



Thunder Bay District Health Unit

2005 Annual Report

2005 Board of Health

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Terrace Bay/Schreiber

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City of Thunder Bay

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Marathon

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Cara Teichroeb
Manitouwadge

Claudette Trotter
Greenstone

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City of Thunder Bay

Strengthening Public Health

In 2005, the Thunder Bay District Health Unit faced a year of transition while leading, supporting and implementing provincial initiatives.

We served as an early adopter for the Integrated Public Health Information System and the Regional Infection Control Network, and were designated as a lead agency for Smoke Free Ontario. The demands of coordinating a response to a potential pandemic influenza outbreak and other emergencies also consumed much of our attention. In addition, the Province's Operation Health Protection Plan drew upon key leaders from our organization to contribute to the Provincial Infectious Disease Advisory Committee and Capacity Review Committee.

We were privileged to serve together in an interim capacity after the departure of Dr. David Williams to his new provincial position. We were fortunate to have been supported by the Ministry of Health, our Boards of Health and our respective staff whose strong commitment to public health is invaluable.

Highlights of the work that our dedicated staff carried out during the year are outlined in this report. Their creativity, energy and patience during the year are the qualities that will ensure we meet the challenges of future years.



Dr. Penny Sutcliffe
A/Medical Officer
of Health



Doug Heath
A/Chief Executive
Officer

It has been a pleasure to work with such a supportive Board this past year. The members demonstrated their responsibility to the District's citizens and to their municipalities with the acceptance of a multi-year 'budget and growth' strategy that balanced the need to renew the local public health system with the desire to minimize financial risk to the municipalities.

Thank you to our Acting Medical Officers of Health, Dr. Penny Sutcliffe and Dr. Vera Etches of the Sudbury & District Health Unit, and to the other Northern MOHs for their assistance during the year. We also extend appreciation to all staff who worked together to protect and improve our public's health this past year, especially to those who assumed additional challenges during this year of change.



Connie Bryson
Chair, Board of Health

Health Promotion & Chronic Disease Prevention

Divisional Report

For more than two decades the Board of Health and staff of the Thunder Bay District Health Unit (TBDHU) have diligently pursued education, awareness, and advocacy strategies to reduce the rates of tobacco use in the District of Thunder Bay. Our list of successes expanded this year with the knowledge that youth tobacco use declined by more than one third, **from 29% to 18% since 2001**, bringing our rates closer in line with provincial statistics.

This dramatic drop in youth tobacco use is extremely gratifying to the Health Unit and to all of our community partners who have supported our long term efforts that have resulted in 80% of our citizens being in favour of comprehensive smoking by-laws in their communities. These new community attitudes, combined with extensive anti-smoking initiatives at the local, provincial and federal levels have assisted in this significant decline.

Tobacco Use Prevention will continue to be a priority program for us. In 2005, the TBDHU became one of seven lead health units located across the province with the intent of establishing a Northwestern Tobacco Control Network. In addition, a Tobacco Control Unit was established to oversee new tobacco control activities including the establishment of four Youth Action Alliances throughout the District. By year end, four youth advisors located in Geraldton, Marathon, and Thunder Bay had hired 27 part-time peer leaders to initiate the youth programming throughout the District.

It is our sincere hope that these young leaders will become the future of health promotion in the District.

Smoke-Free Ontario Act

This Act prohibits smoking in all workplaces and enclosed public places, which are not primarily a place of residence. This would include restaurants, bars, schools, private clubs, healthcare facilities, sports arenas, entertainment venues, work vehicles and offices including government buildings.

The Act also limits the sale, distribution and use of tobacco products, including stricter measures to ensure only those 19 years of age and older can buy cigarettes. It bans all countertop displays at retail outlets and prohibits the promotion of tobacco products at entertainment venues.

