

# 2015

## ANNUAL REPORT



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## Message from the Board of Health Chair



The Thunder Bay District Health Unit continues to increase its reach into different areas of public health, keying in on issues that most affect the residents who live here. Initiatives such as the First Nation Public Health Programming Pilot, the Manitouwadge Public Health Pilot Project, and the Radon Study which found unexpectedly high levels of the radioactive gas, are all examples of how the TBDHU is tailoring its programming to the needs of our residents. These innovative initiatives required extensive programming during challenging times in terms of demand and resources. I'm happy to report the TBDHU continues to be creative and adaptive in providing services and meeting the public

health challenges throughout the district.

I would like to report that the Board of Health is pleased with the smooth transition of Dr. Janet DeMille as the new Medical Officer of Health with the departure of Dr. David Williams to his new role as Chief Medical Officer of Health for Ontario. We thank Dr. Williams for his strong leadership and dedication over the years and for mentoring Dr. DeMille in preparation. He leaves the TBDHU in good hands.

*I'm happy to report the TBDHU continues to be creative and adaptive in providing services and meeting the public health challenges throughout the district.*

I am also very proud of the efforts we've made to improve the client experience. Among other things, the organization went through a Lean Process which helps streamline services to provide easier access to care while reducing excess and reinvesting resources towards value-added client service activities. We're excited about the potential outcome and we commend administration for their forward thinking and implementation. It can be a challenging process but one that we are already seeing as worthwhile.

Lastly, as I step down as Chair, I would like to thank everyone for their support over the last several years. I'm really proud to be part of such an important and dynamic organization and will continue on as a member of the board. Please join me in welcoming Joe Virdiramo the new Chair of the Board of Health.

## 2015 Board of Health

Jay Daiter, Provincial Appointee

Bob MacMaster, Townships of Conmee & O'Connor

Ed Dunnill, Township of Manitouwadge

Jack Masters, Provincial Appointee

Terry Fox, Town of Marathon

James McPherson, Municipality of Greenstone

Norm Gale (*Chair*), City of Thunder Bay

Karen Morley, Town of Schreiber & Terrace Bay

Maria Harding, Provincial Appointee

Aldo Ruberto, City of Thunder Bay

Richard Harvey, Townships of Red Rock, and Nipigon

Don Smith, Municipality of Shuniah

Bernie Kamphof, Municipality of Oliver

Joe Virdiramo (*Vice-Chair*), City of Thunder Bay

For a list of current Board of Health members and their contact information, visit: [Board of Health Members](#)



## Highlights

### Online Prenatal Program Launched



In 2015, [pregnantthunderbay.ca](http://pregnantthunderbay.ca) was launched. The website provides women who are unable to attend in-person prenatal classes the option to access prenatal education and information online at any time throughout their pregnancy. The program was developed by public health nurses, lactation consultants and registered dietitians.

## Food Skills Project Improves Family Health



Stephanie Maki & Jackie Rink, Family Home Visitors

Family home visitors (FHVs) from the Healthy Babies Healthy Children Program added food skills education into the services they offered to families in 2015 thanks to a one-time grant from the Ministry of Children and Youth Services. As a result, families are making more informed choices about what they feed their children and what they feed themselves.

“We provide practical and emotional support for families,” says Jackie Rink, one of the three FHVs with the program. “And since food is so important to family health and to the whole family dynamic, we saw this grant as a great opportunity to teach families how to prepare healthy meals and have fun doing it.”

FHVs helped families with gaining food knowledge (basics of nutrition, labelling, etc.), adjusting recipes, using senses (smell, taste, etc.) during preparation and planning meals and mealtimes. They even helped families get some basic tools to cook with including pots and utensils.

“How we carried out a food demo looked different for each family,” Rink says, explaining that each demo was personalized based on several factors including previous experience, food preferences, age of children, etc.

The initiative helped in unexpected ways. For example, families in the program tended to sit down more often to eat together, promoting more quality family time. And, by involving children in the food preparations, FHV's anticipate these children will continue to develop their food skills for years to come.

