

2014 Annual Report

Trustworthy

Responsive

Supportive

Dedicated

Healthy

Fun



Thunder Bay District
Health Unit

A WORD FROM THE MEDICAL OFFICER OF HEALTH



▲ Dr. David Williams, Medical Officer of Health

I would best define 2014 as a period of adjustment, preparation for change, and strengthening collaborations. We focused on stabilizing the organization, taking stock in our resources, completing changes in various management and staff positions, negotiating labour contracts, and reviewing policies. We also undertook a needs assessment of the physical plant for the initiation of an extensive renovation planning process for the main office.

Provincially, there had been and continues to be much change with the election of a new majority government along with a new Premier and Cabinet, Minister of Health, Associate Minister of Health, and Deputy Minister of Health. Further, the first president of Public Health Ontario resigned early in the year with a new president taking over later in the year. The Chief Medical Officer of Health's term of appointment also expired and as of this writing, a replacement has yet to be appointed.

In an increasingly connected world, global issues such as Ebola virus outbreaks in West Africa, measles outbreaks in California, and Canadian concerns about the efficacy of the annual influenza vaccine necessitated staff, policy and program adjustments. Organizational preparedness and capacity to quickly assess, functionally adjust, and efficiently respond to new and emerging health risks has become a core element of public health.

Regionally, a critical component in the comprehensive delivery

of public health programs and services has been an ongoing and growing need to address a culturally sensitive approach to public health from a First Nation/Indigenous perspective. Over the past three years, the Thunder Bay District Health Unit (TBDHU) Office of the Medical Officer of Health has been engaged in a quadripartite (First Nation Health Authority, Federal Government, Provincial Government, and Municipal Public Health) development of a health model that reconciles each sector's mandate, values, resources and beliefs. This has resulted in a model of community wellness for First Nation communities that has been endorsed by all participants. Preparations for implementation, assessment, and evaluation of the model are now being planned for 2015 and beyond.

With these provisions in place, I feel we are better prepared to meet the challenges, changes and opportunities in 2015.



Our strong local partnerships are crucial to our success. Together, we can build supportive environments and achieve healthy change in our communities.

◀ Dr. Janet DeMille, Associate Medical Officer of Health

A WORD FROM THE BOARD OF HEALTH CHAIR

We all take health care seriously – it's no stretch to say that the Canadian health-care system is part of our national identity. As Chief of EMS for the City of Thunder Bay for the last eight years, I've seen first-hand how emergency and acute care services improve the overall health of a community.

But health care is not just about hospitals and emergency rooms. The TBDHU improves health through many different services that are as important. Immunizations, flu shot clinics, boil water advisories, outbreak advisories, radon testing and awareness, collaborating with the City of Thunder Bay to develop a walkable community and providing businesses and the public with information on new regulations such as 2014's tanning bed legislation – these are just a few of the areas where the TBDHU improves community health care

throughout the district. The staff and managers work tirelessly to ensure we have access to the best in health promotion and protection services; in essence helping to prevent illness and injury so that those 9-1-1 calls and trips to the emergency department are less likely. You'll read more about some of last year's highlights in this annual report.

Of course, this report can only provide a glimpse of what TBDHU does. Our dedicated health professionals are always working throughout the district to improve the lives and health of our citizens. One great example is the services we provide to new parents. Having a baby for the first time can bring uncertainty, anxiety, and even fear. Through prenatal classes, information and support about planning for pregnancy, lactation services and programs like Healthy Babies Healthy Children which provides

home visiting, the TBDHU helps new parents give their newborns the best start at life.

I commend everyone at the TBDHU for the commitment they've shown in promoting and protecting community health every single day. Thank you for another successful year!