Lori G. Chow
Director

Janine Black
Mgr., Healthy Families

Bill Campbell
A/Mgr., Healthy Families

Ena DePeuter
Mgr., Healthy Living

Lori Molendyk
Mgr., Healthy Communities

Ken Ranta
Mgr., Tobacco Control Unit



Healthy Weights Strategy

Task Force found the following root issues were identified as impediments to healthy eating and physical activity for children and youth:

- Both parents working has resulted in the “frenzied family” syndrome, meaning less time and energy for preparation of healthy meals and leisure time physical activity
- Lack of neighbourhood connectedness create safety concerns which impede spontaneous outside play
- Improvements in access to technology such as tv & computers and the mechanization of routine tasks and transport lessen physical activity
- Inconsistency in schools’ approaches to healthy eating and physical activity
- Pressures on municipal budgets often necessitate increase in user fees, and decrease in low cost recreation facilities and programs
- The costs of food and gas in our region are higher, which impacts families’ ability to purchase healthy foods
- Poverty impacts participation in regular/organized physical activity. Recreation costs such as equipment and transportation become major issues
- Urban planning often prioritizes the use of vehicles over active transportation

Healthy Weights Strategy

A divisional goal this year was to align our local programming with the province. Outside of tobacco, our key health issue is youth obesity. Expanded initiatives are needed in both healthy eating and physical activity.

In 2005, A Healthy Weights Strategy Task Force completed a district-wide situational assessment and designed a comprehensive health promotion program that will only be successful with the enhancement of staff expertise in a variety of disciplines. The Task Force has determined the factors that impact good nutrition and physical activity for children, and we remain hopeful that funds will be put in place to address this ‘new public health epidemic.’

Since 2003, our staff have made significant progress in supporting schools with strategies like “Exercise in Disguise”. Participation by teachers in the Take Heart Schools coalition has increased markedly, including a request for a teacher training day on nutrition and physical activity for 30 junior (grade 4–6) level teachers. Consultation on establishing guidelines related to physical activity and nutrition is available to teachers, principals, school councils and board personnel.

In partnership with local schools and community agencies, we have assisted in obtaining funding for two “Living School” projects through the Ontario Physical and Health Education Association. This is a major success as only 17 projects are funded across the province.

In June, we were pleasantly surprised by the announcement of a new Ministry of Health Promotion. Program staff quickly regrouped to understand the mandate and future directions of this new Ministry. Our staff took the initiative to present at a Ministry of Health Promotion Forum held in Thunder Bay. Our input drew compliments from Minister Watson and his staff. We hope to see our program suggestions incorporated into the future activities of the new Ministry.

living school

Building Healthier Communities



Thunder Bay District
Health Unit

Empowering Youth

Approximately 43,000 youth (27% of the population) between the ages of 5 and 24 live in our region.

The youth of Northwestern Ontario are unique in that the demographic and socioeconomic composition of our region poses some challenges. Over 15% of children aged 17 and under live below the Low Income Cut-off. This poverty influences the quantity and quality of food available to them. Food insecurity was reported by 12.9% of families with children under 25 in our region in the past year.

Studies show that taking a population health approach focused on the social determinants of health and dealing with root causes will have the longest-term positive impact. To truly clarify root causes, it is imperative to let youth identify issues from their own perspective.

Our Family Health team has committed to the idea that youth must play a role as stakeholders in their own well being. We have begun the process of challenging concerned youth to take solid steps forward from awareness to action. This increased involvement will help youth to build resiliency, confidence and self-esteem. As a Health Unit and community, we have created many opportunities to empower youth to make positive choices throughout their lives.

In the past year, we strengthened and coordinated approaches and resources for youth and their parents. Over the coming year this approach will increase cross-program and interdivisional collaboration and coordination.



Thunder Bay Children's Charter was developed to articulate a vision for the children of Thunder Bay, based on the United Nations convention on the Rights of the Child for children throughout the world. The Thunder Bay Children's Charter Coalition is a collaboration of concerned individuals, service providers and agencies who promote the well being of children.

