and support our ethical practice:

- Respectful relationships-with the people we serve, our partners and each other.
- Accountability-evaluate and use resources effectively.
- Partnership-with individuals, families, organizations and communities to promote and protect health.

- Professionalism-uphold standards of practice and professional ethics.
- Positive attitude-an affirmative outlook that supports others to learn, adapt and develop.

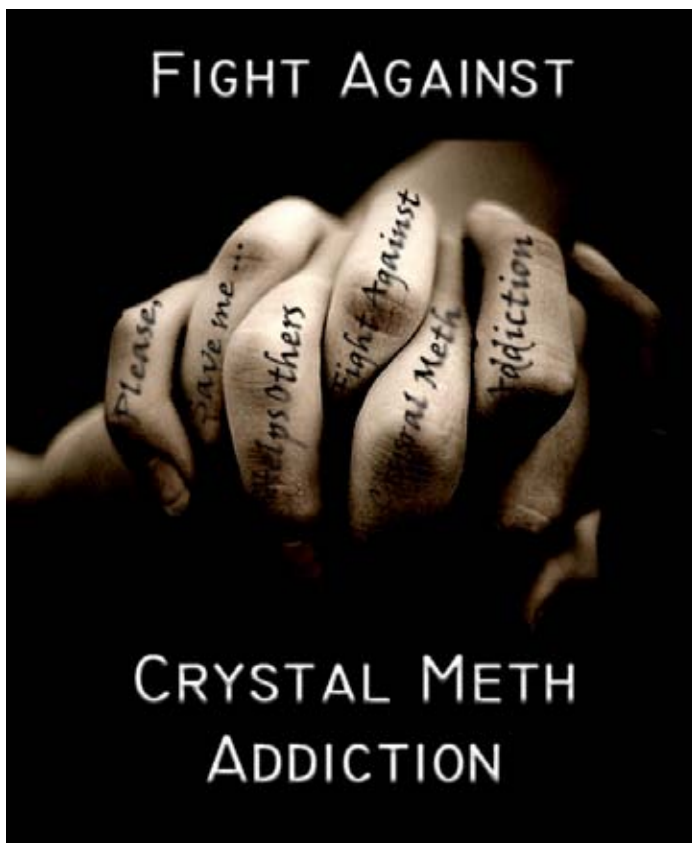
As part of this process, one of our innovative programs *Moving Forward: Utilizing Motivational Interviewing Techniques with Vulnerable Populations* was recognized as a leading practice by Accreditation Canada. *Moving Forward* addresses barriers preventing marginalized individuals from obtaining adequate education and employment; both are major determinants of health. Targeting high-risk young families, the program helps clients develop an action plan to achieve specific goals. Clients are supported to help overcome obstacles to their progress including access to transportation, day care, nutritious food and adequate housing. Families are also linked to counselling. Successes include clients completing school, enrolling in college and preparing for job interviews.

## Healthy Community Development

The Grey Bruce Community Picture—Grey Bruce Healthy Communities Partnership provides a framework to healthy public policy. Action plans were advanced in areas of active transportation, using local foods in public sector institutions, changing the culture of alcohol use, falls prevention curriculum in Georgian College programs, tobacco-free outdoor spaces, and a best practice bed bug research project.

Dr. Gerald Thomas (pictured at right) from the Canadian Centre on Substance Abuse was the feature speaker at the fall symposium, *What's the big deal about alcohol?* Dr. Thomas spoke on the role of community champions to protect individuals, organizations and communities from the hidden costs associated with sale, service and consumption of alcohol.

Grey Bruce Community Picture:  
<http://bit.ly/OzYrjC>



## Crystal Meth

The Grey Bruce Crystal Meth Task Force guides a comprehensive response to the problem of the drug's production, sale and use. The Prevention, Education and Harm Reduction Working Group addresses understanding crystal meth use and its effect, builds skills to avoid substance use and works to reduce drug-related harm among at-risk groups, parents and the community.

The introduction of Meth Watch provides a prevention program to deal with the illegal diversion of lawful products sold locally and used in the production of crystal meth. Nearly 100 community stakeholders and business people attended Meth Watch training and presentations.

*There is no place for crystal meth in our community!* was the message in a community dialogue.

Local students designed a logo and poster for the Crystal Meth Task Force. So far, 1,500 posters have been distributed.

