



2013

Annual Report

A Word from the Medical Officer of Health

2013 BOARD OF HEALTH

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Change is inevitable, anticipating change is critical, and implementing change effectively and efficiently is essential. Evaluating the impacts of change and the long term outcomes of system changes requires time and persistence and is often forgotten during the haste to move onto the next phase.

The past year was the second full year of my return as the Medical Officer of Health. It has been a privilege to be back to tour all of our branch office communities and to network with community members, physicians and municipal leaders to ascertain their assessment of the changes and issues in their respective jurisdictions. I have learned how the issues facing the District of Thunder Bay, its organized municipalities, unorganized territories and First Nation communities have and are continuing to change over time. As our communities continue to change and face new economical and public health challenges, we will strive to respond with

programming and delivery systems to accommodate and adapt to arising needs.

In 2013, the TBDHU experienced fiscal challenges from both internal and external circumstance and an extensive changeover in our senior and middle management teams. It was the first full year that I worked with an Associate Medical Officer of Health – Dr. Janet DeMille – and the first time in over two years that the organization worked with a full complement of senior and program managers. Equipping the organization with new, qualified management teams is an important investment in the future of public health. Building on the valued work of those who have led before while integrating the skills, knowledge and experience of new managers, I believe we have prepared TBDHU's leadership to take public health into the next decade.

Looking forward, we know the provincial public health landscape is changing. Sector-wide strategic planning, the ongoing evolution and maturation of Public Health Ontario, and the investment and implementation of new information technology seeks to enable the public health system to move ahead and meet the challenges of dealing with climate change, the built environment, health disparity, environmental health, an ageing population and emerging diseases in a global community.

Although 2014 will present more changes with municipal and provincial elections this year, I believe the Thunder Bay District Health Unit is well-positioned to adapt strategically to change and continue to effectively and efficiently protect and promote the population health of the Thunder Bay District.



◀ Dr. David Williams, Medical Officer of Health

A Word from the Board of Health Chair

At the end of 2013, I completed my most recent four-year tenure as the Chair of the Board of Health and my 23rd year as a member of the Thunder Bay District Board of Health. The past four years have been both challenging and rewarding as the organization faced a number of human resource and fiscal issues.

Of key importance for the Board was the return of Dr. David Williams as our Medical Officer of Health (MOH) which occurred in the latter half of 2011. This initiative was accompanied by the successful recruitment of an Associate Medical Officer of Health (AMOH) who in time will be able to ensure continuity in MOH leadership for the District of Thunder Bay.

Over the previous five years during Dr. Williams' secondment to the Ministry of Health and Long-Term Care (MOHLTC), the MOH position could only be filled intermittently yet

consistent medical leadership was of prime importance to the Board. With the addition of the AMOH, I feel the Board of Health has achieved its critical objective of stabilizing the medical leadership of the Thunder Bay District Health Unit for many years to come.

The Health Unit has also been successful in the recruitment and hiring of many excellent program and professional staff to replace a significant number of long-serving employees who have retired over the past few years. During these periods of staff fluctuation, ongoing quality leadership of the CEO Doug Heath has been paramount to the TBDHU. Under his direction, the organization has remained fiscally sound and responsive to local financial constraints while undergoing extensive staffing changes in senior and middle management teams.



Stepping down as Chair, I feel the Thunder Bay District Health Unit is equipped with a solid financial platform and the professional expertise and leadership necessary for the Board to meet ongoing challenges and health system changes, and fulfill its mandate in protecting and promoting the health of the citizens of the Thunder Bay District.

Connie Bryson Announces Resignation in December 2013

Inspirational, passionate, and a strong advocate for public health. That's how long-time TBDHU Board member Connie Bryson will be remembered. From her first appointment in 1991 and her terms as Chair from 2004 to 2007, Connie put so much effort into her roles on the Board of Health. Perhaps her greatest achievement was providing strong leadership in the absence of a permanent Medical Office of Health, ensuring MOH coverage over an extended recruitment period and strategically building internal capacity to sustain the organization. Connie also led the development of a five-year strategic plan and

the organization received several awards and recognitions during her term, including the distinction of being the first community health service in Ontario to receive the Baby Friendly Community Health Service designation from the World Health Organization/United Nations Children's Fund. Her level of interest, support, sense of humour, and most of all her spirit will be dearly missed at the Board table.



