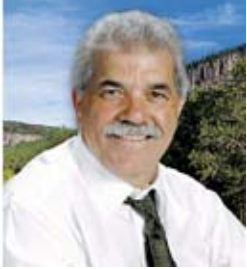


2008 Annual Report

A Message from the Chair of the Board of Health



It is my pleasure to present the 2008 annual report. We focused this report on the organization's new strategic plan by highlighting the developments and accomplishments that support each strategic goal. While the plan was still in its infancy (introduced in 2007), it provided the foundation for the Board and staff to navigate through a year of transition and challenge.

In early 2008, the organization prepared for the departure of the Medical Officer of Health. The Board relied upon the strength of its internal resources to conduct an aggressive recruitment campaign to replace Dr. Nancy Cameron. Our thanks go out to Dr. Cameron for her service and dedication, and for providing an additional tour of duty by fulfilling an Acting MOH role to assist through the transition. We also welcomed Dr. Samuel Graham on board as Acting MOH late in the year while our search for a permanent MOH continued.

Vision

To be leaders in creating healthy communities & healthy environments.


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 protection, prevention & health promotion.

Compliant with the recommendations of the strategic plan, a new organizational structure was implemented early in the year to integrate our resources and services. Strategic priorities were also initiated through internal committees supported by the new structure.

While focusing on the development of the plan, our prevention, protection and health promotion programming continued and evolved. Only a sample of our achievements are highlighted in this report. Most notably, a review is provided on the invasive Group A Strep outbreak (iGAS), which necessitated a rapid public health response to identify sources of the illnesses and develop interventions to control its spread.

My thanks and congratulations go out to the Board, staff and community partners for their effort and dedication to take on the challenges during such a transitional period, making 2008 a successful year.



Joe Virdiramo,
Chair, Board of Health



Thunder Bay District
Health Unit

Acting Medical Officer of Health

Dr. Sam Graham

2008 Board of Health Members

Joe Virdiramo, Chair

Connie Bryson
Schreiber & Terrace Bay

Terry Fox
Marathon

Norm Gale
Provincial Appointee

Catherine Gillies
Provincial Appointee

Steven Harasen
Neebing & Gillies

Maria Harding, Vice Chair
Shuniah

Shirley Hunt
Conmee & O'Connor

Lucy Kloosterhuis
Oliver Paipoonge

John MacEachern
Manitouwadge

Jack Masters
Provincial Appointee

Beatrice Metzler
Thunder Bay

Linda Rydholm
Thunder Bay

Eric Rutherford
Greenstone

Linda Tolmonen
Dorion, Nipigon & Red Rock

Goal 1:

Foster an evidence-based, innovative culture.

The TBDHU achieves Ontario's public health goals using proven and effective interventions. Research, leading practices and evaluation form the foundation for program planning, service delivery and decision-making.

Ongoing collection of information, analysis of trends, and knowledge exchange with public health partners, ensure the TBDHU is applying current information in developing tools, processes and strategies to achieve positive public health outcomes and an organizational capacity to support an evidence-based environment.

QUICK FACTS:

3 health units in Ontario adapted TBDHU's Youth Team model to develop youth advocacy programming

1,075 clients received service through Genetics Clinic; **50** through video conference counseling

400 students visited high school sexual health clinics

4 public needle disposal boxes placed in Thunder Bay in collaboration with City Public Works

311 animal bite incidents investigated

48 infection prevention and control presentations made to community partners

Street Nursing Program Piloted

Street nurses and a nurse practitioner were introduced to the City streets and are now travelling throughout Thunder Bay reaching those who need care the most. Services include wound care, sexually transmitted infection testing, HIV testing, flu and hepatitis B shots, antibiotic treatments and medical and dental referrals.

Long Distance Testing Introduced

The TBDHU conducted "long distance" infant hearing tests using video conferencing equipment and an internet link. This "remote assessment" allows the TBDHU to conduct full infant hearing testing for families living hundreds of kilometers away who otherwise would not have access to testing.

Just Ask Me Launched

Using the experiences and creative direction from youth who have experienced racism, the "Just Ask Me" campaign addressed racism and stereotyping and has helped youth from different backgrounds build resiliency, understanding and tolerance of each other.

