

**2024**  
Agenda Package



**Grey Bruce  
Public Health**



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# **Grey-Bruce Board of Health**

Virtual Participation

Grey Bruce Public Health Boardroom | In-Person  
101 17th Street East, Owen Sound ON N4K 0A5

**1.0** Call to Order

**2.0** Roll Call

**3.0** Amendments to Agenda

**4.0** Approval of Agenda

**Recommendation:** That the agenda be approved by the Board of Health as presented.

**5.0** Disclosure of Pecuniary Interest

**6.0** Adoption of Minutes

**6.1** Friday, May 24, 2024

**Recommendation:** That the minutes be approved by the Board of Health as presented.

**7.0** Correspondence and Media Releases

**7.1** Correspondence

**7.1.1** Letter from alpha regarding the OPHS 2024 Review

**7.2** Media Releases

**7.2.1** Public Assistance Request – Dog Bite – Saugeen Shores

**7.2.2** Public Assistance Request – Dog Bite – Kincardine

**7.2.3** Public Assistance Request – Dog Bite – Owen Sound

**7.2.4** Additional Blacklegged Tick Established Risk Area identified in Grey-Bruce following 2023 surveillance

**7.2.5** GBPH issues drug poisoning alert following series of overdoses

**7.2.6** GBPH notified of 15 opioid overdoses, including one fatal overdose, over past 10 days

**7.2.7** GBPH advising people to protect against heat-related illnesses during prolonged heat event

**7.2.8** Public Health raising awareness about preventing dog bites, negative interactions with wildlife

**Recommendation:** That the correspondence and media releases be received by the Board of Health for information.

## **8.0** Medical Officer of Health Update

- 8.1** Opioid Situation Grey Bruce (STANDING ITEM)
- 8.2** Strengthening Public Health (STANDING ITEM)
- 8.3** Monitoring Food Affordability in Grey Bruce
- 8.4** Program Report | Tobacco Cessation
- 8.5** Program Report | Vector Borne Disease and Rabies

**Recommendation:** That the Medical Officer of Health update be received by the Board of Health for information.

## **9.0** Corporate Services

- 9.1** Financial Report | April 2024
- 9.2** RBC SWAP Update

**Recommendation:** That the RBC Swap Update is approved, and Financial Report for April 2024 be received by the Board of Health for information.

## **10.0** Other Business

- 10.1** GBPH's ALPHA Resolution Update on Indigenous Health
- 10.2** Annual Report 2023

**Recommendation:** That the update reports be received by the Board of Health for information.

## **11.0** In-Camera

- 11.1** Adoption of In-Camera Minutes | Friday, February 23, 2024, Monday, March 18, 2024 and Friday, March 22, 2024, April 09 2024 (4 item)  
Review of In-Camera Minutes and Adoption of Said Minutes
- 11.2** Adoption Personal Matters About an Identifiable Individual, Including Municipal or Local Board Employees [s.239(2)(b)] (4 items)

# Board of Health Meeting Meeting Agenda

Arrangement for MOH Coverage as Per Policy V-515 Delegation of MOH Duties

During Parental Leave, AMOH Recruitment Update

Letters to the Board from an Identifiable Individual (2 items)

Board Evaluation Results Discussion

**11.3** Advice Subject to Solicitor-Client Privilege S. 239(2)(f) (1 item)

An Update Related to Solicitor-Client Privilege

**11.4** Third-party information supplied in confidence to the municipality, which, if disclosed, could significantly prejudice a competitive position or interfere with negotiations

[s.239(2)(i)] (1 item)

Initial Consultant Summary Update

**12.0** Adjournment



A photograph of a barn at sunset. The sky is a gradient of blue and orange. The barn is silhouetted against the bright orange sunset. The text "Previous Minutes" is overlaid in white, bold, sans-serif font.

# Previous Minutes



# Board of Health Minutes

**Date:** Friday, May 24, 2024  
**Location:** Electronic via Microsoft Teams & GBPH Boardroom (101 17th Street East, Owen Sound ON N4K 0A5)  
**Time:** 10:00 AM – 12:00 PM

**Members Present:** Ms. Sue Carleton  
Mr. Brian Milne  
Mr. Chad Richards  
Mr. Kenneth Craig  
Mr. Kevin Eccles  
Mr. Nick Saunders  
Mr. Luke Charbonneau  
Ms. Sue Paterson  
Ms. Helen-Claire Tingling  
Mr. Chris Peabody  
Ms. Beverly Wilkins

**Regrets:**  
**Also Present:** Dr. Ian Arra, Kim Rutherford  
**Special Guests:**  
**Recording Secretary:** Ms. Kaleigh Hooper

- 1.0 Call to Order**  
Chair Sue Carleton called the meeting to order at 10:01 AM  
**Carried.**
- 2.0 Roll Call**  
The roll call was called by the recording secretary. Quorum was declared.  
**Carried.**
- 3.0 Amendments to Agenda**  
None.
- 4.0 Approval of Agenda**  
Moved by: Brian Milne                                  Seconded by: Sue Paterson  
“THAT, the agenda for May 24, 2024, be approved.”  
**Carried.**
- 5.0 Disclosure of Pecuniary Interest**  
No disclosures of pecuniary interest were declared at this time.
- 6.0 Adoption of Minutes**  
6.1 Friday, April 26, 2024  
6.2 Wednesday, May 8, 2024  
  
Moved by: Kevin Eccles                                  Seconded by: Beverly Wilkins

“THAT, the minutes of the Board of Health Meeting held on Friday, April 26, 2024, be approved.”

**Carried.**

Moved by: Helen-Claire Tingling

Seconded by: Nicholas Saunders

“THAT, Board of Health Policy V-513 be approved as presented on Friday, May 24, 2024.”

In Favour – 2

Opposed - 5

**Failed.**

Moved by: Luke Charbonneau

Seconded by: Kevin Eccles

“THAT, the Board of Health adopt all policy updates that have been recommended by the Executive Committee and that Policy V-513 be referred back to staff and request a report policy governing recording all meetings open and closed. Additionally, that the Board direct staff to communicate with the Ombudsman office to receive advice and guidance on Policy V-513.”

**Carried.**

Moved by: Luke Charbonneau

Seconded by: Chad Richards

“THAT, the minutes of the Board of Health Meeting held on Wednesday, May 8, 2024, be approved.”

**Carried.**

*The Communications Coordinator joined the meeting at 10:41 AM.*

## **7.0 Correspondence and News Releases**

- 7.1 Letter from Brightshores Health System Board Chair to Grey-Bruce Board of Health Chair
- 7.2 Letter from the Township of Southgate
- 7.3 Letter from the Grey County Federation of Agriculture (GCFA) to Ontario Minister of Health, the Hon. Sylvia Hones

The Medical Officer of Health provided a summary of the correspondence.

## **7.4 Media Releases**

- 7.4.1 Public Health raising awareness of environmental issues this Earth Day

The Communications Coordinator provided a summary of the Media Releases.

*The Communications Coordinator left the meeting at 10:44 AM.*

Moved by: Brian Milne

Seconded by: Kevin Eccles

“THAT, the Board of Health receive the Correspondence & Media Release items for May 24, 2024.”

**Carried.**

## 8.0 Medical Officer of Health Update

### 8.1 Opioid Situation Grey Bruce (STANDING ITEM)

The Medical Officer of Health provided an update on the Opioid Situation for Grey Bruce. The Health Unit continues to execute the different interventions we have with the local & provincial partners.

### 8.2 Strengthening Public Health (STANDING ITEM)

Dr. Arra provided an update regarding the ministry's strengthening public health initiative. The review of the OPHS is ongoing and a survey has been provided where all health units are able to participate in to provide input on creating the next set of standards.

### 8.3 HBHC | Program Report

Dr. Arra provided a program report on the Healthy Babies Healthy Children program. The program is delivered in Grey and Bruce to support families that have newborns and especially families that are disadvantaged. The team reaches out through passive and active surveillance to identify the families in Grey and Bruce. In 2023 there was over 1200 families and 8000 interactions completed by the team.

Discussion took place regarding the birth rate in Grey and Bruce.

Moved by: Helen-Claire Tingling

Seconded by: Beverly Wilkins

"THAT, the Board of Health receive the Medical Officer of Health update for information."

**Carried.**

## 9.0 Corporate Services

### 9.1 Financial Report | March 2024

### 9.2 BDO Audit Planning Communication

The Senior Manager of Finance provided an update on the March 2024 Financial Report.

*BDO Representative Traci Smith joined the meeting at 10:57 AM.*

The BDO Representative provided a presentation on the BDO Audit Planning Communication.

Moved by: Luke Charbonneau

Seconded by: Kevin Eccles

"THAT, the Board of Health receive the Financial Report for March 2024 for information for May 24, 2024, as presented."

**Carried.**

Moved by: Sue Paterson

Seconded by:

Luke Charbonneau

“THAT, the Board of Health accept the audited statement from BDO for May 24, 2024, as presented.”

**Carried.**

## **10.0 Other Business**

10.1 2024 aPHa Resolutions for Consideration

10.2 DRAFT Grey Bruce Public Health aPHa Resolution

Dr. Arra shared that there are 2024 aPHa resolutions for Board of Health members to review. Provincial Appointee Nicholas Saunders provided information regarding his draft aPHa resolution he is seeking approval on.

The Board expressed its support, a discussion took place, and a friendly amendment was made.

Moved by: Brian Milne      Seconded by: Nicholas Saunders

“THAT, the Board of Health receives the 2024 aPHa resolutions for consideration and endorse the Grey Bruce Public Health aPHa resolution.”

**Carried.**

## **9.0 Adjournment**

By motion of Luke Charbonneau, seconded by Nicholas Saunders, that the Board of Health meeting be adjourned at 11:28 AM.

**Next Meeting:**

Friday, May 24, 2024, 10:00 AM

X

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Sue Carleton  
Chairperson

X

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Dr. Ian Arra  
Medical Officer of Health

X

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Kaleigh Hooper  
Recording Secretary





# Correspondence

# Correspondence

Item	Correspondence	Information/Previous Actions	Recommended Action
1	<p>Letter from Trudy Sachowski, Chair of aPHa (Association of Local Public Health Agencies), to Ontario Chief Medical Officer of Health Dr. Kieran Moore regarding the 2024 Ontario Public Health Standards Review.</p>	<p>This June 20, 2024, letter contains aPHa’s initial, system-level comments on the Draft Ontario Public Health Standards (OPHS), released on May 22, 2024.</p> <p>It includes comments and/or recommendations on: the draft Population Health Assessment Standard; draft Health Equity standard; draft Emergency Management standard; draft Comprehensive Health Promotion Standard; draft Immunization Standard; and draft Substance Use Prevention and Harm Reduction Standard.</p> <p>The letter notes the draft 2024 Ontario Public Health Standards are much more intensive and action-oriented than the previous 2018 OPHS and will likely take more effort and resources to achieve.</p> <p>The aPHa chair states in the letter that “although this is the preferred mode of public health work, it will take additional staff time and focus not only develop, but maintain, respectful working relationships with health sector partners, community partners, Indigenous communities and municipal officials to achieve the program outcomes while delivering successfully on the new draft requirements. We would ask that this more active, mandated OPHS work is fully considered in the upcoming public health funding review as well as annual budgetary processes.”</p>	





alPHa's members are  
the public health units  
in Ontario.

**alPHa Sections:**

Boards of Health  
Section

Council of Ontario  
Medical Officers of  
Health (COMOH)

**Affiliate  
Organizations:**

Association of Ontario  
Public Health Business  
Administrators

Association of  
Public Health  
Epidemiologists  
in Ontario

Association of  
Supervisors of Public  
Health Inspectors of  
Ontario

Health Promotion  
Ontario

Ontario Association of  
Public Health Dentistry

Ontario Association of  
Public Health Nursing  
Leaders

Ontario Dietitians in  
Public Health

June 20, 2024

Dr. Kieran Moore  
Chief Medical Officer of Health  
Ministry of Health  
Box 12, Toronto, ON M7A 1N3  
Via e-mail: [ophs.protocols.moh@ontario.ca](mailto:ophs.protocols.moh@ontario.ca)

Dear Dr. Moore:

**Re: Ontario Public Health Standards Review 2024**

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On behalf of the Association of Local Public Health Agencies (alPHa) and its Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate Associations, I am writing today to provide our initial feedback on the Draft Ontario Public Health Standards (OPHS) released on May 22, 2024. Given's alPHa's role and mandate, our comments will be at the system level as our members will be providing more detailed comments through your e-survey.

To start with, we and our members are pleased to see some of the needed systemic changes in the draft 2024 OPHS that reflect the best public health practices including:

- An emphasis on Indigenous Health, and Truth and Reconciliation, notably engagement with First Nations and other Indigenous communities;
- Greater emphasis on health equity throughout the standards;
- Emphasis on engagement of priority populations and those with lived experience; and
- An emphasis on primordial prevention in the Comprehensive Health Promotion standard/protocol.

We recognize the great work effort that has gone into updating the draft 2024 OPHS and we note a number of structural changes to the draft document itself. We see that guideline content under the draft 2024 OPHS are to be discontinued or included in existing/new protocols or reference documents. We look forward to future consultation on any revised protocols or new reference documents that are not included in this phase of the OPHS consultation process.

It was stated in the OPHS Review: Consultation Primer that Strengthening Accountability element under the Public Health Accountability Framework is not included in this phase of the OPHS consultation process. It would appear that the draft OPHS Foundational standards did not include the previous 2018 requirement for a BOH Annual Service Plan and a Budget Submission. Many use the Annual Service Plan as an organizing mechanism for program planning over the multitude of standards.

It was said at the recent alPHa conference that further engagement on the Accountability Framework would be coming shortly. It is hoped that all these streams of provincial public health work are coordinated and reviewed from a cumulative impact perspective on local public health agencies (LPHA).



With respect to the draft Population Health Assessment Standard, there are a number of recommendations we have that would improve the clarity and local ability to employ this standard effectively:

- Replace the broad references to “data” and “information” with more specific terms such as “local epidemiology” and “evidence” to better align with the standard’s requirements;
- Add in the first requirement that “the Board of Health shall have access to and use local population assessment and surveillance”. Without this clarification, LPHAs may not be able access provincial or federal population health surveillance systems, tools and products where available.
- Consider the reinstatement of the 2018 PHAS Protocol requirement that “the board of health shall produce information products to communicate population health assessment and surveillance results”. This is needed to be able to meet the requirements embedded throughout many draft program standards and needs to be stated explicitly.

The draft Health Equity standard has been greatly expanded with new elements included such as “the social and structural determinants of health”, much greater clarity on the engagement and relationship building with Indigenous Communities and Organizations, and the inclusion of a “Health in All Policies” approach in the development and promotion of health public policies. Many of our members already employ a “Health in All Policies” approach and this inclusion to the Draft 2024 OPHS is timely. It would be of great assistance that staff training and resources are made available by the province so that each LPHA does not have to search or create their own. Common language, approaches and policies would assist greatly in consistency and application in this foundational standard.

It is noted that the Draft Relationship with Indigenous Communities Protocol is still under development as the Ministry is still in the process of receiving feedback from all partners. The draft protocol is a thoughtful approach to developing and maintaining relationships with Indigenous Communities and Organizations while respecting their self-determination of which type of engagement and/or partnership they wish to have with the public health unit. Our members look forward to receiving more information in the forthcoming Relationship with Indigenous Communities Toolkit. Building staff knowledge and skills for these complex and critical activities will take time and funding to be able to do well. Additionally, Indigenous communities and representatives will also require new capacity funding to be able to engage to the degree they deem desirable.

Emergency Management now being a stand-alone standard makes sense given the last several years’ experience and learnings with the COVID-19 pandemic. It has been greatly expanded in both the Program Outcomes and its Requirements from the 2018 standard under the Foundational Standards. It is more explicit in the Board of Health’s (BOH) responsibilities in order to be fully prepared for future public health emergencies while working in coordination and collaboration with health sector and community partners, including municipal governments.

It is understood that local public health may not be able to control or manage an emergency, however need to be prepared and able to effectively respond including the mitigation of population health impacts. Now that the draft Emergency Management is outside of the Foundational Standards, it should be explicitly stated that it includes the Relationship with Indigenous Communities Protocol.