## Photovoice Project

The Photovoice project, *What does it mean to be healthy?* reflects the experiences of Aboriginal youth. Photovoice is a participatory research method. Saugeen and the Chippewas of Nawash First Nation youth were given digital cameras and asked to take photos in their community to describe their everyday life and what they see impacting their health and well-being. The youth become co-researchers in the collection, analysis and presentation of the data. The collection was presented to the Board of Health and both First Nation Band Councils.



## Grey Bruce Falls Prevention and Intervention Program

Grey Bruce is recognized as a leader in falls prevention. The program offers education for care providers and organizations on their role in falls prevention as well as screening those at risk of falls. Initiatives include introducing fall risk screening in emergency departments and client referral by emergency medical services to Community Care Access Centre services. The program links with other Public Health activities including flu clinics and long-term care facility inspections. Advancing policy saw Georgian College include a fall prevention component in the scope of practice for the Personal Support Worker program.

Work is underway in partnership with the Ontario Injury Prevention Resource Centre SMARTRISK and the Mississauga Halton Falls Prevention Initiative to adapt an Ontario version of the Finding Balance website.

Funded by the South West Local Health Integration Network (LHIN) Ageing at Home Strategy, the program was highlighted in the Integrated Provincial Falls Prevention Framework and Toolkit (July 2011).

Integrated Provincial Falls Prevention Framework and Toolkit:  
<http://bit.ly/N2zCBq>

[www.findingbalanceontario.ca](http://www.findingbalanceontario.ca)



## The Alpha Street Family Resource Centre

The Alpha Street Family Resource Centre opened in June offering services and resources to residents of the Owen Sound housing complex. Grey County provided the service location. Community partners working with Public Health include Keystone Child, Youth and Family Services, United Way of Bruce Grey, Bluewater District School Board, YMCA employment, Canadian Mental Health Association, Ontario Works and the Calvary Church.

In the first six months, over 60 adults and children accessed services including dental screening, immunization, baby weights, parenting advice, bereavement counselling, relationships, healthy cooking and referrals to health care and speech services. This pilot will run until September 2012 and will be reviewed for evidence of success and sustainability.

## Grey Bruce Moving ON Strategy

PLAY in Bruce Grey is leading the Moving ON strategy designed to foster healthier communities through walking, bicycling and using parks, trails and other public spaces. Over 100 participants attended the January launch.

A follow-up WalkAbility Train the Trainer program supported awareness at the local level, developing action plans and becoming a community of practice. The Town of the Blue Mountains and Saugeen Shores championed the third phase to pilot a Walkable Communities process for change audit.

<http://playbrucegrey.com/>

## Priority Populations Project

New funding from the province launched the Priority Populations project. The goal is to improve health in target populations; including people living in poverty, people with less access to education and employment and people marginalized due to social status or culture. Public Health Nurses work directly with residents of subsidized housing, low-income residents and transient, homeless or marginally housed.

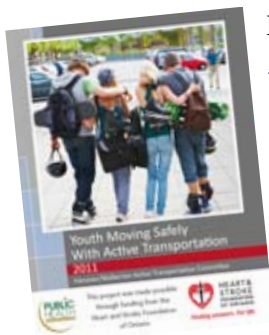
The initial strategies of the Priority Populations project include:

- Identifying priority populations across Grey Bruce
- Examining and reducing barriers to program and service accessibility
- Tailoring programs, services and strategies to reduce inequities
- Sharing knowledge and engaging the community through partnerships and collaboration

## Youth Moving Safely with Active Transportation

A Heart and Stroke Foundation SPARK Advocacy Grant funded the Hanover/Walkerton community report Youth Moving Safely with Active Transportation. This project identifies issues regarding active and safe transportation at the local, municipal and county level. Sixteen area secondary school youth took part in data collection using portable GPS units.

Key findings include the need for improved sidewalks, improved traffic calming measures and improved amenities (benches, garbage cans, etc). Results were presented to the Provincial Consortium on Youth in Recreation Symposium in Barrie on November 16, 2011.



For more on Active Transportation:  
<http://bit.ly/MmXfkY>



## Wiaraton Intergenerational Community Garden

The New Horizons for Seniors Program helped the Town of South Bruce Peninsula create a community garden at Gateway Haven in Wiaraton. This collaborative project brought together volunteers, local business, town staff and representatives from Gateway Haven, Community Living, local schools and Public Health.