Evidenced-Based Practices Strengthened

The TBDHU assembled an internal committee tasked with building organizational capacity to support an innovative and evidence-based culture. The committee created evaluation statements to be included in position descriptions, drafted interview question templates, and provided training on tools created by the Ontario Public Health Association, focused on evaluation and using evidence in your work.



justaskme.ca

Goal 2:

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

TBDHU consultation and guidance has led District communities towards advancements in creating healthy communities and environments. We endeavour to reach this vision and to strengthen our reputation as public health leaders through: clear and consistent communication with community groups and the individuals we serve; advisory roles in health, safety and public policy issues; and a commitment to continued review and renewal of our programs and services.

Drinking Water Expertise Required

The TBDHU is relied upon to protect and monitor drinking water sources for contamination. This expertise will be further utilized with the provincial transfer of small drinking water system responsibilities to local health units. Public health consultation was required during the June Kaministiquia flood cleanup and on the regional Source Water Protection Committee, to identify potential hazards to potable water supplies in environments surrounding well systems.

Children's Environmental Health Championed

Two staff members were trained as "local children's champions" by the Canadian Partnership for Children's Health and the Environment, qualifying them to lead local children's environmental health initiatives. The champions collaborated with the Thunder Bay Children's Charter Coalition to develop the 2008 Children's Charter Report on Children's Environmental Health. The Report was presented at a provincial conference and several agencies have requested permission to reproduce and adapt its content.

Medical Officer of Health Recruitment Initiated

Consistent with this goal, the recruitment of a Medical Officer of Health was a key priority in 2008. An aggressive search was conducted throughout the year and will continue in 2009.

Vaccination Materials Received Provincial Attention

Through comprehensive consultation with parents, the TBDHU developed the "Immunization: What Parents Want to Know" booklet. This easy-to-understand resource and accompanying materials were distributed to District and provincial agencies. Over 4,700 copies have been given out. Requests to adapt the booklet have been received from several provincial organizations.

Immunization Booklet



QUICK FACTS:

5,000+ client visits to immunization and travel clinics

15,300 flu shots given out at TBDHU clinics

93% of school aged children are up to date with required immunizations

1,166 food premise inspections; **654** re-inspections

269 new safe food handlers certified by TBDHU

7 respiratory outbreaks and **8** enteric outbreaks investigated



Immunization Display

Goal 3:

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

Collaboration with community partners is integral to creating environments that support and sustain the good health of the population, and has been identified by the Ontario Public Health Standards as a principle factor for shaping and influencing the public health response. Strong working relationships between the TBDHU and key players in advocacy, policy change, program development, capacity building and health services enable our District communities to see progress towards positive public health change.

QUICK FACTS:

1,600 children screened by Fair Start in **93** unique community sites

14 high schools received grants for tobacco prevention activities, reaching students at higher risk for tobacco use

8 community agencies consulted during development of outreach nursing program

8,000 students in City and District participated in the Turn Off The Screens & Get Active Challenge

21 Best Start sites launched in District with TBDHU as a partner

44 health care providers received breastfeeding education from the breastfeeding clinic

Outbreak Managed Through Partnerships

Assistance in contacting people at-risk of acquiring and spreading infections was crucial in bringing an invasive Group A Streptococcal (iGAS) outbreak to an end. Support from Shelter House, AIDS Thunder Bay, the Salvation Army, NorWest Community Health Centres, Anishnawbe Mushkiki, the Thunder Bay Regional Health Sciences Centre, Superior Points Outreach Program, the street nursing program and the GAPPS program (St. Joseph's Care Group), enabled public health workers to reach infected individuals and their close contacts, and provide them with medication to stop the spread of iGAS disease.

Oral Health Initiative Led by Dental Professionals

Aware of the high rates of dental decay among children in the District and of the important links between oral and general health, the TBDHU led dental professionals and community partners in forming the Oral Health Coalition. The group is committed to improving the oral health of people in Thunder Bay through initiatives to provide increased access to services for people in need.