Although the grant is now completed, some aspects of the project will continue through 2016.

## Collaborating in Manitowadge for Public Health



Photo credit: Manitowadge General Hospital

The TBDHU formed a unique collaboration in 2015 to help get public health promotion programming to the previously underserved Manitowadge area.

"We were having difficulty recruiting and retaining a public health nurse in Manitowadge," says Carolyn Tait, Manager of the Oral Health Program and District Offices. "The Manitowadge Family Health Team (MFHT) contacted us to see if we wanted to work collaboratively for the provision of public health activities."

That led to a pilot project to explore how the MFHT could deliver TBDHU health promotion programming with the guidance of TBDHU staff. During the development of

this partnership, TBDHU and MFHT outlined the evidence-based programming that MFHT could deliver in the community.

“We came up with some ideas, and they gave a community flavour and perspective – they knew what was important to bring to the community,” Tait adds.

Programming covered the lifespan and included: prenatal screening and education; pertinent education sessions for parents of babies birth to 1 year; sexual health education for Grade 7, 8 and 9 students; healthy cooking sessions targeting different age groups such as children and seniors; and, youth tobacco prevention and injury prevention activities.

One year in, the project has been progressing well and has been extended for another year.

### Smoke-Free Activities Pay Off



A number of community events went smoke-free

TBDHU supported the roll-out of changes to the [Smoke Free Ontario Act \(SFOA\)](#) among other activities undertaken in 2015 to help decrease smoking in the district.



As of July 1, 2015, the SFOA (a provincial law) was revised to now ban smoking on all restaurant and bar patios, at sports fields and at least 20 metres from playgrounds to further reduce exposure to second-hand smoke.

“The result is more healthy outdoor spaces to enjoy,” says Janice Piper, Manager of Injury Prevention, Substance Misuse and Tobacco at the TBDHU.

What’s really interesting is that some organizations went beyond the requirements of that law. The City of Thunder Bay, the Canadian Lakehead Exhibition and the Thunder Bay Blues Fest all chose to make their events smoke-free.

“It was quite a show of leadership and commitment to our community’s health to have the organizers decide to eliminate smoking all together or to designate smoking-areas away from programming. We hope other events follow suit,” notes Piper. “We supported these organizations in developing their smoke-free policies and we provided educational signage for use at outdoor events.”

Other initiatives conducted by the TBDHU also helped to support compliance to the SFOA. The TBDHU tests tobacco retailers to ensure that they are not selling tobacco to those under the age of 19. Results from the test shopping program in 2015 showed an 8% increase in vendor compliance over the previous year. Piper said the reasons for the improved compliance could be attributed to the education provided by Tobacco Enforcement Officers to retailers about how to correctly identify the age of a shopper based on their ID, the importance of not selling to minors, and the potential legal impact on businesses for non-compliance.

“The smoking rate in Thunder Bay District is higher than the provincial average. It’s really important to have the combination of policies and education with legislation to try to lower those rates and prevent young people from taking up smoking.”

## "Underdrinker" Shows the Upside of Keeping an Even Keel



That's the tongue-in-cheek question the TBDHU asked young adults in fall 2015 through a campaign to prevent binge drinking.

Elevated levels of drinking in Northwestern Ontario means that people in our district are at a greater risk of negative consequences. One in 5 adults aged 19+ in the [Thunder Bay District report](#) binge drinking at least once a month in the past year. To raise awareness about binge drinking among young adults aged 25-34, the [Underdrinker campaign](#) was designed to counterpoint the messages in popular culture – such as heavy drinking in movies, TV and images of partying in music videos – which normalize heavy drinking.

"We know that this audience isn't really receptive to a message saying, 'Don't drink more than X-number of drinks'," says Sheena Albanese, a Health Promotion Planner at the TBDHU. "So we needed to come up with a new, attention-getting idea that resonated with the audience. By meeting with people in the target audience to develop the campaign, we refined the campaign message and approach."