The partnership produced gardening workshops, square-foot garden beds, signage, wheelchair accessible picnic tables, extra harvest donations to the Salvation Army Food Bank, a children's workshop and several garden produce taste-testing sessions at the Food Bank.

## Cost of Eating Well in Grey Bruce

The 2011 Nutritious Food Basket Survey found that it costs \$174.73 per week or \$756.58 per month to feed a family of four (two parents, two children) in Grey Bruce. This is a 5% increase over the 2010 survey of \$166.64 per week or \$721.55 per month.

The Board of Health passed Motion 2011-26, advocating that “the provincial government examine its income security programs and minimum wage rates so that those living in poverty are able to access the nutritious foods they need for optimal health.”

## **Reproductive Health**

The Reproductive Health program assists parents before and during pregnancy to have the healthiest newborns possible and to ensure readiness for parenting. In 2011, there were 533 expectant parents participating in prenatal programs.

Launched in the fall, The Gift of Motherhood eLearning Childbirth Education is an online prenatal program using animation, videos, voice-overs and interactive games. This program is offered as an alternative for clients who cannot attend a conventional childbirth class. It is not meant to replace prenatal workshops and home visits.

In-services to physicians, midwives and family health teams introduced the new online prenatal program, tools to support counselling pregnant women to quit smoking and two new resources: a low literacy prenatal book and an evidence-based breastfeeding book.

## **Child Health**

In 2011, 2419 participants attended Healthy Babies Centres and Healthy Beginnings groups across Grey Bruce to support child health and development. In response to telephone, email and walk-in inquiries, 786 individual consultations were provided.

Public Health and the Grey County Children's Aid Society co-facilitated Parents in Action and Healthy Parenting Right from the Start focussing on basic parenting skills; 109 parents participated.

## **Let's Grow**

Let's Grow works to integrate a variety of community-based services for children and families. Public Health and Let's Grow partners hosted Let's Learn Kindergarten Registrations at 43 schools across Grey Bruce, screening 838 three-year-olds for growth and development.

Universal screening helps ensure children have access to support early learning. Of those screened, 107 children were already involved with services. There were 43 referrals to Preschool Speech & Language and Preschool Resource programs. An additional 174 children were identified for monitoring. Parents received information and activity packages specific to their child's needs with information about community supports and resources. Fine motor and gross motor skills were the two developmental areas most often identified for monitoring.

## **Healthy Babies Healthy Children**

Healthy Babies Healthy Children helps families support healthy child development. Public Health Nurses and Parent Support Workers provide home visiting and work with partner organizations to ensure service integration.

Of 1,329 pregnant women screened prenatally, 23% (301) scored as high-risk for one or more issues such as isolation, low income, or low education.

Public Health contacts parents arriving home with a newborn and offers support. Of 1,373 families contacted post-partum, 41% (563) scored as high-risk with 267 families entering the Healthy Babies Healthy Children program. Another 174 families received referrals to other community services.

## **Childhood Injury Prevention**

Six roadside car seat checks were conducted with the help of volunteers and police. Incorrect installation was identified in 66% of the 180 seats inspected. Inspectors provide education and help parents learn correct seat installation.

An annual Car Seat Refresher Training workshop presented by the Infant and Child Safety Association provided updates to qualified car seat inspectors. There are currently 76 trained car seat inspectors in Grey Bruce.

Public Health receives funding from Bruce Power to provide car seats or bicycle helmets to local families lacking resources. There were 15 car seats and 25 bike helmets distributed through Healthy Babies Healthy Children.

## **Integrated Preschool Speech & Language Program**

The Integrated Preschool Speech & Language program joined Public Health in August. By year end, 419 children between the ages of 0–6 were assessed and 1,999 service visits were provided by a team of Speech & Language Pathologists and Communicative Disorder Assistants. About 10% of children need help to develop normal speech and language skills.

As a part of this program, 160 infants received hearing screening at community clinics. Four in 1,000 babies are born either deaf or hard of hearing. Most deaf or hard of hearing children who are identified early and receive the support they need will have the same chance to develop language skills as hearing children.

## Oral Health Services

Dental screening was provided to 4,469 children at elementary schools across Grey Bruce. Another 300 children were screened at parents' request and 237 preschool children were seen at Let's Learn clinics. Screening identifies the need for intervention including training in oral hygiene, fluoride treatment, professional cleaning and sealants and referral for restoration.