Understanding that “primordial prevention” refers to avoiding the development of health risk factors in the first place while primary prevention is about treating risk factors to prevent disease, makes the choice of this framing in the draft 2024 Comprehensive Health Promotion Standard very fitting. It would

be important to emphasize prevention at various life stages so consideration should be given to adding “primary” and “secondary” prevention with the focus on primordial prevention within the OPHS. Although many areas of health promotion strategies are listed in the first program outcome for the draft Comprehensive Health Promotion Standard, oral health is not listed even though it is expressly part of the requirements. We would ask that oral health is explicitly included in the first Program Outcome.

It truly is a comprehensive health promotion standard that incorporates the full range of public health activities to develop and implement such strategies. It is both flexible for its process design which is dependent on community needs while being quite broad in how it should be done through community partners engagement. It would be beneficial to add a direct reference to the role of public health in schools recognizing that schools are not mandated to work with public health. It needs to be recognized that collaboration, coordination and partnerships are a two-way activity.

Provincial coordination and alignment are critical between provincial ministries (i.e. Ministry of Health, Ministry of Education, Ministry of Children, Community and Social Services) in order to achieve population health objectives through systems level efficiencies and opportunities. The performance indicators for this draft Standard will need to mirror its breadth and what public health is actually accountable for as opposed to only being able to influence.

It is appreciated that new flexibility with respect to providing, in collaboration with community partners, visual health support services but not requiring the delivery of visual health support services, is provided in the draft 2024 OPHS. That said, it has been suggested by many that any reference to vision service navigation should be removed and re-leveled as there are more appropriate associations and provincial ministries that could provide this service more appropriately.

With respect to the draft 2024 Immunization Standard, there are a couple of requirements that bear high-level comments. Understand that the Immunization of School Pupils Act states that the reporting of immunization information is to the Medical Officer of Health, rather than the Board of Health. However, it is still the BOH who is the accountable body (as noted in the Consultation Primer for Specific Organizations) to ensure that all the standards are complied with so we would ask that this requirement is made consistent with your stated approach. Further, the Board of Health, and by extension all its staff including the Medical Officer of Health, must comply with all provincial legislation and regulations, therefore it is somewhat puzzling why the MOH’s compliance with the Immunization of School Pupils Act, is identified on its own.

Our remarks on the new requirement for the BOH to utilize vaccine program delivery information systems designated by the ministry is framed in the context of the forthcoming Public Health Digital Platform. We understand that the vision for this platform is to be a combination of interconnected digital products and infrastructure to streamline public health operations. Given this direction, we have the following information management system recommendations:

- All centralized data and information systems must meet provincial and local needs which will require a broad, deep and on-ongoing engagement process by the province with LPHAs, health care providers and their representative associations
- There needs to be a centralized immunization information system that all health care providers, including public health, use and that the two current distribution channels for vaccines need to be part of this centralized immunization information system
- A successful centralized immunization information systems will require full implementation funding with on-going training, resources and support

- There needs to be full discussions on data-sharing governance and data-ownership principles in order to develop a consensus-informed agreement between parties
- There needs to be centralized and integrated data-sharing, including provincial data sharing agreements such as between the Ministries of Health and Education

The draft 2024 Substance Use Prevention and Harm Reduction Standard does provide more clarity on the BOH's responsibilities with respect to the development and implementation of a comprehensive substance use strategy to reduce harms in the population served. However, it needs to be emphasized that the BOH cannot be solely responsible for providing increased access to services and supports that reduce harms associated with substance use in the Program Outcomes. Substance use services are primarily provided by the health care system which public health can influence but cannot direct. This will need to be read in concert with the new standard requirement calls for the "coordination of initiatives, programs, services, and policies with community, regional, and provincial partners to build on community assets, enhance access to and effectiveness of program and services, and promote regional harmonization".

These new requirements are particularly resource intensive and will require additional supports and human resources such as each LPHA to have a dedicated Drug Strategy Coordinator. Further there will need to be a dedicated funding model to support the remuneration and meaningful inclusion of those with lived experience into the planning, implementation and evaluation of a comprehensive substance use strategy.

The enhanced use of risk-based assessment to inform public health activities is welcome. Members would like this expanded to include inspection frequencies for recreational water (spas/pools/etc.) and low-risk food safety inspections. It is also suggested that beach water sampling could be removed as a public health responsibility given the risk analysis related to the burden of disease. There are a number of new requirements in the draft 2024 OPHS to regional harmonization, provincial coordination and strengthening collective action. A key question that arises is whether this coordination and regional harmonization be driven by the province or will it be driven by each BOH dependent on its population health assessment and surveillance data? Prior to the draft 2024 OPHS being finalized, it would be prudent to consider this together in better detail to make sure that there is agreed-upon alignment with respect to both local and provincial expectations.

An overall observation is that the draft 2024 Ontario Public Health Standards are much more intensive and action-oriented than the previous 2018 OPHS. They are likely to take more effort and resources from our members' staff to achieve. The few 2018 OPHS activities that have been removed do not balance with the greater work intensity and workload observed in the draft 2024 OPHS. The draft 2024 OPHS directs BOH to "engage", "co-design", "collaborate" and work in partnership rather than the common direction to "consult" or "inform" in the 2018 OPHS.

Although this is the preferred mode of public health work, it will take additional staff time and focus not only to develop, but maintain, respectful working relationships with health sector partners, community partners, Indigenous communities and municipal officials to achieve the program outcomes while delivering successfully on the new draft requirements. We would ask that this more active, mandated OPHS work is fully considered in the upcoming public health funding review as well as annual budgetary processes.

In closing, we recognize that having extensive public health standards is unusual in Canada and the public we both serve benefits from having a strong foundation for the collective practice of public health

in Ontario. Thank you for the opportunity to work together to strengthen Ontario's public health system.

Yours sincerely,

A handwritten signature in blue ink that reads "Trudy". The signature is fluid and cursive, with a large loop at the beginning.

Trudy Sachowski  
alPHa Chair

**COPY:** Deborah Richardson, Deputy Minister, Ministry of Health  
Elizabeth Walker, Executive Lead, Office of the CMOH, Public Health

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHa represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.





# Media Releases



# Media Release Summary

Item	Date Sent	Title	Summary
1	May 21, 2024	<a href="#">Public Assistance Request – Dog Bite – Saugeen Shores</a>	<p>Grey Bruce Public Health requested the public’s help in identifying the owner of a dog involved in a biting incident on May 17, 2024, in Saugeen Shores.</p> <p>At about 9:15 a.m., a woman was bitten by a brown-and-white, medium-sized dog, believed to be a Springer Spaniel, while the woman was running on the boardwalk at the Southampton beach, between Adelaide Street and Chantry View Drive.</p>
2	May 22, 2024	<a href="#">Public Assistance Request – Dog Bite – Kincardine</a>	<p>Grey Bruce Public Health sought the public’s help to locate the owner of a dog that was involved in a biting incident on May 21, 2024, in Kincardine.</p> <p>At about 7 p.m., a man was bitten at the Kincardine soccer field by a tan Belgian Malinois, which was being walked on a leash by an older couple.</p>
3	May 28, 2024	<a href="#">Public Assistance Request – Dog Bite – Owen Sound</a>	<p>Grey Bruce Public Health requested the public’s help in locating the owner of a dog involved in a biting incident that took place May 25, 2024, on Owen Sound’s east side.</p> <p>At about 7:15 p.m., a teen was bitten by a large black dog at Ed Taylor Park on 12th Avenue East.</p>
4	May 30, 2024	<a href="#">Additional ‘Blacklegged Tick Established Risk Area’ identified in Grey-Bruce following 2023 surveillance</a>	<p>Grey Bruce Public Health encourages residents and visitors to take steps to prevent tick bites while outdoors, particularly in locations where ticks typically live.</p> <p>The annual reminder, which follows the return of warmer weather in Grey-Bruce, coincides with the release of Public Health Ontario’s 2024 Ontario Blacklegged Tick Established Risk Areas Map.</p> <p>The updated map includes a new ‘Estimated Risk Area’ in Grey-Bruce – a location where blacklegged ticks, which can transmit the bacteria that causes Lyme disease to people, have been identified or are known to occur and where people could encounter them. The new ‘Estimated Risk Area,’ in central Grey-Bruce, brings to four the total number of such risk areas in the two counties.</p>



# Media Release Summary

5	June 6, 2024	<a href="#">GBPH issues drug poisoning alert following series of overdoses</a>	<p>Fentanyl is the substance believed to be responsible for five of seven non-fatal drug overdoses that occurred in Grey-Bruce in the first five days of June.</p> <p>GBPH issued an overdose alert to community partners on June 3, 2024, after receiving notification of four non-fatal drug overdoses within 48 hours. A subsequent alert was issued on June 6, 2024, following reports of another three non-fatal overdoses.</p> <p>Six of the overdoses occurred in Owen Sound, while one took place in Saugeen Shores.</p> <p>A white/pink fentanyl powder was linked to one of the overdoses.</p>
6	June 11, 2024	<a href="#">GBPH notified of 15 opioid overdoses, including one fatal overdose, over past 10 days</a>	<p>Grey Bruce Public Health is advising people who use unregulated street drugs to exercise extreme caution with each dose after receiving reports of additional suspected opioid overdoses, including one fatality, in the area.</p> <p>GBPH has been notified of 14 non-fatal and one fatal overdose over the past 10 days.</p> <p>Pink/blue fentanyl is the substance believed to be responsible for the majority of the overdoses. GBPH is also observing a concerning trend of crystal meth that appears to be contaminated with opioids.</p> <p>GBPH is encouraging people who use unregulated drugs to use drug test kits in conjunction with other harm reduction strategies.</p>
7	June 17, 2024	<a href="#">GBPH advising people to protect against heat-related illnesses during prolonged heat event</a>	<p>With Grey-Bruce expected to experience a prolonged heat event for much of this week, Grey Bruce Public Health is urging residents and visitors to take steps to safeguard their health and prevent potential heat-related illnesses.</p> <p>Environment &amp; Climate Change Canada (ECCC) says daytime temperatures in the area are forecasted to reach 30 to 35°C through much of the week, with humidex values of 40 to 45°C anticipated. Overnight temperatures are expected to remain around 20 to 23°C with humidex values of 26 to 30°C.</p> <p>Anyone can develop a heat-related illness, which can include heat stroke, heat exhaustion, or heat cramps, during periods of extreme heat. Heat illnesses can develop quickly and can lead to long-term health problems and even death.</p>



# Media Release Summary

8	June 21, 2024	<a href="#">Public Health raising awareness about preventing dog bites, negative interactions with wildlife</a>	<p>As the summer weather draws more people outdoors, Grey Bruce Public Health is reminding people to always enjoy wildlife from a distance and exercise caution with unfamiliar dogs.</p> <p>Animal bites and scratches can cause painful and potentially serious injuries and infection, require medical treatment or a trip to an emergency department, and transmit a disease, such as rabies, from an infected animal to a person.</p> <p>In the spring and summer, Grey Bruce Public Health typically sees an increase in reports of people being bitten or scratched by wild animals, particularly raccoons. It's also the time of year when Public Health experiences a notable rise in dog bite incidents, prompting mandated rabies exposure investigations.</p>
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# Media Release

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May 21, 2024

## Public Assistance Request – Dog Bite – Saugeen Shores

Grey Bruce Public Health is requesting the public's assistance in identifying the owner of a dog that was involved in a biting incident on Friday, May 17, 2024, in Saugeen Shores.

At about 9:15 a.m., a woman was bitten by a brown-and-white, medium-sized dog, believed to be a Springer Spaniel, while the woman was running on the boardwalk at the Southampton beach, between Adelaide Street and Chantry View Drive.

The dog was on a leash at the time of the incident and with its owner, described as a man in his 60s to 70s with grey hair.

Grey Bruce Public Health needs to confirm the dog is not infectious with the rabies virus. By verifying the health of the dog, the victim can avoid receiving the post-exposure rabies treatment.

Anyone with information related to this incident is asked to call Grey Bruce Public Health at 519-376-9420 ext. 1331.

### For More Information:

Mustapha Abdulhameed,

Public Health Inspector.

Grey Bruce Public Health

519-376-9420 or 1-800-263-3456 ext. 1331

[m.abdulhameed@publichealthgreybruce.on.ca](mailto:m.abdulhameed@publichealthgreybruce.on.ca)

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A healthier future for all.

101 17<sup>th</sup> Street East, Owen Sound, Ontario N4K 0A5 [www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)

519-376-9420

1-800-263-3456

Fax 519-376-0605



# Media Release

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May 22, 2024

## Public Assistance Request – Dog Bite – Kincardine

Grey Bruce Public Health is requesting the public's help in locating the owner of a dog that was involved in a biting incident on Tuesday, May 21, 2024, in Kincardine.

At about 7 p.m., a man was bitten at the Kincardine soccer field by a tan Belgian Malinois, which was being walked on a leash by an older couple.

Grey Bruce Public Health needs to confirm the dog is not infectious with the rabies virus. By verifying the health of the dog, the victim can avoid receiving the post-exposure rabies treatment.

Anyone with information related to this incident is asked to call Grey Bruce Public Health at 519-376-9420 ext. 1530.

### For More Information:

Jennifer Stevenson,  
Public Health Inspector.  
Grey Bruce Public Health  
519-376-9420 or 1-800-263-3456 ext. 1530  
[J.Stevenson@publichealthgreybruce.on.ca](mailto:J.Stevenson@publichealthgreybruce.on.ca)

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Fax 519-376-0605



# Media Release

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May 28, 2024

## Public Assistance Request – Dog Bite – Owen Sound

Grey Bruce Public Health is requesting the public's help in locating the owner of a dog involved in a biting incident that took place Saturday, May 25, 2024, on Owen Sound's east side.

At about 7:15 p.m., a teen was bitten by a large black dog at Ed Taylor Park on 12<sup>th</sup> Avenue East.

The dog, believed to be named Gus, was being walked by a couple who was also walking a smaller blonde dog, possibly named Teddy. The teen had asked to pet the dog before the incident occurred.

Grey Bruce Public Health needs to confirm the dog is not infectious with the rabies virus. By verifying the health of the dog, the victim can avoid receiving the post-exposure rabies treatment.

Anyone with information related to this incident is asked to call Grey Bruce Public Health at 519-376-9420 ext. 1355.

### For more information:

Robert Reid  
Public Health Inspector  
Grey Bruce Public Health  
519-376-9420 or 1-800-263-3456 ext. 1355  
r.reid@publichealthgreybruce.on.ca

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# Media Release

May 30, 2024

## **Additional ‘Blacklegged Tick Established Risk Area’ identified in Grey-Bruce following 2023 surveillance**

Grey Bruce Public Health encourages residents and visitors to take steps to prevent tick bites while outdoors, particularly in locations where ticks typically live, such as in or near wooded or bushy areas, tall grass, or piles of leaves.

This annual reminder, which follows the return of warmer weather in Grey-Bruce, coincides with the release of Public Health Ontario’s [2024 Ontario Blacklegged Tick Established Risk Areas Map](#), formerly the Ontario Lyme Disease Map: Estimated Risk Areas.

The updated map includes a new ‘Estimated Risk Area’ in Grey-Bruce – a location where blacklegged ticks, which can transmit the bacteria that causes Lyme disease to people, have been identified or are known to occur and where people could encounter them. The new ‘Estimated Risk Area,’ in central Grey-Bruce, brings to four the total number of such risk areas in the two counties.

“It’s important to stress that these are estimated risk areas only and infective blacklegged ticks can be found pretty much anywhere in Ontario, especially if the habitat is ideal for these poppy-seed-sized arachnids. Because of this, people should take precautions to prevent tick bites whenever they’re enjoying the outdoors. Preventing tick bites is the best way to prevent Lyme disease,” says GBPH Senior Public Health Manager Andrew Barton.

Lyme disease, a relatively rare vector-borne illness in Canada, is caused by the bacterium *B. burgdorferi*, which blacklegged ticks can carry. People can get Lyme disease if an infective blacklegged tick bites and then feeds on them long enough to transmit the bacteria – in most cases, this takes at least 24 hours.

Not all blacklegged ticks carry the bacteria and not everyone who is bitten by an infective tick will develop signs and symptoms of Lyme disease.