The Underdrinker campaign included a website, promotional materials and a video. The video, a stylized, animated production that gives a wink-and-a-nod to pirate-life airs, shows the downside of overdrinking and the upside of staying in control. It was

viewed on YouTube over 5,000 times during September and October. It also ran as a public service announcement in Silver City theatres during the busy December season.

The Underdrinker campaign is part of a multi-component approach to reducing binge drinking and the associated health risks including injury and drunk driving in Thunder Bay and District.

## Workplace Bike Fleet Sets Example



Joanna Carastathis, Health Promotion Planner

Staff members at the TBDHU now have a fleet of 4 workplace bikes, providing employees the opportunity to add exercise to their workdays by cycling to and from meetings, or to use during breaks or lunch. The workplace bike fleet program is designed to promote healthy living within the organization and is a first for Thunder Bay - making the TBDHU a role model in the community.

["Physical activity at work"](#) increases productivity and staff morale and decreases absenteeism," says Joanna Carastathis, Health Promotion Planner. "Our work involves encouraging workplaces to consider investing in healthier options for their employees. I'm glad we are setting an example for that."

TBDHU staff, regardless of how much they were already biking, biked more when the bikes were available at work, according to the evaluation of the program. From May to October 2015, staff members used the bikes 136 times and logged almost 800 km of travel. That helped the TBDHU win a [Silver Bicycle-Friendly Business Award from the Share the Road Cycling Coalition](#).

“It’s about building a culture of physical activity at work, especially for those workplaces where employees sit at their desks for most of the day. Having the bikes at the staff entrance, ready-to-go, makes it easy for people to fit in a ride when they may not have before. We have helmets and locks too, so there are fewer barriers to taking a spin,” Carastathis adds.

The distinct lime-green workplace bikes are provided by Mississauga-based [SustainMobility](#) which has developed a turnkey approach to a workplace cycle program. All the policies, promotional materials and program manuals have been developed and adapted for the TBDHU, allowing the organization more time to focus on encouraging other organizations to implement similar programs.

“We are very excited to see the staff at TBDHU regularly using the bikes and have received great feedback. We hope that other workplaces follow suit!”

## Youth Champions Promote Mental Wellness in Schools

The TBDHU teamed up with the [Registered Nurses Association of Ontario](#) to promote [mental wellness](#) within district schools. The Youth Mental Health and Addictions Champions project encourages youth champions to use creative approaches to raise awareness about mental health and support overall well-being in their schools.

“We know that the way to have an impact on the school community is to educate students who then go on to educate their peers,” says Jennifer McFarlane, Manager of Family and School Health. “These wellness champions will lead a variety of activities in



the school for their peers with the support from the Health Unit's [Healthy Schools team](#)."

The project involved the TBDHU delivering a day-long workshop for select students. Through the workshop, students gained knowledge and understanding around mental health, stress and wellness through the use of interactive resources and reflective activities. In turn, they become champions within their schools.

At one school, the peer-champion activity involved a group of students sticking notes with positive messages on all the lockers. At another school, student champions hosted de-stress activities before exam week.

In the 2014-2015 school year, two high schools were involved with the program – one in Nipigon and two in Thunder Bay. The program expanded in the 2015-2016 school year to involve four high schools and three senior elementary schools in Thunder Bay.

## Great Strides for Walkability



The Walkability Committee made great strides in 2015 by raising more awareness among city leaders about the importance and value of walkable communities.

During one event on March 3, 2015, urban design expert and walkability advocate [Paul Young](#) from Toronto visited Thunder Bay, joining committee members and six city councillors on a tour via Thunder Bay Transit. Joanna Carastathis, Health Promotion Planner at the TBDHU, designed the route around problem areas that were identified through community feedback.

"I call it an active tour. It involved the councillors walking and taking a bus ride around the city to locations identified in community comments," says Carastathis. "The idea was to give councillors the experience of doing things like getting food and travelling the city in the shoes of someone who doesn't have a car."

It was also a hands-on tour. At one point, tour participants were asked to push a baby stroller through a snow-covered sidewalk.

"It was pretty well received and I think eye-opening for the councillors," Carastathis adds.