◀ Connie displaying her retirement gift

Our Finances

VISION

To be leaders in creating healthy communities and healthy environments.

MISSION

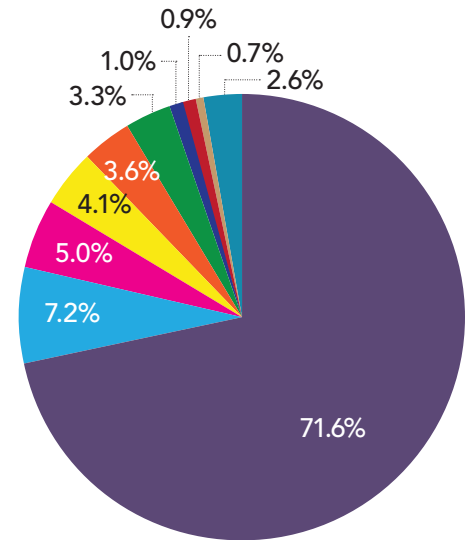
TBDHU is committed to meeting the public health needs of our citizens by delivering accessible programming of the highest standards in protection, prevention and health promotion.

CORE VALUES

Dedicated
Responsive
Trustworthy
Healthy
Supportive
Fun

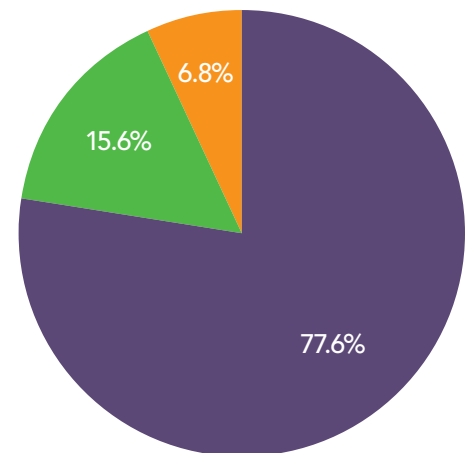
EXPENDITURES 2013

■ Mandated Programs	12,665,573	71.6%
■ Healthy Babies Healthy Children	1,271,533	7.2%
■ Healthy Child Development Programs	884,320	5.0%
■ Smoke-Free Ontario	722,245	4.1%
■ Infectious Disease Programs	632,991	3.6%
■ Genetics	581,260	3.3%
■ Land Development	176,844	1.0%
■ PHN Initiative	162,803	0.9%
■ Healthy Smiles Ontario	127,765	0.7%
■ Other 100% Funded Programs	463,184	2.6%
Total Expenditures	\$17,688,518	



REVENUES 2013

Sources of Funding:		
■ Province of Ontario	13,779,052	77.6%
■ Municipal	2,762,181	15.6%
■ Generated/ Other Revenue	1,204,864	6.8%
Total Sources of Funding	\$17,746,097	



For a complete review of our 2013 Audited Financial Statements, please visit our website at:

bit.ly/TBDHU_Finance

Our Performance Indicators

Since 2011, TBDHU has been reporting to the MOHLTC on several key performance indicators. The indicators were developed to monitor and report on public health programming, to support continuous quality improvement initiatives, and to ensure accountability and transparency to the public. The table summarizes our results for 2013.

New indicators have been introduced for 2014-2016. TBDHU continues to work with the MOHLTC to determine appropriate indicators and targets for all of its programs and services.

