



BOARD REPORT

Friday October 27, 2017



Medical Officer of Health
REPORT TO THE BOARD
Friday, May 26, 2017

Radon

Key Points:

- On average, every year about 22 people in Grey Bruce are diagnosed with lung cancer attributed to long-term exposure to radon.
- There is a significant lack of public knowledge in Grey Bruce about radon and specifically, a lack of understanding about the risks of developing lung cancer.
- Radon is a preventable cause of lung cancer. Public Health should take a lead in raising awareness.

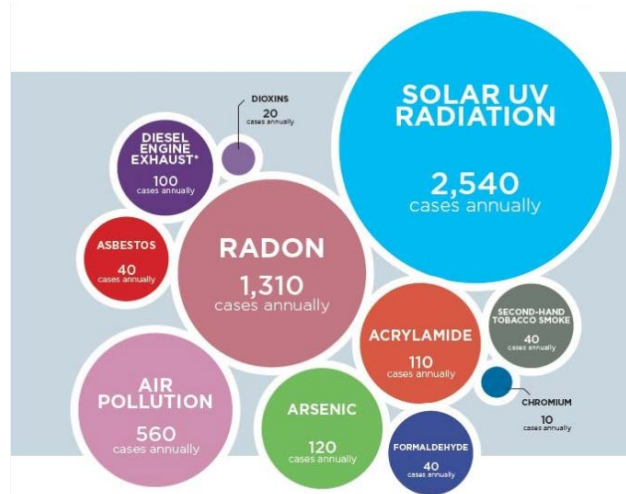
Background Health Risk:

Radon is a colourless, odourless, radioactive gas that can cause lung cancer. Radon is naturally occurring in all parts of the country and can seep into buildings such as homes, schools and offices.

Radon is responsible for more than 3,000 deaths from lung cancer per year in Canada. It is the second largest cause of lung cancer, after smoking and the number one cause in non-smokers.

Locally in Grey Bruce exposure to radon is a significant public health concern for the following reasons:

- Twenty percent (20%) of lung cancer deaths in Grey Bruce are attributed to radon exposure with a 1 in 3 risk of developing lung cancer in smokers.
- The rate of ever smokers among Grey Bruce residents exceed the provincial average by 9%
- Lung and bronchus cancer is the second most diagnosed cancer in Grey Bruce and accounts for 13% (131 people) of all new cancer diagnoses and 25% (111 people) of all cancer deaths (GBHU 2014).
- Between 2000 and 2009 there were 1,310 new cases of lung cancer and 1,113 lung cancer deaths reported in the Grey Bruce region.

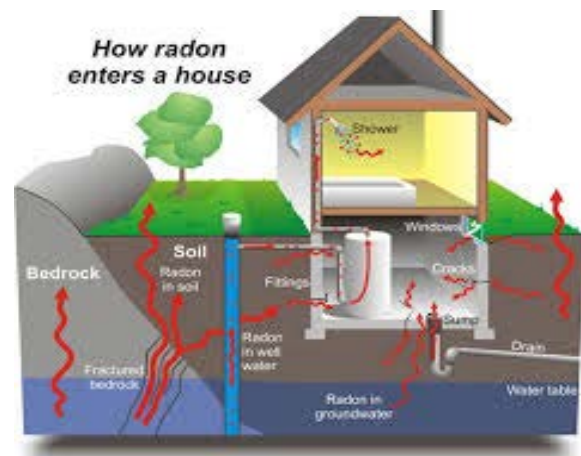


The level of risk is dependent on the concentration of radon and the duration of exposure. If radon levels in a home measure above 200 Bq/m³, non-smokers have a 1 in 20 lifetime chance of developing lung cancer.

In a 2012 survey of over 3,900 homes, Health Canada found that close to 7% of Canadians are living in households which measured radon levels higher than the recommended 200 Bq/m³ (Health Canada 2012). Of the 99 homes tested in Grey Bruce, 11.1% had radon levels above 200 Bq/m³. Since the levels of radon in one home is NOT indicative of the levels in a neighbouring home, Health Canada recommends that all homes be tested for radon.

Testing: There are two options for testing radon levels in your home. A certified radon measurement professional can be hired to conduct a test and interpret the results. Or, a simple test detection kit can be purchased from a local home building store or online. The kit is left untouched for a minimum of 3 months and testing is completed during the winter months when windows are kept closed. The kit is sent to a certified lab and results are mailed back to the homeowner.

Remediation: Remediation measures vary depending on the concentration levels and should be determined by a radon mitigation technician certified through the Canadian National Radon Proficiency Program. In general, simple measures including sealing a sump pump opening and filling cracks in the foundation often resolve radon levels to within acceptable limits. In some cases, a soil depressurization system will have to be installed to ventilate and exhaust the radon gas out of the home. Once installed, the levels of radon typically fall to negligible levels.



Legislation: Currently no legislation governs testing the level of radon in homes or public buildings. However the National Building Code specifies measures to facilitate radon mitigation in new home builds. These measures are currently voluntary in Ontario. However, a few local municipalities have been proactive and adopted these measures.

Radon Awareness Initiatives: November has been established as Radon Action Month in Canada. A few health Units in Ontario have initiated a comprehensive radon awareness campaign involving the distribution of free or reduced cost testing kits and hosting public information sessions about risks and mitigation.