A walkability workshop for the public was presented by Young who talked about the economic benefits of walkability, how it affects health and safety, and how residents can engage their councillors.

A [Walk Friendly Ontario assessment](#) and ideas from the active tour survey prompted improvements such as new pedestrian crossovers which the City should be implementing in 2017, but there is still work to be done.

"This part of our strategy is about moving policy forward. Gaining councillors' support and having them recognize the fact that our city needs to be walkable is important."

## Better Response to Food and Waterborne Outbreaks



Robyn Land & Melissa Syrja, Public Health Inspectors

A streamlined Outbreak Response Protocol has improved the efficiency of public health's response to confirmed or suspected food and waterborne illness outbreaks.

Micro-organisms such as [Norovirus](#) or [E. coli bacteria](#) can get into food or water in a variety of ways. If contaminated food or water is consumed by a person or group of people, they can get sick usually with gastrointestinal symptoms shortly after consuming the contaminated product. The Health Unit gets alerted when a number of people get sick especially if a common food or water exposure is suspected.

A prompt response is needed to assess the situation and to get an outbreak swiftly under control and prevent others from being exposed.

Most incidents involve only a few people and the assessment and response by the Health Unit can be quick. However, some incidents can be much larger and unfold fairly rapidly. In these situations, a lot needs to happen quickly and many people, including Public Health Inspectors and other staff, are needed to get the work done.

The new Outbreak Response Protocol simplifies the coordination of the investigation.

“The new approach is based on the [Incident Management System \(IMS\)](#)” says Lee Sieswerda, Manager of Environmental Health. “We have used the IMS for emergencies but we did not typically apply the IMS framework to community-based outbreaks. We realized though that there was a real opportunity here to make things work more efficiently for us.”

The IMS approach defines lead roles and responsibilities and communications processes. Also included in the protocol are up-to-date practices in community outbreak management and relevant forms and templates have been developed to quickly be applied when needed.

The IMS approach is very flexible because it is scalable to any size of incident. A response may start small but quickly evolve into a large event, where many tens or hundreds of people in the community may be impacted.

“This improved internal response protocol will help us respond efficiently and effectively to a community outbreak or suspected outbreak regardless of its size,” says Sieswerda. “It has been activated twice since April 2016. Both times, it worked extremely well.”



## Capacity Building in Public Health



The Thunder Bay District Health Unit is always looking for ways to work collaboratively with partners to build capacity, share knowledge and expertise and strengthen action around a variety of public health topics.

## Inspections More Efficient



The TBDHU put a new province-wide [risk assessment for food premises](#) into practice in 2015. This new system is expected to make better use of the time spent inspecting food premises.

Food premises include places that prepare food and those that sell prepared food. Each place is assigned a risk level that reflects the likelihood that microbial contaminants (i.e. bacteria or viruses) can get into a food product and potentially cause illness in a person who consumes it or even an outbreak if more people are affected.

Previously, the risk levels assigned (high, moderate or low) to food premises were based on the type of food premises. The new approach now allows health units in Ontario to consider a food premises' past performance related to food safety practices, and a food premises' inspections when assessing its risk level; not just the type of premises it is. For example, if a restaurant has certain food safety practices in place, such as providing safe food handling training for all its employees, and has consistently demonstrated compliance with expected food safety practices, public health inspectors would now be able to assess it as moderate risk instead of high risk. On the other hand, a convenience store that has had several infractions with respect to food safety might now be assessed at a higher risk level instead of at a low risk.

The risk level of a food premises determines the type and frequency of inspections that will be done in a given year. Therefore, a key outcome of this change to the risk assessment approach is that it will allow public health inspectors to focus more time and energy on those food premises that are at highest risk of food safety infractions regardless of the type of premises it is. It will also mean that food premises, including restaurants that have consistently demonstrated strong food safety practices, may be inspected less frequently - although regular monitoring will still occur. Overall, the end result is better use of public health resources while still maintaining a high level of vigilance in [protecting the public from foodborne illnesses](#).

## Moving Towards Better Flow



In 2015, the TBDHU began its plans for building renovations in order to improve the flow of clients and goods entering and exiting the building.