PERFORMANCE INDICATORS	2013 TARGET	2013 PERFORMANCE
% of high-risk food premises inspected once every 4 months while in operation	100%	99.5%
% of pools and public spas by class inspected while in operation.	100%	100%
% high-risk small drinking water systems inspections completed for those that are due for re-inspection	100%	100%
% of confirmed gonorrhoea cases where initiation of follow-up occurred within 2 business days	100%	96.2%
% of confirmed invasive group A streptococcal disease cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case.	100%	100%
% of HPV vaccine wasted that is stored and/or administered by the TBDHU	3.7%	10.3%
% of influenza vaccine wasted that is stored and/or administered by the TBDHU	5%	6.5%
% of school aged children who have completed immunizations for meningococcus	93.2%	91.8%
% of tobacco vendors in compliance with youth access legislation at the time of last inspection	≥90%	97.4%
Baby Friendly Initiative Status	DESIGNATED	DESIGNATED

New Position Supports Evidence-Based Practices



Jamie DiCasmirro
Professional Practice Lead

The TBDHU is building a culture of evidence-based best practices in health promotion and protection. To that end, Jamie DiCasmirro joined the Foundational Standards team in 2013 as our new Professional Practice Lead (PPL), taking on a dual role.

Primarily, the PPL position supports the Chief Nursing Officer as the principal lead and resource for nursing practice and professional issues in the district. This role focuses on nursing leadership initiatives supporting organizational effectiveness, and developing and implementing processes to manage quality assurance and continuous quality improvement activities.

The PPL role at TBDHU will also involve coordinating the Registered Nurses Association of Ontario (RNAO) Best Practice Spotlight Organization (BPSO) initiative. Following a successful three-year candidacy period, the TBDHU was awarded the status of a BPSO in 2012. As of 2013, six RNAO Best Practice Guidelines have been introduced into practice: breastfeeding, childhood obesity, client-centred care, enhancing adolescent development, smoking cessation, and woman abuse prevention. Jamie will help ensure that all BPSO requirements are met in order to successfully retain our BPSO designation. Continued integration of these guidelines throughout TBDHU programming will ensure sustainability and continued evidence-based health promotion and disease protection initiatives for the Thunder Bay District.

2013 Highlights IN HEALTH PROMOTION & DISEASE PREVENTION

New Protocols Strengthen, Streamline HBHC Program

The Healthy Babies Health Children (HBHC) program saw changes to the provincial protocols last year, designed to make it easier for families to access the program and to strengthen the services offered.

"The purpose of the program is to provide a system of effective prevention and early intervention services that allow children to reach their full potential in physical, cognitive, communicative, and psycho-social development," said Lori Lawrence, Manager of the HBHC program. Helping parents develop positive parenting strategies has been shown to be an effective way of improving parent-child relationships and child development outcomes.

The HBHC program goals are the same but the way that health units in Ontario are reaching those goals has changed significantly. The new protocol includes a streamlined process involving fewer steps that is both client-centred and evidence-based.

The program starts with a system of identifying families who may benefit from the services through use of a validated HBHC Screening tool. Public Health Nurses assess the particular needs of clients and tailor services offered to meet a family's specific goals. Based on this assessment, the nurses help the family develop their own goals and an individualized service plan. Approaches for achieving those goals are drawn from best practices including those related to promoting maternal mental health in pregnant women, feeding, teaching and effective parenting.

Lori Lawrence
Manager, Healthy Babies
Healthy Children
and Fair Start programs

Stephanie Maki
Family Home Visitor



As a result of the new protocol, the number of families provided with services increased in 2013. Provincial data has demonstrated that the timeframe between initial contact and entry to service decreased from that in the previous protocol.

Other HBHC Program Highlights

Families who participated in the HBHC Blended Home Visiting program received support from Public Health Nurses and Family Home Visitors who deliver evidence-based programs. The Family Home Visitor guides parents with simple activities like making a footprint mould with their baby to foster a sense of pride, accomplishment, and healthy attachment.

Since more than 75% of a child's brain develops before the age of five, the Fair Start program provided screening of social, motor, early literacy, nutrition, and speech and language development to 1,505 children in partnership with daycare facilities, children's treatment centres, Best Start Hubs and School Boards. Referrals for further assessment were made for 559 children.