▲ Norm Gale, Board of Health Chair

2014 BOARD OF HEALTH

Norm Gale
Chair, Provincial Appointee

Joe Virdiramo
Vice Chair, City of Thunder Bay

Jay Daiter
Municipality of Greenstone

Terry Fox
Town of Marathon

Gwen Garbutt
Townships of Conmee
and O'Connor

Maria Harding
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Robert (Bob) Krause
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Jack Masters
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Beatrice Metzler
City of Thunder Bay

Darquise Robinson
Townships of Red Rock,
Dorion and Nipigon

Aldo Ruberto
City of Thunder Bay

Linda Turk
Municipality of Neebing/
Township of Gillies

OUR FINANCES



▲ Doug Heath, Chief Executive Officer

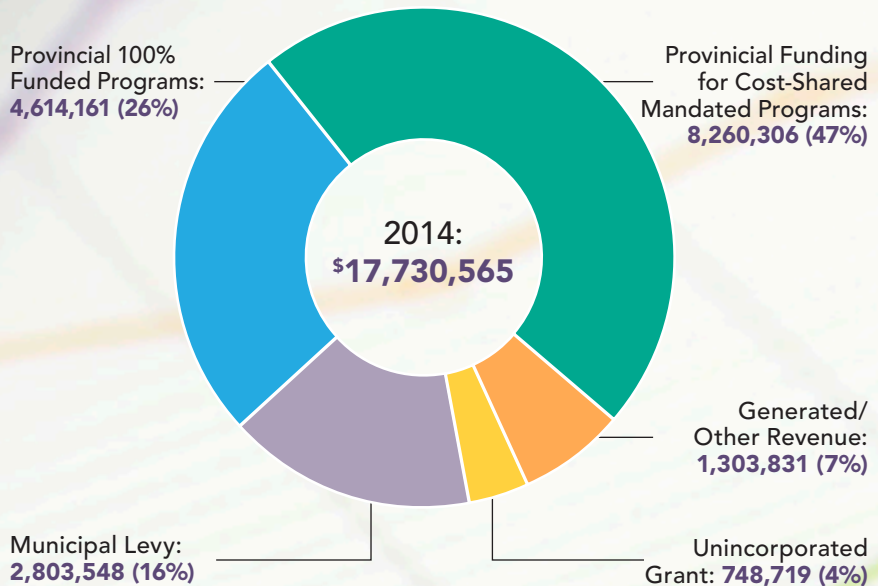
VISION

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.

TOTAL REVENUES 2014



MUNICIPAL FUNDING FOR COST-SHARED MANDATED PROGRAMS



For a complete review of our 2014 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 2014.

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.

bit.ly/TBDHU_PI2014

PERFORMANCE INDICATORS	2014 TARGET	2014 PERFORMANCE
% of tobacco vendors in compliance with youth access legislation at the time of last inspection	≥90%	95.9%
% tobacco retailers inspected for compliance with section 3 of the Smoke-Free Ontario Act (SFOA)		
• Non-seasonal retailers	100%	94.2%
• Seasonal retailers	100%	87.5%
% tobacco retailers inspected for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)	100%	99.4%
Implementation status of NutriSTEP® Preschool Screen	INTERMEDIATE	ADVANCED
Baby Friendly Initiative Status	DESIGNATED	DESIGNATED
% of high risk food premises inspected once every 4 months while in operation	100%	99.5%
% of moderate risk food premises inspected once every 6 months while in operation	85%	87.9%
% of Class A pools inspected while in operation (includes seasonal and non-seasonal)	100%	100%
% of personal services settings inspected annually	90%	80.9%
% of suspected rabies exposures reported with investigation initiated within one day of public health notification	–	100%
% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	93%	96.5%
MONITORING INDICATORS		
% of high-risk Small Drinking Water Systems (SDWS) inspected of those due for re-inspection	–	94.9%
% of public spas inspected while in operation	–	100%
% of confirmed gonorrhoea cases where initiation of follow-up occurred within 2 business days	–	100%
% 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%

COLLABORATION

We Can't Do it Alone



▲ Lynda Roberts, Director of Health Promotion & Ken Allan, Director of Health Protection

Collaborations are vitally important to TBDHU's activities whether they are led by the Health Unit or they are part of another initiative. Partnering with community organizations provides many advantages including sharing resources, pooling knowledge and expanding networks at both the research and program implementation stages.

"Most of our health programming is collaborative with community stakeholders in one way or another," said Lynda Roberts, Director of Health Promotion. "For example, the Healthy Kids Community Strategy: Collaboration is a key component since the factors affecting children's health are far too complex to be addressed alone. Working together allows for greater potential to have a collective impact on the health of kids in our community."