Grey Bruce Health Unit Action on Radon: Starting in the month of November, the Health Unit will be initiating a media campaign to raise public awareness on Radon. This campaign will also include sending advisories to local health care providers, and distributing 300 free tests kits at nine different locations across the region.

Members of local governments have the opportunity to make the biggest contribution to our health.

Together we can build healthier communities.

Ian Arra

References

Health Canada (2012) Cross Canada Survey of Radon Concentrations in Homes.
Grey Bruce Health Unit (2017) Radon: Policy Statement

2017 YEAR-END INDICATOR SUMMARY TABLE: HEALTH PROMOTION & PROTECTION INDICATORS

Board of Health for the Grey Bruce Health Unit

October-06-17

#	Indicator	2016				2017					
		Reporting Period	Performance	Target (%)/ Monitoring/ Baseline	Performance/ Compliance Report Required	Reporting Period	Numerator	Denominator	Performance	Target (%)/ Monitoring/ Baseline	Performance/ Compliance Report Required
1.4	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	Jan 1, 2016 - Dec 31, 2016	100.0%	≥90%	NO	Jan 1, 2017 - Dec 31, 2017	-	-	-	Monitoring	TBD
1.7	% tobacco retailers inspected for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)	Jan 1, 2016 - Dec 31, 2016	100.0%	100.0%	NO	Jan 1, 2017 - Dec 31, 2017	-	-	-	Monitoring	TBD
2.1	% of high-risk food premises inspected once every 4 months while in operation	Jan 1, 2016 - Dec 31, 2016	100.0%	Monitoring	NO	Jan 1, 2017 - Dec 31, 2017	-	-	-	Monitoring	TBD
2.3	% of Class A pools inspected while in operation	Jan 1, 2016 - Dec 31, 2016	100.0%	Monitoring	NO	Jan 1, 2017 - Dec 31, 2017	-	-	-	Monitoring	TBD
3.1	% of personal services settings inspected annually	Jan 1, 2016 - Dec 31, 2016	100.0%	Monitoring	NO	Jan 1, 2017 - Dec 31, 2017	-	-	-	Monitoring	TBD
3.6	% of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines	Jan 1, 2016 - Dec 31, 2016	53.3%	Monitoring	NO	Jan 1, 2017 - Dec 31, 2017	-	-	-	Monitoring	TBD
4.1	% of HPV vaccine wasted that is stored/administered by the public health unit	Sep 1, 2015 - Aug 31, 2016	1.0%	Monitoring	NO	Sep 1, 2016 - Aug 31, 2017	-	-	-	Monitoring	TBD
4.3	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	Jan 1, 2016 - Dec 31, 2016	100.0%	100.0%	NO	Jan 1, 2017 - Dec 31, 2017	-	-	-	Monitoring	TBD
4.4	% of school-aged children who have completed immunizations for hepatitis B	As of Jun 30, 2016	77.6%	Monitoring	NO	As of Jun 30, 2017	1,067	1,509	70.7%	Monitoring	TBD
4.5	% of school-aged children who have completed immunizations for HPV	As of Jun 30, 2016	69.4%	Monitoring	NO	As of Jun 30, 2017	916	1,509	60.7%	Monitoring	TBD
4.6	% of school-aged children who have completed immunizations for meningococcus	As of Jun 30, 2016	88.0%	Monitoring	NO	As of Jun 30, 2017	1,347	1,509	89.3%	Monitoring	TBD
4.7	% of MMR vaccine wastage	Jan 1, 2016 - Dec 31, 2016	14.7%	Baseline	NO	Jan 1, 2017 - Dec 31, 2017	-	-	-	Monitoring	TBD
4.8	% of 7 or 8 year old students in compliance with the ISPA	As of Jun 30, 2016	98.8%	Baseline	NO	As of Jun 30, 2017	1,568	1,586	98.9%	Monitoring	TBD
4.9	% of 16 or 17 year old students in compliance with the ISPA	As of Jun 30, 2016	95.6%	Baseline	NO	As of Jun 30, 2017	1,308	1,376	95.1%	Monitoring	TBD
4.10	% of influenza vaccine wasted that is stored/administered by the public health unit and healthcare providers	N/A	N/A	N/A	N/A	TBD	-	-	-	Monitoring	TBD

LEGEND:

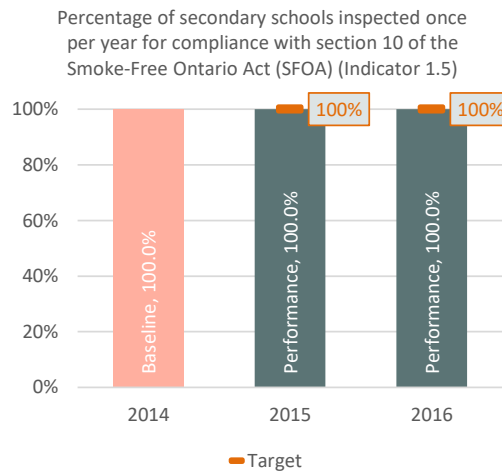
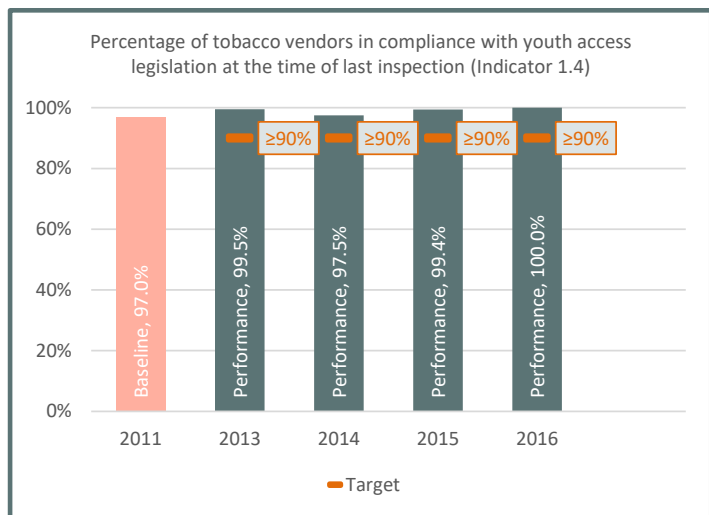
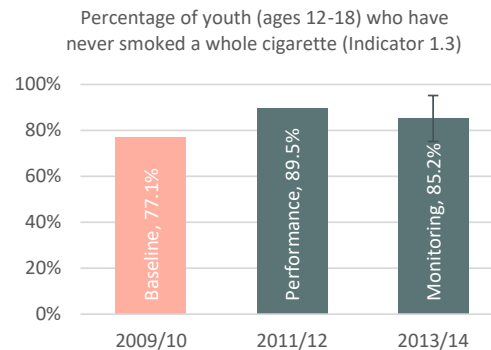
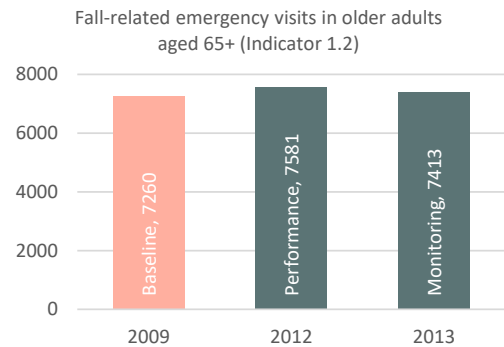
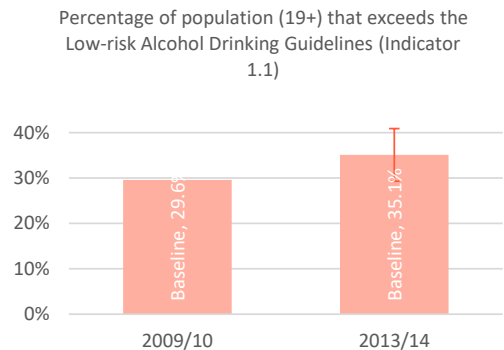
N/A Not Applicable
 -- Data not yet collected
 TBD To be determined
 UTD Unable to determine

NOTES:

Indicators 4.4, 4.5, 4.6, 4.8, and 4.9 are calculated at a point in time. The Public Health Funding and Accountability Agreement specifies the point in time "as of June 30"; however, the 2016-17 data represents results as of July 9, 2017.

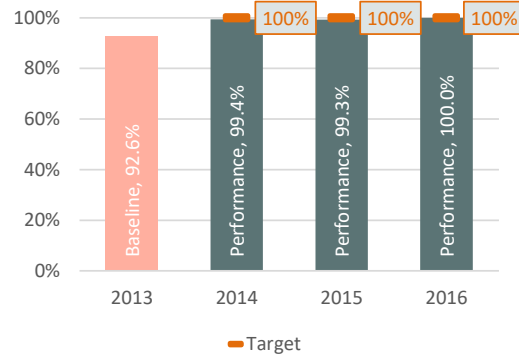
Health Promotion and Protection PHFAA Indicators

N.B.: 2017 reporting indicators are shown with a border.

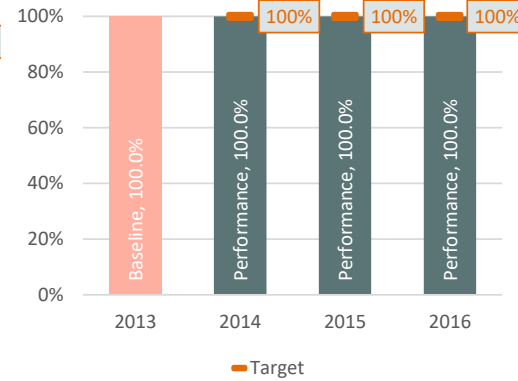


Health Promotion and Protection PHFAA Indicators

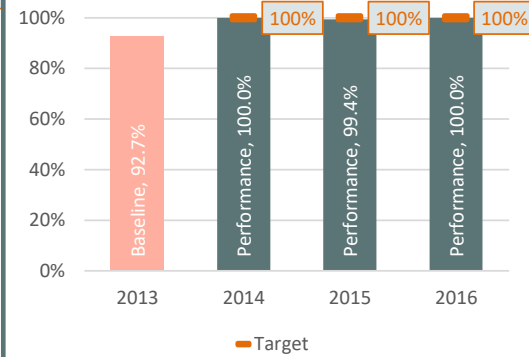
Percentage of tobacco retailers inspected for compliance with section 3 of the Smoke-free Ontario Act (SFOA) - Non-seasonal (Indicator 1.6a)