Lactation Consultants received 189 referrals for specialized breastfeeding support delivered through clinics and home visits.

 bit.ly/TBDHU_HBHC

7,197

children received dental
screenings at school

526

tobacco vendor
enforcement inspections
conducted

295

children received
safe cycling education

378

clients received
tobacco cessation
counselling and support



Silva Sawula
Manager,
Healthy Living

Built Environment Forum Inspiring Healthy Change

TBDHU's Walkability Committee hosted the Retooling Thunder Bay for the 21st Century forum in April 2013, focusing on how Thunder Bay can promote healthy and sustainable living by creating more walkable and bikeable neighbourhoods. Keynote speaker Dr. Avi Friedman, Professor of Architecture at McGill University, addressed 70 civic leaders including city councillors, business leaders, professionals, and citizens about the importance of great urban design. This, he said, would help the city thrive economically, create a sense of civic pride and make it a more desirable place to live.

The forum was well attended, with exit surveys indicating increased knowledge on the subject. Most importantly, 81% of those surveyed responded that they were inspired to do more to help retool Thunder Bay. It is part of the Walkability Committee's effort, in partnership with other community agencies, to create a healthy built environment.

"Ontario's Public Health Sector Strategic Plan supports the goal of promoting healthy environments through promoting active transportation," said Silva Sawula, Manager of Healthy Living. "With the support of the Ministry of Health and Long-Term Care, the TBDHU has worked with multiple community partners to build policy in this area."

Changes are beginning to happen in Thunder Bay with new bike lanes and multi-use trails which help to build connectivity between areas of the City for those using physical modes of transportation.

bit.ly/TBDHU_Walk

Preconception Health Study Guides Programming

A preconception health survey the TBDHU conducted with Lakehead University identified several topics of interest to local residents for protecting their reproductive health and the health of their future children. The topics included folic acid supplementation, pregnancy prevention and education on lifestyle choices. Approximately 500 people completed the poll. As a result of this research, a new folic acid awareness campaign is planned for fall 2014 among other initiatives. The data collected will inform programming for the next several years.



Farm to Caf Project Offers Healthier, Local Choices

The Farm to Caf pilot project launched in 2013 in partnership with Roots to Harvest provided students at four Lakehead District School Board high schools healthier menu choices – though students liked them for the taste. Items including burgers, salads and pulled pork were featured once per month over four months as locally-sourced specials. Response from schools and students was so positive that the program will continue in 2014/2015 every month and will include school-grown vegetables.

bit.ly/TBDHU_Caf

1,350

students in 7 secondary schools received healthy eating messages via the Food Ambassador program

400+

volunteer hours spent by 16 youth implementing tobacco prevention activities

580

parents and 561 babies participated in Baby's Day Out (a 25% increase from 2012)

1,412

services provided by the Oral Health Preventive Clinic



Jodie Murphy
Manager, Family
and School Health

Northwest Tobacco Cessation Community of Practice Well Received

The Tobacco Cessation Community of Practice (CoP) launched in 2012 has received great feedback from its 106 members. The CoP provides an opportunity for any health care professional with an interest in tobacco cessation to share, discuss, identify and address issues related to cessation program development and implementation. Input from champions in communities across the region helped shape the network by identifying topics for monthly webinars and is guiding development of a new web-based platform to build member capacity around cessation.

TBDHU Part of Major Youth Mental Health LDCP

TBDHU is a central partner in a qualitative study investigating mental health promotion and youth resiliency. As part of the Locally Driven Collaborative Projects (LDCP) program, TBDHU is one of three public health units in the province leading a multi-organizational study in 2013 which includes participants from 12 health units and several other supporting organizations.

According to a LDCP program report, youth resiliency is a protective factor for mental health and wellness. However, besides sporadic literature, not much is known about how to address this complex issue from a health promotion lens. This research represents a baseline study that will attempt to consolidate current knowledge and identify areas where further study is needed.