In 2014, TBDHU released its Working Together for Healthy Kids Strategy which outlines how it will enhance the well-being of children and families in Thunder Bay and District over the next three years. As part of the strategy, TBDHU hosted the Healthy Kids

Thunder Bay forum last fall, bringing together over 80 community leaders, parents and youth from across the district from many areas including health care, municipal government, police services, school boards, social services, daycares and Aboriginal organizations.

Another example is in the Registered Nurses' Association of Ontario's publication and implementation of its safe sleep guidelines in February 2014. These guidelines, developed to help reduce the risk of sleep-related injury and death in infants, gathered input from experts in different areas. TBDHU participated in the review of the guidelines but perhaps more importantly, helped communicate the evidenced-based findings at the Safe Sleep Education Day hosted by the Thunder Bay Infant Response Team in partnership with TBDHU programs and committee agencies.

Working with Shelter House to end an infectious disease outbreak and gathering personnel from key community groups to develop priorities in reducing the hepatitis C rates in Thunder Bay are other examples of how TBDHU helps partner organizations devise specific solutions to meet challenges and have a positive impact on community health.

"Many programs we are involved in are not exclusively Health Unit initiatives, but are still in the interest of good public health," Roberts said.

Crucially, collaborations also allow all partners to have one consistent message. That's essential to supporting the health of the population. It goes beyond providing evidence to gaining stakeholder buy-in, supporting community capacity for positive change, and influencing public policy.

"We know we can't influence policy single-handedly," Roberts said. "We have to be on the same page across the community."

TBDHU Participates in Public Health Ontario Training

The TBDHU ensured that key staff received training for public health response to community emergencies. Public Health Ontario offered hands on Incident Management System (IMS) training in Thunder Bay in May 2014. This hands-on workshop explained how IMS helps public health units coordinate various emergency preparedness plans. Training focused on infectious disease outbreaks, flooding, and other community emergencies with public health implications.

📄 bit.ly/PHO_Training



2014 HIGHLIGHTS

Health Canada Study Sparks TBDHU Radon Initiative

Radon levels in Thunder Bay are higher than normal according to Health Canada but there hasn't been a comprehensive enough study here to determine the exact levels. Radon is a natural radioactive gas which seeps up into houses through the soil. It is the second-leading cause of lung cancer after cigarette smoke.

"It's odourless and colourless. There is no way to know if it's in your home unless you test for it," said Lee Sieswerda, Manager of Environmental Health.

The Environmental Health team distributed



▲ Lee Sieswerda, Manager of Environmental Health

test kits to 525 households in fall 2014 to measure radon levels around the city. Each test kit was placed in a home for three months then sent for analysis. "Winter is the best time to test," he explained. "Because closed doors and windows, combined with the negative air pressure created by furnaces, draws radon into the house from the soil through sump pits and cracks in the foundations."

The Health Unit will be analyzing the results of the study and developing a plan of follow up actions.

📄 bit.ly/TBDHU_RADON

182

employees as of December 31, 2014

703

food handlers trained and certified

7

high schools participated in the Food Ambassadors program

2,106

food premise inspections

473

parents participated in Babies' Day Out

Food Safety Course Registrations Rise

The number of people certified through TBDHU's in-person food safety course tripled in 2014, from 118 people in 2013 to 367 last year. The course was made more accessible to employers and others by reformatting it into a one-day session at lower cost while still maintaining consistency with Ministry expectations. Similarly, there was an increase in online registration for TBDHU's In Good Hands course. Food safety courses help people in the food service industry build their knowledge and skills of how to prepare and serve food safely.

📄 bit.ly/TBDHU_FOODSAFETYCOURSE

Soup-er Alternative to Deep Fried

The Make the Winning Choice program piloted a new menu item – minestrone soup – at Neebing Arena during a December hockey tournament to provide a healthier alternative to deep-fried selections. Nutritious, easy to make, and easy to keep warm in a crock pot, taste tests with the public were extremely positive. Surveys also found that pricing (\$3.50) was "just right." Response was positive enough to expand the pilot to four other rinks during another tournament in 2015.



1,255

clients seen by the Street Nursing Program

1487

Facebook likes and 849 Twitter followers in 1st year of social media activities

438

tobacco vendor enforcement inspections conducted

360

health hazard reports investigated

246

animal bites investigated

New Superior Points Initiatives Focus on Needle Clean-Up, Hep C Rates

In 2014, TBDHU's Superior Points Harm Reduction Program expanded its needle collection program to include the distribution of clean-up kits for business owners and residents who want to safely remove discarded needles they find.

