Introduction
The Brant County Health Unit is one of 36 health units in the Province of Ontario. Health Units operate under the authority of the Health Protection and Promotion Act and provide services as outlined in the Mandatory Program and Services Guidelines. The mandate of public health is to provide health protection, health promotion and disease prevention programs within the City of Brantford and the County of Brant. Some highlights of 2008 program activities will be presented under program topic areas.

Accreditation Survey
The Brant County Health Unit (BCHU) underwent a re-accreditation survey in May 2008. The result of this survey was another 4 year accreditation award, the highest award available.

Major Accomplishments for 2008

Control of Infectious Diseases
The goal of the Control of Infectious Diseases program is to reduce the incidence of infectious diseases of public health importance with the objective of reducing morbidity and mortality associated with infectious diseases. A total of 1,053 reports were received. Of these reports, 518 met case definition. The remaining reports were investigated and ruled out as incidents of infectious disease.

Outbreaks
An outbreak of Mumps occurred within Ontario including Brant during the spring and summer of 2008. In response, a provincial mumps catch-up campaign was announced in September to target 18–25 year olds who were attending post-secondary schools to prevent further mumps outbreaks in this population. Outbreaks in this age group have occurred for the past 3 years in the Maritimes, Alberta and last year in Ontario. Both respiratory and enteric outbreak activity was down in 2008 with 8 and 6 outbreaks reported respectively. The previous year had 22 and 20 outbreaks reported.

Sexually Transmitted Infections
Chlamydia continues to be the most commonly-reported infectious disease in Brant, and rates are increasing. The incidence of Chlamydia increased by 25% in 2008 as compared to 2007. There were a total of 269 cases and 271 contacts requiring follow up. Gonorrhea is also on the rise with the rate increasing 40% from 2007 to 2008. There were a total of 42 cases and 18 contacts requiring follow up. There were 29 co-infections of Chlamydia and Gonorrhea in 2008. There was significant promotion of STI testing with primary health care providers during 2008 which is the likely cause of the increased number of reported cases.

Four new cases of syphilis were reported in 2008 requiring treatment and 4 contacts requiring follow up. Three new HIV cases were reported, which is fewer than the previous year. From these cases, 13 contacts required follow up. The second highest incidence of reportable diseases in Brant is Hepatitis C with 57 cases identified.

A total of 737 clients received testing for sexually transmitted infections. Of these, 13.7% had positive test results which required treatment intervention. In addition, 110 clients, who were either cases or contacts of cases identified through testing in the community, received STI treatment.
Vaccine Preventable Diseases

Immunization Clinics
The Health Unit offers weekly immunization clinics for both childhood and adult immunizations. Clinics for children 0–6 years of age are offered three times per month, with a child health nurse available during clinic hours to provide pertinent growth & development information as well as referrals to other health unit and community programs. At the 0—6 clinics, there were 330 clients seen and 704 immunizations administered in 2008. A general immunization clinic is offered monthly. In 2008, this clinic saw 318 clients and gave 444 immunizations.

Universal Influenza Immunization Program
The Universal Influenza Immunization Program is in its ninth consecutive year. The Health Unit offered flu clinics for the general population at the Civic Centre for a week in November. This centralized location allowed large volumes of people to be accommodated. Additional clinics were scheduled at the Health Unit on 10 Saturdays during November, December and January. Appointments were booked via our website or by telephone to minimize client wait times and allow for efficient staffing. In addition, 19 on-site flu clinics at agencies where high-risk clients reside were offered to increase access for residents, staff and other individuals who are in regular contact with this high-risk population.

During the fall of 2008, annual influenza vaccination of all long-term care staff and residents was promoted during the Big Shot Challenge. Six of 7 nursing homes achieved at least 90% immunization status for their residents. The lowest immunization rate for nursing home residents was 84%. In retirement facilities, 40% met the 80% immunization status required for staff.

Grade 7 Hepatitis B & Meningococcal C Vaccine Program
For the fall of 2008, there were a total of 1,569 eligible students for Hep B and Men C in grade 7. A total of 1,281 first doses of Hepatitis B vaccine and 1,305 doses of Men C vaccine were given by BCHU staff. The overall coverage rate for grade 7 students is 89 % for both Hepatitis B and Men C.