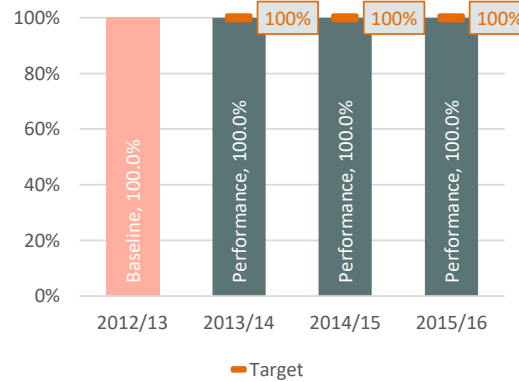
Percentage of tobacco retailers inspected for compliance with section 3 of the Smoke-free Ontario Act (SFOA) - Seasonal (Indicator 1.6b)



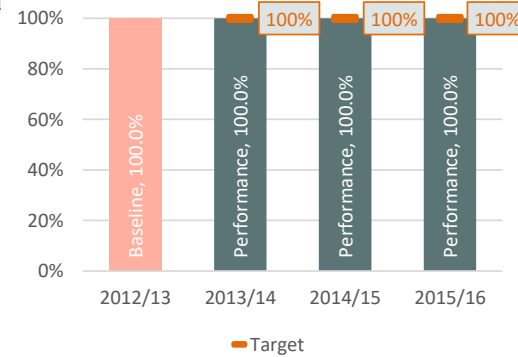
Percentage of tobacco retailers inspected for compliance with display, handling and promotion sections of the Smoke-free Ontario Act (SFOA) (Indicator 1.7)



Percentage of Oral Health Assessment and Surveillance: % of schools screened (Indicator 1.8a)



Percentage of Oral Health Assessment and Surveillance: % of all JK, SK and Grade 2 students screened in all publicly funded schools (Indicator 1.8b)



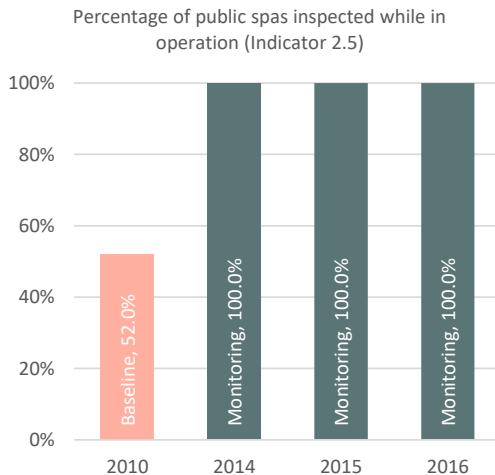
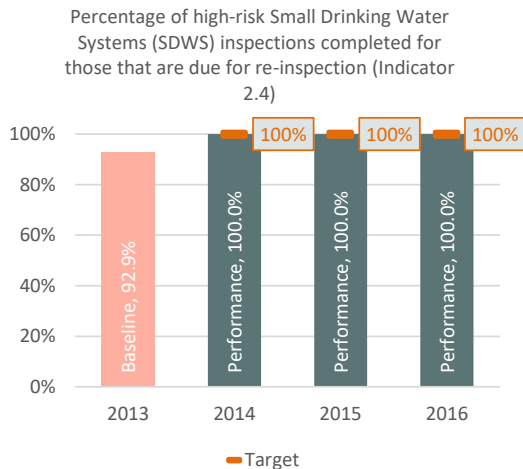
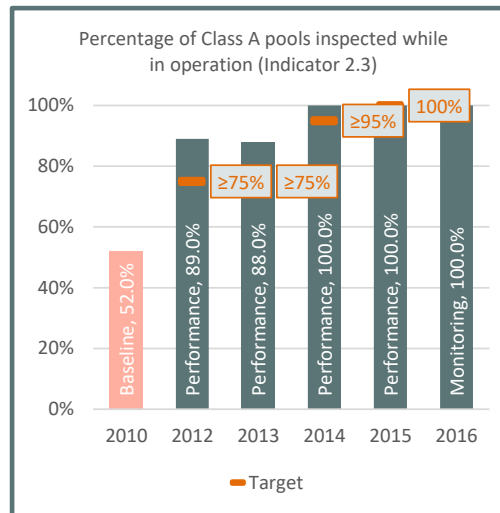
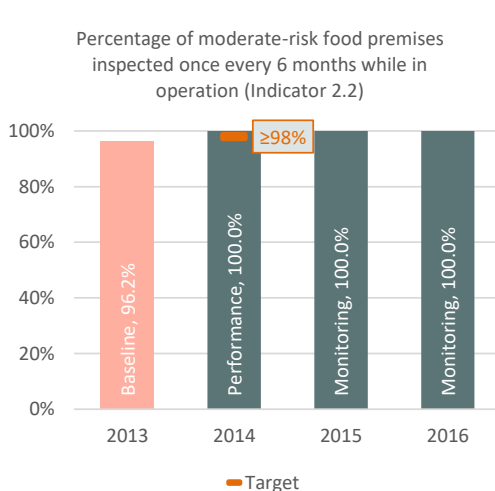
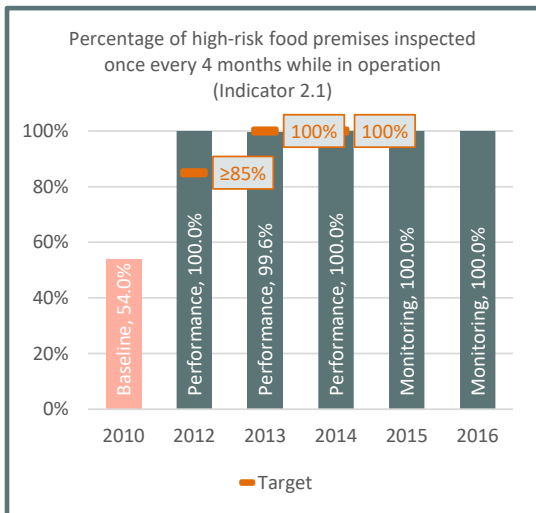
Implementation Status of NutriSTEP Preschool Screen (Indicator 1.9)