"We have a very good response time when someone calls about discarded needles, but we don't work 24/7," said Rick Thompson, an Outreach Worker with the program. "We were looking at ways to give people more options."

Thompson said that Thunder Bay is one of the first cities in Canada to adopt such an initiative. The kits include tongs, a plastic container, rubber



▲ Rick Thompson, Outreach Worker

gloves, and instructions on safe removal and disposal. In total, 250 kits were distributed.

Thunder Bay has low HIV rates among injection drug users which could be significantly due to the needle exchange program; last year, Superior Points distributed 878,000 needles. However, rates of hepatitis C virus remain high. "Hep C is a hardier virus and can spread more easily including through the sharing of spoons and crack pipes," he added. The TBDHU has been partnering with Elevate NWO to help combat this through the distribution of safe inhalation kits.

bit.ly/TBDHU_SUPERIORPOINTS



▲ (Left to Right) Sylvie Clinchamps, Rhonda O'Connor, Heather Cooke and Marcia Mableson: Public Health Nurses

District Staff Ensure Public Health for All

TBDHU District Public Health staff based in Nipigon, Geraldton, Marathon, Manitouwadge and Terrace Bay provide the same public health services available in Thunder Bay. Nurses must be well-versed in all programs including prenatal classes, injury prevention, nutrition, exercise, smoking cessation, and working with schools, workplaces, and individuals. Our nurses are highly visible in these and their surrounding communities, maintaining trust and assisting with all areas of public health.

Video Reduces Texting and Driving

"Last Words" is a PSA launched by TBDHU aimed at young drivers to raise awareness about the dangers of texting and driving. The powerful video, shown at Silver City during the Christmas blockbuster season, depicts a texting teenage driver apologizing to a mother of two a split second before impact. After the video 73% of Lakehead University students reported that they were "very likely" to ask the driver to stop texting versus 45% before.



Public Health's Role in Reducing Alcohol-Related Harms

What steps can public health take to reduce risks associated with alcohol use? That was the topic of the Injury and Substance Misuse Prevention team's "Let's Start" initiative, launched in November.

"Alcohol is woven into our society with both good and bad consequences," said Sheena Albanese, Health Promotion Planner. Negative aspects of alcohol use generally fall under three categories: acute consequences including injuries and drunk driving, chronic disease (alcohol ranks second after tobacco as a leading risk factor), and second-hand harm including interpersonal violence and other social impacts.

"'Let's Start' allowed us to get the general public's perspective on how alcohol impacts their community," Albanese said.

Six consultation events in Thunder Bay and Geraldton at public venues such as malls attracted 150 participants who shared their thoughts on alcohol use. Further, the TBDHU joined with seven other Ontario health units to

produce a Locally Driven Collaborative Project (LDCP) report Addressing Alcohol Consumption and Alcohol-Related Harms at the Local Level. This report identified what evidence-based, effective initiatives could work at the community level.

The next step will be to summarize the data gathered during public consultation and match the most important issues with solutions from the LDCP report to generate public health initiatives.



▲ Sheena Albanese, Health Promotion Planner

Health Unit Responds to More Chlamydia Cases

TBDHU's Sexual Health Clinic performed over 2,800 tests for chlamydia, up by more than 10% from 2013, with 317 positive tests. An additional 320 cases were diagnosed in the community. The Sexual Health team follows up on cases and their contacts. A city-wide poster campaign about chlamydia testing likely contributed to the increased screening and diagnoses. The team also developed a new education and awareness tool for primary care providers to provide information on testing, treatment and patient counselling.

TBDHU Promotes Resiliency and Positive Mental Health

To celebrate World Health Day on April 7, students in grades 5 to 8 from four schools in both school boards were invited to submit photos to the Healthy Schools Team's Photovoice pilot project. These images depicted different aspects of positive mental health including friendship, diversity and inclusion. The winning entry was announced on World Health Day and students were treated to a talk on resiliency by Olympic Hockey Gold Medalist Haley Irwin.