Human Papillomavirus (HPV) Vaccine Program for Grade 8 Female Students
The Human Papillomavirus (HPV) vaccine was offered for the second year to Grade 8 female students in school-based clinics. This vaccine requires three doses and is coordinated with the Grade 7 Hepatitis B and Meningococcal C school-based clinics with an additional clinic required in December. There were 793 eligible students in Grade 8 and uptake for the first dose was 71% and 63% for the second dose. An extension to girls in Grade 9 was announced last fall and the Health Unit has been providing this vaccine to them at our General Immunization Clinic.

Food Safety Program
The Mandatory Health Programs and Services Guidelines require health units to evaluate and register each of their food premises into high, medium and low risk categories according to their food production activities and potential to cause food borne illness. The guidelines require high, medium and low risk food premises to be inspected three, two and one time per year respectively. During 2008, the Health Unit inspected 100% of all high, medium and low risk food premises. In addition to conducting compliance inspections of food premises, 134 re-inspections were completed in premises where regulatory infractions were noted.

In order to meet the expanding demand for certified food handlers made necessary by the City of Brantford and County of Brant Food Disclosure By-Laws, educational programs were conducted which certified 675 food handlers during 2008. This is a substantial increase in Food Handler Certification from 475 in 2007.

The mandatory program and services guidelines require that health units investigate all food borne illnesses and consumer food complaints. During 2008, 17 investigations of suspected food borne illnesses and 56 consumer complaints involving food products and food premises were conducted.
**Health Hazard Investigation Program**

The Mandatory Health Programs and Services Guidelines require all public health units to prevent or reduce adverse health outcomes resulting from exposure to all biological, physical and chemical agent public health hazards. During 2008, the health unit responded to 235 health hazard complaints from the public. The type and number of complaint responses are summarized in the table.

All public inquiries were responded to in accordance with mandatory service guideline requirements. BCHU continues to maintain a 24-hour on-call response capability for health hazard emergencies.

A community wide emergency response was not required during 2008.

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<td>Food Safety</td>
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<td>West Nile Virus-Resting Water</td>
<td>38</td>
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<td>Smoke Free Ontario</td>
<td>29</td>
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**Chronic Disease Prevention**

The mandate of the Chronic Disease Prevention Program is to reduce the burden of preventable chronic diseases by addressing risk factors such as diet, tobacco use, and physical inactivity.

**Nutrition and Physical Activity**

In 2008, there were several healthy eating and physical activity programs targeting schools and local school boards. Working with the Haldimand-Norfolk Public Health Department, BCHU was a part of the working group that revised the request for proposal (RFP) documents for food and beverage provision within the Grand Erie District School Board. The new RFP required applicants to demonstrate a focus on providing healthier choices specific to cafeterias and vending machines. A greater emphasis was placed on fresh and healthy meals including more vegetables, fruits, low-fat dairy and whole grain products with a focus on foods that have improved nutritional value including more fibre, vitamins, lean proteins, and less fat, sodium, and excess sugar. The result was improved selections within the Grand Erie District School Board secondary schools.

Additionally, the beverage provider has also agreed to changes including the fascia of their machines to have bottles of water as the graphic, and provide fewer “pop” options and more water, flavored water, and 100% fruit choices. Also six of the seven secondary schools in Brant County (BCI as the exception due to construction) have received the Eat Smart! designation for the current school year.

The health unit continues to offer the Active Playground program. This year, nine schools and over 130 student leaders have been trained to work with younger students to learn basic playground games and improve their overall activity levels on a daily basis.

Employers were also encouraged to consider the impact that improved eating options and increased physical activity can have on their employees. Consultation, with a public health dietitian was available to workplaces to promote good nutrition and healthy eating policy and to review cafeteria menus and vending machine selections. Walking clubs continue to be a focus for workplaces with business encouraging employees to take advantage of lunch/break times to be more active. In 2008, seven new walking clubs started up; 12 workplaces, 4 organizations received almost 700 Walk this Way kits.

**Tobacco Use**

The 2008 year brought changes to the Smoke Free Ontario Act (SFOA). On May 31st, 2008 the final phase of the retail display ban occurred prohibiting any display of tobacco products. Reducing exposure to second hand smoke in homes and vehicles has been a focus for public health for many years. There is well-documented evidence to illustrate the harmful health effects resulting from this exposure especially for our children and
youth. The Province of Ontario passed an amendment to SFOA that will prohibit smoking in vehicles where
children under the age of 16 are present. The change came into effect January 2009. Other changes to
legislation include new regulations for the sale of flavored tobacco products. Currently, retailers can sell
individually packaged cigarillos in candy-like flavors such as grape. The new regulation requires that the
cigarillos be sold in packages and that they are clearly identified as tobacco products. The new legislation will
ban the use of flavors and additives in tobacco products that would appeal to children.