School Participation Increased

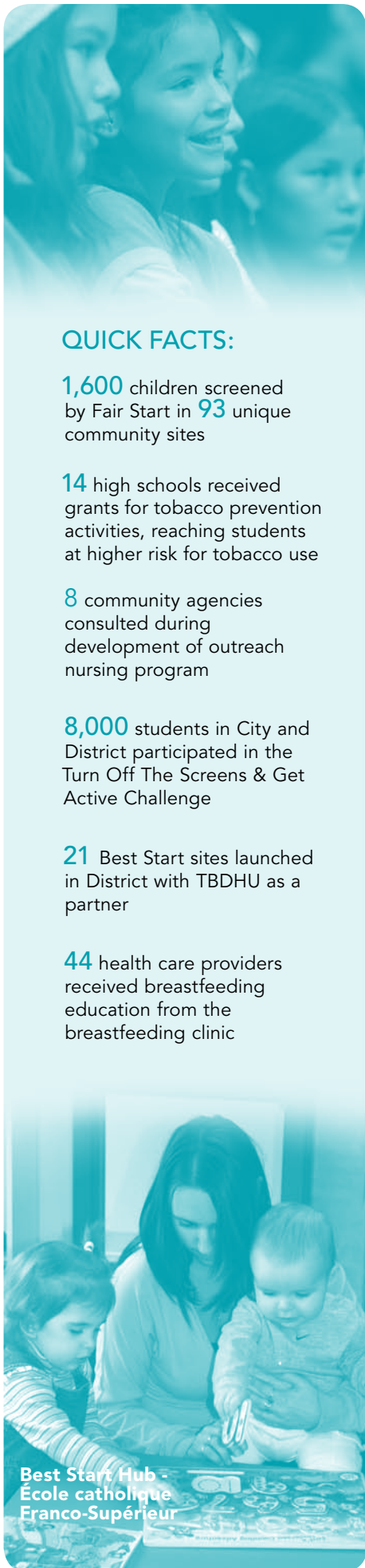
With a new on-site training model, public health nurses increased the number of schools in the District participating in training students to become NicoTeen Peer Leaders. NicoTeen Peer Leaders used instruction, social support and social activities to promote healthy lifestyle messages and increase awareness of tobacco industry products.

Pandemic Plans Updated

Pandemic plans for the City and District were updated in collaboration with community partners to ensure activities in surveillance, vaccine and antiviral distribution, communications, health services, and public health measures accurately reflected community needs, partnerships and resources.

18 Month Well-Baby Visits Conducted

Public health nurses conducted outreach visits to 75 physicians and nurse practitioners in the City to ensure these key informants to parents were aware of all the TBDHU specialized screening services available to developing children.



Best Start Hub -
École catholique
Franco-Supérieur

Goal 4:

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

The TBDHU is focused on developing a team made up of a wide variety of professionals with the knowledge, skills and attitudes necessary for effective public health practice. This will be accomplished through an organizational structure that promotes knowledge exchange and integrates service delivery between program teams, and a performance management system that aligns professional objectives with corporate goals.

Organizational Realignment Introduced

In February 2008, a new organizational structure was introduced. The objective of the new structure was to enable the integration of promotion, prevention and protection services. In addition to regrouping existing programming and introducing expanding services, a horizontal structure was put in place to promote cross divisional relationships. The design principles focused on: integration, the provincial mandate, quality and accountability, support and empowerment of employees, stewardship, communication, and responsiveness.

Social Worker Project Piloted

The Healthy Babies Healthy Children program was 1 of 5 health units in Ontario chosen to participate in a 3 year pilot project. The research will measure the impact that adding a social worker to the home visiting team has on families' eventual success. Families receive help with socioeconomic conditions, housing, employment, education attainment, immigration and settlement.

Communications Resourced

Through the organizational realignment, a communications program was introduced to address the identified need for strengthening communication strategies. The program is now provided with the resources required to achieve the higher expectations.

Performance Management Enhanced

The organization began the process to implement a performance management system that connects organizational and personal objectives with the corporate strategy. The system will include capacity-building through professional development, focusing on core competencies, measuring the productivity of the individual and ultimately the organization, and providing a clear framework for accountability. Through a timely opportunity and a HealthForceOntario grant, the TBDHU partnered with the Ontario Public Health Association, Hamilton Public Health Services, Toronto Public Health, and the Haliburton, Kawartha, Pine Ridge District Health Unit to develop this competency-based performance management framework and tools for use within public health.