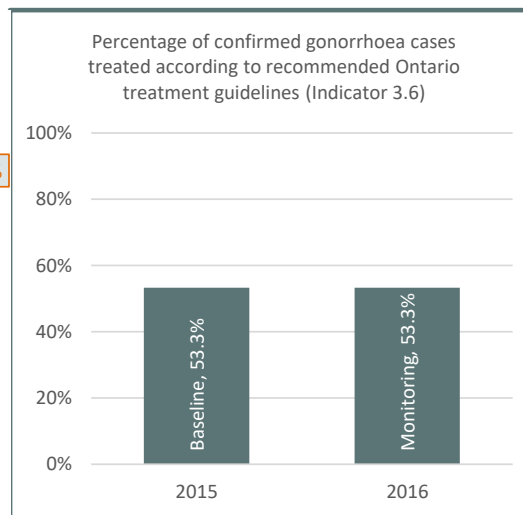
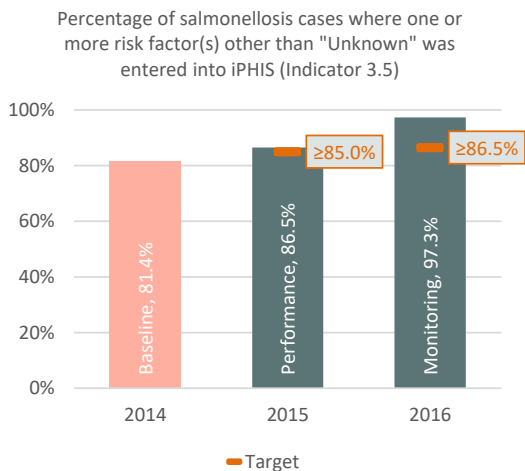
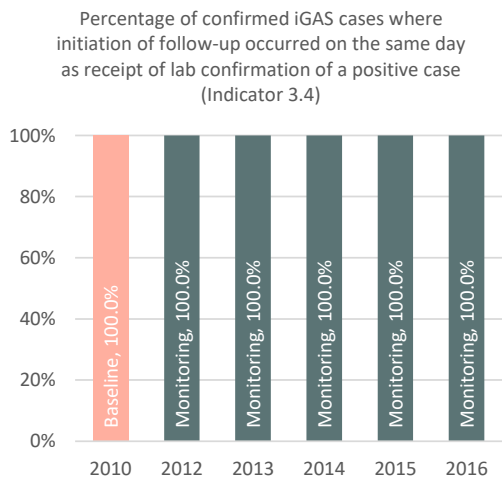
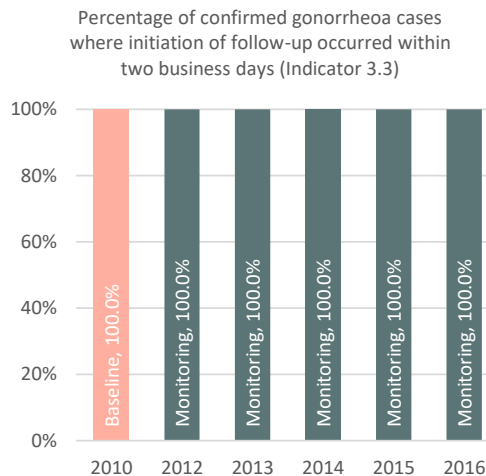
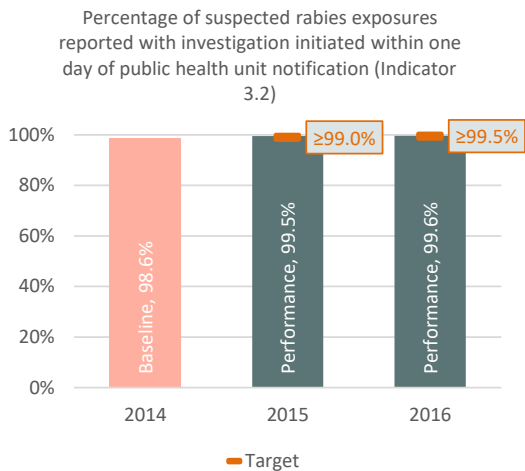
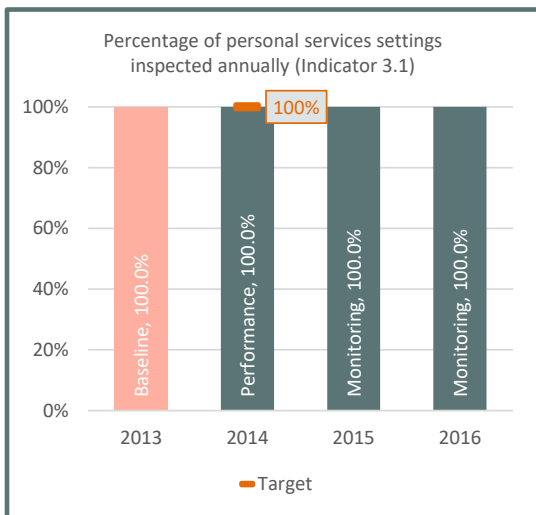
Year	Type	Performance	Target
2013	Baseline	Initiation	
2014	Performance	Intermediate	Preliminary
2015	Performance	Intermediate	Intermediate
2016	Performance	Advanced	Advanced