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In 2022, there were 1,490 cases of Lyme disease throughout Ontario, which represents a rate of 9.9 cases per 100,000 people.

The updated Ontario Blacklegged Tick Estimated Risk Areas map assists Public Health Units as they conduct Lyme disease case investigations and provides primary care providers with valuable information when considering potential exposures to blacklegged tick bites.

Estimated risk areas are calculated as a 20-kilometre radius from the centre of a location where blacklegged ticks were found through drag sampling. The new estimated risk area in Grey-Bruce was established in response to the results of GBPH's 2023 tick surveillance.

The best way to prevent Lyme disease is to avoid tick bites by:

- Using bug repellent containing DEET or Icaridin;
- Wearing light-coloured clothing;
- Tucking your shirt into pants, pants into socks, and wearing closed-toe shoes;
- Walking on clear paths;
- Using a sticky roll brush to remove ticks from clothing before getting into the car;
- Showering or bathing shortly after being outdoors; and
- Checking your full body, children, gear, and pets for ticks.

[If bitten by a tick](#), remove it immediately. Information on how to remove and identify a tick can be found on Health Canada's [Lyme Disease webpage](#)

Early Lyme disease symptoms can include fever, headache, muscle/joint pain, fatigue, and a bull's-eye rash. Residents should consult a healthcare provider if experiencing these symptoms.

If caught early, Lyme disease can be effectively treated with antibiotics. Eligibility information for post-exposure prophylaxis to prevent Lyme disease is available [here](#). GBPH follows up with all residents diagnosed with Lyme disease.

**For More Information:**

To connect with the Medical Officer of Health or the program manager, please contact: Denis Langlois, Communications Co-ordinator, Grey Bruce Public Health, 519-376-9420 or 1-800-263-3456 ext. 1315, [Communications@publichealthgreybruce.on.ca](mailto:Communications@publichealthgreybruce.on.ca)



# Media Release

June 6, 2024

## GBPH issues drug poisoning alert following series of overdoses

Fentanyl is the substance believed to be responsible for five of seven non-fatal drug overdoses that occurred in Grey-Bruce in the first five days of June and prompted Grey Bruce Public Health to issue a pair of overdose alerts to the community.

GBPH issued an initial overdose alert to community partners on June 3, 2024, after receiving notification of four non-fatal drug overdoses within a 48-hour period. A subsequent alert was issued on June 6, 2024, following reports of another three non-fatal overdoses.

Six of the overdoses occurred in Owen Sound, while one took place in Saugeen Shores.

A white/pink fentanyl powder was linked to one of the overdoses.

“In light of this series of recent drug poisonings, Grey Bruce Public Health would like to reiterate the importance, for those who use unregulated street drugs, to exercise extreme caution with each and every dose,” says Monica Blair, Manager of GBPH’s Harm Reduction program.

**People who use drugs are at significant risk of overdose due to the local street drug supply containing the highly toxic drugs Fentanyl and Fentanyl analogues. Public Health advises that all street drugs should be deemed potentially fatal.**

GBPH urges people to have a sober friend with them when using drugs or to call or text the National Overdose Response Service (NORS) or use/download the BRAVE App if using alone. NORS can be reached by calling or texting 1-888-688-6677. A NORS operator will stay on the line with the person while the drug is used. In the event the person becomes unresponsive, NORS will call 911 to ensure help arrives.

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Other harm reduction recommendations include:

- Taking extra caution if mixing drugs. Mixing drugs, including alcohol, increases the risk of harm and overdose.
- Going slow. Always start with a low dose and increase slowly, especially if trying something new or restarting use.
- Using only new supplies and avoid sharing supplies. This reduces the risk of getting or passing on an infectious disease. Supplies are available at GBPH and community partners.
- Getting overdose prevention training and carrying a Naloxone kit. Naloxone is available for free at most local pharmacies and at GBPH, Monday to Friday, 8:30 a.m. to 4 p.m. No appointment or prescription is needed.

Overdose is a medical emergency. Call 911 or go to the Emergency Department. The Good Samaritan Drug Overdose Act provides protection from simple possession charges for everyone at the scene when 911 is called for an overdose.

For additional supports and services:

- Suicide Crisis Helpline: 9-8-8
- Connex Ontario: Call 1-866-531-2600 or text 247247
- Ontario Addiction Treatment Service (OATC): 519-371-0007
- Withdrawal Management/RAAM Clinic: 519-376-5666
- G&B House: 519-371-3642 ext.1580
- CMHA Grey Bruce Mental Health and Addiction Services: 519-371-3642
- Rapid Access Addiction Medicine (RAAM) Clinic: 519-376-3999
- National Overdose Response Service (NORS): 1-888-688-6677
- If unsure – call 211

**For More Information:**

To connect with the Medical Officer of Health or the program manager, please contact:  
Denis Langlois, Communications Co-ordinator,  
Grey Bruce Public Health,  
519-376-9420 or 1-800-263-3456 ext. 1315,  
[Communications@publichealthgreybruce.on.ca](mailto:Communications@publichealthgreybruce.on.ca)



# Media Release

June 11, 2024

## **GBPH notified of 15 opioid overdoses, including one fatal overdose, over past 10 days**

Grey Bruce Public Health is advising people who use unregulated street drugs to exercise extreme caution with each dose and follow critical harm reduction recommendations after receiving reports of additional suspected opioid overdoses, including one fatality, in the area.

GBPH has been notified of one fatal and two non-fatal opioid-related poisonings, all in Owen Sound, within the past 48 hours, bringing the total number of suspected overdoses to 15 over the past 10 days. Fourteen of the overdoses were non-fatal.

Pink/blue fentanyl is the substance believed to be responsible for the majority of the overdoses.

GBPH is also observing a concerning trend of crystal meth that appears to be contaminated with opioids. There have been reports of people using presumed meth and exhibiting signs of an opioid overdose, which was then temporarily reversed by naloxone.

“We would like to express our sincere condolences to the loved ones of the individual who died as a result of a recent drug poisoning in our area. Our thoughts are also with those who have been impacted by this recent series of non-fatal overdoses,” says Monica Blair, Manager of GBPH’s Harm Reduction Program.

“We are encouraging people who use unregulated drugs to use drug test kits in conjunction with other harm reduction strategies. Test kits for fentanyl, benzodiazepines, and xylazine are available from Public Health and several community partners, including Safe ‘n Sound, SOS, and the South East Grey Community Health Centre.”

GBPH has issued four opioid overdose alerts to community partners since June 1, 2024. The majority of the overdoses have taken place in Owen Sound.

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People who use drugs are at significant risk of overdose due to the local street drug supply containing the highly toxic drugs Fentanyl and Fentanyl analogues. Public Health advises that all street drugs should be deemed potentially fatal.

GBPH urges people to have a sober friend with them when using drugs or to call or text the National Overdose Response Service (NORS) or use/download the BRAVE App if using alone. NORS can be reached by calling or texting 1-888-688-6677. A NORS operator will stay on the line with the person while the drug is used. In the event the person becomes unresponsive, NORS will call 911 to ensure help arrives.

Other harm reduction recommendations include:

- Taking extra caution if mixing drugs. Mixing drugs, including alcohol, increases the risk of harm and overdose.
- Going slow. Always start with a low dose and increase slowly, especially if trying something new or restarting use.
- Using only new supplies and avoid sharing supplies. This reduces the risk of getting or passing on an infectious disease. Supplies are available at GBPH and community partners.
- Getting overdose prevention training and carrying a Naloxone kit. Naloxone is available for free at most local pharmacies and at GBPH, Monday to Friday, 8:30 a.m. to 4 p.m. No appointment or prescription is needed.

Overdose is a medical emergency. Call 911 or go to the Emergency Department. The Good Samaritan Drug Overdose Act provides protection from simple possession charges for everyone at the scene when 911 is called for an overdose.

For additional supports and services:

- Suicide Crisis Helpline: 9-8-8
- Connex Ontario: Call 1-866-531-2600 or text 247247
- Ontario Addiction Treatment Service (OATC): 519-371-0007
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- Rapid Access Addiction Medicine (RAAM) Clinic: 519-376-3999
- National Overdose Response Service (NORS): 1-888-688-6677
- If unsure – call 211

**For More Information:**

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[Communications@publichealthgreybruce.on.ca](mailto:Communications@publichealthgreybruce.on.ca)



# Media Release

June 17, 2024

## GBPH advising people to protect against heat-related illnesses during prolonged heat event

With the Grey-Bruce area expected to experience a prolonged heat event for much of this week, Grey Bruce Public Health is urging residents and visitors to take steps to safeguard their health and prevent potential heat-related illnesses.

Environment & Climate Change Canada (ECCC) issued a [Heat Warning](#) on Monday, June 17, 2024, for all of Grey-Bruce.

The federal agency says daytime temperatures in the area are forecasted to reach 30 to 35°C through much of the week, with humidex values of 40 to 45°C anticipated. Overnight temperatures are expected to remain around 20 to 23°C with humidex values of 26 to 30°C.

Heat warnings are issued by ECCC when high temperatures or humidity conditions reach a criteria established by the federal agency and provincial health authorities and are expected to pose an elevated risk of heat-related illnesses.

Anyone can develop a heat-related illness, which can include heat stroke, heat exhaustion, or heat cramps, during periods of extreme heat. Heat illnesses can develop quickly and can lead to long-term health problems and even death.

People at [higher risk](#) include:

- Older adults;
- Infants and young children;
- People with chronic illnesses, such as those impacting breathing or heart conditions;
- People who are pregnant;
- People experiencing homelessness or who live in substandard housing;
- People with disabilities or who are on certain medications;
- Newcomers to Canada; and

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- People who work, exercise, or play sports in the heat.

To stay safe during extreme heat events, residents should avoid sun exposure, limit physical activity, and drink plenty of cool liquids. Water is best.

Other ways to [reduce the risk](#) of developing a heat-related illness include:

- Wearing loose-fitting, light-colored clothing made of breathable fabric;
- Engaging in outdoor activities during cooler parts of the day;
- Taking a break from the heat by spending a few hours in a cool place, such as a cooling centre, air-conditioned building, or shaded area;
- Taking cool showers or baths;
- Blocking out the sun while indoors by closing awnings, curtains, or blinds;
- Shading yourself by wearing a wide-brimmed, breathable hat or using an umbrella; and
- Asking your health care provider or pharmacist if the medications you are taking or any health condition you may have increases your health risk in the heat and follow their recommendations.

Heat stroke is a medical emergency. Symptoms can include a high body temperature, confusion, loss of consciousness, a headache, dizziness, and nausea. If someone is experiencing heat stroke, call 911 immediately and move the person to a cool place, if possible.

GBPH is asking residents to check on loved ones and vulnerable community members during periods of extreme heat to ensure they're staying cool and hydrated.

Public Health has created an [Extreme Weather webpage](#) with additional information on the potential health impacts of extreme heat, how to respond to and protect against heat-related illnesses, and available resources, including public cooling centres in Grey-Bruce.

**For More Information:**

To connect with the Medical Officer of Health or the program manager, please contact:  
Denis Langlois, Communications Co-ordinator,  
Grey Bruce Public Health,  
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# Media Release

June 21, 2024

## Public Health raising awareness about preventing dog bites, negative interactions with wildlife

As the summer weather draws more people outdoors and the busy tourism season approaches, Grey Bruce Public Health is reminding people to always enjoy wildlife from a distance and exercise caution with unfamiliar dogs.

Animal bites and scratches can cause painful and potentially serious injuries and infection, require medical treatment or a trip to an emergency department, and transmit a disease, such as rabies, from an infected animal to a person.

“Wild animals, such as raccoons and baby skunks, may look cute and harmless, but people should resist the urge to approach, feed, handle, or care for them as doing so could pose health and injury risks,” says Senior Public Health Manager Andrew Barton.

In the spring and summer, Grey Bruce Public Health typically sees an increase in reports of people being bitten or scratched by wild animals, particularly raccoons.

It’s also the time of year when Public Health experiences a notable rise in dog bite incidents, prompting mandated rabies exposure investigations.

“In most cases, dog bite incidents can be avoided,” Barton says. “We encourage people to take steps to prevent dog bites when walking in communities or on trails or enjoying other outdoor activities in Grey-Bruce.”

GBPH conducted 592 rabies exposure investigations in 2023. About two-thirds of the investigations followed a dog bite. Just over 130 of the incidents were linked to a cat bite or scratch, while 21 of the incidents involved a human-wildlife interaction.

There were 568 rabies exposure investigations in 2022, 514 in 2021, and 520 in 2020.

Rabies is a rare, but potentially serious virus in Canada. It is usually transmitted to humans through direct contact with saliva from an infected animal, such as through a bite or, less commonly, a scratch.

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Rabies is almost always fatal in people and animals once symptoms appear. Bats, skunks, foxes, and raccoons are the [most common animals to have rabies](#) in Canada.

Human cases of rabies are very rare in Ontario, with the province's [last domestic case of human rabies occurring in 1967](#). There were 56 confirmed wildlife rabies cases in Ontario in 2023, with the vast majority involving bats. In Grey-Bruce, a bat tested positive for rabies in 2023, while the most recent case of rabies in a non-flying animal was in 2009.

Rabies can be prevented by vaccinating susceptible animals and preventing human exposure to potentially infected animals. [Immediate medical care](#) after an exposure to a potentially rabid animal can also prevent rabies.

Public Health advises residents and visitors to do the following to prevent potentially negative interactions with wildlife:

- Stay away from wild animals and always refrain from touching, petting, or handling wildlife or keeping wild animals as pets.
- Avoid feeding wild animals.
- Keep pets away from wild animals and do not let pets roam unsupervised.
- Wildlife-proof homes and yards.
- Do not disturb baby animals.
- Warn children to stay away from wild or stray animals.
- Do not trap and transport wild animals to a new location.

To prevent dog bites, GBPH advises the following:

- Always ask a dog's owner if it is OK to approach their pet, even if it's on a leash.
- Do Not approach an unfamiliar dog.
- Do not touch a dog that's eating, sleeping, or chewing a toy.
- Be mindful that sick or injured pets may bite out of fear or confusion.
- Steer clear of dogs that are loose or unattended or growling or barking.
- Stay quiet and still if an unknown dog approaches you.
- Recognize dog body language that could indicate a dog may become aggressive.

If bitten by a dog, try to get the owner's name and contact information. Confirming the dog's vaccination status can allow the person to avoid post-exposure rabies treatment.

**For More Information:**

To connect with the Medical Officer of Health or the program manager, please contact: Denis Langlois, Communications Co-ordinator, Grey Bruce Public Health, 519-376-9420 or 1-800-263-3456 ext. 1315, [Communications@publichealthgreybruce.on.ca](mailto:Communications@publichealthgreybruce.on.ca)





# MOH Update





## GREY BRUCE PUBLIC HEALTH

**TO:** The Board of Health

**FROM:** Dr. Ian Arra, Medical Officer of Health/Chief Executive Officer

**DATE:** June 28, 2024

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### **ADDENDUM: Monitoring Food Affordability in Grey Bruce**

#### **Recommendation:**

It is our recommendation that the Board of Health (BOH) receives, for information, this report, which provides data correction related to the 2023 Nutritious Food Basket Scenarios - Correction to Data Presented to the Board of Health on April 26, 2024

**Background:** Following the presentation to the Board on April 26, 2024, staff identified a data entry error in the 2023 Nutritious Food Basket Scenario results. The data entry error was in the price of one food item (frozen spinach) for one store, which was used to calculate the final food basket cost for the various scenarios in Table 1. The conclusions of the report remain unchanged.

This error was discovered while staff were completing data review for 2024 Nutritious Food Basket. The data entry error was a misplacement of a decimal point where \$2.27 was wrongly entered as \$227 for the food item, thereby distorting the calculations of the different scenarios by a range of \$31.76 for scenario 5 to \$112.76 for scenarios 1 and 2. This meant that the households in these scenarios had additional funds remaining.

