

2007 Annual Report

Planning for Progress:

A Message from the Chair of the Board of Health

Connie Bryson

Chair of the Board of Health

Our Vision

To be leaders in creating healthy communities and healthy environments.

Our Mission

The Thunder Bay District Health Unit is committed to meeting the public health needs of our citizens by delivering accessible programming of the highest standards in health promotion, protection and prevention.

Our Core Values

**Dedicated
Responsive
Trustworthy
Healthy
Supportive
Fun**

The preparation of an annual report is a time to reflect on the achievements of the past year. For all of us at the TBDHU, one of the major tasks completed in 2007 was the development of our five-year strategic plan. The comprehensive planning process was a team effort, involving the expertise and insights of staff, management, clients and funders to shape our future. We are grateful for the input of all those who played a part in this accomplishment.

The strategy developed over the course of the past year will be our roadmap through 2012. Not only does the plan set our course, but it also provides the mechanisms for evaluating and measuring our progress. Being able to more accurately assess our work will ensure that the TBDHU is meeting its mandate and public expectations for quality, accessibility and accountability.

In this report, we have identified the five key goals mapped out in our strategic plan and initiatives in 2007 that supported them. Rather than listing every program and initiative, we have focused on agency-wide projects and resources developed for new and emerging issues. One important issue identified in 2007 was the rising rate of dental decay. In response to this public health concern, our Board of Health passed a resolution to support community water fluoridation. Please read "Taking a Stand" in this report for more about its benefits and our efforts.

While we work in a vast territory and provide a diverse range of services, all of our policies and programs have a common purpose — to ensure that the people in this district have the opportunity to live in a healthy community and a healthy environment.



*Connie Bryson,
Chair of the Board of Health*

ONTARIO

Greenstone
Manitouowadge
Schreiber
Marathon
Nipigon
Thunder Bay



Goal One:

Foster an evidence-based, innovative culture.

Skills Enhancement for Public Health

Our staff librarian played a key role in developing a tool to enhance access to evidence-informed public health literature across Canada. Working with other Ontario public health information professionals, she assisted in the development of an on-line educational training module, "Introduction to Literature Searching" for the Public Health Agency of Canada's Skills Enhancement program. The goal of the module is to assist public health staff in finding relevant sources of information and increasing their ability to develop effective search strategies. This valuable continuing education resource will benefit TBDHU staff as well as public health practitioners throughout the country.

HPV Vaccine Program

In 2007, the TBDHU implemented a new, publicly funded Human Papilloma Virus (HPV) vaccine program for Grade 8 girls. HPV vaccine has proven effective in preventing cervical cancer and we promoted this message by providing fact sheets, booklets to parents, and presentations to school and community groups. These promotion efforts resulted in 1,399 doses of vaccine delivered in schools throughout the District. By year end, our District had achieved the provincial average of 50% participation among eligible girls.