Each year, the coalition will report to the community on one aspect of the charter. The 2005 focus was on food security. The report covers:

- current issues
- programming that currently exists to address these issues, and
- what can be done as a community to meet the nutrition needs of children.

This report will be a helpful tool in tracking the City's progress towards maintaining and improving the welfare of children as stated in the Children's Charter.

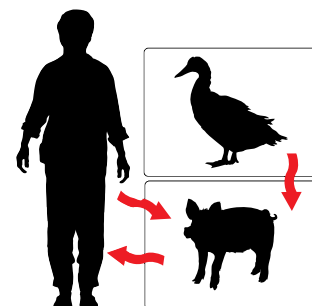
Branch Office Activities:

- Joint effort with Superior Points and Nor-West Health Centre in **Longlac** to initiate needle exchange program based on identified community need
- 120 Women attended the Women ... Take Heart Event in **Schreiber**
- **Marathon** -12 community members received training as Car Seat Technicians and inspected 22 car seats for children under age 8 making recommendations for safe use 3-educational presentations-2 different speakers-saw 1350 community members
- **Marathon** - 1350 community members attended 3 Injury Prevention and Substance Abuse prevention community events
- Women's Health Symposium based on the theme "Empowering You to Make Informed Health Decisions" on October 29th at St. Edward's School in **Nipigon** with 25 participants in attendance. The symposium included seminars by physicians, public health nurses and other service providers on Osteoporosis, Hormone Replacement Therapy, Breast Health, Pap Tests and Human Papiloma Virus (HPV). Superior North Emergency Medical Service provided training in Cardio Pulmonary Resuscitation and the Ontario Breast Screening Program instructed women in Breast Health Exams.
- **Manitouwadge** - highly successful Turn Off the Screens with participation from a wide variety of community partners
- Kids in the Kitchen event were held in **Beardmore, Dorion and Red Rock** teaching kids nutrition,cooking skills and developing social skills around shared meals. 76 attended the classes.

Ensuring Emergency Response throughout the District

Public Health Nurses in all five Branch Offices have joined with their local partners to begin a process leading the development of a unique Pandemic Plan for each community.

It is anticipated that work to develop local plans within each district community will continue well into 2006 and beyond to produce "evergreen" plans that reflect changing community needs, current information and emerging trends.



Combining Our Efforts

Cross program planning has continued to maximize our effectiveness among target audiences. Successes such as the "Take a Break with Your Kid Campaign" is only one example of a number of program activities that are addressing local needs, meeting the mandate and ensuring efficient and effective program implementation.

In conclusion in 2005, the Health Promotion and Chronic Disease Prevention Team continued to deliver quality public health programming in 2005.



Health Protection & Clinical Services

Divisional Report

The Health Protection and Clinical Services division continued to work with community partners to develop plans which would provide rapid and resource-efficient responses within the region during times of emergency.

As part of this planning, the Health Unit used an incident management system framework to create an internal emergency response plan supporting the delivery of public health services in the event of communicable disease outbreaks, severe weather, or infrastructure disruptions.

One of the most significant components of this process was the creation of the Health Unit's business continuity plan: a framework to prioritize service provision and adapt public health human resources to ensure the continuation of critical services to clients in the event of an emergency.

Environmental Health

West Nile Risk is Low

The 2005 West Nile study indicated the risk to humans in the District of Thunder Bay was, once again, low. Less than 1% of the 11,370 mosquitoes tested were *Culex restuans* – a species known to pass the virus onto birds. For 2006, the West Nile program priority will be to continue to survey and monitor the prevalence of this species as part of a comprehensive risk assessment for the District. The full report is available in the Resource section on our website.

Inspection Team Scores High in Inspection Report

Of 25 provincial health units which participated in a study of food premises inspection practices, Thunder Bay District's inspection team ranked first in re-inspections of medium and low-risk food premises, and third in high-risk premises. These high rankings substantiate the Health Unit's efficiency in monitoring and following up with premises which incurred infractions.

