

Board of Health

Monthly Report - Feb. 27, 2003

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CONTACT US:
We welcome your comments and suggestions for the Board Report at board@healthunit.org

March is Nutrition Month!

Submitted by Heather Deegan and Dianne Oickle, Registered Dietitians/Public Health Nutritionists

The theme of this year's National Nutrition Month Campaign is "Healthy Eating... Tasty and Easy!"

The objectives of the 2003 National Nutrition Month campaign are to:

- Reinforce the importance of healthy eating, for women and their families,
- Increase awareness of the challenges faced by women in achieving healthy eating for themselves and their families,
- Provide women with easily accessible and practical suggestions to meet their food and nutrition challenges,
- Promote eating together as a family to encourage healthful eating.

The key messages of this year's campaign are:

1. Nutrition is a key factor in the prevention and management of the leading health concerns of women - heart disease, cancer, diabetes, and osteoporosis.
2. Healthy eating means making healthy food choices part of your everyday lifestyle.
3. Eat meals together with your family as often as possible to ensure your family is eating well and to set a good example for healthy eating.
4. Focus on healthy eating guidelines which stand the test of time.
5. Achieve and maintain a healthy weight by eating well and keeping active.
6. Eat well to satisfy your unique nutrient needs at every age and stage of life.
7. Eat well, be active, and feel good about yourself.
8. Remember that healthy eating is tasty and easy!
9. When you have nutrition questions, Registered Dietitians are your key source of reliable food and nutrition information and advice.

The Registered Dietitians at the Health Unit are planning an extensive Nutrition Month educational campaign. The campaign will include:

- A press release, newspaper articles, radio and television interviews.
- Resource distribution to community partners.
- A school strategy to promote nutrition in high schools with distribution of print resources and development of in-school public service announcements.
- Articles submitted to health unit publications including newsletters.
- Staff education via pay cheque stuffers, office displays, e-mail communications, and possible presentations.
- Access to Nutrition Month materials through a link from the Health Unit website.

Look for a report on activities in the April issue of the Board report.

Domestic Violence

Submitted by Carol Quinlan, Public Health Nurse

Domestic violence is an urgent public health issue that occurs in epidemic proportions in our country, and both the personal and public costs are enormous. Financially speaking 5.4 billion dollars are spent each year on dealing with issues relating to domestic violence. The cost to our society as a whole in terms of human suffering, lost productivity and lost potential cannot be measured but we can be assured that that cost is outstanding.

Abuse occurs in all communities, cultures, races, socioeconomic classes, religions, and ethnic groups. Abuse is directed at people of all ages, from conception to the elderly. Everyone is directly or indirectly affected by domestic violence. Even children who witness abuse have been found to be as affected as the children who are actually being abused.

Listed below are statistics, which demonstrate that domestic violence is a significant health concern and that there is a high prevalence of abuse in North America.

- 1 in 4 women experience abuse at some point in their lives. (Task Force on the Health Effects of Woman Abuse, London Middlesex Health Unit, Sept. 2000)
- 22% to 50% of women presenting in emergency departments are there because of abuse. Battering is a major cause of injury to women in North America accounting for more emergency room visits than automobile accidents, rapes, and muggings combined. (Only 3% of cases related to abuse are identified by health care professionals). (Health Canada 1999)
- Women are at a greater risk of violent victimization in their homes than they are on the streets. (Health Canada, 1999)
- Women are at a greater risk of being abused during their pregnancy than they are for suffering from high blood pressure, premature delivery or gestational diabetes. Homicide is the leading cause of death among pregnant and recently pregnant women. (Health Canada, 1999)
- 40% of women who experience abuse will experience their first abusive episode during pregnancy. 95% of women, who were being abused during their pregnancy, were also abused in the three months following delivery. (Health Canada, 1999)
- 3-5 children in every classroom have witnessed their mother being abused. (Children Exposed to Family Violence, Toronto Child Abuse Centre, 2001.)
- 1 in 6 men are abused at some time in their lives. (Health Canada, 1999).

The Leeds, Grenville and Lanark District Health Unit has received funding for four years for family abuse prevention as part of the Province of Ontario's Early Years Initiative. Interventions to address domestic violence in our tri-county area will focus on:

- Education for health professionals; physicians, nurses, nurse practitioners, and dentists so that screening women for abuse routinely occurs.
- Community education to increase knowledge and awareness of family abuse through media campaigns, group presentations, and displays.
- Provision of parenting programs that teach positive parenting techniques and coping strategies to assist parents in dealing with challenging situations.
- Partnering with other community organizations that deal with family abuse issues to reduce duplication of services and to increase the coordination of services available to families.