Of children screened at schools, 775 (17%) were eligible for Children in Need of Treatment (CINOT) covering the cost of urgent dental care for those 0–12 years whose families cannot afford the service. An additional 162 youth received treatment from the expanded program for 13–17 year-olds.

Through Healthy Smiles Ontario (HSO), 189 children from families meeting income eligibility criteria were provided preventive and restorative treatment. From April to December, 440 new clients enrolled at Public Health clinics for those who are unable to access a community practitioner.

The campaign *No Dental Coverage, No Worries* highlights the importance of preventive dental care as well as access to services. Dental Health Educators delivered presentations to students and parent groups promoting the importance of early dental care.

Public Health offered dental offices a workshop on infection control with over 110 professionals including dentists, dental hygienists, dental assistants and office staff attending.

**No Dental Coverage? No Worries!**  
**We have free services for every young smile!**



## Vaccine Preventable Diseases

The province announced funding for three new publicly funded vaccines; a new rotavirus, a second dose of varicella vaccine (chicken pox) and a booster pertussis vaccine (whooping cough). Education sessions on the new vaccines were provided at 36 health care faculties.

Grey Bruce is the first health unit in Ontario to partner with local paediatricians to offer Respiratory Syncytial Virus (RSV) clinics for premature and health compromised infants. Monthly injections were provided to 25 infants during the RSV season (October to March).

There were 52,700 doses of influenza vaccine distributed to local hospitals, doctors, long-term care facilities and family health teams. Staff administered over 4,800 doses of influenza vaccine at 14 community clinics. Public Health had a staff influenza vaccine coverage rate of 96%. A campaign targeting hospitals, long-term care homes, retirement homes, local colleges and home visiting staff reinforced the importance of the influenza vaccine. Promotional materials with the slogan *#1 way to prevent influenza is to get vaccinated* were widely circulated.

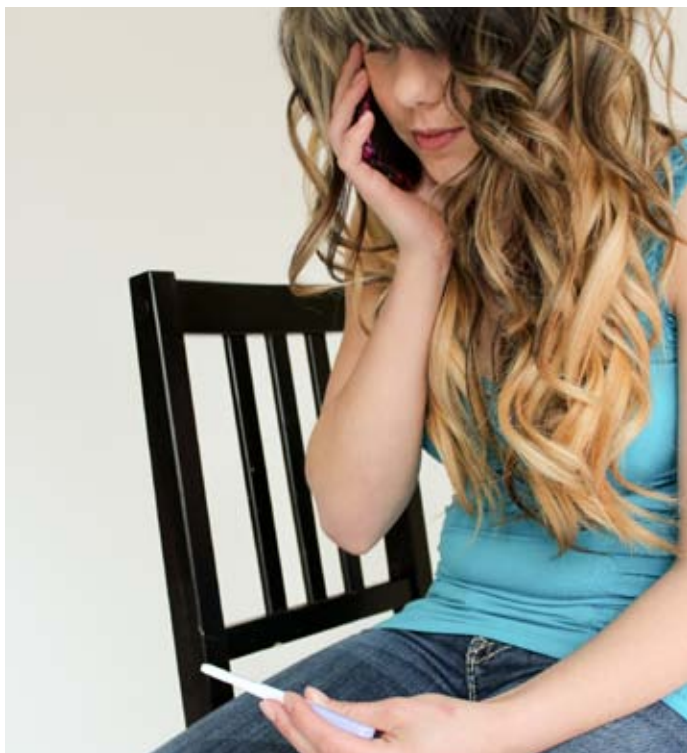
Public Health distributed 1,780 vaccine orders worth \$2.9 million to health care providers in Grey Bruce. Nurses administered 3,532 immunizations to 2,435 clients at community clinics and in priority population settings such as Mennonite and Amish schools and homeless shelters.

Over 5,500 doses of hepatitis B vaccine, meningococcal vaccine and human papillomavirus (HPV) vaccine were administered during Grade 7 and 8 school immunization clinics. Coverage rates for hepatitis B are at 83%, meningococcal at 84% and HPV at 65%.

Inspections were conducted on 130 fridges in 93 health care facilities to ensure proper handling and storage of publicly funded vaccines. Investigations were undertaken into 58 incidents involving publicly funded vaccine exposed to extreme temperatures.

