

BOARD OF HEALTH Quarterly Report

ACTIVITIES OF THE LEEDS, GRENVILLE & LANARK DISTRICT HEALTH UNIT

December 2006 - February 2007



External Funding Received for Health Unit

— Dr. Anne Carter, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

For this Quarterly Board Report I would like to highlight activities of the Health Unit for which staff have managed to find external funding or awards of some monetary nature. These amounts add up and allow the Health Unit to be more efficient in its use of resources.

☆ **The Health Unit is the lead agency in the LG&L Cervical Screening Committee.** Our partners include: Country Roads Community Health Centre, Merrickville Community Health Centre, North Lanark County Community Health Centre, Regional Cancer Program for Southeastern Ontario and the VON Brockville Community Family Health Team. This committee received funding (\$5000.00) from the Ontario Cancer Screening Program's Community Capacity Building Grant to promote awareness of Cervical Screening in general and the option of going to specific clinics.

- **Goal:** To increase capacity for screening in LG&L through the co-ordination and promotion of cervical screening clinics.

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Prenatal Class Evaluation Highlights

– Shani Gates, MHS. RD, Planning and Evaluation Consultant

Background

Prenatal classes are offered to expectant families in Leeds, Grenville and Lanark as one strategy to meet the requirements of the Reproductive Health Program in the Mandatory Health Programs and Services Guidelines (December 1997).¹ The goal of prenatal classes is to increase support for the practice of behaviours conducive to healthy pregnancies and healthy perinatal outcomes.

An evaluation of both the general and weekend prenatal series was conducted in order to determine whether classes meet client needs, achieve learning objectives and have a positive influence on expected behavioural outcomes. Suggestions for improvement to format and content were also gathered. Evaluation information was collected through a needs assessment, administered with attendees at the start of the series and an evaluation form, given at the end of the series.

Highlights of Results

A total of 554 needs assessments and 427 evaluation questionnaires were completed by clients. The vast majority of respondents who attended both general and weekend prenatal classes reported being satisfied with the class content, structure, teaching methods and class facilitator. Clients provided numerous suggestions for improvement.

Both the general and weekend prenatal series had a large, positive influence on how informed and prepared participants felt about all of the topics covered in the series. (Figure 1).

Participants made some suggestions for additional content and change in emphasis of topics.

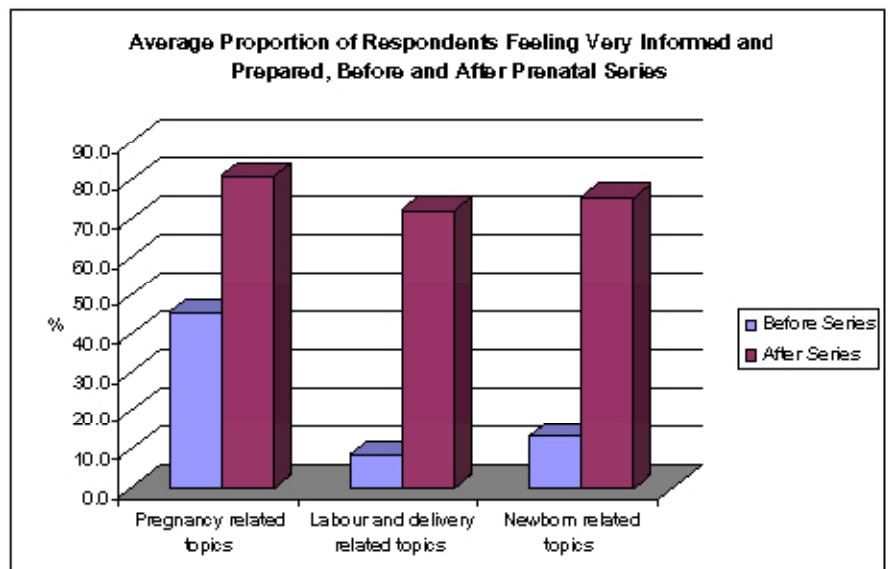
Making conclusions regarding success of the prenatal classes on changing lifestyle behaviours was difficult due to limitations in the evaluation process. However, the following are some highlights of the results regarding behavioural outcomes:

- ▶ 86.3% of women took folic acid supplements before or during their pregnancy
- ▶ A greater proportion of expectant mothers reported meeting the recommended intake of grain products at the end of the series (28.7%) compared to the beginning (21.4%).
- ▶ A greater portion of expectant mothers reported meeting the recommend intake of fruits and vegetables at the end of the series (35.1%) compared to the beginning (26.2%).

- ▶ Slightly more women reported being physically active at the end of the series (41.3%) compared to the beginning of the series (36.2%).
- ▶ Intention to breastfeed dropped slightly from the beginning of the series (78.0%) to the end of the series (73.2%).

Taking Action

Prenatal classes have recently been revised based on information learned from the evaluation, as well as best practice information and updated standards, guidelines and recommendations. The new series is being piloted with clients early in 2007. The evaluation of the new series will also be modified to improve on limitations of the current process.



The High Cost of Food Increases the Risk of Poor Health

— Dianne Oickle, MSc, RD, Registered Dietitian/Public Health Nutritionist

The cost of food in the tri-county is at an all time high, putting low income families at greater risk of poor health.