#### **Actions Taken Related to Continues Quality Improvement (CQI):**

1. Staff immediately informed their manager and senior management of the error.
2. Staff recalculated each of the seven reported scenarios. There are no changes to the overarching interpretation or recommended responses to food insecurity resulting from these corrections.
3. Provided feedback to Ontario Dietitians in Public Health workgroup and advocated for the use of additional data validation tools, including additional spreadsheet formatting, protections, cell limits and flags to support data input.
4. Implement additional data verification and validation by data analyst, which includes checking for outliers and data cleaning.
5. Multi-step data review process including review by program staff and by foundational standards staff - data analysts.
6. Use of tablets at the point of costing to allow surveyors conducting the food costing to enter data themselves in real time (reduces multiple data recording errors).
7. A schedule of regular monitoring and evaluation of quality improvement initiatives.

#### **Background Related CQI:**

In 2023, staff participated in the Ontario Nutritious Food Basket Pilot to update the tools and measures used to monitor food affordability across Ontario. This pilot and assessment of our processes are examples of the Continuous Quality Improvement (CQI) process conducted by Public Health Units to work towards organizational excellence and improve the quality of our programs and services.

In Grey Bruce, surveillance was completed in 12 stores following the Ontario Nutritious Food Basket methodology. In each store, two staff independently collected prices and unit sizes for 61 food items and recorded the results on printed surveys. These results were then compared to ensure the lowest price per kg was recorded. The data was then entered into a provincially developed excel spreadsheet to determine the final food basket cost for 22 population groups.

Table 1: Monitoring Food Affordability 2023 Scenario Corrections

	Corrected Monitoring Food Affordability 2023 Scenarios			
	Monthly Income	Rent	Food Cost	Funds Remaining
Scenario 1 - 2 adults (male and female ages 31-50), 2 children (girl age 8, boy age 14); Ontario Works (OW).	\$2,800.00	\$1,257.00	\$1,192.26*	\$350.74*
Scenario 2 - 2 adults (male and female ages 31-50), 2 children (girl age 8, boy age 14).	\$9,290.00	\$1,257.00	\$1,192.26*	\$6,840.74*
Scenario 3 - 1 adult (male age 31-50); Ontario Works.	\$868.00	\$974.00	\$428.93*	-\$534.93*
Scenario 4 - 1 adult (male age 31-50); Ontario Disability Support Program (ODSP).	\$1,372.00	\$974.00	\$428.93*	-\$30.93*
Scenario 5 - 1 adult (female age 70+); income based on Old Age Security and Guaranteed Income Supplement (OAS/GIS).	\$1,996.00	\$974.00	\$308.42*	\$713.58*
Scenario 6 - 2 adults (male and female age 31-50); Ontario Disability Support Program (ODSP).	\$2,437.00	\$974.00	\$712.45*	\$750.55*
Scenario 7 - 1 adult (female age 31-50), 2 children (girl age 3, boy age 4); income is based on one minimum wage earner, 40hr/wk, \$15.50/hr (minimum wage in May 2023).	\$4,308.00	\$1,206.00	\$723.97*	\$2,378.03*

\*Values have been corrected

*This report was prepared by Jason Wepler and the dietitian team, and reviewed by Chimere Okoronkwo, Senior Public Health Manager.*





## GREY BRUCE PUBLIC HEALTH

**TO:** The Board of Health

**FROM:** Dr. Ian Arra, Medical Officer of Health/Chief Executive Officer

**DATE:** June 28, 2024

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### Tobacco Program Activities and Next Steps

#### Recommendation:

It is my recommendation that the Board of Health (BOH) receives, for information, this report, which provides an overview of the Tobacco Program activities and planned next steps for Grey-Bruce, as delivered by Grey Bruce Public Health (GBPH).

#### Key Points/Report Summary:

- One component of the GBPH tobacco cessation services delivered by one staff will be discontinued as of June 28, 2024. clients have been informed and connected with local service providers.
- GBPH continues to maintain its STOP (Smoking Treatment for Ontario Patients) program agreement with the Centre for Addiction and Mental Health, allowing trained Healthy Babies Healthy Children and School Health program nurses to access Nicotine Replacement Therapy (NRT) for their clients.
- The Tobacco Enforcement Team has partnered with school boards in Grey-Bruce and the GBPH School Health Team to implement and evaluate a new diversion program for youth who are caught smoking or vaping on school property. This pilot project aims to divert these youth away from the justice system by connecting them with their school health nurse for health promotion, education and nicotine replacement therapy, as needed. This also provides an opportunity for staff to discuss with these youth any other health and wellness concerns.
- The Ontario government has recently announced stricter rules for students caught using or carrying vapes or cigarettes. They include confiscation of the product, immediate parent involvement and more effective monitoring practices.
- The Ministry of Health and Ministry of Finance have launched a Tobacco Inspection Partnership (TIP) to create efficiencies between Smoke Free Ontario Act (SFOA) inspectors from Public Health Units and Tobacco Tax Act (TTA) inspectors from the Ministry of Finance.

#### Background:

The purpose of this report is to provide an update on tobacco cessation and enforcement activities and next steps within Grey-Bruce.

According to the 2023 Ontario Student Drug Use and Health Survey (OSDUHS), about 1 in 8 (13.4%) youth in grades 7 to 12 report using an electronic cigarette (vaping) in the past year. This is slightly down from 2021 reports of 15%, however, among those who have vaped, the majority (87%) reported vaping nicotine products. Among this same age group, 3.2% of students reported use of tobacco cigarettes, 2.1% have used a waterpipe, and 1.7% smokeless tobacco. This data demonstrates the persistency of smoking and vaping within the province.

#### **Discussion:**

#### **TOBACCO CESSATION UPDATE**

One component of the Grey Bruce Public Health's tobacco cessation service, the Cessation Program delivered by one staff will end on June 28, 2024. This decision is in line with GBPH's strategic approach to navigating the budgetary and funding pressures, while preserving essential services and mobilizing partners who can provide the same service (example, primary care, pharmacy sector). The Cessation Program, which had largely been on hold during the COVID-19 pandemic, was reinvigorated in late 2022.

Program highlights from the past two years include:

- Partnering with CAMH to offer the STOP Program to local priority populations;
- Updating Public Health's Nicotine Replacement Therapy (NRT) Medical Directive and staff training module on Brief Contact Intervention (BCI);
- Revising Public Health's policies and procedures on Substance Use Screening and Dispensing of NRT;
- Reinvigorating the Community of Practice (CoP) for Commercial Tobacco Cessation and the internal Tobacco Champions Team; and
- Representing Public Health on regional and provincial committees related to cessation work.

Since its revitalization, the Cessation Program supported 107 people through quit attempts (not including participants of the School Health and Healthy Babies Healthy Children programs). 83% of STOP participants cited daily smoking upon enrolment into the program and this number dropped to 42% at three months post-enrolment. About 39% of participants cited not smoking at all after three months of participation. At six months post-enrolment, 50% of participants cited daily smoking and 49% of participants cited not smoking at all. Overall, the program saw 11 individuals quit smoking entirely and cease their use of NRT.

Clients and partners have been informed of the changes to the Cessation Program. GBPH will maintain its STOP Program agreement with CAMH, allowing trained staff in the Healthy Babies Healthy Children and School Health programs to continue accessing NRT for their clients. The Community of Practice (CoP) mailing list will also be maintained for the time being to keep partners informed of relevant campaigns, updates, and initiatives.

#### **SCHOOL PARTNERSHIPS**

The Tobacco Enforcement Team has partnered with school boards and the GBPH School Health Team to implement and evaluate a new pilot diversion program for youth who are caught smoking or vaping on school property. This pilot project was implemented in September 2023, with the goal to divert youth from the justice system and into the health care system by connecting them with their school health

nurse for counselling and nicotine replacement therapy as needed. This also provides the opportunity for staff to discuss any other health and wellness concerns.

From September 2023 to March 31, 2024, 53 diversion referrals were sent to the school health team. Of those students referred, 85% participated in vaping education or a cessation program. 11% did not participate due to lack of attendance at school and 4% were not interested in participating beyond the initial consult (pre-contemplative stage of change). Of the 53 referrals, 56% of students self reported behaviour change. 43% said they reduced the quantity or frequency of use, made quit attempts or quit and stayed quit (< 6 months). 13% said they planned to quit. The remaining students referred either reported no behaviour change (19%), did not participate in the program (13%), or were unable to be reached for follow up (11%).

The Tobacco Enforcement program has also begun discussions with both school boards about developing more consistent approaches to enforcing the Smoke-Free Ontario Act (SFOA) on their school grounds. Recommendations have been made regarding monitoring, reporting and follow up of SFOA offences at all schools in Grey Bruce.

The Ontario government has also recently announced stronger rules related to students caught using or carrying vapes or cigarettes. Students will be required to surrender these products and parents will be notified immediately. The government also officially announced \$30 million in the 2024 Budget to install vape detectors and other security upgrades in schools. Heading into the next school year, GBPH Tobacco Enforcement and Education Officers (TEEO) will work closely with schools on implementation of these stronger and more consistent approaches to tackling this issue affecting the health of our local youth.

#### **MINISTRY OF HEALTH/MINISTRY OF FINANCE TOBACCO INSPECTION PARTNERSHIP**

The Ministry of Health and Ministry of Finance have launched a Tobacco Inspection Partnership (TIP) between Smoke Free Ontario Act (SFOA) inspectors from public health units and Tobacco Tax Act (TTA) inspectors from the Ministry of Finance. This partnership will enhance tobacco retail inspections and create efficiencies by cross-designating inspectors under certain provisions of each Act to have additional powers during routine inspections. The TIP will be implemented and evaluated in a phased approach. During Phase 1, SFOA inspectors would be able to conduct plain view seizures of unmarked cigarettes (s.29 (4) of the TTA) during routine inspections without having to make a referral to the Ministry of Finance. At the same time, TTA inspectors would be able to seize prohibited flavoured tobacco products for sale (s.9.1 of the SFOA, 2017); enforce prohibition on smoking tobacco in an enclosed workplace (s.12(2)); and enforce prohibition of sales, storage and deliveries of tobacco products in a place of automatic prohibition (s.22(4)) during routine inspections.

Although health unit participation is not mandatory in the TIP, it is strongly encouraged by the Ministry of Health and Ministry of Finance to create more efficiencies and better coordination between the ministries on tobacco inspections while reducing the burdens for businesses. Virtual training for all inspectors is planned for the fall of 2024.

#### **Financial Implications:**

There will be organizational cost savings with the conclusion of the cessation nurse role. With the continuation of the STOP program, Grey Bruce Public Health will continue to receive a free supply of NRT.

**Staffing Implications:**

The discontinuation of the cessation program will result in the reduction of one full-time nursing position.

**BOH Strategic Plan Linkage:**

This program is linked to the achievement of two BOH strategic goals. These are advancing the creation and enhancement of healthy environments, both natural and built, as well as improving health through reducing preventable diseases and injuries.

**Conclusion:**

GBPH's Tobacco Cessation, Prevention and Enforcement Programs continue to strive to decrease the burden of tobacco use for Grey-Bruce residents. Discontinuation of the cessation program will result in directing individuals who benefit from cessation counselling to other local service providers such as primary care. These individuals also will be able to access other nicotine therapy replacement supports through STOP on the Net or the Ottawa Model for Smoking Cessation. Program staff are looking forward to continuing and expanding this work through the development of strong, innovative partnerships.

*This report was prepared by Jason Wepler and Monica Blair, Public Health Managers for the Substance Use Prevention and Tobacco Enforcement Programs, and reviewed by Chimere Okoronkwo, Senior Public Health Manager.*

**References:**

1. Boak, A., Elton-Marshall, T., & Hamilton, H.A. (2022). *The well-being of Ontario students. Findings from the 2021 Ontario Student Drug Use and Health Survey (OSDUHS)*. Toronto, ON: Centre for Addiction and Mental Health.
2. Boak, A., & Hamilton, H.A. (2024). *Drug use among Ontario students, 1977-2023: Findings from the Ontario Student Drug Use and Health Survey (OSDUHS)*. Retrieved from [https://www.camh.ca/-/media/research-files/osduhs-drug-use-report\\_2023.pdf](https://www.camh.ca/-/media/research-files/osduhs-drug-use-report_2023.pdf)
3. Public Health Ontario. (2023, May 12). Smoking snapshot. PHU/LHIN (2015 to 2020). Retrieved from <https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Smoking-Status>



## GREY BRUCE PUBLIC HEALTH

**TO:** The Board of Health

**FROM:** Dr. Ian Arra, Medical Officer of Health/Chief Executive Officer

**DATE:** June 28, 2024

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### Overview of Grey Bruce Public Health's Vector Borne Disease and Rabies Programs

#### Recommendation:

It is our recommendation that the Board of Health (BOH) receives, for information, this report, which provides an overview of Grey Bruce Public Health's Vector Borne Disease program and Rabies program activities and planned next steps for Grey-Bruce.

#### Key Points/Report Summary:

- Vector Borne Disease surveillance is ongoing and is used to assess the risk from these diseases, and to provide information to clinicians to guide treatment of human health. It is also used to inform public messaging and promote risk-reducing behavior.
- The risk from West Nile Virus and Eastern Equine Encephalitis Virus remains both low to very low and relatively static in Grey-Bruce.
- The risk from tick-borne diseases (particularly Lyme disease) whilst still low, is increasing.
- The risk of acquiring rabies in Grey-Bruce remains very low.
- The number of rabies animal exposure investigations has increased in recent years. Public Health activities manage the risk following exposure and assist the public in accessing the correct care when required. The data acquired from the program assists Grey Bruce Public Health to make evidence and risk-based decisions.
- The increase in rabies animal exposure investigations does not indicate an increase in risk to the public in acquiring the disease.

#### Background

##### Vector-Borne Disease

Public Health is required to develop, implement, and maintain an integrated vector-borne disease management strategy in accordance with the Infectious Diseases Protocol. The strategy currently has two main components which are described within this report.

## **Rabies**

Public Health is required to respond to all reported cases of potential rabies exposures in accordance with the Infectious Diseases Protocol, Rabies Prevention Protocol, and Management of Potential Rabies Exposures Guideline. This report describes how that is achieved.

## **Discussion**

### **Vector-Borne Disease**

Grey Bruce Public Health's Integrated vector-borne disease management strategy currently has two main components.

Our mosquito-borne disease prevention and management strategy is centred around vector surveillance and risk assessment. We employ a Summer Student to conduct ongoing trapping of vector species throughout the summer season, and across all 17 municipalities in Grey-Bruce. Captured mosquitoes are sent to a laboratory, which conducts identification and viral testing. In 2023, 86 traps were submitted between May 15 and Sept. 25. Vectors for both West Nile Virus (WNV) [appendix 1] and Eastern Equine Encephalitis Virus (EEEV) [appendix 2] continued to be low at under 3% in each case. In addition, it was identified that bridge vectors made up approximately 19% of the total. One positive pool for WNV was identified, but no positive pools were identified for EEEV. This compares favourably with the overall Ontario figures of 306 WNV positive pools, and one EEEV positive pool. Additionally, in Ontario, there were 55 confirmed or probable human cases of WNV, 61 WNV positive birds, 6 WNV positive horses and 18 EEEV positive horses. Although the risk of locally acquired WNV or EEEV remains low, the Provincial data shows that ongoing local surveillance is an important Public Health intervention. Our 2024 activities will continue to focus on cost-effective, cross-community surveillance activities.

Our tick-borne disease prevention and management strategy is also centred around vector surveillance and risk assessment. We use information gathered from public and partner complaints and enquiries to plan our active surveillance activities. Active surveillance is conducted by "tick-dragging," a method of collecting ticks from a specific geographic area that is consistently used across Ontario. This locally acquired data is shared with the Province, which incorporates it into mapping and other tools. The map, renamed in 2024 as the Ontario Blacklegged Tick Established Risk Areas 2024 [appendix 3], shows expanded risk areas in Grey-Bruce compared to the 2023 map. This information is intended to assist health care providers in their management of tick-borne disease, although it is also a useful component of our Public Health messaging. The data clearly shows that there has been an ongoing expansion of risk areas for diseases spread by the blacklegged tick. This has increased the risk to people from diseases such as Lyme disease, anaplasmosis, babesiosis and Powassan virus. In 2023, the Grey Bruce Infectious Diseases team confirmed 8 cases of Lyme Disease in people in the region. Regulatory amendments in 2023 added anaplasmosis, babesiosis and Powassan virus to the list of reportable disease in humans, which should give us more epidemiological evidence to gauge the risk level in the future. Our activities in

2024 will continue to utilize data acquired from the public and partners to identify likely risk areas and conduct active surveillance at those locations.