Laura Prodanyk, Public Health Nurse ▲

6,831

clients seen
in the Sexual Health
Clinic

1,414

clients seen
by the
Nurse Practitioner

28

classes have received
sexual health and
healthy relationship
education

105

grade 4s trained
in safe cycling

41

parents attended
level 2 seminar series to
learn positive parenting
strategies

6,369

children received oral health screenings at school

12

schools have healthy schools clubs

30

staff and community partners were trained in youth engagement practices

163

immunization clinics held within schools

5,550

people immunized at TBDHU flu clinics

Panorama, New Vaccination Requirements Highlight Busy Year

Continued implementation of Panorama in 2014 and the addition of new vaccines to the routine immunization schedules made for a busy year.

The TBDHU was one of the six health units to pilot Panorama. Panorama is a new centralized registry for immunizations which allows health care professionals to access and update immunization records in real-time, anywhere in the province. As a pilot site, the additional experience with Panorama has allowed our staff more time to learn how to use it to its full potential in the Thunder Bay District.

New provincial regulations in 2014 required the Vaccine Preventable Disease (VPD) team to incorporate new immunization requirements into their programming. This includes parents or guardians of children attending school to provide proof of immunization



▲ Lori Parkin, Sue Moon and Nicole O'Quinn: Program Assistants

against meningococcal disease, pertussis (whooping cough), and varicella (chickenpox; only required for children born 2010 and later). "Most students would already have these, especially pertussis because it's administered in a combination vaccine," said Diana Gowanlock, Manager of Infectious Disease Programs.

In December 2014, the VPD team also incorporated the recommendation that all adults including those over the age of 64 (previously exempt) now receive a TDAP booster at some point in adulthood to reduce the incidence and transmission of pertussis. The meningococcal B vaccine was also introduced for high-risk patients, ages two months to 17 years, including those with cochlear implants and HIV patients.

Healthy Schools Program Adopts New Model

In 2014, the Healthy Schools program began a pilot Designate School Model to promote the well-being of students comprehensively. Two school boards designated three schools each to participate, allowing the program's nurses and dietitian to work closely and regularly with each Designate School to facilitate Healthy Schools Club meetings, action planning, provide specific programming around priority health topics, and offer health information to students and the school community.

Working Group Prioritizing Hep C Initiatives

Supports and services in Thunder Bay for those living with hepatitis C virus (HCV) are fragmented. In 2014, a community working group made up of several interested community agencies helped define what services and education are available in Thunder Bay through surveys and focus groups. The TBDHU was an active member of this working group which hosted an HCV Prioritization Day to develop four core priorities: testing, harm reduction, stigma, and service networks. The goal is to create a clear HCV strategy for Thunder Bay.



▲ Ashley Belanger, Public Health Nurse

Smoke-Free Multi-Unit Housing Initiative Takes Positive First Steps



▲ Jennifer McFarlane, Northwest TCAN Coordinator

One-in-three Ontarians live in an apartment or other multi-unit dwelling where they are exposed to second-hand smoke, making it a definite health issue.

“Second-hand smoke is harmful and there is no safe level of exposure,” said Jennifer McFarlane, Coordinator, Northwest Tobacco Control Area Network (TCAN), adding that 80% of multi-unit residents polled in Ontario would choose smoke-free housing. “We’re providing education for housing providers throughout the region, and working towards policy changes.”

In November, the TBDHU hosted a workshop for housing providers with topics including reasons why they should go smoke-free, legal considerations, and how to implement a no-smoking policy.

McFarlane stressed that these policies are not designed to evict smokers or force them to stop smoking.

“Common areas in multi-unit housing such as lobbies and hallways are already smoke-free under the Smoke-Free Ontario Act. Adding a no-smoking policy to new leases is legal, enforceable, and non-discriminatory.”

Response to the workshop was overwhelmingly positive. Of the 32 surveys collected after the workshop, 23 indicated they were planning to implement a smoke-free policy, while five already had. The housing providers who attended represent approximately 6,000 individual units in Thunder Bay.

352

new clients received tobacco cessation counselling & support.