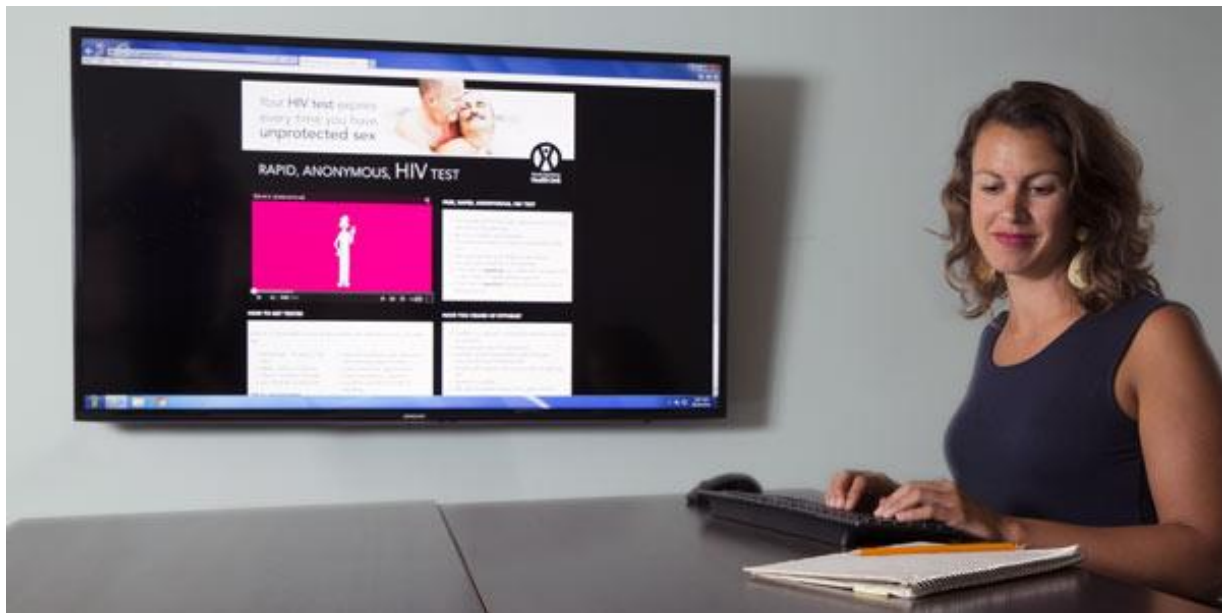
With the assistance of consultants, the TBDHU combined structural design best-practices with the [Lean](#) approach to organizational efficiency to develop more-direct pathways for client service and care, and for the receiving and distributing of supplies.

This work involved staff from several high-demand programs reviewing current processes and addressing barriers to timely service delivery in order to improve client and inventory flow.

The rethinking of procedures and processes resulted in time- and space-saving tactics and provided employees more time to focus on clients

Lean principles applied by the program teams led to immediate improvements to client scheduling, more efficient inventory tracking and storing practices, and provided the TBDHU with direction for the functionality of a new electronic medical records system and the TBDHU's website redesign.

## Social Networking Campaign Increases HIV Testing



Ashley Belanger, Public Health Nurse

Through the effective use of social media, a campaign by the sexual health program intended to boost awareness of HIV testing among men who have sex with men (MSM) has influenced some peoples' decisions to get tested.

Ads for the Got 8 Minutes TBay? campaign were posted on popular MSM social networking sites in the fall and winter 2015. The campaign promoted TBDHU's fast,



free, anonymous HIV testing, reminded users of the risks of unprotected sex, and encouraged safe practices - including regular testing.

"We want people to protect themselves and others by knowing their HIV status," says public health nurse Ashley Belanger. "Anonymous HIV testing eliminates barriers to testing by allowing people to get tested without requiring any identifying information. It protects their privacy."

Although the sexual health program regularly uses social media to reach the public, this social media campaign was a first for them.

"We had never done an online campaign targeting men who have sex with men," Belanger adds. "We wanted the message to resonate so ad concepts were focus-tested with that target group. Their input was important."