Smoking Cessation activities were begun in 2008 with the initiation of a Quit Clinic. This clinic assists clients
with smoking cessation through the use of one on one counseling and provision of nicotine replacement therapy.

REVEAL, BCHU’s youth group, has been busy advocating for better health for their peers. While continuing a
focus on cessation and de-normalization, REVEAL has also taken on environmental issues related to cigarette
use. In November, REVEAL paired up with the Brantford Business Improvement Association in the downtown
clean up. In addition to picking up trash, REVEAL picked up over 14,000 cigarette butts in one day
emphasizing the impact butts have on the environment. REVEAL has also recommended to the City of
Brantford that additional cigarette receptacles be added to the downtown to reduce the number of butts discarded
on the ground. REVEAL is also promoting Tobacco Free Sports and Recreation by encouraging municipalities
and local sports organizations to make their outdoor playing fields tobacco free. A policy toolkit has been
developed and plans are underway to market the kit to local groups in 2009. REVEAL has been focusing on the
elimination of tobacco products used by athletes, coaches and fans. There is a recurring myth that chew tobacco
is a performance enhancer for athletes and less harmful to your health. REVEAL has been working with their
peers, sports groups like the Brantford Bisons, Brantford Blast, and Paris Mounties, and younger students to
dispel these myths.

Public Health Inspectors have completed 44 secondary school inspections for tobacco use infractions. These
secondary school inspections resulted in 8 charges against students smoking in non-designated areas.
Additionally, SFO inspections were conducted at 2,639 restaurant premises and 358 tobacco retail
establishments. Public Health Inspectors also investigated 21 tobacco use complaints generated by the public.
Provincial Offences Officers completed 358 enforcement checks of tobacco retailers with student test shoppers.
These activities resulted in 9 charges being laid against retailers.

Prevention of Injury and Substance Misuse
The Prevention of Injury and Substance Misuse programming identifies four key areas which include alcohol
and other substances; falls across the lifespan; road and off-road safety and other areas of local public health
importance for the prevention of injuries.

Alcohol and Other Substances
BCHU works with a variety of community partners including St. Leonard’s Community Services, local police
services, workplaces, schools and coalitions. The following activities were undertaken in 2008: educational
sessions and interactive displays occurred during Orientation Week at Mohawk College and Wilfrid Laurier
University Brantford Campus; in conjunction with the Brantford/Brant Impaired Driving Committee, a “Driving
High” postcard was created for distribution by Brantford Hydro in December hydro bills; and an Alcohol
Liability workshop was held for owners and staff of local golf courses.

Falls Across the Lifespan
Brant County continues to have a high incidence of reported falls in the elderly. Twice as many older women
experience falls compared to men. The majority of falls that cause injuries are both predictable and preventable
and various strategies have been used to decrease the incidence of falls in the elderly. A collaborative
partnership has been established with Brant Housing to conduct health fairs in the senior apartment buildings.
The health fairs consist of displays which address risk factors for falls and a safety tour of a senior’s apartment,
highlighting safety risks and strategies to improve safety. The “Staying on Your Feet” home safety checklist
was distributed to all seniors in addition to resources that highlight community agencies that can be contacted
for assistance.
Car Seat Safety Initiative
Motor vehicle crashes are the number one cause of injury and death for children. The correct use of child car seats and booster seats can reduce the risk of serious injury by 90%. Unfortunately, less than 20% of children in Brant County are properly restrained. Educational sessions on car seat safety are held with parents, caregivers, and staff of community agencies. The sessions for parents and caregivers include a skill building session to practice car seat installation and harnessing. Parents and caregivers can book appointments at our car seat clinics to check that the car seat is installed properly. Car seat safety lanes blitzes are held several times a year in conjunction with our local police services. These blitzes are similar to a RIDE format, involving the police assessing for seat belt compliance, and the public health unit staff assessing and educating parents at the roadside regarding the importance of using a car seat restraint properly. The most common mistakes involved: i) car seats not being tethered; ii) car seats not tightly secured or installed properly in cars; iii) car seat straps/harness system not being tight enough, and iv) the child is not in the proper seat for his/her size and age.

Child Health Program
Healthy Babies, Healthy Children Program
Healthy Babies, Healthy Children (HBHC) is a prevention/early intervention initiative designed to support optimal growth and development of children in Ontario. The components of the HBHC program are as follows: universal screening & assessment (prenatal, postnatal and early identification), universal postpartum home visiting, long-term home visiting, service coordination, and systems-level community integration.