Higher Demand for Food Safety Training

In 2005, 355 restaurant workers, food preparers and servers from the District successfully completed training to receive food safety certification. This number represents a 22% increase over 2004. It is expected such increases will continue with enhanced provincial regulations, expected to come into effect in 2006.

In addition, 80,000 "BBQ Food Safety Tips" bagstuffers were distributed to shoppers in the region thanks to the cooperation of approximately 80 meat shops and grocery stores throughout the district. This promotion underscored the strength of partnering with private business to promote public health messaging.



Ken Allan
Director

Darlene Binette
Mgr., Infectious Disease

Tony Pacifico
Mgr., Environmental Health

Lorraine Repo
*Mgr., Healthy Babies
Healthy Children*

Maureen Twigg
Mgr., Clinical Programs

Environmental Health

- 1,843 food premises inspected
- 1,141 re-inspections conducted to ensure correction of non compliance with the regulation
- 580 beach water samples taken for testing
- 414 animal exposure cases investigated
- 361 adverse water results reported to the Health Unit
- 314 after hours reports investigated; majority of calls for safe water concerns and animal bites
- 218 health hazard complaints investigated
- 159 dead birds reported to the West Nile Virus Crow Line
- 150 Food establishment complaints investigated
- 23 beach advisories issued
- 21 beaches inspected
- 19 suspect food-borne illness cases investigated

Vaccine Preventable Diseases

- 20,451 influenza vaccines given out at flu clinics
- 5,304 clients attended immunization clinics
- 3,396 doses of meningococcal vaccine given out to grade 7 students
- 3,052 doses of meningococcal vaccine given out to students 15–19 years of age
- 548 clients attended travel clinics

Vaccine Preventable Diseases

More School Vaccination Clinics

The Health Unit held more school vaccination clinics in 2005 than in prior years to administer the three childhood vaccines which became publicly-funded in 2004. In the first year of the program, 90.8% of grade seven students received meningococcal vaccines, along with 36% of students aged 15–19 years. The school vaccination clinics resulted in an over 95% compliance rate for vaccinations, in accordance with the Immunization of School Pupils Act.



Infectious Diseases

Pandemic Plan Released

The first version of the Thunder Bay & Area Pandemic Influenza Plan was released to the public during a Pandemic Planning Conference held in Thunder Bay in September. Over 130 people from the District of Thunder Bay attended the event. The Health Unit's working relationships within the community have been strengthened by the extensive consultations with community groups that took place in 2004 and 2005, and which will be ongoing to maintain the effectiveness of the Plan. The most current report is available in the Resource section on our website.

Influenza Message Reaches Every Household

The 2005 influenza season kicked-off with the household distribution of an influenza-education report. The 2005 Report to the Community, an eight-page report which focused on the spread and control of influenza, pandemic influenza, influenza prevention, and included a flu clinic schedule, was distributed to all 53,000 households in the District of Thunder Bay. The report was adapted by another Ontario Health Unit for community distribution.



High Risk Youth Drug Report Completed

In winter 2005, the Health Unit used peer-networking strategies to interview 313 drug-using, street-involved youth between the ages of 16 and 24 about their drug use and paraphernalia ('works') sharing habits. The data collected indicates the youth sample captured by this survey is at high risk for acquiring blood-borne infections. The high rate of sharing 'works' suggests a need for comprehensive harm reduction programming targeted at street-involved and homeless youth. Due to the success of utilizing peer-workers to reach these youth, the Health Unit will seek further funding from Health Canada to implement a peer-worker, harm-reduction program for this target group.

