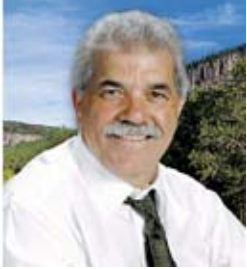


2009 Annual Report

A Message from the Chair of the Board of Health



The biggest public health challenge and no doubt the biggest public health story for 2009 was the H1N1 flu pandemic. Faced with well-publicized uncertainties about the virus and the global challenges in managing the pandemic, I am proud to say the Thunder Bay District Health Unit (TBDHU) and its partners were prepared. The TBDHU led our City and surrounding area through a successful response and provided

support and guidance to municipalities throughout the District. Through the tireless efforts of our partners and health care professionals, over 45,000 people were immunized against H1N1: more vaccinations than any other flu season in our District over the past decade. I commend the outstanding work of our Acting Medical Officer of Health (AMOH), Dr. Samuel Graham, TBDHU staff, our municipalities, health care workers, community partners and the public for their efforts in minimizing the impact of H1N1 within our District.

The year will also be remembered as one of significant change to public health. New Ontario Public Health Standards were launched in January,

emphasizing evidence-based planning, evaluation and service provision to priority populations. The Ministry of Health introduced us to Dr. Arlene King as the Chief Medical Officer of Health for Ontario while the Board of Health announced the recruitment of Dr. Henry Kurban as the District's Medical Officer of Health (MOH). Dr. Kurban begins his role in 2010 in an Acting MOH capacity.

The TBDHU board and staff are excited by the prospects of new paths to be laid by new leadership. But we know it is the relationships we build with the people of our District and the partnerships that we form that are ultimately the catalyst for public health improvements.

We thank the people of our District for their ongoing support for TBDHU programs, services

and activities that have led to the accomplishments highlighted in this report. We will continue to work collaboratively with you all towards creating healthy communities.



Thunder Bay District
Health Unit

Acting Medical Officer of Health

Dr. Sam Graham

2009 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

John MacEachern
Manitouwadge

Jack Masters
Provincial Appointee

Beatrice Metzler
Thunder Bay

Sheri Pinner
Oliver Paipoonge

Eric Rutherford
Greenstone

Linda Rydholm
Thunder Bay

Linda Tolmonen
Dorion, Nipigon & Red Rock

Linda Tolmonen, Reeve of Dorion, passed away on July 20, 2010. She is recognized by the Board of Health as an enthusiastic leader, representing great passion for public health and dedication to the communities she served. She will be missed.



QUICK FACTS:

7,216 clients were seen at Sexual Health Clinics

652,000 needles were distributed in the community with over a 90% recovery rate

40,000 needles were placed in fixed disposal bins

344 animal bite reports received and investigated and **24** post exposure prophylaxis initiated

71 infection prevention and control presentations made to community partners

"I was pregnant with no family doctor. I didn't know what to do. I called the Health Unit and saw the nurse practitioner. She answered my questions and referred me to a doctor who followed me through my pregnancy. Since my daughter was born, we have used the Health Unit for breastfeeding information, baby check-ups, dental and speech services. We will be following through with Health Unit services for years to come. I am very grateful for the services and support provided to my family."
Ryan Drury, Thunder Bay

Goal 1:

Foster an evidence-based, innovative culture.

The Health Unit achieves 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 investigation of information and 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.

Unique School-Based Initiatives Launched

The TBDHU used two innovative initiatives to reach students with health messages. The Dressing Room Project, in partnership with St. Joseph's Care Group, involved grades 7 & 8 girls creating positive body-image messages and artwork which was posted on dressing room and washroom mirrors community wide. This fresh approach to helping girls develop a healthy body image drew the attention of a local funding group, resulting in the project receiving unsolicited funds to expand the project. The Eat Smart! Get Caught! campaign rewarded prizes to teens who were "caught" by their peers eating healthy foods in the high school cafeteria. Based on the positive response to both of these creative projects, they will continue in 2010.