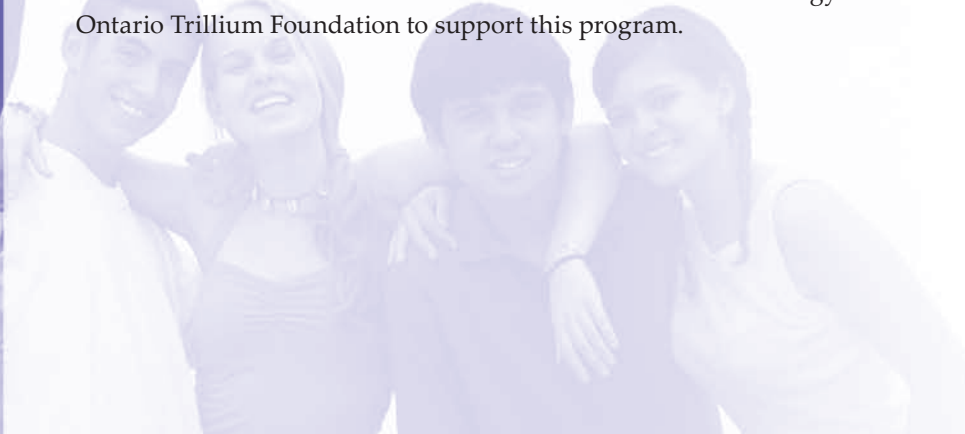
Natural Helpers Youth Engagement

The Natural Helpers Peer Mentor program is an evidence-based approach to supporting youth in their school environments. Implemented in partnership with the Lakehead Board of Education and the Drug Awareness Committee, the program identifies students whom others naturally seek out for advice and support. The nominated youth are trained in youth engagement techniques, active listening skills and self-care techniques to support and empower fellow students. Launched in 2006, the program runs in four high schools with approximately 120 currently active mentors. The Drug Awareness Committee has received assistance from the Canada Crime Prevention Strategy and Ontario Trillium Foundation to support this program.

250 children learned to cook through the Adventures in Cooking program.

33 youth hired and trained as Tobacco Use Prevention Peer Leaders.

2 high school sexual health clinics were opened.



Goal Two:

To be a trusted, recognized and respected leader in the public health system.

Wellness@Work

This year, 72 members joined the Wellness@Work network, with both management and employees benefitting from our public health expertise. Our worksite program provided network participants with regular updates, information, tips and resources to help businesses and organizations develop and implement health promotion activities. We provided over 300 heart health assessments at 16 workplaces, an increase of 33% over 2006. More than double the number of workplaces conducted the 10,000 Steps Workplace Pedometer Challenge since our pilot project last year.

24 Hour Public Health Response Through the On-Call Program

The TBDHU provided 24-hour public health protection services with the development of a team of public health professionals who responded to after hours emergencies. An average of 400 such events occur each year, ranging from infectious disease outbreaks and adverse water test results to animal bites.

Food Safety Program

Food Safety Program staff completed community workshops with school boards, farmers' markets and special event operators to gain insight into vendor needs and provide food safety information. These efforts raised awareness of the TBDHU as a trusted source of food safety information and enabled us to form community partnerships to deliver programs specific to schools, farmers' markets and special events. Stakeholder collaborations help to ensure foods offered to the public are of the highest quality and that positive outcomes are met for community food safety.



2,208 inspections performed on food premises.

1,356 newborn babies screened through the Infant Hearing Program.

9 infectious disease outbreaks investigated in long term care facilities.



Colin McLellan, Public Health Inspector

Goal Three:

Seek out partnerships that assist in the effective and efficient delivery of services.

143 health and service providers received breastfeeding education and clinical training.

120 community leaders attended the "Creating Balance" Healthy Kids Forum.

24 elementary schools and **6,411** children participated in the Turn Off The Screens Challenge.

Good Food Box

Community partnerships enabled us to provide fresh produce, including locally grown fruits and vegetables, to at least 800 households this year. The 2007 Good Food Box program partners include the Northwestern Ontario Women's Centre, which currently administers the program, Quality Market, Erb Transport, Lakehead Labour Centre and local food producers. A new funding partner, the Ontario Trillium Foundation, facilitated the hiring of a coordinator and expansion of the program. Future plans include the incorporation of the program which will hopefully increase access to continued funding.

Healthy Schools Clubs

Our 2006-2007 school-year pilot project of three schools grew to seven schools in 2007-2008. This growth, and especially the demand for healthy eating as a focus, demonstrated the need for an additional dietitian on staff. A Healthy School Club is a team effort, a partnership that brings together students, teachers, parents, the principal and a Public Health Nurse. Each Club chooses a specific focus of health promotion — including physical activity, nutrition, substance misuse prevention, sun safety or any other topic of concern. Using a five-step process, our Clubs developed, delivered and evaluated action plans to address their selected issue.

18 Month Early Identification

Early child development impacts lifelong learning and health. It is a time when parents, primary care providers and community programs collaborate to provide screening and access to specialized services when concerns are identified. To promote early child development screening at 18 months, physicians and nurse practitioners were encouraged to use the Rourke Well Baby Record, facilitate parent monitoring of child development with the Nipissing District Developmental Screen, and recommend screening for speech, language, motor and social development at Fair Start screenings. Workshops, exhibits, family health network and clinic meetings were key activities for the Healthy Babies Healthy Children and Fair Start Programs in this strategy. An 18 month Well Baby Visit Flow Chart distributed to primary care providers gives information about screenings and referrals to local assessment and intervention programs.