In 2008, the following HBHC program targets were achieved
- 98% of live births consented to being referred to the program
- 74% Postpartum phone contact was completed within 48 hours of hospital discharge, and 26% after 48 hours of hospital discharge. The 2 main reasons for this were that the Health Unit could have received notice of the birth after 48 hours, or that the family had no phone or answering machine, on which a message could be left.
- 944 postpartum home visits were conducted
- 194 women were referred to the HBHC program prenatally
- 72 families were referred to HBHC at the early identification stage (6 weeks – 6 years of age)
- 214 in-depth family assessments were completed
- 147 new families were referred to long-term home visiting
- 2797 long-term home visits were conducted by public health nurses and family home visitors

Other Child Health Program Accomplishments
Multiple education sessions were provided to health and social service providers, and to parents and caregivers to promote healthy growth and development, parenting and breastfeeding. In addition, the health unit participated in community networks to identify child health issues and plan services.

Room to Grow is a well-baby/well-child clinic where Public Health Nurses are available to meet with pregnant women and parents of children 0-6 years of age. In 2008, BCHU serviced 3590 parents and 3151 children under the age of 3 years. The mains issues of concern addressed were as follows: growth and development, (1070 consultations), parenting (513 consultations) and nutrition (506 consultations).

Let’s Grow” is a series of mail-outs to parents during the first 3-1/2 years of their child’s life. Each issue contains information and a checklist about child growth and development, speech and language, self esteem, family interest, and parenting resources. In 2008, there were 8083 Let’s Grow issues distributed.

In 2008, the hearing of 343 infants was screened and 9 of those tested were referred to the Regional Centre for additional screening.
Breastfeeding support was provided through individual assessments and interventions via phone (913 postpartum phone calls) and home visiting (617 postpartum home visits). In addition, in-depth consultations were provided to 156 women with breastfeeding problems.

**Dental Program Activity**
Dental Services operates school based programs which include conducting the Dental Indices Survey to collect information about the oral health of the children in Brantford and Brant County. In 2008, 1367 children were examined as part of the Dental Indices Survey. Health unit staff identifies children with serious dental problems, sends them for care at a dental office, and follows up on action taken. A total of 6030 children were screened in schools. Approximately 9.7% of these children had serious dental problems and required follow up. In addition, information was provided to families and teachers through school newsletter inserts and teacher support materials. Dental Teaching kits were borrowed through Boards of Education and Health Unit 152 times from Jul 2007 to Jun 2008.

CINOT (Children In Need Of Treatment) allows access to needed dental care and helps to pay for the cost of urgently-needed dental care for low-income families. A total of 302 children were screened in the Health Unit or at Community agencies for CINOT eligibility with 50.3% qualifying for CINOT. Dental care was provided for 436 cases under the CINOT program. This was 53 less cases than 2007.

The dental program also offers a preventive program for which 175 appointments were scheduled. The following services were provided: 116 sessions of Oral Hygiene Instruction, 47 topical fluoride applications, 76 fissure sealants, and 14 scaling/treatments for periodontal disease.

The “Sip All Day, Get Decay” health education campaign was launched in April 2008. It targeted the parents of toddlers and pre-school children and aimed to increase their awareness of the risk factors for tooth decay—frequent consumption of acid, sugary drink throughout the day.

**Plans for 2009**

**New Ontario Public Health Standards**
The Ministry of Health and Long-term Care has released a new set of Ontario Public Health Standards which came into effect on January 1, 2009. These new Standards replace the Public Health Mandatory Programs and Services Guidelines from 1997 which dictated the programs to be provided by all health units in Ontario. Some previous programs have now become combined and some new programs have been identified. BCHU will be adapting current programming to come into compliance with the new Standards.

**Program Protocols**
The Ontario Public Health Standards refer to a number of protocols which provide detailed direction on how specific programming is to occur within health units. These protocols are intended to increase uniformity and consistency of programming amongst health units. A total of 28 protocols have been developed. In addition, Best Practice Guidelines are also currently under development by the Ministries of Health and Health Promotion which will also direct specific practice issues around program delivery.

**Performance Management**
The Ministry of Health is currently developing a performance management system to monitor the performance of health units in Ontario. The first project will be the release of a report in the spring of 2009 which will describe each public health unit in Ontario. An accountability framework is being developed and a set of indicators will be identified which will allow for monitoring of health unit activities and outcomes as well as comparisons between health units. These systems will require increased tracking and reporting by health units.