Dressing Room Project mirror decals

Best Practices Candidacy Awarded

The TBDHU was selected by the Registered Nurses' Association of Ontario (RNAO) to be a Best Practice Spotlight Organization Candidate. This designation means the TBDHU has entered into a 3 year partnership with RNAO to implement and evaluate three best practice guidelines into work settings and share lessons learned with health care facilities. The purpose is to deliver evidence based health care in an efficient manner to improve client experience and achieve positive health outcomes. Upon successful implementation, the TBDHU will earn the BPSO designation.

Social Media for Tobacco Control Tested

YouTube was used to target teens and young adults with three locally produced tobacco control videos, marking the TBDHU's first venture into using this popular social media outlet. Facebook was used to increase awareness of the Youth Cessation Contest and Here's the Deal campaigns. Ads for these promotions were presented on Facebook pages millions of times to people living in our District, increasing exposure to the target audience.

Goal 2:

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

As a key resource, Health Unit 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 dialogue 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 to better meet the needs of our communities.

Medical Officer of Health Recruited

The search for a MOH successfully ended in July with the Board of Health announcing that Dr. Henry Kurban had accepted the position. Dr. Kurban's experience includes working in clinical and health care management settings in the US and Canada, providing him with a broad perspective on public health practices that will help lead the TBDHU towards its public health and corporate goals.

Outbreak Declared Over

In June 2009, an outbreak of invasive group A streptococcal disease which infected 96 people since 2007, was declared over. Intense surveillance and case management were paramount to mitigating the effects of the outbreak. Community awareness, community partners' involvement in reaching people at-risk of acquiring infections, and placing public health nurses on the street providing on-the-spot care were also crucial to bringing this outbreak to an end.

Community Network Developed

The TBDHU solicited the commitment of over 140 community groups to directly receive H1N1 updates from the TBDHU and quickly distribute to their clients, staff and partners. Through this rapid relay system, thousands of people throughout the District were kept up-to-date on ever-changing information.

Expertise Requested by Province

Recognized as a leader in children's environmental health, the TBDHU was invited to participate on the provincial Healthy Retrofits Project advisory committee, working towards preventing fetal and child exposures to toxic chemicals. Also, the TBDHU's Tobacco Control Area Network coordinator was selected to lead a provincial social marketing group developing tobacco-use prevention campaigns.

Water Fluoridation Campaign Launched

A campaign to increase public awareness surrounding the benefits of community water fluoridation was launched in the spring, bringing to the public forefront the TBDHU's bid to have fluoride added to the municipal water supply.



QUICK FACTS:

5,300+ client visits to immunization and travel clinics

2,083 doses of measles, mumps and rubella vaccine administered

2,700 workplace inspections under the Smoke Free Ontario Act

45,000+ doses of H1N1 vaccine administered in Thunder Bay and District

50 H1N1 flu clinics held in Thunder Bay and **20** in the District





QUICK FACTS:

664 preschoolers screened using the NutriSTEP® tool in combination with the Fair Start screening process

5 local organizations put in place Tobacco Free Sports policies

894 people in the District participated in the 2009 Driven to Quit contest

20 community agencies formed the Youth Suicide Prevention Task Force

208 new safe food handlers certified by TBDHU and **114** food handlers were recertified



Goal 3:

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

Collaboration with community partners is integral to making 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 Health Unit and key players in advocacy, policy change, program development, capacity building and health services enables our District communities to see progress towards positive public health change. Some of our key partners include local school boards, public and private sector workplaces, municipal and provincial government agencies, non-governmental organizations, health care providers and other health units.

Emergency Preparedness Tested

TBDHU and several community partners took part in emergency response exercises in Northern Ontario and Minnesota to test preparedness plans and roles. Enacting community response scenarios allowed the key players to assess the effectiveness of their actions, responsibilities and relationships. Gaps in the system were addressed and response plans revised.