During the campaign, people who came to the TBDHU for HIV testing were asked if they saw the ads. Of those clients who indicated they saw the ad, the majority stated it influenced their decision to get an anonymous HIV test.

Although feedback from the campaign has been positive, more time is needed to determine its long-term impact.

## The Area We Serve: Unorganized Territories



The objective of the Inspection Program is to extend the mandate of the TBDHU into the unorganized territory of the Thunder Bay District. This is done through the enforcement of the Health Protection and Promotion Act, including food safety, safe drinking water, identification and elimination of health hazards and the proper and sanitary disposal of sewage and waste. In 2015, 340 inspections were carried out in the unorganized territory of the Thunder Bay District.

## World Hepatitis Day Expands to Increase Awareness



With more community partners collaborating to organize [World Hepatitis Day](#) events than ever before, the HepNet coalition was able to expand the occasion to a whole week of activities in July 2015. The goal was to raise awareness about the disease in the District of Thunder Bay where hepatitis C rates are significantly higher

than the provincial average.

[Hepatitis C](#) is a virus that attacks the liver and is transmitted through blood and other bodily fluids. Diagnosis is important to begin treatment and to reduce the risk of transmitting the disease to another person.

“We wanted to make World Hepatitis Day a bigger event than in previous years because the disease is affecting so many people in the communities we serve,” says Diana Gowanlock, Manager of Infectious Disease Programs at the TBDHU. “We estimate there are 1 in 50 people living in Thunder Bay with hep C and many don’t even know it.”

The week included information sessions with health care providers featuring speaker Dr. Gary Garber, Chief of Infection Control for Public Health Ontario; two mobile test sites in the City of Thunder Bay; an interview on CBC radio; an information session for the public at Mary J. L. Black Library; and a BBQ hosted by Elevate NWO which was well-attended by about 100 people.

Following the success of 2015, additional partners joined the coalition in 2016 and the week of activities was once again offered to the community.

## Fast Facts

	<b>6,256</b> children received oral health screenings at school		<b>198</b> new clients received tobacco cessation counselling & support
	<b>430</b> tobacco vendor enforcement inspections conducted		<b>63</b> staff and community partners trained in youth tobacco prevention
	<b>28</b> tobacco prevention activities planned and implemented by district Tobacco Reduction in Youth Partnership Groups		<b>9</b> schools with healthy schools clubs
	<b>56</b> Cooking with Kids in the Classroom workshops held with <b>899</b> students reached		<b>192</b> grade 4 students trained in safe cycling
	<b>49</b> parents attended level 2 seminar series Triple P Parenting classes to learn positive strategies to assist them in parenting		<b>445</b> parents with <b>441</b> babies participated in Babies' Day Out programming
	<b>58</b> classes received sexual health and healthy relationship education		<b>293</b> peer leaders trained, 38 peer-led health programs delivered with <b>4295</b> students reached
	<b>35</b> Can You Feel It workshops facilitated by a PHN reaching <b>722</b> students		<b>3</b> high schools participated in the Youth Mental Health & Addictions Champions Project. <b>44</b> Student champions were trained





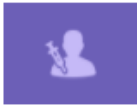
**780**

children participated in our Early Years Oral Health Fluoride Varnish Program



**500**

people participated in Thunder Bay's Recovery Day to celebrate recovery from addiction