## **Rabies**

Our epidemiological evidence shows us that the risk to humans from rabies is low (Ontario's last domestic case of human rabies occurred in 1967). Our surveillance also shows that the infection rates in wild animals is lower than it has historically been, with bats being the only confirmed reservoir in Grey-Bruce in the last 10 years. However, because rabies is almost 100% fatal if left untreated, it continues to be a disease of concern.

The pattern of disease is well understood in animals, allowing Public Health to assess the risk from an animal exposure. For most investigations, Public Health Inspectors (PHIs) can manage the risk by ensuring that the animal that caused the exposure is still healthy at the end of a confinement period. The animal owner nearly always conducts the animal confinement. This, combined with the use of Rabies Immune Globulin and Vaccine when required, is effective at managing the risk from potential exposures and preventing the disease in people.

At the time of writing (mid-June), Grey Bruce Public Health had received and initiated investigation into 242 rabies investigations. Given that we are only about one month into the Summer surge and not yet at the end of Q2, it is likely that we are trending at a similar level to 2023. In 2023, Grey-Bruce PHIs investigated a total of 592 potential exposures. About two-thirds of the investigations followed a dog bite. Just over 130 of the incidents were linked to a cat bite or scratch, while 21 of the incidents involved human-wildlife interaction. We do see a seasonal trend in the numbers as they are higher in the summer when people and animals are more active outside, and our population is significantly larger. In 2024, we will continue to protect the public by ensuring that the rabies program is a priority for staff resources.

## **Financial Implications:**

Whilst lab costs for the Vector-Borne Disease program increased in 2024, they remained within budgeted parameters. These programs are delivered as part of the regular work assignment. Rabies response is also part of the regular work assignment.

## **Staffing Implications:**

One Public Health Inspector leads the planning and implementation of the Vector-Borne Disease program, with support from other area Public Health Inspectors as required. The bulk of staff time for mosquito trapping is spent by the Summer Student. Staff time for the Rabies program is spread between the areas' Public Health Inspectors, and Program Assistant. As Animal Exposure investigations are treated as a priority, an increase in number of investigations or complexity of investigations does reduce the time available for other program areas.

**BOH Strategic Plan Linkage:**

This program is primarily linked to the achievement of the Community Focus strategic goal. It also supports the Determinants of Health and Equity goal.

**Conclusion:**

The surveillance and investigation activities conducted as part of the Vector Borne Disease and Rabies programs are foundational pieces of Health Protection that exist to ensure the health of the public is maintained.

*This report was prepared and reviewed by Andrew Barton, Senior Public Health Manager.*

**Appendix**

1 - West Nile Virus (WNV) is a member of the flavivirus genus and belongs to the Japanese encephalitis antigenic complex of the family Flaviviridae. It can cause neurological disease and death in people. WNV is commonly found in Africa, Europe, the Middle East, North America, and West Asia. WNV is maintained in nature in a cycle involving transmission between birds and mosquitoes. Humans, horses, and other mammals can be infected.

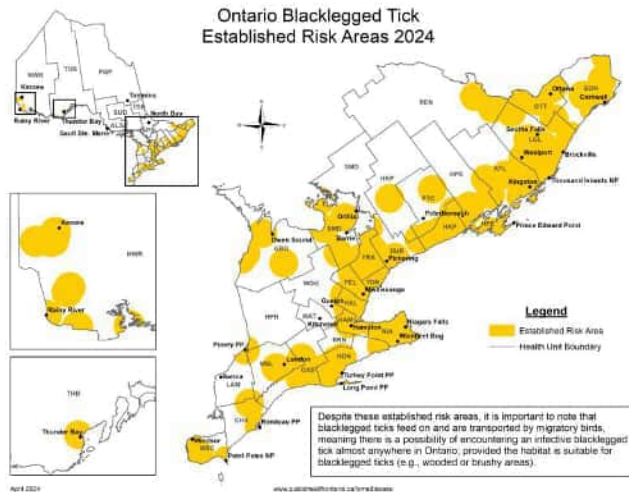
West Nile Virus (WNV) was first isolated in a woman in the West Nile district of Uganda in 1937. In 1999 a WNV circulating in Israel and Tunisia was imported in New York producing a large outbreak that spread throughout North America in the following years, arriving in southwestern Ontario in 2001.

2 - Eastern equine encephalitis virus (EEEV) is a member of the viral family Togaviridae. It is the most severe of the arboviral encephalitides and has a mortality in humans of 50 to 75 %. Symptoms of the disease include fever, headache, vomiting, respiratory symptoms, leucocytosis, dizziness, decreasing level of consciousness, tremors, seizures, and focal neurological signs. Death can occur within 3 to 5 days of infection.

EEEV was first discovered in Massachusetts in 1831. The first positive horse was discovered in Ontario in 1938, with sporadic cases occurring since.

In both WNV and EEEV mammals such as humans and horses are incidental, so called “dead-end” hosts. Mammals do not produce enough viral load to infect mosquitoes and cause further spread of the virus. The normal life cycle of both viruses is to cycle between the mosquito vectors and birds that function as viral amplifiers. Because the life cycle of mosquitos is heavily reliant on temperature, the risk from both viruses is predicted to rise as our accumulated degree-days increase as a result of climate change.





4 - Lyme disease is a vector-borne zoonotic disease caused by the bacterium *Borrelia burgdorferi*. Lyme disease occurs in stages. The signs and symptoms of each stage can overlap. In some people, Lyme disease may present in a later stage without a history of prior signs or symptoms. The most commonly reported sign of Lyme disease is an expanding skin rash that typically begins at the site of the tick bite. Other early signs and symptoms include fever, chills, fatigue, headache, swollen lymph nodes, muscle, and joint aches. If left untreated, the infection could spread to the joints, heart, and nervous system. Later symptoms of Lyme disease can appear days to months after an infected tick bite, and may include: more rashes, dizziness, severe headaches, migratory pain, arthritis, thinking and reasoning symptoms. Other later stage symptoms include nerve pain, weakness, tingling or loss of sensation in limbs, drooping of one or both sides of the face (facial paralysis or Bell's palsy), heart palpitations and an abnormal heartbeat, swelling of the brain and spinal cord and eye problems. In very rare cases, death could occur due to the complications involving an infection of the heart.



# Corporate Services



## MEMORANDUM

Date: June 28, 2024  
Report To: Board of Health  
Submitted By: Kim Rutherford, Senior Finance Manager  
Subject: April 30, 2024 Financials

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### April Financials Overview:

As of April 30, 2024, Grey Bruce Public Health had a surplus of \$215,783.

The mandatory cost-shared programs, including COVID-19 and COVID-19 Vaccine were in a surplus of \$107,000. Senior's dental had a surplus of \$99,000 and the remaining programs (RNAO, HBHC, COHI) had a cumulative surplus of \$9,000.

### Statement of Operations YTD:

#### Revenues:

Year to date funding is aligned with budgeted expectations except the one-time funding that is slightly under budget due to the IPAC Hub.

#### Expenses:

##### Salaries and Benefits:

Salaries and benefits are under budget by \$45,000. The variance between Program Management and budget and Program staff and budget has improved with the HBHC program starting its new fiscal year April 1.

##### Operating expenses:

Most operating lines continue to be under budget. GBPH renewed its annual ALPHA membership in April which is reflected in the Associations and Memberships line. Dentist and denturist fees are over budget as Senior's Dental utilizes the additional funding available to the program.

**Capital Projects:**

Flooring and painting has been completed at the new Walkerton clinic. The non-dental millwork was received in early June and installation is underway. Countertops will be installed the week of June 24<sup>th</sup>. The dental millwork installation will follow.

**Regulatory Reporting:**

2024	Due Date	Date filed / paid
April CPP, EI and Personal Tax reporting and payment	Apr 17 May 3	Apr 17 May 3
April EHT reporting and payment	May 15	May 15
April WSIB reporting and payment	May 31	May 31
April OMERS reporting and payment	May 15	May 14
May CPP, EI and Personal Tax reporting and payment	May 17 June 5	May 17 June 5
May EHT reporting and payment	June 14	June 14
May WSIB reporting and payment	June 28	June 28
May OMERS reporting and payment	June 15	June 5
IPAC Hub – 2024-25 Budget Submission	May 27, 2024	May 27, 2024
Ministry Annual Reconciliation report and Audited Financial Statements	April 30, 2024 – with extension to May 31, 2024	May 31, 2024
Health Canada – 2023-24 Statement – Children’s Oral Health Initiative	June 29, 2024	June 17, 2024

**Grey Bruce Public Health**  
**Statement of Operations - All Programs**  
**For the Month Ended April 30, 2024**

	Current Month			Fiscal Year to Date			Annual Budget
	Actual	Budget	Over/(Under)	Actual	Budget	Over/(Under)	
<b>Funding and Revenues:</b>							
Ministry of Health Cost Shared	860,622	860,621	1	3,442,482	3,442,484	(3)	10,327,452
Ministry of Health 100%	104,316	105,617	(1,301)	422,469	422,470	(0)	1,267,409
Ministry of Health One-Time	22,966	26,742	(3,776)	272,353	259,968	12,385	473,904
Grey and Bruce County	252,403	252,477	(73)	1,010,495	1,009,908	588	3,029,723
Funding - Other Government Agencies	108,480	101,314	7,166	108,480	106,245	2,235	1,216,039
Direct from Clients	138	2,520	(2,382)	7,772	10,080	(2,308)	30,659
Interest, donations and misc. income	18,728	12,305	6,423	51,188	50,220	968	150,565
<b>Total Funding and Revenues:</b>	<b>1,367,654</b>	<b>1,361,596</b>	<b>6,058</b>	<b>5,315,239</b>	<b>5,301,374</b>	<b>13,865</b>	<b>16,495,750</b>
<b>Expenses:</b>							
<b>Salaries and Benefits</b>							
Program Staff	484,353	477,173	7,180	1,826,421	1,846,050	(19,629)	5,862,208
Program Management	80,073	94,501	(14,428)	359,173	370,358	(11,185)	1,150,545
Program Support Staff	99,994	103,015	(3,021)	340,327	375,676	(35,350)	1,243,492
Administration	141,877	140,832	1,045	553,574	545,988	7,586	1,581,839
Benefits	232,200	225,619	6,581	879,231	865,396	13,834	2,660,444
<b>Total Salaries and Benefits</b>	<b>1,038,497</b>	<b>1,041,140</b>	<b>(2,643)</b>	<b>3,958,725</b>	<b>4,003,469</b>	<b>(44,744)</b>	<b>12,498,527</b>
<b>Occupancy</b>							
Building and Ground Maintenance	6,882	8,704	(1,822)	33,599	34,815	(1,216)	104,445
Maintenance Salary & Benefits	21,521	20,254	1,267	76,156	81,017	(4,861)	245,598
Internal Rent/Mortgage	91,333	91,333	-	365,333	365,333	(0)	1,096,000
External Rent	5,283	4,419	864	19,740	17,677	2,063	53,030
Utilities	10,853	11,783	(930)	39,555	47,133	(7,578)	141,400
Maintenance Supplies	154	1,542	(1,388)	6,607	6,167	440	18,500
<b>Total Occupancy</b>	<b>136,026</b>	<b>138,036</b>	<b>(2,009)</b>	<b>540,991</b>	<b>552,142</b>	<b>(11,152)</b>	<b>1,658,973</b>
<b>Operating Expenses</b>							
Accommodation	2,791	1,755	1,036	2,943	8,087	(5,144)	22,255
Associations & Memberships	15,065	2,772	12,293	19,589	11,547	8,042	33,980
Audit	3,082	3,060	22	11,777	11,616	161	36,723
Bank Charges	506	350	156	1,431	1,400	31	4,200
Board Expenses	1,669	2,008	(340)	4,232	8,033	(3,802)	24,100
Dentist and Denturist Fees	67,420	50,022	17,397	214,091	200,089	14,002	600,267
IT Equipment, Software, Support and Supplies	19,893	38,260	(18,367)	80,528	127,540	(47,012)	370,320
Furniture and Equipment	-	583	(583)	62	2,333	(2,271)	7,000
Legal and Negotiations	4,605	6,625	(2,020)	10,620	26,500	(15,880)	79,500
Liability Insurance	7,071	8,090	(1,020)	28,283	32,361	(4,078)	97,084
Materials, Supplies, PPE and Printing	11,576	26,883	(15,307)	51,532	104,209	(52,676)	323,145
Office Supplies	714	1,425	(711)	2,967	5,700	(2,733)	17,100
Inventory to be expensed at year-end	-	-	-	27,058	-	27,058	-
Postage and Courier	3,561	2,967	594	11,368	11,868	(500)	35,604
Professional Development	5,753	8,320	(2,567)	19,805	48,814	(29,009)	119,641
Public Education	-	1,788	(1,788)	-	7,153	(7,153)	21,460
Purchased Services\Consulting Fees	3,931	12,535	(8,604)	13,539	33,139	(19,600)	133,950
Telephone	6,362	6,999	(637)	22,982	27,095	(4,113)	83,985
Travel	27,593	25,685	1,908	76,036	92,037	(16,001)	312,823
Other Expenses	884	1,259	(375)	899	2,384	(1,485)	15,113
<b>Total Operating Expenses</b>	<b>182,476</b>	<b>201,387</b>	<b>(18,912)</b>	<b>599,740</b>	<b>761,905</b>	<b>(162,165)</b>	<b>2,338,249</b>
<b>Total Expenditures</b>	<b>1,356,999</b>	<b>1,380,563</b>	<b>(23,564)</b>	<b>5,099,456</b>	<b>5,317,516</b>	<b>(218,061)</b>	<b>16,495,750</b>
<b>Surplus/(Deficit)</b>	<b>10,655</b>	<b>(18,967)</b>	<b>29,622</b>	<b>215,783</b>	<b>(16,142)</b>	<b>231,925</b>	<b>0</b>

**Grey Bruce Public Health**  
**Capital Income Statement**  
**For the Month Ended April 30, 2024**

	Fiscal Year to Date			Annual Budget	Budget Remaining
	Actual	Budget	Variance Over/(Under)		
<b>Revenue</b>					
Rental Income - MOE	44,617	44,617	-	139,652	95,034
Interest	40,626	21,370	19,256	65,000	24,374
Internal Rent	365,333	365,333	-	1,096,000	730,667
<b>Total Revenue</b>	<b>450,577</b>	<b>431,321</b>	<b>19,256</b>	<b>1,300,652</b>	<b>850,075</b>
<b>Expenditures</b>					
Repairs and maintenance	-	30,000	(30,000)	90,000	90,000
Legal	898	-	898	-	(898)
Mortgage Interest	81,086	87,219	(6,133)	344,745	263,659
Mortgage Principle	166,000	168,000	(2,000)	681,000	515,000
<b>Total Expenses</b>	<b>247,984</b>	<b>285,219</b>	<b>(37,235)</b>	<b>1,115,745</b>	<b>867,761</b>
<b>Total Surplus (Deficit)</b>	<b>202,593</b>	<b>146,102</b>	<b>56,492</b>	<b>184,907</b>	<b>(17,686)</b>
<b>Opening Surplus/(Deficit)</b>	<b>2,343,819</b>				
<b>Ending Surplus/(Deficit)</b>	<b>2,546,412</b>				

Note 1:  
Mortgage payments are made quarterly with payments on the following dates:  
February 1, 2024  
May 1, 2024  
August 1, 2024  
November 2024

## Capital Projects

### Project 1

Grey Bruce Health Unit

### Ontario Senior's Dental Capital - Walkerton Clinic Renovations

For the Month Ended April 30, 2024

	Project Actuals	Estimated Cost to Complete	Total Estimated Cost	Total Budget	(Over)/Under
<b>Funding</b>					
Ministry of Health Cost Shared Prior Years	74,202	-	74,202	74,202	-
Ministry of Health Seniors Dental Prior Years	146,246	-	146,246	146,246	-
Ministry of Health One Time Funding 100%	223,927	-	223,927	241,199	17,272
Ministry of Health 2024 One Time Funding Request	-	588,573	588,573	556,403	(32,170)
<b>Total Funding</b>	<b>444,375</b>	<b>588,573</b>	<b>1,032,948</b>	<b>1,018,050</b>	<b>(14,898)</b>
<b>Expenditures</b>					
Clinic renovations (leasehold improvements)	139,764	375,741	515,505	515,505	-
Consulting Fees	180,965	47,064	228,029	215,338	(12,691)
Travel	87	-	87	-	(87)
Contingencies & Moving Costs	692	10,000	10,692	5,025	(5,667)
Furniture and Equipment	240,635	18,000	258,635	262,182	3,547
IT Equipment/Hardware	8,029	11,971	20,000	20,000	-
<b>Total Expenses</b>	<b>570,172</b>	<b>462,776</b>	<b>1,032,948</b>	<b>1,018,050</b>	<b>(14,898)</b>
<b>Project (Over)/Under</b>	<b>(125,797)</b>	<b>125,797</b>	<b>(0)</b>	<b>(0)</b>	<b>-</b>



**MEMORANDUM**

Date: June 28, 2024  
Report To: Board of Health  
Submitted By: Kim Rutherford, Senior Finance Manager  
Dr. Ian Arra, MOH/CEO  
Subject: RBC SWAP Agreements

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**Action Required:**

That the Board of Health approve the signing of the amended banking agreement for the changes made to the primary reference rate for Banker's Acceptance borrowing.