154

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

9

tobacco prevention activities planned & implemented by Thunder Bay high school action teams

18

institutional outbreaks declared and managed

137

annual fridge inspections completed with vaccine users

Leah VanderPloeg ►
Public Health Nurse



Infectious Disease Team Responds to a Community Outbreak

Thanks to effective collaboration with Shelter House Thunder Bay and mobilization of an ad hoc immunization program, TBDHU responded to an invasive streptococcus pneumonia outbreak at Shelter House. An increased number of cases were identified over a short period of time, prompting the immunization of about 40 people; an unusual step, but necessary due to the at-risk nature of the population. After the immunization clinic, no new clusters were reported.

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

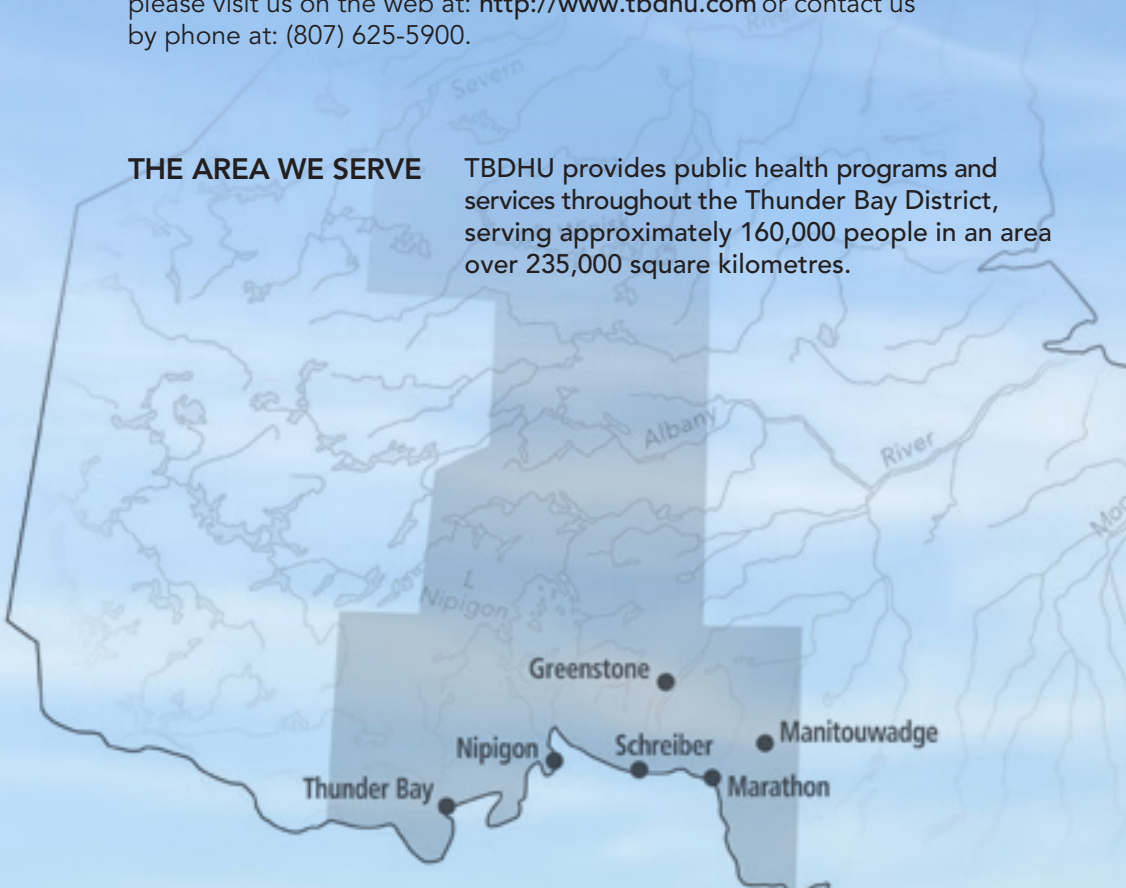
Better Well-Being

- 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: <http://www.tbdhu.com> or contact us by phone at: (807) 625-5900.

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.



Locations

Our main office is in Thunder Bay with branch offices located in Geraldton, Marathon, Nipigon, Manitouwadge and Terrace Bay.

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

C/O Thunder Bay Office:
999 Balmoral Street
Thunder Bay, ON
P7B 6E7
(Toll-Free) 1-888-294-6630

NIPIGON

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