Cancer Screening Program Piloted

The TBDHU, in collaboration with the Regional Cancer Care Centre, piloted a health promotion program in Thunder Bay on behalf of the Windsor-Essex Health Unit (Windsor, Ontario). Through this assistance, the Your Health Matters - Workplace Cancer Prevention & Screening Program was able to be tested in Northwestern Ontario for potential implementation in our region. Participant feedback will be used to revise the program for a fan out to worksites throughout the province.

Sexual Diversity Working Group Initiated

The TBDHU brought together key community agencies to work in collaboration to educate, inform and raise awareness of diversity issues. The group, Sexuality and Gender Equity Working Group (SAGE), which includes boards of education, social service agencies and youth groups is focusing its 2009/2010 efforts on working with the Lakehead Public Schools and supporting their initiatives.

Suicide Response Capacity Increased

A memorandum of agreement (MOA) signed by community leaders officially launched the Rapid Response Fan Out Protocol in Thunder Bay. Through the commitment of health, education, First Nations, youth and community service agencies to share resources and expertise, this ground-breaking action plan provides people affected by youth suicide with immediate support services. Signing the MOA also established that the protocol would be part of each organization's mandate, ensuring sustainable partnerships over time.



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.

QUICK FACTS:

14,136 children in City and District received dental screenings at school during the 2008/09 school year. Of these **1,903** were referred for urgent care.

435 clients seen by Outreach Nursing Team

33 locations throughout Thunder Bay and District received speech and language services

“The Health Unit’s role is important. Because of the work it is doing, the partnership we have, and the skills we share, our agency is more effective at reaching and serving our clients.”

Mike Croft, Support Services, AIDS Thunder Bay

Drug Strategy Initiated

Identifying the need to reduce the harm caused by drug and alcohol misuse, the TBDHU took the lead in mobilizing stakeholders from health, education, social service, business, enforcement and government sectors to participate in developing a community drug strategy. The Thunder Bay Drug Strategy Steering Committee has been consulting with local agencies and individuals affected by substance misuse to identify a wide range of solutions that can help our City deal with this serious public health issue. The strategy development is supported through Health Canada funding and will be completed in 2011.

Mobile Clinic Created

An ambulance was converted into a mini, mobile clinic for the street nursing program. Now, street nurses are able to bring to clients a confidential environment to receive public health services. Services offered from the street nursing van include: immunization, sexually transmitted infections testing, HIV testing, medical and dental referrals, and on-the-spot wound care.

More Children in Need Reached

Through access to one-time funding, the TBDHU reached more school children than ever before with preventive dental services. Students in several City schools and all District schools were offered cleanings, sealants and fluoride treatments in addition to dental screenings. Preliminary results indicate this pilot project was highly successful with close to 1,000 children receiving oral health services. These services were also provided to young children in 9 First Nations communities through funding from Health Canada.

Free Food Safety Training Offered

The TBDHU offered a free, food safety course to cooks and operators working in community soup kitchens. The sessions were held to facilitate their participation in learning about and practicing safe food preparation, handling, storing and cooking to reduce the risk of food born illness when feeding groups of people. All 16 participants were certified as safe food handlers.



Pandemic Response

As It Happened

The H1N1 influenza pandemic put municipalities in our District to the test of their preparedness systems. Community-based planning, strong collaboration, and dedication to the needs of people living in this District contributed to a successful pandemic response.

The pandemic threat began in April when reports of a severe respiratory illness in Mexico made their way throughout the globe. In short order, it was identified as the “swine flu.” Health officials throughout the world, who for years had been anticipating a 21st Century influenza pandemic, closely monitored its activity. As the illness quickly spread into the US and Canada, public health was put on alert for a possible pandemic.

TBDHU’s AMOH and the City of Thunder Bay held a media conference in April to reassure the District of our municipalities’ preparedness. The regular meeting cycle of the Thunder Bay and Area Pandemic Response Group (TBAPRG) was also reactivated. TBAPRG, made up of local and district



community representatives, had been working together since 2004 to establish clear operations in response to a pandemic.

The flu’s rapid movement throughout Canada and reports of its particularly harsh effects on younger people sparked public concern. By early June, the World Health Organization declared a global pandemic.