**Background:**

Grey Bruce Public Health (GBPH) entered into two interest rate swap agreements to finance the construction of the office building in 2008.

**Update to Agreements:**

On May 16, 2022, Refinitiv Benchmark Services announced that the Canadian Dollar Offered Rate (CDOR) will be discontinued on June 28, 2024. This change means that the Canadian Overnight Repo Rate Average (CORRA) will replace CDOR as the primary reference rate for Banker's Acceptance (BA) borrowings and other short-term lending products. The Bankers Acceptance is what GBPH uses in their SWAP transactions.

Financial institutions are required to transition from CDOR to CORRA for loans, deposits, and derivatives, following a regulatory mandate from the Office of the Superintendent of Financial Institutions (OSFI).

This change is part of a global move away from interbank offered rates (IBORs), such as LIBOR, due to their susceptibility to manipulation, as seen during the Global Financial Crisis. CORRA is a risk-free rate based on actual transaction data, making it a more reliable and transparent benchmark.

Borrowers using swap contracts to hedge their floating rates will need to amend their contracts to ensure consistency between the new CORRA-based rates and their hedging instruments.

**Implications:**

For GBPH there are no financial implications. Both swaps are locked in at a fixed rate and will continue to be paid and amortized at that fixed rate until maturity. This change will not result in higher financing costs for GBPH, however, an updated banking agreement needs to be signed to reflect the changes from CDOR to CORRA.



# Other Business

**TITLE:**           **Creating a Provincial Strategy for Indigenous Opioid Epidemic Supports & Funding**

**SPONSOR:**       **Grey Bruce Public Health, Board of Health**

**PREAMBLE:**     The opioid crisis continues to have profound effects on all Ontarians and Canadians and has reached critical mass in many Indigenous and non-Indigenous communities. It has become apparent that Indigenous communities have been disproportionately impacted by a lack of provincial funding for mental health and addiction support, and, compounded with healthcare systems at the local level being understaffed and overwhelmed, have little capacity or resources to support in meaningful and beneficial ways. Addiction and mental health go hand in hand, with addiction problems often veiling concealed issues of past trauma. Indigenous communities in Ontario and Canada must be provided with the appropriate funding and resources needed to create impactful, positive change for present and future generations.

**WHEREAS**         the lack of mental health and addictions funding awarded to Indigenous communities by different levels of government to aid in the opioid crisis, compounded by chronic homelessness and poverty, has resulted in a substantial and disproportionately negative impact on Indigenous people,

**AND WHEREAS** the direct and indirect impacts of the opioid crisis are often unnoticed, dismissed, or misdiagnosed by healthcare system staff when it comes to mis-categorizing mental health struggles as unimpacted by addiction.

**AND WHEREAS** Indigenous communities in Grey and Bruce counties alone have lost tens of people in the previous 5 years within an isolated population of only 750 people, meaning the opioid crisis has had a profound impact given the lack of resources and funding available to the Indigenous communities' programs.

**AND WHEREAS** the provincial and federal governments have not provided the appropriate funding, resources, and supports to Indigenous communities.

**NOW THEREFORE BE IT RESOLVED** that the Association of Local Public Health Agencies support the petitioning of both the provincial and federal governments to invest and provide adequate and immediate funding, resources, and supports to positively impact the ability of Indigenous communities to care for their populations and provide appropriate substance use supports, programs, and community-based solutions.





2023 Annual Report  
PUBLICHEALTHGREYBRUCE.ON.CA

OF THE COUNTIES OF  
GREY AND BRUCE

# GREY BRUCE PUBLIC HEALTH





**We acknowledge this territory** as an important meeting place for many Indigenous peoples spanning countless generations. We acknowledge the water, the forests, the open spaces, and the animals that roam here.

As part of our work to protect and promote health in this region, we are dedicated to learning from and engaging in meaningful dialogue and actions with our Indigenous neighbours. We acknowledge our pledge to better our relationships with the original stewards of this territory and all who call it home.

We recognize this land in the spirit of reconciliation - an intentional act that honours the history of Turtle Island and the original caretakers of this territory, now referred to as Grey and Bruce counties.





# Grey Bruce Public Health

## 2024 Board of Health



**Sue Carleton**  
Board Chair  
Grey County



**Luke Charbonneau**  
Board Vice-Chair  
Bruce County



**Kenneth Craig**  
Bruce County



**Brian Milne**  
Grey County



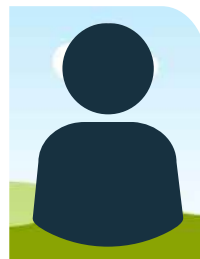
**Kevin Eccles**  
Grey County



**Sue Paterson**  
Grey County



**Chris Peabody**  
Bruce County



**Nick Saunders**  
Chippewas of Nawash  
Unceded First Nation,  
Provincial Appointee



**Helen-Claire Tingling**  
Provincial Appointee



**Chad Richards**  
Provincial Appointee



**Beverly Wilkins**  
Provincial Appointee



# From the Office of the MOH

## Dr. Ian Arra

Dear readers,

2023 was a fascinating year for us at Grey Bruce Public Health. Our staff met the challenge of recovery from the COVID-19 pandemic with open minds and hearts, diving right into the overwhelming task of catching up and adapting to a new landscape.

This past year has been a rewarding and exploratory one. Our organization, like all other public health units in the province, has been working diligently to locate critical data for vaccine backlogs, harm reduction initiatives, food insecurity reports, and so much more. We've been continuing to strengthen our relationships with partners, delivering world-class service to clients in clinics and outreach programs, and advancing our projects and strategic plans.

The return of our school health programs was such a welcome and rewarding opportunity. Providing Grey Bruce residents with dental and vision screenings, sexual health clinics in secondary schools, and updating parents on the importance of ISPA routine immunizations has contributed to a sense of normalcy we all longed for during the pandemic in the year prior. I believe the opportunity for staff and educators, parents, and students to interact in this manner enhanced our craft of protecting and promoting health.

The ongoing opioid crisis gripped much of southern and midwestern Ontario during 2023 and had many public health units striving to provide support and mobilize new resources to communities and populations in need. Working in collaboration with our Grey Bruce SOS (Supportive Outreach Services) team helped maintain a steady flow of knowledge contributing to the physical and mental well-being of many.

To say our team rose to the challenges associated with this past year is a profound understatement. I've said it many times, and I will not waver in repeating it - the team we're so fortunate to be part of, here at Grey Bruce Public Health, are among the most passionate group of professionals I've had the pleasure of calling my colleagues. It is the privilege of my career to work alongside such a talented group.

In our 2023 annual report, we've compiled a summary of our work over the past year, highlighting our many achievements, challenges, and opportunities. I am pleased to recognize the hard work of our team as we strive towards a better health for all.



**Dr. Ian Arra**  
Medical Officer of Health & CEO  
Grey Bruce Public Health



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**07** Vision, Mission, Values

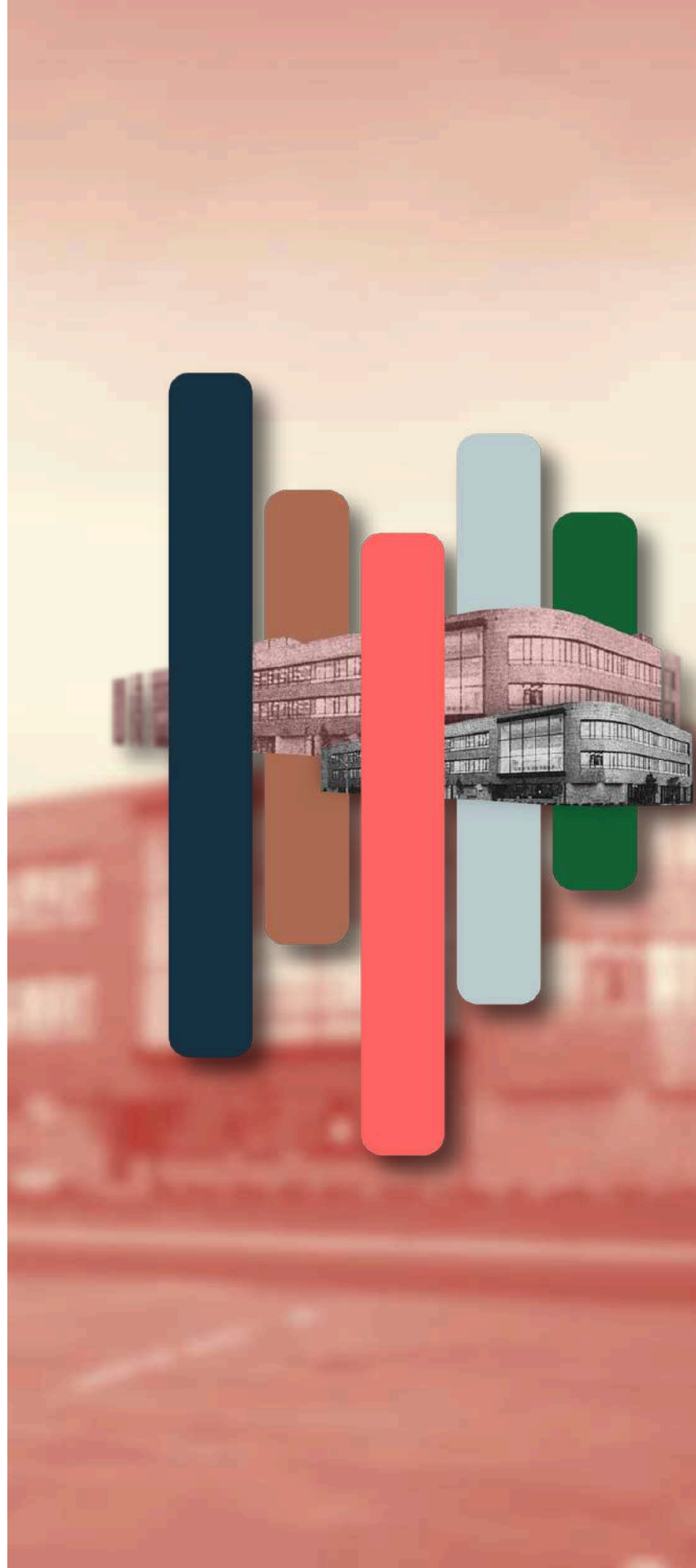
**08** Projects

**10** People

**11** Programs

**17** Partnerships

**20** Financials







Grey Bruce  
Public Health

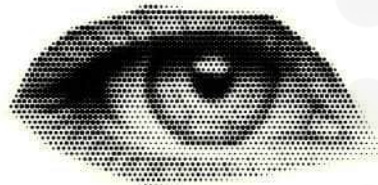
# THIS IS WHAT WE DO





# Mission

Working with Grey Bruce communities to protect and promote health.



# Vision

A healthier future for all.



# Values

Respect, Integrity, Transparency and Excellence.





# Projects

## Locally Driven Collaborative Project (LDCP)

Grey Bruce Public Health led a Locally Driven Collaborative Project, aimed at improving the understanding of and enhancing evidence-based strategies for preventing substance use and related harms among Ontario youth.

Entitled “Implementing an evidence-informed public health approach to health promotion around substance use and preventing substance-related harms among youth aged 15-24 in Ontario,” the project involved gaining an understanding of the strategies currently being used by health units and other stakeholders in Ontario to prevent teens and young adults from using substances and experiencing substance-related harms.

The project team then identified ways to improve the overall effectiveness of substance use prevention efforts and address gaps.

The goal is for the project’s findings to assist in developing and refining preventive interventions, enable better monitoring and evaluation of prevention strategies, and provide public health units and key stakeholders with the information needed to strengthen their practices and optimize outcomes in substance use prevention.

The core project team included staff from GBPH and co-applicant health units Simcoe Muskoka District Health Unit and Kingston Frontenac Lennox & Addington Public Health. Staff from Unity Health Toronto, the University of Toronto’s Dalla Lana School of Public Health, York Region Health Unit, Porcupine Health Unit, Public Health Ontario, and the Office of Ontario’s Chief Medical Officer of Health were also part of the core project team.

The study presents recommendations for improving efforts to prevent and delay substance use among youth.



# Matrix & Priority Projects

GBPH teams are engaged in **10 matrix and priority projects**, each aimed at improving the health of Grey-Bruce residents.

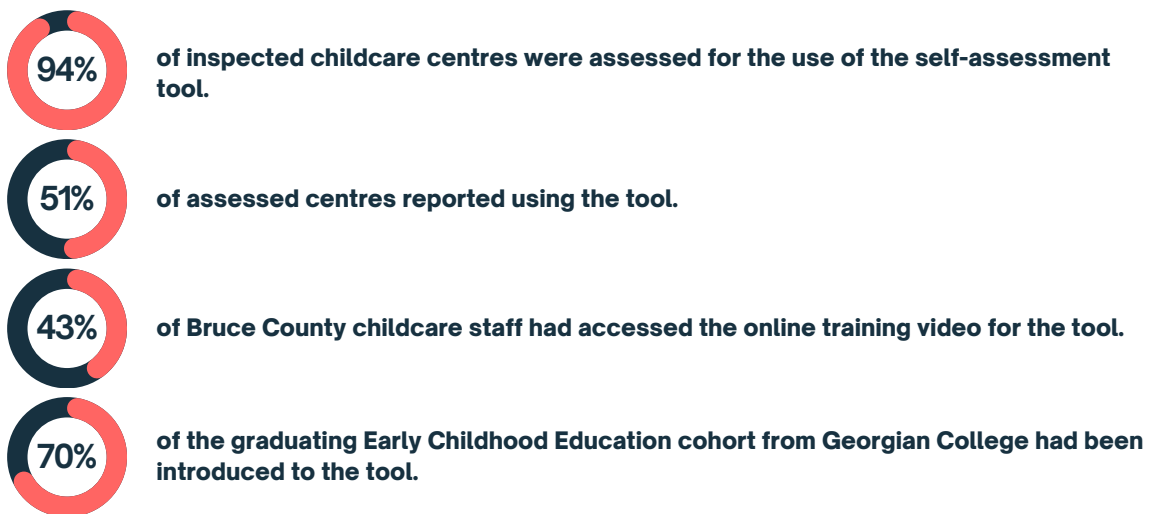
Matrix projects are undertaken by multidisciplinary teams, with members drawn from various GBPH programs. The matrix projects aim to:

- Decrease vaping rates among local students through various strategies and supports;
- Assess climate-related health risks and vulnerabilities in Grey-Bruce and, in response, develop a comprehensive public health strategy to address the identified issues, both internally and externally;
- Map and report on GBPH projects that address public health-related issues, such as mental health promotion, injury prevention, and chronic disease prevention, with interventions across the lifespan;
- Assess community need, risks, and priorities related to sexual health services and adjust programming as required, while planning for long-term program sustainability;
- Establish a GBPH Indigenous Working Group, which will guide Public Health in ensuring Indigenous knowledge, experience, and values are respected and acknowledged during the planning and implementation of projects or decision-making processes.