QUICK FACTS:

2,128 volunteer hours contributed by **72** active volunteers

236 employees as of December 31, 2008

75 students placements; **10** in paid student positions

13 nursing students and **13** medical students received training at TBDHU

30 emergency responders participated in TBDHU infection control workshop

60 health care workers participated in outbreak management workshops





QUICK FACTS:

539,361 clean needles distributed by the Superior Points Harm Reduction Program.

7,653 client visits to sexual health clinic

385 mothers received breastfeeding consultations

1,725 client visits to nurse practitioner for cervical screening, well-baby check-ups, infant immunizations

167 expecting moms, dads, support people participated in early prenatal classes

9,000 families received The Busy Parents Guide to Healthy, Happy Kids through school boards



Goal 5:

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

TBDHU continued to identify gaps in public health care. We strive to create opportunities for people to receive the services they need. Factors such as income, housing, employment, personal health practices, social support networks, physical environments and healthy child development, are key for establishing effective ways to improve the health of people in our District and are considered in the way we design and deliver our programs.

Rapid Youth Suicide Response Protocol Created

Several teen suicides in 2007 and another 17 youth admitted to the city's emergency department led to the development of a unique protocol among 20 community partners to rapidly respond to youth in crisis. Partners include school boards in Thunder Bay, First Nations agencies, health care facilities and youth service providers. The protocol means there is now a clear response system in place to support families, students, schools and the community in dealing with youth suicide.

Youth Team Created

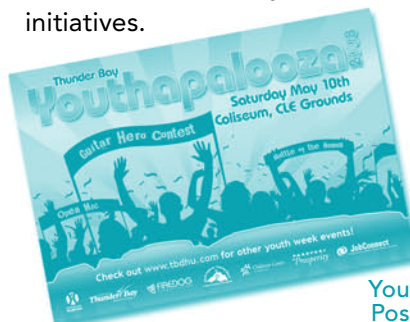
A For Youth Team with staff members from various programs was developed to address public health needs of adolescents. The purpose of this committee is to educate staff, provide staff with a venue to collaborate, network and share expertise related to youth, and to advocate for youth-friendly initiatives.

Fluoride Varnish Expanded to High Risk Communities

The dental health program was expanded to provide more children with fluoride varnish treatments who were at high risk for oral health problems. 671 preschool children received oral health screenings and regular fluoride varnishes, along with 127 children in 6 First Nations communities.

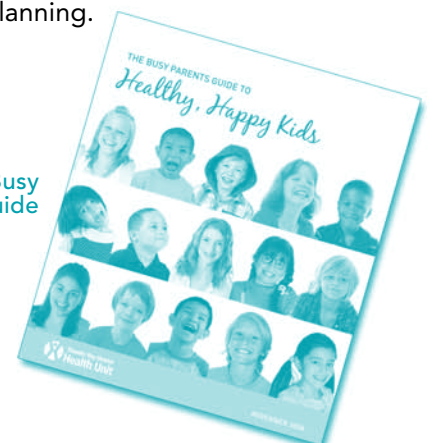
Nutrition Screening Included for Preschoolers

The TBDHU included NutriSTEP® - a questionnaire that helps parents understand how to provide the best nutrition for their children - as part of the Fair Start Program's early development screening activities. The tool will help identify nutrition gaps among Thunder Bay District children and this will direct future program planning.



Youth Week Postcard

The Busy Parents Guide



Breaking Down Barriers

Outbreak Leads to Innovative Interventions

After intense investigation and case management, the TBDHU identified a large outbreak of invasive Group A Streptococcal disease (iGAS) in the District of Thunder Bay. This community-wide outbreak focused considerable attention on the health of street-involved people. In 2008, 57 cases of iGAS occurred, of which 9 died. Although the outbreak affected a broad cross-section of the population, certain groups were affected in greater numbers, including Aboriginal people, injection drug users, people with hepatitis C and the homeless.

Health problems in the street-involved population are not a new phenomenon. Impoverished street-involved people in wealthy countries like Canada suffer disproportionately, not only from the diseases of poverty, like HIV/AIDS, hepatitis C, and respiratory infections, but also from the diseases of affluence, such as diabetes, obesity, alcoholism, and vascular disease. Their ability to cope with these diseases is impaired by lack of education, the stress of unemployment and poverty, mental illness, addiction, marginalization and a distrust of authority, discrimination in the health system, and other factors.