Despite community preparedness, this flu, later identified as the “H1N1” virus, created much uncertainty among health officials and the public about its severity and tenacity. Pandemic teams throughout the District reacted quickly to new information and unclear circumstances with strong leadership, distinct lines of duty, frequent communications, and rapid adjustments to plans to accommodate new and emerging needs.

By September, news of the growing number of cases and deaths throughout Canada, and the slow production, late arrival and potential shortage of an H1N1 vaccine in Ontario, compounded public unease. To reduce public tension, frequent, clear and accurate information on new developments and disease prevention was key. TBDHU implemented a comprehensive communications plan which included: a community-based information distribution network, a dedicated flu website, frequent electronic updates to media and stakeholders, paid ads, a call-centre, teleconferences, presentations, media events and regular meetings with community partners and staff.



In October, the TBDHU received enough vaccine for anyone who needed or wanted the immunization. By the time the vaccine arrived, mounting fears caused greater-than-expected demand at flu clinics. The TBDHU added several high-capacity clinics to its schedule and implemented its business continuity plan, requiring that all public health staff participate in clinic operations. Doctors, nurse practitioners, emergency service workers and other health care providers administering flu shots were also pressured by demand. They were instrumental in protecting the public from the flu.

By mid-November, pandemic activity in the District and province subsided. The MOH deactivated the pandemic response at the end of November when pandemic activity was reported as low.

By year end, over 45,000 vaccinations were administered in the District. The TBDHU gave out approximately 30,000 of these shots; more than double the amount it administers in a typical flu season. Unfortunately, the flu was linked to four deaths in our District.

Our District Offices

Thunder Bay

999 Balmoral Street
Thunder Bay, ON P7B 6E7
(807) 625-5900
Toll Free 1-866-294-6630

Manitouwadge

P.O. Box 385
Manitouwadge Health Care
Centre
1 Health Care Crescent
Manitouwadge, ON
P0T 2C0
(807) 826-4061

Nipigon

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

Schreiber

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

Greenstone

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

Marathon

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



Thunder Bay District
Health Unit

TBDHU.COM

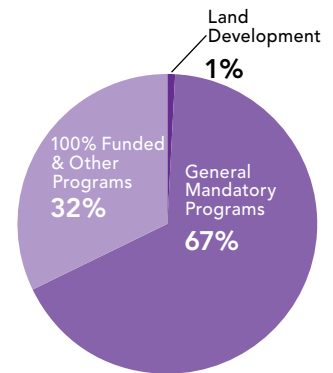
Financial Data

2009 Audited Consolidated Financial Statements

The financial management of the Thunder Bay District Health Unit is largely governed by financial policies that reflect requirements under the Health Protection and Promotion Act and/or the Municipal Act, 2001.

In accordance with legislation, the financial statements are audited on an annual basis and approved by the Board of Health. Highlights include:

- The mandatory programs that account for approximately \$12M are funded through a cost-sharing ratio between the Province of Ontario (75%) and the Municipalities (25%) within the Health Unit's jurisdiction.
- A number of the Health Unit's programs are 100% funded by the Province of Ontario or by federal or other funding agencies. The level of funding and the number of initiatives funded through these 100% funded programs has continued to increase over the years, totalling approximately \$5.9M.
- Land Development services, which are self-sustaining through fees set by the Board of Health, provided approximately \$166,000 in revenue.



Actual expenditures matched the Health Unit budget of approximately \$17.9M in public health programming. As a public service organization, the largest expenditure category continued to be salaries and benefits accounting for approximately \$13.8M or 77% of the total actual expenditures.

Wages & benefits	13,759,302	Purchased & allocated administration	1,126,230
Travel	432,512	Equipment expense	296,970
Staff Training & Recognition	163,740	Materials & supplies	677,950
Board of Health	79,455	Office expenses	158,856
Purchased program services	551,333	Communication	168,914
Building occupancy	348,683	Amortization	269,745



For a complete review of our 2009 Audited Financial Statements please visit our website at TBDHU.COM

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.