## Priority Projects

GBPH's Health Promotion team is undertaking a project that aims to create more supportive food environments in each of the approximately 99 licensed childcare centres in Grey-Bruce.

A Public Health Dietitian and Infectious Diseases team inspectors work together with Grey and Bruce counties to **monitor and advocate for the improved use of provincial tools to assess menu planning and supportive food environments in the childcare setting**. This collaboration increased communication and improved awareness of tools that support adherence to the nutrition recommendations in the Childcare and Early Years Act. As of Dec. 1, 2023:



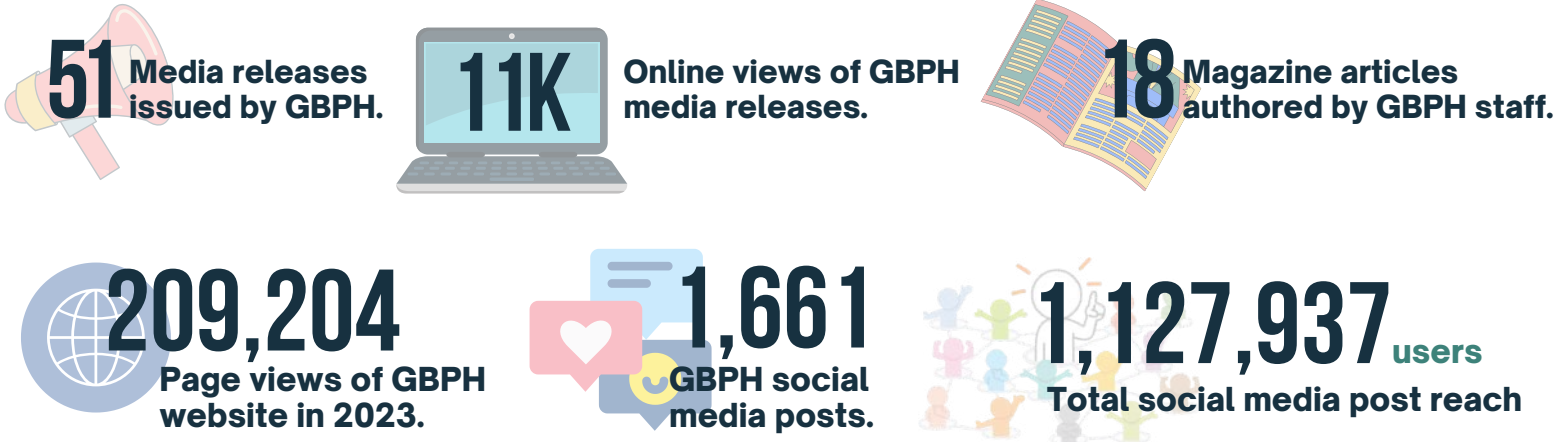
The goal for this project in 2024 is to continue monitoring the use of the tool and promote updated provincial resources to maintain a supportive food environment in childcare settings.

Other priority projects at GBPH strive to strengthen the community's response to the opioid crisis; prevent falls and related injuries across the lifespan, boost road safety, and promote active transportation; promote the Ontario Seniors' Dental Care Program in Grey-Bruce; and bolster emergency management.

# People

GBPH promotes programs and services, raises awareness of public health issues and topics, and provides training, educational materials, and other resources to people in Grey-Bruce.

This is accomplished by issuing media releases, participating in interviews with media outlets, supplying content for magazines and educational materials, utilizing social media and other online tools, offering training sessions, and attending community events. In 2023:



GBPH attended a multitude of events to engage directly with the public in 2023, including:



Camp Education Day at Neyaashinigmiing, a Saugeen First Nation Youth Centre event, a National AIDS Awareness event at Saugeen First Nation, and Truth & Reconciliation Day at Saugeen First Nation.



Coldest Night of the Year, International Overdose Awareness Day events, We Remember Them Memorial, A Night to Remember, and community barbecues and socials.



Student Welcome Week at Georgian College



Two agriculture-focused youth events – *Roots of Bruce* and *Grown in Grey* – with an interactive display that focused on illness and prevention for those in contact with farm animals.

## Client Satisfaction Survey

Effective Public Health Practice is a Foundational Ontario Public Health Standard that requires all our programs and services to ensure a culture of quality and continuous improvement. GBPH's Client Satisfaction Survey and Policy were developed in alignment with the principles of the Registered Nurses Association of Ontario's Client-Centered Care Best Practice Guideline.

In 2023, the survey was updated with our new branding, and included demographic questions as an equity approach to help us find out more about who we serve and any unique needs. A suite of communication tools was also developed to promote the survey which can be accessed electronically on the GBPH website or in hard copy as required.

Grey Bruce Public Health

publichealthgreybruce.on.ca

### Client feedback is important to us.

We use feedback to continuously improve our programs and services.

SCAN ME

Tell us about your experience by filling out our Client Satisfaction Survey.

[www.surveymonkey.com/r/GBPHSatisfaction](http://www.surveymonkey.com/r/GBPHSatisfaction)

\*Survey can be made available in alternate formats upon request.

If you would like to talk to someone about your feedback, compliment, complaint, or suggestion please contact:

**feedback@publichealthgreybruce.on.ca**  
**519-376-9420 or 1-800-263-3456**

# Programs

Protecting and promoting the health and well-being of everyone in Grey-Bruce is at the heart of what we do.

Grey Bruce Public Health's team of public health professionals manages and operates programs that support people across the lifespan – from babies who receive critical vaccines to students who access services at Student Health Centres, and from new parents who register for the Healthy Babies Healthy Children home-visiting program to eligible seniors who obtain free dental care.



## Environmental Health

The Environmental Health program conducts inspections and provides education related to food safety, recreational water, and drinking water safety, investigates animal exposure incidents, responds to indoor air quality complaints, oversees a vector-borne diseases program, and educates the public on health risks, such as radon, West Nile Virus, Lyme disease, and extreme weather.



**17** Mosquito surveillance conducted in all 17 Grey Bruce municipalities.



**109** Responded to 109 adverse water quality incidents (AWQI) in 2023.



**1,039** Routine high and moderate-risk food inspections completed in 2023.



**134** People received Certified Food Handler training in 2023, compared to 14 in 2022.



**376** Routine inspections of recreational water facilities.



## Foundational Standards

Foundational Standards underlie and support all Grey Bruce Public Health Programs to ensure they are informed by evidence, local population health data, and that they support people to reach their full potential. The team applies health equity as a foundational principle of public health practice and values that everyone has equal opportunities for health and can attain their full health potential without disadvantage due to social and ecological determinants of health. GBPH engages in partnerships and projects to address public health issues and build community capacity to reduce health inequities.



### Released numerous reports using Statistics Canada data:

- Grey Bruce Population Overview
- Grey Bruce Income Education & Labour
- Grey Bruce Households & Families
- Grey Bruce Culture



### Created many tracking dashboards

- Grey Bruce Sporadic Diseases and Sexually Transmitted Infection data dashboards
- Updated the Respiratory Infection Tracking dashboard
- Canadian Census dashboard for local municipalities and counties.





## Harm Reduction

The Harm Reduction program supports clients who use substances through a Needle Syringe Program, which provides sterile drug-use equipment, promotes the proper disposal of used equipment, and offers connections to local mental health and addiction services.

The program serves as the lead for Naloxone distribution in Grey-Bruce, providing kits and training to community partners and the public. It also provides general education and support on substance use disorders, stigma, and harm reduction strategies and implements the Grey Bruce Opioid Overdose Early Warning System to ensure rapid, co-ordinated, multi-sector responses to local opioid-related events.



**22** Needle Syringe Program sites in Grey-Bruce



**49,414** Needles returned to GBPH and partner sites for safe disposal.

\*This number does not include used needles returned to pharmacies.



**1,403** Individuals trained on administering Naloxone.



**4,176** Naloxone kits distributed in 2023:

- GBPH received 174 reports of suspected opioid-related overdoses in 2023 that required intervention from emergency services.
- Naloxone was used 111 times in incidents connected to an overdose alert and the medication successfully reversed 106 overdoses.



## Health Promotion

The Health Promotion program focuses on promoting and improving population health through initiatives related to nutrition and food systems, smoking/vaping cessation, injury and fall prevention, substance use, physical activity, mental health, built environments, and climate change.



**Public Health Dietitians utilized the Ontario Nutritious Food Basket survey tool to monitor food affordability.**

- Data on 61 food items from 12 local grocery stores was collected. The food cost for a reference family of four in Grey Bruce was \$1192.26/month in 2023.



**130** People attended GBPH-led educational sessions on preventing falls.



### Tobacco Cessation/Enforcement

- 33 of the 86 clients enrolled in the STOP program, which launched at GBPH in August. STOP, a partnership with the Centre for Addiction and Mental Health, provides people with up to 26 weeks of free quit support and Nicotine Replacement Therapy.
- 88.9% of individuals reported daily smoking upon enrollment in the local STOP program. That number dropped to 42.9% three months after enrollment.
- Tobacco Enforcement Inspectors followed up on 85 school offence reports in 2023.
- 137 tobacco vendor display/promotion inspections carried out in 2023.
- 265 youth test shopping vendor compliance inspections completed in 2023.



## Healthy Babies, Healthy Children

Healthy Babies Healthy Children is a voluntary home-visiting program designed to support families needing extra parenting support – from pregnancy until their child transitions to school.

The Healthy Growth & Development program focuses on prenatal health, positive parenting, mental health, breastfeeding, and early childhood development.



1,011

**Grey-Bruce families supported through the HBHC home-visiting program in 2023, with 8,390 client interactions recorded.**



70

**Front-line staff received breastfeeding education sessions.**



205

**Families received information related to pre-conception, pregnancy, labour and delivery, breastfeeding, and caring for their baby via a free online prenatal platform.**



## Infection Prevention & Control (IPAC)

The Grey Bruce Public Health IPAC program works with long-term care and retirement homes and congregate living organizations to support their infection prevention and control programs and practices.

The program provides IPAC-related education and training, develops IPAC programs, policies, and procedures, supports assessments and audits of IPAC programs and/or practices, provides recommendations to strengthen IPAC programs and practices, works with partners and congregate living organizations to develop outbreak management preparedness and planning, provides coaching/mentoring of IPAC services delivery within settings, supports settings to implement IPAC recommendations, and provides outbreak management supports.



478

**IPAC services provided to long-term care and retirement home, and congregate living settings.**



36

**education and networking meetings with facilities.**



**Collaborated with the VPD and Infectious Diseases teams to provide an outbreak preparedness and awareness workshop in September with attendees from across the long-term care (19), retirement home (13), and congregate living (15) sectors.**





# Infectious Disease

The Infectious Diseases program conducts case management investigations and follow-ups related to Diseases of Public Health Significance (DOPHS), manages outbreaks in and provides support to long-term care homes and other higher-risk settings, inspects childcare programs to ensure measures are in place to reduce the spread of infections and prevent outbreaks, inspects personal service settings, such as hair and nail salons and tattoo shops, to ensure compliance with infection control best practices, consults on infection control practices, and operates sexual health clinics.



# 748

**Sexual health clinic appointments at eight sites in 2023**

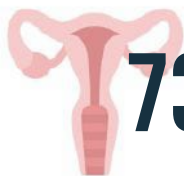
↑ Up from 200 appointments in 2022.



# 1,154

**investigations into DOPHS cases, excluding COVID-19 and influenza, in 2023, of which 664 were new confirmed cases.**

↑ up approx. 100 cases from 2022.



# 73

**Sexual health clinic appointments included cervical cancer screenings, a service introduced at GBPH clinics midway through 2023.**



# 279

**Personal service settings and 70 childcare programs inspected in 2023.**



## ID Outbreak Snapshot

The Infectious Disease team managed an extensive, complex, multi-step follow-up investigation after a staff member of a local large-scale employer tested positive for active **tuberculosis** in 2023. The person had contracted the infection while out of country.

The potentially life-threatening disease, which sickens about 10 million people around the world annually but is rare in Canada – typically affects the lungs and airways. TB is caused by a bacteria that spreads from person to person through the air when someone with lung TB coughs, sneezes, or spits.

As a result of Public Health’s investigation:

- 40 occupational exposure contacts were identified and contacted.
- Two TB skin-testing clinics were organized and held by GBPH.
- Five ID staff supported the clinics.
- 21 individuals had a TB skin test completed.
- Eight people, referred to other Health Units, had a TB skin test.
- Three positive TB skin tests confirmed. Two of the individuals followed up with their primary care providers. All three positive contacts had additional TB exposure risk factors identified.



# School Health

The School Health program engages with local school boards, schools, teachers, students, and parents to provide programs and resources that support overall student well-being.

Student Health Centres, available in all local secondary schools, offer students education and interventions related to the spread of infectious diseases, smoking/vaping cessation, and mental health. The School Health team partners with District A-9 of *Lion's Club International* and school boards to offer free in-school vision screenings for senior kindergarten students in Grey-Bruce.

The team also provides annual training as part of a Youth Mental Health and Addictions Champions (YMHAC) program, co-ordinates the local *Roots of Empathy* program, provides curriculum support, and works with school boards and schools to influence the development and implementation of health-related policies and supportive environments.



## Student Health Centres available in 11 high schools in Grey-Bruce.

- 104 students accessed Student Health Centres in 2023, with a total of 298 visits recorded.



## 88% (1,394) of eligible senior kindergarten students participated in the vision screening program in 2022-23.

- Of those screened, 40% (562) were identified with visual concerns.

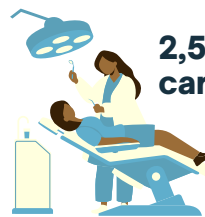


# Oral Health

The Oral Health program conducts dental screenings at all Grey-Bruce elementary schools and operates dental clinics in Owen Sound, Markdale, Wiarton, and Walkerton for children enrolled in the Healthy Smiles Ontario Program and Children's Oral Health Initiative, and seniors enrolled in the Ontario Seniors' Dental Care Program.



## 5,835 students at 87 local schools participated in the dental screening program in 2023.



## 2,522 clients received dental care at GBPH clinics in 2023.

- The team performed 508 restorations, 441 extractions, and 12 root canals and referred 114 people to a dentist for partial or complete dentures.



## 891 Grey-Bruce children enrolled in the Healthy Smiles Ontario program in 2023.



## 205 new patients enrolled in the Ontario Seniors' Dental Care Program in Grey-Bruce in 2023.



## 61 children from Saugeen First Nation and Neyaashiinigiing were screened and provided with preventative services as part of the Children's Oral Health Initiative.



# Vaccine Preventable Diseases

Vaccine Preventable Diseases (VPD) program staff administer routine and recommended vaccines, review student immunization records to ensure compliance with the Immunization of School Pupils Act (ISPA), support students in meeting ISPA requirements, hold community and ISPA vaccine clinics, manage the publicly funded vaccine inventory and programs in Grey-Bruce, ensure compliance with vaccine storage/handling guidelines, and work to improve local vaccination rates and promote the benefits of vaccination.



## 35,181

doses of COVID-19 vaccines distributed to 88 facilities through 380 orders in 2023.



## 28,680

flu doses distributed to 79 facilities through 379 orders in 2023.



## 12,778

routine vaccines were administered to 6,413 clients at 231 clinics in 2023.



## 6,000

suspension letters issued this summer to students who were not in compliance with ISPA.



## ↑ 50%

Increased ISPA compliance among junior kindergarten students from 40% to 90% in 2023.



# Partnerships

Grey Bruce Public Health partners with Indigenous communities, all levels of government, school boards, schools, agencies, organizations, local and provincial working groups, and other stakeholders to protect public health, strengthen the local response to public health-related issues, deliver services to vulnerable and high-risk clients, and foster a healthy, safe, and vibrant community.

## Indigenous Partners

GBPH values its collaborative relationship with Saugeen First Nation, the Chippewas of Nawash Unceded First Nation, the M'Wikwedong Indigenous Friendship Centre in Owen Sound, the Southwest Ontario Aboriginal Health Access Centre, and other Indigenous partners.