Immunization records for 25,229 children attending day care, elementary and secondary schools are maintained. Of children attending day care, 87% of records were complete for vaccines and over 89% of school-age children had complete vaccine records. Only 2% of school-age children had a medical or philosophical exemption on file; 163 suspensions were issued for incomplete immunization records.





## Sexual Health

Sexual Health clinics are located in two community sites and 11 high schools. School clinics provide an accessible location and a supportive environment related to healthy sexuality. New in 2011, an online self-scheduling system lets students book their own school clinic appointments.

Clinics offer low cost contraception, including counselling and testing, to young people and those without a drug plan. Also new in 2011, a plan was implemented to draw blood in community clinics. This service decreases barriers to testing for blood-borne infections.

- 8,165 client contacts across all sexual health clinics
- 3,651 clients came to the clinics for birth control medication
- 2,078 people were given condoms at our clinics
- 58 clients were given the emergency contraceptive pill
- 630 pregnancy tests were provided; 84 positive tests and 546 negative (every intervention allows nurses to support risk prevention)

Referrals for positive pregnancy tests were made to family physicians, clinic doctors, local obstetricians /gynaecologists, other clinics, midwives and the Healthy Babies Healthy Children program.

## Sexually Transmitted Infections

Follow-up investigations and consultations were provided for 268 reportable infections including chlamydia, gonorrhoea, syphilis, HIV and neonatal herpes. Chlamydia remains the most commonly reported sexually transmitted infection in Canada. However, Grey Bruce had a 17% decrease in cases of chlamydia with 259 positive cases, down from 311 cases 2010. The campaign, *Chlamydia—hard to spell, easy to catch!* addressed awareness and the need for testing.

In 2011, Public Health made available free medications through physicians, midwives and nurse practitioners to patients without drug plans who test positive for a reportable sexually transmitted infection.

The community and high school-based clinics provide sexually transmitted infection counselling, testing, treatment and follow-up and promote reducing the risks of infections through education, prevention and condom use. Free condoms for at-risk clients are available through 25 agencies and community sites. Condoms are also included in every needle exchange kit.

## Needle Exchange Program

There are four GB Works Needle Exchange sites in Grey Bruce; two at health unit facilities and two satellite sites operated with community partners to deliver services in areas where injection drug use is present. Client services include harm reduction and referral to other health and social services. The program has grown to 849 exchanges in 2011, from 194 exchanges when first launched in 2008. Of clients surveyed, 80% use opiates as their primary drug.





## ***Infectious Diseases Prevention and Control***

Public Health maintains a 24/7 system to receive reports and provide appropriate response to reports of infectious diseases. In 2011, there were 174 infectious diseases related calls.

Public Health investigated 364 cases of reportable disease; up from 248 in 2010. Staff seek to determine the source, prevent spread, and provide consultation and resources. Local data are reported promptly to the province to help identify clusters, increases in disease and multi-jurisdictional involvement.

There were several *E coli* outbreaks; one in a childcare centre and a number of community outbreaks. An additional 56 outbreaks (38 respiratory and 18 enteric) in long-term care facilities, day cares and hospitals were confirmed, managed and recommendations provided; up from 27 outbreak investigations in 2010.

Influenza surveillance data are reported weekly to the Ministry of Health and Long-Term Care. Schools report daily to Public Health whenever student absenteeism is 10% or greater.

Ongoing tuberculosis (TB) case management of 2 active cases, 26 latent infections, 6 medical surveillance and 3 contacts of active cases were referred. Anti-TB medication is publicly funded and provided to clients. TB resource packages were distributed to 202 health care providers.

Follow-up was completed for five people under the Mandatory Blood Testing Act, resulting in one hearing and one order.

There were 272 inspections, up from 162 in 2010:

- 55 day care/adult care
- 52 food
- 28 funeral homes
- 133 personal service settings (tattoo, spas)
- 4 complaints

Public Health staff consult on infection control issues through participation on hospital and long-term care infection control committees. Public Health hosted an Infection Control Day for acute and non-acute facilities with 78 health care participants.

A new committee representing police, fire, EMS and Public Health was formed to share infection control resources, create consistency and organize educational opportunities. There were 42 representatives from police, fire and EMS who participated in an Infection Control Day program.

A day care workshop on infection control and outbreak management was held for approximately 20 supervisors.