Baby-friendly Initiative (BFI) Status (Indicator 1.10)

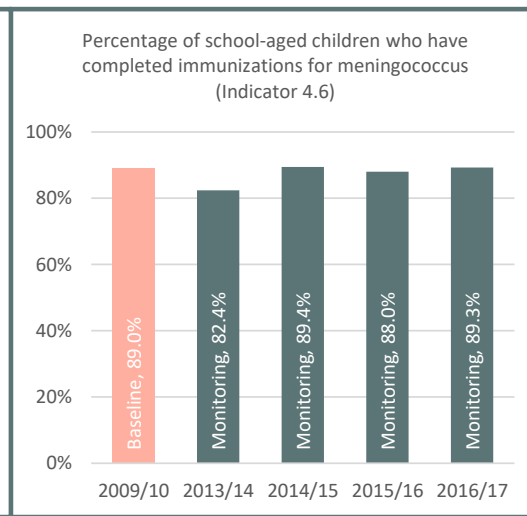
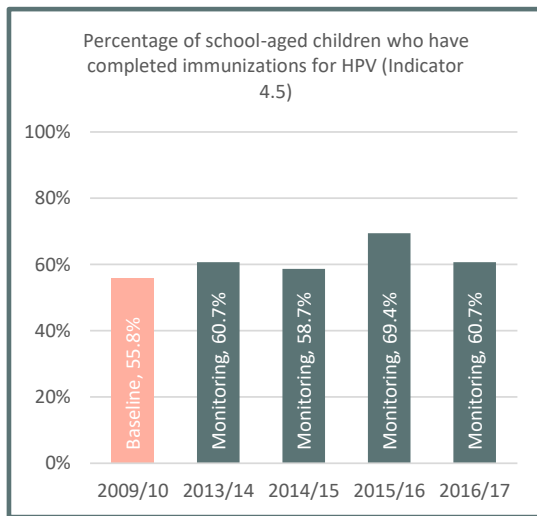
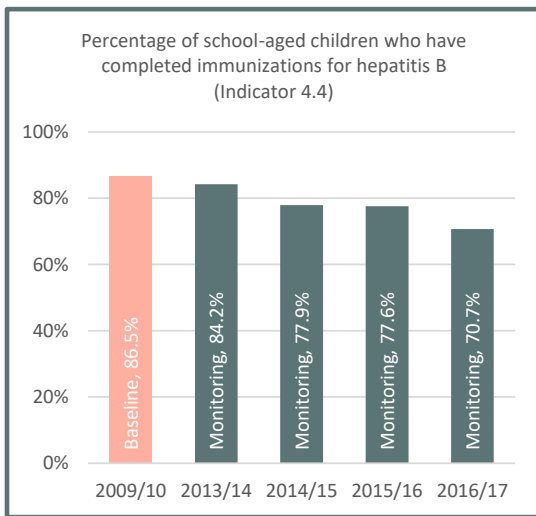
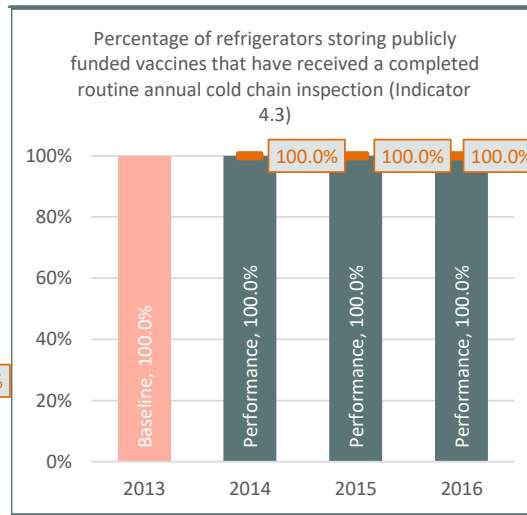
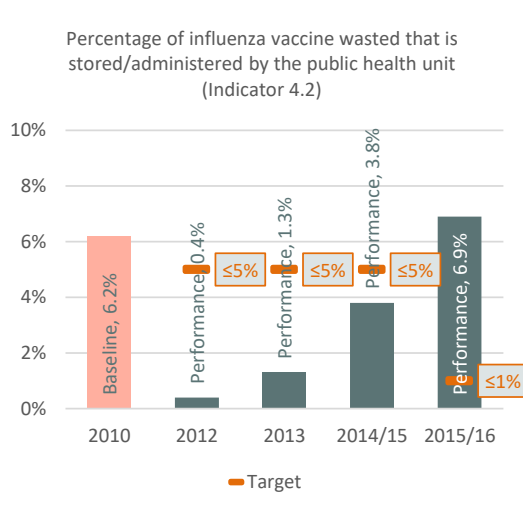
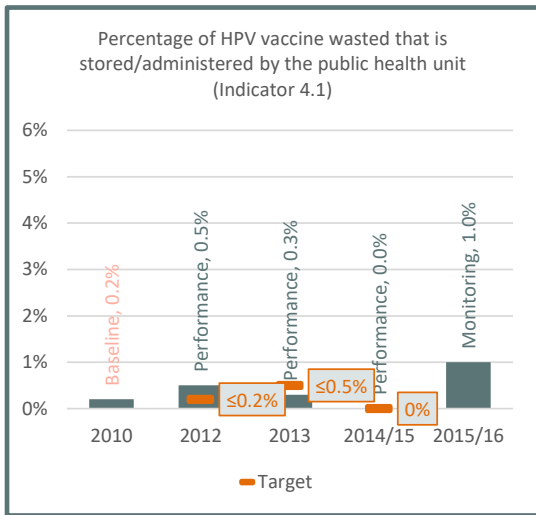
Year	Type	Performance	Target
2011	Baseline	Intermediate	
2013	Performance	Advanced	Designated
2014	Performance	Advanced	Designated
2015	Performance	Certificate of Commitment	Advanced
2016	Performance	Certificate of Commitment	Advanced