The TBDHU, along with other community agencies, has worked for many years to help address these problems. Thunder Bay has homeless shelters, a community health centre that caters to the poor, addiction treatment centres, social workers, food banks, and other services. The TBDHU runs a highly successful needle exchange program to provide clean needles and other supplies to injection drug users to reduce the spread of bloodborne diseases like hepatitis C and HIV/AIDS.

However, the intensity and length of the iGAS outbreak revealed additional cracks in the system. A solution was needed that would help address both the short-term and long-standing problems in the street-involved community.

Therefore, in November 2008, public health nurses and a nurse practitioner, with medical bags in tow, started traveling throughout the City reaching out to those who need care the most. Offering free services, nurses now provide on-the-spot wound care, sexually transmitted infection testing, HIV testing, flu and hepatitis B shots, antibiotic treatments and medical and dental referrals. This program will continue to deliver outreach services to the street-involved population so future outbreaks can be detected and dealt with earlier, and the health of this group can be improved.

QUICK FACTS ABOUT iGAS:

iGAS is an infectious disease in which bacteria invade the deep tissues of the body, causing a wide variety of problems, including necrotizing fasciitis (flesh-eating disease), bloodstream infections, or toxic shock syndrome

57 cases were reported in 2008

6 cases are expected in our District in a typical year

2 field epidemiologists from the Public Health Agency of Canada assisted in the initial investigation



2008 Street Nursing Team: (l-r) Rebecca Opyc, Laura Sajna, Kandace Belanger

Our District Offices

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Thunder Bay District
Health Unit

TBDHU.COM

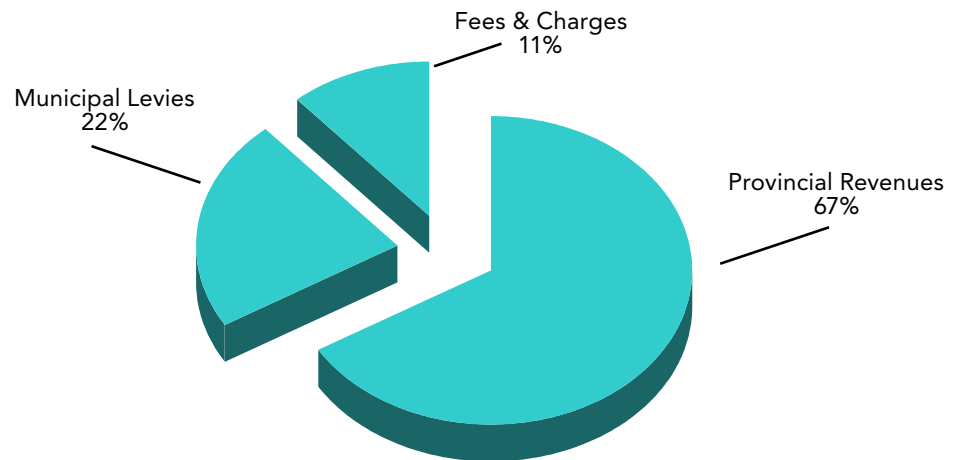
Financial Data

Highlights of 2008 Actual Results

The mandatory programs that make up the majority of the Health Unit's programming are funded through a cost-sharing ratio between the Province of Ontario (75%) and the Municipalities (25%) within the Health Unit's jurisdiction and revenues generated through various fees and charges. Cost-shared programming totaled approximately \$11.6M.

In addition, a number of the Health Unit's programs are funded totally by the Province (100%), and some are funded by federal agencies, or other funding services. In general, the level of funding and the number of initiatives funded through these 100% and other programs has continued to increase over the years, and in 2008 totaled approximately \$5.6M.

The Health Unit also provides land development services, which is a self-sustaining program funded through fees set by the Board of Health, which provided approximately \$159,000 in revenue.



The Health Unit provided approximately \$17.4M in public health programming throughout the District of Thunder Bay during 2008. For a complete review of our 2008 Audited Financial Statements please visit our website.

The Area We Serve

The Health Unit provides mandatory public health programs throughout the Thunder Bay District to approximately 160,000 people across a geographic area totaling 235,531 sq. km, through offices in Thunder Bay, Nipigon, Schreiber, Marathon, Manitouwadge and Greenstone.