Clinical Services

Sexual Health Clinics See Shift in Age

The Sexual Health Clinic realized a trend towards older adults accessing services. Seventy-three per cent and 77% of all clients seen at the Village and Balmoral Clinics, respectively, are over age 20. Since 2002, this represents a 13% increase at the Village Clinic and a 9% increase at the Balmoral Clinic. There is also a rise in number of visits from clients aged 30 to 59, which is especially evident at the Village Clinic. The trend underscores the importance of continually reviewing our services to ensure we are adapting to the needs of emerging client groups.



Nurse Practitioner Program

The Nurse Practitioner Program continued to be in great demand in 2005, filling health care service needs brought on by a physician shortage. The Program had a notable demand for cervical screening, primary care for newborns, mental health and counseling services.

Increase in Cancer Genetics Referrals

In spring 2005, a genetics nurse from the Northwestern Regional Genetics Program was added to the Multidisciplinary Breast Rounds team at the Regional Cancer Centre. This contributed to a 23% increase in cancer patient referrals to the Program. The program's accessibility to the Health Unit's new videoconferencing technology has increased the opportunities for patient/physician counseling, especially in rural areas.

Harm Reduction

- 564,216 needles distributed by Superior Point Needle Exchange Program
- 510,223 needles collected by Superior Point Needle Exchange Program
- 2 new needle exchange programs started: Geraldton and Longlac

Sexual Health Program

- 10,440 clinic visits
- 3,822 students in grade 7 to 9 in attendance at school presentations
- 145 school presentations conducted

Nurse Practitioner Program:

- 1,500 client contacts for primary care service
- 410 cervical screenings performed
- 62 prenatal care patients

Genetics Program:

- 986 individuals received genetic clinic services
- 25 educational presentations to professionals, agencies and the public
- 23% increase in Cancer Genetics referrals

Healthy Babies Healthy Children Supports Families:

- 2,097 visits to families were conducted by Family Home Visitors
- 1,168 families received a telephone call from a Public Health Nurse within 48 hours of hospital discharge
- 832 home visits to postpartum mothers conducted by Public Health Nurses
- 665 on-going home visits by Public Health Nurses
- 238 families received on-going home visiting
- 188 women were screened using the Larson Prenatal Screen

Healthy Babies Healthy Children Programs

A Leader in Ontario

The Health Unit is on track to be assessed for the World Health Organization's "Baby Friendly" designation, based on a pre-assessment which took place in November 2005. The successful pre-assessment towards this stringent designation is the first for a health unit in Ontario. The full assessment will take place in June 2006. If successful, the designation will identify the Thunder Bay District Health Unit as a health care worksite which supports breastfeeding through policies and practices, and is effective in increasing breastfeeding rates.



Breastfeeding Service Improvements

The Health Unit provided 595 clinic, home visit or telephone breastfeeding consultations in 2005; more than in previous years. Recognition from health care providers of the breastfeeding clinic and its services, and higher public awareness of breastfeeding has led to more referrals for counseling. Due to increased demand, the Health Unit increased its clinics from eight to ten per month to improve mothers' access to counseling at times critical for the establishment of breastfeeding. In total, 125 clinics were held in 2005.

An electronic breastfeeding surveillance database has been established to monitor breastfeeding initiation and duration rates. This information will be used to create programs and services to improve breastfeeding rates throughout the District.

This has been a year of continuing to build capacity for emergency response. All Health Protection and Clinical Services teams delivered high quality services despite ongoing resource challenges. They are to be commended for their ability to respond to the needs of the Thunder Bay District.



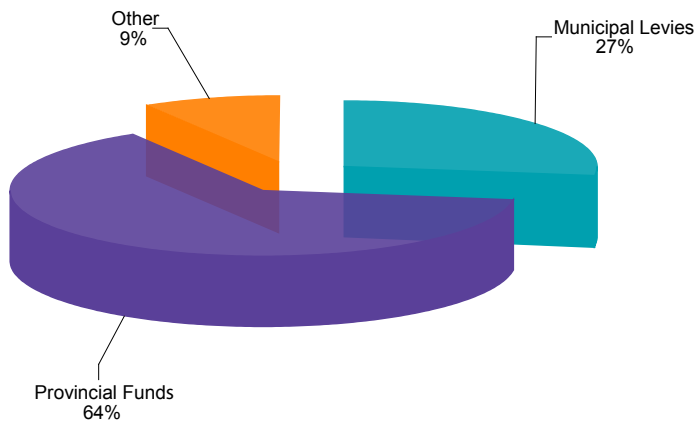
Administrative Services Divisional Report

Administrative Services is responsible for all the financial, human resources, information systems, and property functions within the Thunder Bay District Health Unit.