Goal Four:

Create an organizational structure and human resources model that promotes accountability, adaptability and flexibility.

Student Co-op Learning

TBDHU programs hosted 76 students seeking educational work experiences in public health. This marked a 26% increase over student placements in 2006. Students participated in clinical, health promotion and business settings, gaining real-world skills and practical knowledge toward their future careers. We plan to further develop our student programs as an important step in creating a larger, more qualified pool of potential public health workers. As a part of the Public Health Working Group, staff are also developing a community residency position focused on public health in collaboration with the Sudbury District Health Unit and the Northern Ontario School of Medicine.

Influenza Immunizations

Public Health Nurses (PHNs) from all programs participated in the delivery of community influenza clinics and school vaccination clinics. Reassigning staff to these programs allowed us to provide improved service to clients with shorter wait times, and eliminated additional programming costs. In 2007, area residents protected their good health with over 16,500 doses of influenza vaccine delivered by our PHNs.



5,600 volunteer hours donated to the TBDHU.

222 staff employed by the TBDHU, as of December 31, 2007.

168 TBDHU employees received an influenza vaccination.



A selection of 2007 health promotion materials: (l-r) Wear the Gear transit shelter, Early Identification insert, Report to the Community tabloid, MAKWA display.

Goal Five:

While maintaining a population-based approach, acknowledge and address gaps in service to ensure accessibility for priority populations.

Dental Care

Our dental teams visit every elementary school in the District of Thunder Bay. Over the past two years, we have documented a 3% increase in dental decay among five-year-old children screened. As a result, we shifted to a much more aggressive program of preventive services, including fluoride varnish for preschool children. In 2007, we provided 975 varnishes — an increase of 150% over the previous year. Through Health Canada funding, we also provided preventive dental services to children under the age of eight on six First Nations in the District.

Youth Initiatives

The youth demographic is a key facet of our population-based approach. For example, as Thunder Bay initiated construction of its world class skate park, the Injury Prevention Team, working in partnership with the City of Thunder Bay and the Thunder Bay Skateboarding Coalition, provided a certified skateboarding educators course. The team also helped plan the 2007 Ontario Injury Prevention Conference and presented on three projects: the pilot Kiss & Ride school program; a workshop on fatigued driving in partnership with the Highway Safety Education Committee; and Photovoice, a participatory research project with First Nation and non-Aboriginal youth.

The Injury Prevention Team also worked with students from Dennis Franklin Cromarty Secondary School to increase their leadership capacity. As a result, students organized a traditional feast; a school tour; and a presentation for 65 guests, including the Mayor, City Councillors and police. They also provided interactive tours for grade 5-6 students from neighbouring schools. These and other programs such as Youth Week and Action for Youth Forum 2007 enable us to engage youth in youth-led health promotion.

Point of Care Testing

This year we began offering a new test for HIV which takes only one minute to administer and get a result. The program includes pre- and post-test counselling for the client, but the test itself involves only a finger prick and the result is available immediately. Presently, the test is being offered in our Anonymous Testing program. Future plans include the extension of Point of Care Testing to our regular sexual health clinic and community and outreach settings.

412,178 clean needles distributed by the Superior Points Harm Reduction Program.

1,515 client visits made to the Nurse Practitioner.

312 food industry workers received safe food handling training.

Ruth Currie, Registered Dental Hygienist

Taking a Stand

Community Water Fluoridation

In 2005, Sudbury District Health Unit released a Children's Dental Health Report that raised some alarm bells throughout the province on the state of children's oral health. A comparison of the dental decay rates of Thunder Bay's five-year-old children to those of Sudbury's caused our Board of Health to take immediate action and they passed a resolution supporting the recommendations of this report.

Analysis of the Dental Indices Survey data indicated that the rates of decay of Thunder Bay children had continued to climb – a total of 21% over five years – whereas Sudbury's rates declined by 3% over this same period. Many features of the two communities are similar in terms of demographics, size, geography – the major difference is that Sudbury's water supply has been fluoridated for many years.