A multi-strategy campaign was rolled out in May to raise awareness about testing, treatment and access to resources for hepatitis C. Three educational events were hosted with 48 physicians and nurses as well as 20 community partners and hospitals participating.

## Vector-Borne Disease

No human cases of West Nile Virus were reported in Grey Bruce; there was one equine fatality. Province-wide, there were 42 probable/confirmed human cases.



There was one laboratory confirmed human case of Lyme disease but that exposure related to the individual travelling to an endemic area. There was one canine positive for Lyme disease. Active surveillance through tick dragging was conducted but no ticks were identified. Thirteen ticks received from the public were submitted for testing; four were identified as the vector species *Ixodes scapularis* (black-legged tick). All were negative for *Borrelia burgdorferi*, the bacteria that causes Lyme disease.

One flock of pheasants tested positive for *Eastern Equine Encephalitis* (EEEV). A surveillance program placed traps in locations where EEEV was identified or suspected. Extremely low numbers of the mosquitoes that can transmit the virus were found; all were negative for EEEV.

## Rabies Control

A total of two cases in 2011, one rabid bat and one rabid cow, was a record low for rabies in Grey Bruce. There was also a record low 26 cases province-wide. Rabies in domestic animals increases the risk of human contact and underscores the importance of investigating animal-human exposures. Staff investigated 565 reports of potential animal-human rabies exposures; 24 people received post-exposure treatment.



## Creating Smoke-Free Communities



### Tobacco Cessation

The Grey Bruce Network Smoking Cessation Project supports local hospitals to carry out a smoking cessation strategy. The approach identifies tobacco users, provides intervention, offers pharmacotherapy for patients while in hospital and refers patients to the Smokers' Helpline for follow-up counselling on discharge. Hospitals received support through a locally funded RNAO Nursing Best Practice Smoking Cessation Champion initiative.

Promoted by Public Health, the provincial Driven to Quit Challenge offered by the Canadian Cancer Society had 504 participants from Grey Bruce.

Fifty-four people took part in STOP (Smoking Treatment for Ontario Patients) workshops in Owen Sound and

Hanover, which provided participants with smoking cessation strategies and five weeks of free nicotine replacement products. The Centre for Addiction and Mental Health follows up regularly to gauge clients' progress. The workshops were hosted with support from Keystone Child, Youth and Family Services and the Smokers' Helpline.

### Tobacco Enforcement

Tobacco Enforcement and Education Officers undertook 139 investigations responding to 68 complaints and 71 inquiries related to the *Smoke-Free Ontario Act*. Smoking in an enclosed workplace remains the most common complaint. There was an increase in calls related to contraband. The sale of contraband is under federal jurisdiction.

Enforcement based on the *Ontario Public Health Standards* and ministry directives resulted in 121 warnings and 59 charges. Tobacco retailers receive an automatic ban from selling any tobacco products following two successive convictions related to sales to minors. Two automatic prohibitions were issued, each for a period of six months.

## Health Hazard Prevention and Management

Public Health investigated 110 health hazard complaints:

- 37 Indoor Air Quality
- 20 Housing – Garbage and Sanitation
- 13 Sewage
- 12 Infestations (except bed bugs)
- 9 Bed Bugs
- 10 All other

Inspectors responded to nearly 300 public inquiries about potential health hazards via the Help Desk. 2011 represents the first full year using the HealthSpace Data Management System. This permits year-to-year comparison to monitor trends in health hazard reporting.

Public Health received a grant from the province to collaborate with Grey and Bruce County Housing Authorities to carry out a bedbug pilot pre-treatment program for vulnerable tenants. The pilot identified steps to help mitigate the misery caused by bedbug infestations.



## Safe Water

### Communal Drinking Water Systems

While these systems are regulated by the Ministry of the Environment, Public Health plays a role during an Adverse Water Quality Incident (AWQI). Staff responded to 94 reports from the Spills Action Centre, down significantly from 139 reports in 2010 and continuing a longer term downward trend. An increase has been noted for AWQI reports from Small Drinking Water Systems, which are regulated by health units.

### Small Drinking Water Systems

This was the final year of the introduction of the Small Drinking Water System program. In order to meet the provincial target for completion of risk assessments and issuance of directives, four additional Public Health Inspectors from the general program were temporarily reassigned. By year end, the target was met with 543 directives issued and 40 in progress. The Ontario Chief Drinking Water Inspector's Annual Report for 2011 cites the work carried out by operators in our area to meet Ministry objectives.