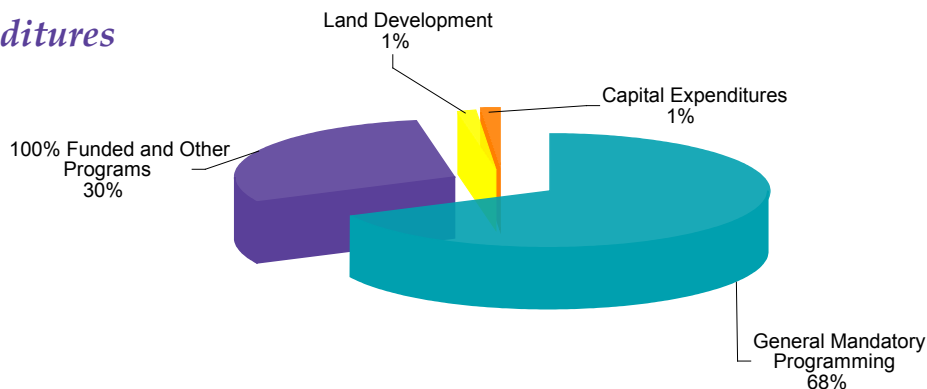
During 2005, the Thunder Bay District Health Unit administered approximately \$14.5 million in public health services for the residents within the jurisdiction of Thunder Bay and the District. Within the Administrative Services Division, we continued to focus on updating, developing and implementing administrative policies and procedures to accommodate the growing scope and complexity of our organization. These developments will allow us to continue to provide administrative services in the most efficient and effective manner, and to support the organization in its effort to build its public health capacity within our communities.

The following provides a graphic representation of the source of Health Unit funding, and the cost of services provided to the people in our District:

Revenue Sources



Expenditures



The financial statements of the Thunder Bay District Health Unit are audited on an annual basis. For a complete review of our 2005 Audited Financial Statements, please visit our website at www.tbdhu.com.

Doug Heath
Director, Business
Administrative Officer

Georgina Daniels
A/Director, A/BAO
Mgr., Finance

Phil Avella
Mgr., Information Systems

Nadine Doucette
Mgr., Human Resources



Thunder Bay District Health Unit Offices:

Main Office

999 Balmoral Street
Thunder Bay, ON P7B 6E7
Phone: (807) 625-5900 or toll-free in the
district at 1-888-294-6630

The Village Clinic

502 E. Victoria Avenue
Thunder Bay, ON P7C 1A7
Phone: (807) 624-2000

Greenstone

P.O. Box 1360
510 Hogarth Avenue, West
Geraldton, ON P0T 1M0
Phone: (807) 854-0454

Manitouwadge

P.O. Box 385
Manitouwadge General Hospital
Manitou Road
Manitouwadge, ON P0T 2C0
Phone: (807) 826-4061

Marathon

P.O. Box 384
Marathon Library Building,
24 Peninsula Road
Marathon, ON P0T 2E0
Phone: (807) 229-1820

Nipigon

P.O. Box 15
Nipigon District Memorial Hospital
125 Hogan Road
Nipigon, ON P0T 2J0
Phone: (807) 887-2908 or (807) 887-3031

Schreiber

P.O. Box 698
Jack Stokes Medical Building
501 Scotia Street
Schreiber, ON P0T 2S0
Phone: (807) 824-2413