- At the communities' request, GBPH offers sexual health and harm reduction services at Saugeen First Nation and Neyaashiinigmiing. GBPH also holds community events and outreach activities in both communities.
- The Vaccine Preventable Diseases team works with both First Nations communities and the M'Wikwedong Indigenous Friendship Centre to increase vaccine access for Indigenous residents.
- GBPH's Oral Health team partners with Saugeen First Nation and Neyaashiinigmiing to provide dental screening and preventive services for residents up to age seven enrolled in the Children's Oral Health Initiative. The Oral Health team met with Band Administrative staff and council representatives, the Saugeen Aboriginal HBHC Coordinator, and parents/caregivers, and attended the Neyaashiinigmiing School & Daycare, G'ShawdaGawin Daycare, and Binoojiinh Gamig Daycare events to promote the COHI program and distribute oral health supplies and resources. The team collaborated with a local Indigenous artist to develop a COHI banner to help promote the program.
- GBPH worked with the Kikendaasogamig Elementary School at Neyaashiinigmiing to provide vision screening for students in a culturally appropriate way.
- GBPH is working with Indigenous partners to create a land acknowledgement short film, which will be posted to the public website and can be shown at the start of GBPH meetings and events.

## Schools & School Boards

GBPH collaborates with school boards, schools, and teachers in Grey-Bruce, along with Georgian College and other post-secondary institutions in Ontario.

- GBPH's Sexual Health and Harm Reduction teams partner with Georgian College to provide on-campus sexual health, Naloxone, and safe substance use services and education to students.
- Health Promotion staff provides physical literacy training to Early Years staff and Georgian College students.
- The Tobacco Enforcement team partners with the School Health team to divert youth caught smoking or vaping on school property from the justice system and into the healthcare system by connecting them with their school health nurse for counselling and nicotine replacement therapy as needed and providing them the opportunity to discuss any other health and wellness concerns. Since the program's inception, 32 youth have been directed to their school health nurse.
- GBPH co-ordinates the local Roots of Empathy program, delivered to elementary school children who are coached to recognize and connect with the vulnerability and humanity of a baby who visits their classroom throughout the school year with their parent(s), along with a trained Roots of Empathy instructor. GBPH recruits instructors and parents to participate in the program and collaborates with Roots of Empathy International, school boards, principals, and classroom teachers.



- GBPH partners with the Bruce Grey Catholic District School Board and Bluewater District School Board and trains teacher/adult leads to co-ordinate the Registered Nurses Association of Ontario's Youth Mental Health and Addictions Champions (YMHAC) program in Grey-Bruce. Teams of eight to 10 Youth Champions are trained in the fall at each participating school to develop and deliver peer-led mental health and anti-stigma initiatives within their schools. In the 2022-23 school year, 12 Bruce Grey Catholic and five Bluewater District schools offered the program. More than 100 peer-led mental health initiatives were delivered in Grey-Bruce schools in 2023, reaching thousands of students.
- Public Health Dietitians mentored a dietetic student from the Post-Degree Diploma in Dietetic Education and Practical Training program at Brescia University College as part of a 10-week combined Community Health and Research placement.

## Priority Populations

GBPH collaborates with partners on working groups and partners with community organizations on initiatives aimed at supporting and promoting the health and well-being of vulnerable residents.

- GBPH works with community partners to offer a Supportive Outreach Service (SOS) in Grey-Bruce. With fixed sites in Meaford, Durham, Dundalk, Hanover, and Owen Sound, and mobile sites, a multi-disciplinary SOS team meets people where they are at in terms of physical location and their state of readiness in their journey. GBPH offers harm reduction supplies and education, Naloxone and Naloxone training and referrals at SOS.
- GBPH serves on:
  - The local Community Drug & Alcohol Strategy.
  - The local Opioid Working Group, which works to strengthen and update the Grey Bruce Opioid Response Plan and Early Warning System to improve a rapid and collaborative response to opioid-related events in the community.
- The Grey Bruce Poverty Task Force, which champions collaborative responses to local poverty and related issues.
- The Grey Bruce Elder Abuse Prevention Network, which delivers education and awareness and advocates for supports and services for vulnerable older adults, and works to build a strong community response to assist older adults who may be experiencing or are at risk of experiencing mistreatment.
- The Environmental Health team regularly works with county housing, municipalities, landlords, and tenants to assist them in dealing with issues such as infestations, mold, and potable water.
- The HBHC team partnered in 2023 with the United Way of Bruce Grey to provide webinars, aimed at improving the financial literacy of HBHC clients.
- The VPD team collaborated with 42 Anabaptist communities, partnered with S.O.S., Safe and Sound, and local paramedic services to support vaccination in high-risk groups.
- GBPH collaborates with partners as a member of the Grey Bruce Local Immigration Partnership, which works to reduce barriers for newcomers and immigrants moving into our communities.

## Government, Municipal & Healthcare Partners

- GBPH is the lead agency and a member of the steering committee for the Bruce Grey Data Information Sharing Collaborative (BGDISC), a collective of not-for-profit service, government, health, and education organizations that seeks to mobilize community makers to share vital local rural data. This shared data is intended to better inform regional programming, policies, funding, and social services to support prosperity, sustainability, and the well-being of the community.
- GBPH collaborates with provincial and regional committees to support tobacco and vaping cessation efforts.

- The Health Promotion team partners with municipal recreation and community service departments to coordinate activities, promote innovation, and foster initiatives that cultivate and endorse a more active community through the PLAY in Bruce Grey Network.
- The Environmental Health team collaborates with: the agricultural sector and provincial and federal agencies to ensure the protection of the roughly 600 international agricultural workers in Grey-Bruce; Public Health Ontario, municipalities, and local couriers to ensure equitable access to Public Health Ontario's well water testing program in Grey-Bruce; the Ontario Association of Veterinary Technicians and Canadian Food Inspection Agency to conduct animal investigations; the Ministry of the Environment, Conservation and Parks, municipalities, and businesses to ensure the safety of small drinking water systems; and the Canadian Food Inspection Agency, Ministry of Agriculture, Food and Rural Affairs, and numerous businesses to promote and protect food safety.
- Healthy Babies Healthy Children collaborates with the Children's Alliance, Early Learning Planning Table, FASD Leadership Table, Inter-agency Committees, the STAR table, the Grey Bruce Anabaptist Working Group, the Canadian Mental Health Association, and Saugeen First Nation to support the growth and development of young Grey-Bruce children.



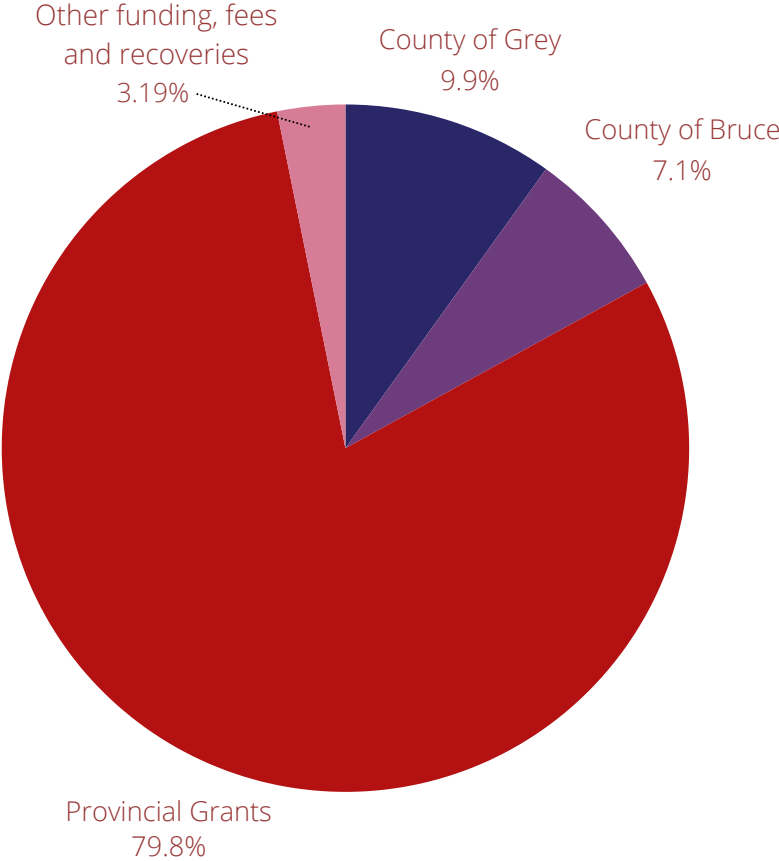


# Financials

## 2023 Budget

Total: \$17,644,257.00

Provincial Grants	\$14,081,507
County of Grey	\$1,750,427
County of Bruce	\$1,249,299
Other funding, fees, and recoveries	\$563,024

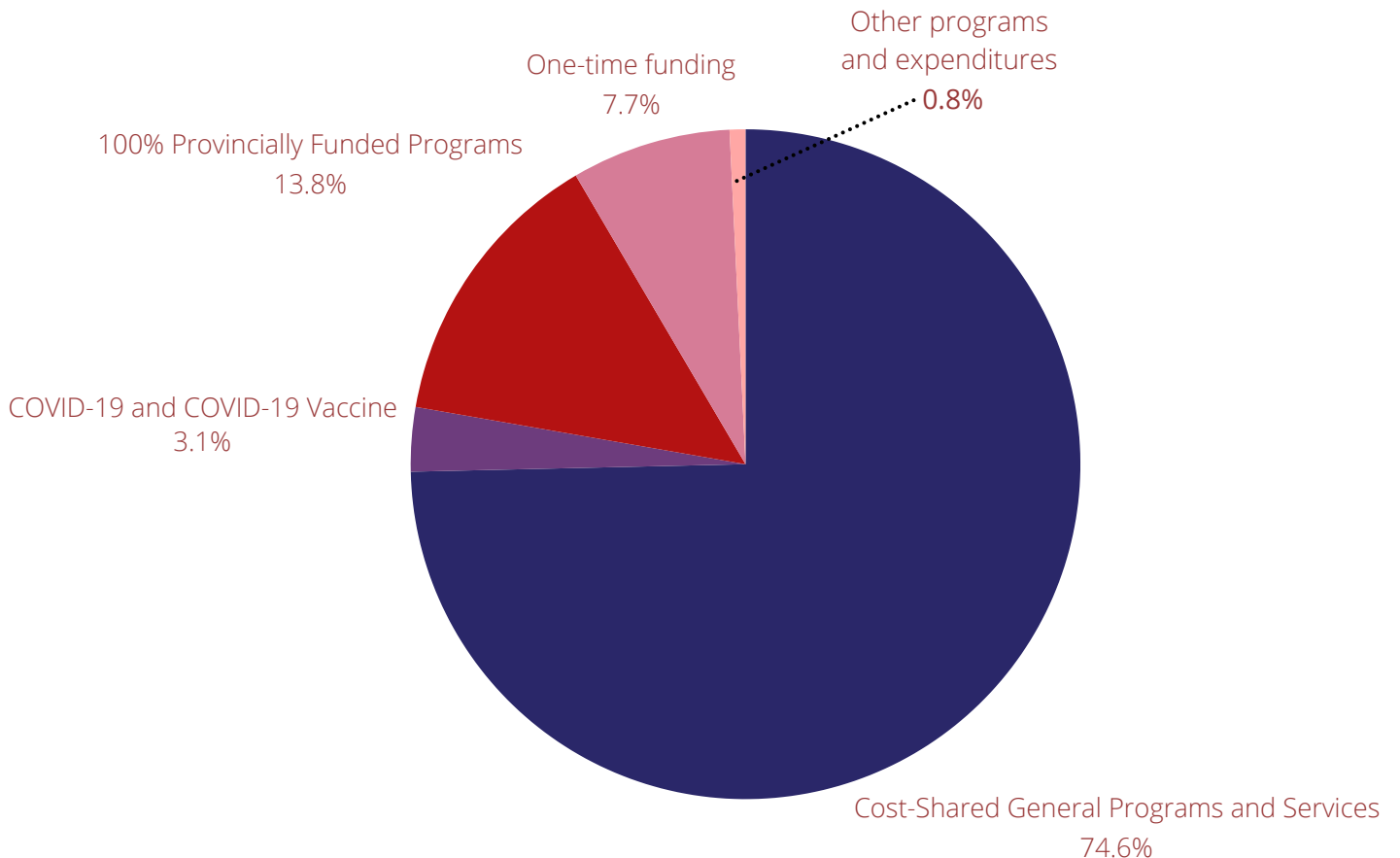


# Financials

## 2023 Expenses

Total: \$17,259,735.00

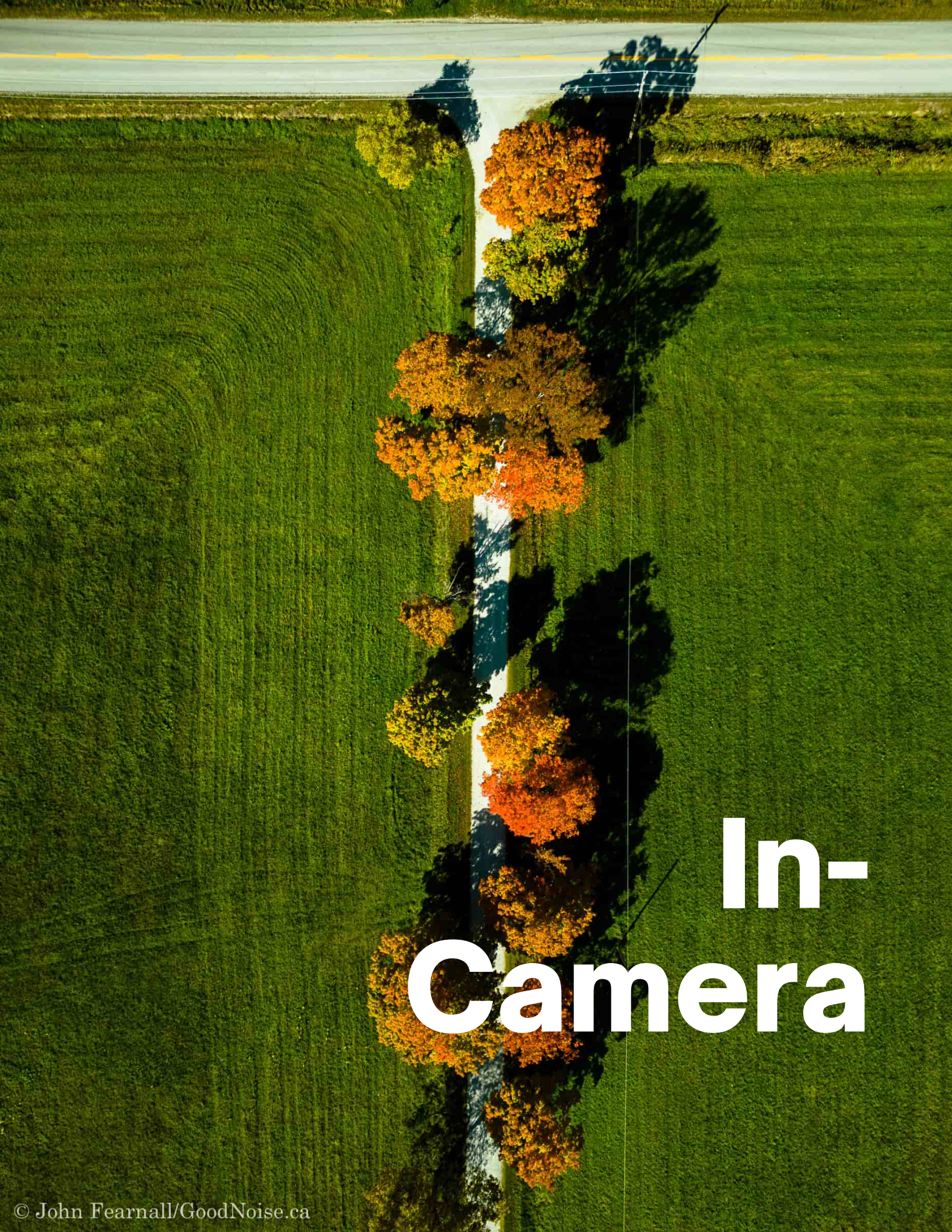
Cost-Shared General Programs & Services	\$12,883,243
COVID-19 and COVID-19 Vaccine	\$533,919
100% Provincially Funded Programs	\$2,382,354
One time funding	\$1,328,567
Other programs and expenditures	\$131,652





**THANK YOU.**





# In- Camera