**105**

immunization clinics held within schools



**29**

institutional outbreaks (including retirement homes) declared and managed



**231**

animal bites investigated



**1,200**

contacts made by Superior Points



**946**

clients seen by the Street Nursing Program



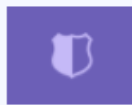
**5,325**

clients seen by the Sexual Health Program



**1,607**

clients seen by the Nurse Practitioner



**388**

public enquiries addressed by Public Health Inspectors



**146**

annual fridge inspections completed with vaccine users



**1,829**

food premise inspections conducted



**675**

food handlers trained and certified

## Performance Indicators

Accountability Agreement Indicators	2015 Target	2015 Performance
% of tobacco vendors in compliance with youth access legislation at the time of last inspection	≥90%	97.1% (135/139)
% of secondary schools inspected once per year for compliance with section 10 of the Smoke-Free Ontario Act (SFOA)	100%	100% (15/15)
% tobacco retailers inspected for compliance with section 3 of the Smoke-Free Ontario Act (SFOA) :		
Non-seasonal retailers retailers	100%	97% (130/134)
	100%	85.7% (6/7)
% tobacco retailers inspected for compliance with display, handling and promotion sections of the Smoke-Free Ontario act (SFOA)	100%	100% (150/150)
Oral Health Assessment and Surveillance :		
% of schools screened	100%	98.5%
% of all JK, SK, and Grade 2 students screened all publicly funded schools	100%	98.7%
Implementation status of NutriSTEP ® Preschool screen	INTERMEDIATE	ADVANCED
Baby-Friendly Initiative (BFI) Status	DESIGNATED	DESIGNATED

Accountability Agreement Indicators	2015 Target	2015 Performance
% of Class A pools inspected while in operation (includes seasonal and non-seasonal)	100%	100% (13/13)
% of high-risk Small Drinking Water Systems (SDWS) inspected of those due for re-inspection	100%	100% (5/5)
% of suspected rabies exposures reported with investigation initiated within one day of public health notification	100%	100% (231/231)
% of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into iPHIS	82%	84% (21/25)
% of HPV vaccine wasted that is stored/administered by the public health unit	5%	4.7% (67/1418)
% of influenza vaccine wasted that is stored/administered by the public health unit	5%	4.6% (271/5890)
% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	100%	99.3% (146/147)
<b>MONITORING INDICATORS</b>		
% of high-risk food premises inspected once every 4 months while in operation	-	98.5% (131/133)
% of moderate risk food premises inspected once every 6 months while in operation	-	95.3% (324/340)

Accountability Agreement Indicators	2015 Target	2015 Performance
% of public spas inspected while in operation	-	100% (16/16)
% of personal services settings inspected annually	-	86.7% (169/195)
% of confirmed gonorrhea cases where initiation of follow-up occurred within 2 business days	-	100% (77/77)
% of confirmed invasive Group A Streptococcal Disease (iGAS) cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case	-	100% (38/38)
% of school-aged children who have completed immunizations for hepatitis B	-	63.1% (867/1373)
% of school-aged children who have completed immunizations for HPV	-	46.9% (135/288)
% of school-aged children who have completed immunizations for meningococcus	-	78.4% (1075/1373)

## Mission & Vision

### Vision

To be leaders in creating healthy communities and healthy environments.

### Mission

TBDHU is committed to meeting the public health needs of our citizens by delivering accessible programming of the highest standards in protection, prevention and health promotion.

### Core Values

Dedicated | Responsive | Trustworthy | Healthy | Supportive | Fun



## Programs & Services

The Thunder Bay District Health Unit manages many programs and services that promote health, prevent disease and injury, and protect all residents throughout the district. As a leader in creating healthy communities and healthy environments, the TBDHU's mission is to meet the public health needs in these three areas by delivering accessible programming of the highest standards.

Healthy Families	Safe Communities	Health & Well-Being
<a href="#">Early Prenatal Classes</a>	<a href="#">Infectious Disease Monitoring</a>	<a href="#">Sexual Health Clinic</a>
<a href="#">Oral Health Services</a>	<a href="#">Public Health Inspections</a>	<a href="#">Tobacco Cessation</a>
<a href="#">Breastfeeding Clinic</a>	<a href="#">Flu Clinics</a>	<a href="#">School and Workplace Health</a>
<a href="#">Fair Start Program</a>	<a href="#">Injury Prevention</a>	<a href="#">Substance Misuse Prevention</a>
<a href="#">Nurse Practitioner Clinic</a>	<a href="#">Emergency Preparedness</a>	<a href="#">Healthy Eating</a>
<a href="#">Parenting Programs</a>	<a href="#">Immunization Clinics</a>	<a href="#">Active Living</a>