### Private Drinking Water Supplies (non-regulated)

The province offers residents free testing of private water systems for *E. coli* and total coliform. Over 50 samples are sent daily to the Public Health laboratory in London. Public Health provides consultations to general and specific inquiries. Typically, residents seek advice if they receive notification of an adverse sample.



### Beach Sampling

Changes were introduced to help the public make informed choices about using recreational waters. A redesigned website, media releases and new beach signs direct the public to consider recent weather and water conditions when assessing beach water quality.

Ongoing sampling continued on eight public beaches in Grey Bruce according to the provincially mandated Beach Monitoring Program. A predictable pattern emerged over the summer with reduced water quality seen following heavy rainfall events.

### Pools, Spas and Wading Pools

Following the Chief Coroner of Ontario's findings in the report *Drowning Death Review*, which noted that increased supervision may have prevented some deaths, the Coroner's Office revised Admission Standards for public pools to facilitate the surveillance of young bathers. Although not required under regulation, pool owners/operators are encouraged to implement these standards.

Public Health provided updates to pool operators and collected information about admission standards at Class A pools within the jurisdiction. Class A pools are open to the general public and are supervised by trained lifeguards. Grey Bruce has 121 public swimming pools including 23 Class A pools. All Class A pools in Grey Bruce have admission standards but only a few meet the Coroner's recommendations. Recognizing supervision is vital to water safety, Public Health will continue to promote the use of the revised standards.

## Environment

Land use planning and management activities included 216 on-site sewage treatment systems permits issued in six municipalities and comments on 244 municipal planning applications across Grey Bruce. Beginning 2012, on-site sewage regulatory work will be restricted to Northern Bruce Peninsula. In all other municipalities, planning comments will be limited to large-scale development projects.

## Emergency Preparedness

A limited emergency exercise was conducted to test the Emergency Operation Centre; the health unit Boardroom. Activities included multiple connections to the internet, higher than normal numbers of phones and an increased level of background noise. Results were satisfactory with minor refinements identified.

Public Health attends individual municipal exercises and continues to be involved in Emergency Planning at the municipal and county levels.

## Food Safety

The Food Safety Protocol directs Public Health in the prevention and reduction of food-borne illness. Investigations were conducted into 51 food premise complaints, 17 food product complaints and 16 food-borne illnesses. The Ministry of Health and Long-Term Care requested assistance on one food recall. Due to the temporary reassignment of staff to the Small Drinking Water System program, food inspections/re-inspections were down to 1,273, from 1,790 in 2010. Data are collected electronically on the number and type of infractions identified during an inspection and the number of certified food handlers per premise. These data help identify trends and potential areas for future education.

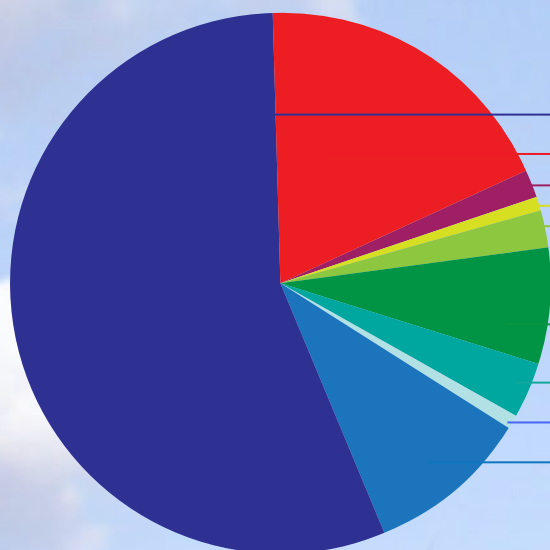
The Food Handler Certification course was updated to include examples from recent outbreaks to assist understanding how food-borne illnesses are spread and the appropriate response. The two-day courses offered at various venues in 2011 certified 184 participants, an increase of 24 from the previous year. The self-study online course also continues to be popular with 93 participants.

An interactive display to educate on safe food handling practices was purchased for use at fairs, schools and public events.