The Leeds, Grenville and Lanark District Health Unit has calculated the cost of the Nutritious Food Basket for 2006. According to the 2006 survey, **the cost of feeding the average family of four in the tri-county is \$126.48 per week** (\$547.66 per month). This is an increase of 2.6% since 2005. **Since the survey was first completed in 1998, the cost of food in the tri-county has increased by almost 19%.**

The Health Unit completed a Food Security Assessment in the spring of 2006. This project showed that there

are many people across Leeds, Grenville and Lanark counties that are at risk of not having enough food to eat.

Food insecurity occurs when there is a limited or uncertain amount of money for food, reduced quantity or quality of meals, and irregular food intake.

Food insecurity also exists when people cannot get enough food that is nutritious and safe, and they cannot get food in a way they feel good about.

Any individual or family who has a limited amount of money available to purchase food is at risk of food insecurity. In the tri-county, **almost 10% of all people living in private households live with incomes that are below the low-income cut-off**

point. And 11.8% of all children in the tri-county live in low-income households (2001 Census). People living below the low-income cut-off point have little money available for many basic needs, including food.

It is not only low-income families or those living on social assistance that are at risk of food in-security. Many families today that have two adults earning minimum wage or higher may also be at risk. Other costs of living have increased, such as electricity and gasoline. As the cost of living

increases, many people's income has either stayed the same or decreased. That means that less and less money is on hand for food and other basic needs.

Poverty directly increases the risk of heart disease, cancer, osteoporosis, diabetes, and obesity. People with a small amount of money available for food are not as likely as others to get the nutrients they need to be healthy. Men and women who live with a low income tend to eat few fruits and vegetables. As well, many people who have to visit a food bank consume very little iron and protein, further increasing their risk of disease.

A media campaign on food in-security is being implemented in November 2006. Activities to promote the effects of poverty on health include a press release, newspaper article, media interviews, and distribution of a directory of emergency food programs.

Food Recalls

— E. Jane Lyster, C.P.H.I.(C), CSW, Director of Health Protection

Food Safety is one of the Mandatory Programs under the responsibility of the Health Protection Department. In the last 12 months the Health Unit inspection staff have been busy with various food recalls and food recall effectiveness checks. These recalls included bean sprouts, spinach, carrot juice, meat products and chocolate. The items recalled voluntarily or otherwise by manufacturers had potential health risks associated with Salmonella, Botulism, contamination, etc.

The Ministry of Health and Long Term Care advises Health Units of recalls and their expected role. Usually this is in the form of recall effectiveness checks. As Public Health Inspectors (PHI's) have a finger on the pulse of the community they are able to visit small distributors that may be out of the broad network of food suppliers and not know about the recall. In the case of LGLDHU area this may mean over a hundred store visits and/or telephone calls. This also means that the PHIs have to prioritize activities around the recall and delay other more routine activities. In 2006 Health Unit PHIs have located recalled items in the course of these surveillance and monitoring activities and therefore have prevented potential illness in the public.

Health Unit Role With Adverse Water Results

— E. Jane Lyster, C.P.H.I.(C), CSW, Director of Health Protection

Water Safety is a Mandatory Program under the responsibility of the Health Protection Department. Many people will be aware of the Health Unit's role in Boil Water Advisories and Boil Water Orders when it comes to the possible or determined presence of certain bacteria in water consumed by the public.

A lesser-known role is that of the Health Unit in the time of emergencies when water supplies are threatened or when chemical, radiological standards and other health standards are exceeded in drinking water. The Medical Officer of Health is named in the *Safe*



Water Act and Regulations as a necessary contact when such adverse water test results exist. The Medical Officer of Health (MOH) works in a team with the assigned Public Health Inspector (PHI) and the Ministry of the Environment. The MOH may make specific

instructions for identified adverse water quality results. The assigned PHI is the eyes of the MOH out in the field as well. The PHI assists the MOH in determining a correct course of action on the part of the operator of the public water system or owner of a private water system. These instructions may include additional samples and methods to ensure that the consumer has access to safe water (within Ontario Drinking - Water Quality Standards).²

Footnotes

- ¹ Mandatory Health Programs and Services Guidelines. Ministry of Health. Public Health Branch. December 1997.
- ² Safe Drinking Water Act and Regulations

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- **Target group:** Women without a health care provider and women who are under screened.
- **4 Pap test clinics** were held at the following locations: North Lanark CHC, Country Roads CHC, Merrickville CHC and VON Community Family Health Team in Brockville.
- All Pap tests were completed by **female Nurse Practitioners.**
- A total of **34 women** were screened in the specific clinics. We do not know how many were influenced to attend screening in other venues.
- Satisfaction surveys at the specific clinics were very positive. **Women are appreciative of this service.**

☆ The **Tri-Health tobacco team** was successful in securing a \$2000.00 grant for media awareness of the Driven to Quit Challenge for 2007. The Cancer Society will again host the challenge that will be launched in January and encourage smokers to quit for a month.

☆ The Health Unit's projected **Workplace Safety and Insurance Board rebate** for 2006 is \$2,096.57 up from \$95.41 for 2005 and \$1,693.41 for 2004. This reflects a very low claim rate for workplace injuries in 2006, thanks in part to the efforts of our dedicated Health and Safety Committee. If we had higher injury claims, we could be facing a debit rather than a credit at the end of the year.

☆ The **Infection/Outbreak team** was recognized by the regional infection control group for having the best activities for infection control week and won \$500.00 to be put towards the purchase of materials for infection control.

This adds up to nearly \$10,000.00 additional dollars available to be spent on programs to promote and protect the health of the people of LGL. Health Unit staff should be congratulated for their efforts.