The goal of this initiative is to help children meet their full developmental potential and to help families support their children within safe and secure environments. This can only be accomplished if we all work together. Everyone in the community must accept responsibility for raising all children; it can no longer be left to the parents alone. If you are not part of the solution then you are part of the problem.

Travel Clinic

Submitted by Margaret Hendriks, Public Health Nurse

The Health Unit offers immunization to travelers. Whether the destination is an exotic holiday in Thailand or a business trip to Romania, the public health nurses will be able to advise you about the immunizations you need and the other health precautions you should take.

Travel clinics (by appointment only) are held in each of our offices:

Almonte:	Every Tuesday call 256-1203
Brockville:	Every Wednesday call 345-5685
Gananoque	The 2nd Tuesday of the month call 382-4231
Kemptville:	Every Tuesday call 258-5941
Smith Falls:	The 2nd and 3rd Tuesdays of the month call 283-2740
Perth:	The 1st Tuesday of the month call 283-2740

When you call for information you will be asked several important questions including the destination, the date of travel and the duration of the visit. The intake nurse will be familiar with low risk destinations and requirements and may give this information over the phone.

The more "unusual" destinations may require investigation by the Immunization Nurse. She will research the most up-to-date resources to find the information about risk of infectious diseases and the appropriate immunization required before travel.

It is important to contact the Health Unit for information about travel immunization, well before the intended date of travel, as some vaccines are given in a series over an extended period of time.

"STAFF SURVEY" A great success

Submitted by Danielle Shewfelt, Public Health Nurse, Workplace Wellness Task Force - Chair

Workplace Wellness programming is a very important part of any workplace. It helps enhance the health of the workers as well as improve the health and efficiency of the organization as a whole.

Our Workplace Wellness Task Force was formed to develop such initiatives at the Leeds, Grenville and Lanark District Health Unit. One of the first activities for our Workplace Wellness Task Force was to create and implement a survey of all health unit staff.

The purpose of this survey was to obtain information that will assist us in developing workplace wellness programs designed to meet the needs of our employees. Through the survey, employees were given the opportunity to indicate their general health, activities they would like to participate in, in order to improve their health and the methods of implementation that they would be most receptive to.

We were thrilled with the positive response from staff. There were 91 surveys returned representing approximately an 81% response rate. This will most certainly provide some very valuable information, and assist us in developing highly effective workplace wellness programs that will meet the needs of most staff.

The next step for the Workplace Wellness Task Force is to compile the report and develop a plan that will operationalize staff feedback. We hope to create workplace wellness programs that will assist staff in optimizing their health in a way that is appropriate, desirable and timely.

Watch for a follow-up article in a future report to the Board for more details on the results of the survey.



Building Regulatory Reform Bill 124

Submitted by Mark Green, Senior Public Health Inspector and Chief Building Official

On June 27, 2002, Bill 124 "An act to improve public safety and to increase efficiency in building code enforcement" received Royal Assent. Key elements in the Bill include:

- Permit applications and "applicable law"
- Common forms for orders
- Mandatory inspections and time frames
- Registered Code Agencies (RCA's)
- Examination of building code knowledge, syllabus, training and delivery
- Qualification and registration elements, and
- Scope, content and form of insurance

The legislation amends the Building Code Act causing a streamlining to the system, greater accountability and an increase in public safety. The Planning Act has also been amended to streamline site plan control resolution.

The Bill applies to "principal authorities", including municipalities, conservation authorities and health units. It will affect our enforcement of the on-site sewage provisions of the Building Code by:

- Putting limits on permit fees,
- Use of a common permit application form,
- Putting time frames for decisions on permits,
- Mandatory inspection requirements,
- Use of common order forms and,
- Minister's rulings and interpretations.

The regulations are currently being drafted. Once completed there will be an 18-month transition period before full implementation. Stakeholders will need to familiarize themselves with the new requirements, change internal procedures and pass examinations related to Building Code knowledge.

Insurance companies will have to develop appropriate insurance products and building practitioners will need to arrange for coverage.

The Ministry of Municipal Affairs and Housing have targeted the fall of 2004 to have the legislation in place.