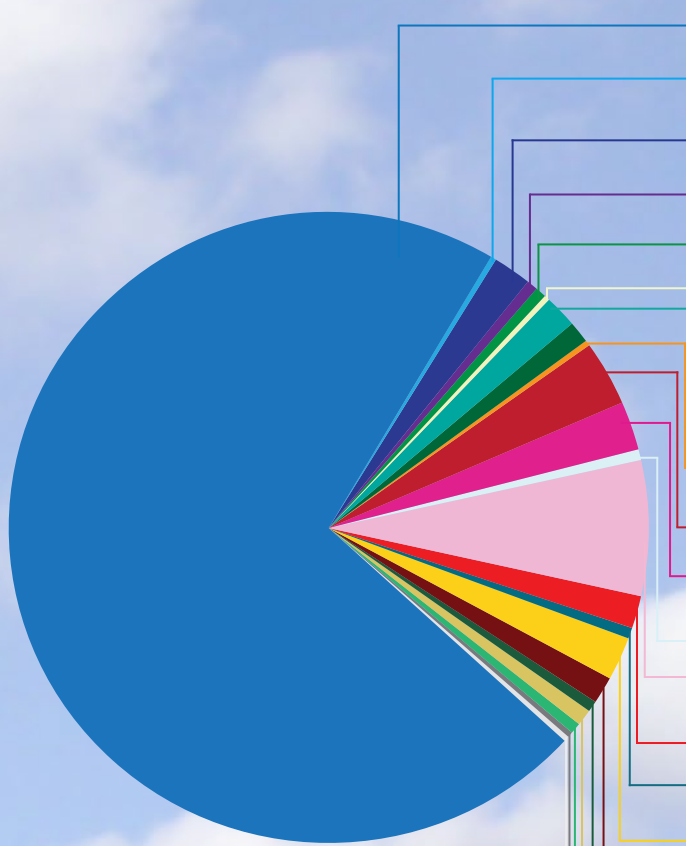
## 2011 Financial Information and Board of Health



From left to right: Gary Levine, Bob Pringle, Mike Smith - Chair, Erin Meneray - Executive Assistant, Dr. Hazel Lynn - Medical Officer of Health, Arlene Wright - Vice Chair, Chris Griffin - Cross-Board Member, Milt McIver, Joan Tod - Director of Finance, Kevin Eccles, Dwight Burley



2011 Funding Sources			
Provincial Cost Shared Programs	\$ 8,148,311	55.88%	
Municipalities	\$2,716,104	18.63%	
Other	\$231,306	1.59%	
Environment	\$101,300	0.69%	
Smoke-Free Ontario	\$351,618	2.41%	
Healthy Babies Healthy Children	\$1,002,221	6.87%	
Speech and Language	\$500,437	3.43%	
Federal 100% Programs	\$82,353	0.56%	
Provincial 100% Programs	\$1,449,379	9.94%	
<b>Total</b>	<b>\$14,583,028</b>	<b>100.00%</b>	



2011 Budget	
General Funding	\$10,164,363
General Funding - 1X Capital	\$31,974
Vector-Borne Diseases	\$272,407
CINOT Expansion	\$91,000
Food Safety - Enhanced Funding	\$83,269
Safe Water - Enhanced Funding	\$27,125
Infection Control	\$277,791
PHN Initiative	\$127,530
Bed Bug Funding	\$54,672
Speech and Language	\$500,437
Smoke-Free Ontario (100%)	\$ 351,618
Infectious Control Nurse	\$84,872
Healthy Babies Healthy Children	\$1,002,221
Small Water Drinking Systems	\$275,400
Healthy Communities	\$57,120
Healthy Smiles Ontario - Operating	\$ 349,106
Healthy Smiles Ontario - 1 x Capital	\$ 167,166
Health Canada	\$82,353
Grey Bruce Falls Prevention	\$127,000
Environment	\$101,300
RNAO Grant	\$25,335
Other Grant Programs	\$ 24,299
<b>Total</b>	<b>\$14,583,028</b>

### **Our Mission**

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

### **Our Vision**

*is working together for a healthier future for all.*

### **Core Values**

*Respectful Relationships – with the people we serve, our partners  
and each other.*

*Accountability – evaluate and use resources effectively.*

*Partnership - with individuals, families, organizations and  
communities to promote and protect health.*

*Professionalism - uphold standards of practice and professional ethics.*

*Positive Attitude - an affirmative outlook that supports others to  
learn, adapt and develop.*



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Facebook at: Grey Bruce Health Unit