N.B.: 2017 reporting indicators are shown with a border.

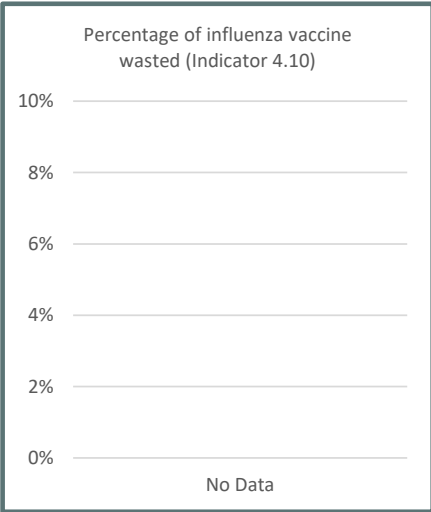
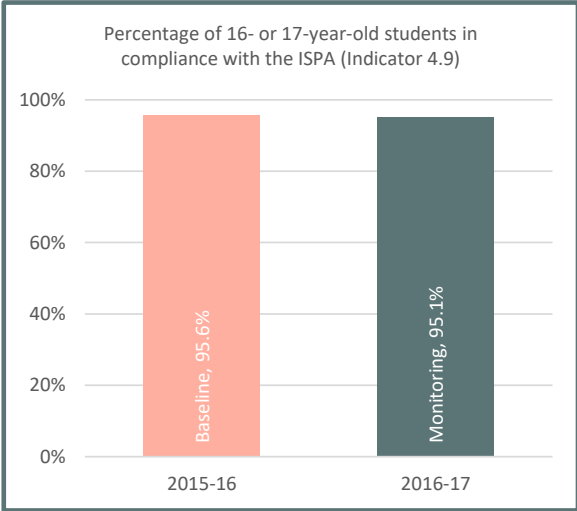
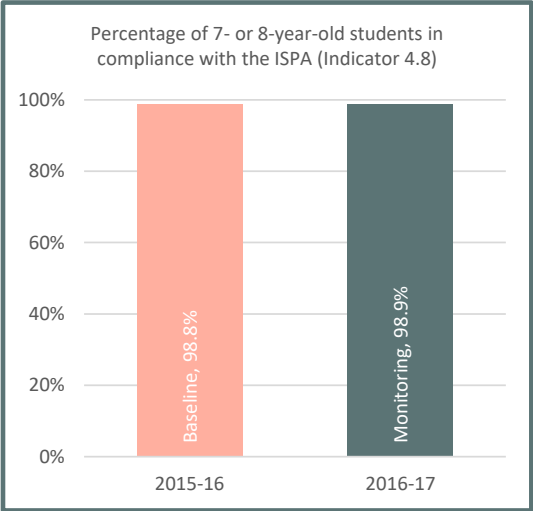
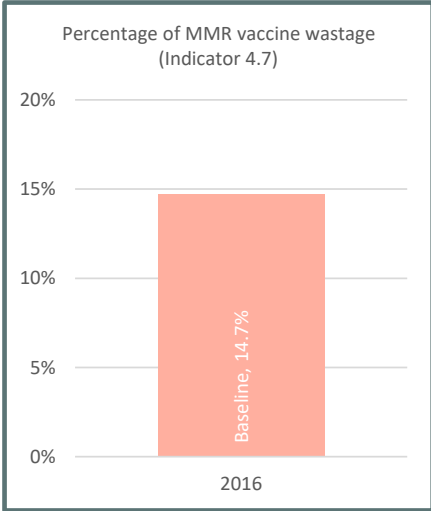




Health Promotion and Protection PHFAA Indicators



Health Promotion and Protection PHFAA Indicators





PROGRAM REPORT OCTOBER 2017

101 17TH Street East, Owen Sound, Ontario N4K 0A5

Phone: 519-376-9420 or 1-800-263-3456

WEBSITE: www.publichealthgreybruce.on.ca

Working with the Grey Bruce communities to protect and promote health

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Beach Management Protocol

The Ontario Public Health Standards require health units to reduce the risk of public beach use by implementing a beach management program. A public beach is defined as any public bathing area, owned and or operated by a municipality, to which the general public has access for recreational use of the water.