"Where there's a major gap is literature that provides the direction or the framework of what public health could be doing to promote youth resiliency and mental wellness," said Jodie Murphy, Manager of Family and School Health. Her background in research has proven invaluable to this project. "I'm hoping that the study will tell us what's happening in the larger picture in the provincial context and where the opportunities exist for youth mental health promotion."

bit.ly/TBDHU_YouthMH



Churchill High School students

"Come As You Are" Program to Reduce Risky Behaviours in Grade 9 Students

TBDHU partnered with Churchill High School and the Drug Awareness Committee to successfully pilot the Come As You Are program in 2012-2013, encouraging a closer connection to school among students starting high school so that they are less likely to engage in risky behaviour. Informed and driven by students, the program paired Grade 9s with older students and organized inclusion activities. Program evaluation showed improved feelings of acceptance and connection to school. The program toolkit will be available to all high schools next year.

56

parents attended Level 2 Triple P parenting events

392

workplaces and public places inspected for compliance with the Smoke-Free Ontario Act

14

Healthy Schools Clubs in local schools (this has doubled from 2012)

131

participants attended Children's Environmental Health and Fetal Alcohol Spectrum Disorder awareness workshops

TBDHU Reacts Quickly to 2013 Flu Season

The 2013/2014 flu season was different in Thunder Bay for a variety of reasons. Perhaps most importantly was the segment of population hit hardest. In most flu seasons, seniors are among those with highest risk, but the most severely affected during this season were adults under 65 (with four deaths in that age category). Of the positive influenza A cases that were subtyped, all cases were identified as the H1N1 strain.

"The hypothesis was that older adults had some exposure to H1N1 years ago, so had some lingering immunity," said Diana Gowanlock, the Manager of the Infectious Diseases at TBDHU.

Northwestern Ontario was affected before the rest of the province. The first reported case appeared in mid-November and the number of reports heightened prior to the holiday season, prompting TBDHU to send out extra messaging to primary care providers to alert them of the presence and type of flu, the difference in at-risk populations, and prevention recommendations.

The extra messaging and more media attention likely contributed to an increase in vaccinations but there was more at play.

"A combination of factors contributed to this increase, but the biggest impact was that more and more pharmacies were offering vaccinations," Diana said.



Diana Gowanlock
Manager, Infectious Diseases

Susan Gould
Public Health Nurse

When pharmacies in Ontario started providing flu shots in 2012/2013, only about eight pharmacies in Thunder Bay and District signed up to be part of the Universal Influenza Immunization Program. That increased to 22 last year with all pharmacies receiving their vaccines through the TBDHU. The number of vaccinations distributed by the TBDHU to healthcare providers, pharmacies, etc., jumped by 26% to 63,000 last season from 50,000 in 2012/2013.

Diana believes, through anecdotal evidence, that it was the convenience of having immunization in several different locations – locations where people were already shopping – that made it easier for people to get their shot.

The season's activity also helped to promote the importance of immunization since the majority of people with laboratory-confirmed influenza had not been immunized.

 bit.ly/TBDHU_Flu2013

154

Immunization Clinics
held within schools

31

institutional outbreaks
declared and managed

526

clients seen by the
Genetics Program

261

animal bites investigated

Panorama Pilot Project Creates Centralized Immunization Database

TBDHU was 1 of 6 health units in Ontario participating in the first-wave roll out of a new centralized registry for immunizations. The Panorama system allows staff to access and update immunization records in real time, anywhere in the province. The system launched in August 2013 despite certain implementation challenges. TBDHU's participation in the pilot project was important as we were able to communicate unique issues to the Panorama team so that changes could be made within the second software release.



Melissa Scott
Public Health Nurse



Anita Lapointe
Public Health Inspector

Workshop Builds Outbreak Capacity in Long-Term Care Facilities

TBDHU provides outbreak support to institutions and facilities (i.e. long-term care facilities, daycares, retirement homes) to help manage respiratory and gastrointestinal outbreaks. 2013 was particularly busy with 25 outbreaks in the calendar year. Along with our 24/7 on-call system, TBDHU provides education and assistance for institutional staff to be able to identify and manage an outbreak. In the fall of 2013, TBDHU facilitated an outbreak workshop that was well-received and well-attended with 60 participants.