At a Board of Health meeting in the fall of 2007, it was resolved that this situation needed to be addressed. A resolution was passed directing that a deputation be made to City Council recommending fluoridation of the municipal water supply. In preparation for the deputation, a telephone survey was conducted to assess public awareness and opinion on the issue of water fluoridation. The survey indicated that almost one-third of citizens were not aware that Thunder Bay's water supply is not currently fluoridated. Sixty percent (60%) of survey participants indicated support for the addition of fluoride to Thunder Bay's drinking water. The full report is available at tbdhu.com. The deputation was made in December 2007 and Council requested that a report be prepared by its administration to advise them of the feasibility, costs and environmental impacts of such a step. The report is expected to be completed in early 2009.

Dental disease is the most common chronic disease in children and adolescents in North America. The health benefits of water fluoridation are clear: it reduces dental decay and improves overall health as research indicates strong links between oral health and diabetes, breathing problems, and oral cancer.

Our Board of Health has identified community water fluoridation as a priority project for the TBDHU. In order to achieve the goal of improved health for our children through systemic water fluoridation, we will continue to dedicate resources to increase community awareness and acceptance of this important practice—widely considered one of the top 10 public health measures of the modern world.



Dr. Nancy Cameron
Medical Officer of Health

2007 Board of Health Members

Connie Bryson,
Chair of the Board
Townships of Terrace Bay
and Schreiber

Terry Fox
Town of Marathon

Norm Gale
Provincial Appointment

Catherine Gillies
Provincial Appointment

Steven Harasen
Municipality of Neebing
and Township of Gillies

Maria Harding
Municipality of Shuniah

Shirley Hunt
Townships of Conmee
and O'Connor

Lucy Kloosterhuis
Municipality of Oliver Paipoonge

John MacEachern
Town of Manitouwadge

Jack Masters
Provincial Appointee

Beatrice Metzler
City of Thunder Bay

Eric Rutherford
Municipality of Greenstone

Linda Tolmonen
Townships of Dorion,
Nipigon and Red Rock

Joe Virdiramo,
Vice Chair
City of Thunder Bay



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Thunder Bay District
Health Unit
www.tbdhu.com

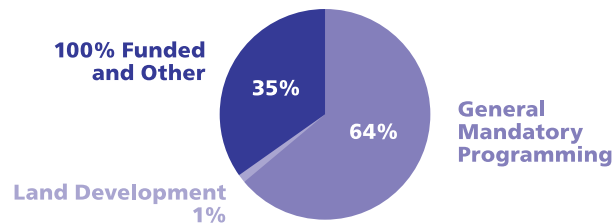
Financial Data:

2007 Operations Overview

During 2007, the TBDHU administered approximately \$16.1 million in public health services for the residents within the jurisdiction of Thunder Bay and the District.

TBDHU programming is funded through three different models: cost-shared programs, 100% provincial and other funded programs, and the land development program.

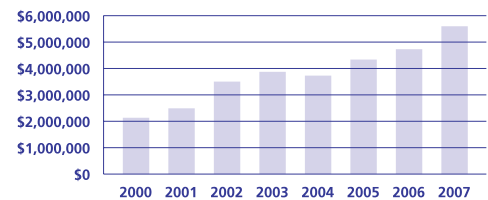
2007 Funding Distribution



Cost-shared programs are funded by a combination of provincial and municipal tax dollars on a 75:25 ratio. The majority of the TBDHU's funding (approximately \$10.3 million) is provided in this manner.

One-hundred per cent provincial and other funded programs account for approximately \$5.6 million and are specific programming initiatives.

Over the years, 100% funded programs have been increasing in significance to the overall funded position of the TBDHU, increasing approximately 166% over the past eight years.



The land development program is self-sustaining through fees set by the Board of Health and provides approximately \$165,000 worth of programming within the District.

The financial statements of the Thunder Bay District Health Unit are audited on an annual basis. For a complete review of our 2007 Audited Financial Statements please visit our website at www.tbdhu.com.