Grey Bruce Health Unit's management program consists of sampling public beaches throughout the summer for *E. coli* levels and reporting results to the public via its website and notifications to the municipality in which the beach is located.

The program was assessed this year for both consistency of application and for effectiveness in meeting the overall requirements of risk reduction. As a result of this assessment, the beach management program will be modified next year.

Emphasis on promoting user self-assessment of water quality based on real-time conditions

Sampling and reporting *E. coli* results is of limited value in determining if water is safe due to the time lag in receiving results combined with the rapidity in which water quality can change. A better approach is to provide information about the conditions that can adversely affect water quality so that the public can make informed, real-time decisions about whether to use the water. Promotion will be supported by an increase in signage at beaches, webpage/social media postings and media releases.

Beach sampling will be reduced from bi-weekly to monthly

As noted above, bacterial sampling is of limited value in assessing risk. The Standards allows for sampling to be reduced to monthly where historical data and/or other relevant information indicates water quality correlates with known variables such as rainfall.

Monthly sampling still provides sufficient annual water quality data to track conditions from year to year.

The number of beaches that are sampled will be increased

It might seem counter-intuitive to be increasing the number of beaches to be sampled while at the same time decreasing sampling frequency. However, as part of the program assessment, a review of currently un-monitored beaches was conducted. The review identified an additional five beaches that meet the same suitability criteria as our currently monitored beaches. Therefore, it was necessary to include them in order to consistently meet the monitoring requirement. Reducing sampling frequency to monthly will reduce the resource implications of adding new beaches to the roster.

Affected municipalities will be notified of these changes next month.

International Youth Day 2017 in Dundalk

On August 12, an International Youth Day celebration was held in Dundalk. The event was a collaborative effort by the South East Grey Community Health Centre, Township of Southgate, Southgate Youth Action Committee and Grey Bruce Health Unit. The event brought together about 40 youth ages 12 to 24 years and another 20 volunteers to celebrate, make connections, offer education, information and support in the promotion of youth physical health and mental health.

Activities featured a colour obstacle course where participants completed challenges at 12 stations, a barbeque, a dunk tank and a skateboard demonstration. Stations were set up by several organizations promoting health and youth engagement in the community. Public Health provided information on plain tobacco packaging through the Freeze the Industry program and promoted Healthy Smiles Ontario. Several interactive events by the South East Grey Community Health Centre promoted the Health Kids Community Challenge, *Choose to Boost Veggies and Fruit*. The Dundalk Fire Department provided information on fire safety and GO Adventures promoted outdoor physical activity.

Though it rained, it didn't dampen participants spirits. Rather, it added to the obstacle challenge and helped the colour powder stick to the t-shirts that were provided for the participants. Youth were active engaged, new connections were made and everyone had a great day!

Opioid Working Group for Grey Bruce

Public Health and other community partners including addictions and mental health services, EMS, police, physicians and local hospitals have joined together in response to the opioid crisis in Grey Bruce. The Opioid Working Group supports the development and implementation of a local overdose response plan.

One strategy undertaken by the group is in reaching out to municipal leaders to advocate for a greater role in leading harm reduction programming. Municipal leaders can:

- advocate for enhanced funding to support treatment services;
- look at harm reduction supports in communities such as sharps disposal containers, needle syringe exchange sites and naloxone sites, and;
- support calls for funding to address the root causes of addictions and mental health such as safe and supportive housing, access to transportation, etc.

Presentations are scheduled throughout the fall to 10 municipalities.

More people in Ontario die from opioid related harms than motor vehicle deaths. It is estimated that one person dies every 12 hours in Ontario from an opioid overdose.

Growing Roots of Empathy in Grey Bruce Schools

In September, a group from school boards, community partners/agencies and volunteers spent three days at the health unit becoming certified Roots of Empathy Instructors. These instructors will pilot the program within the Bruce Grey Catholic and Bluewater District School Boards, and the Kikendaasogamig Elementary School. Across Canada, school boards are choosing Roots of Empathy to enhance their Mental Health and Well-Being focus including bullying prevention, character education, inclusion and parent engagement.

Roots of Empathy is an evidence-based classroom program for kindergarten to Grade 8 designed to raise levels of empathy, resulting in more respectful and caring relationships and reduced levels of bullying and aggression. Part of the success is the universal nature of the program. All students are positively engaged instead of targeting bullies or aggressive children. At the heart of the program are a neighborhood infant and parent who visit the classroom nine times over the school year. A trained Roots of Empathy Instructor coaches students to observe the baby's development and to label the baby's feelings. In this experiential learning, the baby is the "Teacher" and a lever, which the instructor uses to help children identify and reflect on their own feelings and the feelings of others. The emotional literacy taught in the program lays the foundation for safer and more caring classrooms, where children are the "Changers".

Evaluations of the program showed that Roots of Empathy children demonstrated:

- increase in social and emotional knowledge
- decrease in aggression
- increase in prosocial behaviour (e.g. sharing, helping and including)
- increase in perceptions of the classroom as a caring environment
- increased understanding of infants and parenting
- lasting results with improvements in behaviour maintained three years later

Visit www.rootsofempathy.org