Naloxone a Safe Opiate-Reversal Medication During Overdose

Opiate use in Northwestern Ontario, both prescription and non-prescription, is higher than the provincial average. Most overdoses go unreported but it's estimated over 1,000 incidents occur every year in the City of Thunder Bay. In 2013, the Thunder Bay Drug Strategy launched the Superior Thunder Bay Overdose Prevention Program (STOPP) as a method of harm reduction, with TBDHU responsible for distribution of naloxone kits. STOPP is an outreach program which involves community partners to provide kits and education to those who need it.

The two-prong approach to overdose prevention centres on naloxone and education. Naloxone is a safe opiate-reversal medication that temporarily blocks opiates such as heroin, OxyContin and morphine by binding to the same receptors in the brain, counteracting harmful effects. At-risk individuals are given instruction on when and how to use a naloxone injection kit on someone who is overdosing, and education on other harm reduction methods.

Anyone who self-reports current or past opiate use is eligible for the program. "The program is not just for recreational opiate users," said Melissa Scott, Public Health Nurse. "There is a high risk of overdose for people who take opiates for prescription use, whether it's mixing it with other things or misjudging their own tolerance, for example."

Since its launch in July 2013, the program has trained 36 individuals and provided 22 kits, at least 2 of which were used in an overdose situation.

838,445

needles distributed
by Superior Points

631

clients seen by
the Street Nursing
Program

6,925

clients seen in
the Sexual Health Clinic

1,339

clients seen by the
Nurse Practitioner



Written Food Safety Plan Helps Home-Based Caterers

Home-based caterers in the Thunder Bay District who prepare foods that require time and temperature control for safety will now require a written food safety plan. During routine inspections, Public Health Inspectors noticed a growing number of red flags including insufficient refrigeration capabilities or even a lack of knowledge in safe food handling procedures. The safety plan will help home-based caterers review safe practices to ensure they are meeting TBDHU home catering guidelines for their protection as well as the public's.

Up-Tick in Kits and Collection

Thanks to a larger communication push, 2013 saw an increase in Tick Talk kits distribution in Thunder Bay and District and an increase in the number submitted for identification. In total, 1,169 ticks were submitted for Lyme disease testing, up from 39 in 2005 when tick collection began. The team used new updated submission forms with a more simplified collection process. 2013 was also the first year TBDHU did active tick dragging in the district.

 bit.ly/TBDHU_Ticks2013

Responding to an Emerging Infectious Disease

Neisseria gonorrhea (Gonorrhea) is a sexually transmitted infection that has become increasingly resistant to various antibiotics that have been used for treatment. New provincial guidelines for testing and treatment were released in 2013. Dr. David Williams, TBDHU's Medical Officer of Health, participated in the development of these guidelines.

The Sexual Health team disseminated these guidelines to health care providers and continues to monitor levels of resistance encountered in the province. There were 82 reported cases of gonorrhea in the Thunder Bay District in 2013. No significant incidence of resistant cases was identified.



TBDHU Builds Septic Inspection Capacity

With one Septic Inspector for the Thunder Bay District, there wasn't any redundancy to cover vacations or illness. In 2013, TBDHU started to move to a multi-inspector model, building capacity by training three current Public Health Inspectors over the next six years. The first attended a course leading up to provincial certification expected in summer 2014. These PHIs will gain experience by working with the current septic inspector and providing coverage.

 bit.ly/TBDHU_SepticCap

1,638

public enquiries
addressed by Public
Health Inspectors

108

annual fridge
inspections completed
with vaccine users

2,034

food premise inspections

301

food handlers trained
and certified

Program and 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.

Healthier Families

- Early Prenatal Classes
- Oral Health Services
- Breastfeeding Clinic
- Fair Start Program
- Nurse Practitioner Clinic
- Parenting Programs

Safer Communities

- Infectious Disease Monitoring
- Public Health Inspections
- Flu Clinics
- Injury Prevention
- Emergency Preparedness
- Immunization Clinics

Better Well-Being

- Sexual Health Clinic
- Tobacco Cessation
- School and Workplace Health
- Substance Misuse Prevention
- Healthy Eating
- Active Living

FOR A COMPLETE LISTING including a downloadable PDF brochure, please visit us on the web at: bit.ly/TBDHU_PSGuide or contact us by phone at: (807) 625-5900.

Locations

GREENSTONE

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

MARATHON

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

MANITOUWADGE

P. O. Box 1194
Manitouwadge
Health Care Centre
1 Health Care Cres.
Manitouwadge, ON
P0T 2C0
(807) 826-4061

NIPIGON

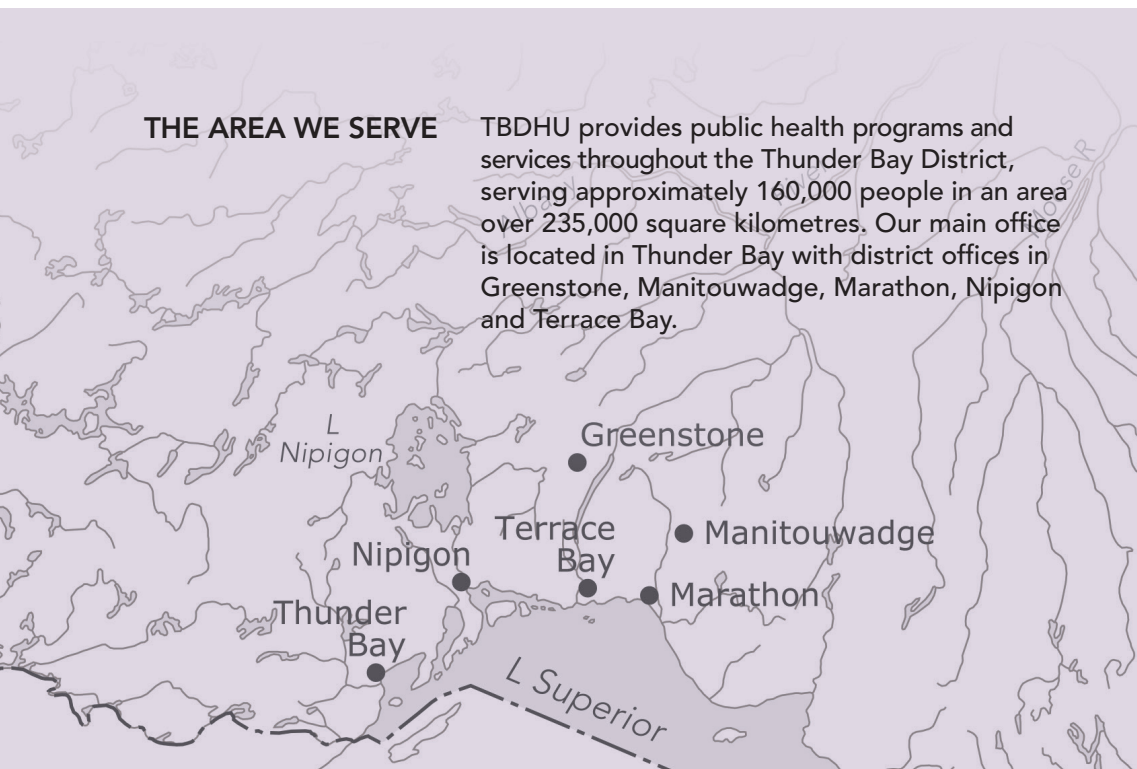
P. O. Box 15
Nipigon District
Memorial Hospital
125 Hogan Rd.
Nipigon, ON
P0T 2J0
(807) 887-3031

TERRACE BAY

P.O. Box 1030
Terrace Bay McCausland
Hospital 20B Cartier Rd.
Terrace Bay, ON
P0T 2W0
(807) 825-7770

THE AREA WE SERVE

TBDHU provides public health programs and services throughout the Thunder Bay District, serving approximately 160,000 people in an area over 235,000 square kilometres. Our main office is located in Thunder Bay with district offices in Greenstone, Manitouwadge, Marathon, Nipigon and Terrace Bay.



Don't forget to follow or like us on our social media channels.

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